SAFETY Blitz

Annual Gameplan for Promoting and Preserving Safety Measures in Football
In addition to this football guide, coaches and administrators must review the Fall Sports Coaches Alerts especially regarding heat illness, injury, concussions and conditioning.

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NOTES AND RESOURCES

Football Helmets and Face Masks: Visible exterior warning labels which detail the risk of injury are mandatory. It is required that helmets and facemasks (properly secured to the helmet) meet the NOCSAE test standard at the time of manufacture.

Catastrophic Insurance: Since 1970-71 the MHSAA has arranged for Catastrophic Athletic Accident Insurance Coverage for eligible participants at each member high school and all registered officials. The program is catastrophic excess accident insurance ($25,000 deductible) intended to help pay medical bills to administer to injuries sustained in athletic activities under MHSAA jurisdiction. Details of the coverage and claims administration for 2016-17 are posted on the Administrators page of MHSAA.com, and also can be found in the 2016-17 Handbook.

Concussion Insurance: The Michigan High School Athletic Association is also providing athletic participants at each MHSAA member junior high/middle school and high school with additional insurance that is intended to pay accident medical expense benefits resulting from a suspected concussion. The injury must be sustained while the athlete is participating in an MHSAA in-season covered activity (practice or competition). Policy limit is $25,000 for each accident. Covered students, sports and situations follow the catastrophic accident medical insurance.

This program intends to assure that all eligible student-athletes in MHSAA member schools in grades 6 through 12, male and female, in all levels of all sports under the jurisdiction of the MHSAA, receive prompt and professional attention for head injury events even if the child is uninsured or under-insured. Accident medical deductibles and co-pays left unpaid by other policies are reimbursed under this program to the limits of the policy.

Summer Dead Period, Preseason Down Time: For clarifications check the MHSAA Handbook, or visit the Administrators page of MHSAA.com

Resources:
- NAERA Football Helmet Reconditioning/Recertification: www.nfhs.org

Beginning with the 2016-17 school year, all MHSAA High School varsity head coaches will be required to have valid CPR certification. See page 3 for details.
Coaching Requirements at All Levels for 2016-17

Following is a summary of the coaching requirements for the 2016-17 school year and a review of recent requirements.

1. CAP Required For Newly Hired First Time Head Coaches Beginning Fall 2016-17 - Effective with the 2016-17 school year, each head coach of a varsity team hired for the first time at any MHSAA member high school after July 31, 2016 shall have completed either Level 1 or Level 2 of the MHSAA Coaches Advancement Program (CAP). If the head coach does not complete CAP Level 1 or 2 prior to the established deadline, that coach shall be prohibited from coaching in that season’s MHSAA tournament. The MHSAA has a substitute coach’s education program for late hires which will fulfill the requirement on a temporary basis.

2. CPR Certification - The head coach of a high school varsity team must have a valid CPR Certification by the established deadline – the same date for head coaches to complete a rules meeting. The MHSAA does not dictate which organization or format the training is completed in, only that the head coach hold a valid CPR Certification; which generally lasts two years. Many schools train and certify all their coaches and also include AED training (preferred). An online course would fulfill the requirement, but face to face courses are preferred. Head coaches who coach more than one sport during a school year, must fulfill the requirement each season unless the sport is the same and the coach had completed the MHSAA sport specific rules meeting earlier in the school year for that sport (e.g. JV boys and JV girls soccer coach). Coaches who fulfill the requirement with an online risk management course may not use the same course for credit more than once in any school year.

NOTE: Beginning in 2017-18, assistant and subvarsity coaches may only fulfill this requirement by completing the MHSAA Rules Meeting.

3. Assistant & Subvarsity Coaches Rules Meeting or Online Risk Management Courses - Again this year, all subvarsity and assistant high school coaches, paid or volunteer must complete an MHSAA rules meeting in their sport or, in the alternative, one of eight online courses designated for this purpose on MHSAA.com (see below). Rules meetings must be completed by the established deadline each season (fall, winter, and spring). In 2016-17, schools may fulfill this regulation in different ways:

a. By entering subvarsity and assistant coaches into MHSAA.com. individual coaches may view the rules meeting. Only coaches whose names and emails are submitted by the school can complete a rules meeting for credit. The AD may see who has completed a meeting while logged in under “rules meeting status check.”

b. In a group setting (staff meeting) or individually: The AD certifies that each season, subvarsity and assistant coaches have completed a rules meeting or designated online course. ADs may track this internally and record as they see fit or may show an online course to an entire group. An assistant coach may view a rules meeting with a head coach and be given credit by the AD.

4. Attesting (confirming) Coach Requirements Are Met - Each season by the final date of that season’s rules meetings, athletic directors will inform the MHSAA while logged into MHSAA.com (school administrator services) that the above two requirements have been met or the school will not allow that coach to be present at the MHSAA tournament in that coaches sport at the seasons end when their school team is present.

5. High School Varsity Head Coaches Rule Meetings - With names and email addresses entered into MHSAA.com, head coaches continue to be required to complete a sport rules meeting as a condition of coaching in the MHSAA tournament. This must be completed by the deadline-no exceptions. The MHSAA continues to tracks this for each head coach.

6. Concussion Awareness Training for Coaches - Because so many coaching responsibilities are out-of-season or outside of actual MHSAA interscholastic practice and competition, all school coaches in all sports should have completed a Concussion Awareness Course at least once in their tenure with their current school so as to comply with state law (Public Acts 342 and 343). One of the MHSAA online courses includes the CDC Concussion Course which fulfills both the requirement of state law.

FOOTBALL RULES MEETINGS 2016

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
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<tr>
<td>Mon., July 25</td>
<td>Thurs., Sept 15</td>
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School Attests: Fall head coaches have valid CPR and subvarsity & assistant coaches have met MHSAA rule meeting/risk management meeting requirements by Thursday, Sept 15.
Risk Minimization and Conditioning

It is estimated that there are approximately 1,400,000 participants in high school, junior high school and youth football leagues in the United States. Although statistics reveal that fatalities have decreased markedly since 1976. There were seven fatalities directly related to football in 2015, as well as two indirect fatalities. Thirty-five high school football players died of extreme heat stroke between 1995 and 2010.

It is necessary to remind all that are involved with football programs on the local level to continue to be vigilant in our pursuit for a risk free environment for our students. In those efforts, coaches should be aware of the following:

1. During off-season conditioning, it is more important to stress weight training than passing leagues. The most important weight training is that which focuses on bulk and bench presses but on strengthening of shoulder, back and neck muscles.

2. During preseason practices, it is imperative to teach proper blocking and tackling techniques, and to prohibit butt blocking, face tackling, spearing and any other activity that makes the head the principal point of contact in blocking and tackling.

3. During games, don’t stop teaching. Demand proper techniques of blocking and tackling even during emotionally charged games. Don’t send the message that wild, reckless, kamikaze play is especially praiseworthy.

4. At all times, assign player positions sensibly in practice and games, in scrimmages and drills. Don’t put younger, slighter, less mature players in positions where they will be more likely to make open-field tackles: at defensive back, or on punt and kick-off coverage teams.

5. No existing football helmet is concussion proof. Proper helmet fit is a major concern and is imperative that athletes, coaches and athletic trainers take an active role in the proper fitting of helmets. Comfort shortcuts are not permitted. (See MHSAA Concussion Protocol)

6. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss), he should receive medical attention and should not be allowed to return to practice or competition without permission from a physician.

Get on the Same Page Before Practice Begins

Suggestions for Principals/Athletic Directors and Coaches

PRINCIPALS/ATHLETIC DIRECTORS

Discuss the following topics with the entire football coaching staff prior to your school’s first practice in August. Similar subjects should be discussed with coaches of other sports.

1. Point out all foreseeable dangers for each student in football participation.

2. Rules must be followed in every respect. Including required proper fitting, and unaltered equipment.

3. Correct procedures, techniques, conditioning, proper equipment fitting must be taught. The coach must be knowledgeable and drills must be conducted with minimal risk. Do not use dangerous drills to demonstrate procedures. Terminology such as “kill”, “maim”, etc. should be eliminated.

4. Take positive steps when disciplining a student who has violated a rule involving risk factors. Create a minimum risk learning environment.

5. Protect yourself by keeping thorough records. Document practice sessions, schedules, statements, precautions, etc. Inform parents and students regarding instructional procedures involving risk minimization.


COACHES

At a total squad meeting, have all players place and review the warning labels on the outside lower back part of the helmet and instruct that only certified facemasks may replace the original. Consult helmet manufacturers for policies on “after-market” attachments.

Also, at the team meeting, it would be a good time for the coaches to stress the following to the entire squad:

1. Helmets cannot prevent all head and neck injuries (Poster--Attention Football Players). Proper fit is a must.

2. The helmet check is a shared responsibility and all damaged equipment should be reported to the coach. Share with all team members the suggested inspection checklist items (see enclosed).

3. In any sport there is always the chance that someone can be injured and, in a small percentage of cases, a player could sustain a very serious injury.

4. Spearing, butt blocking, and face and head tackling are illegal. The danger in these techniques is that too often the player’s head is not in the proper position when contact is made with the opponent. Executed improperly head down, the neck is most vulnerable to injury. A blow to the top of the head when the neck is straightened is the most frequent cause of permanent injury.

Only legal techniques should be taught or practiced. The players should be instructed to keep their heads up and necks fulled when making contact with opponents. The players should be warned about putting their heads down and initiating contact.
MHSAA Summer Regulations Regarding Football

1. During the summer prior to Friday, August 1, a maximum of seven players at one time may engage in organized competition with their school coach present for a maximum of 7 days (more than seven players may be present on the sideline). In addition, informal activities (with footballs, helmets and football shoes not sleds and dummies) may take place on any number of days during the summer (not Summer Dead Period) as long as no more than seven students in grades 7-12 of the district are assembled with a football coach of that district. These seven days with competition in the summer are subject to the same out-of-state travel limits that apply to school teams during the school season under Regulation II, Section 6, except for camps that are conducted within Michigan.
   a) In addition, schools should be alerted to prohibitions against events which are called or purport to be all star events or national high school championships. This prohibition applies to 7 on 7 football.

2. During the summer prior to August 1, except as limited during the summer dead period, football coaches may participate at bona fide summer football skills camps where more than seven students from their school district in grades 7 through 12 are participating; school transportation may not be used.
   a) Bona fide football camps are those sponsored by institutions or businesses including colleges, schools, intermediate school districts, community school programs, etc.

3. Schools should alert all players: At no time during the summer or school year outside of the defined football season may MHSAA member student-athletes participate in a camp, clinic, practice, tryout or combine where more than football helmets and football shoes are worn (in-state or out-of-state).

4. Preseason Down Time – Beginning August 1 for all fall sports no open gyms, camps or clinics which involve that sport shall occur at the school or be sponsored elsewhere by the school; and no competition, intersquad or intrasquad between groups that resemble school teams (more than 4 students of grades 7-12 of the district) may occur at any location with any of that school district’s personnel present. The preseason downtime allows voluntary conditioning for any number of students and has a 4-player limitation on any activity that is sport specific (prior to Aug. 1, 7 players).

Q When does “summer” vacation begin for a school?
A The Monday after Memorial Day. The summer dead period may not occur when teams are finishing spring academic seasons.

Q May a football coach conduct conditioning programs for players in grades 7-12 during the summer?
A Yes, prior to August 1, but not during the summer dead period.

Q May a football coach attend and work at a football skills camp in the summer where a dozen members of that coach’s team are enrolled?
A Yes, prior to August 1, but not during the summer dead period.

Q The Monday after Memorial Day. The summer dead period may not occur when teams are finishing spring academic seasons.

Q May a school sponsor a bona fide football skills camp?
A Yes, it must be open to students from any district; and participants are subject to the equipment limitations of footballs, helmets and football shoes. It may last no longer than 10 days.

Q May a football team use school transportation to assemble at a site other than the regular location of practice?
A Yes, the use of school transportation is allowed for such purposes, but only one day before the first official day of practice. School transportation may not be used for camps, 7 on 7 competition or other summer activities.

Q May a MHSAA member school athlete participate in a full contact camp, clinic, practice, tryout or combine where attendees are wearing either full equipment or helmets, shoulder pads and football shoes?
A NO. Michigan athletes may not participate in any out of season activity while wearing more equipment than football helmets and football shoes in-state or out-of-state.
Following is the MHSAA Football Practice Policy, as adopted by the Representative Council May 1, 2016

1. During the first week of practice of the season, only helmets are allowed the first two days, only shoulder pads may be added on the third and fourth days, and full pads may not be worn until the fifth day of team practice.

2. Before the first regular-season game, schools may not schedule more than one “collision” practice in a day.
   - A “collision” practice is one in which there is live, game-speed, player-vs.-player contact in pads (not walkthroughs) involving any number of players. This includes practices with scrimmages, drills and simulations where action is live, game-speed, player-vs.-player.
   - If any part of a drill or scrimmage involves live game-speed player-vs.-player contact in pads, it is a collision practice even if players do not execute full tackles at a competitive pace that takes players to the ground.
   - During any additional practice sessions that day, players may wear helmets and other pads (neither is mandatory). Blocking and tackling technique may be taught and practiced. However, full-speed contact is limited to players vs. pads, shields, sleds or dummies.

3. After the first regular-season game, teams may conduct no more than two collision practice days in any week (recommended 90 total minutes), Monday through Sunday. During other days of practice, players may wear helmets and other protective pads (neither is mandatory). Blocking and tackling technique may be taught and practiced. However, full-speed contact is limited to players vs. pads, shields, sleds or dummies. (New in 2016: Recommend no more than 90 total collision minutes during these allotted two days).

4. No single practice may exceed three hours, and the total practice time for days with multiple practice sessions may not exceed five hours.
   - Warm-up, stretching, speed and agility drills and cool down are all considered part of practice. Neither strength/weight training activities nor video/classroom sessions are considered practice for the purposes of the three- or five-hour limits.

Football Practice Policy Q & A

Q Would the proposals apply at both the high school and junior high/middle school levels?
A Yes.

Q Is the purpose of the proposals to improve student-athlete acclimatization or reduce head trauma?
A Both.

Q What is the Task Force position on “girdle pads” during the first week of practice?
A Girdle pads may be worn under or in place of shorts during the first four days of acclimatization practice that precede the first day in full pads.

Q Does the three-hour limit on single practices and the five-hour limit for multiple practices on the same day apply only to football?
A Yes. The Task Force recommends that the limits be added as soon as possible to the MHSAA “Model Policy for Managing Heat & Humidity” and apply to all sports.

Q How much time is required between sessions on days with multiple practices?
A Because practice venues differ greatly and some may raise questions regarding supervision and the possibility of injury risks as great off the field as on, the Task Force declined to set a maximum and minimum length of rest periods. However, one hour between practices when there is no physical activity is the minimum recommendation. Classroom sessions would be allowed during the period of physical rest.
To be clear, break time is not included in the five-hour limit.

Q Can a team have different collision days for different players?
A If varsity and subvarsity squads practice separately, their collision days may be different days. However, if the squads practice together, then their collision days must be the same.
2016 FOOTBALL RULES CHANGES

1-5-1d(5)a  Completely clear or completely white tooth and mouth protectors are no longer prohibited. Tooth and mouth protectors shall include an occlusal (protecting and separating the biting surfaces) portion and include a labial (protecting the teeth and supporting structures) portion.

1-5-2b  Football gloves are now required to meet either the new SFIA specification or the existing NOCSAE test standard at the time of manufacture.

2-17; 9-3-6; 9-3 PENALTY  In a continued effort to minimize risk, the Committee made clipping in the free-blocking zone illegal. Clipping is now illegal anywhere on the field at any time.

2016 EDITORIAL CHANGES

1-5-1b(1); 1-5-1b(2)a, (3)a; 5-1-1b.

2016 POINTS OF EMPHASIS

1. Risk Minimization
2. Legal and Illegal Blocks
3. Legal Jerseys, Pants and Pads
4. Unfair Acts

EXTRA POINTS to focus on before practices begin this fall:

• It’s NOT how much kids hit; it’s how much COACHES TEACH

  Heads Up + Shoulder First = Proper Blocking & Tackling

• Be Alerted: 2016 Recommendation for Collision Practices
  After the 1st game, not more than 90 total minutes of collision practice occur in a week (Monday-Sunday)
  Think: 90 minutes to a healthy season
To assist the person responsible for repair and maintenance of helmets, NOCSAE has developed a number of guidelines to observe when inspecting helmets. There may be other things you want to check as this list is not intended to cover every observation which may be made. NOCSAE recommends that a periodic inspection of all helmets be made and that they be periodically retested under the NOCSAE recertification program.

**SUGGESTED INSPECTION CHECK LIST**

1. Check helmet fit for agreement with manufacturer’s instructions and procedures.
2. Examine shell for cracks particularly noting any cracks around holes (where most cracks start) and replace any that have cracked. **DO NOT USE A HELMET WITH A CRACKED SHELL.**
3. Examine all mounting rivets, screws, Velcro and snaps for breakage, distortion and looseness. **Repair as necessary.**
4. Replace face guards if bare metal is showing, there is a broken weld or if guard is misshaped. **NOTE:** Face protectors must meet NOCSAE test standards at the time of manufacture.
5. Examine for helmet completeness, and replace any parts that have become damaged, such as sweatbands, nose snubbers and chinstraps.
6. Replace jaw pads when damaged. Check for proper installation and fit.
7. Examine 4-point chinstrap for proper adjustment, and inspect to see if it is broken or stretched out of shape; also inspect hardware to see if it needs replacement.
8. Read instructions provided by manufacturer regarding care and maintenance procedures. Always follow these instructions:

   **CAUTION:** Only paints, waxes, decals or cleaning agents approved by the manufacturer are to be used on any helmet. It is possible to get a severe or delayed reaction by using unauthorized materials, which could permanently damage the helmet shell and affect its risk minimization performance.

**COACHES MUST HAVE PLAYERS** inspect their helmets prior to each usage as follows:

**SUSPENSION STYLE**
- Check hardware, i.e., screws or rivets that may be loose/missing.
- Check webbing for tears in threads, stretching, or pulling away at rivet locations.
- If crown webbing is adjustable, check that crown rope is properly adjusted and is tied tightly using a square knot.
- Check interior padding for proper placement and condition.

**PADDED STYLE**
- Foam/Air/Liquid
  - Check foam padding for proper placement and any deterioration.
  - Check for cracks in vinyl/rubber covering of air, foam, liquid padded helmets.
  - Check that protective system or foam padding has not been altered or removed.
  - Check for proper amount of inflation in air padded helmets. Follow manufacturer’s recommended practice for adjusting air pressure at the valves.
  - Check all rivets, screws, Velcro and snaps to assure they are properly fastened and holding protective parts.

If any of the above inspections indicate a need for repair and/or replacement, players must notify the coach at once!

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**MHSAA Provides Heat and Humidity App**

An easy-to-use app on MHSAA.com allows coaches and administrators to record heat index measurements that then can be tracked by a school’s athletic director or athletic trainer. The tool also shows the suggested actions that should be taken under the policy and records the actions taken by that user (such as removed protective equipment). This is a heat index calculation and record keeping tool. Schools will still need to seek accurate heat and humidity (heat index) readings from a Psychrometer.

To access this tool, log into MHSAA.com, or if already logged in, click the red “My MHSAA” button in the top right-hand corner of your screen. These pages are optimized for mobile use.

Under the “My MHSAA” column on the left of the screen, click “Coach Services.” Under “Coach Services,” click “Heat Index Recording” and you will see the page at right.
Brain and spinal injuries in football have been dramatically reduced since the rules were changed in 1976 to prohibit butt blocking and face tackling, and any other technique in which the helmet and facemask purposely received the brunt of the initial impact. There are still a small number of football players (and fewer in other sports) that become paralyzed, but the lesson to keep the head and face out of blocking and tackling remains.

Generally, about 3 – 5% of the injuries experienced by participants in athletics are concussions, e.g., temporary dizziness, confusion, nausea, headaches, and perhaps unconsciousness. Concussions are given grades from Grade 1 (a hit that dazes for a few minutes to Grade 3 (unconscious). No concussion should be dismissed as minor until proven so by medical personnel. The task is to be sure that the athlete no longer has any post concussion symptoms at rest and exertion before returning to competition. What is now called “the second impact syndrome” with its high rate of morbidity if not mortality is the result of returning to play too soon.

Several suggestions for reducing brain and spinal injuries follow:

1. Preseason physical exams for all participants. Identify during the physical exam those athletes with a history of previous brain or spinal injuries. If the physician has any questions about the athlete’s readiness to participate, the athlete should not be allowed to play.

2. A physician should be present at all games and practices. If it is not possible for a physician to be present at all games and practice sessions, emergency measures must be provided. The total staff should be organized in that each person will know what to do in case of a brain or spinal injury in game or practice. Have a plan ready and have your staff prepared to implement that plan. Prevention of further injury is the main objective.

3. Athletes must be given proper conditioning exercises which will strengthen their neck muscles in order for them to be able to hold their head firmly erect when making contact. Strong neck muscles may help prevent neck injuries.

4. Coaches should drill the athletes in the proper execution of the fundamentals of the football skills, particularly blocking and tackling. KEEP THE HEAD OUT OF FOOTBALL.

5. Coaches and officials should discourage the players from using their heads as battering rams. The rules prohibiting spearing should be enforced in practice and games. The players should be taught to respect the helmet as a protective device and that the helmet should not be used as a weapon.

6. All coaches, physicians and trainers should take special care to see that the players’ equipment is properly fitted, particularly the helmet.

7. Strict enforcement of the rules of the game by both coaches and officials will help reduce serious injuries.

8. When a player has experienced or shown signs of brain trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss) he/she should receive immediate medical attention and should not be allowed to return to practice or game without permission from the proper medical authorities. Coaches should encourage players to let them know if they have any of the above mentioned symptoms (that can’t be seen by others, such as headaches) and why it is important.

9. Both athletes and their parents should be warned of the risks of injuries.

10. Coaches should not be hired if they do not have the training and experience needed to teach the skills of the sport and to properly train and develop the athletes for competition.

Following is a list of Post Concussion Signs/Symptoms:

- Depression
- Numbness/tingling
- Dizziness
- Poor Balance
- Drowsiness
- Poor Concentration
- Excess Sleep
- Ringing in the ears
- Fatigue
- Sadness
- Feel “in fog”
- Sensitive to Light
- Headache
- Sensitivity to Noise
- Irritability
- Trouble falling asleep
- Memory Problems
- Vomiting
- Nausea
- Nervousness

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

The language above, which appears in all National Federation sports rule books, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion. This language reflects an increasing focus on safety and acknowledges that the vast majority of concussions do not involve a loss of consciousness.

This protocol is intended to provide the mechanics to follow during the course of contests when an athlete sustains an apparent concussion.

1. The officials will have no role in determining concussion other than the obvious one where a player is either unconscious or apparently unconscious. Officials will merely point out to a coach that a player is apparently injured and advise that the player should be examined by a health care professional for an exact determination of the extent of injury.

2. If it is confirmed by the school’s designated health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may reenter competition pursuant to the contest rules.

3. Otherwise, if competition continues while the athlete is withheld for an apparent concussion, that athlete may not be returned to competition that day but is subject to the return to play protocol.
   a. The clearance may not be on the same date on which the athlete was removed from play.
   b. Only an M.D., D.O., Physician’s Assistant or Nurse Practitioner may clear the individual to return to activity.
   c. The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O., Physician’s Assistant or Nurse Practitioner has approved the student to begin a return-to-play progression. The medical examiner must approve the student’s return to unrestricted activity.
   d. Individual school, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior or after to the written clearance for return to activity.

4. Following the contest, an Officials Report shall be filed with a removed player’s school and the MHSAA if the situation was brought to the officials’ attention.

5. Member schools are required to complete and submit an online report designated by the MHSAA to record and track head injury events when they occur in all levels of all sports during the season in practices and competitions. Schools with no concussions for a season (fall, winter and spring) are required to report this at the conclusion of that season.

6. In cases where an assigned MHSAA tournament physician (MD/DO/PA/NP) is present, his or her decision to not allow an athlete to return to activity may not be overruled.

7. Prior to returning to physical activity (practice or competition) the student and parent (if a minor student) must complete the Post-Concussion Consent Form. This form must be kept on file at the school and emailed to concussion@mhsaa.com or faxed to 517-332-4071.

SANCTIONS FOR NON-COMPLIANCE WITH CONCUSSION MANAGEMENT POLICY

Following are the consequences for not complying with National Federation and MHSAA rules when players are removed from play because of a concussion:

- A concussed student is ineligible to return to any athletic meet or contest on the same day the concussion is sustained.
- A concussed student is ineligible to enter a meet or contest on a subsequent day without the written authorization of an M.D., D.O., Physician’s Assistant or Nurse Practitioner and the MHSAA-designated “Post-Concussion Return to Activity Consent Form also signed by the student and parent.”

These students are considered ineligible players and any meet or contest which they enter is forfeited. In addition, that program is placed on probation through that sport season of the following school year. For a second offense in that sport during the probationary period – that program is continued on probation through that sport season of the following school year and not permitted to participate in the MHSAA tournament in that sport during the original and extended probationary period.
RETURN TO ACTIVITY & POST-CONCUSSION CONSENT FORM

This form is to be used after an athlete is removed from and not returned to activity after exhibiting concussion symptoms. MHSAA rules require 1) Unconditional written authorization from a physician (MD/DO/Physician’s Assistant/Nurse Practitioner), and 2) Consent from the student and parent/guardian. Both Sections 1 & 2 of this form must be completed prior to a return to activity. This form must be kept on file at the school and emailed to concussion@mhsaa.com or faxed to 517-332-4071.

Student: ____________________________ School: ____________________________

Event/Sport: ____________________________ Date of Injury: ____________________________

1. Action of M.D., D.O., Physician’s Assistant or Nurse Practitioner

- The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O., Physician’s Assistant or Nurse Practitioner has approved the student to begin a return-to-activity progression. The medical examiner must approve the student’s return to unrestricted activity.
- Individual schools, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
- A school or health care facility may use a locally created form for this portion of the return-to-activity protocol, provided it complies with MHSAA regulations. (See MHSAA Protocol.)

I have examined the above named student-athlete following this episode and determined the following: __________________________________________________________

☐ Permission is granted for the athlete to return to activity (may not return to practice or competition on the same day as the injury).

SIGNATURE (must be MD or DO or PA or NP – circle one) ____________________________ DATE: ________________

Examiner’s Name (Printed): _______________________________________________________

2. Post-Concussion Consent from Student and Parent/Guardian.

- I am fully informed concerning, and knowingly and voluntarily consent to, my/my child’s immediate return to participation in athletic activities; I understand, appreciate, acknowledge, and assume the risks associated with such return to activity, including but not limited to concussions, and agree to comply with all relevant protocols established by my/my child’s school and/or the MHSAA; and my/my child has been evaluated by, and has received written clearance to return to activity from an M.D., D.O., Physician’s Assistant or Nurse Practitioner.
- In consideration of my/my child’s continued participation in MHSAA-sponsored athletics, I/we hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child’s participation in an MHSAA-sponsored sport.
- I/we consent to the disclosure to appropriate persons, consistent with HIPAA and FERPA, of the treating medical examiner’s written statement.

Student’s Signature (Required): ____________________________ Date: ____________________________

*Parent/Guardian’s Name ____________________________ *Parent/Guardian’s Signature: ____________________________

*Required if student is less than 18 years of age.
School leaders will want to familiarize themselves with the logo at right. “MHSAA headlines” will signify important health-related matters, such as the Association’s online concussion reporting form to be deployed this fall.

The online form will require the following information related to concussion occurrences.

**NEW POST-CONCUSSION RETURN-TO-PLAY REQUIREMENT:** Starting this fall, in addition to the written clearance from an MD, DO, PA or NP, signatures are now also required of both students and their parents/guardians before the student can return to activity. It is also required that the Return to Activity & Post-Concussion Consent Form be emailed or faxed to the MHSAA and kept on file at the school for seven years following a student’s high school graduation. The same form signed by the medical professional must then be signed by the student and parent before the student may return to activity. Students who participate without the required approvals are ineligible athletes.

The form is on the MHSAA website – Health and Safety – Return to Activity & Post-Concussion Consent Form. The reverse side of the form has information for parents on the MHSAA Concussion Care Gap Insurance that covers deductibles, copays and students with no insurance.

**SAMPLE -- MHSAA MEMBER SCHOOL CONCUSSION REPORTING -- SAMPLE**

*(This information will be requested via an online form being deployed by the MHSAA this fall)*

**PRIMARY INFORMATION**
- School and Reporting Individual & Title (AD, Coach, Athletic Trainer, Secretary, Other):
- Email and Primary Phone

**STUDENT INFORMATION**
- Grade, Gender, Age, Sport
- Level (Varsity, JV, Fr., Etc)
- Date and Time of Occurrence
- Event Occurrence: Practice or Contest

**DETAILED INCIDENT INFORMATION**
- Prior to this incident had the student ever been diagnosed with a concussion? Month/Year
- Was protective equipment worn on the head at the time of the event?
- Did the event result from (select one): person to person contact; person to object contact; uncertain as to the cause of the event
- If during a practice (select one): During a drill; During simulated competition- scrimmage; Other
- If during a practice (select one): The event occurred near the start of practice; The event occurred near the middle of practice; The event occurred near the end of practice
- If during a contest (select one): The event occurred near the early portions of the contest; The event occurred near the middle; The event occurred near the end of the contest
- On what surface did the injury occur: Wooden gym floor, rubberized gym floor, wrestling-type mat, indoor tile type floor, carpeted floor, rubber weight room floor, artificial turf, natural grass, concrete, asphalt, other
- The student was initially examined at the time of the event and withheld from activity by (select all that apply): Coach; Athletic Trainer; Sideline Emergency Personnel; Other Appropriate Health Care Professional; MD; DO; NP; PA; Other
- Did student return to activity on the same day because a concussion did not occur?

**FOLLOW-UP TO INITIAL CONCUSSION EVENT REPORT**
- The student was given a written authorization to return to activity by a: MD; DO; NP; PA
- Date of written authorization to return to activity:
- Please select the type of medical facility from which the authorization to return to activity was provided: Hospital; Urgent or ready care business; Primary care physician or pediatrician’s office; Neurologist’s office; Team Doctor; Other
- Were there comments or conditions written on the authorization to return to activity?
- How many days was this student absent from school as a result of this concussion event?
- The student was NOT given a written authorization to return to activity by the end of the season in which the event occurred (Dec 1, April 1 or July 1 or later).

Following completion of the required material above, schools will be provided the opportunity to describe any additional information regarding the incident occurrence, of follow-up to the incident. They may also attach documents pertinent to the incident.
MHSAA Model Policy for Managing Heat and Humidity

Adopted March 22, 2013

1. Thirty minutes prior to the start of an activity, and again 60 minutes after the start of that activity, take temperature and humidity readings at the site of the activity. Using a digital sling psychrometer is recommended. Record the readings in writing and maintain the information in files of school administration. Each school is to designate whose duties these are: generally the athletic director, head coach or certified athletic trainer.

2. Factor the temperature and humidity into the Heat Index Calculator and Chart to determine the Heat Index. If a digital sling psychrometer is being used, the calculation is automatic.

3. **If the Heat Index is below 95 degrees:**
   - **All Sports**
     - Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
     - Optional water breaks every 30 minutes for 10 minutes in duration.
     - Ice-down towels for cooling.
     - Watch/monitor athletes carefully for necessary action.

   **Contact sports and activities with additional equipment:**
   - Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
   - Optional water breaks every 30 minutes for 10 minutes in duration.
   - Ice-down towels for cooling.
   - Watch/monitor athletes carefully for necessary action.

4. **If Heat Index is 95 to 99 degrees:**
   - **All Sports**
     - Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
     - Optional water breaks every 30 minutes for 10 minutes in duration.
     - Ice-down towels for cooling.
     - Watch/monitor athletes carefully for necessary action.
     - Reduce time of outside activity. Consider postponing practice to later in the day.
     - Recheck temperature and humidity every 30 minutes to monitor for increased Heat Index.

   **Contact sports and activities with additional equipment:**
   - Helmets and other possible equipment removed while not involved in contact.
   - Allow for changes to dry t-shirts and shorts.
   - Reduce time of outside activity as well as indoor activity if air conditioning is unavailable.
   - Postpone practice to later in the day.

5. **If Heat Index is 99 to 104 degrees:**
   - **All Sports**
     - Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
     - Mandatory water breaks every 30 minutes for 10 minutes in duration.
     - Ice-down towels for cooling.
     - Watch/monitor athletes carefully for necessary action.
     - Alter uniform by removing items if possible.
     - Allow for changes to dry t-shirts and shorts.
     - Reduce time of outside activity as well as indoor activity if air conditioning is unavailable.
     - Postpone practice to later in the day.

   **Contact sports and activities with additional equipment:**
   - Helmets and other possible equipment removed if not involved in contact or necessary for safety. If necessary for safety, suspend activity.
   - Recheck temperature and humidity every 30 minutes to monitor for increased Heat Index.

6. **If Heat Index above 104 degrees:**
   - **All Sports**
     - Stop all outside activity in practice and/or play, and stop all inside activity if air conditioning is unavailable.

Note: When the temperature is below 80 degrees there is no combination of heat and humidity that will result in need to curtail activity.

— See Next page for Heat Index Chart —

2016 MHSAA Football Preseason Guide
<table>
<thead>
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<th>Heat Index Calculation and Chart</th>
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**Heat Index Calculation and Chart**

**Temperature (Fahrenheit)**

The chart above shows the relationship between temperature (Fahrenheit) and heat index, which is a measure of how hot it feels when the effects of temperature and humidity are combined. The chart can be used to determine the heat index for a given temperature and humidity level. For example, if the temperature is 100°F and the relative humidity is 30%, the heat index would be approximately 79°F. This information is crucial for understanding the impact of heat on human comfort and can be used for planning outdoor activities, especially during the hot summer months.

**Relative Humidity at Site**

The chart includes columns for relative humidity at the site, which can be used to further refine the heat index calculation. By adjusting the relative humidity, one can obtain a more accurate estimate of the heat index under specific conditions.

**2016 MHSAA Football Preseason Guide**
Heat Index FAQ

Note: By its very nature, a “model” policy is intended to be flexible so that when it is being considered for local adoption, local authorities can factor in the details of their unique facilities and schedules as they prescribe the manner in which this heat and humidity management policy is implemented.

Remember that even with rigorous implementation of this policy, the need remains for supervising staff to provide for adequate hydration and rest breaks at all times and places, and to arrange for cooling devices and strategies that respond to heat illness emergencies.

1. Where do I find a device that automatically provides the heat index?
   A Most health care professionals with whom schools work know about these devices, called digital psychrometers, and know where to obtain them. Many medical supply stores carry the devices. Even Home Depot does.
   The MHSAA has established a relationship with School Health. Place orders by phone, 866-323-5465, or by fax, 800-235-1305, or by email, orders@schoolhealth.com, or via Web, sportshealth.com. School Health accepts credit card or PO payments or can invoice schools. Discount pricing will be received by referring to the reference code for the particular item, MK90727 (Heat Watch) or MK61253.

2. If I don’t have a digital psychrometer that provides the heat index calculation, how do I get readings for temperature and relative humidity, and how do I calculate the heat index?
   A A thermometer and humidity gauge will usually be necessary. Get each reading and then refer to the “Heat Index Calculation and Chart” to determine the heat index.

3. Are there cell phone applications that can be utilized?
   A There are cell phone applications that can do the calculations. There are also applications that can provide the heat index at certain locations, but those locations are unlikely to be close enough to the actual site of the practice or event to be useful.
   Readings will differ indoors and out, on hills or in valleys, on natural grass or artificial turf. These and other variables make it necessary for the person designated to record and file the readings to actually take those readings 30 minutes before and 60 minutes into the activity.

4. Where in the school should the readings be filed?
   A They should be placed on a regular and frequent basis in files maintained in the office of the superintendent, principal or athletic director. Those files may be electronic. Coaches might record the readings on their written practice plans which schools should then keep on file.

5. Are there any MHSAA sports or any venues for which the policy is inapplicable?
   A Every practice and competition in every sport at every venue is intended to be subject to the policy when the temperature at the venue nears 80°F.
   In the case of swimming & diving, the risk is greater to spectators than participants, who compete in water that may be cooler than the air temperature.
   Most attention will be given to outdoor sports, but not neglect conditions at indoor venues, such as volleyball in facilities that are not air conditioned.
   While most attention will be given to outdoor sports, do not neglect conditions for winter sports, such as in the wrestling room.
   Sometimes conditions will vary for different aspects of the same competition. For example, one tennis court may be in the shade, and another out of the wind. One part of a cross country course may be much hotter or more humid than other parts. The best course of action is to take the heat index at the place of the most severe conditions.

6. Who and what control when there are multiple devices and different heat index readings at a venue?
   A Host management makes the decisions to suspend and to resume activity using those devices or systems usually relied upon at that venue.

7. After a heat index reading that would require delay or suspension of activities, is there a period of time that must pass before activities resume?
   A No. Readings can be taken continuously during the delay or suspension of activities. When relief from high temperature and humidity is unlikely, local authorities should be implementing previously-considered contingency plans to relocate events to different venues or reschedule events to different days or times.

8. May a school decide to implement this model policy for practices but not regular season contests?
   A Yes. However, MHSAA tournament managers will follow this policy for MHSAA tournament contests.

9. When the temperature at the site of the activity is less than 80°F, do we need to check and record the heat and humidity?
   A No. When the temperature is less than 80°F, there is no combination of heat and humidity that will result in a need to curtail activity.
   However, if the temperature is near 80°F, it would be prudent to record that temperature in the usual way and to have a digital psychrometer programmed to alert you to increasing temperature or a heat index that prescribes precautions.

10. The Model Policy calls for a heat index reading 30 minutes before and 60 minutes into an activity. How frequently thereafter should the heat index be checked for half-day or day-long events?
    A A reasonable expectation is to continue to check every 60 minutes while the temperature is 80°F or higher.
From the Mayo Clinic:
Sudden cardiac arrest symptoms are immediate and drastic.

- Sudden collapse
- No pulse
- No breathing
- Loss of consciousness

Sometimes other signs and symptoms precede sudden cardiac arrest. These may include fatigue, fainting, blackouts, dizziness, chest pain, shortness of breath, weakness, palpitations or vomiting. But sudden cardiac arrest often occurs with no warning.

This page offers just some of the resources available to schools to encourage preparedness for such situations.

CPR Requirement FAQs

Q Which coaches are required to have CPR certification?
A Effective with the 2015-16 school year, all varsity head coaches must have a valid current Cardiopulmonary Resuscitation (CPR) Certification by the established deadline for completion of the rules meeting, for the first sport in which the coach is ahead coach during the school year.

Q How expensive is the certification?
A $0 to $95.

Q How long does certification take?
A Two to five hours.

Q How long does the certification last?
A Generally, two years

Q Does the MHSAA specify the age level for the CPR training?
A No. Generally, the course for adults alerts candidates of the necessary modifications for children and infants, and vice versa.

Q Does an online course satisfy the requirement?
A Yes. While not as effective as face-to-face courses, an online course does satisfy the requirement that begins in 2015-16.

Q Is it necessary for varsity head coaches to also have training in AED?
A AED training is often a part of CPR certification. AED training is preferred, but not required.

CPR Requirement: Who Can Help?
The MHSAA does not dictate which organization or individual must provide CPR education and certification. However, the Michigan Department of Health and Human Services lists the following organizations that are approved to provide CPR training:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
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<tbody>
<tr>
<td>Sparrow Health System</td>
<td>sparrow.org</td>
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<tr>
<td>American CPR Training</td>
<td>americancpr.com</td>
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<tr>
<td>American Heart Association</td>
<td>americanheart.org</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>redcross.org</td>
</tr>
<tr>
<td>American Safety and Health Institute</td>
<td>hsi.com/ash/about</td>
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<tr>
<td>American Trauma Event Management</td>
<td>atern.us</td>
</tr>
<tr>
<td>Cardio Pulmonary Resource Center</td>
<td>1-800-900-2772</td>
</tr>
<tr>
<td>Emergency Care and Safety Institute</td>
<td>ecisstitute.org</td>
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<tr>
<td>Emergency First Response Corp.</td>
<td>emergencyfirstresponse.com</td>
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<tr>
<td>EMS Safety Services</td>
<td>emssaftety.com</td>
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<tr>
<td>FreeCPR.Org</td>
<td>freecpr.org</td>
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<td>Medic First Aid</td>
<td>medicfirstaid.com</td>
</tr>
<tr>
<td>National Safety Council</td>
<td>nsc.org</td>
</tr>
<tr>
<td>ProCPR, LLC</td>
<td>procrp.org</td>
</tr>
</tbody>
</table>

Become a MI HEARTSafe School

If someone in your school community suffers a sudden cardiac arrest, would you know what to do? Did you know that early recognition of a cardiac arrest, calling 9-1-1, bystander response with hands-only CPR, and use of an AED greatly increase the chance of survival?

Important questions for schools to consider are:

- Does your school have a cardiac emergency response plan?
- How many students and staff can recognize the symptoms of cardiac arrest and know how to get help "on the way, right away"?
- Who knows CPR in your school and is ready to use it when necessary?
- Where are the automated external defibrillators (AEDs) located in your school building, are they properly maintained and inspected, and who knows how to use them?

The MI HEARTSafe Schools Award Program was developed to help schools be prepared for a cardiac emergency. Schools meeting the minimum criteria will be awarded the MI HEARTSafe School designation, receive a letter of commendation, and be spotlighted on our website, all at no cost to the school.

More than 120 schools and/or districts in Michigan have HEARTSafe status. The program provides valuable resources and training, and the price is right: free! The MHSAA encourages schools to join the list.

To apply for MI HEARTSafe School designation at no cost, download and follow the instructions on the application form at https://migrc.org/Library/HEARTSafe.html

NFHS Course on Sudden Cardiac Arrest (SCA)

The NFHS online course on sudden cardiac arrest is free and available. This coincides with the second year of the MHSAA’s two-year focus on “Hearts.”

This topic will again receive attention in the risk management portion of the required head coaches rules meetings this year.

The NFHS is also updating its concussion course which is linked from MHSAA.com to NFHSLearn.com.