

## **Arkansas Activities Association Sports Medicine Fact Sheet for Parents and Students**

This document has been created by the Arkansas Activities Association Sports Medicine Advisory Committee. The committee's mission is to ensure Arkansas Activities Association member schools provide sound and consistent medical information to enhance the safety of their athletic programs. The AAA Sports Medicine Committee is committed to offering information and guidance to member schools on topics which impact the welfare of all those involved in interscholastic competition. The topics included in this fact sheet are: Exertional Heat Stroke, MRSA, Concussion, and Sudden Cardiac Arrest. The following pages contain important sports medicine information for parents and students. Please read the information and sign to acknowledge that you have received and reviewed the information.

### **EXERTIONAL HEAT STROKE FACTS**

#### **WHAT IS EXERTIONAL HEAT STROKE**

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

#### **WHAT ARE THE SIGNS AND SYMPTOMS OF HEAT STROKE**

Increase in core body temperature, usually above 104°F/40°C (rectal temperature)  
Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental activity  
Nausea, vomiting, diarrhea  
Headache, dizziness or weakness  
Hot and wet or dry skin  
Increased heart rate, decreased blood pressure or fast breathing  
Dehydration  
Combativeness

#### **TREATMENT**

Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressively whole-body cooling by immersing in a tub of cold water. If a tub is not available, use alternative cooling methods such as cold water fans, ice or cold towels (replaced frequently), placed over as much of the body as possible. Call emergency medical services for transport to nearest emergency medical facility.

#### **WHEN SHOULD I PLAY AGAIN?**

No one who has suffered heat stroke should be allowed to return until appropriate healthcare personnel approves and gives specific return to play instructions. Parents should work with medical professionals to rule out or treat any other conditions or illnesses that may cause continued problems with heat stroke. Return to physical activity should be done slowly, under the supervision of appropriate healthcare professionals.

### **MRSA FACTS**

## **WHAT IS MRSA**

MRSA is methicillin-resistant *Staphylococcus aureus*, a potentially dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections. As with all regular staph infections, recognizing the signs and receiving treatment for MRSA skin infections in the early stages reduces the chances of the infection becoming severe. MRSA is spread by: having contact with another person's infections, sharing personal items such as towels or razors, that have touched infected skin, touching surfaces or items, such as used bandages, contaminated with MRSA.

## **WHAT ARE THE SIGNS AND SYMPTOMS MRSA**

Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be:

- |                               |                       |
|-------------------------------|-----------------------|
| Red                           | Swollen               |
| Painful                       | Warm to the touch     |
| Full of pus or other drainage | Accompanied by fever. |

## **WHAT IF I SUSPECT MRSA SKIN INFECTION**

Cover the area with a bandage and contact your healthcare professional. It is especially important to contact your healthcare professional if signs and symptoms of a MRSA skin infections are accompanied by fever.

## **HOW ARE MRSA SKIN INFECTIONS TREATED**

Treatment may include having a healthcare professional drain the infection and, in some cases, prescribe an antibiotic. Do not attempt to drain the infection yourself— doing so could worsen or spread it to others. If you are given an antibiotic, be sure to take all of the doses (even if the infection is getting better), unless your healthcare professional tells you to stop taking it.

## **HOW CAN I PROTECT MY FAMILY FROM MRSA SKIN INFECTIONS**

- |                             |  |
|-----------------------------|--|
| Know the signs and symptoms | Get treated early  |
| Keep cuts and scrapes clean | Encourage good hygiene                                       |
| Clean hands regularly       | Discourage sharing personal items such as towels and razors. |

## **FOR MORE INFORMATION, PLEASE CALL**

1-800-CDC-INFO OR visit [www.cdc.gov/MRSA](http://www.cdc.gov/MRSA)

## CONCUSSION FACTS

### WHAT IS A CONCUSSION

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION

#### Observed by the Athlete

Headache or “pressure” in head	Nausea or vomiting
Balance problems or dizziness	Double or blurry vision
Bothered by light	Bothered by noise
Feeling sluggish, hazy, foggy, or groggy	Difficulty paying attention
Memory Problems	Confusion
Does not “feel right”	

#### Observed by the Parent / Guardian, Coach or Teammate

Is confused about assignment or position	Forgets an instruction
Is unsure of game, score, or opponent	Moves clumsily
Answers questions slowly	Loses consciousness (even briefly)
Shows behavior or personality changes	Can’t recall events after hit or fall
Appears dazed or stunned	

### WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

#### Athlete

TELL YOUR COACH IMMEDIATELY	Inform parents
Seek medical attention	Give yourself time to recover

#### Parent / Guardian

Seek medical attention	Keep your child out of play
Discuss play to return to play with coach	Address academic needs

### WHERE CAN I FIND OUT MORE INFORMATION?

Center for Disease Control

[www.cdc.gov/concussion/HeadUp/youth.html](http://www.cdc.gov/concussion/HeadUp/youth.html)

NFHS Free Concussion Course

<http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

### RETURN TO PLAY GUIDELINES

Remove immediately from activity when signs/symptoms are present.

Release from medical professional required for return (Neuropsychologist, MD, DO, Nurse Practitioner, Certified Athletic Trainer, or Physician Assistant)

Follow school district’s return to play guidelines and protocol

## **SUDDEN CARDIAC FACTS**

### **WHAT IS SUDDEN CARDIAC ARREST**

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. The information presented below is to provide you with the knowledge you need to help the coach keep your child safe at practices and games.

### **WHAT ARE THE SIGNS AND SYMPTOMS OF SUDDEN CARDIAC ARREST**

- Fainting or seizures during exercise
- Unexplained shortness of breath
- Chest pain
- Dizziness
- Racing heart beat
- Extreme fatigue

### **GUIDELINES FOR REMOVAL OF A STUDENT FROM ACTIVITY**

1. Every coach and registered volunteer must receive training every three years on prevention of sudden cardiac death.
2. Every athlete and parent must read and sign the AAA Sports Medicine Fact Sheet containing information on sudden cardiac arrest.
3. Any athlete experiencing syncope (fainting), chest pains, shortness of breath that is out of proportion to their level of activity or an irregular heart rate should not return to practice or play until evaluated by an appropriate healthcare professional (MD, DO, APN, Certified Athletic Trainer).
4. The referred athlete must be medically cleared by an appropriate healthcare professional prior to return to play/practice.

### **SIGNATURES**

By signing below, I acknowledge that I have received and reviewed the attached AAA Sports Medicine Fact Sheet for Athletes and Parents. I also acknowledge and I understand the risks of injuries associated with participation in school athletic activity.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date