Prevention of Heat Illness

Intense exercise, hot and humid weather and dehydration can seriously affect athletic performance and increase the risk of a heat related illness. Report the problems to your athletic trainer or coach immediately. There are several easy ways to prevent heat illness:

1) Gradual acclimatization to environmental conditions
   - Progress your exercise time and intensity slowly during a two-week period

2) Appropriate clothing and protective equipment
   - Dark colored and heavy clothing should be avoided
   - Break periods to take off equipment should be utilized

3) Daily measurements of environmental conditions
   - Avoid workouts during unusually hot temperatures by picking the right time of day

4) Be aware of hydration status of athletes
   - Fluid replacement should be available and encouraged throughout practice and competition

5) Know which athletes are more susceptible to heat illness
   - Those with sickle-cell trait, excess body fat, history of heat illness, inadequate rehydration, and those who regularly push themselves to capacity are my susceptible to heat illness

6) Educate athletes on signs and symptoms of heat illness

**Protect Yourself and Your Teammates**

<table>
<thead>
<tr>
<th>Know the Signs</th>
<th>Report your Symptoms</th>
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</thead>
<tbody>
<tr>
<td>• Muscle cramping</td>
<td>• High body temperature</td>
</tr>
<tr>
<td>• Decreased performance</td>
<td>• Nausea</td>
</tr>
<tr>
<td>• Unsteadiness</td>
<td>• Headaches</td>
</tr>
<tr>
<td>• Confusion</td>
<td>• Dizziness</td>
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<tr>
<td>• Vomiting</td>
<td>• Unusual fatigue</td>
</tr>
<tr>
<td>• Irritability</td>
<td>• Sweating has stopped</td>
</tr>
<tr>
<td>• Pale or flushed skin</td>
<td>• Disturbances of vision</td>
</tr>
<tr>
<td>• Rapid, weak pulse</td>
<td>• Fainting</td>
</tr>
</tbody>
</table>
Tips for athletes and coaches

Stay Cool

- Conduct warm-ups in the shade
- Schedule frequent breaks
- Break in the shade
- Use fans for cooling
- Wear light-colored, moisture-wicking, loose-fitting clothing
- Increase recovery interval times between exercise bouts and intervals

Stay Hydrated

- Drink before you are thirsty (20 oz. two to three hours before exercise)
- Drink early (8 oz. every 15 minutes during exercise)
- Replace fluids (20 oz. for every pound lost)
- Lighter urine color is better
- Incorporate sports drinks when possible

Coaches Be Prepared

- Have a call phone on hand
- Know your athletic trainer’s or local emergency numbers and program them to your phone
- Report problems to athletic trainers immediately
- Schedule breaks for hydration and cooling
- Provide ample recovery time in practices and between practices
- Encourage adequate nutrition
Concussions

What is a Concussion?

- It’s a brain injury that changes a person’s behavior, thinking or physical functioning. They are typically caused by forceful blows to the head or body that result in rapid movement of the head. Concussions can classify as impact or nonimpact. Every athlete is at risk for a concussion, not only contact sports.

Signs and Symptoms:

- Headache
- “Pressure in head”
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred Vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like “in a fog”
- “Don’t feel right”
- Difficulty concentrating
- Difficulty remembering
- Confusion
- Fatigue or low energy
- Drowsiness
- Trouble falling asleep
- More emotional
- Irritability
- Sadness
- Nervous or anxious

- Any and all suspected concussions must be reported to your athletic trainer immediately

- You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

- Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms to reappear or get worse.
Treatment of a concussion:

-Don’t hide it

Tell your athletic trainer or coach. Never ignore a blow to the head. Also tell your athletic trainer and coach if one of your teammates might have a concussion.

-Report it

Do not return to participation in a game, practice, or other activity with symptoms. The sooner you get checked out the sooner you may be able to return to play.

-Get checked out

Your athletic trainer can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep, and classroom performance.

-Take time to recover

If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussion can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

The best things to do for a concussion:

-Rest and plenty of sleep is the best thing for a concussion.

-Avoid staring at a television or computer for long periods of time.

-Taking over the counter drugs is not recommended, but if it is necessary for headaches, take NSAIDS (ibuprofen). Do not take blood-thinners (Aspirin).
Prevention:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.

- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.

- Follow your athletic department’s rules for safety and the rule of your sport.

- Practice good sportsmanship at all times.

- Practice and perfect the skills of the sport.

- Concussions can’t be eliminated completely, but precautions and proper treatment can reduce the risks of injury and help student-athletes recover. To those means, the NCAA adopted legislation in Aug. 2010 that requires each member institution to develop its own concussion management plan for reducing the risks and safely treating the injuries.

Drexel’s concussion management plan:

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No activity</td>
<td>Complete physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling keeping intensity &lt;70% maximum predicted heart rate, No resistance training</td>
<td>Increase heart rate</td>
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<tr>
<td>3. Sport-specific exercise</td>
<td>Skating drills in ice hockey, running drills in soccer. No head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>4. Non-contact training drills</td>
<td>Progression to more complex training drills, eg passing drills in football and ice hockey, May start progressive resistance training</td>
<td>Exercise, coordination, and cognitive load</td>
</tr>
<tr>
<td>5. Full contact practice</td>
<td>Following medical clearance participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>6. Return to play</td>
<td>Normal game play</td>
<td></td>
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</tbody>
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# Skin Infections

Skin infections may be transmitted by both direct (person to person) and indirect (person to inanimate surface to person) contact.

## Types of skin conditions

<table>
<thead>
<tr>
<th>Bacterial:</th>
<th>Parasitic:</th>
<th>Viral:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Impetigo</td>
<td>- Pediculosis</td>
<td>- Herpes simplex</td>
</tr>
<tr>
<td>- Erysipelas</td>
<td>- Scabies</td>
<td>- Herpes zoster (chicken pox)</td>
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<tr>
<td>- Carbuncle</td>
<td></td>
<td>- Molluscum contagiosum</td>
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<tr>
<td>- MRSA</td>
<td></td>
<td></td>
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<tr>
<td>- Folliculitis</td>
<td></td>
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<tr>
<td>- Hidradentitis suppurativa</td>
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### Fungal:
- Tinea corporis (ringworm)

### What to look for:
- Abnormal pimples, pustules or boils
- Lesions that are:
  - Red
  - Painful
  - Swollen
  - Purulent (discharging pus)
  - Warm
- Lesions that are draining pus; yellow or white center; central point or “head”; or a palpable fluid-filled cavity

“When in doubt, check it out!”
Recommendations

A. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based sanitizer routinely

B. Encourage good hygiene
   - Immediate showering after activity
   - Ensure availability of adequate soap and water
   - Pump soap dispensers are preferred over bar soap

C. Avoid whirlpools or common tubs
   - Individuals with active infections, open wounds, scrapes or scratches could infect others or become infected in this environment

D. Avoid sharing towels, razors, and daily athletic gear
   - Avoid contact with other people’s wounds or material contaminated from wounds

E. Maintain clean facilities and equipment
   - Wash athletic gear and towels after each use
   - Establish routine cleaning schedules for shared equipment

F. Care and cover skin lesions appropriately before participation
   - Keep properly covered with a proper dressing until healed
   - “Properly covered" means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the sport activity
   - If wounds can be properly covered, good hygiene measures should be stressed to the student athlete such as performing hand hygiene before and after changing bandages and throwing used bandages in the trash
   - If wound cannot be properly covered, consider excluding players with potentially infectious skin lesions from practice and/or competition until lesions are healed or can be covered adequately
Mental Health Interventions

The full range of mental health issues found in the general student population can also be found in the life of a student-athlete. The mental health of a college student is challenged by any number of factors of student life, and participation in athletics does not provide the student-athlete with immunity from mental health issues. Rather, participation in intercollegiate athletics imposes additional stressors on the student-athlete that can increase the risk for mental health issues.

There are events that may serve to trigger or exacerbate a mental or emotional health concern with a student-athlete. Some examples of these triggering events are:

- Poor performance, or perceived “poor” performance, by the student-athlete.
- Conflicts with coaches or teammates.
- A debilitating injury or illness, resulting in a loss of playing time or surgery.
- Concussions.
- Class issues - schedule, grades, amount of work.
- Lack of playing time.
- Family and relationship issues
- Changes in importance of sport, expectations by self/parents, role of sport in life.
- Violence - being assaulted, a victim of domestic violence, automobile accidents, or merely witnessing a personal injury or assault on a family member, friend, or teammate.
- Adapting to college life.
- Death of a loved one or close friend.
- Alcohol or drug abuse.
- Significant dieting or weight loss.
- History of physical or sexual abuse.
- Gambling issues.
- Post-Traumatic Stress Disorder (PTSD) for combat veterans who are now enrolled in college and participating in intercollegiate athletics.

Confidentiality

The student-athlete’s privacy must be respected unless they are at risk for harming themselves or others. The student-athlete may be encouraged to inform others about their care as they feel appropriate. If the student-athlete is under age, then refer to your institutional general counsel and student affairs office for guidance in informing the parents or guardians.
Behaviors to Monitor:

• Changes in eating and sleeping habits.
• Unexplained weight loss.
• Drug and/or alcohol abuse.
• Gambling issues.
• Withdrawing from social contact.
• Decreased interest in activities that have been enjoyable, or taking up risky behavior.
• Talking about death, dying, or “going away.”
• Loss of emotion, or sudden changes of emotion within a short period of time.
• Problems concentrating, focusing, or remembering.
• Frequent complaints of fatigue, illness, or being injured that prevent participation.
• Unexplained wounds or deliberate self-harm.
• Becoming more irritable, or problems managing anger.

APPROACHING THE STUDENT-ATHLETE WITH A POTENTIAL MENTAL HEALTH ISSUE

Approaching anyone with a concern over their mental well-being can be an uncomfortable experience. However, the health and wellness of the student-athlete is paramount. It is important to have facts correctly, with context, before arranging a private meeting with the student-athlete. The conversation should focus on the student-athlete as a person, not as an athlete. Empathetic listening and encouraging the student-athlete to talk about what is happening is essential. Consider questions that are open ended and encouraging for the student-athlete to talk about their issue:

• “How are things going for you?”
• “Tell me what is going on.”
• “Your behavior (mention the incident or incidents) has me concerned for you. Can you tell me what is going on, or is there something I need to understand or know why this incident happened?”
• “How do you feel about this (the incident or the facts presented).”
• “Perhaps you would like to talk to someone about this issue?”
• “I want to help you, but this type of issue is beyond my scope as (coach, athletic trainer, administrator, support staff member), but I know how to refer you to someone who can help.”
Important Numbers

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Tues/Thursday 10:30-7:00

Drexel Counseling Center
215-895-1415
Emergencies (after hours or weekends)
215-416-3337


