Mission Statement:

It is the mission of the Twin Rivers Unified School District Athletic Department to inspire each student to extraordinary achievement everyday.

– Provide a comprehensive athletic program that emphasizes the development of lifelong learning, values and skills through hard work, sportsmanship, ethical conduct, and fair play.
– The program is based upon open communication and mutual respect among school administration, instructors, coaches, athletes, parents and officials.
– The program serves as a positive, powerful, productive force for our schools, community and most importantly the student-athlete. The program will provide an opportunity.
Athletic Department Objectives:
To provide an attractive program for the student-athlete:
  • Provide the student-athlete with an enjoyable and rewarding experience
  • Make player safety and welfare our highest priority

To give quality instruction in the fundamentals of each sport offered:
  • Specific athletic skills and strategies
  • Sportsmanship, ethical conduct and fair play

To be an integral part of the secondary school curriculum:
  • Inspiring all athletes to give their highest effort in the classroom, as well as, on the playing field
  • To stress the importance of self-discipline in both the classroom, the community and on the field
  • Teach our athletes that dignity, self-worth and self-esteem are achieved through hard work
  • To create a positive school climate that is enhanced when student-athletes and remaining student population work together as a team to represent their school in interscholastic competition.
  • Develop concepts of goal attainment through hard work and rigorous self-discipline, and to provide a vehicle for the development of interest in curricular school programs and for post secondary educational opportunities

To make the athletic program a source of both school and community pride:
  • Help each athlete to interact positively with faculty, community and fellow students
  • Make the team a positive influence on all who come in contact with it
  • To demonstrate the social competence of operating within a set of rules, thus gaining a respect for the rights of others, and an understanding that penalties follow rule violations
ATHLETIC CODE OF ETHICAL CONDUCT

The district shall implement the following listed standards of ethical conduct for each temporary, probationary, permanent and contracted employee of the district who provides supervisory and instructional service in interscholastic athletic programs and activities. Such person providing service shall:

1. Show respect for players, parents, other coaches and staff.
2. Respect the integrity and judgment of the game officials.
3. Establish and model fair play, sportsmanship, and proper conduct during practices/contests and in the community.
4. Establish player safety and welfare as the highest priority. If there is any question as to the extent of an injury a physician must be consulted, and a written release obtained.
5. Provide proper supervision of student-athletes while under the coach’s direction.
6. Use discretion and proper language when providing constructive criticism and when reprimanding players – use of profanity is unacceptable.
7. Understand the proper administrative chain of command and refer all request or grievances through proper channels, i.e. equipment purchase, fundraising, program funding, eligibility, etc.
8. Consistently require all players to adhere to the established rules and standards of the game.
9. Properly instruct player in the safe use and care of equipment and uniforms.
10. Not recruit student-athletes from other schools.
11. Not exert undue influence on a student-athlete’s decision to enroll in particular athletic program at a public or private post-secondary educational institution.
12. Not suggest provide, or encourage any athlete to use non-prescriptive drugs, anabolic steroids, or any substance to increase physical development or performance that is not approved by the U.S. Food and Drug Administration, U.S. Surgeon General, or the American Medical Association.

I have read and will adhere to the policies of the Twin River Unified School District Secondary Coaches’ Handbook and to this Code of Ethical Conduct and understand that failure to do so may result in suspension and/or dismissal from the position.

Date: ___________________________ Coach: ___________________________

Date: ___________________________ Athletic Director: ___________________
16 Principles of Pursuing Victory With Honor

1. The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

2. It's the duty of School Boards, superintendents, school administrators, parents and school sports leadership - including coaches, athletic administrators, program directors and game officials - to promote sportsmanship and foster good character by teaching, enforcing, advocating and modeling these "six pillars of character."

3. To promote sportsmanship and foster the development of good character, school sports programs must be conducted in a manner that enhances the academic, emotional, social, physical and ethical development of student-athletes and teaches them positive life skills that will help them become personally successful and socially responsible.

4. Participation in school sports programs is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules and they must conduct themselves, on and off the field, as positive role models who exemplify good character.

5. School Boards, superintendents, school administrators, parents and school sports leadership shall establish standards for participation by adopting and enforcing codes of conduct for coaches, athletes, parents and spectators.

6. All participants in high school sports must consistently demonstrate and demand scrupulous integrity and observe and enforce the spirit as well as the letter of the rules.
7. The importance of character, ethics and sportsmanship should be emphasized in all communications directed to student-athletes and their parents.

8. School Boards, superintendents, school administrators, parents and school sports leadership must ensure that the first priority of their student-athletes is a serious commitment to getting an education and developing the academic skills and character to succeed.

9. School Boards, superintendents, principals, school administrators and everyone involved at any level of governance in the CIF must maintain ultimate responsibility for the quality and integrity of CIF programs. Such individuals must assure that education and character development responsibilities are not compromised to achieve sports performance goals and that the academic, social, emotional, physical and ethical well-being of student-athletes is always placed above desires and pressured to win.

10. All employees of member schools must be directly involved and committed to the academic success of student-athletes and the character-building goals of the school.

11. Everyone involved in competition including parents, spectators, associated study body leaders, and all auxiliary groups have a duty to honor the traditions of the sport and to treat other participants with respect. Coaches have a special responsibility to model respectful behavior and the duty to demand that their student-athletes refrain from disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent trash-talking, taunting and inappropriate celebrations.

12. School Boards, superintendents, and school administrators of CIF-member schools must ensure that coaches, whether paid or voluntary, are competent to coach. Training or experience may determine minimal competence. These competencies include basic knowledge of: 1) The character building aspects of sports, including techniques and methods of teaching and reinforcing the core values comprising sportsmanship and good character. 2) The physical capabilities and limitations of the age group coached as well as first aid. 3) Coaching principles and the rules and strategies of the sport.

13. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.

14. To safeguard the health of athletes and the integrity of the sport, school sports program must actively prohibit the use of alcohol, tobacco, drugs and performance-enhancing substances, as well as a demand compliance with all laws and regulations, including those related to gambling and the use of drugs.
15. Schools that offer athletic programs must safeguard the integrity of their programs. Commercial relationships should be continually monitored to ensure against inappropriate exploitation of the school's name or reputation. There should be no undue influence of commercial interests. In addition, sports programs must be prudent, avoiding undue dependency on particular companies or sponsors.

16. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimensions of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring and good citizens.

"Pursuing Victory With Honor" and the "Six Pillars of Character" are service marks of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics. For more information on promoting character education and good sportsmanship, visit www.charactercounts.com.
TRUSD Athletic Organizational Flow Chart

TRUSD
Board of Trustees

Superintendent
of Schools

Associate Superintendent
Curriculum & Academic
Achievement

Assistant Superintendent
Secondary Education 7-
Adult

Director of Student
Athletics

Principal

Vice Principal

Athletic Director

Head Coach Varsity

Varsity Assistant

Head Sub Varsity Coach

Varsity Volunteer

Sub Varsity Volunteers

Sub Varsity Assistants
ATHLETIC DIRECTOR JOB DESCRIPTION

1. Responsible to the Principal of the secondary school.
2. Serves as liaison between staff members and the administration.
3. Develops and monitors the school site Athletic Department budget.
4. Reviews staff requests and makes related recommendations to the administration.
5. Assists staff members in professional matters as requested or as the need for such assistance is observed.
6. Ensures that equipment is properly inventoried and maintained by coaches.
7. Approves departmental purchases.
8. Approves athletic schedules developed by coaches.
9. Responsible for administrating all interscholastic policies and procedures working within the confines of the Rules and By-Laws of the California Interscholastic Federation, the League, and the Twin Rivers Unified School District.
10. Observes coaches sufficiently in order to make future recommendations in terms of job expectations and to make recommendations to the school principal as to coaches’ job assignments.
11. Responsible for evaluating all new varsity head coaching candidates for jobs and will be a member of each selection committee.
12. Responsible for all recommendations for improvement of facilities, which shall be directed to the Principal.
13. Coordinates with the Head Groundskeeper/Head Custodian the repair and maintenance of athletic fields, track, gymnasium, tennis courts and weight room.
14. Resolves conflicts that develop with in the Athletic Department.
15. Gives assistance to coaches and booster clubs in finding ways to support and finance the athletic program.
16. Submits a financial report to the Athletic Department and the Principal at the beginning of each school year.
17. Maintains a current file of student-athletes, physical forms, insurance form, parent consent forms, etc. and that current information has been forwarded to be placed in Aries.
18. Works with the Principal for determining initial and continuing eligibility of student athletes.
19. Works with the Principal, Director of Student Activities, Cheerleading Advisors, and coaches involved in all athletic assemblies and spirit rallies.
20. Arranges for a medical doctor or a paramedic and an ambulance at all freshmen, JV and Varsity football home games and an ambulance at all Frosh home football games.
21. Represents the school in all athletic business at District, League, Section and State meetings.
22. Responsible for scheduling student/parent meetings.
24. Constantly evaluates the program, presents recommendations for changes in athletic policies from the Athletic Department to the Principal and/or district personnel.
25. Performs other duties as the Principal many direct.
HEAD VARSITY COACH JOB DESCRIPTION

1. Serve as liaison between the coaching staff and the Athletic Director.
2. Has a thorough knowledge of the Rules and By-Laws of the California Interscholastic Federation, the League, and the Twin Rivers Unified School District as they pertain to his/her sport, including the clearance of all staff members and student-athletes.
3. Understands the proper administrative chain of command and refers all requests or grievances through proper channels. Is aware of all public/staff/departmental meetings that require attendance.
4. Establishes the fundamental philosophy, skills and techniques to be taught by the staff. Designs conferences, clinics and staff meetings to ensure staff awareness of the overall program.
5. Trains and informs staff and encourages professional growth by promoting clinic attendance.
6. Delegates specific duties, supervises implementation, and at season’s end analyzes staff effectiveness and evaluates all assistants.
7. Maintains discipline, mediates grievances, and works to increase morale.
8. Assists the Athletic Director in scheduling, providing transportation needs and requirements for all games, tournaments, and special sports events.
9. Assists in the necessary preparation for scheduled home sports contests or practices and adheres to scheduled facility usage times.
10. Coordinates facility needs/repairs with maintenance and school employees.
11. Provides proper safeguards for eminence and protection of assigned equipment.
12. Recommends policy, method or procedural changes to the Athletic Director.
13. Monitors the grades and conduct of his/her athletes.
14. Provides assistance, guidance, and safeguards for each participant by his/her presence at all practices, games, while traveling, and when returning from off-campus events.
15. Completes paperwork on all disabling athletic injuries on proper forms and submits to the Athletic Director by the next school day.
16. Directs student managers, assistants and statisticians.
17. Determines discipline, delineates procedures concerning due process when the enforcement of discipline is necessary, and contacts parents when a student is suspended, dropped or becomes ineligible.
18. Participates in the budgeting process with the Athletic Director by submitting needs for the next season.
19. Recommends/selects equipment and uniforms within budget appropriations.
20. Is accountable for all equipment in his/her program and submits notification to the Athletic Director for any equipment lost, damaged not returned or returned after the due date.
21. Arranges for issuing, storing, reconditioning of equipment, and submits annual inventory.
22. Properly marks and identifies all equipment before issuing or storing.
23. Secures all doors, lights, window and locks and stores all equipment before leaving building or area. Supervises locker room area before and after practice.
24. Instills in each player a respect for equipment and school property its care and proper use.
25. Responsible for maintaining good public relations with news media, parents, officials, volunteers and fans.
26. Responsible for reporting scores and information after every home contest to the Sacramento Bee. Statistics required by local media, league representatives and Max Preps will also be the responsibility of the head coach. These duties may be delegated.
27. Head Coaches in football are responsible for having written contracts for non-league games with opposing schools.
28. Responsible for arranging for substitutes because of athletic events with the Principal’s secretary or the Athletic Director as soon as possible.
29. Understands that all drivers must meet district requirements to transport student-athletes and must be at least 21 years of age.
30. Guarantees that all district equipment including district vehicles is used for official school business only and is operated safely.
31. Performs other duties which may be assigned by the Athletic Director or Principal.
Head Junior Varsity, Head Freshmen and Assistant Coaches’ Job Description

1. Has a thorough knowledge of the Rules and By-Laws of the California Interscholastic Federation, the League, and the Twin Rivers Unified School District as they pertain to his/her sport, including the clearance of all staff members and student-athletes.
2. Understands the proper administrative chain of command and refers all requests or grievances through proper channels. Is aware of all public/staff/departmental meetings that require attendance.
3. Maintains discipline and works to increase morale and cooperation within the school sports program.
4. Assists in the necessary preparation to hold scheduled sports events or practices and adheres to scheduled facility usage times.
5. Coordinates facility needs/repairs with maintenances and school employees.
6. Provides proper safeguards for maintenance and protection of assigned equipment.
7. Provides assistance, guidance and safeguards for each participant by being present at all of his/her practices, games, while traveling and when returning from off-campus.
8. Is accountable to the Head Varsity Coach for all equipment. Assists with issuing and collecting of equipment and submits to the Head Varsity Coach annual inventory.
9. Recommends to the Head Varsity Coach budgetary items for next year in his/her area of the program.
10. Secures all doors, lights, windows and, locks and stores all equipment before leaving areas. Supervises locker room area before and after practice.
11. Instills in each player a respect for equipment, school property, and their proper use.
12. Assists the Head Varsity Coach in carrying out his/her responsibilities.
13. Instructs team members as to changes in the rules and teaches fundamentals of the sport as outlined by the Head Coach.
14. Works within the basic framework and philosophy of the Head Varsity Coach of the sport.
15. Attends all staff meetings and carries out scouting assignments as outlined by the Head Varsity Coach.
16. Never criticizes, admonishes or argues with the Head Varsity Coach or any staff members within ears or eyes of players and parents.
17. Strives to improve skills by attending clinics and using resources made available by the Head Varsity Coach.
18. Responsible for arranging with Principal’s secretary for substitutes because of athletic events. The Athletic Director may be contacted in an emergency.
19. Understands that drivers must meet district requirements to transport student-athletes and must be at least 21 years of age.
20. Guarantees that all district equipment including district vehicles are used only for official school business and are operated safely.
21. Performs other duties that are consistent with the nature of the positions and that may be requested by the Head Varsity Coach.
Athletic Field Trip Basic Rules

1. The Head Coach or Athletic Director’s designee must supervise any field trip.

2. All students must have an emergency form, signed by their parent(s) prior to leaving.

3. The Head Coach or Athletic Director must take roll – in duplicate. One list must be with the chaperone on the field trip, and one list must be left in the Attendance Office prior to the trip departure.

4. All field trips must be approved by the site administrator.

5. The Head Coach or Athletic Director’s designee is required to check the driver for a School Pupil Activity Bus (SPAB) certification and check the bus for SPAB clearance. TRUSD buses do not need to be checked.

6. The students must ride the bus going and returning to the school. If a student is being transported back from the event by his/her parent, legal guardian, or a district approved driver, they must sign the roll sheet. A student must not be released to anyone else.

7. Only team personnel who have met clearance may ride the bus.

8. All TRUSD bus rules apply at all times.
Procedure Prior to First Practice

Coaches must ensure that before practice begins:

1. Every student-athlete has completed the following forms: Physical Form, Proof of Insurance Form, and Emergency Notification Form.

2. Every student-athlete is scholastically eligible as verified by the Athletic Director. Grade reports are available in the Counseling Office and on Aeries.

3. Practice times and locations are submitted to the Athletic Director. The Athletic Director will give copies to the Administration Office.

4. A bus schedule request has been filled out and submitted to the Athletic Director

5. A current roster is to be submitted the School Athletic Director.

Procedure Prior to First Contest

Things to do:

1. Ensure that each student-athlete has submitted the following signed form: Student-Athlete/Parent Handbook Consent. Singing of the handbook may be required prior to the first practice.

2. Issue uniforms and equipment and keep records of all assigned equipment.

3. Submit a preliminary and final roster prior to the first contest in writing to Athletic Director.

4. Read through Field Trip Basic Rules and make sure all emergency forms are in you possession.

5. Fill out a Trip Roll Sheet for each away contest. This is to be done in duplicate. One list goes with the coach and one must be left in the Attendance Office prior to trip departure.

6. The Employee and Volunteer Auto Usage Declaration Form and fingerprints must be on file for any adult (23 years or older) transporting students to a school sponsored activity or to their home.
Procedure After Season is Over

1. All Head Varsity Coaches are accountable for all equipment inventories, including freshman and JV equipment.

2. Evaluation of all Head Varsity Coaches will be done by the Athletic Director or Assistant Athletic Director.

3. Begin scheduling contests for next year if possible.
   a. All Head Varsity Coaches are responsible for scheduling of their practice games and scrimmages. League schedules are approved by the Athletic Directors and Principles. The complete schedule (including scrimmages) must be approved by the Athletic Director before it is final. The schedule should indicate date, time, opponent, location and bus time departure.
   b. Schedules must be completed on dates indicated by the Athletic Director.
   c. Practice games and scrimmage dates are designated by the Section. Consideration should be given to the amount of time students will be out of class and to the distance of the practice games meets, etc. Transportation costs should be considered by the coach. It is recommended that schools within 50 miles be scheduled. Also, there should be a balance of home and away games each year.
   d. Any scrimmage requiring a paid official will be defined as a game. There must be volunteer help for scrimmages to conform to section and league rules concerning scrimmages.

Procedures Prior to Adjunct Duty Pay

1. All off-campus coaches must turn in all athletic keys.

2. Inventory of Equipment:
   a. Head Varsity Coaches shall submit their athletic inventories to the Athletic Director within three weeks of the end of the season or at their post-season evaluation conference along with next year’s budget request.
   b. All uniforms shall be marked for permanent identification.
   c. Head Varsity Coaches will be responsible for the care and storage of athletic equipment and uniforms for their programs.
   d. During the season, all equipment shall be secured in the proper storage areas after each contest or practice. Within the three week inventory period at the season’s end, all equipment and uniforms shall be cleaned and stored in the designated area until the following year.
   e. Charge slips on any late, damaged or lost equipment should be filled out and submitted to the Athletic Director within the three week period at the season’s end.
HEAD COACH – SEASON EVALUATION

Coach’s Name: ______________ Sport Coached: ______________ Year: ____________

Directions: Coach is to mark assessment with a "✓
Athletic Director will mark an “X”

Rating Scale:  E = Excellent  
S = Satisfactory  
N = Needs Improvement  
U = Unacceptable

I. PROFESSIONAL AND PERSONAL RELATIONSHIPS

1. Submits team rosters, bus request, year-end reports and program information on due dates as requested.

2. Understands and follows rules and regulations as set forth by the CIF San Joaquin Section, the League and Twin Rivers Unified School District.

3. Works cooperatively with Athletic Director, maintenance staff and other personnel who are part of the athletic program.

4. Cooperates with news media and uses media effectively to reward the effort of team/individuals.

5. Shows self-control and poise in areas related to coaching responsibilities, including sideline conduct toward game officials.

6. Provides rules and expectations to team members in writing and enforces them.

7. Works with team/individuals to develop appropriate goals, team spirit and unity.

8. Sells program to student body to maintain appropriate participation.

9. Has confidence and respect of student-athletes.

10. Participates in in-service meetings and other activities to improve coaching.

11. Develops relationships and works cooperatively with other coaches in the athletic program.

II. COACHING PERFORMANCE

1. Is well versed and knowledgeable in all aspects of assigned sport and can effectively teach them.

2. Establishes the fundamental philosophy, skills and techniques to be taught by the staff through periodic staff meetings.

3. Develops a well organized practice schedule which utilizes his/her staff and team to its maximum potential.

4. Effectively utilizes practice time for both individual and team
5. Delegates authority with responsibility while remaining accountable for such delegations.

6. Develops integrity within the coaching staff, and works to make better coaches.

7. Understands the medical aspects of the position, including CPR, first aid, injury policies, working with team doctor and athletic trainers.

8. Provides leadership and attitudes that produce positive efforts by participants.

9. Team performance consistent with quality of athletes available.

10. Has individual and team discipline and control.

11. Develops respect by example in appearance, manners, behavior, language and conduct.

12. Provides an atmosphere of cooperation in being receptive to suggestions and giving credit to those responsible for success.

13. Is fair, understanding and patient with team members.

14. Shows an interest in student-athletes in off-season activities and classroom efforts.

15. Has awareness of legal coaching responsibilities and operates within those responsibilities.

III. RELATED COACHING RESPONSIBILITIES

1. Is concerned about the proper care of equipment

2. Follows proper procedure for purchase of equipment

3. Attends to factors which relate to athletic safety.

4. Is cooperative in sharing facilities.

5. Provides proper supervision and security of athletic locker rooms.

Comments: ........................................................................................................

........................................................................................................

Signature: ___________________________ Date: ___________________________

Coach

Signature: ___________________________ Date: ___________________________

Athletic Director
EXTRACURRICULAR AND CO-CURRICULAR ELIGIBILITY

Co-curricular activities enrich the educational and social development and experiences of students. The Twin Rivers Unified School District shall encourage and support student participation in co-curricular activities without compromising the integrity and purpose of the educational program. To encourage and support academic excellence, TRUSD requires students in grades 7 through 12 to earn a minimum 2.0 or "C" grade point average on a 4.0 scale in order to participate in co-curricular activities. The GPA is based on the quarter grade.

If a student fails to meet the required 2.0 GPA a student may apply for a waiver one time for 7-8th grade and one time for 9th – 12th grade. The waiver is not a right, and requires the approval of the Athletic Director, the Parent/Guardian, District Director of Student Athletics and the Principal. All students who participate under a waiver must attend academic support as described in the agreement. The waiver is for one grading period.

**Student Statisticians-Managers**

These individuals are considered participants of the sporting event and should follow the same guidelines as players and cheerleaders for their sport.

**Game Day Participation**

In order to participate in a school-day practice or contest, a student athlete must be in attendance four periods of the school day. Field trips, Alternate Learning Experiences, concurrent enrollment, medical/dental appointments and special family situations may be excused by an administrator.
ADMINISTRATIVE GUIDELINES FOR CIF MEMBER SCHOOLS

UNDERSTANDING CIF TRANSFER ELIGIBILITY FOR INTERSCHOLASTIC ATHLETICS
Effective July 1, 2007

[June 18, 2007]
Administrative Guidelines
Transfer Eligibility

When a student transfers and enrolls in your school and wants to participate on one of your school’s athletic teams, the following must occur:

- The new school site Principal/designee must review the student’s eligibility status.
- The new school site Principal/designee determines if the student made a valid change of residence by following the respective CIF Section’s process for a “Valid Change of Residence” (see page 22). The process may include submission and approval of paperwork to the CIF Section office prior to participation in games/contests.
  - The school administration should use the attached “Check List” to assist them in determining athletic eligibility. Completion of the check list does NOT ensure eligibility.
  - The new school must also verify the student has met the scholastic requirements of the school and CIF and there was no “Undue Influence.”
  - The new school shall verify that there are no pending discipline issues existing at the prior school that could jeopardize the student’s eligibility at the new school.
- It is strongly recommended that the athletic director/administrator from the new school contact the athletic director/administrator from the previous school to inform them of the valid change of residence and check on any other issues that could affect the student’s eligibility.
- Please feel free to call the Section Office if there are any questions regarding transfer eligibility.

If it is determined that the student did not make a valid change of residence, the following steps must be followed to assist the CIF Section in determining the eligibility of the student:

- All CIF Sections WILL require that the appropriate forms be submitted to and APPROVED by the CIF Section office when there is NOT a “Valid Change of Residence” PRIOR to the student participating in contests/games.
  - The new school shall be responsible for determining if the student meets the scholastic requirements of the CIF, section and the school and that there was no “Undue Influence.”
  - The school must also verify that there are no pending discipline issues existing at the prior school that could jeopardize the student eligibility at the new school.
- The site Principal or his/her designee shall discuss “limited eligibility” (see page 21) and the hardship transfer waiver process with the student and his/her parent/guardian. They shall inform the student and his/her parent/guardian that this process could take up to one calendar month to resolve and there is no guarantee that the Section Office will grant the student eligibility.
- The student/parent will return the paperwork to the new school once the signatures are obtained. The new school shall ensure that the information secured from the prior school is correct and the signatures are valid. The new school shall then forward the appropriate paperwork to the CIF Section office for a determination of eligibility.
- If the student and his/her parent/guardian seek a hardship transfer waiver, the site Principal/designee will assist the parent/guardian with processing the appropriate CIF 207 Hardship Waiver Application and 510 Pre-Enrollment Contact Form.
• If the parent/guardian is applying for eligibility and requesting a “hardship waiver,” the new school will ensure that the parent/guardian submits, in writing, any and all documentation of the reasons for the hardship. The new school administration shall forward these materials and documents to the CIF Section office. The Section Commissioner will render a decision.

• The school administration shall inform the family that there are limited circumstances under which the student and/or parent/guardian may appeal the decision of the Section Commissioner. These are:
  
  o Facts discovered after the Section Commissioner’s decision that could not have been reasonably discovered before the decision.
  o Procedural violations (e.g., no notice, missed deadlines by the Section Commissioner, etc).
  o Misapplication of relevant fact to bylaw (e.g., not all facts were considered, facts misstated, disputed facts, etc.).

• “Parent Handbook II – Understanding the Transfer Eligibility Appeal Process” is available and downloadable on the State CIF web site, www.cifstate.org. This handbook explains and reviews the “appeal process” and timelines that must be followed.

• The school administration must also explain to their athletic department that coaches who encourage appeals of the Section’s decision may be acting inappropriately and may be violating provisions of “conditions of membership” (Article 1.22) for the school and the undue influence bylaw (Article 50.510).

Effective July 1, 2007
Emergency Injuries

Emergency Injury Procedures:

1. Remind your student-athletes to report all injuries directly to the Head Coach.

2. The Head Coach must fill out and sign an accident report and turn it in to the Athletic Director by the following school day.

3. Each coach is expected to have the emergency information forms in his/her possession.

4. When an injury occurs, follow these procedures:
   
a. Use the guidelines in section III of the CIF medical issues hand book to assess an on field injury which is located on page in the athletic handbook
b. Give first aid as needed. Use American Red Cross procedures. When in doubt call 911. If you are using a District phone call 9,911.
c. When a student-athlete is transported by ambulance, a coach or adult designee must accompany him/her. If the sport only has one coach an administrative designee shall be contacted
d. Call parent – refer to emergency information form when parent cannot be contacted. Every coach must have this form in his/her possession and be available any place or time for everyone connected with his /her team.
e. Student-athlete should be turned over to parent, relative or adult designee, as indicated on the Emergency Information form. If none are available, the coach is to be considered as the parent in absentia. The coach is responsible to make sure the student-athlete receives reasonable and prudent treatment.
f. Accident report forms must be filled out signed and returned to the Athletic Director’s office by the following school day.
g. A student-athlete who receives medical treatment from a doctor must have a written clearance to resume athletic participation.
## Twin Rivers Unified School District

### Student Accident Report

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date &amp; Time of Injury:</th>
<th>Date:</th>
<th>Time:</th>
<th>pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Age:</td>
<td>Grade:</td>
<td>Home Phone:</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td>Student is covered by insurance?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

#### Location (i.e., Athletic Field, Gym, U/Campus, Classroom, etc.)

#### Type of sport/physical activity

**Who was involved in the accident?**
- Another Student
- Outside Person
- Unknown
- No One

**Who was involved in the incident?**
- Student
- Teacher
- Other

**Cause of the injury:**
- Animal Bite
- Chemical Exposure
- Fall
- Fire
- Frog
- Other

**Name of the student:**

**Name of the teacher:**

**What part of the body was injured?**
- Arm
- Back
- Ear
- Eye
- Finger
- Grain
- Head
- Internal
- Leg
- Neck
- Nose
- Shoulder
- Teeth

**Describe how the injury occurred:**

**Injury description:**

**Medical treatment:**
- Yes
- No

**Describe First Aid given:**

**Witnesses, Names and Phone Numbers:**

**Supervisor:**

**Report completed by:**

**Date:**

**Student was:**
- Returned to Class
- Sent Home
- Taken to the Hospital
- Other:

**Comments:**

**Were the Parents/Guardians Contacted?**
- Yes
- No

---

**Risk Management Department**

5115 Dudley Boulevard, McClellan CA 95652

Rev 07/01/15
PREVENTION OF HEAT ILLNESS

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high. There are several steps which can be taken to prevent heat illness from occurring:

ADEQUATE HYDRATION
- The athlete should arrive at practice well-hydrated to reduce the risk of dehydration.
- Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested.
- Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid.
- Athletes should be instructed to continue fluid replacement in between practice sessions.

GRADUAL ACCLIMATIZATION
- Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes' time to build fitness levels and become accustomed to practicing in the heat.
- Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

HYDRATION STATUS RECORD KEEPING
- Athletes should weigh-in before and after practice, ideally in dry undergarments in their to check hydration status.
- The amount of fluid lost should be replaced by the next session of activity. An athlete should drink approximately 16 oz of fluid for each kilogram of fluid lost (1 kg = 2.2 lbs).
- The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated.

ADDITIONAL PREVENTION MEASURES
- Appropriate medical coverage during exercise.
- The use of lightweight synthetic clothing which aids heat loss.
- Athletes should wear light colored clothing.
- Well-balanced diet which aids in replacing lost electrolytes.
- Avoid drinks containing stimulants such as ephedrine or high doses of caffeine.
- Alteration of practice plans in extreme environmental conditions.
- Adequate rest breaks in the shade.
- Allow athletes to remove unnecessary equipment during rest breaks.
- Adjust the amount of conditioning activities in hot weather.
- Athletes with febrile or gastrointestinal illnesses should not be allowed to participate until recovered.
IDENTIFICATION AND TREATMENT OF HEAT ILLNESS

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high.

Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. Young athletes should be pre-screened at their pre-participation physical exam for medication/supplement use, cardiac disease, history of sickle cell trait, and previous heat injury. Athletes with any of these factors should be supervised closely during strenuous activities in a hot climate. Fatal heat stroke occurs most frequently among obese high school middle lineman.

Much of one's body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the commercial drinks now available contain these minerals, such as Gatorade, etc., but just plain water is all that is really required because the athlete will replace the lost minerals with his/her normal diet.

PROBLEMS

HEAT STROKE:
Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a body-core temperature greater than 107 degrees Fahrenheit.
Warning Symptoms:
- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

Treatment: Stop exercise. Call 911, remove from heat, remove clothing. Immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.
HEAT EXHAUSTION:
Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated body-core temperature between 97 and 104 degrees Fahrenheit.

Warning Symptoms:
- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

Treatment: Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious.

COOL BODY: fans, cold water, ice towels, or ice packs. Fluid replacement should occur as soon as possible. The athlete should be referred to a hospital emergently if recovery is not rapid. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT SYNCOPE:
Dizziness or fainting due to high temperatures. It often occurs after standing for long periods of time, immediately following cessation of activity, or rapidly standing after resting or sitting.

Warning Symptoms:
- Fatigue
- Tunnel vision
- Pale or sweaty skin
- Dizziness
- Lightheadedness, fainting

Treatment: Move the athlete to a cool, shaded area, elevate the legs and rehydrate. Remove excess clothing and cool the athlete with wet towels or ice bags.

EXERTIONAL HYPONATREMIA:
A rare condition of bodily dysfunction due to inadequate sodium levels. This occurs either because of the ingestion of too much water.

Warning Symptoms:
- Disorientation, altered consciousness, lethargy
- Headache
- Vomiting
- Swelling of hands and feet
- Seizures
**Treatment:** Stop exercise, call 911, monitor athlete until paramedics arrive. Athletes who may have hyponatremia should not be given fluids until a physician is consulted.

**HEAT CRAMPS:**
Acute, painful, involuntary muscle contractions that occur during or after intense exercise sessions.

**Warning Symptoms:**
- Muscle cramps
- Sweating, thirst, fatigue

**Treatment:** Gently stretch the cramping muscle. Ice or gentle muscle massage may also help to stop the cramp. The athlete should drink fluids, especially with electrolytes if possible.

Salt tablets are still controversial. Athletes can use greater amounts of salt on their food by instinct and can get additional salt from sports drinks with electrolytes.

**GENERAL TREATMENT GUIDELINES**
Adequate medical personnel should be on-site to handle any heat illnesses/emergencies. Equipment for treating heat illnesses (cooling equipment such as fans, ice, tub of cold water, thermometers, etc) should be readily available for use in the event of a problem. Coaches and medical personnel should be aware of and familiar with procedures for handling any emergencies due to heat illness.

**GENERAL PREVENTION REMINDERS**
Heat illnesses can often be prevented through proper, adequate hydration and safe practice guidelines. For information on prevention of heat illness, see Bulletins 15.

Source:
FACTS ABOUT HEAT STRESS AND ATHLETIC PARTICIPATION

HEAT RELATED ILLNESSES ARE ALL PREVENTABLE. Heat stress should be considered when planning and preparing for any sports activity. Football, cross-country, tennis, soccer and field hockey practices are conducted in very hot and humid weather in many parts of the United States. Many of the heat problems have been associated with football, due to added equipment which acts as a barrier to heat dissipation. Several heatstroke deaths in football continue to occur each season. There is no excuse for heatstroke deaths if the proper precautions are taken.

The following practice guidelines are recommended for programs of all sports to reduce the risk of heat illnesses:

- Each athlete should have a physical exam with a medical history when first entering a program and an annual health history update. History of previous heat illness, cardiac disease, sickle cell trait, medication and supplement use, and type of training activities before organized practice begins should be included. State high school association’s recommendations should be followed.

- For gradual acclimatization, the first week of practices should have no two-a-day practices (a second no intensity walk-through session is ok), should limit conditioning activities to 60-90 minutes, and should limit total practice time to 3 hours. Also during this first week, protective gear should be gradually introduced in stages.

- When two-a-day sessions begin, they should not be held on consecutive days. An adequate rest time of at least 3 hours should be scheduled between sessions.

- There should not be more than 6 consecutive days of practice.

- Practices should include adequate water/rest breaks of sufficient length to allow unlimited fluid consumption. Water breaks should be given at least every 30-45 minutes or more frequently in extreme temperatures. Athletes should be allowed to rest in the shade with protective equipment removed to allow more heat loss.

- Athletes should be instructed to continue hydration and to eat balanced meals outside of practice to ensure fluid and electrolyte replacement. Drinks with stimulants such as ephedrine and high doses of caffeine should be avoided.
• Athletes should be weighed before and after practice, ideally in dry undergarments. If there is more than a 2% weight loss, the athlete is at increased risk for heat illness. For each kilogram lost the athlete should drink 16 oz. of fluid to replace what was lost.

• Practices should be scheduled to avoid the hottest part of the day and should be cancelled or moved indoors to air conditioning in very hot or humid weather.

**Coaches should be aware of both the TEMPERATURE and HUMIDITY. The greater the humidity, the more difficult it is for the body to cool itself.** Test the air prior to practice or game using a wet bulb, globe, temperature index (WBGT Index) which is based on the combined effects of air temperature, relative humidity, radiant heat and air movement. The following precautions are recommended when using the WBGT Index (ACSM’s Guidelines prevention of heat illness during distance running, 1996):

<table>
<thead>
<tr>
<th>Temperature Range</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 65</td>
<td>Low risk</td>
</tr>
<tr>
<td>65-73</td>
<td>Moderate risk</td>
</tr>
<tr>
<td>73-82</td>
<td>High risk</td>
</tr>
<tr>
<td>82-90</td>
<td>Very high risk</td>
</tr>
<tr>
<td>Above 90</td>
<td>Dangerous</td>
</tr>
</tbody>
</table>

**Heat index is one factor in assessing the risk of heat related illness and is NOT a substitute for local judgment. Other factors such as local climate norms, significant changes in the normal weather patterns and acclimation must also be considered.**

A Heat Stress Advisor tool to estimate the WBGT from the local measured temperature and humidity is available online [http://www.zunis.org/sports_p.htm](http://www.zunis.org/sports_p.htm). This program can be used on the computer or downloaded to a handheld device.

• Athletes should be closely monitored in extreme environmental conditions. If heat illnesses are suspected, activity should stop immediately and medical personnel notified.

• Be aware of emergency procedures and always be ready practice them.
Sports Mouth Guards

PREVENTION

- Proper fitting headgear and facemasks.
- Athletes must be taught the proper techniques at all levels of play.
- Properly fitted mouth guards.

MOUTHGUARDS – THE ULTIMATE PREVENTATIVE MEASURE

- The incidence of mouth injuries among football players in the United States today is significant.
- Four types of mouth protectors: stock mouth protector, the thermoplastic mouth formed-protector and the custom made protector type 1 and type 2.
- The stock mouth protector is intended to fit any mouth and is usually the least expensive of the four.
- The thermoplastic mouth-formed protector, commonly known as the “boil and bite.” This mouth guard is pre-formed by the manufacturer in standard sizes and formed be the athlete by boiling in water for 1 minute and placed into the mouth for forming. The disadvantages include decreased retention over time, hardening of the material, and poor stability of the guards. The advantages are that it is the least expensive and it can be refitted at any time by boiling the mouth piece again.
- The type 1 custom mouth guard is made by dentists. The disadvantage is that the thickness can vary due to the types of vacuum forming machines. The advantages are that they are custom made and inexpensive.
- The type 2 custom mouth guard is also made by dentists, but used for players with missing teeth or heavy contact sports e.g. football. The advantages are that they are less bulky, the most retention, the least interference with breathing, and they have the best fit.

CONCLUSION

- Mouth guards protection, when utilized, has an overall much lower incidence of oral injuries.
- The incidence of fractured jaws and soft tissue injuries decreases significantly when mouth protection is used.
- Proper use of mouth guards can reduce the amount of trauma to the brain, decreasing the occurrence, and severity of concussion.
- Proper on-site diagnosis and treatment is essential to minimizing potential damage.
On the field assessment of injuries

This is merely meant to give some basic guidelines and information pertaining to coaches’ assessment of athletic injuries. Knowing the mechanism of injury and properly performing an initial assessment is critical in determining the next course of treatment.

- If the injured athlete states that there is numbness, tingling or burning sensations, STOP THE EVALUATION and do no further testing. DO NOT RETURN TO PLAY. These symptoms may indicate a serious injury.

- If, after an initial evaluation, the injury seems minor and the athlete wants to return to participation, there are several criteria and functional tests that will help assess the athlete’s physical ability to return.
  
  o The injured athlete has complete range of motion of the affected body part
  o The injured athlete should have nearly full strength of the uninjured side
  o The injured athlete should have NO significant swelling or fever in the affected body part
  o The injured athlete should have NO significant pain in the injured area

The injured athlete should be able to perform a series of tests which will test his/her ability to participate in the activity. (These tests, for specific area of the body are on other bulletins)

- **IF THERE IS ANY CONCERN ABOUT AN INJURY, DO NOT RETURN A STUDENT TO PLAY.**

- **IF A STUDENT HAS BEEN INJURED AND REFERRED TO A DOCTOR’S CARE, DO NOT RETURN TO PLAY WITHOUT WRITTEN PERMISSION FROM THE PHYSICIAN AND EXPLICIT PERMISSION FROM A PARENT.**
HEAD AND NECK INJURIES
ON-THE-FIELD ASSESSMENT

Head and neck injuries are among the most serious of all athletic-related injuries. Although these injuries are fortunately rare, all game and medical personnel must be prepared for their occurrence at EVERY practice and game. The following provide guidelines for the evaluation of these injuries once they have occurred, however, prevention (see “REDUCING HEAD AND NECK INJURIES IN FOOTBALL”) and preparation are the keys to avoiding these injuries.

If the athlete is wearing a HELMET:
- Do NOT remove the helmet or shoulder pads until the athlete has been cleared by appropriate medical personnel of a serious neck injury.

If the athlete is UNCONSCIOUS and BREATHING:
- Do NOT move athlete → Call 911
- Prevent any movement

If the athlete is UNCONSCIOUS and NOT BREATHING:
- Call 911
- Clear Airway
- Begin CPR
- Attempt minimal movement of the head and neck

If the athlete is CONSCIOUS:
- Instruct the athlete NOT to move;
- Immobilize the cervical spine (Assume a neck injury exists);
- ASK the athlete:
  - To tell you what is wrong;
  - To say if he/she can feel you touching his/her hands/feet (right/left);
  - If he/she has pain, numbness and/or tingling. If yes, where?
- FEEL (without moving the athlete’s head-neck):
  - Behind and along the sides of the athlete’s neck from the base of the skull to the upper back and ask if he/she has pain.
- Only if the athlete is alert, responsive and you have found nothing wrong:
  - Help the athlete to a sitting position;
  - Check that he/she is not dizzy.
o Assist him/her to standing with support personnel on each side;
 o Help the athlete off the field;

**If the player is not alert, not responsive, or you have any reason to suspect something is wrong, DO NOT move the athlete → Call 911**

Additional Resources:
- Center for Disease Control Coach’s Concussion Kit: [www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm)
- National Federation of State High Schools, Sports Medicine: [www.nfhs.org](http://www.nfhs.org)

-There are occasions when a student-athlete has received a blow to the head and on-site medical personnel have evaluated the student and cleared him/her to go home after the injury. However, you should still inform the parent/guardian of the potential for injury, the dangers involved, and what actions should be taken.
SHOULDER INJURIES
ON-THE-FIELD ASSESSMENT

An athlete should be able to minimally complete all tests before returning to participation. If an athlete who is performing the tests exhibits an inability to perform a specific test, has great anxiety during a specific test, limps or is favoring the injured area, exhibits indications of pain or instability, he/she should NOT be allowed to return to participation.

- If the athlete mentions any signs of numbing, tingling or burning sensations – STOP - DO NO FURTHER TESTING.
- Any local pain, loss of range of motion, or pain in the neck - STOP – DO NO FURTHER TESTING.

1. FULL RANGE OF MOTION – Have the athlete perform full range of motion of the arm and shoulder. Make sure and remove protective equipment such as shoulder pads. Have the athlete move their arm forward and then up and over their head and side to side in a full arm circle. Then complete the same test with resistance at shoulder rotation level.

2. SCRATCH TEST – Have the athlete stand and reach with the injured arm up behind the back as high as possible between the shoulder blades. Next, have the athlete reach down, behind the head from the shoulder blades as far as possible (scratch your back). Compare injured arm with uninjured arm.

3. SHOULDER SHRUG TEST – Have the athlete stand and shrug the shoulders as high as possible; relax, then push the shoulders as far forward as possible; relax, then squeeze the shoulder blades together as far as possible.

4. THROWING TEST – have the athlete throw a ball easily and at short distances. Progress to throwing harder and at longer distances (or other sport specific test).

5. RACKET SWINGS TEST – Have the athlete simulate swinging a racket using forehand, backhand and over the head motions. Progress from easy swings to full swings (or other sports specific test).
ELBOW AND WRIST INJURIES
ON-THE-FIELD ASSESSMENT

Elbow Injuries

Injured area should be uncovered prior to any examination. Examine the uninjured extremity first. This gives the coach a basis from which to begin. Tests are given in a numbered progression in which they should be performed. **THE ATHLETE SHOULD BE ABLE TO COMPLETE THESE TASKS WITHOUT PAIN OR WEAKNESS**

- If the athlete mentions any signs of numbing, tingling or burning sensations – STOP - DO NO FURTHER TESTING.
- Any local pain, loss of range of motion or pain in the neck - STOP – DO NO FURTHER TESTING.

1. RANGE OF MOTION – Have the athlete bend and straighten the elbow as far as possible without pain. Rotate wrist, palm up and then rotate to palm down with elbow bend and held against athlete's side.

2. RANGE OF MOTION WITH RESISTANCE – Same as above but with the coach providing resistance.

3. GRIP STRENGTH TEST – Have the athlete grasp the first two fingers on each of your hands and squeeze tightly. Compare the strength of both hands. Any losses of strength in grip test, do not return to play.

Wrist and Hand Injury

1. RANGE OF MOTION – Bend wrist up and down. Make wrist circles (both directions). Palm up and down. Then complete the same series of test with the coach applying resistance.

2. GRIP STRENGTH TEST – Have the athlete grasp the first two fingers on each of your hands and squeeze tightly. Compare the strength of both hands. Any loss of strength in grip test, do not return to play.

3. ATHLETIC ABILITY TEST – Have the athlete do an athletic move that is close to what they will have to do once they return to play.

You may add taping or bracing to support the area before testing. With any type of injury or anything you are not familiar with, call for a higher medical authority. Make sure that you record all injuries and what was done for the athlete. Follow up with the athlete and his/her family to ensure they obtained proper medical care for the injury.
KNEE INJURIES
ON-THE-FIELD ASSESSMENT

Injured area should be uncovered prior to any examination. Examine the uninjured extremity first. This gives the coach a basis from which to begin. Tests are given in a numbered progression in which they should be performed. **THE ATHLETE SHOULD BE ABLE TO COMPLETE THESE TASKS WITHOUT PAIN OR WEAKNESS.**

- If the athlete mentions any signs of numbing, tingling or burning sensations – **STOP - DO NO FURTHER TESTING.**
- Any local pain, loss of range of motion, or pain in the neck – **STOP – DO NO FURTHER TESTING.**

1. **RANGE OF MOTION TEST** – While seated, have the athlete attempt to bend and straighten the knee equal to the uninjured knee.

2. **SQUAT TEST** – Standing with the weight distributed evenly on both legs, have the athlete do a 2-legged squat to approximately 45 degrees and hold for five seconds. Progress to a 1-legged squat to approximately 45 degrees and hold for five seconds.

3. **HOP TEST** – Have the athlete hop on both feet and land without a limp.

4. **FORWARD/BACKWARD TEST** – Have the athlete jog forward ten yards, then stop and back pedal five yards. Gradually increase speed and the intensity of the starts and stops. Watch for limping or hesitation.

5. **JOGGING FIGURE 8 TEST** – Have the athlete slowly jog in a large figure 8 pattern, and progress to smaller patterns and a quicker pace.

6. **CUT AND PIVOT TEST** – Have the athlete jog toward you several steps and on your command pivot either to the right or left. Increase the speed at which the athlete jogs and watch for limping or hesitation. Progress to pivoting at full speed.

7. **ZIG ZAG TEST** – Have the athlete run a zig zag pattern, increasing speed and the intensity of the cuts. Again, watch for limping or hesitation.

8. **RUN AND JUMP TEST** – Have the athlete jog several steps, then jump off both feet. Progress to jumping off only the injured leg. Watch for limping or hesitation.
FOOT, ANKLE AND LOWER LEG INJURIES
ON-THE-FIELD ASSESSMENT

Injured area should be uncovered prior to any examination. Exam the uninjured extremity first. This gives the coach a basis from which to begin. Tests are given in a numbered progression in which they should be performed. **THE ATHLETE SHOULD BE ABLE TO COMPLETE THESE TASKS WITHOUT PAIN OR WEAKNESS.**

- If the athlete mentions any signs of numbing, tingling or burning sensations – **STOP - DO NO FURTHER TESTING.**
- Any local pain, loss of range of motion or pain in the neck - **STOP – DO NO FURTHER TESTING.**

1. **RANGE OF MOTION** – Seat the athlete with knee bent and the toes pointing away from the body. Have the move their leg a full range of motion, up and down, side to side.

2. **BREAK TEST** – Same as above, now with resistance. Have the athlete move the foot up/down and side to side. Check to see if the athlete can resist your force or if the ankle is too weak and painful.

3. **WEIGHT BEARING TEST** – Have the athlete gently step down on the foot, progressing to a slow walk, if possible, and watch for pain or limping.

4. **TOE RAISE TEST** – have the athlete stand with the weight evenly distributed on both legs. With both feet together, rise up on the toes twenty (20) times. Progression to raising up on the toes of only the injured leg.

5. **HOP TEST** – Have the athlete hop on both feet and land without a limp.

6. **FORWARD/BACKWARD TEST** – Have the athlete jog forward ten yards, then stop and back pedal five yards. Gradually increase speed and the intensity of the starts and stops. Watch for limping or hesitation.

7. **JOGGING FIGURE 8 TEST** – Have the athlete slowly jog in a large figure 8 pattern, and progress to smaller patterns and a quicker pace.

8. **CUT AND PIVOT TEST** – Have the athlete jog toward you several steps and on your command pivot either to the right or left. Increase the speed at which the athlete jogs and watch for limping or hesitation. Progress to pivoting at full speed.
9. ZIG ZAG TEST – Have the athlete run a zig zag pattern, increasing speed and the intensity of the cuts. Again, watch for limping or hesitation.

10. ATHLETIC ABILITY TEST – Have the athlete do an athletic move that is close to what they will have to do once they return to play.

You may add taping or bracing to support the area before testing. With any type of injury or anything you are not familiar with, call for a higher medical authority.

Make sure that you record all injuries and what was done for the athlete. Follow up with the athlete and his/her family to ensure they obtained proper medical care for the injury.
CAUSE, PREVENTION, AND TREATMENT OF MUSCLE CRAMPS

Muscle cramps are muscle contractions that do not cease and that will continue until proper treatment is given. They may well cause an athlete to temporarily stop activity, but they generally have no serious long-term consequences. One has no control over when a muscle cramp is going to occur. They can strike during activity, during rest or even during sleep.

While no one knows exactly what causes muscle cramps, there are several factors that are associated with them. Muscles that are fatigued, injured or exposed to extreme temperatures are more prone to cramping. Dehydration, electrolyte imbalance, mineral deficiency, impaired circulation or other more serious disorders may cause muscles to cramp. Some persons, often those who sweat profusely, are predisposed to muscle cramps and get them quite regularly, while others have never experienced a cramp.

Muscle cramps are often divided into two basic categories – night cramps and heat cramps. Night cramps include any cramp that occurs while a person is at rest. They often affect the calf muscle and the small muscles in the feet. Heat cramps are most often associated with dehydration and electrolyte imbalance. Heat cramps occur most often after the athlete has been exercising for an hour or more in the heat. Athletes may be more prone to heat cramps after several days of exercising in extreme heat. Heat cramps may occur in any of the skeletal muscles, but are most common in the large muscles in the arms and legs, especially the calf muscles. Heat cramps often occur at the beginning of the warm weather season before athletes have had an opportunity to acclimate themselves to the environment and when the body is more prone to losing fluids and electrolytes.

Prevention of Heat-Related Muscle Cramps

The following steps should help to prevent many heat-related muscle cramps.

- **Drink Plenty Of Fluids.** Urine color is the key to determining how well-hydrated an athlete is. Clear urine indicates adequate hydration, yellow urine indicates dehydration and pale urine indicates that the athlete is somewhere between hydration and dehydration. Athlete weigh-ins before and after practice may be helpful in monitoring fluid loss.

- **Get Enough Electrolytes.** While it is most important to replace fluids lost from sweating, one can’t forget about electrolytes. Replacement of sodium and potassium are suspected to prevent muscle cramps. Sodium can be replaced with salty foods, such as pretzels or chips, or adding extra salt on your meals. Potassium levels can be maintained by eating bananas and oranges or drinking orange juice. Many popular sports drinks will help fulfill this need.
• **Wear Proper Clothing.** Avoid exposing muscles to rapid changes in temperature.

• **Get In Shape And Stay In Shape.** Fatigue and poor conditioning can make muscles more prone to muscle cramps.

• **Stretch.** Stretching before and after exercise can reduce the muscle’s susceptibility to cramps.

**Treatment of Muscle Cramps**

• The most effective treatment for muscle cramps is to gently stretch the cramped muscle.

• Use of ice, along with gentle stretching, will numb the area and cause an increase in circulation once the ice is removed.

• Gentle massage of the muscle may help.

• Fluids replacement should begin immediately.

Often athletes suffering from muscle cramps will return to participation immediately after the cramp has been relieved. Severe muscle cramps may require the athlete to rest and avoid exercise for 12 to 24 hours. Recurring bouts of muscle cramps should be referred to a medical professional for further examination and testing.

An unusual method of treating muscle cramps is to pinch the upper lip. There are several theories available on why this may help. Whether it alters nerve transmission or draws the athlete’s attention away from the cramp, it may work for some athletes.

As with any type of athletic injury, preventing muscle cramps is more desirable than treating them. Those methods are most likely drinking plenty of fluids, eating foods with adequate amounts of potassium and sodium and conditioning the muscles so they don’t fatigue as quickly. Any athlete with repeated bouts of cramps, despite the above, needs to see a physician.
Ankle Sprains

There are thousands of ankle sprains that occur each day in the United States. In athletics, basketball, soccer and volleyball have the highest occurrences. Sprains happen early in the season and during the second half of a game when muscles fatigue easily and are weak. Female athletes tend to have a higher risk for sprains than their male counterparts.

**Description:** An ankle sprain results from over-stretching or tearing of the joint capsule and/or ligaments. Ligaments are tissues that connect bone to bone. The joint capsule is the envelope that encloses/surrounds the joint and is similar to a ligament.

Three types of ankle sprains:
- Lateral (Inversion)- sprain of ligaments on the outside of the ankle, most common
- Medial (Eversion)- sprain of ligaments on the inside of the ankle
- Syndesmosis (High Ankle)- sprain of ligaments that connect the two leg bones

Ankle sprains are classified into three grades:
- Grade 1- mild with stretching of the ligament/s
- Grade 2- moderate with partial tear of ligament/s
- Grade 3- severe with a complete tear of ligament/s

**Signs & Symptoms**
Pain, tenderness, and swelling in the ankle starting at the side of the injury that may progress to the whole ankle and foot. A popping, tearing or giving way sensation may be felt at the time of injury. Bruising may also be seen immediately or develop over time. Athlete may have an impaired ability to walk soon after injury.

**Treatment**
Immediate recognition and early intervention is the key to a quick recovery.

Phase 1 (acute or immediate): Decrease swelling and pain
- REST and RICE (rest, ice, compression, elevation)
  - Rest the ankle to decrease the effects of immediate inflammation
  - Ice every couple of hours for 20 minutes at a time
  - Compress using an Ace wrap or similar item to decrease the swelling
  - Elevate the ankle by putting your foot up on a chair or table when sitting above the level of your heart
• Non-weight bearing till further evaluation by an athletic trainer or doctor
• Non-weight bearing range of motion exercises 3x day starting day 2
  o Circles with your ankle both clockwise and counter clockwise
  o Alphabet spelling using capitals with your big toe and ankle
(Once a player is weight-bearing without increased pain you can progress to Phase 2. This may take a week or several weeks depending on the severity of the injury.)

Phase 2: Strengthening and stretching
• Achilles tendon and calf stretching before any strengthening
• Increase muscle strength and balance within pain-free range of motion
• Important to strengthen the lateral (outside) aspect of ankle and lower leg as well as ankle dorsiflexion (raising up on toes like a calf raise)
(Motor control must be reestablished before an athlete can progress to Phase 3. This may take several weeks.)

Phase 3: Sport-specific training
(Should be performed in a controlled setting)
• Functional progressive conditioning (brisk walking-running-figure 8 running-hopping-jumping-cutting-running with cutting)
• Progress balance exercises to more unstable surfaces
• Introduce agility drills
• Progress to endurance exercises
(Return to play when full motion and strength have returned with all agility and functional conditioning. This may take several weeks.)

Ankle Sprain Increased Risk
Previous ankle sprain
Walking or running on uneven surfaces
Shoes with inadequate lateral support
Poor strength and flexibility
Poor balance skills
Poor warm ups and pre-workout stretching
Sports such as volleyball, basketball, and soccer where the foot may land awkwardly

Preventive Measures
Appropriately warm up and stretch before practice or competition
Maintain appropriate physical conditioning
• Ankle and leg flexibility, muscle strength, and muscle endurance
• Balance training activities
Use proper technique
Taping or bracing
Wear proper protective shoes
BLOOD BORNE PATHOGENS IN SPORTS
Or What To Do When There Is Blood

Blood-Borne pathogens of specific concern to athletics include, but are not limited to, the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). These pathogens cause serious health related issues, therefore every effort must be made to prevent transmission occurrence. The Occupational Safety and Health Administration (OSHA) has set forth standards for blood-borne pathogens and should be reviewed by each institution. There are two key situations to consider in the control of blood-borne pathogens in athletics:

First, is the cleaning of blood from an athlete and their uniform. Second, is the cleaning of blood from environmental surfaces (i.e. floors, mats, training tables and other non-porous surfaces). Regardless of the setting, all personnel involved with the handling of potentially infectious material should be trained in first aid and the use of personal protective equipment (universal precautions). This update addresses some of the supplies that are effective in the control of blood-borne pathogens.

Cleaning Blood from Athletes and Uniforms

- Warm, running water and antibacterial soap containing Triclosan or Triclocarbon
- Waterless, antiseptic hand cleanser
- 70% Isopropyl alcohol
- Hydrogen peroxide
- Antiseptic wipes
- Germicidal wipes

Uniforms with excessive blood on them should be removed and laundered properly (>160 deg F) before they are worn again. If an athlete’s uniform becomes saturated (soaked through the fabric and in contact with skin) with blood, the uniform must be removed and changed before the athlete can return to competition. After any antiseptic is used to remove blood from skin, antibacterial soap and water should be used to wash the area as soon as possible.

Cleaning Blood from Environmental Surfaces

- 1:10 household bleach and water solution, made fresh every 24 hours
- 70% Isopropyl alcohol
- Hydrogen peroxide
- Commercial sprays and liquids which are effective in killing HIV and HBV viruses
Janitorial and Sports Medicine supply companies carry a wide variety of products suitable for cleaning blood from environmental surfaces. Institutions are advised to contact manufacturers or distributors to ensure their cleaning products meet the appropriate specifications.

CAUTION: Products designed to clean environmental surfaces are not generally designed for cleaning skin. Read product labels to ensure that the product you are using is deemed safe for your particular intent.

NOTE: Protective gloves should always be worn when cleaning blood from environmental surfaces, uniforms or another person’s skin. Wash hands immediately following glove removal. Red biohazard bags should also be used to dispose of gauze, gloves, and other materials used to clean up blood.
COMMON SENSE SPORTS HYGIENE

- Certain types of skin infections have been shown to spread among members of sports teams at all levels. Many of these infections are caused by an organism called *Staphylococcus Aureus*, often referred to simply as “staph”. These bacteria are commonly carried on the skin or in the nose of otherwise healthy people. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics, but occasionally serious infections requiring treatment occur.

- Some staph bacteria are resistant to antibiotics. MRSA (methicillin-resistant staph aureus) is a type of staph resistant to many common antibiotics, and in cases where treatment is needed, can be more difficult to treat. In the last few years there have been a number of cases where these bacteria spread among members of sports teams.

- Staph infections, including those with MRSA can cause skin infections that look like a pimple or boil. The surrounding area is often red, swollen and painful, and there may be pus or other drainage. In some cases they may resemble a spider bite with a dark center surrounded by redness. These lesions are frequently located on the buttocks or legs. They can be quite painful. Treatment consists of draining the lesion (lancing) and or appropriate antibiotics. Even after treatment, infections can recur, in part because other family or team members have been contaminated and may be “carriers” of the bacteria even if they have no lesions themselves. Any athlete with a suspicious boil should of course be evaluated by an appropriate medical professional.

In order to avoid the occurrence and spread of such infections in sports teams we have formulated a set of recommendations for schools and coaches.

1. Cover all wounds. If a wound cannot be covered adequately, consider excluding players with potentially infectious skin lesions from practice and competition until the lesion is healed or can be covered adequately. Bandages should be disposed of so as to prevent other people contacting them, and anyone handling such bandages should use gloves and wash hands thoroughly.

2. Encourage good hygiene, including showering and washing with soap after all practices and competitions.

3. Ensure availability of adequate soap and clean towels. If there are known MRSA cases among team members, antibacterial soap is preferred.

4. Towels and uniforms should ideally be cleaned after each use.

5. Discourage sharing of towels and personal items such as razors, clothing and equipment.

6. Train athletes and coaches in first aid for wounds and in recognition of wounds that are potentially infected or infectious.

7. Encourage athletes to report skin lesions to coaches and encourage coaches to assess athletes for skin lesions.

8. Consider placing alcohol hand sanitizer dispensers at the exits from facilities such as locker rooms and wrestling rooms and encourage their use. If hands are visibly soiled, soap and water is preferred.

9. Encourage use of clothing or clean towels to create a barrier between skin and equipment such as weight machines which are used by more than one person.

10. Wipe down common surfaces such as gymnasium mats and exercise benches with an appropriate disinfectant on a regular basis. Commercially available disinfectants such as Lysol can be used as can isopropyl (rubbing) alcohol or a dilute bleach solution (one part bleach to nine parts water). Be sure the disinfectant used will not damage the surface being cleaned.
SKIN CANCER PREVENTION FOR
STUDENT-ATHLETES AND COACHES

Avoid the Sun: Try to minimize exposure to the sun between 10:00 a.m. and 3:00 p.m. When possible, avoid scheduling practices and games during that time.

Use Sunscreen with SPF 15 or Above: Apply sunscreen at least 20 minutes before exposure to the sun. Always reapply sunscreen after swimming or sweating. If you are outside, give your athletes several "sunscreen breaks" during practice. Remember to use sunscreen even on cloudy or hazy days.

Cover Up: Wear a wide-brimmed hat and long-sleeved shirt whenever possible in the sun. There are also special lightweight fabrics available which block the UV light.

Avoid Tanning Parlors and Sunlamps: These products emit UV light, which can cause sunburn, skin cancer and premature aging of skin.

Perform a Monthly Skin Self-Exam: Note the location of any moles, blemishes or birthmarks on a human body diagram. Each month use the body map to detect any changes in these skin conditions or the appearance of any new ones.

OTHER FACTORS THAT AFFECT SUN PROTECTION

Time of Day: The sun’s UV rays are strongest during midday hours—10:00 a.m. to 3:00 p.m.

Skin Tone: Fair-skinned individuals are at greatest risk of experiencing sunburn and must be particularly careful to protect their skin from the sun.

Check Medications: Some medications such as antibiotics increase the skin’s sensitivity to sunlight.

Altitude: The sun’s rays increase in intensity as the altitude increases.

Climate: Reflections off of ice, snow, and cement can increase your exposure to UV rays.

Weather: Even on cloudy or hazy days, you are exposed to 80% of the sun’s radiation.
SKIN CANCER

SKIN CANCER STATISTICS

Skin cancer is the most common type of cancer.

More than 90% of all basal and squamous cell carcinomas are thought to be caused by overexposure to the sun’s ultraviolet (UV) rays.

The effects of sun’s rays are cumulative with as much as 80% of lifetime sun exposure occurring before the age of 20.

THE THREE TYPES OF SKIN CANCER

BASEAL CELL CARCINOMA may be translucent or pearly, and usually occurs on the face.

SQUAMOUS CELL CARCINOMA often has a rough surface and most commonly occurs on the face, forearms and the back of the hands.

MELANOMA may occur anywhere on the skin. Warning signs for melanoma include A.B.C.D:

- Asymmetry: One half of the skin spot is unlike the other half.
- Border irregularity: The border of the spot is irregular or blurred.
- Color: There are multiple colors in the same skin spot, sometimes in an irregular pattern.
- Diameter: The skin spot is larger than a quarter of an inch (the size of a pencil eraser).

RISK FACTORS FOR SKIN CANCER

Although everyone is at risk for developing skin cancer, those with the following characteristics are at higher risk.

- Fair skin, freckles, or numerous moles
- Blond, red or light-brown hair
- A tendency to sunburn easily and to tan very little or not at all
- A family history of skin cancer
- Long periods of daily sun exposure or short periods of intense exposure
PREFORMANCE-ENHANCING NUTRITION

One often neglected component of optimizing performance is proper nutrition. To perform at your best, besides a well-structured training schedule, the body needs a proper balanced diet of carbohydrates, proteins, fats, fluids and electrolytes. Sound nutrition provides fuel for workouts as well as components for recovery.

**Pre-Game Meals Tips:**
- Easily digested
- >2-3 hours before competition
- Adequate calories (you want your tank full)
- Avoid heavy, fatty meals (but not too full)
- Adequate fluids

**Post-Game Meals Tips:**
- Replenish calories, electrolytes
- Replenish fluids
- Replenish muscle glycogen in the first 30 minutes after exercise by eating simple carbohydrates or high carbohydrate sports drinks.

**Options For Eating On The Go:**
- bagel
- fruit
- graham crackers
- pretzels
- granola bar
- low fat cheese sticks
- popcorn

**Choices When Eating Out:**
- baked, broiled, boiled or poached
- avoid fried, breaded or gravy
- limit butter, margarine, mayonnaise, sour cream, cream cheese, creamy salad dressing.
SAMPLE MENUS TAKEN FROM THE FOLLOWING FAST FOOD RESTAURANTS.

Breakfasts

**McDonalds**

<table>
<thead>
<tr>
<th>Calories</th>
<th>Protein</th>
<th>Carbohydrates</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain English Muffin (S)</td>
<td>747</td>
<td>17%</td>
<td>56%</td>
</tr>
<tr>
<td>Strawberry jam (1 packet)</td>
<td>2% milk (1 carton)</td>
<td>650</td>
<td>11%</td>
</tr>
<tr>
<td>Scrambled egg (1)</td>
<td>or Hot Cakes with butter and 1/2 syrup pack and orange juice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Lunch/Dinner**

**Wendy's**

<table>
<thead>
<tr>
<th>Calories</th>
<th>Protein</th>
<th>Carbohydrates</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken breast Sandwich 719</td>
<td>22%</td>
<td>53%</td>
<td>25%</td>
</tr>
<tr>
<td>on multi-grain bread (no mayonnaise)</td>
<td>2% milk</td>
<td>1,016</td>
<td>16%</td>
</tr>
<tr>
<td>Baked potato</td>
<td>or Chili (8 ounces)</td>
<td>2% milk</td>
<td>3/4 cup lettuce</td>
</tr>
<tr>
<td>Sour cream (1 packet)</td>
<td>Baked potato, plain Frosty (small)</td>
<td>1/4 cup fresh veggies</td>
<td></td>
</tr>
<tr>
<td>2% milk</td>
<td>Side Salad</td>
<td>1/4 cup cottage cheese</td>
<td></td>
</tr>
</tbody>
</table>

**Arby's**

<table>
<thead>
<tr>
<th>Calories</th>
<th>Protein</th>
<th>Carbohydrates</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jr. Roast Beef on multigrain</td>
<td>22%</td>
<td>51%</td>
<td>27%</td>
</tr>
<tr>
<td>bread with lettuce and tomato (no mayonnaise or horseradish)</td>
<td>2% milk</td>
<td>2% milk</td>
<td></td>
</tr>
<tr>
<td>Side salad*</td>
<td>2% milk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Balanced Diet Components**

1) Fruits and Vegetables (5x day, raw, steamed, dried, canned)
2) Low-Fat Dairy (milk, yogurt, cheese)
3) Lean Protein (beans, peas, fish, lean meats & poultry)
4) Healthy Fats (mono- or polyunsaturated fats, olive oil, fish)
5) Whole Grains and Variety of Carbs (breads, cereals, rice, pasta, potatoes)
6) Intake: 55-65% carbohydrates, 20-25% fats, 15-20% protein
7) Avoid sweets, caffeine, alcohol, fast food
8) Timing (don't miss meals, eat at regular times, don't eat in front of the television)

or Arby's Regular Roast Beef or 970 20% 52% 30%
ham and cheese sandwich
Side salad*
Vanilla shake
*1/2 cup lettuce, 1 cup fresh veggies, 1/2 cup garbanzo beans, 1/4 cup cottage cheese
tablespoons low-calorie dressing.

**Taco Bell**

<table>
<thead>
<tr>
<th>Calories</th>
<th>Protein</th>
<th>Carbohydrates</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>tostadas*</td>
<td>1,040</td>
<td>18%</td>
<td>56%</td>
</tr>
<tr>
<td>1 bean burrito</td>
<td>2 plain tortillas</td>
<td>2% milk</td>
<td>or 1 tostada*</td>
</tr>
<tr>
<td>2 bean burritos</td>
<td>1 plain tortilla</td>
<td>2% milk</td>
<td>or 1 tostada*</td>
</tr>
<tr>
<td>2 bean burritos</td>
<td>1 plain tortilla</td>
<td>2% milk</td>
<td>*if possible, ask that tostada shell be plain, not fried</td>
</tr>
</tbody>
</table>

**Pizza Hut**

<table>
<thead>
<tr>
<th>Calories</th>
<th>Protein</th>
<th>Carbohydrates</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Spaghetti with meat sauce Breadssticks</td>
<td>1,023</td>
<td>19%</td>
<td>61%</td>
</tr>
<tr>
<td>2% milk</td>
<td>or 1/2 medium onion, green 1,126 20% 55% 25% pepper and cheese pizza (thin crust)</td>
<td>2 breadsticks</td>
<td>2% milk</td>
</tr>
</tbody>
</table>
| *Pizza Hut does have a salad bar.
Protein - This is important for growing adolescents and for building muscle.

Protein Requirements (Daily)

<table>
<thead>
<tr>
<th>Group</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary adult</td>
<td>0.4 g/lb</td>
</tr>
<tr>
<td>Strength training adult</td>
<td>0.6 - 0.9 g/lb</td>
</tr>
<tr>
<td>Endurance athlete</td>
<td>0.5 - 0.9 g/lb (depending on intensity)</td>
</tr>
<tr>
<td>Growing teen athlete</td>
<td>0.8 - 0.9 g/lb</td>
</tr>
<tr>
<td>Maximum recommended</td>
<td>1 g/lb</td>
</tr>
</tbody>
</table>

 Supplements
There is no "miracle" supplement that will replace a good balanced diet. Eating a variety of foods in a balanced diet will provide all the necessary nutrients to allow for peak performance. Supplements should not replace food. Be wary of supplements -- they are not FDA regulated and may contain banned substances.

 Hydration
Dehydration can decreased performance and increase your risk for heat illnesses such as exercise associated collapse, heat exhaustion, and heat stroke. Signs of dehydration or heat illness may include muscle cramping, decrease performance, unsteadiness, vomiting, irritability, incoherency or inappropriate cessation of sweating.

The best way to determine your hydration needs are to measure pre- and post- exercise weights on a bathroom scale. Your deficit is how much fluid replacement you will need.

For those athletes who tend not to drink enough water or who need something with more taste, sports drinks often provide a more palatable alternative. They usually contain electrolytes that will help replenish losses if you have been exercising for a prolonged period of time. For shorter durations (<1-2 hours) of exercise, water is probably adequate.

Avoid caffeine or alcohol which can contribute to dehydration.

Hyponatremia
If you will be exercising for prolonged periods (>2 hours), heed your thirst. You should drink if you are thirsty. If you are not thirsty, be wary of the potential to over-drink resulting in diluting the sodium in your blood (hyponatremia). You may notice bloating or swelling in your hands or fingers or lethargy. Risk factors for this include weight gain after exercise and prolonged exercise (ie, ultra-distance events).

Prevention of Heat Illness
- adequate hydration
- conditioning – gradual increase in intensity and duration
- acclimatization – gradual exposure to new environmental condition (heat, humidity, elevation)
- sweating – maximize exposed skin (convection)

Links for additional information
http://www.drugfreesport.com/choices/nutrition/
Recognition, Management and Prevention of Eating Disorders

Significance:

- Disordered eating is a multifactorial disorder that includes social, familial, physiological and psychological components. Disordered eating can be defined as a spectrum of abnormal eating behaviors, ranging from mild food restriction and occasional binging and purging, to severe conditions of anorexia and bulimia.
- In the athletic population, the incidence of disordered eating behaviors and pathologic eating disorders is significantly higher than the general population. The high incidence in athletes has been attributed to the athlete's attempt to control body weight or body composition in an effort to improve their performance.
- The estimated mortality rate is 15 percent, highest of all mental health disorders. All individuals working with young athletes, particularly active females, should be educated about these disorders and work within their resources to develop strategies for prevention and management.

Recognition:
The signs and symptoms of disordered eating are vast and vary depending on the condition. General signs to watch for:

- Repeated expressed concerns about being fat.
- Preoccupation with food, calories, weight.
- Alterations in menstrual cycle.
- Avoidance of eating in public.
- Making trips to the bathroom following a large meal.
- Relentless physical activity above and beyond the requirements of their training program.
- Wearing layered or baggy clothing.
- Bloodshot eyes, swollen regions around the cheeks and in front of the ears.
- History of reoccurring stress fractures, i.e., Female Athlete Triad.
- Social isolation over meals with family and friends.
- Strong denial pattern when confronted about eating or weight loss.
Management

- Identify athletes at risk for disordered eating.
- If an athlete displays signs or symptoms of disordered eating, refer them to a medical professional trained or specializing in disordered eating in adolescent athletes.

Prevention

- Educate coaches, athletes, parents, officials and administrators about the signs, symptoms and dangerous consequences of disordered eating.

- Take special care when working with athletes who have weight problems or who are involved in at-risk sports (Cross Country, Gymnastics, Wrestling, Swimming and Diving).

- Avoid placing too much emphasis on body weight, leanness or size as a key to optimal performance.

- Close observation of athlete’s demeanor for defensiveness, indifference or anger concerning their weight or eating patterns.

- Use personal relationship to have open, direct conversations about concerns in a non-confrontational manner and INCLUDE THE PARENT/GUARDIANS.

Additional Resources

- Free school guidelines available from National Association of Anorexia Nervosa and associated disorders at www.ANAD.org


EFFECTS OF CAFFEINE ON ATHLETIC PERFORMANCE

- Caffeine creates a mild stimulating effect when taken in small amounts
  - Small amounts increase blood pressure, metabolic rate, respiration's, heart rate, and act as a diuretic.
  - Doses higher than 1000 milligrams — the equivalent of 10 cups of coffee in one sitting or 6-10 Vivarin or No-Doz — isolated cases of seizures and death have been reported.
  - Caffeine enters the bloodstream within minutes after consumption, and reaches its peak level in about 30 minutes.
  - Some studies indicate that some endurance athletes may benefit from ingesting caffeine prior to exercise, others show caffeine has no effect whatsoever on endurance performance.
  - One caution to be pointed out is that the side effects of nervousness and dehydration may very well offset any benefits that may occur due to increased workload.
  - Studies have supported the conclusion that athletes involved in strength and power sports, such as strength training or sprinting, have shown no improvement due to taking caffeine.
  - Caffeine-induced dehydration may actually decrease athletic performance by decreasing the efficiency of the muscles which are forced to work while being deprived of fluids.
  - As athletes drink their caffeinated beverages, they need to be aware that caffeine rarely has any positive effects on athletic performance, but may very well have a negative impact on their overall health and performance.
  - Caffeine addiction does exist. Withdrawal symptoms such as headaches, irritability, fatigue and upset stomach may occur, within 12 hours after the last ingestion.

The side effects of caffeine use outweigh any possible benefits the athlete may be seeking.
PERFORMANCE-ENHANCING DIETARY SUPPLEMENTS

SUPPLEMENTS
The use of supplement and ergogenic aids to enhance athletic performance is becoming more prevalent in athletics; however, there exist considerable safety concerns and myths surrounding their use. It is imperative that athletes, parents, and coaches be educated as to the current state of knowledge regarding these products, which are currently are NOT REGULATED by the United States Food and Drug Administration (FDA).

Several organizations, including the CIF and the NCAA have created policies regarding the use of supplements by athletes and many cases prohibiting their use.

General Concerns Regarding Supplements
- Nutritional supplements are not evaluated or regulated by the FDA.
  - With no FDA standards, there is no guarantee of the amount or concentration of the ingredients.
  - The only requirement of a supplement manufacturer is to have a label with no requirement regarding accuracy.
  - With no FDA controls, products frequently lack purity and are laced with other compounds.

What Science Tells Us
- Very few controlled scientific studies exist on the short-term or long-term side effects associated with their use.
- There are even fewer studies addressing the side effects in children and adolescents.
- Very few controlled scientific studies have been done to evaluate effectiveness.

Common Myths Regarding Supplements
- If a substance is natural, it must be safe. NOT TRUE
- If a substance is natural, it must be healthy and beneficial. NOT TRUE
- If a little bit is good, then a whole lot more is better. NOT TRUE
- Most athletes are deficient in important compounds. ALMOST NEVER TRUE
CIF Policies

- CIF Bylaw 22.B.12 prohibits school personal including athletic directors, sports coaches, school officials or employees or booster club/support groups from distributing supplements other than those listed below. Schools may not accept sponsorships or donations from manufacturers that distribute any dietary supplement banned by the United States Anti-Doping agency as well as synephrine. The bylaw also states that only non-muscle building nutritional supplements may be provided to students and those permissible non-muscles building nutritional supplement are identified according to the following classes: Carbohydrate/electrolyte drinks, energy bars, carbohydrate boosters and vitamins and minerals.

- CIF Bylaw 523 states that as a condition of membership, all schools shall policies prohibiting the use of androgenic/anabolic steroids and dietary supplements banned by the United States Anti-Doping Agency, as well as synephrine, without the written prescription from a licensed health care practitioner to treat a medical condition. Participating students and their parent/caregiver must sign a notification form regarding these restrictions.

Preventing Student-Athletes From Taking Supplements

School administrators, coaches, parents/caregivers and certified athletic administrators must send a strong message that discourages the use of supplements for performance enhancement. This can be done through a positive example of healthy behaviors regarding exercise and diet. In addition there are message you can send to your athletes to counteract the marketing and advertising ploys regarding supplements. These include:

- Coaches and parents must educate and teach the student-athlete the correct way to train and develop their body.

- There is no short cut to excellence, it takes hard work.

- If it sounds too good to be true, it probably is.

- No drug is harmless and free of consequences

- The CIF and the NCAA tell student-athletes that they must be responsible for what they put in their body and to avoid ANY product that may jeopardize their future.

Resources:
American College of Sports Medicine

For more information go to www.cifstate.org and the “Health and Safety” section.
THE IMPORTANCE OF STRETCHING

THE WARM-UP
The importance of the Warm-up is to prepare the body for physical activity. Warm-ups have been found to be a crucial part of injury prevention and decreasing muscle soreness. The warm-up increases the body temperature, stretches ligaments and muscles, and increases flexibility.

It is important to be sport specific. The warm-up should include both a general warm-up and a sport specific warm-up.

GENERAL WARM-UP:
To elevate the body’s core temperature and perform static stretching exercises.

Stretching is intended to increase flexibility and may help reduce pain and spasm of muscles. Stretching is an important part of injury prevention. Flexibility helps to increase the range of motion a muscle has to work, meaning that with better flexibility you have more muscle available to utilize through a given range of motion. The more flexible an athlete is the more agile he/she will become. Good flexibility is an essential component of successful physical performance.

SPORT SPECIFIC WARM-UP:
Involves sport specific activities and should gradually increase in intensity.

TIME ALLOCATED FOR WARM-UP:
10-15 minutes is ideal.

Example: 5 minutes of light jogging, biking, or swimming to increase metabolic rate and core temperature, followed by a stretching program, then on to the sport specific warm-up activities.

* Warm-up and Cool-down decrease the chance of athletic injuries and muscle soreness.

TYPES OF STRETCHING:
- Ballistic: Bouncing is not recommended.
- Static: Holding nice/easy for 30 seconds minimum.
ADVANTAGES OF PROPER STRETCHING:
1. Reduces muscle tension
2. Helps with coordination
3. Increase range of motion - ex. longer running stride
4. May prevent injuries/strains
5. Prepares the muscles, joints and tendons for strenuous activity
6. Increase the amount of power generated through muscle contraction

PRECAUTIONS AND SUGGESTIONS:
1. Never Bounce
2. Always stretch slow and controlled
3. Do not over stretch
4. Stretching should never hurt
5. Do not hold your breath - relax through the stretch
6. Stretch Daily 1-3 times
7. Hold stretch for 30 seconds minimum

COOL-DOWN:
Cool-down is essential to decreasing muscle soreness and muscle lactic acid levels after exercise. It helps in returning the blood to the heart for re-oxygenation, which will help to prevent blood pooling in the muscles. If athletes complain of dizziness or faintness after exercise they might not be cooling down appropriately. Slowing down from vigorous exercise for a few minutes rather than stopping completely can help the body recover to its resting state more smoothly.

Examples of cool-down activities are walking, static stretching, and deep breathing. This is a good time to work on any minor aches and pains, including icing. A good cool down may help speed recovery from practice so that the athlete is ready for future activity.

TIME ALLOCATED FOR COOL DOWN:
5-10 minutes
STRENGTH AND CONDITIONING

AVOIDING OVERUSE INJURIES

KEY POINTS IN STRENGTH AND CONDITIONING

- Strength training programs should be appropriate to the level of the athletes’ level of maturity, physical abilities and individual goals.

- Athletes should work with their coaches to develop realistic goals for their strength programs. Arbitrary “standards” are not realistic for all athletes at varying levels of maturation.

- Strength training programs should be designed around specific periods associated with the athletes’ season.

- For long term improvement, variations in training specificity, intensity and volume are necessary.

Most common model for strength training periods:

- **Pre-Season:** No competition
  - Goals are to establish a base level of conditioning
  - Start with a low to moderate intensity with 3-6 sets of 10 to 20 reps
  - As fitness level improves, move to high intensity with 3-5 sets of 4-8 reps to improve basic strength
  - Just prior to the onset of competition, basic strengthening should shift to developing strength and power. High intensity consisting of 3-5 sets of 2-5 reps should be used. Exercises should include plyometrics and dynamic stabilization activities.

- **In-Season:** Competitive events
  - Strength training should take a back seat to skill development.
  - Goals are to peak at the appropriate time or maintain strength through an extended season.
  - Intensity should be moderate to high with 1-3 sets consisting of 3 to 8 reps.
  - Continue to maintain a focus on core strengthening and dynamic stabilization.

- **Post-Season:** No competition
  - The goal of the post season is to rest and recover from a successful competitive season.
  - Active rest period should include recreational activities and may not include any resistance training.

- **Off-Season**
  - The off-season period follows the active rest period.
  - The goal of the off-season is to develop a base level of fitness in preparation for the higher intensity pre-season period.
  - This is an ideal time to determine fitness levels by conducting field tests such as the 12 minute run, 300 yard shuttle run, vertical jump test and flexibility tests.
ASTHMA AND EXERCISE-INDUCED ASTHMA (EIA)

What is Asthma?

- Asthma is a lung disease involving reversible airway obstruction, inflammation, and hyper-responsiveness. About 6% of the population has asthma, and furthermore, approximately 80% of those with asthma have some degree of exercise induced bronchospasm (acute narrowing of the airways).
- Asthma is also common among athletes. At least 1 out of every 10 athletes has exercise induced asthma (EIA), although many are not aware of their limitation.

What Causes Asthma?

- Blockage of airflow and inflammation occur when the sensitive cells lining the airways of the lungs become irritated by contact with "triggers." These include inhaled allergens (pollen, dust, animal dander), chemical irritants (smoke, fumes), respiratory infections, cold air or weather changes, and exercise.
- The airways become overly sensitive with subsequent swelling and increased mucous production. The small muscles surrounding the airways constrict making it more difficult to breathe.

The Symptoms and Diagnosis:

- The symptoms of asthma are wheezing, shortness of breath, chest tightness, cough and exercise intolerance. When severe, these symptoms can be life-threatening. Frequent chest colds lasting longer than 10 days may also be a sign of asthma.
- In EIA, symptoms usually occur with exercise within 3 minutes, peak by 10-15 minutes, and resolve by 60 minutes. Occasionally, symptoms may persist after exercise is completed. Being winded at the end of intense exercise is normal, but persistent coughing during a prolonged recovery period is not. Suspect EIA if a conditioned athlete still cannot keep up with others or feels like he or she is out of shape.
- Individuals with asthma frequently have associated seasonal allergies, or a skin condition called eczema. Family members may also have similar disorders.
- The diagnosis of asthma is typically made based upon a thorough history, physical examination, lung function test, and response to medications. It is important that the exam is carried out by a physician as there are other health issues that may have similar symptoms to EIA.
Prevention and Treatment

Asthma is a chronic condition with acute exacerbations of varying frequency. It is of utmost importance to first achieve optimal control of underlying asthma. Once this is accomplished, the focus should be on preventing exacerbations by identifying and eliminating triggers. There are two main categories of medications used in the treatment of asthma and EIA. The first category treats the inflammation of the airways which makes asthma a chronic disorder. These medications should be taken daily, even if the athlete is not having symptoms currently. The most common example of this type of medication is inhaled corticosteroids (not to be confused with anabolic steroids). The second category of medications target the acute airway constriction experienced during an “attack.” Most commonly these are inhaled bronchodilators which relax the small muscles constricting the airway.

What to do if you have EIA

- Avoid exercise in cold, dry, or polluted air.
- Make sure your allergies are controlled and avoid / remove triggers. If you have a cold, avoid strenuous exercise until your infection resolves.
- Improve your fitness, as better conditioning makes EIA less troublesome.
- Warm up adequately. Some athletes can provoke a mild bout of EIA during warm up. After you have symptoms and recover, you may be able to exercise without symptoms for 1-4 hours (called a refractory period).
- If you think you have EIA, see you healthcare provider for evaluation. Make sure you use your medications correctly (i.e. bronchodilator 20-30 minutes prior to exercise) and make sure you receive training on how to use an inhaler correctly. A spacer or Aero chamber can help improve delivery of your medication.
- **HAVE YOUR MEDICATIONS WITH YOU AT ALL TIMES!**
Hazards of Smokeless Tobacco

Up to 20% of high school athletes are using smokeless tobacco. It is not a "safe" alternative to smoking cigarettes as some people believe. It is addictive, contains cancer causing agents, increases risk for cardiovascular disease, and damages teeth and gums.

What is it?
Two main types of smokeless tobacco:

- Chewing tobacco
  - Comes as loose leaf, plug, or twist
- Snuff
  - Finely ground tobacco that can be dry, moist, or in sachets
- Most users suck on the tobacco and spit out the juices

How is harmful?

- 28 cancer-causing agents → increases the risk of mouth, throat, stomach, and bladder cancers
- Leukoplakia – white precancerous lesions in the mouth
- Addiction to nicotine
- Users more likely to become cigarette smokers
- Mouth sores and bad breath
- Cracking and bleeding lips and gums
- Gum recession, loosened teeth, tooth loss
- Teeth staining yellow-brown
- Teeth abrasion, wearing enamel, increasing hot & cold sensitivity
- Interferes with sense of taste and smell
- Increased blood pressure and heart rate, increasing risk for heart attack or stroke

References:

http://www.cdc.gov/tobacco/smokeless/index.htm
BODY PIERCING

WHAT IS BODY PIERCING?
Body piercing can include the "traditional" piercing of the lobes of the ears, as well as other sites, including the pinna (above the lobe), belly buttons, nipples, cheeks and lips, tongues, and genitals. Body piercing is becoming increasingly common among high school students. There is currently no state policy restricting the use of jewelry, body piercing or tongue studs at high school athletic events. However, it is very important that you as athletic directors and coaches clearly understand the potential medical complications, and set clear policies for your athletes regarding the wearing of these during practice and competition.

What Are The Potential Dangers Of Body Piercing?
Infections: If the piercing was not performed in a sterile manner (such as disposable gloves, brand-new disposable needles, sterilization of the skin before the procedure), the person is at risk for skin infections and other infections such as hepatitis (infection of the liver) and HIV. The skin infections can lead to a breakdown of the cartilage of the pinna, which then needs to be repaired with cosmetic surgery.

Difficulty breathing: Most tongues will swell, some to double its size, after being pierced. This can interfere with talking and breathing. In one recent reported case, a tongue piercing almost became fatal when the swollen tongue became infected and cut off the air supply; doctors had to force a tube down her throat to help her breathe.

Chipped teeth: Tongue rings and barbells can cause numerous dental chips, even in those athletes who wear mouthguards. If the fracture of the tooth is severe, a root canal may be needed, and the tooth may die.

Swallowing or aspirating the jewelry: The tongue jewelry also may come "unscrewed," and either piece (one of them sharp) can be swallowed or aspirated (breathed) into the lungs, leading to potentially dangerous problems.

Difficult intubation: If an athlete stops breathing, e.g. after a head injury, intubation (insertion of a tube to help clear a passage) may be difficult to perform because of the tongue jewelry. When seconds count, this can be life-threatening.

Avulsion of the body part and cuts: Other risks of body piercing include avulsion of a body part if the jewelry gets caught by a finger or article of clothing, or cuts either on the athlete (such as a ball hitting the area) or his her opponents from sharp jewelry edges. One athlete with nipple rings, when diving for a loose ball, injured the nipples so severely that they had to be surgically repaired.

What Advice Should You Give Your Student-Athletes Who Have Their Body Pierced?
Make sure they have been instructed on how to clean their pierced body part. Advise them of the risks involved, and set a clear team or school policy on removing all jewelry during practice and competition.
MRSA

MRSA (methicillin-resistant staph aureus) is a type of staph infection that is resistant to many common antibiotics and, in cases where treatment is needed, can be very difficult to treat. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics, but occasionally serious infections require treatment. In the last few years, there have been a number of cases where these bacteria have spread among members of sports teams. Recently, this issue is making headlines as MRSA can have serious and deadly ramifications if not dealt with immediately.

WARNING SIGNS

It is common for athletes to have pimples, cuts and abrasions on their skin. Coaches must be aware of the signs and symptoms that their student-athletes may exhibit.

- Unusual or increasing pain and/or warmth
- The presence of pus or a pustule
- Induration (hardness)
- Increasing swelling, size or redness of the wound
- Red streaks around the wound
- Fever and/or chills (flu-like symptoms)

If you have any of these signs or symptoms, seek medical attention immediately.
Preventing MRSA
Precautions that coaches should take for preventing the spread of MRSA

- Insist that your athletes shower with soap as soon as possible after practices and competitions. If MRSA bacteria are present on your skin, you can wash them away before they have a chance to cause infection.

- Ensure that athletes do not share equipment, clothing, towels and other personal items. Implement a NO-SHARING rule if you have not done so already.

- Whether your athletic department launders practice and game uniforms or athletes do it themselves, implement a policy that uniforms (practice and game) get washed after EACH use.

- Ensure that all wounds, cuts and abrasions are covered to help prevent infection, especially during practice and competition.

- Equipment MUST be stored in clean, dry areas. A dark, moist, warm environment (lockers) is perfect for bacteria growth.

- Clean and disinfect daily, surfaces that are touched on a regular basis. This includes benches, training room tables, weight room equipment and benches.

- Wrestling mats MUST be cleaned DAILY before and after use. This would include use by physical education classes.

- Research is inconclusive on whether athletic fields can harbor MRSA bacteria. Since some studies have shown that the possibility exists, there are companies that offer antimicrobial treatments for athletic fields.

For more information go to www.cfstate.org and click on the “Health and Safety” box at the top of the page. Open the Sports Medicine Handbook and refer to page 44 for practical health hygiene policies and recommendations.
## What to do about MRSA in School Athletic Programs

### Infection Control Policies and Procedures Checklist

Please review the policies and procedures below. Use this tool to help determine which policies/procedures you already have, if they are being followed, and which policies and procedures you need to put in place. This check list is meant to serve as a guideline on reasonable methods of protecting the health and welfare of student athletes. These guidelines are not meant to provide a “standard of care” and are not meant to supersede medical or administrative judgment decisions that must frequently be made on the scene by appropriate individuals.

<table>
<thead>
<tr>
<th>Policy/Procedures</th>
<th>Exist</th>
<th>Follow</th>
<th>Needed</th>
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<tbody>
<tr>
<td><strong>General</strong></td>
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<tr>
<td>All hard environmental surfaces that may come in contact with body fluids are cleaned and sanitized daily with EPA-approved disinfectant (if area in use).</td>
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<tr>
<td>All floor and wall padding in athletic area(s) are washed daily, if athletic area is used.</td>
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<tr>
<td>Separate mop heads/ buckets are used for each activity area, locker rooms and rest rooms. Mop heads and buckets are cleaned regularly. (Washable microfiber heads or disposable mop cloths are preferred.)</td>
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<tr>
<td>Towels/ linens laundered on premises are washed at a minimum of 160°F and dried in a hot dryer.</td>
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*Notes:*

<table>
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<tr>
<th><strong>Wrestling Room and Mats</strong></th>
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<tr>
<td>Wall padding, benches and door knobs are wiped-down with quaternary ammonium (quat) or 1:100 bleach solution after each practice and meet.</td>
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<tr>
<td>Floors are cleaned before and after any moveable mats are used.</td>
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<tr>
<td>Mat surfaces with small holes or tears are repaired with mat tape. When mat sides are in poor condition, mats are taped together for meets and for practice.</td>
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<tr>
<td>Mat surfaces are replaced promptly when there are large holes or surfaces are excessively worn.</td>
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<tr>
<td>Both sides of mats are thoroughly cleaned before and after each use for practices and meets.</td>
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<tr>
<td>A separate mop head/ bucket is used specifically for cleaning mats, mop heads and buckets are washed regularly.</td>
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*Notes:*

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<tr>
<th><strong>Weight Room</strong></th>
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<tbody>
<tr>
<td>Weight machine padding is inspected regularly, and promptly replaced if punctured or torn.</td>
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<tr>
<td>Grip areas on weight bars, dumbbells and machines are not taped.</td>
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<tr>
<td>Grip areas on weight bars, dumbbells, and machines, and lift belts are wiped down daily.</td>
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<tr>
<td>Wall dispensers of hand gel (≥ 60% alcohol) are placed at each entry/exit. Athletes and coaches are instructed to use when entering/leaving room—minimum use, may use more often.</td>
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<tr>
<td>Floors, benches, supports, pads, light switches and door knobs are cleaned daily (when room in use).</td>
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*Notes:*
<table>
<thead>
<tr>
<th>Locker Rooms/Shower Rooms</th>
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<tbody>
<tr>
<td>Wall dispensers for liquid soap are located next to showers.</td>
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<tr>
<td>All shower and locker room areas are cleaned daily (if used).</td>
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<tr>
<td>All floor and walls in athletic area(s) are washed daily, if athletic area is used.</td>
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<tr>
<td>All benches are washed daily, if used.</td>
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</tbody>
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*Notes:*
Appendix