CURRENT ATHLETE SAFETY REGULATION IN SECONDARY SCHOOLS

10TH ANNUAL CATA CLINICAL SYMPOSIUM & LEADERSHIP CONFERENCE
FEBRUARY 23, 2020
OBJECTIVES

Review
• Current state laws affecting interscholastic athletics
• CIF State Bylaws and guidelines
• Expectations placed on our constituents

Advocate
• Championing each other!
• Safety, health, wellbeing of student athletes
• Implementing safety measures

Provide
• Tools and resources for the Secondary School AT
• Avenues for communication
• Riveting Conversation
DEEP THOUGHTS WITH HEATHER HARVEY
WHY WE’RE HERE
THE CURRENT STATE OF SAFETY

- Development and implementation of best practices reduce risk of morbidity and mortality
- Success with safety policy implementation in NCAA
- Policy change at secondary school level left to individual states
- Korey Stringer Institute
AN UNFORTUNATE REALITY

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<tr>
<th>RANK</th>
<th>STATE</th>
<th>SCORE (%)</th>
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<td>New Jersey</td>
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<td>47</td>
<td>Iowa</td>
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<td>47</td>
<td>Wyoming</td>
<td>37</td>
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<tr>
<td>49</td>
<td>Montana</td>
<td>39.25</td>
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<tr>
<td>50</td>
<td>California</td>
<td>30.8</td>
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<td>51</td>
<td>Colorado</td>
<td>28</td>
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updated 8.12.19
CALIFORNIA HEALTH AND SAFETY LAWS

• Concussion
  – A.B. 25 (Hayashi)
  – CIF Bylaw 503.H. (Formerly Bylaw 313)
  – A.B. 1451 (Hayashi) - Coaches education
  – A.B. 2127 (Cooley)
CALIFORNIA HEALTH AND SAFETY LAWS

• Concussions, cont.
  – CIF Graduated Return to Play Protocol Form
  – Updated February 2019
  – “You must be symptom-free prior to beginning Stage III”
  – Before Stage IV (full RTP), “You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice.”
CALIFORNIA HEALTH AND SAFETY LAWS

• Sudden Cardiac Arrest (Eric Paredes Sudden Cardiac Arrest Prevention Act)
  – AB 1639 (Maienschein)
  – CIF Bylaw 503.J.
    • Coaches training
    • Annual information sheet
    • A student-athlete who passes out/faints or is known to have passed out/fainted while participating in, or immediately following an athletic activity, must be removed for remainder of the day
    • May not return to play until the athlete is evaluated by a licensed health care provider and receives written clearance to return to play from that health care provider
CALIFORNIA HEALTH AND SAFETY LAWS

• Emergency Action Plans and AED Protocol
  – *AB 2009* (Maienschein)
  – Written and posted plan that describes location and procedures to be followed in the case of sudden cardiac arrest or other medical emergency
  – Acquire at least one AED to be available on campus (maintained and tested)
  – AED(s) are available for the purpose of rendering emergency care
  – Ensure their availability to ATs, coaches, authorized persons
• Heat Illness and Heat Illness Education for Coaches
  – AB 2800 (Chu)
  – Bylaw 503.K.
  – A student athlete who exhibits signs of heat illness while participating in, or immediately following, an athletic activity must be removed immediately from participating for the day
  – Requires a student athlete who has been removed from practice or play after displaying signs and symptoms associated with heat illness must receive a written clearance note from a licensed health care provider before returning
  – Annual information sheet
“Q: One of my athletes had leg cramps in the middle of a game. If they go away, can she return to play that game or does she need to see her physician first?”
CALIFORNIA HEALTH AND SAFETY LAWS

“A: Muscle cramps may be an early sign of heat illness and can be evaluated and managed with rest, stretching and oral fluids including electrolyte drinks. If the cramps are not associated with any other signs and symptoms of heat illness and resolved promptly, then the athlete could return to practice or competition and would not require clearance from a licensed healthcare provider. BUT, if any signs and symptoms of heat illness exist alongside heat cramps, then yes, she would need to be cleared by her physician before returning to play. AND, if she continues to experience recurrent muscle cramps, have her see your school’s athletic trainer who can evaluate further. If there’s no athletic trainer available at your school, your athlete should get a medical evaluation from her physician. Please visit https://cifstate.org/sports-medicine/heat_illness/index for more information on this topic.”
CALIFORNIA HEALTH AND SAFETY LAWS

• Controlled Substances: Opioids
  – SB 1109 (Bates)
  • Effective January 1, 2019
  • Annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete and parent
  • Signed document
WHY WE’RE HERE
CALIFORNIA INTERSCHOLASTIC FEDERATION

• Who is CIF?
  – Comprised of public and private school employees including: school board members, principals, teachers, parents and athletic directors from high schools that come together to carry out CIF’s mission
  • 1204 Public Schools
  • 402 Private Schools
  • 1.9 million students
  • 835,000 student-athletes
CALIFORNIA INTERSCHOLASTIC FEDERATION

• CIF Today
  – 68,000 adults coach high school sports in California
    • 20,000 are on campus teachers (29%)
    • 48,000 are “walk-ons” (71%)
  – Coaching requirements
    • Fundamentals of Coaching
    • Sudden Cardiac Arrest
    • Concussion
    • CPR/First Aid
    • Heat Illness
CALIFORNIA INTERSCHOLASTIC FEDERATION

• CIF Sports Medicine Advisory Committee
  – Physicians, orthopedic surgeons, neuropsychologist
  – Athletic trainers, AT/PT, administrators

• Section Athletic Training Advisory Committee (?)
  – Athletic trainers
  – Local health care professionals
  – CIF section representatives
ACCESS TO AN ATHLETIC TRAINER

- **Access to ATs in Secondary School**
  - More than half (54.6%) of schools reported that they either did not employ ATs (47.6%) or employed unqualified health personnel (UHP) in the role of AT (7.0%)
  - Nearly 30% of student-athletes in California participated in athletics at a school that did not employ ATs (n = 191,626, 28.9%)
  - 8% of student athletes participated at a school that employed UHP in the role of AT (n = 54,361, 8.2%)
  - Only 13% full time, year round ATs
YOUTH SPORTS

• AB 379 (Maienschein) Youth Athletics
  – Updates Health and Safety Code 124235
  – Mimics concussion language/protocol that amended California Ed. Code 49475
  – Now includes sudden cardiac arrest
YOUTH SPORTS

• AB 1 (Cooper) - Youth tackle football
  – A tackle football team shall not conduct more than two full-contact practices per week (not to exceed 30 minutes a day)
  – Administrator, coach, referee must annually complete concussion and head injury education, Opioid Factsheet, training in recognizing and responding to heat-related illness
YOUTH SPORTS

• AB 1, cont.
  – A minimum of one state-licensed emergency medical technician, paramedic, or higher-level licensed medical professional shall be present during all preseason, regular season, and postseason games
  – At least one independent non-rostered individual, appointed by the youth sports organization, shall be present at all practice locations
    • The individual holds certification in first aid, CPR, AED, and concussion protocols
    • The individual shall have the authority to evaluate and remove any youth tackle football participant from practice who exhibits an injury, including, but not limited to, symptoms of a concussion or other head injury
SECONDARY SCHOOL ATHLETIC TRAINERS

• We're our own cheerleaders!
• But how?!
  – Documentation
  – Communication
  – Visibility
• No state health and safety law or CIF requirement
• “Going to market”
• **Best Practice Guidelines for AT Documentation**
  – Patient encounter
  – Informed consent
  – Change in patient status
EMERGENCY ACTION PLANS
## VENUE SPECIFIC EAP

- www.ca-at.org
- Updated annually
- Practiced annually

### ALL STAR HIGH SCHOOL ATHLETIC DEPARTMENT EMERGENCY ACTION PLAN:
EMERGENCY/CARDIAC EMERGENCY RESPONSE

Before each season, designate Athletics’ staff members to each team to delineate roles and ensure quick emergency response. Call 911/EMS for all medical emergencies. If unresponsive and not breathing normally, begin CPR and get the AED.

<table>
<thead>
<tr>
<th>ACTIVATING EMS TEAM</th>
<th>CPR TEAM</th>
<th>AED TEAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALL 911. Explain emergency, Provide location and victim's information.</td>
<td>START CPR. ACTIVATE AED TEAM.</td>
<td>GET THE AED KIT.</td>
</tr>
<tr>
<td>Local EMS Number:</td>
<td>1. Position person on their back.</td>
<td>Nearest AED:</td>
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<tr>
<td>EMS Access Point:</td>
<td>2. Put one hand on top of the other on middle of person's chest. Push hard and fast. AT LEAST 100 compressions/minute. Lift chest completely level after each compression.</td>
<td>Practises:</td>
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<tr>
<td>Cross Streets:</td>
<td>3. Take turns as needed.</td>
<td>Events:</td>
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<tr>
<td>Staff Member 1:</td>
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<td>Staff Member:</td>
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<tr>
<td><strong>MEET AMBULANCE at EMS Access Point. Take to victim.</strong></td>
<td></td>
<td><strong>REMEMBER, GET THE ATHLETIC TRAINER.</strong></td>
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<tr>
<td>EMS Access Point:</td>
<td></td>
<td>Athletic Trainer:</td>
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<tr>
<td>Cross Streets:</td>
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<td>Contact:</td>
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<tr>
<td>Staff Member 1:</td>
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<td>Typical location:</td>
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<tr>
<td><strong>CALL CONTACTS. Provide location and victim’s name.</strong></td>
<td>WHEN AED ARRIVES, AED TEAM TURNS IT ON AND FOLLOW VOICE PROMPTS. CPR TEAM DOES NOT STOP CPR.</td>
<td>Staff Member to Alert AT:</td>
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<tr>
<td>Athletic Director:</td>
<td>1. Remove or cut clothing from chest.</td>
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<td>Principal:</td>
<td>2. Attach electrode pads as directed by voice prompts.</td>
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<td>Security:</td>
<td>3. Stand clear while AED analyzes heart rhythm.</td>
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This sample EAP is based upon an original document produced by Anyone Can Save a Life®
<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>Aug</th>
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</tbody>
</table>
COMMUNICATION

- Positive and effective communication with peers, co-workers, coaches, parents
- Let us know what’s going on!
- Report
VISIBILITY

• How we present ourselves at work, conference, public
• Don’t stay behind the scenes!
LACK OF REGULATION IN CA FOR ATS
HISTORY OF ATHLETIC TRAINING REGULATION IN CA

1986
• Governor Deukmejian vetoed a bill that would have licensed athletic trainers

2006 and 2007
• SB 1397 (Lowenthal) would have provided for registration of ATs
• Vetoed by Governor Schwarzenegger

2010
• AB 1647 (Hayashi) was initially a comprehensive student athlete safety bill but was amended to solely extend title protection to athletic trainers
• Vetoed by Governor Schwarzenegger
HISTORY OF ATHLETIC TRAINING REGULATION IN CA

2011-2013, 2017
• Held in committee

2014-15
• AB 1890 (Chau), would have established title protection for athletic trainers
• Vetoed by Governor Brown

2018
• AB 3110 (Mullin), would have established the Athletic Training Practice Act to license and regulate athletic trainers
• Passed through Assembly Arts, Entertainment, Sports, Tourism, & Internet Media Committee
• Amended to be a hybrid licensure/registration bill in Assembly B&P
• This version passed through the Assembly floor and Senate B&P before being held in suspense file in Assembly Appropriations
CURRENT AT REGULATION BILL

- **Licensure Language for Athletic Trainers (Bonta)**
  - AB 1665 (formally 1592)
  - CA Board of Athletic Training under the Department of Consumer Affairs
  - Introduced in February 2019 (two-year bill)
California Interscholastic Federation Sports Medicine Advisory Committee
Position Statement on Athletic Trainers in High Schools

The California Interscholastic Federation Sports Medicine Advisory Committee (CIF-SMAC) is dedicated to reducing risks, minimizing injuries and the health and safety of the student-athletes in California. The CIF-SMAC is convinced that the best way to reduce risks and minimize injuries to our student-athletes is for athletic programs to allow only Board of Certification (BOC) certified athletic trainers to evaluate, treat and prevent athletic injuries on school campuses. Further, the CIF-SMAC recognizes the importance and encourages the enactment of regulation for the athletic training profession in the form of licensure in California.

The CIF-SMAC concurs with the American Medical Society for Sports Medicine (AMSSM) that "has long recognized the value and role of athletic trainers within a Sports Medicine care team. Athletic trainers undergo accredited undergraduate and/or graduate training programs, with 70% of all athletic trainers obtaining a master’s degree. Athletic trainers play an essential role as the front-line healthcare professional for a well-functioning, multi-disciplinary Sports Medicine care team. Athletic trainers interact on a daily basis with the athletes for whom they are caring, are well trained in acute injury and illness evaluation and management, facilitate care from other clinicians when needed, and work closely with team physicians to provide comprehensive care for athletes. Indeed, it is difficult to imagine an optimal Sports Medicine care team functioning without the involvement of athletic trainers."
PLUGS

• Business Meeting @ 4:00
• PAC Event @ 8:00 pm
THANK YOU!

Heather Harvey, MA, ATC

- harvhm@fusd.net
- heatheratc@me.com
- RegulationforATsinCA@gmail.com
- 909-567-5800 *10612
- 760-710-7162
- CA Secondary School Athletic Trainers (Facebook)
REFERENCES

• harvhm@fusd.net
QUESTIONS?