

CENTRAL CONNECTICUT STATE UNIVERSITY
ATHLETIC TRAINING HEALTH & SAFETY

ACCLIMATIZATION

Acclimatization means to adjust to the environment. Your body will need to physiologically adjust to working out. Your body will cool more efficiently by increasing sweat production sooner if you are acclimatized. Heat-related injuries are **PREVENTABLE** through proper conditioning and acclimatization. Only you can be responsible for your body's physical condition and the ability to avoid injuries through being properly prepared and acclimatized.

GET INTO GREAT SHAPE and GET USED TO THE HEAT NOW

Athletes must begin to adjust to working out in the heat and sun. DO NOT use preseason training to get into shape. It will be **too late** and may result in unnecessary injuries.

To safely acclimatize your body to the warmer temperatures, it is also particularly important that you are properly hydrated. If the temperature and humidity is dangerously high, then you must limit your conditioning to very moderate workouts or postpone it to a cooler time of the day. Avoid working out in the peak times of the day when temperatures, humidity, and air quality levels are reported to be dangerous. Also, wear light clothing and leave as much skin as possible exposed. Please do not use any type of thermal clothing or rubber suits while performing your workouts, as this is extremely dangerous, as they may lead to heat related injuries or death.

Prevention of Exertional Heat Related illness

- Monitor weight loss by weighing in **before** and **after** practice & conditioning sessions.
- Watch urine color – minimal output and or dark yellow urine indicates dehydration.
- Avoid caffeine intake – energy drinks have varying levels which can have negative performance effects and contribute to dehydration.
- Drink before you get thirsty.
- Expose as much skin as possible - avoid any unnecessary tape, wraps, or sleeves whenever possible.
- Take a cool shower immediately after each session to cool down the body.
- Do not miss any team meals – you need to eat a balanced meal to replace electrolytes, mineral and to drink additional fluids.
- If you are sick -high fever or loss of fluids from vomiting or diarrhea – **DO NOT WORK OUT!** Rest & Replace Fluids.

Signs of Dehydration & Heat Stress

- Thirst
- Cramps
- Irritability
- Headache
- Weakness
- Dizziness
- Nausea
- Decreased performance
- Diarrhea
- Loss of appetite

Staying Hydrated - bring a water bottle or small water cooler to preseason camp

- **Drink throughout the day**
- Drink at least 17-20 oz. of (3/4 water bottle) water **2 to 3 hours BEFORE** practice
- Drink an additional 7-10 oz. (1 cup) of water 10-20 minutes before practice
- Drink 7-10 oz. (1 cup) every 15 minutes of practice
- Drink 20 oz. (3/4 water bottle) of water for every one pound of weight loss that occurred and drink it within 2 hours of finishing practice
- Drink an additional water bottle 2-3 hours prior to going to bed at night

Foods & Drinks that replace Electrolytes & Minerals

- Baked potatoes
- Oranges
- Orange Juice
- Sport drinks that are 8% or less in carbohydrates
- Bananas
- Normal/additional use of salt on foods
- Pretzels
- Pickles
- Tomato Juice

Avoid

- Carbonated beverages containing caffeine
 - Alcohol
 - Iced Tea
 - Lemonade
 - Coffee/Tea
 - Fruit Juices – grape juice, fruit punches, etc.
 - Grapefruit juice
 - NCAA Banned Substances
-

PREVENTION OF STAPH AND MRSA INFECTIONS

Prevention of Staph and MRSA Infection Handout

Official Statement from the National Athletic Trainers' Association on Community-Acquired MRSA Infections (CA-MRSA)

To educate the public about the potential risks of the emergence of community acquired methicillin-resistant staphylococcus infection (CA-MRSA), the National Athletic Trainers' Association (NATA) recommends that health care personnel and physically active participants take appropriate precautions with suspicious lesions and talk with a physician.

According to the Centers for Disease Control and Prevention (CDC), approximately 25% to 30% of the population is colonized in the nose with *Staphylococcus aureus*, often referred to as "staph" and approximately 1% of the population is colonized with MRSA1.

Cases have developed from person-to-person contact, shared towels, soaps, improperly treated whirlpools, and equipment (mats, pads, surfaces, etc.). Staph or CA-MRSA infections usually manifest as skin infections, such as pimples, pustules, and boils, which present as red, swollen, painful, or have pus or other drainage. Without proper referral and care, more serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

In our experience, HYGIENE is the key to prevention. We recommend the use of an antiseptic antimicrobial skin cleanser 2-3 times per week. One such product, Hibiclens, can be purchase at most pharmacies. Additional information on Hibiclens can be found here:

<https://hibiclens.com/athletics/>

Maintaining good hygiene and avoiding contact with drainage from open skin lesions are the best methods for prevention.

Proper prevention and management recommendations may include, but are not limited to:

1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based hand sanitizer routinely.
2. Encourage immediate showering following activity.
3. Avoid whirlpools or common tubs with open wounds, scrapes, or scratches.
4. Avoid sharing towels, razors, and daily athletic gear.
5. Properly wash athletic gear and towels after each use.
6. Maintain clean facilities and equipment.
7. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy.
8. Administer or seek proper first aid.
9. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
10. Care and cover skin lesions appropriately before participation.

Source: CA-MRSA Information for the Public. Centers for Disease Control and Prevention. Available on-line at:

<https://www.cdc.gov/mrsa/index.html>

DRUG TESTING & SUPPLEMENT USE

All student-athletes may be selected randomly for drug testing according [CCSU's Institutional Drug-Testing Program of Intercollegiate Athletics](#). More information regarding CCSU's drug testing program, including banned substances and the consequences for positive drug tests can be found in the student-athlete handbook and on the Blue Devil website.

In addition to CCSU's Institutional Drug Testing Program, student athletes may also be selected randomly for the NCAA out-of-competition (year-round) drug testing program. More information regarding drug testing, including the NCAA banned substance list can be found on the following link: [NCAA Drug Testing](#).

Please remember that supplements may contain banned substances. Any supplements / performance enhancing aids (vitamins, amino acids, creatine, and/or any other dietary supplements) that you take may result in a positive drug test. CCSU student-athletes are responsible for investigating the supplement for NCAA banned ingredients through Drug Free Sport Axis (formerly the Resource Exchange Center).



[Drug Free Sport Axis](#) is a free, confidential source of information available to all involved with NCAA athletics.

Create an account. For Organization name select NCAA Division I and enter **PASSWORD: ncaa1**.

ATHLETIC TRAINING MEDICAL SCREENING

During the medical screening, the athletic training staff will review the following information with you:

- Medications* – Prescription, Over-the Counter, & Supplements
CCSU student-athletes must list the names all prescribed medications, over-the-counter medications, and supplements along with the dosages. ***Please bring a reminder note listing all medications and dosages that you are presently taking or had taken in the past one year for prescription (including asthma inhalers) and supplements.***

*** Important: The National Collegiate Athletic Association (NCAA) requires that all athletes on stimulant medication for the treatment of ADD/ADHD provide adequate documentation of diagnosis and treatment to allow for a medical exemption. Stimulant medications are typically banned for use by NCAA athletes unless medical necessity is clearly documented.**

Please remember to inform athletic training should your status change and you are prescribed medications by your physician at any time throughout the year.

Asthma Inhalers

Athletes who use inhalers may bring a second inhaler that to be kept in the possession of the athletic training staff. The inhaler must be clearly marked with your name and prescription.

Epi Pens for Allergic Reactions

Athletes who have epi-pens prescribed to them in the event of an allergic reaction may bring a second one to be kept in the possession of the athletic training staff. The epi-pen must be clearly marked with your name and prescription.

Recent Injuries, Surgery, and Physical Therapy – MEDICAT UPLOAD-

Athletes who have had a significant injury or surgery in the past 12 months must UPLOAD into MEDICAT a physician's clearance note indicating full participation in their sport. Athletes who have been receiving physical therapy must upload a script from their physician and physical therapy notes if rehabilitation is to be continued at CCSU. UPLOAD directly into [MEDICAT](#) - "MEDICAL History- VARSITY ATHLETES" Tab. Your athletic medical clearance may be delayed until all requested information is uploaded into [MEDICAT](#).

Blister Prevention

Early season training is **NOT** the time to break in brand new athletic shoes. Bring a pair of used athletic shoes to alternate with your new ones. **Also bring a pair of sport sandals or flip-flops to allow your feet to air out.** A fresh pair of socks for each practice session helps to prevent blisters.

Hydration

Critical hydration consumption takes place well before practice and again post practice, so please bring a water bottle or small cooler with you to camp to keep in your rooms.

Final Reminder: To participate in team practices or conditioning sessions, all athletes must have the following on file:

1. University pre-entrance physical including lab work. **New First-year student-athletes only.**
1. **Sickle Cell Trait Lab Results – One time, New First-year student-athletes only.**
2. Sports Physical with Medical History Review with Cardiac/Blood Pressure/Pulse Screening by a CCSU Health Provider. **New First-year student-athletes only.**
3. Impact Baseline Test and/or King Devick Baseline for Concussions – **Completed annually by all student-athletes.**
4. [MEDICAT](#) Forms – **Completed annually by all student-athletes.**
 - a. A current Emergency Contact
 - b. Insurance Demographic Information Form. Please be sure information is current and accurate. If your insurance changes at any time throughout the year, please upload directly into [MEDICAT](#) the new insurance card.
 - c. Insurance Card - Upload Copy of FRONT and BACK of a VALID insurance card.
 - d. ADD/ADHD Notification Form -

5. Concussion Injury and Disclosure Form (per NCAA, August 2010 mandate) will be completed on your team's athletic training medical screening date TBD. **Completed annually by all student-athletes.**
6. Health Service Medical History Update and Cardiac/Blood Pressure/Pulse Screening. **For veteran returning athletes only.**
7. CCSU Athletic Training Medical History. **Completed annually by all student-athletes.**

ATHLETES WILL NOT BE ALLOWED TO PRACTICE UNTIL EVERYTHING LISTED ABOVE IS COMPLETE AND ON FILE.

ATHLETE SURVIVAL KIT CHECKLIST:

As an adult you must be responsible for your well-being. At times you will need to take care of yourself, and we suggest that you bring the following:

- Current Insurance Card
- Medications – small bottle
 - Acetaminophen or brand name Tylenol
 - Ibuprofen or brand name Motrin, Aleve, Advil
 - Cold medication
- Prescription Medications
- First Aid
 - Band Aids
 - Antibiotic Ointment - Bacitracin
 - Baby Powder
 - Digital Thermometer
 - Sunscreen 70 SPF
- Hygiene
 - Shower Sandals or Sport Sandals
 - Hibiclens Soap
- Hydration and Nutrition
 - Granola Bars
 - Protein Bars
 - Sport Drink
 - Water bottle or small water cooler

NCAA Mental Health Educational Resources

The NCAA Sport Science Institute (SSI) is a leader in providing health and safety resources to college athletes, coaches, athletics administrators, and campus partners. Together with leading medical organizations, behavioral health centers and content matter experts, the SSI provides educational resources for member schools to promote and support the health and well-being of student-athletes.

Located on this page are materials and resources related to the mental health and wellness of college athletes.

<http://www.ncaa.org/sport-science-institute/mental-health-educational-resources>



Introduction

Supporting Student-Athlete Mental Wellness

for the Student-Athlete



🔊

This lesson contains audio. Please adjust your speaker settings as necessary. Loading time of screens varies based on your internet connection and computer speed.

Interassociation Consensus Document:

MENTAL HEALTH BEST PRACTICES

Understanding and Supporting Student-Athlete Mental Wellness



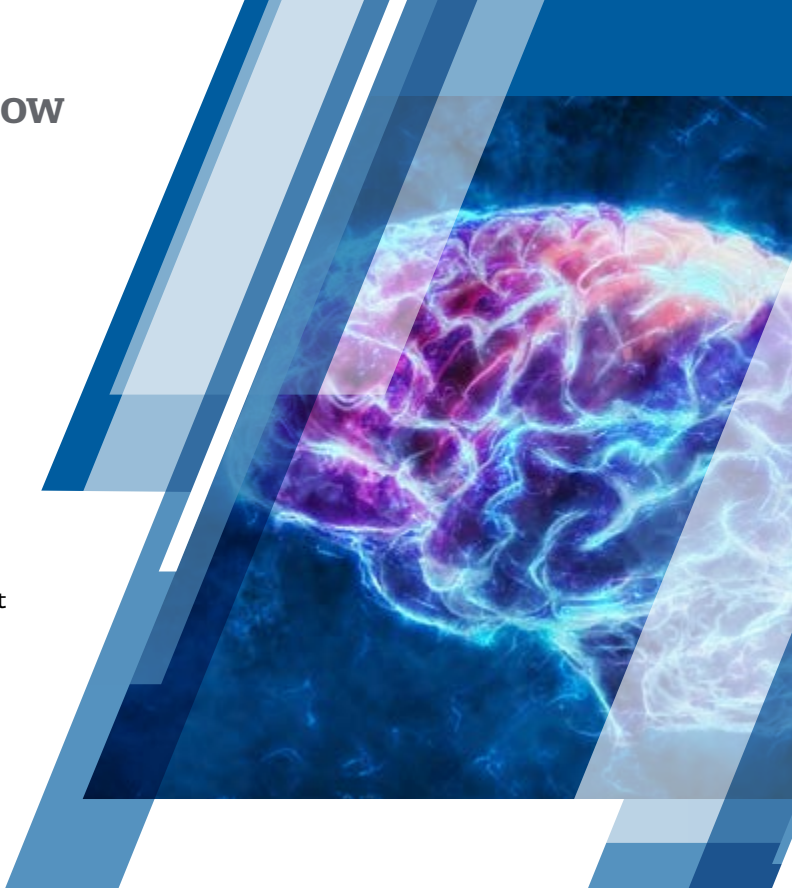
Concussion Safety

What Is a Concussion?

The Consensus Statement on Concussion in Sport, which resulted from the sixth international conference, defines sport-related concussion as follows:

Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.

Additional information on concussion diagnosis, management and prevention in collegiate athletes, including a complete definition of concussion, can be found [here](#).



How Can I Keep Myself Safe?

1. Know the symptoms.

You may experience ...

- Headache or head pressure.
- Nausea.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light or noise.
- Feeling sluggish, hazy or foggy.
- Confusion, concentration or memory problems.

2. Speak up.

- If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

3. Take time to recover.

- Follow your team physician and athletic trainer's directions during concussion recovery.
- When managed properly, most student-athletes recover fully from concussion. Exercise, under medical supervision, is a core component of concussion management.
- There may be negative consequences when concussion is left untreated.
- Once you've recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

How Can I Be a Good Teammate?

1. Know the signs.

You may notice that a teammate ...

- Appears dazed or stunned.
- Forgets an instruction.
- Is confused about an assignment or position.
- Is unsure of the game, score or opponent.
- Appears less coordinated, unsteady on feet or wobbly.
- Answers questions slowly.
- Loses consciousness.

2. Encourage teammates to be safe.

- If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
- Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

3. Support your injured teammates.

- If one of your teammates has a concussion, let them know you and the team support playing it safe and following medical advice during recovery.
- Being unable to practice or join team activities can be isolating. Make sure your teammates know they're not alone.

No two concussions are the same. Symptoms may appear several hours after the initial impact or even the next day. Symptoms may also evolve over several days. If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.

What Happens If I Get a Concussion and Keep Practicing or Competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won't be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

What is the Recovery Time for a Concussion?

- Each athlete is different, but emerging information indicates that most athletes fully recover from concussion.
- Some athletes experience persisting post-concussive symptoms, which are managed with exercise and targeted treatment.
- If your symptoms persist, you may also have another treatable condition unrelated to your concussion. If you are experiencing any ongoing symptoms, please seek medical care with the team physician.

What Do I Need to Know About Repeated Head Impacts?

- Research into the new concept of repeated head impacts is evolving rapidly.
- Most head impacts in sport occur at low levels well below the force needed to cause a sports-related concussion.
- The medical and scientific community continues to conduct research to determine if long-term exposure to head impacts may be deleterious to brain health.
- While many questions remain unanswered, the NCAA Concussion Checklist recommends that efforts should be made to reduce head impact exposure in both practice and game settings.

Chronic Traumatic Encephalopathy (“CTE”)

- In recent years, there has been ongoing research into CTE, and more research is needed to answer important questions.
- According to the Centers for Disease Control website, research-to-date suggests that CTE is associated with long-term exposure to repeated head impacts at levels that would cause injury to the brain.
- According to the CDC, there is no strong scientific evidence that shows that getting one or more concussions (or other mild traumatic brain injuries) or occasional hits to the head leads to CTE.

More research is needed to better understand:

- The causes of CTE, including the role of repeated head impacts.
- Other potential risk factors for CTE, including the role of a person's sex, genetics, medical history, and environmental and lifestyle factors.
- How the CTE pathology develops, and what symptoms CTE pathology may cause.
- Why some people develop CTE and others do not.

You can find more information on the emerging CTE research at various sources including the [CDC](#), [NINDS](#) and the [Consensus Statement on Concussion in Sport](#).

If you are concerned or have questions, please talk to your medical doctor.

Did You Know?

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.

CONCUSSION TIMELINE



Baseline Testing

Balance, cognitive and neurological tests that help medical staff manage and diagnose a concussion.



Concussion

If you show signs of a concussion, NCAA rules require that you be removed from play and medically evaluated.



Recovery

Your school has a concussion management plan, and team physicians and athletic trainers are required to follow that plan during your recovery.



Return-to-Learn

Return-to-learn should be done in a step-by-step progression in which adjustments are made as needed to manage your symptoms.



Return-to-Sport

Final return-to-sport only happens after you have returned to your pre-concussion baseline and you've gone through a step-by-step progression of increasing activity.

A Fact Sheet for Student-Athletes

Sickle Cell Trait

What Is Sickle Cell Trait?

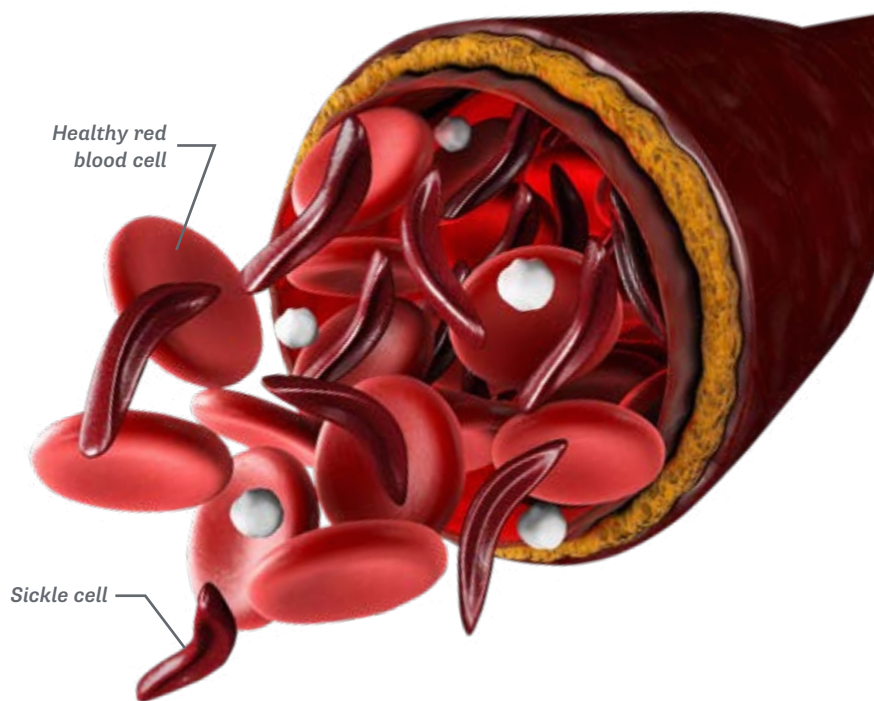
Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

- During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle.”
- Sickled red cells may accumulate in the blood stream during intense exercise, blocking normal blood flow to the tissues and muscles.
- During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

How Can I Prevent a Collapse?

- Know your sickle cell trait status.
- Engage in a slow and gradual preseason conditioning regimen.
- Build up your intensity slowly while training.
- Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.
- Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit ncaa.org/health-safety.



Do You Know If You Have Sickle Cell Trait?

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

- Sickle cell trait occurs in about 8% of the U.S. African American population, and between one in 2,000 and one in 10,000 in the Caucasian population.
- All NCAA student-athletes must provide their school with documented results from a previous sickle cell solubility test, or they must undergo testing during their preparticipation medical examination.
- Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.
- All newborns in the United States (and newborns in many other countries) undergo sickle cell testing at birth.

