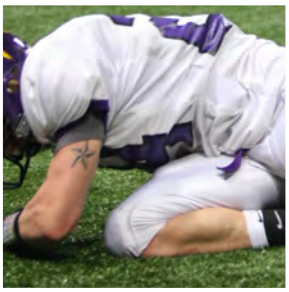
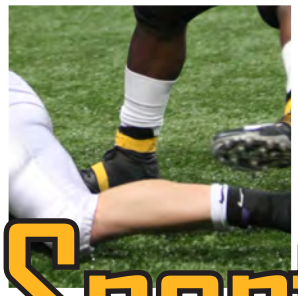
# MSHSAA

Missouri State High School Activities Association





# Sports Medicine Key Initiatives

# MSHSAA Sports Medicine Advisory Committee

The Sports Medicine Advisory Committee meets annually in December to review MSHSAA practices and procedures. The committee is active all year long on several topics for student athlete risk minimization. They are currently conducting a two-year study on the minimization of head impact exposure and concussion risk in football involving 31 high schools. This September they completed their fifth report on Interscholastic Youth Sports Brain Injury results for the state of Missouri. Missouri is currently the only state that produces such a report. Annually they conduct, in partnership with the Missouri Brain Injury Association and the Missouri Athletic Trainers Association, five area meetings on concussion safety and prevention.

# Dr. Mark Halstead

Dr. Halstead received his medical degree from the University of Wisconsin Medical School in 1998. After completing a residency and chief residency in pediatrics at the University of Wisconsin, he completed a fellowship in non-operative pediatric and adult sports medicine at Vanderbilt University. Dr. Halstead is a team physician for the St. Louis Rams, St. Louis Blues, Washington University athlete, and Lafayette High School. He is the Medical Director for the Washington University and St. Louis Children's Young Athlete Center. Dr. Halstead also serves as Assistant Medical Director to the Go! St. Louis Marathon. Dr. Halstead is currently an elected member to the executive committee of the American Academy of Pediatrics' Council on Sports Medicine and Fitness. He was the lead author on their clinical report, "Sport-Related Concussions in Children and Adolescents," that was published in 2010.

# James Raynor, ATC

Jim Raynor, ATC, is currently the Administrative Director of St. John's Health System's Sports Medicine in Springfield, Missouri. He has been with St. John's Health System for the past 13 years establishing their performance enhancement and primary care sports medicine program. His current responsibility is to lead the St. John's Sports Medicine Department in positioning and developing within the sports and medical community of southwest Missouri. His experience includes collegiate, high school, Olympic and clinical settings. His areas of interest include lumbopelvic dysfunction as it relates to stress strain injuries, performance enhancement interventions, functional screening for performance and injury predisposition, tendinopathies, performance enhancement substances, disordered eating practices of athletes and the integration of sports injury rehabilitation with performance enhancement

## Dr. Greg Canty

Dr. Canty is an Assistant Professor at UMKC Children's Mercy (Kansas City) Department of Orthopedic Surgery. Dr. Canty, is the Medical Director of the Center for Sports Medicine at Children's Mercy Hospital, as well as a pediatrician with fellowship training in Primary Care Sports Medicine and Pediatric Emergency Medicine. Dr. Canty graduated with a BS in Biology/Chemistry from Western Kentucky University and from the University Of Louisville School Of Medicine. He completed his Pediatrics residency in 2000 at the University of Louisville. He was faculty in the Pediatric Departments at Washington University in St. Louis, the University of Louisville and the University of North Carolina before coming to UMKC in 2004.

## Dr. Matt Daggett

Dr. Daggett was trained by some of the world's top experts and brings the newest orthopedic shoulder and knee procedures home to Kansas City. With his fellowship training in Sports Medicine at the world renowned American Sports Medicine Institute in Birmingham, Alabama, combined with a subsequent fellowship in shoulder surgery with world famous surgeons Dr. Gilles Walch and Dr. Lionel Neyton in Lyon, France, and training with famous knee surgeon, Dr. Bertrand Sonnery-Cottet, also in Lyon, France, Dr. Daggett brings the newest shoulder and knee procedure techniques and advanced treatments from these world renowned surgeons to his patients.

## Additional Members of the Sports Medicine Committee:

| | |
|---|---|
| Paul Snow, ATC: | Maryville High School |
| Dr. Bus-Tarbox: | Northeast Missouri |
| Dr. Thomas Weber: | Southeast Missouri |
| Cynthia Rajkovich, ATC: | Pro Rehab |
| John Donnell, ATC: | Lee's Summit High School |
| Dr. David Glover: | Central Missouri |
| Dr. Kim Colter: | South Central Missouri |
| Anne Stever, RN: | Strafford High School |

# Sports Medicine

## MSHSAA Resources

- Pre-participation Physical Evaluation Form (updated 5/4/15)
- Sports Medicine Advisory Committee
- Medical Coverage at MSHSAA Postseason Events
- ANYONE CAN SAVE A LIFE: Emergency Action Planning Program
- Emergency Action Planning
- EAP PowerPoint Presentation
- Information Concerning Athletic Trainers
- Sports Medicine Key Initiatives

## Heat/Hydration & Conditioning Recommendations

- Summary of 16-day Acclimatization Period
- Heat & Hydration Recommendations
- Heat Acclimatization and Heat Illness Prevention Position Statement
- NFHS Learning Center - A Guide to Heat Acclimatization and Heat Illness Prevention
- Guidelines for Lightning

## Concussions

- NFHS Recommendations and Guidelines for Minimizing Head Impact Exposure and Concussion Risk in Football
- MSHSAA Concussion Video Introduction
- NFHS Learning Center - Free Concussion Course
- 2015 MSHSAA Concussion Return To Play Form
- A Parent's Guide to Concussion
- NOCSAE Statement: VA Tech Star Rating System
- NAERA Football Helmet Press Release
- 2015 Interscholastic Youth Sports Brain Injury Report
- 2014 Interscholastic Youth Sports Brain Injury Report
- 2013 Interscholastic Youth Sports Brain Injury Report
- 2012 Interscholastic Youth Sports Brain Injury Report
- 2011 Interscholastic Youth Sports Brain Injury Report
- NFHS Position Statement on Soft or Padded Headgear in Non - Helmeted Sports

## Position Statements/News

- NFHS SMAC Update: NATA Document on the Care of the Spine-Injured Athlete
- NATA Statement: Appropriate Care of the Spine-Injured Athlete
- Energy Drink Position Statement
- Anabolic Steroids Position Statement
- Supplements Position Statement
- Statement on Medical Appliances Update
- Mouthguard Position Statement
- Invasived Medical Procedures on Day of Competition Position Statement
- Soft or Padded Headgear in Non-Helmeted Sports Position Statement

## Communicable Skin Conditions/Wt. Management

- Sports Related Skin Infections Position Statement and Guidelines
- Wrestling Physician's Clearance Form-Below Body Fat
- 2015-16 MSHSAA Wrestling Skin Condition Report Form

## Other Links

- Missouri Athletic Trainers Association
- NFHS Sports Medicine
- Korey Stringer Institute

MSHSAA Promotes

**Optimism**

My motto was always to keep swinging. Whether I was in a slump or feeling badly or having trouble off the field, the only thing to do was keep swinging

- Hank Aaron

# Heat Acclimatization Policies

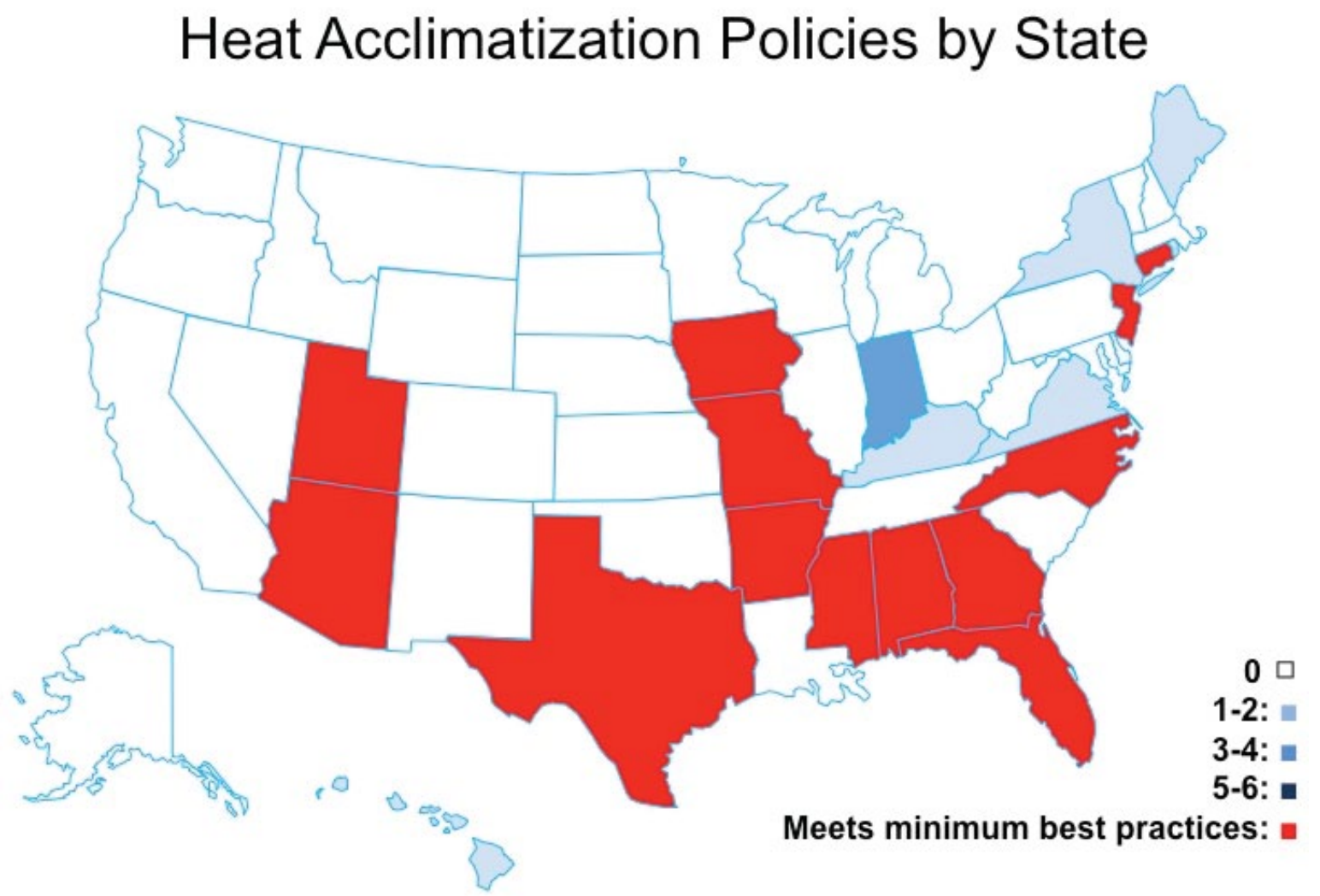
Exertional heat stroke (EHS) is on the rise and is currently among the top three reasons athletes die during sport. Having mandatory state guidelines for heat acclimatization provides a critical standard to protect athletes against exertional heat illnesses, and possibly save lives.

The majority of EHS cases occur during the initial summer workouts when athletes are neither prepared to cope with the environmental conditions nor the new physiological demands placed upon them during workout sessions. Heat acclimatization guidelines mandate that athletes be introduced slowly to environmental stressors during practice sessions, resulting in lowering the risk for EHS.

By not mandating heat acclimatization guidelines, states are failing to protect their athletes, and in fact, are placing them at greater risk for EHS and other heat-related illnesses. Coaches, school leadership, parents and legislators must push their states to establish guidelines or have inadequate guidelines revised. The Korey Stringer Institute staff is readily available to assist with this process and when reviewing states polices we utilize the guidelines set forth by the National Athletic Trainers' Association (NATA) in the consensus statement:

Casa DJ, Csillan D. Preseason heat-acclimatization guidelines for secondary school athletics. *J Athl Train* 2009;44(3):332–333.

Policies between the NCAA and high schools are very similar. Review a Comparison of NCAA and High School HA Policies.pdf.



# COMPARISON OF ANTERIOR CRUCIATE LIGAMENT RUPTURE RATES IN MEN'S AND WOMEN'S HIGH SCHOOL SOCCER

Jeffrey M Marks, 2nd year Medical Student
Seth L Sherman, MD, Assistant Professor of Orthopaedic Surgery
Laura Morris, MD, MSPH, Assistant Professor of Family and Community Medicine
Aaron Gray, MD Assistant Professor of Family and Community Medicine and Orthopaedics

## BACKGROUND

Recent literature has concluded there is significant variance in the anterior cruciate ligament (ACL) tear rates among different genders, ages, and sports. Females involved in high impact sports such as basketball and soccer have been particularly susceptible to this debilitating injury.

Female high school soccer and basketball players rupture their ACL's approximately 3 times as much as their male counterparts. A recent meta-analysis concluded that without intervention, ACL tears occurred at a rate of .45/1000 exposures in high school female soccer players not undergoing ACL prevention therapy.[1]

There have been significant strides made in explaining this discrepancy. Recently, neuromuscular and biomechanical risk factors have proven accurate in the prediction of ACL tears. Females put more stress on their ACL's during dynamic exercise as they progress through puberty. [2]

There as been a 10 fold increase in high school girls' participation in sports in the last 40 years. Furthermore, approximately 8,300 high school females in the state of Missouri participated in the high risk sport of soccer in the 2009 season. Increased risk of ACL rupture and increased female participation in sports has lead to and epidemic of ACL injuries.

## PURPOSE

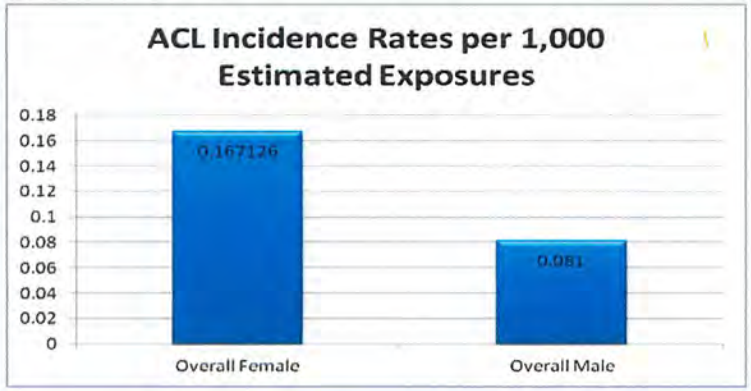
To investigate the ACL rupture rate in female and male high school soccer players in Missouri and examine characteristics of each ACL injury.

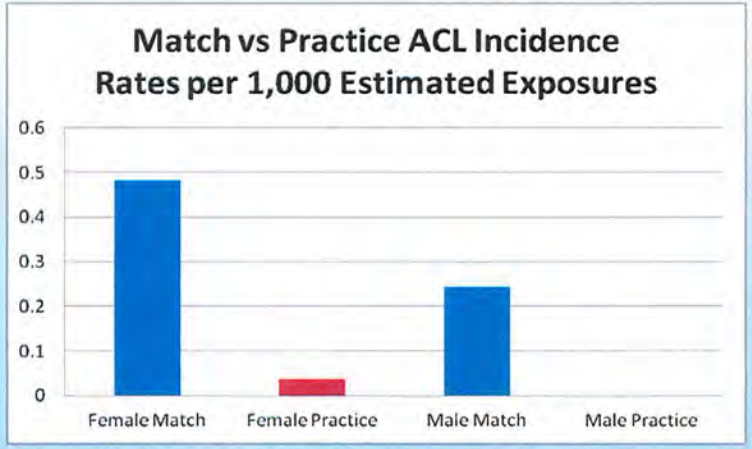
## ACKNOWLEDGMENTS

Special Thanks to Harvey Richards, Associate Executive Director of the Missouri State High School Activities Association, for his assistance with this study.

## METHODS

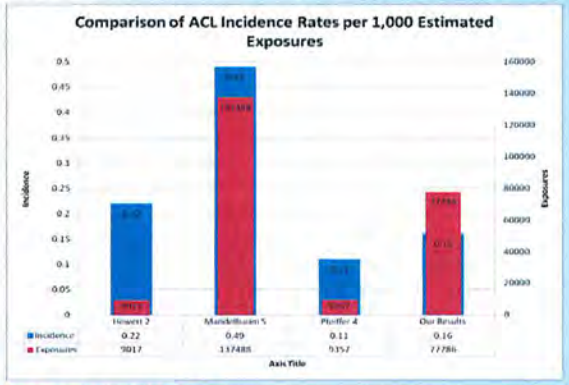
A web-based survey was created and sent to the MSHSAA email address of every high school soccer coach in Missouri. The survey investigated the number of athlete exposures (one athlete in a practice or game) and number of ACL ruptures for each team. This survey sought to calculate the exposures over the course of a season, from initial tryouts to the final game. The primary outcome measure was ACL injury rate. Secondary endpoints included specific characteristics of each ACL tear including contact or non-contact, position, practice or game, school grade, and playing surface.




## RESULTS

Over 80 coaches responded resulting in 151,556 exposures and 19 ACL tears. The overall response rate was 17.7%. The female incidence rate was .167 ACL tears/1000 estimated athlete exposures. The male incidence rate was .081. Both match incidence rates were higher at .48 and .24 for females and males, respectively. Less than half of the female ACL tears were suffered in a non-contact mechanism. 66% of the male ACL tears were non-contact injuries.




## CONCLUSIONS

In the study population, females suffered ACL injuries twice as often as males. Females were almost 13 times more likely to rupture their ACL's in matches than practices. This study found a lower incidence rate of ACL tears than a similarly sized study involving high school female soccer players.

## REFERENCES

1. Prodromos, C.C., Han, Y., Rogowski, J., Joyce, B., Shi, K., 2007. A Meta-analysis of the Incidence of Anterior Cruciate Ligament Tears as a Function of Gender, Sport, and a Knee Injury-Reduction Regimen. Arthroscopy: The Journal of Arthroscopic & Related Surgery 23, 1320–1325.e6.
2. Hewett, T.E., Myer, G.D., Ford, K.R., 2006. Anterior cruciate ligament injuries in female athletes: Part 1, mechanisms and risk factors. Am J Sports Med 34, 299–311.
3. Silvers, H.J., Giza, E.R., Mandelbaum, B.R., 2005. Anterior cruciate ligament tear prevention in the female athlete. Curr Sports Med Rep 4, 341–343.
4. Pfeiffer, R.P., Shea, K.G., Roberts, D., Grandstrand, S., Bond, L., 2006. Lack of effect of a knee ligament injury prevention program on the incidence of noncontact anterior cruciate ligament injury. J Bone Joint Surg Am 88, 1769–1774.
5. Mandelbaum, B.R., Silvers, H.J., Watanabe, D.S., Knarr, J.F., Thomas, S.D., Griffin, L.Y., Kirkendall, D.T., Garrett, W., Jr, 2005. Effectiveness of a neuromuscular and proprioceptive training program in preventing anterior cruciate ligament injuries in female athletes: 2-year follow-up. Am J Sports Med 33, 1003–1010.

SERC
Physical Therapy

PRESENTS

# SPORTS MEDICINE SYMPOSIUM

*featuring*

**Matthew Daggett, DO**
*Preventing High School Injuries*

**Margaret Gibson, MD**
*Concussions*

**Michael Justice, DO**
*Catastrophic Preparedness*

**Harvey Richards**
*MO Emergency Plan Initiative*

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MSHSAA

Children's Mercy HOSPITALS & CLINICS — Kansas City

UMKC ROOS Sports Medicine

TMC
TRUMAN MEDICAL CENTERS

OSI
ORTHOPEDIC SURGEONS, INC.
Sports Medicine & Total Joint Replacements

# Collaborative Solutions for Safety in Sport

A national approach presented by the National Athletic Trainers' Association and American Medical Society for Sports Medicine

**"Collaborative Solutions for Safety in Sport,"** held on March 26-27, 2015, at the NFL headquarters in New York City, brought together key stakeholders in high school athletics, along with renowned medical experts, to discuss best practices for health and safety in sport. This meeting supported the health and safety initiatives of the National Federation of State High School Associations by working through its national network of member organizations to discuss strategies for developing and implementing life-saving policies in member schools. The meeting focused on emergency action plans and additional tools and strategies for coaching education.

The event provided a collaborative forum for decision-makers in state athletic associations and sports medicine advisory committees (SMACs) to share successful strategies for developing and implementing life-saving policies in member schools. Attendees were offered approaches for educating coaches and were encouraged to use guidelines developed from the Inter-Association Task Force for Preventing Sudden Death in Secondary School Athletics Programs.

The meeting was co-hosted by the
NFL

NATA and AMSSM thank the following sponsors for their support of the meeting:

MISSION Athletecare
Jones & Bartlett Learning
PrivIT
Camelbak

It is the hope of the meeting organizers that this collaborative focus can continue and bring in more local stakeholders for a far-reaching grassroots impact. We have compiled a
representatives in your state to learn more or to work on the implementation of these recommendations, please email Ruth Riggan at ruthr@nata.org

## Emergency Action Plans:

- National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics (pdf)
- Preventing Sudden Death on the Athletic Field: The Emergency Action Plan (pdf)
- Emergency Action Plan Excerpt from White Paper Presented at Collaborative Solutions for Safety in Sport Meeting, March 26-27, 2015 (pdf)
- EAP policy by state (pdf)

## Exertional Heat Illness:

- Preseason Heat-Acclimatization Guidelines for Secondary School Athletics (inter-association consensus statement) (pdf)
- A Retrospective Analysis of American Football Hyperthermia Deaths in the United States (pdf)
- AMSSM Tip Sheet: Heat Illness
- Map of states for meeting heat acclimatization guidelines (pdf)
- Exertional Heat Illness Excerpt from White Paper Presented at Collaborative Solutions for Safety in Sport Meeting, March 26-27, 2015 (pdf)
- WBGT policy by state (pdf)
- Heat Illness Overview (pdf)
- Georgia Success Story (pdf)
- Georgia Lessons Learned (pdf)

## Concussions:

- National Athletic Trainers' Association Position Statement: Management of Sport Concussion (pdf)
- Consensus Statement on Concussion in Sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- American Medical Society for Sports Medicine Position Statement: Concussion in Sport
- Concussions- Getting Your Head Out of the Game
- Five Things to Ask Your Doctor if You Think You've Been Concussed
- Concussions Excerpt from White Paper Presented at Collaborative Solutions for Safety in Sport Meeting, March 26-27, 2015
- Concussion policy distribution by state (pdf)
- North Carolina Success Story (pdf)
- South Dakota Lessons Learned (pdf)

## Cardiac Conditions:

- Preparing for Sudden Cardiac Arrest – the Essential Role of Automated External Defibrillators in Athletic Medicine: a Critical Review (pdf)
- Emergency cardiac care in the athletic setting: from schools to the Olympics
- Inter-Association Task Force Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs: a Consensus Statement
- AED policy by state (pdf)
- Outcomes from Sudden Cardiac Arrest in U.S. High Schools: A Two-Year Prospective Study from the National Registry for AED Use in Sports (pdf)
- Cardiac Conditions Excerpt from White Paper Presented at Collaborative Solutions for Safety in Sport Meeting, March 26-27, 2015 (pdf)
- Cardiac Conditions Overview (pdf)
- California Lessons Learned (pdf)
- Michigan Lessons Learned (pdf)

## Additional resources:

- National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports (pdf)
- Inter-Association Task Force for Preventing Sudden Death in Secondary School Athletics Programs: Best-Practices Recommendations (pdf)
- Fatalities in High School and College Football Players (pdf)

# MSHSAA Concussion Return to Play Form

**If diagnosed with a concussion, an athlete must be cleared for progression to activity by an approved healthcare provider,** MD/DO/PAC/LAT/ARNP/Neuropsychologist (**Emergency Room physician cannot clear for progression**).

Athlete's Name: _____ DOB: _____ Date of Injury: _____

**THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION**

Date of Evaluation: _____ Return to School On (Date): _____

## The following are the return to physical activities recommendations at the present time:

- □ Diagnosed with a concussion: Cannot return to physical activity, sport or competition (must be re-evaluated).
- □ Diagnosed with a concussion: May return to sports participation under the supervision of your school's administration after completing the return to play protocol (see below).
- □ Not diagnosed with a concussion. Patient has diagnosis of _____ and MAY/MAY NOT return to play at this time.

## Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Office Phone: _____

Evaluator's Signature: _____

Evaluator's Address: _____

## Return to Play (RTP) Procedures After a Concussion

Return to activity and play is a medical decision. Progression is individualized, must be closely supervised according to the school's policies and procedures, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly as determined by the healthcare provider who has evaluated the athlete.

After the student has not experienced symptoms attributable to the concussion for a minimum of 24 hours and has returned to school on a full-time basis (if school is in session), the stepwise progression below shall be followed:

**Step 1:** Light cardiovascular exercise.
**Step 2:** Running in the gym or on the field. No helmet or other equipment.
**Step 3:** Non-contact training drills in full equipment. Weight-training can begin.
**Step 4:** Full, normal practice or training (a walk-through practice does not count as a full, normal practice).
**Step 5:** **Full participation.** Must be cleared by MD/DO/PAC/LAT/ARNP/Neuropsychologist before returning to play.

The athlete should spend a minimum of one day at each step before advancing to the next. If concussion symptoms return with any step, the athlete must stop the activity and the treating healthcare provider must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms returned.

**Return to Play Protocol (Steps 1-4) Completed (Date/Signature):** _____

**Cleared for Return to Play (Step 5) by:** _____ **Date:** _____

May be advanced back to competition after phone conversation with the healthcare professional that evaluated the athlete (MD/DO/PAC/LAT/ARNP/Neuropsychologist) and documented above.

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury.

MoATA
Missouri Athletic Trainers' Association

To: Athletic and School Administrators
From: Kitty Newsham, PhD, AT
Missouri Athletic Trainers' Association
Re: Athletic Trainers working in Missouri
Date: March 31, 2015

As you prepare for the next academic and athletic year, you may be hiring or retaining an athletic trainer (AT) to provide health care services for your school. The Missouri Athletic Trainers' Association applauds your efforts to protect the students at your school. We also remind you that ATs, like all other health care providers, MUST have a valid license to practice.

1) Section 334.704 of the Missouri Revised Statutes states that **no person shall hold himself or herself out as an athletic trainer in this state unless such person has been licensed** by the Missouri State Board of Registration for the Healing Arts.

2) Section 334.100.2 (2) (d) RSMo. states that it is a **violation of state statute to delegate professional responsibilities to a person who is not qualified by training, skill, competency, age, experience *or licensure* to perform such responsibilities**.

3) A prospective employee who is certified by the Board of Certification is **not** eligible to work as an AT without also being licensed by the Board. Certification (ATC) is important; licensure is also required.

The Missouri Athletic Trainers' Association fully supports the Boards efforts to protect the public through investigation and professional discipline of individuals practicing athletic training without a license. The only individuals exempt from the licensure statutes are athletic training students (supervised by a licensed AT) and ATs from other nations, states, or territories performing their duties for their respective teams or organizations. Be sure you to confirm that every AT employed in your school or district holds a current license to practice.

You can confirm the licensure status of an AT electronically, at https://renew.pr.mo.gov/licensee-search.asp. If an individual is not listed in this database, he or she is not licensed to practice in Missouri. A copy of the statutes, rules and regulations that govern practice as an athletic trainer can be found on at http://pr.mo.gov/athletictrainers-rules-statutes.asp. Please do not hesitate to contact me or the Board of Registration for the Healing Arts if you have any questions.

**Imagine** you're at one of your high school's sporting events. The home team is taking on a tough rival, and the gymnasium is packed with cheering fans. Suddenly, amid all the action and commotion, a young athlete collapses to the floor. He is not breathing and lies motionless on the court. His heart has stopped due to sudden cardiac arrest.

## A Tragedy...

Jarrett Brenner was an all-conference, all-section athlete from Cohasset. At his basketball game halftime, Jarrett slumped over into his teammate's lap and never regained consciousness. Many critical steps that can help ensure survival from sudden cardiac arrest did not happen that night. Valuable minutes were wasted before 911 was called. CPR was eventually started many minutes after Jarrett collapsed. The school had just purchased automated external defibrillators (AEDs), but they were not deployed yet and were locked in an office. Jarrett did not survive.

## A Life Saved...

Michael Spillman of Cannon Falls was playing in a pick-up basketball game when he collapsed without warning. The gym supervisor and two fellow student-athletes responded to the emergency. The trio began CPR, yet Michael remained unresponsive. Meanwhile, other players immediately called 911 and the school janitor retrieved the AED. The police officer, who arrived at the scene within 3 minutes, used the AED to shock Michael's heart back into normal rhythm. Michael was air-lifted to the hospital and regained consciousness while in the helicopter. He is now doing very well, thanks to the easily accessible AED and the quick response of his teammates.

*These are reasons why the Minnesota State High School League (MSHSL) is collaborating with the Medtronic Foundation to launch the* **Anyone Can Save a Life** *emergency response program. This program helps establish a clear protocol for SCA emergencies.*

## What Do You Do When SCA Strikes?

A victim of sudden cardiac arrest will often complain of feeling "faint" or dizzy, usually during or just after exercise. They will rapidly become unconscious and may gasp for breath for a short time.

*If someone collapses and is not breathing:*

**1. Call 911**
**2. Start chest compressions**
**3. Get an Automated External Defibrillator (AED)**
**4. Turn it on and follow the voice prompts**

Every second counts! When SCA occurs, chest compressions and the use of an AED need to start *immediately*. **The key to survival is action.** *If SCA goes untreated, the victim will die.*

Applying the AED will only help. You cannot hurt someone with an AED because it will only apply a shock if needed. The only way you can hurt someone who has collapsed from SCA is to do nothing. The AED is very easy to use by following the voice prompts.

Medtronic FOUNDATION

MSHSL

Although not everyone can be saved from sudden cardiac arrest, studies show that early defibrillation can dramatically improve survival rates. For more information on operating instructions, use, indications, contraindications, warnings, precautions, and potential adverse reactions, go to http://www.aedhelp.com.

**www.anyonecansavealife.org**

ANYONE CAN SAVE A LIFE

# An Emergency Response Program for After School Practices and Events

Plan. Learn. Save.

## What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a condition in which the heart stops abruptly, without warning. It is usually caused by ventricular fibrillation, an abnormality in the heart's electrical system. In this state, the heart fails to pump blood to the body's other vital organs.

***Death follows within minutes.***

Unfortunately, sudden cardiac arrest itself is often the first symptom and can occur in outwardly healthy people with no known heart disease or other health problems.

**More than 250,000 Americans die each year from Sudden Cardiac Arrest.**

## SCA FACTS:

- Early CPR and early defibrillation are required to save the victim's life.
- A shock delivered by an automated external defibrillator (AED) within 3 to 5 minutes can save a life.
- Survival rates decrease by 10% with each minute of delay.
- The AED, when applied, will look for a 'shockable' heart rhythm and will only deliver a shock if it is needed.
- Defibrillation is the only proven treatment for SCA.
- SCA is a leading cause of death throughout the world.
- The American Heart Association estimates that greater availability and use of AEDs could save as many as 40,000 Americans each year.

## Why Does Your School Need an Emergency Response Program for Athletics and Activities?

Sudden Cardiac Arrest is the leading cause of death in young athletes. Just one in ten student-athletes who suffer from SCA survives.

It is estimated that 1,000 kids die each year from SCA in the U.S. Last year in Minnesota, there were at least six SCA incidents among youth.

A 2008 survey of Minnesota schools, conducted by the Minnesota State High School League, revealed that:

- **90%** of schools have at least one AED. ***AED's are not useful unless they are accompanied by an Emergency Action Plan (EAP).***
- Nearly **60%** of responding schools **do not have an Emergency Action Plan (EAP)** for athletic events and after-school activities.
- At least **6%** of schools surveyed have had a situation in their building that **required the use of an AED.**

In addition to athletics and activities, schools are a common gathering place in the community. In fact, **an estimated 20% of the U.S. population congregates at any one time on school grounds.** This is all the more reason to be prepared.

- SCA often happens without warning.
- Unless victims receive adequate aid within 3 to 5 minutes, SCA is 100% fatal.
- The average response time for paramedics is 8 to 10 minutes.
- While most Minnesota high schools have AEDs, the school community may not know where they are located or how to use them.

***It's time to make your school community a safer place.***

ANYONE CAN SAVE A LIFE

## How Can This Program Help Your School?

***Anyone Can Save a Life*** is a first-of-its-kind, school-based educational program designed to save lives from sudden cardiac arrest. The program aims to:

- **Raise awareness** of SCA among coaches, administrators, advisors, event staff, students, and parents.
- Teach the **warning signs and symptoms** of SCA.
- Help schools create and implement an **Emergency Action Plan (EAP)** for athletics and activities.
- Offer the latest **CPR/AED education**.
- Increase public access to and use of **AEDs.**
- Create an awareness of the importance of the **Pre-Participation Health Questionnaire.**

This comprehensive program offers administrators a step-by- step guide to implement an Emergency Action Plan (EAP) for athletics and activities that occur after regular school hours.

**The *Anyone Can Save A Life* Emergency Action Plan (EAP) includes:**

- AED Site Assessment
- Communication Plan
- Individual Sport and Activity EAP's
- Review of Minnesota Law
- Coordination with Emergency Medical Services (EMS)
- Turnkey Resources for Training and Education
- 'Drop the Dummy' Drills and Instructions
- Media Response Guidelines
- Follow Up After Use of an AED
- Critical Incident Stress Debriefing

**Lives are saved by... Early Access to Care – Call 911 • Early CPR • Early Defibrillation with an AED • Early Advance Care – Transport to Hospital**

# 2015-16 Time Table of Meetings

| Place | Date of Meeting |
|---|---|
| MSHSAA Office<br>- Sports Medicine Committee | April 28, 2010 |
| NFHS Summer Meeting<br>- Sports Medicine Committee | July 6-9, 2010 |
| Parkway School District<br>- Concussion Presentation | August 12, 2010 |
| MSHSAA Office<br>- Sports Medicine Committee | January 6, 2011 |
| Capitol, Jefferson City, MO<br>- Concussion Bill | January 11, 2011 |
| Capitol, Jefferson City, MO<br>- Meeting – House Bill 300 | February 7, 2011 |
| Phone Conference<br>- House Bill 300 | February 25, 2011 |
| St. Louis Children's Hospital<br>- Press Conference House Bill 300 | March 4, 2011 |
| MSHSAA Office<br>- Phone Conference - House Bill 300 | March 7, 2011 |
| NFHS Summer Meeting<br>- Sports Medicine Committee | June 27 – July 1, 2011 |
| MSHSAA Office<br>- Conference Call - Concussions | August 16, 2011 |
| MSHSAA Office<br>- Concussion Meeting | August 25, 2011 |
| MSHSAA Office<br>- Sports Medicine Committee | January 5, 2012 |
| Conference Call<br>- Adult Brain Injury (MO Dept. of Health/Sr. Svc.) | January 19, 2012 |
| Conference Call<br>- Adult Brain Injury (MO Dept. of Health/Sr. Svc.) | February 14, 2012 |
| Meeting in St. Louis<br>- St. Louis Brain Association Meeting | March 1, 2012 |
| Mercy Sports Medicine Conference<br>- Exertional Heat Illnesses | March 30-31, 2012 |
| MSHSAA Office<br>- Adult Brain Injury (MO Dept. of Health/Sr. Svc.) | August 30, 2012 |
| University of Missouri Research<br>- Survey of all Injuries | June 1, 2012 |
| Coaches Training Meeting (Chillicothe)<br>- Head/Spinal Injuries (Hedrick Medical Building)<br>- St. Luke's College of Health Sciences | October 12, 2012 |
| MSHSAA Office<br>- Sports Medicine Committee | December 13, 2012 |
| MSHSAA Office<br>- Meeting with Dr. Hubbard, St. Luke's | April 3, 2013 |
| Conference Call<br>- Brain Injury Association of Missouri | April 16, 2013 |
| University of Missouri Research<br>- Survey of all Injuries | June 2, 2013 |

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| NFHS Summer Meeting<br>- Sports Medicine Committee | June 24-28, 2013 |
| Stoney Creek Inn<br>- Brain Injury Association of Missouri<br>- Annual Meeting Planning | September 6, 2013 |
| Coaches Training Meeting<br>- St. Luke's College of Health Sciences | October 2, 2013 |
| Conference Call<br>- St. Luke's College of Health Sciences | October 23, 2013 |
| Conference Call<br>- University of Missouri Journalism<br>- Concussion Interview | November 12, 2013 |
| NFL – Chiefs<br>- Head's Up Mom's Football Safety Clinic | December 3, 2013 |
| MSHSAA Office<br>- Sports Medicine Committee | December 12, 2013 |
| Sports Concussion: Facts, Fallacies and New Frontiers<br>- Brain Injury Association<br>- Springfield, MO | January 14, 2014 |
| Sports Concussion: Facts, Fallacies and New Frontiers<br>- Brain Injury Association<br>- Kansas City, MO | January 22, 2014 |
| Sports Concussion: Facts, Fallacies and New Frontiers<br>- Brain Injury Association<br>- Columbia, MO | January 27, 2014 |
| Sports Concussion: Facts, Fallacies and New Frontiers<br>- Brain Injury Association<br>- St. Louis, MO | February 4, 2014 |
| NFHS Summer Meeting<br>- Sports Medicine Committee | June 27 – July 2, 2014 |
| Summer's AD Workshop<br>- Emergency Action Planning | July 31, 2014 |
| Stoney Creek Inn<br>- Brain Injury Association of Missouri<br>- Concussion Seminar Planning | October 8, 2014 |
| MSHSAA Office<br>- Sports Medicine Committee | December 11, 2014 |
| Sports Concussion: Facts, Fallacies and New Frontiers<br>- Brain Injury Association<br>- Springfield, MO | January 16, 2015 |
| NFHS Football Meeting<br>- Indianapolis, IN | January 23-25, 2015 |
| Sports Concussion: Facts, Fallacies and New Frontiers<br>- Brain Injury Association<br>- Columbia, MO | January 27, 2015 |
| Missouri United Schools Insurance Council<br>- Concussion Seminar<br>- Lake of the Ozarks | January 29-30, 2015 |
| Sports Concussion: Facts, Fallacies and New Frontiers<br>- Brain Injury Association<br>- St. Louis, MO | February 5, 2015 |
| Sports Concussion: Facts, Fallacies and New Frontiers<br>- Brain Injury Association<br>- Kansas City, MO | February 12, 2015 |

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| MSHSAA Office<br>- Sports Medicine Committee | February 18, 2015 |
| USA/NFL Football Meeting<br>- Indianapolis, IN | February 22, 2015 |
| Sports Concussion: Facts, Fallacies and New Frontiers<br>- Brain Injury Association<br>- Cape Girardeau, MO | February 26, 2015 |
| USA/NFL Football Meeting<br>- New York, New York | March 26-27, 2015 |
| MIAAA Meeting<br>- Concussion Information Booth/Heads Up Football<br>- Lake Ozark, MO | April 10-14, 2015 |
| Sports Medicine Advisory Committee Meeting<br>- Overuse Injuries in Baseball<br>- Indianapolis, IN | June 8-10, 2015 |
| NFHS Summer Meeting<br>- Sports Medicine Committee<br>- New Orleans, LA | June 26 – July 3, 2015 |
| Officiate Missouri Day<br>- St. Louis, MO | July 24-25, 2015 |
| SERC Sports Medicine Symposium<br>- Kansas City, MO | August 1, 2015 |
| Brain Injury Association<br>- Statewide Conference Call | August 18, 2015 |
| Brain Injury Association Meeting<br>- St. Louis, MO | September 23, 2015 |
| MSHSAA Office<br>- Sports Medicine Committee | December 10, 2015 |
| NFHS Summer Meeting<br>- Sports Medicine Committee<br>- Reno, NV | June 25 – July 2, 2016 |
| KBIA Radio Interview<br>- Athletic Trainers at High School Sporting Events | September 18, 2015 |
| Brain Injury Association Meeting<br>- St. Louis, MO | September 23, 2015 |