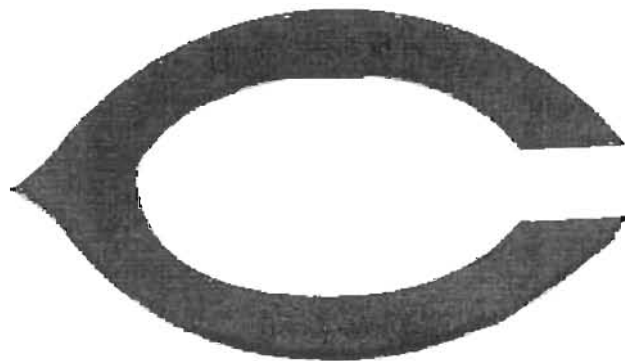


Chantilly



Athletic Training

Parent Handbook

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WHAT IS ATHLETIC TRAINING?

Athletic Training is an allied-health profession recognized by the American Medical Association (AMA). Certified athletic trainers (ATC) provide comprehensive athletic health care to athletes in many different settings. Responsibilities include injury prevention, immediate injury care, clinical evaluation and diagnosis, treatment, rehabilitation and reconditioning, organization and administration and professional responsibility. ATC's have an understanding of specific sports requirements, which enables them to develop specific rehabilitation exercises to better prepare athletes for their activity. The ATC also serves as a liaison between athletes, coaches, parents, treating physicians, and other health care professionals.

The practice of athletic training is regulated within the Commonwealth of Virginia, and all athletic trainers must be licensed by Virginia's Board of Medicine. Athletic trainers work under the supervision of a physician. Athletic trainers provide information on preventing injuries, immediate care when injuries occur and follow-up care and treatment within their scope of practice. ATC's refer to physicians all injuries requiring care beyond the scope of practice of the ATC. Together, the athletic trainer and physician work to provide the highest quality of health care possible within FCPS athletics. The ATC also keeps records of all treatments administered, injuries evaluated, rehabilitation programs implemented as well as pertinent medical information on each athlete. Essential to providing quality health care to all athletes is consistent communication among athletes, parents, treating physicians, coaches, athletic administrators and the athletic training staff.

ATC's in Fairfax County Public Schools can also be a resource to athletes, parents and school employees in health related issues. This may include nutrition, first aid, CPR, universal precautions, etc. ATC's are encouraged to master a concise and complete verbal description of what services they provide as a VA Licensed Certified Athletic Trainer. This memorized 30-second descriptor should include the domains of prevention, emergency care, diagnosis and treatment of injuries and conditions to physically active individuals, as well as the development of treatment plans including reconditioning and rehabilitation exercises and determining appropriate return to activity schedules. Perhaps less focus can be given to the referral aspect as the typical secondary school ATC only refers 5% of their patients to advanced care.



Athletic Trainers – not “Trainers”

The world today is on the move, and people are more active, more interested, more educated. We're trained in fitness, sports, computer applications even parenting. As a result, the word "trainer" has lost its meaning. Here are the differences between a certified athletic trainer and personal trainer.

CERTIFIED ATHLETIC TRAINER

An athletic trainer is a person who meets the qualifications set by a state licensure and/or the Board of Certification, Inc. and practices athletic training under the direction of a physician.

Certified athletic trainers:

- Must have at least a bachelor's degree in athletic training, which is an allied health profession
- Must pass a comprehensive exam before earning the ATC credential
- Must keep their knowledge and skills current by participating in continuing education
- Must adhere to standards of professional practice set by one national certifying agency

Daily duties:

- Provide physical medicine and rehabilitation services
- Prevent, diagnose, treat and rehabilitate injuries (acute and chronic)
- Coordinate care with physicians and other allied health professionals
- Work in schools, colleges, professional sports, clinics, hospitals, corporations, industry, military, performing arts

PERSONAL TRAINER

A personal trainer is a person who prescribes, monitors and changes an individual's specific exercise program in a fitness or sports setting.

Personal trainers:

- May or may not have higher education in health sciences
- May or may not be required to obtain certification
- May or may not participate in continuing education
- May become certified by any one of numerous organizations that set varying education and practice requirements

Daily duties:

- Assess fitness needs and design appropriate exercise regimens
- Work with clients to achieve fitness goals
- Help educate the public about the importance of physical activity
- Work in health clubs, wellness centers and various other locations where fitness activities take place

If you have questions about the person providing health care for you, for your student or for a colleague, speak up! Be sure you're getting the right health care for the right condition.

About the National Athletic Trainers' Association (NATA):

Athletic trainers are unique health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and illnesses. The National Athletic Trainers' Association represents and supports 30,000 members of the athletic training profession. NATA advocates for equal access to athletic trainers for patients and clients of all ages and supports H.R. 1846. Only 42 percent of high schools have access to athletic trainers. NATA members adhere to a code of ethics www.nata.org.

POSITION DESCRIPTION: CERTIFIED ATHLETIC TRAINER (ATC1) Head Athletic Trainer (full-time)

General Statement of Duties

The position of Head Certified Athletic Trainer (ATC) is a full-time 219-day support employee. The duties of the ATC1 full-time athletic trainer include, coordination of the comprehensive athletic training program at the assigned school, including but not limited to the prevention of athletic injuries, recognition, evaluation, immediate care of athletic injuries, rehabilitation of athletic injuries, reconditioning, organization and administration, professional responsibilities as specified in the *Domains of the NATA Certified Athletic Trainer*. The ATC full-time athletic trainer serves as a liaison between physicians, coaches, athletes, and parents and FCPS ATP Administrator. The ATC full-time athletic trainer works in concert with the Associate ATC (ATC2) to ensure that players participate only when physically able and that any physician instructions are understood and followed. The ATC full-time athletic trainer will coordinate with the ATC2 Athletic Trainer to ensure that the athletic training room and all required events will be covered, and a full compliment of athletic training health care services will be provided to each athlete.

Position Requirements

1. The ATC full-time athletic trainer must be certified by the National Athletic Trainers Association Board of Certification (NATA BOC) and maintain the standards established by the National Athletic Trainers Association's (NATA) role delineation study.
2. The ATC full-time athletic trainer must be licensed by the Commonwealth of Virginia's Board of Medicine.
3. The ATC full-time athletic trainer must be a member in good standing of the NATA.
4. The ATC full-time athletic trainer must be a member in good standing of NATA District 3.
5. The ATC full-time athletic trainer must be a member in good standing of the Virginia Athletic Trainers Association.

Specific Duties

In cooperation with the Principal, the Director of Student Activities, and the FCPS ATP Administrator, the ATC full-time athletic trainer must:

1. Develop plans for providing athletic trainer coverage at all interscholastic athletic events identified in *FCPS ATP Coverage Policy*.
2. Establish daily hours of operation for the athletic training room.
3. Develop a comprehensive emergency action plan for the facilities used by athletics.
4. Initiate and administer an Athletic Training Student Aide (ATSA) program in accordance with the *FCPS ATP ATSA Program Guidelines*.
5. Establish a working relationship with a designated team physician in accordance with the *FCPS ATP Care of the Injured Athlete Position Statement and FCPS Athletic Training Program Healthcare Policy*

6. Complete FCPS Blood Borne Pathogens Exposure Control Plan training and comply with the regulations therein.
7. Provide training and updates for coaches on the FCPS Blood Borne Pathogens Exposure Control Plan.
8. Comply with the *FCPS ATP Injury Treatment and Tracking System Recordkeeping Policies*.
9. Comply with the policies and guidelines contained in the FCPS ATP Program Manual.
10. Maintain professional communication between Athletic Training Program administrator, school-based administration, coaching staff, team and treating physicians and parents.
11. Perform duties as the FCPS AED Program Point of Contact (POC) for school and pyramid.
12. Maintain consumable supplies using the FCPS ATP volume purchase to maintain adequate supplies throughout the school year.
13. Develop and implement a comprehensive physical screening at your school to be available to your athletes consistent with the protocols set up by the FCPS Athletic Training Program. Assist with the PPE offerings at other schools within the PPE Cluster.
14. Fulfill all obligations of the FCPS AED Program's Pyramid Point of Contact as outlined in the FCPS AED Program Management Protocols.
15. Perform other duties assigned by the Principal, ATP Administrator, and DSA.

POSITION DESCRIPTION: ASSOCIATE ATHLETIC TRAINER (ATC2)

General Statement of Duties

The ATC2 Athletic Trainer is a three-season position. The duties of the ATC2 Athletic Trainer include, but are not limited to, prevention of athletic injuries, recognition, evaluation, immediate care of athletic injuries, rehabilitation of athletic injuries, reconditioning, organization and administration, professional responsibilities as specified in the *Domains of the NATA Certified Athletic Trainer*. At all times the ATC2 Athletic Trainer will work in cooperation with the ATC1 full-time athletic trainer and ATP Administrator within the guidelines established to provide the highest quality athletic health care possible.

Position Requirements

1. The ATC2 Athletic Trainer must be certified by the National Athletic Trainers Association Board of Certification (NATA BOC) and maintain the standards established by the National Athletic Trainers Association's role delineation study.
2. The ATC2 Athletic Trainer must be licensed by the Commonwealth of Virginia's Board of Medicine.
3. The ATC2 Athletic Trainer must be a member in good standing of the NATA.
4. The ATC2 Athletic Trainer must be a member in good standing of NATA District 3.
5. The ATC2 Athletic Trainer must be a member in good standing of the Virginia Athletic Trainers Association.

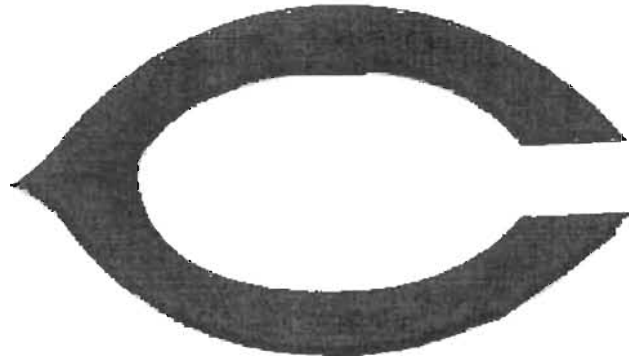
Specific Duties

In cooperation with the Principal, Director of Student Activities, and the FCPS Athletic Training Program administrator the ATC2 Athletic Trainer must:

1. Cooperate with the ATC1 full-time athletic trainer to provide athletic health care coverage at all interscholastic athletic events identified in *FCPS ATP Coverage Policy*
2. Cooperate with the ATC1 full-time athletic trainer to provide athletic training services during the daily hours of operation of the athletic training room as indicated in the *FCPS ATP Coverage Policy*.
3. Cooperate with the ATC1 full-time athletic trainer and comply with the comprehensive emergency plan outlined for the school's athletic facilities.
4. Cooperate with the ATC1 full-time athletic trainer in the administration of an Athletic Training Student Aide program in accordance with the *FCPS ATP Athletic Training Student Aide Program Guidelines*.
5. Establish a working relationship with a designated team physician in accordance with the *FCPS ATP Care of the Injured Athlete Position Statement*.
6. Complete FCPS Blood Borne Pathogens Exposure Control Plan training and comply with the regulations therein.

7. Comply with the *FCPS ATP Injury Treatment/Tracking System Recordkeeping Policies*.
8. Comply with the policies contained in the FCPS ATP Program Manual.
9. Promote appropriate communication with the ATC1 full-time athletic trainer regarding developments that impact the athletic health care provided to the student-athletes.
10. Assist the ATC1 with development and implementation of a comprehensive physical screening at your school to be available to your athletes consistent with the protocols set up by the FCPS Athletic Training Program. Assist with the PPE offerings at other schools within the PPE Cluster.
11. Perform other duties assigned by the ATC1 full-time athletic trainer, ATP Administrator, and DSA.

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Athletic Training

Policies and Procedures

ATHLETIC TRAINING COVERAGE POLICY

The athletic trainers are required to provide coverage for the athletic training room, practices of select sports, and certain athletic contests. Coverage means that an NATA certified athletic trainer must be available to provide athletic health care services. The sports contests covered by the athletic trainer vary by sport and season. This policy was developed and is supported by injury data collected by the Injury Treatment and Tracking System.

Athletic Training Room Coverage

- Athletic training room coverage is required on a DAILY basis, typically a MINIMUM of two (2) hours on regular schools days.
- Both ATCs (full-time ATC & ATC2) should be available on a DAILY basis during athletic training room coverage.
- This coverage is to be provided while athletics are in session.
- Full-time ATCs should be available on campus on a regular basis a minimum of one hour prior to the release of the educational school day until 6pm or 7pm on days school is in session.

Practice Coverage

- All Varsity, JV, and Freshman football practices (except walk-thru with NO equipment) must be covered on site.
- No other sports require specific practice coverage.

Athletic Contest Coverage

The “stay at home rule” is in effect for all covered contests EXCEPT football. This rule states that the “home” athletic trainer will provide athletic health care services for both teams. Football coverage is required at both home and away contests. Athletic training coverage shall be arranged for all tournaments. The following sports are those that require event coverage and are listed in order of coverage priority.

FALL

- Football (Varsity, JV, Freshman)
- Field Hockey (Varsity, JV, Freshman)
- Volleyball (Varsity, JV, Freshman)
- Cross Country (Boys and Girls)

WINTER

- Wrestling (Varsity, JV)
- Boys and Girls Basketball (Varsity, JV, Freshman)
- Girls Gymnastics
- Indoor Track (Boys and Girls)*

SPRING

- Boys and Girls Lacrosse (Varsity, JV, Freshman)
- Boys and Girls Soccer (Varsity, JV)
- Boys and Girls Outdoor Track & Field (Varsity, JV)
- Softball (Varsity, JV)
- Baseball (Varsity, JV)
- Boys and Girls Tennis

*Athletic trainers are assigned to the indoor track site by the FCPS ATP Administrator on a rotating basis.
Athletic Trainers who cover non-regular season events, special tournaments, and club sports may receive additional compensation

FCPS POSITION STATEMENT CARE OF THE INJURED ATHLETE WHILE PARTICIPATING IN FCPS ATHLETICS

Purpose

To provide for the health and safety of student-athletes by establishing procedures for the treatment and disposition of injuries sustained by student-athletes during participation in FCPS athletics.

Sports Medicine Team

The Sports Medicine Team for athletic activities at each school shall consist of the athletic trainers* and the designated team physician or physicians (who shall be designated M.D. or D.O. and licensed and in good standing to practice their profession in the Commonwealth of Virginia). Members of the Sports Medicine Team shall be responsible for providing first responder emergency first aid services, follow-up evaluation and treatment, and rehabilitation services for injured athletes under FCPS supervision. In addition, the Sports Medicine Team** shall make the final determination of when an injured athlete may resume participation in FCPS athletics.

Treatment of Injuries

The team physician(s) shall provide emergency medical care and treatment to students injured while participating in FCPS athletics. In the absence of a team physician, the athletic trainer shall bear primary responsibility for providing emergency care and follow-up treatment to injured athletes.

In the absence of a Sports Medicine Team member, the team coach shall bear the responsibility for providing first responder and emergency first aid to injured athletes. The team coach shall confer with the athletic trainer prior to permitting further participation of the injured athlete in an athletic practice or competition.

In the event a physician charged with the care and treatment of an injured athlete determines that the athlete should not resume participation in FCPS athletics, the athlete shall not be permitted to participate for the period of time specified in writing by the physician, unless that physician or another physician subsequently provides written authorization for participation.

In the event the attending physician determines that the athlete is in suitable condition to resume participation in FCPS athletics, the athlete shall be re-evaluated by the athletic trainer. If it is the judgment of the athletic trainer that the student-athlete is not in suitable physical condition to resume full participation, a restricted participation schedule will be formulated by the athletic trainer to allow for additional recovery/healing, and a progressive return to full participation.

In the event there is a disagreement with the judgment of the athletic trainer after the re-evaluation, the student-athlete will not participate beyond the athletic trainer's recommendations until the Sports Medicine Team has an opportunity to consult with the treating physician, and an agreement between the treating physician and the Sports Medicine Team is made.

Care by Third Parties

In no event shall the medical care of an athlete within Fairfax County Public Schools facilities involve the manipulation, massage, diagnosis or adjustment of an injury or condition without the approval of a member of the Sports Medicine Team.

*As used in this position statement, the term athletic trainer shall mean all NATABOC certified athletic trainers employed by FCPS, licensed to practice athletic training by Virginia's Board of Medicine, including substitute certified athletic trainers.

**In the absence of one or more members of the Sports Medicine Team, Team decisions shall be made by the member(s) present.

FCPS ATHLETIC TRAINING PROGRAM INJURY/ILLNESS REPORTING POLICY

The goal of the FCPS Athletic Training Program is to enable student-athletes to perform at the highest possible, healthy level throughout the season. However, injuries and illnesses are a part of any athletic activity. Injured individuals must demonstrate their ability to play at a competitive level in practice prior to participating in any contest. Athletes are responsible for notifying the coaches of any injury immediately. The athlete will be referred to the Certified Athletic Trainers (ATCs) for evaluation and treatment. ATCs are allied health care professionals licensed with Virginia's Board of Medicine, and have the obligation within FCPS to provide comprehensive, on-site healthcare to all student-athletes. The ATC's objectives are to evaluate injuries, provide treatment to injuries and illnesses within the scope of practice of the ATC, interpret the body's readiness to participate in restricted or full activity, design and provide rehabilitation and reconditioning programs to allow an injured athlete a return to participation as quickly and safely as possible.

If an athlete or a parent/guardian is concerned that a visit to the physician may be necessary, athletes are encouraged to see the athletic trainers first when possible, and assistance with the referral process may be available. Worsening of any condition would justify the immediate referral to a physician. The final determination of the athlete's readiness to participate will be made with input from the ATCs, physicians, coaches, parents and the athlete, and is based on functional ability, history of the problem, and science about the injury or illness. Questions or concerns should be brought to the attention of the school athletic trainers and coaches.

Rehabilitation and all treatment for injuries must be completed BEFORE practice sessions or at times pre-arranged by the certified athletic trainers. Athletes are responsible for reporting to the athletic training room in a timely manner to ensure all appropriate treatment, rehabilitation and evaluations can be completed to avoid conflict with practice times.

The coaching staff supports the decisions rendered by the ATCs.

FCPS ATHLETIC TRAINING PROGRAM HEALTHCARE POLICY

The following information should be discussed with each coach prior to each athletic season as well as provided to all teams participating in tournament competition within Fairfax County Public Schools prior to the start of the tournament.

Medication Recommendations

- If inhalers are used during competition, they must be prescribed and used as directed.

Return to Play

- Parents have the ultimate authority to exclude their child from participation, but cannot overrule the exclusion requirement of a physician acting in an official capacity or a school or tournament certified athletic trainer.
- The coach has the authority to exclude a member of their team from participation, but cannot overrule the exclusion requirement of a physician or a school or tournament certified athletic trainer.
- A physician (MD or DO) acting in an official capacity for the tournament or team has the authority to exclude any competitor from competition. No one, including the school or tournament certified athletic trainer, can overrule the official tournament or team physician.
- A treating physician or athlete's personal physician cannot overrule the exclusion requirement of a school Virginia licensed certified athletic trainer working in the capacity of an FCPS School Board employee.
- The school or tournament certified athletic trainer should make it clear when evaluating an injured athlete for return to participation or competition whether he or she is recommending the athlete not return, or requiring that the athlete not return. During contests and tournaments, visiting school's coaches may elect to reintroduce a competitor against a recommendation but not a requirement.
- In the event of a contest or tournament, if the school or tournament certified athletic trainer observes an injured athlete continuing to compete against his or her requirement that the athlete not compete, the certified athletic trainer shall notify an official that competition must be stopped until the injured athlete has left the competition.
- In disagreements between the tournament and team certified athletic trainers, the team certified athletic trainer has the final authority.

"Team certified athletic trainer" from states other than Virginia must hold a credential of ATC in good standing with the National Athletic Trainers Association's Board of Certification.

"Team or school certified athletic trainer" associated with a team within the Commonwealth of Virginia must hold a state license in good standing with the Virginia Board of Medicine to practice athletic training within the state of Virginia.

MEDICATION

Dispensing and administration of medication (prescribed and OTC) in FCPS Regulation 2102

Regulation 2102 states that no student-athlete may be provided or administered medication without proper documentation and approval. Restrictions include over the counter medication (OTC), which is broken down into two categories: “pain reliever” and “other than pain reliever”.

OTC for pain relief must have previous permission provided in writing by the student's parent or guardian on Attachment A of Reg. 2102. This is limited to pain relievers, such as acetaminophen, aspirin, ibuprofen, etc. OTC other than pain relievers (e.g. sinus relief, antibiotic ointments, etc.) must have both a parent and a physician's signature on Attachment A. All paperwork must be on record either in the school clinic and/or athletic training room. All medications must be stored in a secure location approved by the principal.

Student-athletes requiring epinephrine must have all proper documentation on file and medication must be on site and readily available for participation in practice or competition. Epinephrine requires Attachment B to be completed and signed by parents and physician.

Student-athletes requiring Inhalers must have all proper documentation on file and medication must be on site and readily available for participation in practice or competition. Inhalers require Attachment C to be completed and signed by parents and physician.

Student-athletes requiring Glucagon must have all proper documentation on file and medication must be on site and readily available for participation in practice or competition. Glucagon requires Attachment A, parts one and two to be completed and signed by parents and physician.

Student-athletes requiring insulin must have all proper documentation on file if medication is needed during school/athletics to properly manage the medical situation. Insulin requires Attachment A, parts one and two to be completed and signed by parents and physician.

The athletic training room has been recognized as an appropriate location for emergency medications. The principal of that school may designate the athletic training room as a secure location for the storage of student-athlete medication.

All athletic trainers must successfully complete the appropriate in-service provided by the Fairfax County Public Health Nursing Staff regarding administration of Glucagon annually. Epi-Pen administration must follow the protocols designated by the FCPS Athletic Training Program's Medical Director.

An amendment approved by Fairfax County Health Department allowing ATCs to dispense limited OTC medications common to the ATCs scope of practice. It reads:

"Over the Counter medications limited to topical antiseptic and antibacterial ointments may be administered to student-athletes with a current Virginia High School League (VHSL) physical on file by an allied health care provider licensed by the Commonwealth of Virginia employed by FCPS, within the NATABOC certified athletic trainers' scope of practice while practicing under the direction of a physician."

At no time shall an FCPS ATC suggest, provide or administer any form of medication (**with the exception of antiseptic and antibiotic ointment and emergency medications pursuant to the Code of Virginia**) to a student-athlete. ATC discussion with parents regarding the use of OTC medication with should be preceded with the phrase: "Check with your family physician regarding the use of any medication for pain relief or anti-inflammation".

Disposal of Unused or Expired Medications

Disposal of unused or expired medications should follow procedures outlined in Office of Safety and Security fact sheet SEH-40.

Keep the medicines in their original container, cross out any student identifying information and prescription number.

For pills, add some salt water to dissolve. For liquids, add something inedible like dirt or ash.

Seal the container with duct tape or packing tape, double bag and place in trash receptacle.

Virginia High School League (VHSL) PRE-PARTICIPATION PHYSICALS

In order for students to participate in any VHSL sponsored athletic activity, a complete and valid physical must be on file in the Student Activities Office. A current physical is one that was performed after May 1 of the current year. Forms returned indicating a physician's signature after May 1, but the physical was performed prior to May 1 is not valid. For a physical to be valid, it must meet the following criteria:

- The physical must be completed on the Virginia High School League Sports Participation Physical form with a date of "Revised April 2007" in a box on each page. Forms from previous years will NOT be accepted according to VHSL rules. A school health physical is NOT acceptable. All other questions should be directed to the FCPS ATP Administrator.
- The student must sign the first page after they have read the eligibility rules.
- The parent/guardian and the student must complete the Medical History section (page 2) and sign in the space provided.
- The medical exam (third page) must be completed by a physician, physician's assistant (PA) or nurse practitioner and include:
 - The date of the exam
 - The level of participation permitted
 - The physician's address and phone number.
 - Only a physician (MD or DO), physician's assistant (PA) or a nurse practitioner may sign a physical. A chiropractor's (DC) signature is NOT acceptable according to VHSL policy.
- The insurance information and assumption of risk (last page) **MUST** be completed. This includes the name of the insurance company and the parent/guardian signature. If the student purchases insurance through the school, the date the policy was mailed to the insurance company should be indicated in this section.
- The emergency permission section on the last page **MUST** be completed. This includes emergency daytime and evening phone numbers as well as the parent/guardian signature.
- PARENTS **MUST SIGN THE FORM IN THREE LOCATIONS ON THE FORM**
- Physician's office address and phone number must be provided with date of physical clearly identified.
- VHSL Physical form is available on the Internet at www.vhsl.org or the [FCPS Athletic Training Program web site.](#)
- A VHSL Physical form indicating "pending further evaluation" is NOT valid until necessary evaluation is complete and subsequent physician/administrator authorizes approval of participation in sports in writing.

Student-Athlete Insurance Coverage

School Board Policy 5740 requires accident or health insurance for "...all students who participate in secondary school athletic programs...." The Virginia High School League (VHSL) requires that parents and guardians of student-athletes indicate how their children are insured. This requirement is met by completion of the VHSL Form 2.

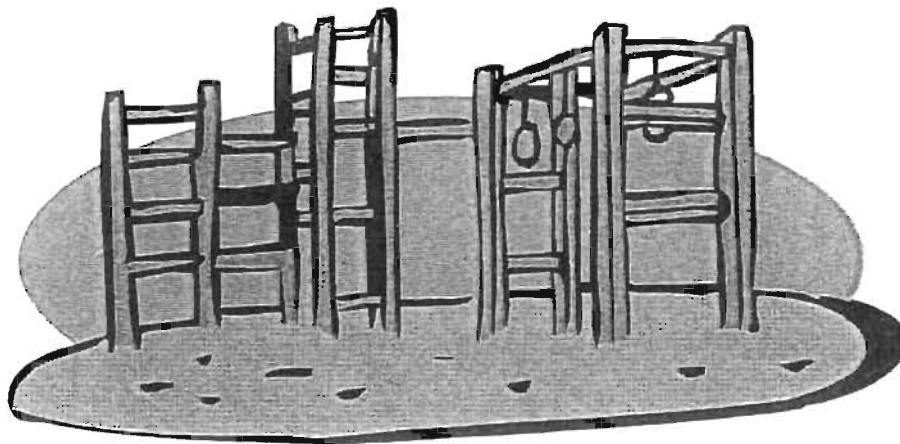
- ✓ The student-athlete cannot participate in the athletic program until all required information is furnished.
- ✓ Any form that is not fully completed and signed by a student's parent or guardian will be rejected. The student-athlete is prohibited from participating in the athletic program until all required information is furnished and all forms signed.
- ✓ Local school personnel should carefully check VHSL form 2.
- ✓ Parents and guardians who have no insurance coverage will be made aware of the student accident insurance program. It may be very important to some student-athletes, because:
 - The number of Fairfax County Public Schools students who have no insurance coverage is continuing to increase. One of the least expensive types of coverage available to them is through the Student Accident Insurance Program. Student athletes can benefit from this program, also including the football coverage.
 - All student-athletes, except varsity football players, can satisfy the FCPS insurance requirement by purchasing the school time only accident coverage.
 - Varsity football players can meet the requirement by purchasing the football insurance package.
 - Directors of student activities should make sure that all coaches and other staff sponsors receive and distribute to each student-athlete the student accident insurance brochures that outline the coverage's available.



Student Accident Insurance Program

Some parents mistakenly believe that Fairfax County Public Schools carry medical insurance for accidents that occur at school. This is not true.

- ✓ Students lead active lives and usually are involved in a number of accidents at school and at home. Most are minor, requiring little, if any, medical attention. However, a number of children do need extensive medical treatment, resulting in unexpected medical expenses for the family.
- ✓ The student accident insurance program is a low-cost way for parents to defray medical or dental expenses from accidents to their child. If parents already have medical or dental insurance, this coverage can help fill-in the gaps that often remain due to deductibles, limitations, and exclusions in medical insurance plans. If parents have no other medical insurance, these accident policies provide primary coverage.
- ✓ Parents can purchase 'school-time only' accident insurance, or '24-hour' (12 months a year) accident insurance. Both provide limited dental coverage. However, parents can buy a separate dental policy with greater benefits. For parents who desire a low-cost way to purchase life insurance for their children, a term life policy is offered.
- ✓ The accident insurance provides a maximum of \$100,000 per accident for up to 12 months from the date of injury. The dental accident insurance has no maximum level of coverage.
- ✓ Parents should read the student accident insurance brochure carefully when received. All insurance has certain limitations and exclusions.



EMERGENCY CARE CARDS

All students participating in athletics must complete the FCPS Emergency Care Information Form. The coach of each sport (except football) must have a copy of every athlete's emergency care card at all practices and competitions. It is imperative that the ATC have a copy of each athlete's emergency care card readily available at each football practice and contest. Coaches should be advised to keep the emergency care forms in a waterproof container. The athletic trainer, DSA, or another school administrator may keep the second copy. The athletic trainer should review this form and make note of any pertinent information such as allergies, previous injuries, and medical conditions that may be a problem during athletic participation. It is suggested that any and all medical alerts be documented in the ITTS computer system.

In the event there is a change in the medical status of an athlete during the school year, (recent diagnosis of asthma for example), a revised emergency care card is required and all appropriate personnel (ATC, Coach, DSA) must be made aware of the changes.

The FCPS Emergency Care Card is available to download from the web at:
<http://www.fcps.edu/DIT/forms/se3.pdf>

GUIDELINES FOR LIGHTNING SAFETY DURING ATHLETIC EVENTS

Coaches, sports officials, athletic trainers and school administrators must recognize the hazard posed by lightning and be prepared to implement procedures intended to minimize the risk of serious injury or death during outdoor activities. Suspension and resumption of activities should be planned in advance.

- Determine the closest safe structures in advance of any activity. Safe structures include the nearest school building, a complete enclosure, or a fully enclosed metal vehicle with windows tightly closed. Press boxes, sheds, storage buildings, or dugouts **will not** provide adequate protection.
- If thunder is heard, or if a cloud to ground lightning bolt is seen, all participants should clear the field and seek safe shelter in an orderly manner
- Select a distinctive, recognizable method to signal the lightning warning or clear-the-area order.
- Prior to athletic events, the athletic administrator or game manager must make sure that visiting coaches, school administrators and officials are informed of the lightning safety guidelines in effect at the facility.
- Inform participants and spectators when a thunderstorm watch is in effect. Tell them that play will be suspended as lightning approaches, what the clear-the-area signal is, where to go for safe shelter, and what routes to take as they evacuate the area. Prior to outdoor competitions, this should include a formal announcement over the public address system.
- Designate one person who is responsible for monitoring weather forecasts, watching for developing or fast moving storm cells and listen for thunder and watch for cloud to ground lightning strikes. Storm radar tracking websites can be accessed by Blackberry devices and are beneficial in monitoring the track and location of dangerous storm cells. This person should have the authority to order that clear-the-area signal be given or be in constant contact with the person who does have the authority.
- Wait a minimum of 30 minutes from the last nearby lightning strike or thunder before resuming activities

What should I do if I am unable to reach shelter?

If caught outdoors in an open field, avoid metallic objects like metal bleachers, fences and gates, flagpoles, light and power poles, trees and standing water. If you feel your hair standing on end and/or hear crackling noises, you are in the electrical field of lightning that is about to strike. Immediately remove metal objects (buckles, keys, whistles) from contact with your body and minimize contact with ground; *do not lie down*. Put your feet together, duck your head, crouch down, and hold your hands over your ears. Avoid contact with other people.

What can be done to treat someone who has been struck by lightning?

People who have been struck by lightning do not carry an electrical charge; it is safe to touch them. Administer CPR immediately if qualified to do so. Call 911 and get AED if available.

Where can I get more information?

Please reference the VHSL Policy Manual's Lightning Safety Policy or Office of Safety and Security *Guidelines for Lightning Safety During Athletic Events and on School Playgrounds* SHE-20. www.fcps.edu/fts/safety-security/factsheets/seh-20.pdf and the NATA Position Statement on Lightning Safety for Athletics <http://www.nata.org/statements/position/lightning.pdf>.

The NFHS and VHSL recommend a more aggressive approach to clearing the area and finding safe shelter than what is outlined on the current Office of Safety and Security Fact Sheet. If you see a lightning strike, clear the field and seek safe shelter. It is imperative that you address the plan of action with all necessary administrators, coaches and officials prior to any storm posing a threat.



LIGHTNING SAFETY



Safety & Security Fact Sheet

✓ WHAT ARE LIGHTNING AND THUNDER?

Lightning is the buildup and discharge of 125 million volts of electricity. During the lightning strike, measured in microseconds, the heat generated exceeds 50,000°F, many times hotter than the surface of the sun. Rapid heating and cooling of the air near the lightning bolt cause a shock wave that results in thunder.

✓ WHAT IS THE DANGER?

Lightning cannot be stopped or prevented. It is capricious, random, and unpredictable. Each year lightning strikes the ground 15 to 20 million times in the United States, killing almost 100 people and injuring as many as 300 people. Most lightning casualties occur in the summer months and during the afternoon or early evening.

COACHES AND SPORTS OFFICIALS, PHYSICAL EDUCATION TEACHERS, PLAYGROUND MONITORS, AND SCHOOL ADMINISTRATORS MUST RECOGNIZE THE HAZARD POSED BY LIGHTNING AND KNOW WHAT TO DO TO MINIMIZE THE RISK OF SERIOUS INJURY OR DEATH DURING OUTDOOR ACTIVITIES.

✓ WHERE MUST I GO TO ESCAPE THE DANGER?

Safe structures include the nearest school building, a complete enclosure, or a fully enclosed metal vehicle with windows tightly closed. Press boxes, sheds, storage buildings, or dugouts will not provide adequate protection. Once indoors, stay away from open doors and windows, and turn off and stay away from appliances, computers, television sets, etc.

✓ HOW DO I KNOW THAT LIGHTNING IS TOO CLOSE?

When there is thunder, there is lightning. As lightning approaches, the time in seconds from seeing the stroke to hearing the thunder decreases. This is the "flash-to-bang" method for measuring lightning distance. For each 5 second count, lightning is 1 mile away. At a count of 15 seconds (3 miles) there is imminent danger; seek shelter immediately. It is strongly recommended that you seek shelter at a count of 30 seconds (6 miles), especially when you are supervising small children or a large number of spectators are at risk.

✓ HOW LONG MUST I REMAIN IN A SHELTER AFTER THE LIGHTNING PASSES?

Wait a minimum of 30 minutes from the last nearby lightning strike (flash-to-bang count no less than 30 seconds) before resuming activities.

✓ WHAT SHOULD I DO IF I AM UNABLE TO REACH SHELTER?

If caught outdoors in an open field, avoid metallic objects like metal bleachers, fences and gates, flagpoles, light and power poles, trees, and standing water. If you feel your hair standing on end and/or hear crackling noises, you are in the electrical field of lightning that is about to strike. Immediately remove metal objects (buckles, keys, whistles) from contact with your body and minimize contact with the ground; do not lie down. Place your feet together, duck your head, crouch down, and hold your hands over your ears. Avoid contact with other people.

✓ WHAT CAN BE DONE TO TREAT SOMEONE WHO HAS BEEN STRUCK BY LIGHTNING?

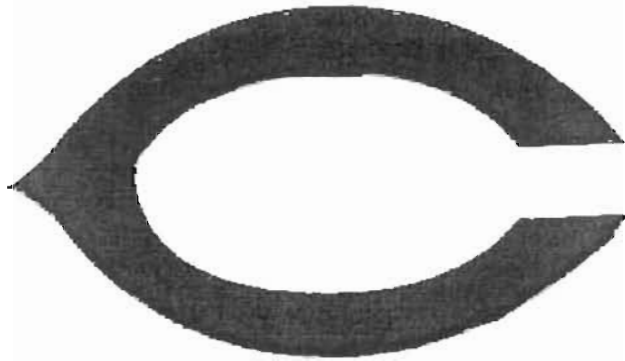
People who have been struck by lightning do not carry an electrical charge; it is safe to touch them. Administer CPR immediately if qualified to do so. Get emergency help promptly.

✓ WHERE CAN I GET MORE INFORMATION?

The Office of Safety and Security has prepared a detailed set of guidelines for developing an event or site-specific lightning safety program. To obtain a copy of the *Guidelines for Lightning Safety During Athletic Events and on School Playgrounds*, call 703-658-3760.

For more information, visit our web site, www.fcps.edu/fts/safety-security/factsheets/seh-20.pdf
If you need assistance, call the safety section at 703-658-3770.

Chantilly



Athletic Training

Nutritional Aspects



SUPPLEMENTS POSITION STATEMENT

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

The NFHS Sports Medicine Advisory Committee (SMAC) strongly opposes the use of dietary supplements for the purpose of athletic advantage. Research data shows widespread use of dietary supplements by adolescent and high school athletes, despite considerable safety concerns. Dietary supplements are marketed as an easy way to enhance athletic performance, increase energy levels, lose weight, and feel better. It is proven that adolescents are more susceptible to advertising messages and peer pressure, increasing the risk of dietary supplement usage. This can create a culture more concerned about short term performance rather than overall long term health.

The Dietary Supplement Health and Education Act of 1994 removed dietary supplements from pre-market regulation by the Food and Drug Administration (FDA). Thus, many of the substances that can be obtained from nutrition stores and the internet are not subject to the same strict tests and regulations as "over the counter" and prescription medications. The companies that produce dietary supplements do not need to test their safety or effectiveness before they are available to consumers. In fact, dietary supplements cannot be removed from the marketplace unless they present a significant or unreasonable risk of illness or injury.

- **MYTHS** regarding dietary supplements:
 - If a substance is natural, it must be safe and beneficial.
 - Athletes that consume a well balanced diet still have nutritional deficiencies.
 - Since dietary supplements may be purchased at a store or over the internet, they must be safe and legal.

The NFHS SMAC discourages the use of supplements by athletes due to the lack of published, reproducible scientific research addressing the benefits and documenting long term adverse health effects of the supplements, particularly in the adolescent age group. Dietary supplements should be used only upon the advice of one's health care provider. School personnel and coaches should never recommend, endorse or encourage the use of any dietary supplement, drug, or medication for performance enhancement.

We recommend that coaches, athletic directors, and school personnel develop strategies that address the growing concerns of using dietary supplements. Such strategies may include conversations with athletes and their parents about the potential dangers of dietary supplement use. Athletes should be encouraged to pursue their goals through hard work and good nutrition, not dietary shortcuts.

- Dietary supplements receive no FDA regulation:
 - There is no guarantee the true amount or concentration of ingredients is listed on the label.

- There is no guarantee the substance is pure, as studies have found lead and arsenic in supplements.
- There may be other compounds not listed on the label in the dietary supplement which may be illegal or banned substances.
- There is minimal evidence that dietary supplements enhance performance for most high school sports.
 - There is even less evidence supporting their use in adolescents.
- In order to help prevent dietary supplement use:
 - School personnel, coaches, and parents should allow for open discussion about supplement use, but strongly encourage optimal nutrition and a well balanced diet.
 - Remind athletes that no supplement is harmless and free from consequences.
 - Remind athletes that there is no short cut to improved performance, it takes hard work.
 - Because they are not regulated, dietary supplements may contain impurities and illegal substances not listed on the label.
 - Adolescents that use dietary supplements are more likely to use steroids, continue usage into adulthood, and to engage in other high risk behaviors like smoking, drinking, and using drugs.

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National Federation of State High School Associations. <http://www.nfhs.org>.

The National Center for Drug Free Sport, Inc. <http://www.drugfreesport.com>

United States Anti-Doping Agency. <http://www.usantidoping.org/>

Revised and Approved April 2009

The Washington Post

What's in your child's lunchbox?

By Jennifer LaRue Huget

Thursday, August 12, 2010; GZ 13

As we slide all too swiftly toward the school year, I wanted to write a handy guide to packing nutritious school lunches. I know firsthand how tricky it is to craft meals that provide the right the number of calories and mix of food groups -- and that kids will actually eat.

Andrea Giancoli, a spokeswoman for the American Dietetic Association, shared this lunch-planning template based on the federal government's Dietary Guidelines for Americans:

The meal should have a fruit, a vegetable, two servings of grain, two ounces of meat or beans, a serving of dairy and a smidge of healthful fat. The guidelines suggest seeking foods low in sugar, salt and "solid" fats (those that, like butter, are solid at room temperature).

Giancoli also steered me toward MyPyramid.gov, a U.S.-DA tool that shows people how to incorporate the dietary guidelines into their lives. The site includes a menu planner that, once you register (for free), allows you to adjust for variables such as age, sex, height, weight and level of physical activity. The site can be a bit frustrating (I couldn't find raw green beans, for instance), but playing with it helps you get the hang of putting together a decent meal.

Here are some ideas for three age groups. For extremely active kids, you'll want to provide more food, but not in the form of sugary, salty snacks, sodas or sports beverages. Instead, choose extra items that will help meet the day's food-group needs: another piece of fruit, a second sandwich.

And you'll want to invest in an insulated lunchbox or bag and a freezer pack so food will stay cool till lunchtime. Vegetarians, vegans and others who follow special diets should tool around on MyPyramid to find options that meet their nutritional needs.

Ages 14-18

The dietary guidelines say a sedentary teenage girl should have 1,800 calories per day and an active one up to 2,400. For teen boys, that range is 2,200 to 3,200. Lunch should account for roughly a third of those calories, Giancoli says: Maybe 650 for her, 900 for him.

Sample lunch: Teens might enjoy something more sophisticated than a sandwich. Try a handful (12 crackers) of whole-wheat Triscuits with four one-inch cubes of low-fat cheddar or Swiss cheese, three-quarters cup of chicken vegetable soup, a cup of cantaloupe balls, a serving (about a third of a cup) of egg salad made with a hard-boiled egg and a tablespoon of regular mayonnaise, and a cup of reduced-sodium V-8 juice. That covers the food groups for about 690 calories.

Cafeteria advice Your teen may balk at carrying lunch to school, preferring to buy what's offered in the

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Ryan Homes

cafeteria. Most districts post secondary-school lunch menus on their Web sites; check them out with your teen and talk about making smart selections in the food line.

Rather than tell your teen he can't choose certain items, steer him toward the more healthful ones. If a salad bar or taco bar is available, it's easy to make a meal that contains vegetables (go for a rainbow of colors), fruit, meat or beans, dairy (but go easy on the cheese) and whole grains (a corn taco). Some schools have vegetarian and vegan options; explore these with your teen, as they often are the most healthful choices.

Ages 9-13

A sedentary preteen girl needs 1,600 calories a day, while an active girl needs up to 2,200. A boy's range is 1,800 to 2,600. Divide by three!

Sample lunch: A sandwich made with two pieces of whole-grain bread, two slices of deli turkey, a dab of mayonnaise and a slice of cheese. Add an apple and a cup of baby carrots, plus one or two tablespoons of reduced-fat dressing and some reduced-fat milk (or calcium-fortified soy or almond milk). That's about 630 calories.

Cafeteria advice: Many districts offer the same meals to middle-schoolers as to high-schoolers, posting menus under a "secondary school" heading. Investigate those menus with your tween.

Ages 4-8

A sedentary little girl needs just 1,000 calories a day; an active one needs up to 1,800. For boys, it's 1,400 to 2,000. That makes for some tiny lunches!

Sample lunch: The classic peanut-butter-and-jelly sandwich is a great choice if you use two slices of whole-grain bread, two tablespoons of peanut butter and a tablespoon of reduced-sugar jelly. Pair it with a half-cup of pineapple chunks, a half-cup of celery sticks and a cup of reduced-fat milk. That's about 525 calories.

Cafeteria advice: Elementary-school menus tend to offer fewer options than those for older kids. The daily special, often macaroni and cheese or chicken nuggets, isn't always the best choice. Encourage your child to go for the everyday option, which typically features simple items such as a PB&J, a cheese stick, fresh fruit or fruit cups, vegetables and milk.

: * *

These are just examples; you'll want to mix things up so your kids don't get bored. And once in a while, says atinder Bhatia, who chairs the American Academy of Pediatrics Committee on Nutrition, let your kids splurge on a treat that doesn't fit neatly into one of the slots. "We are human beings," Bhatia says. "We need variety."

Just stick to the guidelines as often as possible, he says, and aim to balance out the food categories by the end of the week. "You don't have to balance every day."

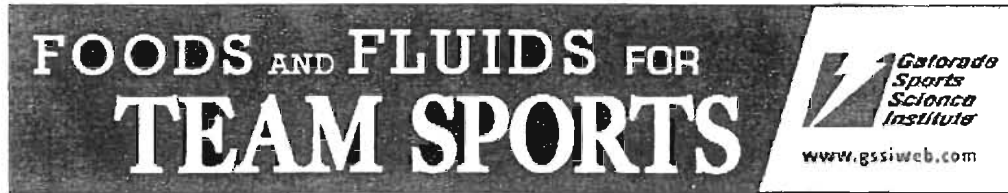
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Foods and Fluids for Team Sports

Susan Kundrat, M.S., R.D., L.D.

08/13/2004



Most athletes know that being part of a team requires them to think and set goals as a group. Competitors in stop-and-go team sports like basketball, soccer, volleyball, baseball, and hockey understand the importance of speed, agility, and power. These athletes also need to know that nutrition and hydration will fuel their team to victory.

Foods: Pre-Workout Fuel

Athletes should fuel their bodies 2 to 3 hours before practices and games with a high-carbohydrate meal or snack (see "Pre-Workout Meal Ideas"). This will give the body enough energy to make it through the workout.

- **Team leaders can organize pre-game meals for the whole team**, including high-energy foods like breads, cereals, pasta, rice, fruits, and vegetables — as well as lean sources of protein. Athletes should fill 2/3 of their plates with high-carbohydrate options.
- **Before exercise, players should eat foods they know work well for them.**
- **Athletes should replace the sodium lost in sweat** — especially for heavy crampers. Athletes can do this by regularly salting their food, eating some salty snacks like pretzels, crackers, and soups and favoring sports drinks over water during training and games.

Pre-Workout Meal Ideas

Menu #1	Menu #2	Menu #3
Ravioli with meat sauce	Ham/veggie sandwich on whole grain bread	Baked chicken breast
Italian bread	Fresh fruit salad	Rice pilaf
Steamed vegetables	Fig bars	Steamed broccoli
Salad with lowfat dressing	Sports drink	Fruit yogurt
Canned fruit		Fruit juice
Lowfat/nonfat milk		

Foods: Post-Workout Fuel

Athletes burn up muscle energy stores during a workout. So it's important that athletes:

- Replenish muscle energy stores by choosing carbohydrate-rich foods within 30 minutes after a practice or game and again within 2 hours.

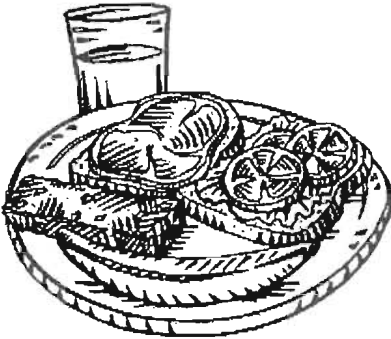
- Have snacks like cereal mixed with peanuts and raisins, an energy bar, and a sports drink to refuel fast.

Easy Access to Snacks

Many athletes run from school directly to practices and have no time to stop for a high-energy snack to boost energy for performance. To stay fueled, athletes should keep healthy snacks accessible in their backpacks, lockers and coolers.

Backpack and Locker Snacks	Cooler Fuelers
<ul style="list-style-type: none">▫ Granola and cereal bars▫ Energy bars▫ Dried fruit such as raisins, apricots, apples, or peaches▫ Dry cereal▫ Pretzels▫ Graham crackers and peanut butter▫ Oatmeal cookies▫ Fig bars▫ Animal crackers▫ Juice boxes▫ Sports drinks	<ul style="list-style-type: none">▫ Gatorade® Thirst Quencher▫ 100% fruit juice▫ Lowfat/nonfat milk single-servings▫ Cheese sticks▫ Yogurt cups and squeeze tubes▫ Pudding cups▫ Fresh fruit and/or fruit cups▫ Fresh veggies▫ Peanut butter, turkey, ham, or roast beef sandwiches

Eat Well On the Road



Making good food choices while on the road can be tough, especially when restaurant options are limited. However, it's important for athletes to pay attention to nutrition both at home and away. There are plenty of options even at fast food restaurants that will fuel the body for optimal performance.

Good Fast Food Choices

- Pancakes, scrambled eggs, waffles, cereal, English muffins, Ham, Canadian bacon
- Lowfat sandwiches like turkey, ham, roast beef, or veggie submarines, or grilled chicken breast, ham, or lean roast beef sandwiches
- Two regular hamburgers or cheeseburgers
- Tacos, burritos, refried beans, and rice
- Salads with grilled chicken breast, turkey, or ham, extra vegetables and a small amount of light dressing
- Baked potatoes, chili, and mashed potatoes (easy on the toppings)
- Lowfat/nonfat milk, 100% juices, or milkshakes

*Good Sit Down Choices**

- ↳ Proteins like chicken breast, or eggs with fruits and vegetables (e.g. salad, steamed vegetables, fresh fruit, fruit salad, or canned fruit).
- ↳ Grains like pancakes, toast, bagels, bread, rice, or pasta (with meat sauce or marinara).
- ↳ Fresh salads, vegetables, fruits, pasta salads, lean meat slices, and soups. (Go easy on dressings and salads with creamy mayonnaise-type dressing.)
- ↳ Lowfat/nonfat milk, 100% fruit juices, fruit smoothies, milkshakes.

Fluids: Hydration is Key

Water is a key component of the athlete's body, making up 60 to 65 percent of total body weight.

- ↳ If athletes lose too much fluid in sweat without replacing what they've lost in both fluids and important electrolytes (like sodium and potassium), they risk becoming dehydrated.
- ↳ Dehydration can diminish energy and impair performance. Even a 2-percent loss of body weight through sweat (i.e., 3 pounds for a 150-pound player) can put athletes at a disadvantage. Some athletes, however, lose more than a gallon of sweat during a practice or game, especially in hot weather.

How to maintain peak performance

Athletes who train in hot and humid conditions, whether it's outside or in a gym, and don't properly replace their fluids run the risk of dehydration. Because dehydration can take a serious toll on performance, it's important for athletes to know how to get plenty of fluid:

Remember fluids throughout the day.

This may be as simple as grabbing a sports drink first thing in the morning, then using fountains, coolers, and cafeteria beverages as triggers for drinking throughout the day.

Hydrate 2 to 3 hours before practices and competitions.

Athletes should aim for at least 16 ounces (2 cups) of fluid at this time and an additional 8 ounces

(1 cup) 10 to 20 minutes prior to getting into competition.

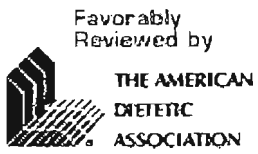
Drink during workouts or competition.

Sports drinks, like Gatorade, can help ward off dehydration and muscle cramps because they help replenish both fluid and electrolytes (i.e., sodium and potassium) lost in sweat without overdrinking.

*Balance the meal with protein, carbohydrates, fruits, and vegetables

1 Gisolfi, C.V. and D.R. Lamb. Perspectives in Exercise Science and Sports Medicine: Fluid Homeostasis During Exercise, Chapt 1 pp. 1-38, 1990.

2 Gopinathan, P.M. et al. Arch Environ Health, 43:15-17, 1998



Foods & Fluids Series: Volume I, TEAM SPORTS is one in a series of six sports science articles written by Susan Kundrat, M.S., R.D., L.D., an expert in sports nutrition. Any of these articles can be reproduced for educational purposes to distribute to athletes, students, parents or to post in the athletic training room, locker room, or weight room.

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On the Road Again: How to Choose High-Performance Foods When Traveling

Suzanne Nelson Steen, D.Sc.,R.D.

12/31/1999



In this issue:

Choosing High-Performance Foods When Traveling

- Fluids
- Pack it!
- The local grocery store
- What about low-carbohydrate choices?
- Quick tips
- Food choices
- Bring a nutritionist to your team



Ask Dr. Bob

Visit GSSIweb.com

Making wise food selections is important for athletes because doing so can positively impact training and competitive performance. However, traveling can often make it difficult to consistently make the right food choices. In this issue of Gatorade Sports Performance News, we asked Dr. Suzanne Nelson Steen, the Director of Sports Nutrition Services at The University of Washington, to provide some practical suggestions for eating wisely on the road.

We hope you find this information useful.



Robert Murray, Ph.D., FACSM
Director, Gatorade Sports Science Institute

On the Road Again...How to Choose High-Performance Foods When Traveling
Suzanne Nelson Steen, D.Sc.,R.D.

Eating on the road can pose a challenge for athletes striving to maintain a training diet that has adequate energy, carbohydrate, protein and fluids. Here are some guidelines for choosing high-performance foods and fluids while traveling.

Fluids.

It's easy to become dehydrated while traveling, especially on airplanes. To prevent dehydration:

- Drink at regular intervals throughout the day.
- Carry sports drinks and water with you.
- Limit caffeinated and alcoholic beverages as they are diuretics and promote fluid loss.

[Back to Top](#)

Pack It!

Take nutrient-dense foods along for the trip. This is especially important when traveling to a foreign country, where familiar foods may be harder to find and food-borne illness may be a concern. Pack:

- Sports bars, granola bars

- Dried or regular fruit, nuts and trail mix
- Pretzels or baked chips
- Whole-grain crackers, bagels, breads, rolls, muffins
- Peanut butter and jelly
- Cans/packets of tuna or chicken
- Nutrition shakes

[Back to Top](#)

Make a trip to the local grocery store.

Meals can be made in a hotel room if there is a microwave and refrigerator available. Some easy-to-prepare meals are:

Breakfast	Lunch	Dinner
<ul style="list-style-type: none">• Bowl of cereal, milk and a banana➤ Bagel with peanut butter, orange juice➤ Cottage cheese, canned peaches, orange juice	<ul style="list-style-type: none">➤ Turkey sandwich, apple, oatmealraisin cookies, and milk➤ Peanut butter and jelly sandwich, baby carrots, granola bar, cranberry juice	<ul style="list-style-type: none">• Roast beef and cheese sandwich, chocolate chip cookie, juice➤ Cheese/chicken quesadilla with salsa, lemonade➤ Salad with romaine, tomatoes, carrots, tuna, cheese, apple and milk

[Back to Top](#)

What about low-carbohydrate choices?

Low-carb foods are everywhere – from restaurants to grocery stores to health clubs. However, these foods are usually not the best choice for athletes. Significantly cutting carbohydrates hurts performance by reducing speed, strength and stamina.

[Back to Top](#)

Quick tips:

- Athletes should fuel their bodies two to three hours before practices, events and games with a high-carbohydrate meal or snack.
- Team leaders can organize pre-game meals for the whole team, including high-energy foods like breads, bagel, pasta or rice.
- Athletes should fill 2/3 of their plates with high-carbohydrate options for quick energy—and the rest with high-protein, low-fat items such as grilled chicken, turkey or lean roast beef.
- When eating at a restaurant, athletes should look carefully at the menu to see how food is prepared. Words such as fried, crispy, creamed and au gratin all suggest high-fat content. Better choices are steamed, broiled, stir fried and poached.

Suzanne Nelson Steen, D.Sc., R.D., is the Director of Husky Sports Nutrition Services for the Department of Intercollegiate Athletics at the University of Washington in Seattle.

[Back to Top](#)

Food Choices:

Breakfast

Look for:

- ▷ Pancakes, french toast, waffles
- ▷ English muffins, bagels, toast with jam, low-fat cream cheese or peanut butter
- ▷ Scrambled eggs, soft-boiled egg, breakfast burrito
- ▷ Cereal (hot or cold)
- ▷ Lean meats such as Canadian bacon, ham, turkey or veggie sausage
- ▷ Low-fat yogurt, cream cheese and cottage cheese
- ▷ Low-fat muffins, fruit/oatmeal bar
- ▷ Skim or 1% milk
- ▷ Fresh fruit, fruit juice, smoothie

Limit/Avoid:

- ▷ High-fat meats such as sausage, bacon, corned beef hash
- ▷ Hash browns
- ▷ Gravy
- ▷ Donuts, biscuits or croissants

Lunch and Dinner

Deli/sub

Look for:

- ▷ Sandwiches with turkey, ham, roast beef, chicken
- ▷ Wraps with chicken, shrimp, fish, veggies, tofu
- ▷ Salads/salad bars – include veggies and fruit for carbohydrate. For protein include cheese, nuts, seeds, eggs, kidney beans, garbanzo beans, cottage cheese or plain tuna
- ▷ Light/fat-free mayo, light/fat-free salad dressings

Limit/Avoid:

- ▷ Sandwiches made with high-fat meats such as salami or bologna or with tuna salad
- ▷ Regular "mayo," "special sauces," regular salad dressings
- ▷ Mayonnaise-based potato or pasta salads, macaroni and cheese
- ▷ Fried chicken wings, nuggets

Asian

Look for:

- ▷ Chicken chow mein, chop suey, rice noodles
- ▷ Steamed vegetables and rice
- ▷ Stir-fry vegetables with shrimp/chicken/pork/beef, tofu

- Hot-and-sour soup, Wonton soup
- Fresh spring rolls

Limit/Avoid:

- Deep-fried items such as egg rolls, wontons, sweet-and-sour pork or shrimp
- High-fat meats such as spare ribs
- Fried chow mein noodles, fried rice
- High-fat sauces such as peanut, coconut, lobster sauce

Italian

Look for:

- Vegetarian antipasto
- Low-fat sauces such as marinara, marsala, tomato or red clam sauce
- Grilled vegetables
- Pizza with veggies, chicken, Canadian bacon
- Salads (chicken, shrimp, mixed greens, spinach)
- Spinach, mushroom tortellini
- Minestrone soup and bread sticks

Limit/Avoid:

- High-fat meats such as pepperoni or sausage
- High-fat sauces such as alfredo, gorgonzola and pesto
- Garlic or cheese bread

Mexican

Look for:

- Chicken, shrimp, beef, pork, bean burritos, soft tacos, fajitas, enchiladas, tostados or quesadillas
- Salsa, baked tortilla chips
- Gazpacho soup, tortilla soup
- Spanish rice
- Vegetarian refried beans, black/red beans

Limit/Avoid:

- Taquitos (deep fried)
- Nachos
- Cream-based sauces (pollo a la crema)
- Guacamole, sour cream
- Refried beans with lard

[Back to Top](#)

Bring a Nutritionist to Your Team

Have you ever had a sports nutritionist speak to your team? Gatorade and the American Dietetic Association have teamed up to create the Performance Challenge, a tool Sports Nutritionists can bring to your team to teach them about nutrition and hydration in a fun, interactive way.

Visit www.performancechallenge.com to find a nutritionist in your area who can present the Performance Challenge to your team.

[Back to Top](#)

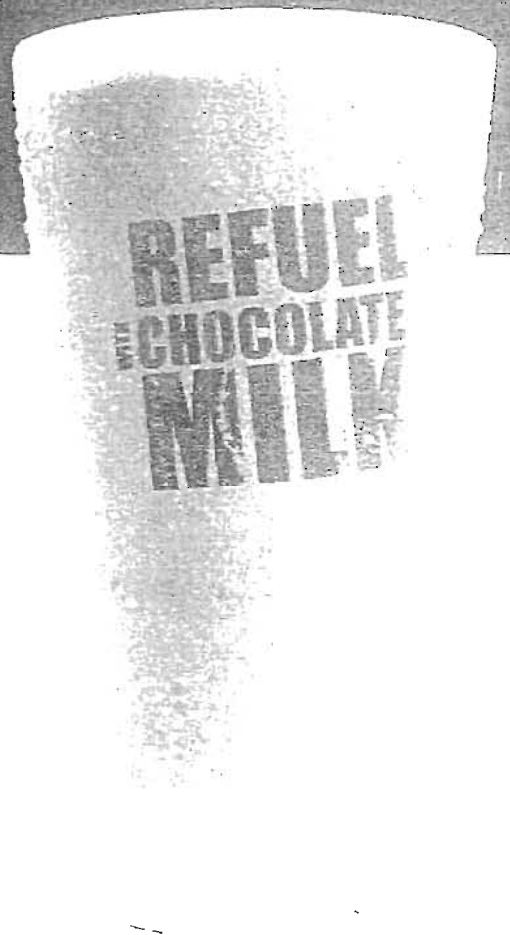
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The workout's finished.
The body isn't.
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When the final whistle blows, it's time for student athletes to Refuel with Chocolate Milk. The first two hours after the workout is when the body's real work begins—building and repairing muscles. That takes protein, and lowfat chocolate milk is a natural source of high quality protein. Plus it's packed with essential nutrients not typically found in other sports drinks including calcium and vitamin D, which can help prevent stress fractures and broken bones. Discover the research that supports milk as an effective post-workout beverage at milkdelivers.org.

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CHOCOLATE MILK



PREVENTION OF HEAT-RELATED ILLNESS



Safety & Security Fact Sheet

Physical education teachers, coaches, and playground monitors should be aware of the conditions that may cause heat-related illnesses, learn to recognize their signs and symptoms, and be prepared to take preventive action.

The combination of high air temperature, high humidity, and physical exertion can be deadly to anyone at work or play. The higher the humidity, the more dangerous the air temperature becomes as the humidity reduces the cooling effect of perspiration evaporating from the skin. Strenuous exercise compounds this effect as the loss of body fluids creates an imbalance of electrolytes, adversely affecting blood pressure and muscle activity.

THERE ARE FOUR TYPES OF HEAT RELATED ILLNESSES.

- ✓ Heat Syncope: Fainting or near fainting following dizziness, usually while running or a sudden change in position. Caused by a drop in blood pressure as the brain is deprived of oxygenated blood.
- ✓ Heat Cramps: Tightening or spasm of active muscles, without loss of consciousness. Caused by an electrolyte imbalance.
- ✓ Heat Exhaustion: Dizziness, fatigue, nausea, and vomiting may be accompanied by irrational behavior or belligerence and some muscle cramping. Loss of consciousness may occur.
- ✓ Heat Stroke (Sun Stroke): Acute medical emergency. Extremely high body core temperature, 106-108°F, perspiration ceases (hot, dry skin), disorientation, muscle twitching, convulsions, coma, and possible death.

TREATMENT:

For heat syncope, heat cramps, and heat exhaustion move victim to a cooler, shaded area, elevate feet (or lower head), loosen or remove clothing, offer fluids by mouth, and cool skin with wet compresses or a fan. Activate the emergency medical system (EMS) - dial 911.

For heat stroke, activate the EMS. Oral fluid intake is not likely, but the other steps described above should be taken while waiting for the arrival of the rescue squad.

PREVENTION:

- ✓ Follow guidelines for restricting activities based on the heat stress index. See chart on reverse side. Temperature and relative humidity can be determined through the use of a sling psychrometer or can be obtained from weather broadcasts.
- ✓ Athletes should exercise preconditioning, heat acclimatization, and water replacement regimens.
- ✓ Wear lightweight, light colored, loose clothing. Limit or discontinue use of protective equipment (helmets and shoulder pads), and modify practice to maintain safe conditions.
- ✓ Provide cold water in readily accessible, sanitary dispensers. Service in disposable paper cups is preferred.
- ✓ Learn to recognize those children who may be predisposed to heat illness-victims of chronic disease, obesity, previous history, etc. and watch them closely.

Hazy, hot, and humid weather creates another hazard as ground-level ozone builds up to unhealthful levels. The Metropolitan Washington Council of Governments issues a Code Red Alert on these days, warning that the unhealthful air quality can have an adverse effect on the general population, especially with prolonged outdoor activity, and is harmful to the very young, the elderly, and anyone with respiratory disease. Additional information on the Ozone Alert and the Air Quality Index is available at: www.mwcoq.org/environment/air/forecast/ and at www.deq.state.va.us/ozone/

For more information, visit our web site, www.fcps.edu/fts/safety-security/factsheets/seh-15.pdf
If you need assistance, call the safety section at 703-658-3770.

FCPS PROTOCOL FOR HEAT RELATED ILLNESSES

MUSCLE CRAMPS

The majority of muscle cramps during intense activity in heat stressful environment are caused by a deficient electrolyte level. Immediate relief of the cramp is recommended by placing the effected muscle on stretch with simultaneous massage to break spasm. Increasing the sodium intake through a specialized commercial fluid replacement such as Endurance Formula ® by Gatorade and through foods may offset any future problems. Evaluation of hydration status using a refractometer to evaluate urine Usg is recommended prior to return to activity.

HEAT EXHAUSTION

Symptoms include changes in central nervous system (CNS) such as confusion, disorientation, headache, blurred vision, irritability, loss of coordination, etc. with a core temperature of less than 104 degrees. Because the assessment of core temperature is not appropriate or easily accessible in the high school setting, the evaluation process is determined by the results of the immediate care. The immediate care protocol for athletes suffering any CNS changes while exercising in extreme conditions is to cool the athlete as quickly as possible. Removal of all protective equipment and non-essential clothing immediately followed by full body immersion in cold water is recommended. Resolution of symptoms within minutes of treatment would indicate the athlete has suffered from heat exhaustion and should be closely monitored for several days following incident with a gradual return to exercise and participation based on the severity of the heat illness.

HEAT STROKE

Symptoms closely resemble heat exhaustion, changes in central nervous system, with the exception of a core temperature at 104 or above. Because the assessment of core temperature is not appropriate or easily accessible in the high school setting, the evaluation process is determined by the results of the immediate care. The immediate care protocol for athletes suffering any CNS changes while exercising in extreme conditions is to cool the athlete as quickly as possible. Removal of all protective equipment and non-essential clothing immediately followed by full body immersion in cold water is recommended. CNS changes that do not immediately resolve upon attempts at full body cooling would indicate the athlete may be suffering from heat stroke and should immediately be transported to the emergency receiving facility.

It is highly recommended adequate provisions are available during extreme heat conditions to provide full body immersion such as a wading pool or plastic to create a trough to capture water.

**Fairfax County Public Schools Athletic Training Program
Protocols Governing Extracurricular Activity during Extreme Hot and Humid Weather
Conditions**

WET BULB TEMPERATURE RECOMMENDATIONS

Level	FWBT	Duration	Attire	Fluid Consumption	Comments
1	Less than 60°	3 hours maximum	Full gear	Insist that adequate fluid be ingested	Never restrict water consumption
2	60.1° - 65.9°	3 hours maximum	Full gear	Insist that adequate fluid be ingested	Provide minimum of 2 water breaks per hour
3	66° - 74.9°	3 hours maximum	Full gear	Insist that 4 – 6 oz minimum fluid be ingested every 20 minutes	Provide minimum of 3 water breaks per hour
4	75° - 76.9°	3 hours maximum	Remove helmets unless active in drill	Insist that 6 – 8 oz minimum fluid be ingested every 20 minutes	Monitor athletes, rest as needed.
5	77° - 78.9°	3 hours maximum, every 45 minutes of work > 15 minutes of rest each hour ^a	Protective equipment removed for non-contact drills	Insist that 8 – 10 oz fluid be ingested every 15 minutes	Removal of helmet unless active in drill, removal of pads (ie: shoulder pads) when teaching or non-contact portions of practice exceed 10 minutes in length
6	79° - 80.9°	3 hours maximum every 45 minutes of work > 15 minutes of rest each hour ^a	Shirt, shorts only No helmets or equipment	Insist that 8 – 10 oz fluid be ingested every 15 minutes.	Reduce intensity of activity, no equipment or helmets
7	81° - up	NO OUTDOOR PRACTICE	The Heat Policy also applies to indoor practice	Re-hydrate 24 oz for every pound of body weight loss per day.	Practices conducted indoors must follow the Heat Policy

RED ALERT DAYS - When the Council of Governments (COG) issues a RED ALERT all outside athletic activities will be suspended between 11 am and 6 pm unless the air quality improves. Changes to the air quality forecast will be available after 2pm and information provided to ATC's via Cingular/AT&T Blackberry E-mail.

RECOMMENDATIONS:

- Replace fluids at a rate of 24 fluid ounces for every pound of body weight lost after exercise.
- Encourage athletes to wear light colored, loose clothing during activity in hot weather.
- Encourage athletes to wear sunscreen on exposed skin during hot, sunny conditions.
- Make readily available an adequate fluid supply to athletes at all times during activity in hot weather.
- Recommend replacement of sodium (sports drinks, salty foods) if dehydrated, or when activity continues over multiple days of heat stress conditions
- Discourage athletes from taking caffeine, energy, ergogenic, and/or dietary supplements such as ephedra containing products as these products may cause an increase in dehydration and heat related illness and/or injury.
- The following athletes are at increased risk for heat related illness/injury and should be monitored closely or placed on a modified participation schedule
 - ⇒ Individuals poorly acclimatized, overweight, or poorly conditioned
 - ⇒ Athletes having a pre-existing dehydrated state (recent fever or gastro-intestinal illness) or pre-existing heat injury
 - ⇒ Athletes taking certain medications including diuretics, antihistamines, beta blockers and anticholinergics
 - ⇒ Overweight athletes

Recommendations are consistent with
NATA, ACSM, and NCAA guidelines.

FCPS FLUID REPLACEMENT PROTOCOL

In an effort to comply with recommendations by the NATA regarding fluid replacement and prevention of heat related conditions in athletics, FCPS Athletic Trainers shall provide educational information regarding heat related illness and conditions to student athletes, coaches and parents. Each school should have a Fluid Replacement Protocol and Heat Injury/Illness Prevention Program in place.

Provision of water during all practice and competition is essential. Provision of fluid replacement beverages containing a 6% - 7% CHO is highly recommended. Fluid replacement should be encouraged at regular intervals during all activity with emphasis in hot and/or humid conditions. All schools should adhere to the FCPS Heat Guidelines regarding recommendations of practice time, frequency of water breaks and equipment worn.

A brief educational presentation on fluid replacement and heat injuries should be conducted to all athletes and coaches including the following:

- Encourage athletes to begin conditioning before the start of team practices to ensure that athletes are properly physically fit and acclimated to the heat
- Consume fluids before, during and after practices, athletes should be encouraged to drink fluids in the amount equal to the fluid loss based on individual needs. Monitor at-risk athletes closely
- Avoid drinks containing caffeine, such as coffee and colas
- Avoid consumption of ephedra and substances containing ephedra
- Begin all physical activity well hydrated
- Use the shade, keep the body as cool as possible - whenever possible
- Recommend wearing loose fitting, light colored attire during activity when hot
- Remove equipment whenever possible to allow the body to cool more efficiently during breaks in practice and games
- During periods of high heat stress, increase sodium intake through salty foods and sports drinks
- Several short fluid breaks with short activity bouts during practice in the heat provide for improved fluid replacement than fluid breaks occurring between longer activity sessions
- Encourage athletes to "speak up" if they are not feeling well

Educate athletes, parents and coaches regarding the signs and symptoms of heat illness and dehydration, such as thirst, irritability and general discomfort, followed by headache, cramps, chills, vomiting, nausea, head or neck heat sensations and decreased performance.



Water is not Enough

What You Need:

Carbohydrates Provides energy for working muscles to enhance performance.¹⁻⁷

The combination of sucrose, glucose and fructose in Gatorade assures rapid fluid delivery and optimized use of carbohydrate by the body.

Gatorade is a 6% carbohydrate solution (14g per 8 oz), which is an optimal amount to speed fluids and energy to the body. 8% or greater carbohydrate slows⁸⁻¹² intestinal fluid absorption and offers no additional physical performance benefit over 6% carbohydrate.^{3,7,13}

Electrolytes Delivers the electrolytes (sodium, potassium and chloride) that athletes lose through sweat.

The sodium, potassium and chloride in Gatorade help replace amounts lost in sweat,^{10,14} help maintain electrolyte levels in the blood,¹⁵ and stimulate more rapid, complete rehydration than do fluids with little or no electrolytes.^{15,16}

Fluids Rehydrates and quenches thirst with flavors that keep athletes drinking.

Hydration is critical to maximize athletic performance. Even slight fluid losses that are not replaced (as little as 1%-2%, or 2-4 lbs. for a 200 lb. athlete) can impair physical and mental performance.¹⁷

Nothing speeds fluid back to an athlete's body faster than Gatorade.⁸⁻¹²

Research has shown that athletes will drink more of a flavored beverage¹⁸ and stay better hydrated than when drinking one without flavor.¹⁹

What You Don't Need:

- **Water alone.** While water is a great thirst quencher, it is a poor rehydrator. It has no carbohydrates for energy, no electrolytes, and no flavor.
- **Vitamins.** Studies fail to show a performance benefit to adding vitamins to a sports drink.^{4,20}
- **Protein.** Supplemental protein or amino acids in a sports drink is not beneficial for performance or energy recovery.^{20,21}
- **Caffeine.** Caffeine acts as a diuretic, leading to further dehydration.^{16,22}
- **Carbonation.** Carbonation causes throatburn and can cause bloating and stomachache.²³
- **Herbs.** No studies show a performance benefit from adding herbs like ginkgo biloba or ginseng to a sports drink. Such additives may also have adverse side effects.²⁰



What to look for in a sports drink

✓ More than water

Once you break a sweat, water just isn't enough. Your body needs carbohydrate for energy and to replace the electrolytes you lose through sweat.

✓ The right level and mix of carbohydrate

Gatorade is a 6% carbohydrate solution (14g per 8 oz), which is a research-confirmed amount to speed fluids and energy to the body. Drinks with 8% carbohydrate (19g/8oz) or greater slow gastric emptying and intestinal fluid absorption^{11,16-19} and offer no additional physical performance benefit^{3,6,20} over 6% carbohydrate.

The combination of carbohydrates in Gatorade – a scientific mix of sucrose, glucose and fructose – assures rapid fluid delivery. Drinks with only fructose or high levels of fructose should be avoided because they can't be absorbed as fast and can cause digestive distress.⁴ Maltodextrins or glucose polymers, whether from rice carbohydrates or other sources, offer no advantage in fluid or energy delivery.

✓ Sodium and potassium

The sodium and potassium in Gatorade help replace amounts lost in sweat,^{21,22} help maintain electrolyte levels in the blood,²³ and stimulate more rapid, complete rehydration than do fluids with little or no electrolytes.¹⁴ Most beverages don't have enough – one reason they are less effective. Potassium should also be replaced in proportion to the amount lost in sweat – look for at least 28mg per 8 oz, the minimum lost in sweat.¹²

✓ Right taste when you're active

Taste preferences change when you're active. Research has shown that athletes will drink more of a flavored beverage¹⁵ and stay better hydrated than when drinking one without flavor.²² If a beverage doesn't taste good when you're hot and sweaty, you won't drink enough. Because of this, people often replace only a small portion of their sweat loss.²³

✓ Physiology, not FIZZiology

Forget the fizz. Carbonation can cause bloating and stomachache.¹⁷ It also "burns" the throat, making a drink much more difficult to gulp down.²⁴

✓ NO caffeine

Avoid caffeine when you're active because it acts as a diuretic, leading to increased fluid loss.^{14,25}

Follow these Fluid Intake Guidelines*

*Based on the volume recommendations of the National Athletic Trainers' Association[®]

BEFORE EXERCISE:



Drink **17-20 oz**
2-3 hours **Before** events
Drink another **7-10 oz** 10-20
minutes **Before** events

✓ Water doesn't give you all you need

Water lacks the taste to keep you drinking and can "turn off your thirst" before you're rehydrated.²² Water also lacks the electrolytes and energy you need to perform your best. If you're looking for performance, you need Gatorade.

DURING EXERCISE:



During: Drink
28-40 oz of fluid per
hour (at least 7-10 oz
every 10-15 minutes)



✓ Drink on a schedule, not just when you're thirsty

Thirst is not a good indicator of fluid needs. By the time you're thirsty, you're already dehydrated. Drink every 10 - 15 minutes during workouts.

AFTER EXERCISE:



After: Drink at least **20 oz**
per pound of weight loss within 2
hours of finishing training
or competition

✓ Don't dilute Gatorade

Gatorade is formulated to provide the greatest benefits when it is consumed without dilution.²²

Research shows that full-strength Gatorade is absorbed just as fast as water²³ and that dilution does nothing to speed up fluid delivery.²⁴

✓ Fruit juice is great, except for sports

It can cause G.I. distress (gas and bloating) during activity. Also, diluted fruit juice won't rehydrate you the way Gatorade does.²²

1. Balesar, P.R. et al. Med Sci Sports Exerc 27: 2002-10, 1995. 2. Davies, J.M. et al. Amer J Clin Nutr 48: 1023-30, 1988. 3. Murray, R. et al. Eur J Appl Physiol 59: 152-158, 1989. 4. Murray, R. et al. Med Sci Sports Exerc 27: 1057-1062, 1995. 5. Fritzsche, R.G. et al. J Appl Physiol 68: 730-737, 2000. 6. Davies, J.M. et al. Eur J Appl Physiol 57: 563-569, 1988. 7. Smith-Roe, T.J. et al. Sports Med 26: 502-503, 1998. 8. Davos, J.M. et al. Int J Sports Med 20: 309-314, 1999. 9. Mariani, K.L. et al. FASEB J 13: A1050, 1999. 10. Davis, J.M. et al. Int J Sports Nutr Exerc Metab 10: 476-485, 2000. 11. Rymer, A. et al. J Appl Physiol 64: 1581-1588, 1988. 12. Meyer, F. et al. Med Sci Sports Exerc 24: 776-781, 1992. 13. Vignier, D.M. et al. J Appl Physiol 66: 1847-1851, 1989. 14. Gonzalez-Alonso, J. et al. Int J Sports Med 13: 399-406, 1992. 15. Passo, D. et al. Appetite 33: 219-229, 2000. 16. Murray, R. et al. Int J Sports Nutr 8: 253-274, 1999. 17. Proulx-Snyder, L. et al. Eur J Appl Physiol 79: 212-220, 1999. 18. Davis, J.M. et al. J Appl Physiol 63: 2060-2066, 1987. 19. Sini, K. et al. Med Sci Sports Exerc 27: 1607-1615, 1995. 20. Murray, R. et al. Int J Sports Nutr 8: 263-274, 1999. 21. Schmidt, H.P. et al. Med Sci Sports Exerc 26: 260-260, 1994. 22. Passo, D. et al. Med Sci Sports Exerc 31: S322, 1999. 23. Hazzwal, C.A. Int J Sports Nutr 8: 175-195, 1998. 24. Passo, D. et al. Int J Sports Nutr 7: 258-297, 1997. 25. Womptier, R. et al. Int J Sports Med 18: 40-46, 1997. 26. Casa, D.J. et al. J Appl Physiol 35: 212-224, 2000. 27. Balesar, P.R. et al. Int J Sports Nutr 7: 338-352, 1991. 28. Mandzica, J.R. et al. Med Sci Sports Exerc 32: S328, 2000. 29. Ripstein-Brown, A. et al. J Appl Physiol 68: 78-84, 1989. 30. Adopo, E. et al. J Appl Physiol 76: 1014-1019, 1994.

Sports Drinks vs. Water

Sports drinks are formulated to be even more effective than water for occasions when fluid, carbohydrate and electrolyte replacement are needed, such as an intense workout, competition or practice. Water doesn't have the performance benefits of sports drinks.

INGREDIENTS	BEVERAGES	
	Gatorade	Water
Flavor	<ul style="list-style-type: none"> Has light flavoring which encourages people to drink more so they fully rehydrate.¹ 	<ul style="list-style-type: none"> Lack of flavor keeps you from drinking enough to fully rehydrate
Carbohydrate	<ul style="list-style-type: none"> Contains carbohydrate (14g/8oz) to provide energy to working muscles so you can go longer and stronger.² Gatorade is absorbed by the body as quickly as water.³ 	<ul style="list-style-type: none"> Provides no energy to enhance performance
Electrolytes: Sodium and Potassium	<ul style="list-style-type: none"> Contains a small amount of sodium (110mg/8oz) which gets you to drink⁴ and helps keep fluid in your system rather than losing it through urination.⁵ Helps maintain sodium balance in blood.⁶ 	<ul style="list-style-type: none"> Contains no sodium. Water stimulates kidneys to turn on urine production more than if you drank a sports drink with the proper amount of sodium. Does not replace electrolytes

¹Passe, D.M. et al. *Appetite*, 35:219-229, 2000.

²Below, P.R. et al. *Medicine and Science in Sports and Exercise* 27:200-210, 1995.

³Ryan, A.J. et al. *Journal of Applied Physiology* 84:1581-1588, 1999.

⁴Wilk B. and O. Bar-Or. *Journal of Applied Physiology* 80:1112-1117, 1996.

⁵Gonzalez-Alonso, J. et al. *Int J Sports Med* 13:399-406, 1992.

⁶Vrijens, D.M.J. and N.J. Rehrer. *Journal of Applied Physiology* 85: 1847-1851, 1999.



How to Read a Sports Drink Label

Key Points

- Look for sports drinks with 14 grams of carbohydrate per 8 oz to encourage rapid fluid replenishment (this is a 6% carbohydrate concentration to consume during exercise).
- Each ingredient in a sports drink (carbohydrate, water, sodium and potassium) performs an important function.

A sodium level of about 100-110 mg per 8 oz enhances the taste, facilitates absorption, and maintains body fluids. Diluted juices are severely lacking in this area. Generally speaking, lack of sodium, such as in water, and lower sodium levels in some other sports drinks may not stimulate voluntary drinking or help maintain fluid balance as does the higher sodium content in Gatorade.

Research shows that the 6% concentration of carbohydrate in Gatorade (14g/8 oz) allows for rapid fluid replacement and contributes to improved performance. Recent studies show that Gatorade stimulates fluid absorption faster than some other sports drinks with higher carbohydrate concentrations. (Gatorade is absorbed as fast or faster than water. Water has no carbohydrate and therefore provides no energy).

Protein: Research shows there are no immediate benefits during exercise from including amino acids (like branched-chain amino acids) or protein in a sports drink.

Nutrition Facts
Serving size 8 fl oz (240ml)
Serving Per Container 2

Amount Per Serving	% Daily Value*
Calories 50	
Total Fat 0g	0%
Sodium 110mg	5%
Potassium 30mg	1%
Total Carbohydrate 14g	5%
Sugars 14g	
Protein 0g	

Not a significant source of Calories From Fat, Saturated Fat, Cholesterol, Dietary Fiber, Vitamin A, Vitamin C, Calcium, Iron

*Percent Daily values are based on a 2,000 calorie diet.

INGREDIENTS: WATER, SUCROSE SYRUP, GLUCOSE SYRUP, GLUCOSE-FRUCTOSE SYRUP, CITRIC ACID, NATURAL LEMON AND LIME FLAVORS WITH OTHER NATURAL FLAVORS, SALT, SODIUM CITRATE, MONOPOTASSIUM PHOSPHATE, ESTER GUM, YELLOW 5.

The type of carbohydrate (as well as the %) affects sweetness and can reduce fluid intake if too sweet. High fructose levels can cause gastrointestinal distress because they slow absorption. Multiple carbohydrate sources are preferred because this helps stimulate fluid absorption.

The level of potassium (30mg/8 oz) as well as the sodium level should attempt to replace body losses in proportion to those levels lost in sweat.

Don't confuse the % Daily Value with the carbohydrate percentage of a beverage.

Vitamins and Sports Drinks: No data exist to show an immediate physiological benefit of adding any vitamins to a sports drink. In fact, some B vitamins adversely affect the taste of a beverage and could discourage adequate fluid intake.

Herbs and Sports Drinks: There have been no conclusive studies showing performance benefits from ginkgo biloba, ephedra and ginseng and some studies suggest these herbs may provide adverse side effects. Experts question the safety and benefits of other herbal additives such as guarana.

Calculate the carbohydrate % of any beverage:

To calculate the carbohydrate concentration of any beverage as a percentage, divide the amount of carbohydrate in one serving (in grams) by the amount of fluid in one serving (in milliliters), and then multiply by 100 (8 ounces equals 240 milliliters).

For Gatorade: $\frac{14 \text{ grams carbohydrate}}{240 \text{ milliliters}} \times 100 = 5.83$ or 6% carbohydrate concentration

¹ Davis, J. M. et al. *Int J Sports Nutr* 20:309-314, 1999

² Maughan, R.J. and R. Murray. *Sports Drinks. Basic and Practical Aspects*. Chapt. 9 pp. 225-265, 2001.

³ Vahedi, K. et al. *Journal of Neurology, Neurosurgery, and Psychiatry* 68:112-113, 2000.

⁴ Myerscaugh, M. *Aust Fam Physician* 17:1037-1040, 1992

Products Containing Ephedra

Ephedra, including products containing ephedrine alkaloids, ephedrine and synthetic ephedrine used as a weight loss, energy and ergogenic (performance-enhancing) aides, has been placed on the prohibited list within Risk Management, Office of Finance. It is prohibited to possess and/or consume any performance-enhancing, energy or dietary product containing any form of ephedra during school hours and activities.

It is recommended that student athletes not participate in activities while under the influence of ephedra, or any substance that chemically impacts cardiac output, without first consulting a physician. Research from American College of Sports Medicine (ACSM), American Medical Association (AMA), and others indicate potential adverse health risks associated with ephedra. These health risks include, but are not limited to, increased risk of heart irregularities, disturbances of the central nervous system, gastrointestinal problems, and stroke

Other names ephedra may be known as:

Ma Huang
Ephedra sinica
Chinese ephedra

Product list (this is only a partial list)

Metabolife 356	Ripped Force
Ripped Fuel	Diet Fuel
Extreme Ripped Force	Herba Fuel
GH Fuel	ThermiCare
MetaboLift	Xenadrine RFA-1
ETA Stack	UltraCuts
Ultimate Orange	Adipokinex
Vasopro	Thermogenic Power
ThermoPlex	Clenbutrx
MetaCuts	Diet Pep
Lipokinex	Dyman-Burne Xtreme
Beta Lean HP	Diurlean
Chinese Ma Huang	



Energy Products

Energy products intended for consumption as ergogenic (performance-enhancing) aids, that chemically impact cardiac output, have been placed on the prohibited use list by Risk Management. It is prohibited to possess and/or consume these products during school hours and school activities.

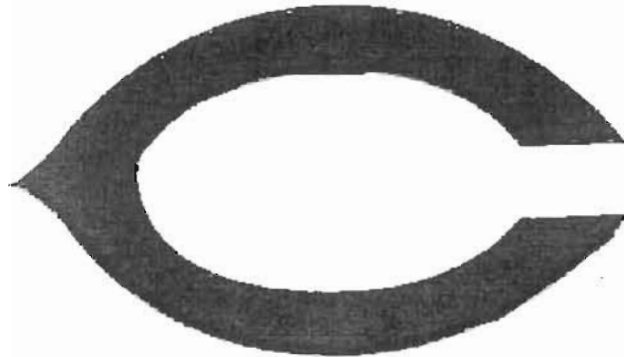
The health risks associated with use of these products include, but are not limited to, increased risk of heart irregularities including arrhythmias, disturbances of the central nervous system, gastrointestinal problems, and stroke. Many manufacturers state their products are not recommended for children.

Product list (this is only a partial list)

- BoKoo Energy Drink
- FRS Plus Antioxidant Energy Drink
- Kronik
- Red Bull
- Red Jack
- Monster Energy
- Monster-Khaos Energy Juice
- Twisted Chopper
- Orange County Choppers High Octane Fuel
- Ronin
- Rumba Energy Juice
- Sparks
- Go Fast
- Who's Your Daddy



Chantilly



Athletic Training

Steroid Education



POSITION STATEMENT ON ANABOLIC STEROIDS

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

EXISTING POLICIES/STANDS

The NFHS strongly opposes the use of anabolic steroids and other performance-enhancing substances by high school student-athletes. Such use violates legal, ethical and competitive equity standards, and imposes unreasonable long-term health risks. The NFHS supports prohibitions by educational institutions, amateur and professional organizations and governmental regulators on the use of anabolic steroids and other controlled substances, except as specifically prescribed by physicians for therapeutic purposes.

BACKGROUND

Anabolic, androgenic steroids (AAS) are synthetic derivatives of the male hormone testosterone. Natural testosterone regulates, promotes and maintains physical and sexual development, primarily in the male, but with effects in the female as well. Like testosterone, AAS have both an anabolic effect (increase in muscle tissue) and an androgenic effect (masculinizing effects that boys experience during puberty). No AAS is purely anabolic. As a result, the use of AAS won't lead to muscle growth without also leading to other unintended, undesirable side effects.

According to national surveys, the use of AAS among high school students has been decreasing since about 2001. There are no national studies that measure the extent of AAS use by high school student-athletes, although some states publish statewide prevalence data. Nearly one-third of high-school age steroid users do not participate in organized athletics and are taking AAS primarily to modify their physical appearance. Athletes who use AAS do so for two main reasons: 1) to gain strength and 2) to recover more quickly from injury.

AAS are controlled substances and are illegal to use or possess without a prescription from a physician for a legitimate medical diagnosis. Some AAS are used by veterinarians to treat pigs, horses and cows. In humans, medical uses of AAS include weight gain in wasting diseases such as HIV-infection or muscular dystrophy, absent gonadal function in males, and metastatic breast cancer in women. AAS should not be confused with corticosteroids, which are steroids that doctors prescribe for medical conditions such as asthma and inflammation. AAS are prohibited by all sports governing organizations.

FACTS ABOUT ANABOLIC STEROIDS

- Anabolic steroids are controlled substances and are illegal to possess or sell without a prescription for a legitimate medical condition by the prescribing physician.
- Androstenedione, norandrostenedione and other similar prohormones, at one time available over the counter as dietary supplements, are now defined as controlled anabolic steroids.
- Athletes who have injected anabolic steroids in high school have tested positive in collegiate drug tests – months after they stopped injecting.
- Athletes who have injected anabolic steroids are at greater risk for infections, HIV and hepatitis.

POTENTIAL NEGATIVE SIDE EFFECTS FROM THE USE OF ANABOLIC STEROIDS

- Decreased eventual height if consumed before growth plates have fused in pre-pubertal youngsters
- Secondary sex characteristic changes
- Increased acne
- Growth of body/facial hair in girls
- Loss of hair in boys
- Permanent voice-lowering in girls
- Violent, combative behavior
- Sexual dysfunction and impotence
- Mood swings, loss of sleep, paranoia
- Depression upon stopping use
- Organ damage and death from heavy use

PREVENTING ATHLETES FROM TAKING ANABOLIC STEROIDS

- School personnel, coaches and parents can reduce steroid abuse by speaking out against such use.
- Talk with your athletes about frustrations they may have about how they look or how they are performing in their sport. Help them establish healthy expectations of their bodies.
- Talk to athletes about realistic performance standards.
- Focus on proper nutrition and hydration. Work with a registered dietician to develop a plan for appropriate weight gain and/or weight loss.
- Don't trust Internet marketing messages about quick fixes.
- Restrict athletes' access to environments where steroid use might occur and to people who are involved with anabolic steroids.
- Don't subscribe to publications such as muscle magazines that depict unrealistic pictures of men and women.
- Help athletes understand that using anabolic steroids not only is illegal but also is cheating.
- Consider initiating a formal performance-enhancing, drug-education program to educate athletes and deter use.

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- Monitoring the Future: A Continuing Study of American Youth. <http://www.monitoringthefuture.org>.
- National Federation of State High School Associations. <http://www.nfhs.org>.
- Taylor Hooton Foundation, <http://www.taylorhooton.org>.
- The National Center for Drug Free Sport, Inc. <http://www.drugfreesport.com>.
- U.S. Anti-Doping Agency, Guide to Prohibited Substances and Prohibited Methods of Doping. 2008, <http://www.usantidoping.org>.

Laws and penalties for anabolic steroid abuse (cont'd)

an individual's first drug offense. The maximum penalty for trafficking is five years in prison and a fine of \$250,000 if this is the individual's first felony drug offense. If this is the second felony drug offense, the maximum period of imprisonment and the maximum fine both double. The period of imprisonment and the amount of fine are enhanced if the offense involves the distribution of an anabolic steroid and a masking agent or if the distribution is to an athlete. In addition, enhanced penalties exist for any athletic coach who uses his/her position to influence an athlete to use an anabolic steroid. While the above listed penalties are for federal offenses, individual states have also implemented fines and penalties for illegal use of anabolic steroids.

The International Olympic Committee (IOC), National Collegiate Athletic Association (NCAA), and many professional sports leagues (e.g. Major League Baseball, National Basketball Association, National Football League, and National Hockey League) have banned the use of steroids by athletes, both because of their potential dangerous side effects and they give the user an unfair advantage. The IOC and professional sports leagues use urine testing to detect steroid use both in and out of competition.

What can you do to help a friend who is abusing steroids?

The most important aspect to curtailing abuse is education concerning dangerous and harmful side effects and symptoms of abuse. Athletes and others must understand they can excel in sports and have a great body without steroids. They should focus on a proper diet, rest, and good overall mental and physical health. These are all factors in how the body is shaped and conditioned. Millions of people have excelled in sports and look great without steroids. For additional information on steroids please see our website at www.DEAdiversion.usdoj.gov

For more information:

**Please contact your nearest
DEA office**

Or

Visit one of our Internet Websites:

www.DEAdiversion.usdoj.gov

Or

www.dea.gov

U.S. Department of Justice
Drug Enforcement Administration
Office of Diversion Control



www.dea.gov

ANABOLIC STEROIDS

HIDDEN DANGERS



Presented as a public service by:

Department of Justice
Drug Enforcement Administration
Office of Diversion Control
Washington, D.C. 20537

March 2008

ANABOLIC STEROIDS

What are anabolic steroids?

Anabolic steroids are synthetic substances produced in a laboratory, whose chemical structure is similar to that of the male hormone testosterone. The synthetic hormones promote the storage of protein and the growth of muscle tissue. Both males and females have testosterone produced in their bodies: males in the testes, and females in the ovaries and other tissues. The full name for this class of drugs is androgenic (promoting masculine characteristics) anabolic (tissue building) steroids (the class of drugs). Some of the common street (slang) names for anabolic steroids include arnolds, gym candy, pumpers, roids, stackers, weight trainers, and juice.

Why do young people misuse steroids?

Anabolic steroids are primarily used by bodybuilders, athletes, and fitness "buffs" who claim steroids give them a competitive advantage or improve their physical performance. Steroids are purported to increase lean body mass, strength and aggressiveness. As a result, young people take steroids to increase their muscle size and strength and to reduce body fat which they believe improves personal appearance. For some young people appearance is the key to life.

Where do you get steroids?

Doctors may prescribe steroids to patients for legitimate medical purposes such as loss of function of testicles, breast cancer, low red blood cell count, delayed puberty or debilitated states resulting from surgery or sickness. Veterinarians administer steroids to animals (e.g. cats, cattle, dogs, and horses) for legitimate purposes such as to promote feed efficiency, and to improve weight gain, vigor, and hair coat. They are also

used in veterinary practice to treat anemia and counteract tissue breakdown during illness and trauma. The most common source of illegal steroids in the United States are smuggled products from foreign countries. Less often steroids found in the illicit market are diverted from legitimate sources (e.g. thefts or inappropriate prescribing) or produced in clandestine laboratories.

How are steroids taken?

Anabolic steroids dispensed for legitimate medical purposes are administered several ways including injection into the muscles or under the skin, by mouth, pellet implantation under the skin and by application to the skin (e.g. gels or patches). These same routes are used for purposes of abusing steroids, with injection and oral administration being the most common. The length of time that steroids or their metabolites stay in the body varies from a couple of days to more than 12 months.

Physical & Psychological dangers

Steroid users are vulnerable to physical and psychological side effects, many of which are irreversible in women. The short-term adverse physical effects of anabolic steroid abuse are fairly well known. However, the long-term adverse physical effects of anabolic steroid abuse have not been studied and are not known.

Laws and penalties for anabolic steroid abuse

Anabolic steroids as a class of drugs were placed in Schedule III of the Controlled Substances Act (CSA) as of February 27, 1991. The possession or sale of anabolic steroids without a valid prescription is illegal. Simple possession of illicitly obtained anabolic steroids carries a maximum penalty up to one year in prison and a minimum fine of \$1,000 if this is

Side Effects

For Guys

- Baldness
- Development of breasts
- Painful erections
- Shrinkage of testicles
- Loss of function of testicles

For Girls

- Growth of facial and body hair
- Deepened voice
- Breast reduction
- Enlarged clitoris
- Menstrual irregularities

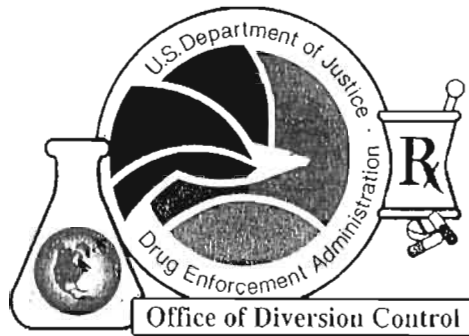
For Both

- Acne
- Jaundice (yellowing of the skin)
- Swelling – Fluid retention
- Stunted growth (close the growth plates in the long bones and permanently stunt their growth)
- Increase in bad cholesterol levels
- Decrease in good cholesterol levels
- Mood swings
- Increase in feelings of hostility
- Increase in aggressive behavior



STEROID ABUSE by School Age Children

www.DEAdiversion.usdoj.gov



www.dea.gov



A Guide for Parents and School Officials

STEROID ABUSE BY SCHOOL AGE CHILDREN

Once viewed as a problem strictly associated with body builders, fitness "buffs," and professional athletes, abuse of anabolic steroids by school age children has significantly increased over the past decade. The National Institute on Drug Abuse (NIDA) estimates that more than a half million 8th and 10th grade students are now using these dangerous drugs, and increasing numbers of high school seniors do not believe steroids are risky.

Students are acquiring and taking anabolic steroids without any knowledge of the dangers associated with steroid abuse. The short-term adverse physical effects of anabolic steroid abuse are fairly well known. However, the long-term adverse physical effects of anabolic steroid abuse have not been studied, and as such, are not known. In addition, this type of abuse may result in harmful side-effects as well as serious injury and death. The abuser in most cases is unaware of these hidden dangers.

This guide will help you understand why steroids are being misused, and how you can provide counseling and implement procedures to educate our youth about the dangers of these drugs. By working together we can greatly reduce the abuse of anabolic steroids. It is important to recognize this problem and take preventive measures to protect our young people.

WHAT ARE ANABOLIC STEROIDS?

Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone. Both males and females have testosterone produced in their bodies: males in the testes, and females in the ovaries and other tissues. The full name for this class of drugs is **androgenic** (promoting masculine characteristics) **anabolic** (tissue building) **steroids** (the class of drugs). Some of the most abused steroids include Deca-Durabolin®, Durabolin®,

Presented as a public service by:

**Drug Enforcement Administration
Office of Diversion Control
Washington, D.C. 20537**

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March 2004

Equipoise®, and Winstrol®. The common street (slang) names for anabolic steroids include arnolds, gym candy, pumpers, roids, stackers, weight trainers, and juice.

The two major effects of testosterone are an androgenic effect and an anabolic effect. The term androgenic refers to the physical changes experienced by a male during puberty, in the course of development to manhood. Androgenic effects would be similarly experienced in a female. This property is responsible for the majority of the side effects of steroid use. The term anabolic refers to promoting of anabolism, the actual building of tissues, mainly muscle, accomplished by the promotion of protein synthesis.

WHY ARE STEROIDS ABUSED?

Anabolic steroids are primarily used by bodybuilders, athletes, and fitness "buffs" who claim steroids give them a competitive advantage and/or improve their physical performance. Steroids are purported to increase lean body mass, strength and aggressiveness. Steroids are also believed to reduce recovery time between workouts, which makes it possible to train harder and thereby further improve strength and endurance. Some people who are not athletes also take steroids to increase their endurance, muscle size and strength, and reduce body fat which they believe improves personal appearance. A small number of youths may take steroids to increase their body size to protect themselves from others.

WHERE DO YOU GET STEROIDS?

Doctors may prescribe steroids to patients for legitimate medical purposes such as loss of function of testicles, breast cancer, low red blood cell count, delayed puberty and debilitated states resulting from surgery or sickness. Veterinarians administer steroids to animals (e.g. cats, cattle, dogs, and horses) for legitimate purposes such as to promote feed efficiency, and to improve weight gain, vigor, and hair coat. They are also used in veterinary practice to treat anemia and counteract tissue breakdown during illness and trauma. For purposes of illegal use there are several sources; the most common illegal source is from smuggling steroids into the United States from other

countries such as Mexico and European countries. Smuggling from these areas is easier because a prescription is not required for the purchase of steroids. Less often steroids found in the illicit market are diverted from legitimate sources (e.g. thefts or inappropriate prescribing) or produced in clandestine laboratories.

HOW ARE STEROIDS TAKEN?

Anabolic steroids dispensed for legitimate medical purposes are administered several ways including intramuscular or subcutaneous injection, by mouth, pellet implantation under the skin and by application to the skin (e.g. gels or patches). These same routes are used for purposes of abusing steroids, with injection and oral administration being the most common. People abusing steroids may take anywhere from 1 to upwards of a 100 times normal therapeutic doses of anabolic steroids. This often includes taking two or more steroids concurrently, a practice called "stacking." Abusers will often alternate periods (6 to 16 weeks in length) of high dose use of steroids with periods of low dose use or no drug at all. This practice is called "cycling."

Doses of anabolic steroids used will depend on the particular objectives of the steroid user. Athletes (middle or high school, college, professional, and Olympic) usually take steroids for a limited period of time to achieve a particular goal. Others such as bodybuilders, law enforcement officers, fitness buffs, and body guards usually take steroids for extended periods of time. The length of time that steroids stay in the body varies from a couple of days to more than 12 months.

Examples of oral and injectable steroids are as follows:

Oral Steroids

- Anadrol® (oxymetholone)
- Oxandrin® (oxandrolone)
- Dianabol™ (methandrostenolone)
- Winstrol® (stanozolol)

Injectable Steroids

- Deca-Durabolin® (nandrolone decanoate)
- Durabolin® (nandrolone phenpropionate)
- Depo-Testosterone® (testosterone cypionate)
- Equipoise® (boldenone undecylenate) (veterinary product)

PHYSICAL & PSYCHOLOGICAL DANGERS

Steroid users are vulnerable to physical and psychological side effects, many of which are irreversible in women. The short-term adverse physical effects of anabolic steroid abuse are fairly well known. However, the long-term adverse physical effects of anabolic steroid abuse have not been studied, and as such, are not known.

For Guys

- Baldness
- Development of breasts
- Painful erections
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- Loss of function of testicles

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- Increase in bad cholesterol levels
- Decrease in good cholesterol levels
- Mood swings
- Increase in feelings of hostility
- Increase in aggressive behavior

LAWS AND PENALTIES FOR ANABOLIC STEROID ABUSE

Concerns over a growing illicit market, abuse by teenagers, and the uncertainty of possible long-term effects of steroid use led Congress in 1991 to place anabolic steroids as a class of drugs into Schedule III of the Controlled Substances Act (CSA).

Under this legislation, anabolic steroids are defined as any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth.

The possession or sale of anabolic steroids without a valid prescription is illegal. Simple possession of illicitly obtained anabolic steroids carries a maximum penalty of one year in prison and a minimum \$1,000 fine if this is an individual's first drug offense. The maximum penalty for trafficking is five years in prison and a fine of \$250,000 if this is the individual's first felony drug offense. If this is the second felony drug offense, the maximum period of imprisonment and the maximum fine both double. While the above listed penalties are for federal offenses, individual states have also implemented fines and penalties for illegal use of anabolic steroids. State executive offices have also recognized the seriousness of steroid abuse and other drugs of abuse in schools. For example, The State of Virginia enacted a new law that will allow student drug testing as a legitimate school drug prevention program. Additional states and individual school districts are considering implementing similar measures.

The International Olympic Committee (IOC), National Collegiate Athletic Association (NCAA), and many professional sports leagues (e.g. Major League Baseball, National Basketball Association, National Football League (NFL), and National Hockey League) have banned the use of steroids by athletes, both because of their potential dangerous side effects and because they give the user an unfair advantage. The IOC, NCAA, and NFL have also banned the use of steroid precursors (e.g. androstenedione) by athletes for the same reason steroids were banned. The IOC and professional sports leagues use urine testing to detect steroid use both in and out of competition.

COMMON TYPES OF STEROIDS ABUSED

The illicit anabolic steroid market includes steroids that are not commercially available in the U.S. as well as those which are available. Steroids that are commercially available in the U.S. include fluxymesterone (Halotestin®), methyltestosterone, nandrolone (Deca-Durabolin®, Durabolin®), oxandrolone (Oxandrin®), oxymetholone (Anadrol®), testosterone, and stanozolol (Winstrol®). Veterinary steroids that are commercially available in the U.S. include boldenone (Equipose®), mibolerone, and trenbolone (Revalor®). Other steroids found on the illicit market that are not approved for use in the U.S. include ethylestrenol, methandriol, methenolone, and methandrostenolone.

STEROID ALTERNATIVES

A variety of non-steroid drugs are commonly found within the illicit anabolic steroid market. These substances are primarily used for one or more of the following reasons: 1) to serve as an alternative to anabolic steroids; 2) to alleviate short-term adverse effects associated with anabolic steroid use; or 3) to mask anabolic steroid use. Examples of drugs serving as alternatives to anabolic steroids include clenbuterol, human growth hormone, insulin, insulin-like growth factor, and gamma-hydroxybutyrate (GHB). Examples of drugs used to treat the short-term adverse effects of anabolic steroid abuse are erythropoietin, human chorionic gonadotropin (HCG), and tamoxifen. Also, diuretics and uricosuric agents may be used to mask steroid use. The following chart illustrates how masking is accomplished:

Drug Group	Drug or Effect	How Drug Masks Steroid Use
Uricosuric Agents	Probenecid	Decreases entry of steroids into the urine
Diuretics	Spironolactone, Furosemide	Dilutes steroid concentration in the urine
Epi-testosterone	Decreases Testosterone to Epi-testosterone ratio	Reduces detection of testosterone usage

Over the last few years, a number of metabolic precursors to either testosterone or nandrolone have been marketed as dietary supplements in the U.S. These dietary supplements can be purchased in health food stores without a prescription. Some of these substances include androstenedione, androstenediol, norandrostenedione, norandrostenediol, and dehydroepiandrosterone (DHEA), which can be converted into testosterone or a similar compound in the body. Whether they promote muscle growth is not known.

ARE ANABOLIC STEROIDS ADDICTIVE?

An undetermined percentage of steroid abusers may become addicted to the drug, as evidenced by their continuing to take steroids in spite of physical problems, negative effects on social relations, or nervousness and irritability. Steroid users can experience withdrawal symptoms such as mood swings, fatigue, restlessness, and depression. Untreated, some depressive symptoms associated with anabolic steroid withdrawal have been known to persist for a year or more after the abuser stops taking the drugs.

STATISTICS

The "Monitoring the Future" study conducted in 2002, determined that since 1991 there has been a significant increase of steroid use by school age children. This annual study, supported by the NIDA and conducted by the Institute for Social Research at the University of Michigan, surveys drug use among eighth, tenth, and twelfth graders in the United States. The first year data was collected on younger students was in 1991. Since 1991 there has been a significant increase in reported steroid use by teenagers. For all three grades, the 2002 levels represent a significant increase from 1991. The following chart illustrates the increase of steroid abuse among teenagers who reported using steroids at least once in their lifetime:

Percent of Students Reporting Steroid Use 1991 - 2002

Year	Eighth Grade	Tenth Grade	Twelfth Grade
1991	1.9%	1.8%	2.1%
1999	2.7%	2.7%	2.9%
2002	2.5%	3.5%	4.0%

The 2002 survey also indicated additional data related to steroid abuse by school age children:

Percent of Students Reporting Steroid Use in 2002

Student Steroid Use	Eighth Grade	Tenth Grade	Twelfth Grade
Past Month Use	0.8%	1.0%	1.4%
Past Year Use	1.5%	2.2%	2.5%
Lifetime Use	2.5%	3.5%	4.0%

In addition, the 2002 survey also determined how easy it was for school aged children to obtain steroids. The survey indicated 22% of eighth graders, 33.2% of tenth graders, and 46.1% of twelfth graders surveyed in 2002 reported that steroids were "fairly easy" or "very easy" to obtain. More than 57% of twelfth graders surveyed in 2002 reported that using steroids was a "great risk." Also, another study indicated that steroids are used predominately by males. The survey determined the annual prevalence rates were two to four times as high among males as among females.

The "Monitoring the Future" study also determined that misuse and abuse of steroids is a major concern among school aged children. Some of their findings are alarming and indicate a need for concern:

- A survey in 1999 determined that 479,000 students nationwide, or 2.9 percent, had used steroids by their senior year of high school.
- A survey in 2001 determined the percentage of 12th graders who believed that taking these drugs causes "great risk" to health declined from 68 percent to 62 percent.

The Center for Disease Control and Prevention (CDC) conducts the Youth Risk Behavior Surveillance Study, a survey of high school students across the United States. A survey conducted in 2001 indicated that 5% of all high school students reported lifetime use of steroid tablets/injections without a doctor's prescription. The survey also indicated that 5.8% of ninth graders, 4.9% of tenth graders, 4.3% of eleventh graders, and 4.3% of twelfth graders reported lifetime illegal use of steroids.

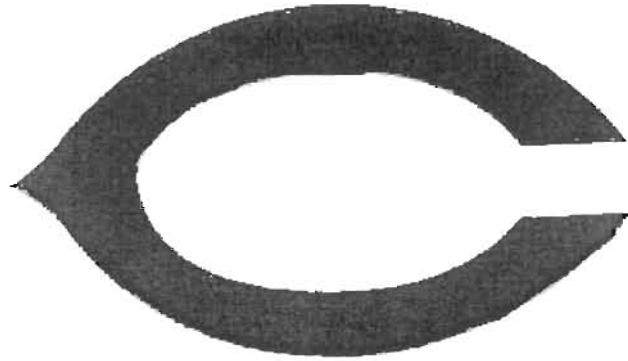
A majority of the studies performed on steroid abuse indicate males are twice as likely to abuse steroids as females.

HOW CAN WE CURTAIL THEIR ABUSE?

The most important aspect to curtailing abuse is education concerning dangerous and harmful side effects, and symptoms of abuse. Athletes and others must understand that they can excel in sports and have a great body without steroids. They should focus on getting proper diet, rest, and good overall mental and physical health. These things are all factors in how the body is shaped and conditioned. Millions of people have excelled in sports and look great without steroids. For additional information on steroids please see our website at

www.DEAdiversion.usdoj.gov

Chantilly



Athletic Training

Hygiene

MRSA: What Is It?

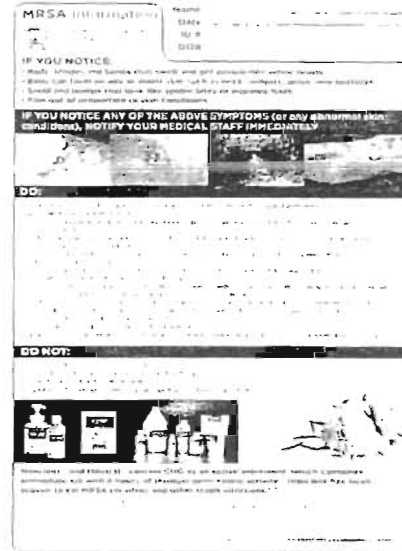
- MRSA is a “Staph” infection
- It does not respond to some antibiotics
- It is treatable
- Like other infections, this can be deadly if left untreated
- Severe infections can be prevented by following proper hygiene and early detection and treatment

MRSA: What Are We Doing?

- FCPS Certified Athletic Trainers provide information to all athletes specific to MRSA during the athlete meetings at the beginning of each season. Included in this session:
 - Prevention strategies for staph and other communicable diseases.
 - Importance of proper personal hygiene and clothes washing.
 - Importance of bringing all questionable lesions to the attention of the certified athletic trainer immediately.
- Viewing and discussion of a video that specifically outlines concerns about MRSA. The FCPS Athletic Training Program includes the use of a cleansing product for wound care that contains 4% w/v chlorhexidine gluconate (CHG) which specifically targets MRSA and provides a continuous action to kill MRSA on contact for 6 hours.
- The FCPS Athletic Training Program includes information on MRSA to be provided to parents of student athletes who are referred to a physician when staph is suspected.

MRSA: What Are We Doing?

- The FCPS Athletic Training Program includes information on MRSA to be provided to parents of student athletes who are referred to a physician when staph is suspected.



What Can You Do

- Help encourage your athlete to shower after each practice
- Encourage your athlete washes practice uniform after each practice
- Incorporate the use of anti-microbial treatments for clothes, equipment and skin (Fabricaide, Sportsaide, and Hibiclens for your family to use at home)
- Proper use of water bottles and cleaning them daily
- Encouraging these practices are essential to minimizing the risk of infectious disease including MRSA

Did you know?

Quick facts about MRSA

What is MRSA?

(Methicillin-resistant staphylococcus aureus)

- Strains of Staphylococcus aureus that have developed a resistance to the most common antibiotics used for treatment (the methicillin family).
- It is a rapidly progressing bacteria that attacks the soft tissue area of the skin and can become systemic by entering the blood stream which endangers joints and vital organs



How do you contract MRSA?

- HA-MRSA (Hospital Acquired) is usually colonized in the nares (nose) and the colonized individual may not show any symptoms of the infection
 - MRSA can be transferred from the nose to other surfaces and individuals via the hands
- CA-MRSA (Community Acquired) does not always colonize in the nares
 - It is spread via contact with skin that has the infection or surfaces that have come in contact with infected skin
 - MRSA can live for months on surfaces and fabrics

What does MRSA look like?

- The most common misdiagnoses of MRSA are spider bites, impetigo, and cellulites. Spider bites are very rare, they should be treated as suspected MRSA infections.



How do you treat MRSA?

- Consult a physician or medical professional if MRSA is suspected
- Use a topical antimicrobial that is proven to kill MRSA (Hibiclens®)
- Keep all suspected MRSA infections covered with a clean, dry bandage
- Clean all cloths, linens and towels in HOT water and dry completely
- Clean all potentially contaminated surfaces with a solution of 1:100 household bleach to water or another cleaner proven to kill MRSA

How do you help prevent a MRSA infection?

- If MRSA is suspected, a medical professional should be notified immediately
- To avoid contamination, wash skin areas that are at risk frequently with an antimicrobial soap with persistence (Hibiclens®).
- To avoid cross contamination, wash hands frequently with an antimicrobial soap with persistence (Hibiclens continues to kill germs for up to 6 hours after washing³)
- When a sink is not available or convenient, use an alcohol rub or wipe which has persistence (Hibistat with CHG³)

- Hibiclens kills MRSA²
- Fast acting, Broad-spectrum antimicrobial activity
- Bonds to skin to sustain antimicrobial action - up to 6 hours after washing³
- Removes dirt and debris⁴
- Market leader in skin antiseptic washes⁵
- Don't take a chance with a cheaper substitute - go with the proven product when dealing with a MRSA infection

For more information about Hibiclens, contact a Mölnlycke Health Care sales representative at 1-800-843-8497 or visit www.hibigeebies.com.



Hibiclens® does not provide medical advice. The above measures and guidelines are not intended as a substitute for institution procedures or professional medical advice. As with all products potentially involved in spread of infection, aseptic advice should be sought from appropriate medical professionals. Antibiotic resistant Staphylococcus aureus MRSA has been found in patients, County of Ontario. Accessed at: http://www.onhealthinfo.com/hcm/public/hp/mrsa/MRSA_FactSheet.pdf
² Recent Medical Study 20-0239-001, 05-0517-001, and HIB-0-001-0-1. ³ Recent Medical Study: R22019-000. ⁴ Recent Medical Study: R22019-000. ⁵ 2006 NPPI data for antimicrobial skin cleansers.
 Hibiclens, Hibistat, Hibiscrub, Hibimax, Hibimax Plus and Hibimax Plus Advanced are registered trademarks of Mölnlycke Group of Companies. Trademarked by Mölnlycke Health Care Inc., LLC, Huddersfield, Greater London.
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HIBICLENS®
 ANTISEPTIC, ANTIMICROBIAL SKIN CLEANSER



MRSA Information



methicillin-resistant staphylococcus aureus

Name: _____
Date: _____
ID #: _____
DOB: _____

IF YOU NOTICE:

- Boils: tender, red lumps that swell and get pimple-like white heads.
- Boils can form on oily or moist skin such as neck, armpits, groin, and buttocks.
- Small red bumps that look like spider bites or ingrown hairs.
- Pain out of proportion to skin conditions.

IF YOU NOTICE ANY OF THE ABOVE SYMPTOMS (or any abnormal skin conditions), NOTIFY YOUR MEDICAL STAFF IMMEDIATELY



DO:

- Wash hands at least 3 times per day or whenever they are visibly soiled with Hibiclens to help prevent cross-contamination.
- Shower immediately after activity in water as hot as can be comfortably tolerated using a antimicrobial cleaner.
- Advise people you come into close contact with to wash their hands with a liquid antimicrobial cleanser. We recommend Hibiclens.
- Keep wounds and lesions covered with clean, dry bandages. This is especially important when drainage is present.
- Disinfect all towels, sheets, and surfaces that come into contact with the wound with a solution of 1:100 of household bleach to water.¹
- Wash and dry clothes, linens and towels on the HOT setting if possible. If not possible, make sure all fabrics are COMPLETELY dry before removing from the dryer
- Avoid participating in contact sports or other skin-to-skin contact until the infection has healed.
- Use a skin antiseptic (like Hibiclens) to treat MRSA on the skin, in combination with antibiotics as prescribed by your doctor/medical staff.
- Use Hibiclens for the prevention of skin infections.
- Wash hands and forearms above the elbow before and after activity where contamination is likely.

DO NOT:

- Get in a whirlpool or common tub.
- Share bars of soap, razors, towels, or athletic gear.
- Wait to see if it gets better on its own.
- Contact infected area with any surface that is shared by others.



Hibiclens® and Hibistat® contain CHG as an active ingredient, which combines immediate kill with 6 hours of residual germ killing activity². Hibiclens has been proven to kill MRSA (*in vitro*) and other staph infections.^{3, 4}

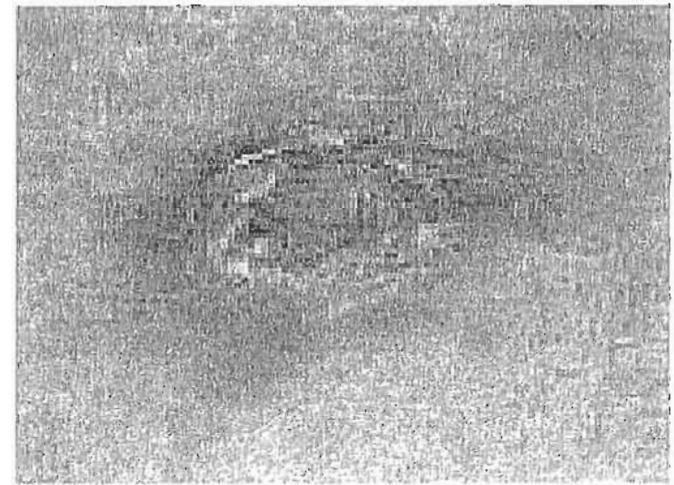
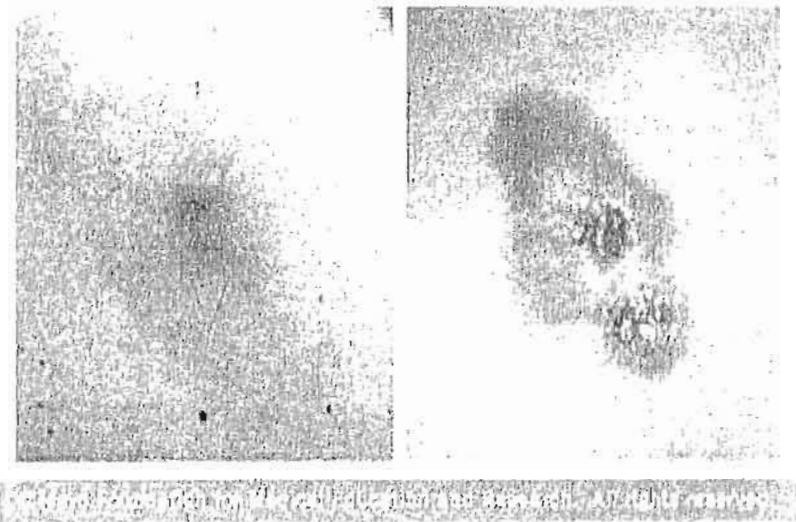
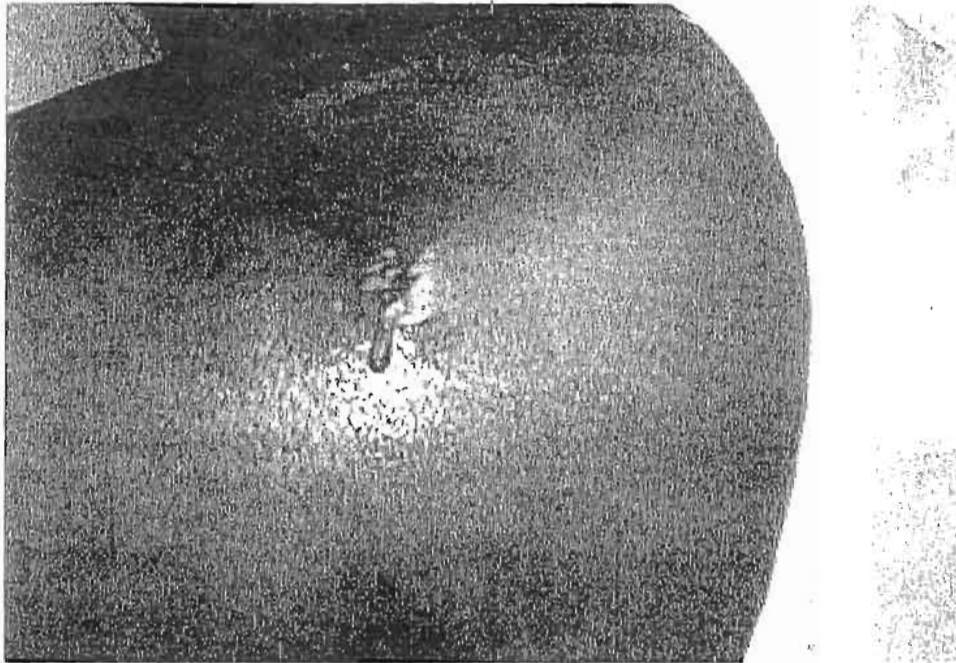
Mölnlycke does not provide medical advice. The above measures and guidelines are not intended as a substitute for institution procedures or professional medical advice. As with all matters potentially involving the spread of infectious diseases, advice should be sought from appropriate medical professionals. ¹ Antibiotic resistant Staph infection MRSA fact sheet for patients. County of Orange. Accessed at <http://www.ocalthinfo.com/docs/public/epi/mrsa/MRSA-FactSheet.pdf> ²Mölnlycke study #030917-150 ³Mölnlycke Tests 05-0338-201 & 05-0521-201. ⁴Mölnlycke Study HIB 3-107-10-1.



MÖLNLYCKE
HEALTHCARE

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MRSA: What Does It Look Like?



Mild infections may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage and are usually mildly infectious and easily treated. More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

Parent Tips for cleaning athletic equipment, practice and game uniforms.

Equipment

Cleaning and Maintenance

Uniforms

Practice

Practice clothing should be cleaned daily; follow manufacturers recommendations for machine washing

Game

Follow manufacturers recommendations for machine washing

Hard Gear

Shoulder pads

Helmets/masks/ goggles

Goalie/ catcher pads

Sticks/ rackets

Football leg pads

Baseball glove

Sprayed until moist with 10:1 to 100:1 bleach solution using cold water mixed daily or commercial disinfectant labeled to be effective against Staph Aureus (Lysol®, Clorox Anywhere®) Bleach solutions should be allowed to remain on surface for 30 minutes and then rinsed with clean water to remove bleach residue.

Soft Gear

Knee pads/elbow pads

Shin guards

Head gear

Gloves (batting, goalie)

Golf bag towel

Equipment bag

If equipment is machine washer safe, follow manufacturers recommendations for machine washing, or equipment could be sprayed until moist with 10:1 to 100:1 bleach solution using cold water mixed daily or commercial disinfectant labeled to be effective against Staph Aureus (Lysol®, Clorox Anywhere®) Bleach solutions should be allowed to remain on surface for 30 minutes and then rinsed with clean water to remove bleach residue.

Questions should be brought to the attention of the school's certified athletic trainer.



FAIRFAX COUNTY
PUBLIC SCHOOLS

Jack D. Dale, Superintendent
8115 Gatehouse Road
Falls Church, Virginia 22042-1203

November 1, 2007

Dear Parents or Guardians:

As follow-up to the recent Keep in Touch communication from Fairfax County Public Schools (FCPS) regarding methicillin-resistant *Staphylococcus aureus* (MRSA) in our schools, this letter will address additional concerns that have come to our attention.

Staphylococcus aureus bacteria, commonly called "staph," are one of the most common causes of skin infections in the United States. Approximately 25 to 30 percent of the population carries the bacteria in their noses or on their skin. MRSA is a type of staph that is resistant to some specific antibiotics. In Virginia and elsewhere throughout the country, MRSA infections are becoming more common in community settings, including schools. The literature suggests that one percent of the population carries MRSA, so it is likely that a number of individuals in the FCPS population carry it.

Most people who carry staph or MRSA do not have infection or illness until the bacteria enter the body through a cut, a scrape, or a break in the skin. Until they acquire an infection, these carriers do not exhibit any symptoms. MRSA is typically spread by direct skin-to-skin contact or through sharing personal items (e.g., towels, razors). Individuals carrying MRSA can also infect themselves through breaks in their skin. When MRSA does cause an infection, it usually manifests as a minor skin infection such as a boil or a pimple. The majority of community-associated MRSA cases are treated with antibiotics with little disruption in daily activities. More serious infections are much less common. It is often difficult to confirm the source of exposure in community-associated MRSA because the time between exposure and the onset of infection is variable.

FCPS has had a number of parent-reported cases of MRSA in the general student population, as well as a very small number of confirmed cases in individuals on athletic teams. Typically, information about health conditions is released by a school once a diagnosis is confirmed and the Fairfax County Health Department determines that the general school population can benefit from prevention measures to limit the potential for further spread. Given the high prevalence of staph bacteria in the community and the delay associated with receiving medical confirmation of MRSA from physicians, we have adopted a strategy of prevention instead of focusing on isolated case notification. An individual identified as having a possible skin infection is immediately referred to a personal physician for appropriate care and follow-up, including guidance on when and how to safely interact with the public.

If a cluster of laboratory-confirmed, community-associated MRSA infections were to occur in the school population, the principal—in consultation with FCPS support staff members and the health department—will determine whether some or all parents and staff members should be notified. This decision will be based on medical judgment. Athletic programs have a defined process for addressing MRSA on their teams, which includes cleaning equipment surfaces, monitoring players, covering all wounds and skin lesions, and excluding identified players with MRSA infection. The following steps will be taken for the general school population:

- The school health nurse will confirm the diagnosis with the medical provider.
- Routine infection control precautions will be reviewed with the school staff to prevent the spread of bacteria like MRSA.
- Routine cleaning will continue. The schools are cleaned every day with an EPA-registered broad spectrum microorganism-killing solution that is effective against *staphylococcus aureus*, including MRSA. The protocols for the cleaning of facilities are monitored and evaluated regularly.

- In general, it is not necessary to close schools to disinfect when MRSA infections occur. Carriers of MRSA can quickly bring the bacteria back to the areas that have been thoroughly cleaned.
- Students and staff members with MRSA infections may attend school regularly as long as their wounds are covered and they are receiving proper treatment.

On October 24, 2007, Virginia enacted an emergency regulation requiring laboratories to report the most severe MRSA infections to health departments from specimens collected from normally sterile sites of the body, such as blood or joint fluid. Skin infections are not considered sterile sites and are not reportable under this regulation. At this time, the regulation does not require parents, physicians, schools, or others to report cases of MRSA. We will continue our existing practices and monitor any changes from the Virginia Department of Health in recommendations regarding MRSA.


Remember that practicing good personal hygiene—including washing hands frequently, covering open or infected skin, and avoiding the sharing of personal items—is the *primary way to protect oneself and to prevent the spread of bacteria like MRSA*. We hope you will use this heightened interest in MRSA to take this opportunity to review proper handwashing procedures with your children. For further information regarding MRSA in schools, you may visit the following web sites:

<http://www.cdc.gov/Features/MRSAinSchools/>
<http://www.fcps.edu/news/mrsa.htm>
<http://www.fairfaxcounty.gov/hd/condis/staph.htm>


We understand the media attention about MRSA has caused much anxiety among parents, students, and staff members. We want to assure you that we constantly monitor the safety of students and the school environment. We hope you will find the information in this letter and on the web sites helpful.

Thank you for your efforts in minimizing the spread of germs by monitoring your child's hygiene and reporting any health concerns visible on your child immediately to a professional health care provider.

Sincerely,



Jack D. Dale
Superintendent of Schools



Gloria Addo-Ayensu, M.D., M.P.H.
Health Director
Fairfax County Health Department

One way to avoid Swine Flu is to keep a safe distance from others.

Not on this mat!

Hibiclens and Hibistat offer a better plan.

- The Swine Flu is spread via contact with infected droplets or surfaces followed by contact with eyes, nose or mouth.
- Frequent hand washing and use of a sanitizer is the best way to help prevent contamination.
- Hibiclens skin cleanser and Hibistat towelettes have been proven extremely effective against the Swine Flu virus [2009 A H1N1].
- Both products contain Chlorhexidine Gluconate (CHG) which bonds to the skin and continues to actively kill germs for up to 6 hours after washing*, providing the best protection available.



HIBICLENS & HIBISTAT



Biogen **IBICLENS BARRIER**

© 2010 Biogen Idec Inc. All rights reserved. Hibiclens and Hibistat are registered trademarks of Biogen Idec Inc. in the United States and other countries. Hibiclens and Hibistat are not intended to be used as a substitute for medical advice or treatment. For more information, please visit www.hibiclens.com or www.hibistat.com. *As determined by laboratory testing. For more information, please visit www.hibiclens.com.

Hibiclens® and Hibistat® can help protect against (H1N1) Swine Flu¹.

Swine Flu Facts

- WHO (World Health Organization) declared a global pandemic on June 11, 2009.
- The H1N1 virus continues to circulate in the United States and more than 120 other countries, especially in the southern hemisphere, where flu season is under way.
- The H1N1 virus is not an airborne virus except in droplet form.
- Transmission is through direct contact and most likely passed via hands.
- An MIT (Massachusetts Institute of Technology) study has determined the next mutation of the virus could be resistant to Tamiflu[®] which would limit the treatment options.
- The CDC (Centers for Disease Control and Prevention) is mildly surprised that the H1N1 virus is continuing to cause illness during the summer months when the flu is not abundant.
- Most young people have no immunity to this virus. To date, the most affected age groups are 5-24 years of age².
- Individuals over 60 years of age are most likely to have immunity built up for this virus.
- The Swine Flu virus can survive for 2-8 hours on surfaces³.
- The Swine Flu virus is transferred when an individual contacts the virus and then touches their eyes, nose or mouth before washing hands.
- An individual is considered contagious from 1 day before they exhibit symptoms to 7 days after they become ill⁴.
- The CDC recommends individuals stay in isolation for 7 days after the onset of illness or 24 hours after symptoms are gone.

Steps to reduce the risk of infection

- Frequent hand washing is key.
 - Using an antimicrobial soap with up to 6 hours of residual killing action (Hibiclens) will reduce the risk of transfer between hand washings.
- Frequent use of a hand sanitizer when a sink is not available.
 - Using an alcohol wipe with CHG (Hibistat) will remain active on the skin for up to 6 hours and help reduce the risk of contamination.
- Avoid crowds. If you can not avoid crowds, try to keep a safe distance from others (3-6 feet) to avoid the risk of droplet contamination.
- Get plenty of sleep and exercise to keep the immune system strong.
- Stay home if you are experiencing flu symptoms (fatigue, fever, nausea, etc).
- Isolate individuals that are ill or have flu like symptoms.
- Cough or sneeze into your elbow rather than hand to reduce the risk of transfer.

Mask Usage

- Wear a surgical mask when providing care (since the 3-6 foot separation will not be observed).
- Individuals who will be worn by infected individuals to reduce the potential to transmit the virus.

Take steps to help prevent infection. Call 1.800.843.8497 or visit www.hibiclens.com to order or find out more information.

Hibiclens Features and Benefits

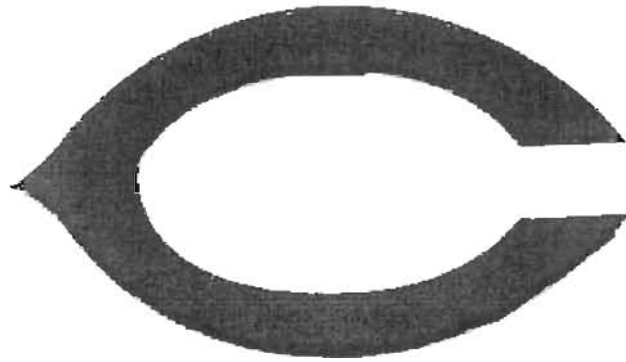
- Bonds to skin to sustain its antimicrobial activity for up to 6 hours⁴
- Less-irritating than other antiseptics⁵
- Effectiveness increases with use, due to a cumulative effect⁶
- Non-flammable formula
- Not altered in the presence of blood⁷
- Antimicrobial skin cleanser helps reduce bacteria that can potentially cause disease
- Skin wound and general skin cleansing
- Surgical hand scrub
- Personnel hand wash
- Preoperative skin preparation

Hibistat Features and Benefits

- Works without water
- Easy to use
- Latex-compatible⁸
- Broad spectrum of activity
- Moisturizing formula
- Immediate Kill
- Portable
- Fast acting
- Persistent activity⁹
- Quick-drying
- Longer killing action¹⁰
- Wipes away debris¹¹



Chantilly



Athletic Training

Concussion Management



HEADS UP CONCUSSION IN YOUTH SPORTS

A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- 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 prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.



A QUIZ FOR COACHES, ATHLETES, AND PARENTS

Review the "Heads Up: Concussion in Youth Sports" materials and test your knowledge of concussion.

Mark each of the following statements as True (T) or False (F)

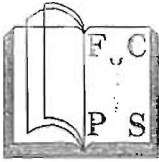
1. A concussion is a brain injury.
2. Concussions can occur in any organized or unorganized recreational sport or activity.
3. You can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury.
4. Following a coach's rules for safety and the rules of the sport, practicing good sportsmanship at all times, and using the proper sports equipment are all ways that athletes can prevent a concussion.
5. Concussions can be caused by a fall or by a bump or blow to the head or body.
6. Concussion can happen even if the athlete hasn't been knocked out or lost consciousness.
7. Nausea, headaches, sensitivity to light or noise, and difficulty concentrating are some of the symptoms of a concussion.
8. Athletes who have a concussion should not return to play until they are symptom-free and have received approval from a doctor or health care professional.
9. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems.

ANSWER KEY: 1. True; 2. True; 3. True; 4. True; 5. True; 6. True; 7. True; 8. True; 9. True

It's better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit:

www.cdc.gov/ConcussionInYouthSports



ACE POST-CONCUSSION HOME/SCHOOL INSTRUCTIONS



Name: _____ has been evaluated for concussion symptoms.

Date of evaluation: _____ Date/time of trauma causing symptoms: _____
(Your child's symptoms circled below)

Definition of Sports Concussion: A concussion (or mild traumatic brain injury MTBI) is a complex pathophysiologic process affecting the brain, induced by trauma (direct or indirect forces to the head). Disturbance of brain function is related to neurometabolic dysfunction, rather than structural injury. Concussion may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Symptoms may last from several minutes to days, weeks, months or even longer in some cases.

Following these instructions after a concussion can prevent further injury and help recovery.

COMMON SIGNS & SYMPTOMS:

There are four types of concussion symptoms: physical, cognitive, emotional and sleep-related and it is common for a child or young adult with a concussion to have one or many of these symptoms.

Physical		Cognitive	Emotional	Sleep
Headache	Visual Problems	Feeling mentally foggy	Irritability	Drowsiness
Nausea/Vomiting	Fatigue/ Feeling tired	Feeling slowed down	Sadness	Sleeping less than usual
Dizziness	Sensitivity to light or noise	Difficulty remembering	More emotional	Sleeping more than usual
Balance Problems	Numbness/Tingling	Difficulty concentrating	Nervousness	Trouble falling asleep

WHEN TO SEEK CARE URGENTLY:

Seek care quickly **IF** symptoms worsen, there are any behavioral changes, **OR** any of the following serious symptoms develop:

Headaches that worsen	Very drowsy, can't be awakened	Can't recognize people or places
Seizures	Repeated vomiting	Increasing confusion
Neck pain	Slurred speech	Weakness/numbness in arms/legs
Unusual behavior change	Significant irritability	Less responsive than usual

If you observe **any** of the above signs, call your doctor or visit the emergency department **immediately**.

RETURNING TO DAILY ACTIVITIES, DO'S & DON'TS

The key to recovery is sleeping, resting physically and mentally, and avoiding activities that *might* cause another head injury.

IT IS OK TO:	THERE IS NO NEED TO:	Do NOT
Take pain medicine as prescribed by physician Use ice pack on head and neck for comfort Go to sleep Get quality rest, Take naps	Stay in bed Wake up every hour	Drive while you have symptoms Exercise or lift weights Drink alcohol Participate in sports or high-risk activities

- **Avoid:**
 - Physical activities that produce concussion symptoms, as this might **prolong recovery time**.
 - Lengthy mental activities requiring concentration (ie. Homework, schoolwork, job-related work, texting, phone use, computer use, and extended video game playing) as these activities worsen symptoms and **prolong recovery**.

RETURNING TO SCHOOL:

If symptoms are severe (cannot concentrate for more than 30-45 minutes), staying home may be indicated until symptoms improve. If symptoms are less severe, rest breaks during school can help recovery.

- Students who experience symptoms of concussion often need extra help to perform school-related activities and may not perform at their best on classroom or standardized tests until fully recovered.
- In addition to the Certified Athletic Trainer(s), Teacher(s), Health Room Aides, Public Health Nurse, counselor, and administrator(s) may be involved in the management during the recovery of your child/teenager's injury and symptoms.
- As symptoms decrease, the extra supports (rest breaks during school) can be removed slowly.

PARENTS & SCHOOL PERSONNEL:

Parents & School personnel should watch for indications of worsening symptoms, specifically:

- Increased problems paying attention, concentrating, remembering or learning new information
- Needing longer time to complete a task
- Increased irritability or less of an ability to cope with stress

RETURNING TO SPORTS AND RECREATION:

The injured athlete should NEVER return to sports or active recreation with ANY symptoms unless directed by a health professional. **NO PE class, physical activity at recess, or sports practices or games.**

- Inform the Physical Education teacher and all coaches of the injury and symptoms.
- Check in with the certified athletic trainer upon return to school.
- It is normal for the child/teenager to feel frustrated, sad, and even angry because they cannot return to sports or recreation right away. With any injury, a full recovery will lower the chances of getting hurt again. *It is better to miss one game than the whole season.*

STEPWISE RETURN TO ACTIVITY/PLAY:

Once the athlete's symptoms resolve at rest and the certified athletic trainer clears the athlete to return to activity, the athlete may SLOWLY increase activity under the certified athletic trainer's direction.

If symptoms return with increased activity, the athlete should reduce the level of activity.

****The athlete must be evaluated and cleared by the certified athletic trainer before returning to sports.**

Pay attention to symptoms.

FOLLOW UP:

The athlete must be monitored by the school certified athletic trainer

- Parents should contact the certified athletic trainer if they have any questions regarding the concussion (or any other injury) their child has incurred. The certified athletic trainer may recommend they consult with their family physician or other medical specialist, although parents may consult with their family physician or other medical specialist at anytime. If the injured person has had significant or recurrent head injuries, or the symptoms above persist beyond 5-7 days, an evaluation with a specialist in concussion management may be recommended. Please contact the certified athletic trainer for further information.

This document adapted with permission from:

Safe Concussion Outcome, Recovery & Education (SCORE) Program

Children's National Medical Center www.childrensnational.org/score

Adapted by Gerard Gioia, PhD; Micky Collins, PhD; Shireen Atabaki, MD, MPH; Noel Zuckerbraun, MD, MPH

Work supported by CDC Grant 1U49CE001385-01



IMPACT

- What Is ImPACT?
 - Web Based Concussion Management Tool
 - www.impacttest.com
- Why Are We Using It?
 - It is a tool that can help us identify if the brain has recovered to a point that the athlete is safe to begin a progressive return to sport.
 - It also helps us with the progression for safe return to sport.

What is ImPACT?

ImPACT is a sophisticated, research-based computer test developed to help clinicians evaluate an athlete's recovery following concussion. ImPACT is a 20-minute neurocognitive test battery that has been scientifically validated to measure the effects of sports-related concussion. In the preseason, each athlete is given a baseline test. And, when a concussion is suspected, during the season, a follow-up test is administered to see if the results have changed from the baseline. This comparison helps to diagnose and manage the concussion. Follow-up tests can be administered over days or weeks so clinicians can continue to track the athlete's recovery from the injury.

Why use ImPACT?

ImPACT can help answer difficult questions about an athlete's readiness to return to play, protecting them from the potentially serious consequences of returning too soon. While traditional neurological and radiological procedures such as CT and MRI are helpful in identifying serious brain injuries (e.g., skull fractures, hematomas), they are ineffective at identifying the functional effects of concussion. Consequently, *clinicians must often rely on subjective observations or patient self-reports to diagnose and track a concussion. This is where ImPACT can help.*

Conducting baseline and post-injury neurocognitive testing using ImPACT helps to objectively evaluate an athlete's cognitive status to prevent the cumulative effects of concussion. And when baseline data are unavailable, ImPACT has a normative database of thousands of non-injured athletes, which can be used for effective evaluations and comparisons.

Who is behind ImPACT?

In 1995, the ImPACT team pioneered computer-based neurocognitive testing. Mark Lovell, PhD, ABPN, Joseph Maroon, MD, and Michael Collins, PhD, founded ImPACT in 2002. These professionals are world leaders in the field of concussion management and are committed to the ongoing development of advanced concussion management tools. ImPACT team members have dedicated the past 15 years to the scientific study of sports-related concussion and the clinical application of this knowledge throughout professional and amateur sports.

- 28 NFL Teams
- Ontario/Western Hockey Leagues
- Swedish Soccer
- 18 MLB Teams
- Major/Minor League Baseball Umpires
- South African Rugby
- Major League Soccer
- New Zealand Rugby
- Professional Hockey
- NFL Europa
- US Soccer Federation
- US Lacrosse
- US Army
- US Navy
- US Military Academy
- US Air Force Academy
- USA Rugby
- Cirque du Soleil
- USA Olympic Hockey
- USA Hockey
- USA Ski Team
- 250+ Clinical Centers
- 300+ Colleges and Universities
- 1,000+ High Schools

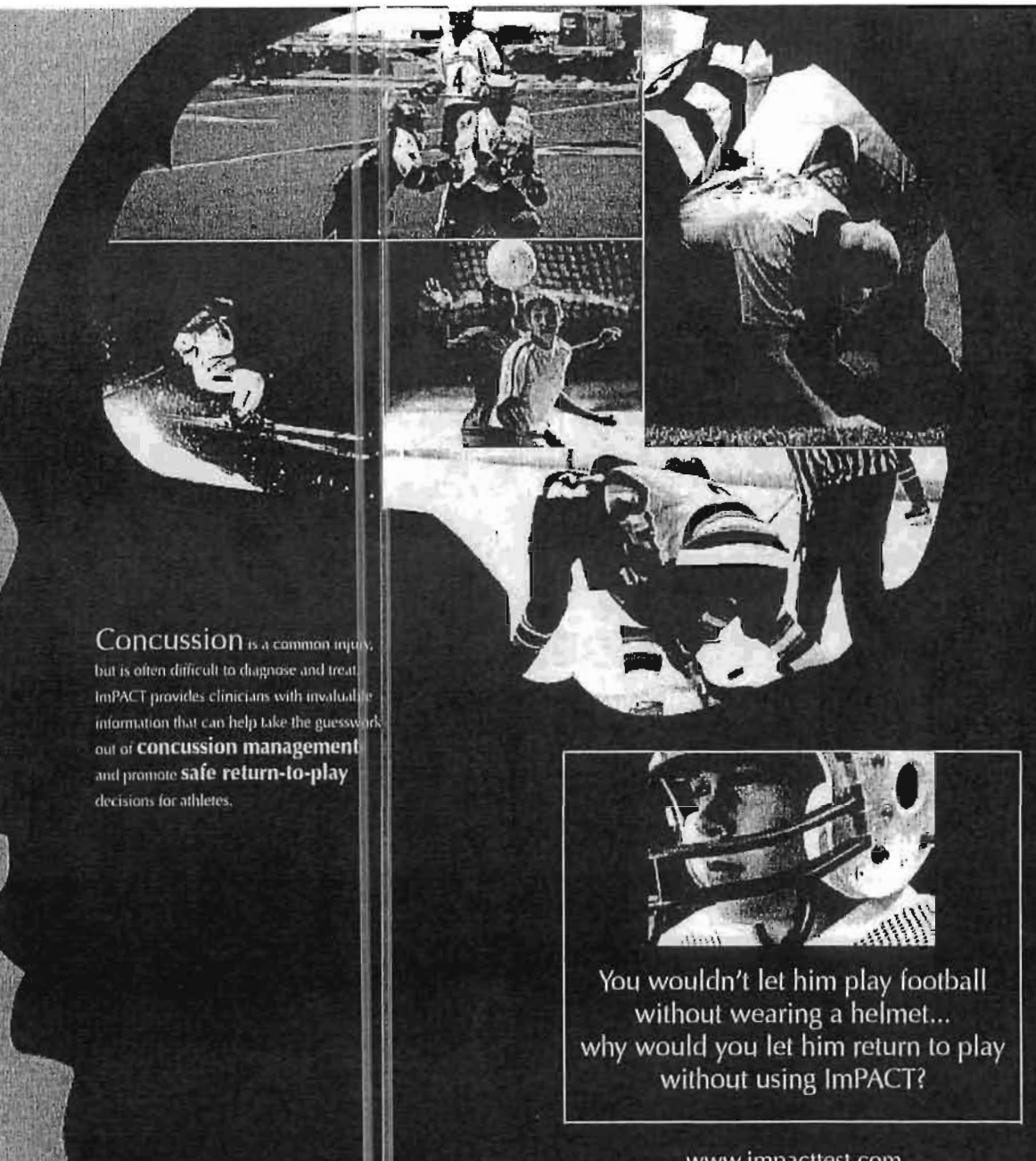
- FACT:** A concussion is a brain injury that frequently involves physical as well as cognitive symptoms.
- FACT:** About 10% of all student athletes in contact sports suffer a concussion during their season.
- FACT:** Recovery may take days or weeks, with individuals often experiencing dizziness, headaches, double vision, memory problems, irritability and depression.
- FACT:** Premature return to play following a concussion can lead to potentially serious consequences.
- FACT:** Proper management of the injury is the first step in avoiding long-term complications.

www.impacttest.com
Toll Free: (877) 646-7991



To find an ImPACT clinician in your area, go to:
www.impacttest.com

The Best Approach to Concussion Management



Concussion is a common injury, but is often difficult to diagnose and treat. ImPACT provides clinicians with invaluable information that can help take the guesswork out of **concussion management** and promote **safe return-to-play** decisions for athletes.

You wouldn't let him play football without wearing a helmet... why would you let him return to play without using ImPACT?

www.impacttest.com

ImPACT is a computerized program that evaluates and documents multiple aspects of neurocognitive functioning, including verbal and visual memory, attention span, brain processing speed, reaction time and post-concussive symptoms. The user-friendly injury documentation system enables clinicians to track the injury from the field and through the recovery process.

Get Started Today...

STEP 1: Concussion Management Education

Work with your Athletes, Coaches, Parents, Athletic Trainers, Athletic Directors, Clinicians, Doctors, Nurses, etc.

STEP 2: Pre-season Baseline Testing with ImPACT

Have your athletes take the ImPACT Test to establish their baseline.

STEP 3: Sideline Evaluation

Use our standard sideline test to screen for a concussion and remove your athlete from competition, if needed.

STEP 4: Post-Concussion Testing with ImPACT

Repeat computerized testing in the days following the concussion to track your athlete's recovery.

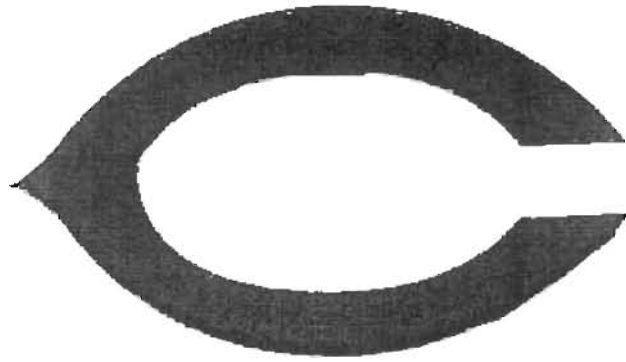
STEP 5: Return-to-play Decision Support

Feel confident in your decisions. ImPACT provides clinicians with a state-of-the-art, medically-based program with clear guidelines to support timely and safe return-to-play.

ImPACT has proven to be an absolutely indispensable tool at our school. The more complete information obtained through ImPACT means I never have to second guess if I'm being too aggressive or conservative in returning athletes to play.

Cliff Ashley, LATC, Former Head Athletic Trainer,
Berkshire School, Sheffield, MA

Chantilly



Athletic Training

Web Site Links and References



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911
Every attempt will be made to contact a parent/guardian or a designated emergency contact.

STUDENT NAME		School:	Bus No:
Last		ID No:	Grade Level:
First		Date of Birth:	Teacher/Counselor:
Middle		Social Security No:	Language Spoken at Home:
		Sex (✓): <input type="checkbox"/> M <input type="checkbox"/> F	

Student resides with (✓): FATHER MOTHER BOTH LEGAL GUARDIAN

FATHER	Language _____	ADDRESS _____	TELEPHONE _____
Last _____			Home (____) _____
First _____			Work (____) _____
Middle _____			Car/Pager (____) _____
MOTHER	Language _____	ADDRESS _____	TELEPHONE _____
Last _____			Home (____) _____
First _____			Work (____) _____
Middle _____			Car/Pager (____) _____
LEGAL GUARDIAN	Language _____	ADDRESS _____	TELEPHONE _____
Last _____			Home (____) _____
First _____			Work (____) _____
Middle _____			Car/Pager (____) _____

LIST 2 PERSONS WE SHOULD CALL IN AN EMERGENCY IF THE PARENT(S)/GUARDIAN CANNOT BE REACHED.

Name of Person	Relationship	Language Preferred	Telephone
1. _____	_____	_____	1. (____) _____
2. _____	_____	_____	2. (____) _____

THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP MY CHILD:

1. _____

2. _____

BEFORE AND AFTER SCHOOL CARE (Complete if applicable)

Name of Provider: _____ Telephone (____) _____

PHYSICIAN INFORMATION

My child's medical care is provided by _____ Telephone (____) _____
(Name of doctor/clinic/HMO, etc.)

My child's medical care is covered by _____ Telephone (____) _____
(Health insurance company, assistance program, HMO, etc.)

HEALTH INFORMATION

Check (✓) any current health condition that may require attention during the school day.

<input type="checkbox"/> allergies (be specific)	<input type="checkbox"/> hemophilia
<input type="checkbox"/> foods _____	<input type="checkbox"/> physical disability (be specific) _____
<input type="checkbox"/> medicines _____	<input type="checkbox"/> respiratory (be specific) _____
<input type="checkbox"/> bee sting/insect _____	<input type="checkbox"/> seizures _____
<input type="checkbox"/> other _____	<input type="checkbox"/> vision problems (be specific) _____
<input type="checkbox"/> asthma	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
<input type="checkbox"/> cancer	<input type="checkbox"/> other (be specific) _____
<input type="checkbox"/> diabetes	
<input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s)	
<input type="checkbox"/> heart problems (be specific) _____	

List all medications and dosages your child receives on a continual basis:

Obtain medication forms from school for any medication required during the school day.

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FCPS Athletic Training Program Communicable Disease Information Sheet

Because most sports involve both physical contact and shared equipment and facilities, athletes have an increased risk of contracting a communicable disease, particularly a skin infection. Transmission of disease and skin infection can be minimized when athletes take part in diligent and proper hygiene practices. Skin infections include, but are not limited to, ringworm (fungal infection), staphylococcus including MRSA and impetigo (bacterial infections), herpes (viral infections), and conjunctivitis (pink eye). Most skin infections are treatable by a health care professional, although some forms of skin infections can not be cured.

Following the guidelines below will reduce the potential for contracting a communicable disease:

- All athletes should shower with soap and water immediately following practices or competitions.
- Athletes should not share clothes, towels, soap, razors, etc.
- Sports equipment in direct contact with skin (helmets, headgear, etc.) should be cleaned and sanitized after each use using a bleach solution mixed daily or a commercial EPA-approved product.
- All clothes worn during practice and competition should be washed daily.
- All towels should be washed daily.
- Athletes should carefully and thoroughly inspect all areas of their bodies for lesions or signs of skin disorders daily. This includes the entire scalp area in sports such as wrestling.
- Lesions that are identified during self-inspection are to be brought immediately to the attention of the coach and the school's certified athletic trainer.
- Athletes with skin infections must follow the direction of the certified athletic trainer regarding participation in practices and competition.

-----cut and retain the top portion, return lower portion signed to the certified athletic trainer-----

Complete the portion below and return it to the certified athletic training staff at your school.

The undersigned understand and accept the risk of the skin infections associated with participation in sports. We agree to follow the guidelines provided regarding practicing good hygiene and reporting all lesions to the certified athletic trainer.

Printed name of student athlete

Signature of student athlete

Sport you will participate in this season: _____

Printed name of parent or guardian

Signature of parent or guardian

Date _____

Links and Resources

www.impacttest.com – ImPact Neurocognitive web site. Information about the test, also information about concussions

www.gssiweb.com – nutritional information

www.TaylorHooton.org – web site dedicated to the education of parents and students on the use of Steriods

www.hibiclens.com – Hibiclens web site, information about wound care, hygiene

www.mypyramid.gov – government web site for nutritional information

www.VHSL.org – governing body for Virginia High School Sports

www.Xenith.com – Football Helmet Company, lots of educational information about concussions

<http://www.nata.org/jat/readers/archives/44.4/attr-44-04-434.pdf> - Consensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in Sport Held in Zurich, November 2008