ATHLETIC TRAINING HEALTH & SAFETY

ACCLIMATIZATION

Acclimatization means to adjust to the environment. Your body will need to physiologically adjust to working out. Your bodies will cool more efficiently by increasing sweat production sooner if you are acclimatized. Heat related injuries are **PREVENTABLE** through proper conditioning and acclimatization. Ultimately, only you can be responsible for your body's physical condition and the ability to avoid injuries through being properly prepared and acclimatized.

GET INTO GREAT SHAPE and GET USED TO THE HEAT NOW

Athletes must begin to adjust to working out in the heat and sun. DO NOT use preseason training to get into shape. It will be **too late** and may result in unnecessary injuries.

To safely acclimatize your bodies in the warmer temperatures, it is also very important that you are properly hydrated. If the temperature and humidity is dangerously high, then you must limit your conditioning to very moderate workouts or postponed to a cooler time of the day. Avoid working out in the peak times of the day when temperatures, humidity, and air quality levels are reported to be dangerous. Also, wear light clothing and leave as much skin as possible exposed. Please do not use any type of thermal clothing or rubber suits while performing your workouts, as this is extremely dangerous, as they may lead to heat related injuries or death.

Prevention of Heat Related Illnesses Preventing Heat Illness

- Monitor weight loss by weighing in before and after practice
- Watch urine color minimal output and or dark yellow urine indicates dehydration
- Avoid caffeine intake
- Drink before you get thirsty
- Expose as much skin as possible avoid any unnecessary tape, wraps, or sleeves whenever possible
- Take a cool shower immediately after each session to cool down the body
- Do not miss any team meals you need to eat a balanced meal in order to replace electrolytes and mineral and to drink additional fluids
- If you are sick -high fever or loss of fluids from vomiting or diarrhea **DO NOT WORK OUT**! Rest & Replace Fluids.

Signs of Dehydration & Heat Stress

- Thirst
- Cramps
- Irritability
- Headache
- Weakness
- Dizziness
- Nausea
- Decreased performance
- Diarrhea
- Loss of appetite

Staying Hydrated - bring a water bottle or small water cooler to preseason camp

- Drink throughout the day
 - Drink at least 17-20 oz. of (3/4 water bottle) water 2 to 3 hours BEFORE practice
- Drink an additional 7-10 oz. (1 cup) of water 10-20 minutes before practice
- Drink 7-10 oz. (1 cup) every 15 minutes of practice
- Drink 20 oz. (3/4 water bottle) of water for every one pound of weight loss that occurred and drink it within two hours of finishing practice
- Drink an additional water bottle 2-3 hours prior to going to bed at night

Foods & Drinks that replace Electrolytes & Minerals

- Baked potatoes
- Oranges
- Orange Juice
- Sport drinks that are 8% or less in carbohydrates
- Bananas
- Normal/additional use of salt on foods
- Pretzels
- Pickles
- Tomato Juice

Avoid

- Carbonated beverages containing caffeine
- Alcohol
- Iced Tea
- Lemonade
- Coffee/Tea
- Fruit Juices grape juice, punches, etc.
- Grapefruit juice
- NCAA Banned Substances

PREVENTION OF STAPH AND MRSA INFECTIONS

Prevention of Staph and MRSA Infection Handout Official Statement from the National Athletic Trainers' Association *on Community-Acquired MRSA Infections (CA-MRSA)*

In an effort to educate the public about the potential risks of the emergence of community acquired methicillin-resistant staphylococcus infection (CA-MRSA), the National Athletic Trainers' Association (NATA) recommends that health care personnel and physically active participants take appropriate precautions with suspicious lesions and talk with a physician.

According to the Centers for Disease Control and Prevention (CDC), approximately 25% to 30% of the population is colonized in the nose with *Staphylococcus aureus*, often referred to as "staph" and approximately 1% of the population is colonized with MRSA1. Cases have developed from person-to-person contact, shared towels, soaps, improperly treated whirlpools, and equipment (mats, pads, surfaces, etc.). Staph or CA-MRSA infections usually manifest as skin infections, such as pimples, pustules and boils, which present as red, swollen, painful, or have pus or other drainage. Without proper referral and care, more serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

In our experience, HYGIENE is the key to prevention. Since many athletes prefer to shower in their dorm rooms or apartments, we recommend the use of an antiseptic antimicrobial skin cleanser. One such product, **Hibiclens, can be purchase at most pharmacies.** More information on Hibiclens can be found on their website: <u>https://hibiclens.com/athletics/</u>

Maintaining good hygiene and avoiding contact with drainage from skin lesions are the best methods for prevention.

Proper prevention and management recommendations may include, but are not limited to:

- 1. Keep hands clean by washing thoroughly with soap and warm water or using an alcoholbased hand sanitizer routinely.
- 2. Encourage immediate showering following activity.
- 3. Avoid whirlpools or common tubs with open wounds, scrapes or scratches.
- 4. Avoid sharing towels, razors, and daily athletic gear.
- 5. Properly wash athletic gear and towels after each use.
- 6. Maintain clean facilities and equipment.
- 7. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy.
- 8. Administer or seek proper first aid.
- 9. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
- 10. Care and cover skin lesions appropriately before participation.

Source: CA-MRSA Information for the Public. Centers for Disease Control and Prevention. Available on-line at: https://www.cdc.gov/mrsa/index.html

DRUG TESTING & SUPPLEMENT USE

All student athletes may be randomly selected for drug testing according CCSU's Institutional Drug-Testing Program of Intercollegiate Athletics. More information regarding CCSU's drug testing program, including banned substances and the consequences for positive drug tests can be found in the student-athlete handbook and on the Blue Devil website http://www.ccsubluedevils.com/athletics/compliance/drugeducation.pdf

In addition to CCSU's Institutional Drug Testing Program, student athletes may also be selected for the NCAA out-of-competition (year-round) drug testing program. More information regarding drug testing, including the NCAA banned substance list can be found on the following link: **NCAA Drug Testing** <u>http://ncaa.org/drugtesting</u>

Please remember that supplements may contain banned substances. Any supplements / performance enhancing aids (vitamins, amino acids, creatine, and/or any other dietary supplements) that you take may result in a positive drug test. You are responsible for investigating the supplement for NCAA banned ingredients through Drug Free Sport Axis (formerly the Resource Exchange Center).



Axis is a free, confidential source of information available to all involved with NCAA athletics. <u>https://dfsaxis.com/users/login</u>

- Select NCAA Division I and enter **PASSWORD: ncaa1.**

ATHLETIC TRAINING MEDICAL SCREENING

During the medical screening, we will review the following information with you.

Medications* – Prescription, Over-the Counter, & Supplements

You will be required to list the names all prescribed medications, over-the-counter medications and supplements along with the dosages. *Please bring a reminder note listing all <u>medications</u> <u>and dosages</u> that you are presently taking or had taken in the past one year for prescription (including asthma inhalers) and supplements.*

* Important: The National Collegiate Athletic Association (NCAA) requires that all athletes on stimulant medication for the treatment of ADD/ADHD provide adequate documentation of diagnosis and treatment to allow for a medical exemption. Stimulant medications are typically banned for use by NCAA athletes unless medical necessity is clearly documented. Please remember to inform athletic training should your status change and you are prescribed medications by your physician at any time throughout the year.

Asthma Inhalers

Athletes who use inhalers should bring a second inhaler that will be kept in the possession of the athletic training staff. The inhaler must be clearly marked with your name and prescription.

Epi Pens for Allergic Reactions

Athletes who have epi-pens prescribed to them in the event of an allergic reaction should bring a second one that will be kept in the possession of the athletic training staff. The epi-pen must be clearly marked with your name and prescription.

Recent Injuries, Surgery, and Physical Therapy

Athletes who have had a serious injury or surgery in the past 12 months must bring a note stating that their physician has cleared them for full participation in their particular sport. Athletes who have been receiving physical therapy must also bring a note from their physician if rehabilitation is to be continued. Also, athletes should bring copies of all physical therapy notes if rehabilitation is to be continued at CCSU.

Blister Prevention

Early season training is **NOT** the time to break in brand new athletic shoes. Bring a pair of used athletic shoes to alternate with your new ones. **Also bring a pair of sport sandals or flip-flops to allow your feet to air out**. A fresh pair of socks for each practice session helps to prevent blisters.

Hydration

Critical hydration consumption takes place well before practice and again post practice, so please bring a water bottle or small cooler with you to camp to keep in your rooms.

Final Reminder: In order to participate in team practices or conditioning sessions, all athletes must have the following on file:

- University pre-entrance physical including lab work. Freshman or first year only.
- Sports Physical Freshman year or first year only.
- Annual Impact Baseline Test and/or King Devick Baseline for Concussions.
- Sickle Cell Trait Lab Results
- MEDICAT Forms All forms must be completed annually
 - 1. A current Emergency Contact
 - 2. Insurance Information Form. Please be sure information is current and accurate. If your insurance changes at any time throughout the year, please provide athletic training with a current card.
 - 3. Insurance Card Upload Copy of FRONT and BACK of a VALID insurance card

- Concussion Injury and Disclosure Form (per NCAA, August 2010 mandate) this will be completed on your team's athletic training medical screening date TBD. All athletes annually.
- Health Service Medical History Update and Blood Pressure /Pulse Screening. For returning athletes only.
- Athletic Training Medical History will be reviewed annually for all athletes.

ATHLETES <u>WILL NOT</u> BE ALLOWED TO PRACTICE UNTIL EVERYTHING LISTED ABOVE IS COMPLETE AND ON FILE.

ATHLETE SURVIVAL KIT CHECKLIST:

You are an adult and must be responsible for your well-being. At times you need to take care of yourself, and we suggest that you pack the following:

- Current Insurance Card
- □ Medications small bottle
 - Acetaminophen or brand name Tylenol
 - o Ibuprofen or brand name Motrin, Aleve, Advil
 - Cold medication
- Prescription Medications
- First Aid
 - \circ Band Aids
 - Antibiotic Ointment Bacitracin
 - Baby Powder
 - o Digital Thermometer
 - o Sunscreen 70 SPF
- Hygiene
 - Shower Sandals or Sport Sandals
 - Hibiclens Soap
- □ Hydration and Nutrition
 - o Granola Bars
 - o Protein Bars
 - Sport Drink
 - Water bottle or small water cooler

NCAA Mental Health Educational Resources

The NCAA Sport Science Institute is a leader in providing health and safety resources to college athletes, coaches, athletics administrators, and campus partners. Together with leading medical organizations, behavioral health centers and content matter experts, the SSI provides educational resources for member schools to promote and support the health and well-being of student-athletes.

Located on this page are materials and resources related to the mental health and wellness of college athletes.

http://www.ncaa.org/sport-science-institute/mental-health-educational-resources



Interassociation Consensus Document:

MENTAL HEALTH BEST PRACTICES

Understanding and Supporting Student-Athlete Mental Wellness



CONCUSSION

AFACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

${\bf A}$ concussion i sa brain injury that:

- Is caused by ablow to the head or body.
 From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
 Can change the way your brain normally works.
- Can change the way your brain norma
- , Can range from mild to severe.
- , Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
 Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?

- Basic steps you can take to protect yourself from concussion: • Do not initiatecontact with your head or helmet. You can still get
- a concussion if youare wearing a helmet.
 Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an w1protected opponent, and sticks to the head all cause concussions.
- FolJow your athletics department's rules for safety and the rules of the sport.
 - Practice good sportsmanship at all times.
- , Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hoursor days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- , Double or fuzzy vision.
- Sensitivity to light or noise.
- , Nausea (feeling that you might vomit).
- , Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- , Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on thecomputer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that youcan get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, thesooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you havehad a concussion, your brain needs time to heal. While your brain isstill healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage. and even death. Severe brain injury can change your whole life.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



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A FACT SHEET FOR STUDENT-ATHLETES NCAA

WHAT IS SICKLE **CELL TRAIT?**

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one fornonnal hemoglobin. Sickle cell trait will not turninto the disease. Sicklecell trait is a life-long condition that will not change over time.

- During intense exercise, redbloodcellscontaining the sickle hemoglobin canchangeshape from roundto quarter-moon, or "sickle."
- Sickled red cells may accumulate in thebloodstream during intense exercise, blocking nonnal blood flow to the tissues and muscles.
- During intense exercise, athletes withsickle cell trait have experienced significant physical distress, collapsed and even died.
- Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle celltrait, even when exercise is not intense.
- Athletes with sicklecell trait should not be excluded from participation as precautions can be put into place.

DOYOU **KNOW IF YOU HAVE SICKLE CELL TRAIT?**

People at high risk for having sickle celltrait are those whose ancestors come from Africa, South or Central America India Saudi Arabia and Caribbean and Mediterranean countries.

- Sickle cell trait occursin about 8 percent of the U.S. African-American population, and between one in 2,000 to onein 10,000 in the Caucasian population.
- Most U.S. states test at birth.butmost athletes with sickle celltrait don't know they haveit.
- TheNCAA recommends that athletics departments confim, thesickle cell trait status in all student-athletes.
- Knowledge of sicklecell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle c,ell trait, allowing you to thrive in your sport.



- Know your sickle cell trait status.
- Engage in a slow and gradual preseason conditioning regimen.
- Build up your intensity slowly while training.
- Set your own pace. Use adequate rest and recovery between repetitions, especially during "gassers" and intense stationor "mat" drills.
- Avoid pushing with all-out exertion longer thantwo to threeminutes without a rest interval or a breather.
- If you experience symptoms such as musclepain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/orcoach.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.



Maintain proper asthma management.

- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Beware when adjusting to achangein altitude, e.g., a rise in altitude of as little as2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- Seek prompt medical care when experiencing unusual physical distress.

or more Information and resources visit www.NCAA.org/health-safety