

# At Issue

A RISK MANAGEMENT NEWSLETTER FOR  
ELEMENTARY AND SECONDARY SCHOOLS



## Fall Sports

### CONTROLLING INJURIES AND ILLNESSES

By: **Scott Wells**, Sr. Risk Control Specialist, ACLM, CPP, Wright Specialty Insurance

Football and soccer are popular sports that reach their peaks during the fall season. The intent of this article is to provide suggestions to control injuries and illnesses and make participation somewhat safer.

#### FOOTBALL

Football is the number one high school participation sport in the United States, according to a survey conducted by the National Federation of State High School Associations (NFHS) during the 2015–2016 school year. The survey reported that nearly 1.1 million students played on their high school's 11-player tackle team.

Considering the collision/contact nature of the sport, injuries are common and perhaps expected.

Injuries and related illnesses can be prevented and conscious efforts should be made toward doing so. This article, which deals with injury

and illness prevention, is divided into four important categories: heat-related illnesses; injuries; equipment; and practice methods.

#### HEAT-RELATED ILLNESSES

Most high schools begin football practice in late July or August. In many regions of the United States, these are the hottest months of the summer. Competitions usually begin in late August and September. Care should be exercised to reduce/prevent the heat-related illnesses of sunburn, heat cramps, heat rash, heat exhaustion and heat stroke. Practices should be scheduled for the cooler parts of the day. Players, trainers and coaches should be required to wear appropriate sunscreen (reapplied as necessary) and drink plenty of non-caffeinated fluids. Players should be required to continuously drink fluids before they become thirsty.

Heat exhaustion and heat stroke are the most serious of the heat illnesses. The Centers for Disease Control and Prevention (CDC) provide

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a three-part Extreme Heat Prevention Guide on their website, [www.cdc.gov](http://www.cdc.gov). It is recommended that coaches, players, trainers and administrators visit the site to become informed. Symptoms of heat exhaustion include: heavy sweating; paleness; muscle cramps; fatigue; weakness; dizziness; headache; nausea; and fainting. Treatments for heat exhaustion include having the victim drink cool beverages, rest, take cool showers and go to an air conditioned environment. Heat stroke is a serious condition that can lead to death. Symptoms of heat stroke include: extremely high body temperature; red, hot and dry skin; rapid, strong pulse; throbbing headache; dizziness; nausea; confusion and unconsciousness. Treatments for heat stroke include: getting the victim to a shady area; cooling the victim rapidly such as in an immersion pool, cool shower or using a garden hose; and not allowing the victim to drink fluids. Summon emergency medical assistance for heat stroke victims. See our July 2017 Risk Alert on heat warnings for summer camps.

## INJURIES

According to the United States Consumer Product Safety Commission (CPSC), 40 percent of football-related injuries in the United States occur in boys between the ages of 15 and 19. Strains and sprains account for 30 percent of injuries, while fractures account for 22 percent. Serious cuts/lacerations account for 10 percent of injuries. While concussions account for one percent of injuries, they have the potential to be the most serious. Repeat injuries, especially to the head, are the most serious threat to life. Relevant information can be found at: [www.cpsc.gov](http://www.cpsc.gov).

The CDC lists four categories of concussion symptoms and examples:

- Thinking/remembering – lack of concentration
- Physical – headaches
- Emotional mood – irritability
- Sleep – changes in sleep patterns, such as sleeping more or less than usual.

The CDC has the HEADS UP Resource Center on its website: <https://www.cdc.gov/headsup/resources/index.html> This Resource Center has a variety of information such as fact sheets and posters. Much of this information can be used to formulate a concussion management policy. It is recommended that all public and private schools develop and maintain a concussion management policy, which includes training for coaches and trainers, as well as return-to-play protocols. States have local concussion management laws that address training, awareness and return-to-play guidelines. A list can be found at the University of Colorado at Denver website:

[http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pmr/documents/concussion\\_toolkit/laws/state.htm](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pmr/documents/concussion_toolkit/laws/state.htm)

NFHS provides free online training for concussion related topics, such as: recognizing a suspected concussion; protocols to manage a suspected concussion and return-to-play steps; and the impact of sports-related concussions on athletes. Register for courses at: <https://nfhslearn.com>

## EQUIPMENT

Having the proper equipment, inspecting it regularly, and mandating equipment use can help to reduce the severity of injuries. Equipment selection is important, as there are considerable differences between the effectiveness of different brands. The CPSC recommends that players wear soccer shoes instead of traditional football shoes with long cleats. Wearing soccer shoes can reduce ankle and knee injuries for the wearer as well as injuries to other players.

A correct fit is the key to getting the most protection from helmets. Helmets should not slide on the head with the chin strap in place. Cracked and broken helmets should be taken out of service immediately. Sitting and leaning on helmets should be prohibited and helmets should be stored in a temperature-controlled environment. The National Athletic Equipment Reconditioner Association recommends that helmets be replaced no later than ten years from the date of manufacture. Mouth guards should always be worn.

Information on recalled equipment can be found on the CPSC website. For example, in 2016, Xenith recalled one of its football helmet models due to a potential head injury hazard. As Wright Specialty learns about such recalls, risk alerts are posted at [wrightspecialty.com](http://wrightspecialty.com).

## PRACTICE METHODS

NFHS now recommends that full contact practices be limited to two to three times weekly during the season, for 30 minutes per contact practice (60 to 90 minutes per week). There should be an action plan for all injuries, and it should be understood that players do not always exhibit head injury symptoms immediately. NFHS now prohibits blindside blocks/hits as well as pop-up onside kicks. Most states comply with NFHS guidelines.

## SOCCER

The National Federation of State High School Associations (NFHS) conducted a participation survey for the 2014-2015 school year, indicating that more than 800,000 boys and girls participated in competitive soccer at the high school level. Results of the survey can be found at: [http://www.nfhs.org/participationstatistics/pdf/2014-15\\_participation\\_survey\\_results.pdf](http://www.nfhs.org/participationstatistics/pdf/2014-15_participation_survey_results.pdf)

## HEAT-RELATED ILLNESSES

As with football, most high schools begin organized soccer activities (boys and girls) in August which is often the hottest month of the summer. The recommendations made for heat-related illnesses for football apply to soccer as well.



## INJURIES

Common injuries include: ankle and knee (ACL); heel pain; mouth, face and teeth; and head. Concussions occur as a result of collisions between players, the ground or goal posts. The CDC found that girls have about a one in three (31%) chance of concussion from heading, while boys have about a one in four chance of concussion (28%). Readers may recall the 2012 study in *The American Journal of Sports Medicine* indicating that in the U.S., women's soccer had the second highest concussion rate among high school athletes behind football (*The American Journal of Sports Medicine*, April 1, 2012).

## EQUIPMENT

Shin guards should be required for all players. Consideration should be given to requiring players to wear mouth guards. Shoes should have cleats that provide sufficient heel and arch support.

Some programs — primarily girls — require that players wear a concussion headband. Often, players wearing these headbands have

a concussion history. Data available is inconclusive as to whether these headbands prevent concussion(s). However, the headbands may help to reduce the likelihood of concussion(s) caused by heading the ball or colliding with another player. There are a variety of styles that are manufactured by several companies. Ultimately, the wearing of headbands is a local or state-based decision.

## PARENTAL PERMISSION FORMS

No one should be allowed to participate — including practicing — unless there is a signed and completed permission form on file. While the elements of a permission slip vary, they typically include language granting permission for the child to participate in a specific sport; permission for school staff to obtain treatment if the child is injured and a parent/guardian is not available; emergency contact information; information about the child's health; health insurance information; acknowledgment of the risks involved; contact information for the child's pediatrician; applicable rules and requirements for participation, and any other information that parents and guardians should be made aware of.

# Playground Injury Trends

## US CONSUMER PRODUCTS SAFETY COMMISSION REPORT

This past April, the U.S. Consumer Product Safety Commission (USCPSC) released its report on playground incidents. *Injuries and Investigated Deaths Associated with Playground Equipment: 2009-2014* is a compilation of data related to incidents involving playground equipment. It outlines injury trends for playground use in the United States, with data organized by incident locations, causes, the age of the injured child, type of equipment, injury sustained and the type of treatment rendered as a result of the incident.

Of particular interest are the sections dealing with emergency department — treated injuries. According to the report for this period, the USCPSC estimates a total of 1,459,201 emergency department-treated injuries resulting from playground use — an average of 243,200 incidents each year. For the later three years (2012, 2013 and 2014), the estimated annual number of emergency department treatments is slightly higher at 247,075.

Fractures, contusions and abrasions and lacerations account for approximately two-thirds of the injuries. Nearly 60 percent of the injuries were to the arm and head. The majority of the injuries (80 percent) occurred on monkey bars or playground gyms, swings or swing sets and slides and sliding boards. Twenty-five percent occurred at a school, second only to recreation sites (35 percent).

## APPLICATION FOR WRIGHT SPECIALTY INSUREDS

Not surprisingly, playground accidents are a leading cause of claims and litigation against K-12 public schools — and this is true for Wright Specialty insureds. Playground accidents are a major cause of school-related injuries for Pre-K through elementary-aged students. Falls from equipment to the surface below or to equipment is a leading loss cause. When litigation is initiated, depending on the nature of the accident, claimants allege defective equipment, improper maintenance, unsafe surfacing or improper supervision.

The USCPSC provides safety-related material for schools. The *Public Playground Safety Handbook* contains information about equipment, fall-zones, surface material and maintenance for institutions (including schools) that have playgrounds. There is a maintenance checklist as well. It can be found at the USCPSC website at: <https://www.cpsc.gov/s3fs-public/325.pdf> Wright Specialty also has information about playground safety on its website in the Risk Management Resource Center at <http://www.wrnamerica.com/producers/resourcecenter/faq.htm>. Additionally, Wright Specialty risk control specialists are available to help with playground safety. Contact your insurance representative to arrange an appointment.



# It's a Good Time to Inspect Your Physical Education Facilities

By: **Robert Bambino**, CPCU, ARM, Wright Specialty Insurance

With parts of the country under heat alerts this week, it's hard to believe that school will be starting shortly in different parts of the country.

A look at Wright Specialty's loss experience shows that claims arising from physical education and athletics are a leading loss driver for both public and private schools. A leading cause of injury during sporting events, and an allegation that is usually included in lawsuits that arise from athletics, physical education or recreation, is unsafe facilities, fields, equipment, or gymnasiums. This is a good time of year to inspect indoor and outdoor facilities — before they are put into use.

**There are many hazards that should be inspected. Common hazards include:**

## INDOOR FACILITIES

- Inadequate safety zones around playing courts
- Improper storage of equipment
- Overcrowding
- Unsupervised areas
- Improper maintenance of facilities and equipment
- Lack of safety glass
- Wet floors in locker rooms, shower areas and around pools
- Missing warning or instruction signs
- Traffic patterns that overlap with play areas

## OUTDOOR FACILITIES

- Overlapping athletic fields
- Defects on playing surfaces
- Improper placement of dugouts or benches
- Inadequate or missing warning tracks
- Unstable bleachers or bleachers with missing guardrails
- Improper fall zones beneath and around playground equipment, or improper ground cover
- Inadequate fencing
- Missing warning or instruction signs
- Damaged challenge course equipment



**If an unsafe condition is identified and a repair cannot be done promptly, consider taking the equipment or field offline and mark it with signs, warning tape or orange-alert cones.**

# News&Views

## Sports Injuries.

What sports cause the most injuries? An article from Property Casualty 360 (April 25, 2016) lists the 20 sports that result in the most injuries to participants. <http://ow.ly/z2l730e6OcQ>

Property Casualty 360, April 25, 2016



## Studying or Traveling Abroad?

Students heading to Europe? The Centers for Disease Control and Prevention (CDC) issued a press release dealing with a measles outbreak in Europe. <https://www.cdc.gov/media/releases/2017/p0719-europe-measles.html>

## Amusement Ride Warning.

The Dutch manufacturer of the ride that malfunctioned at the Ohio State Fair — KMG International BV — told ride operators to suspend use of the “Fireball” and other similar rides.

Reuters, U.S. Legal News, July 27, 2017

## Hurricane Forecast

Colorado State University increased its 2017 Hurricane Forecast to 15 named storms and eight hurricanes, an increase from its April prediction of 11 named storms and four hurricanes.

Colorado State University Tropical Meteorology Project, July 5, 2017



# ResourceCenter

**Training or information about today's risk management-related subjects can be found in the Wright Specialty E-Learning or Title IX Learning Centers online.**

Wright Specialty is host to a number of online risk management resources. Take advantage of the free safety education courses available on Wright's 24/7 web-based training center. Visit our Title IX Resource Center to keep up with changing developments or browse our seasonal Risk Alerts to stay up-to-date on school-based risk management and safety issues. With years of experience insuring school risks, Wright Specialty Insurance provides valuable guidance for school administrators to help reduce injuries to students, staff and visitors, and to prevent damage to property. You can access our national Employment Liability Hotline for help with every day employment-related issues. The Hotline is available Monday - Friday from 8:30 a.m. to 6:00 p.m. eastern time. Call 866-758-6874.

**For easy registration for our e-Training Center and for access to the Resource Center, contact Amy Kielb to receive your access code at: 516-750-9457 or [akielb@wrightinsurance.com](mailto:akielb@wrightinsurance.com)**



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