

Appendix A

Guidelines for Game Officials for Serious On-Field Player Injuries

1. Players and coaches must go to and remain in the bench area. Direct players and coaches accordingly. Always ensure adequate lines of vision between the medical staffs and available emergency personnel.
2. Attempt to keep players a significant distance away from the seriously injured player or players.
3. Do not allow a player to roll an injured player over.
4. Do not allow players to assist a teammate who is lying on the field; i.e., removing the helmet or chin strap, or attempting to assist breathing by elevating the waist.
5. Do not allow players to pull an injured teammate or opponent from a pile.
6. Once the medical staff begins to assist an injured player, all members of the officiating crew should control the total playing field environment and team personnel, and allow the medical staff to perform services without interruption or interference.
7. Players and coaches should be appropriately controlled to avoid dictating medical services to the athletic trainers or team physicians, or taking up their time to perform such service.

Note: Officials should have a reasonable knowledge of the location of emergency personnel equipment at all stadiums.

(The Rules Committee expresses its appreciation to the National Football League for development of these guidelines.)

Appendix B

Guidelines for Game Officials and Game Management To Use Regarding Lightning

The purpose of this appendix is to provide information to those responsible for making decisions about suspending and restarting games based on the presence of lightning.

Lightning is the most consistent and significant weather hazard that may affect outdoor sport. While the probability of being struck by lightning is low, the odds are significantly greater when a storm is in the area and proper safety precautions are not followed.

Education and prevention are the keys to lightning safety. Authorities should begin prevention long before any athletics event or practice by being proactive and having a lightning safety plan in place. The following steps are recommended to mitigate the lightning hazard:

1. Designate a person to monitor threatening weather and to make the decision to remove a team or individuals from an athletics site or event. A lightning safety plan should include planned instructions for participants and spectators, designation of warning and all-clear signals, proper signs, and designation of safer places for shelter from the lightning.
2. Monitor local weather reports each day before any practice or event. Be diligently aware of potential thunderstorms that may form during scheduled athletics events or practices. Weather information can be found through various means via local television news coverage, the Internet, or national weather services.
3. Be informed of severe weather warnings, and the warning signs of developing thunderstorms in the area, such as high winds or darkening skies.
4. Know where the closest safer structure or location is to the field or playing area, and know how long it takes to get to that location. A safer structure or location is defined as:
 - a. Any building normally occupied or frequently used by people, i.e., a building with plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid using the shower or plumbing facilities and having contact with electrical appliances during a thunderstorm.
 - b. In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (neither a convertible, nor a golf cart) with the windows shut provides a measure of safety. The hard metal frame and roof, not the rubber tyres, are what protects occupants by dissipating lightning current around the vehicle and not through the occupants. It is important not to touch the metal framework of the vehicle.
5. Lightning awareness should be heightened at the first flash of lightning, clap of thunder, and/or other criteria such as increasing winds or darkening skies, no matter how far away. These types of activities should be treated as a warning or wake-up call to event personnel. Lightning safety experts suggest that if you hear thunder, begin preparation for evacuation; if you see lightning, consider suspending activities and heading for your designated safer locations.

The following specific lightning safety guidelines have been developed with the assistance of lightning safety experts. Design your lightning safety plan to consider local safety needs, weather patterns and thunderstorm types.

- a. As a minimum, lightning safety experts strongly recommend that by the time the monitor observes 30 seconds between seeing the lightning flash and hearing its associated thunder, all individuals should have left the athletics site and reached a safer structure or location.
- b. Please note that thunder may be hard to hear if there is an athletics event going on, particularly in stadiums with large crowds. Implement your lightning safety plan accordingly.
- c. The existence of blue sky and the absence of rain are not guarantees that lightning will not strike. At least 10 percent of lightning occurs when there is no rainfall and when blue sky is often visible somewhere in the sky, especially with summer thunderstorms. Lightning can, and does, strike as far as 10 (or more) miles away from the rain shaft.
- d. Avoid using landline telephones, except in emergency situations. People have been killed while using a landline telephone during a thunderstorm. Cellular or cordless phones are safe alternatives to a landline phone, particularly if the person and the antenna are located within a safer structure or location, and if all other precautions are followed.
- e. To resume athletics activities, lightning safety experts recommend waiting 30 minutes after both the last sound of thunder and last flash of lightning. If lightning is seen without hearing thunder, lightning may be out of range and therefore less likely to be a significant threat. At night, be aware that lightning can be visible at a much greater distance than during the day as clouds are being lit from the inside by lightning. This greater distance may mean that the lightning is no longer a significant threat. At night, use both the sound of thunder and seeing the lightning channel itself to decide on resetting the 30-minute return-to-play clock before resuming outdoor athletics activities.
- f. People who have been struck by lightning do not carry an electrical charge. Therefore, cardiopulmonary resuscitation (CPR) is safe for the responder. If possible, an injured person should be moved to a safer location before starting CPR. Lightning-strike victims who show signs of cardiac or respiratory arrest need prompt emergency help. Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes.

Automatic external defibrillators (AEDs) have become a common, safe and effective means of reviving persons in cardiac arrest. Planned access to early defibrillation should be part of your emergency plan. However, CPR should never be delayed while searching for an AED.

Note: Weather watchers, real-time weather forecasts and commercial weatherwarning devices are all tools that can be used to aid in decision-making regarding stoppage of play, evacuation and return to play.

Dangerous Locations

Outside locations increase the risk of being struck by lightning when thunderstorms are in the area. Small covered shelters are not safe from lightning. Dugouts, rain shelters, golf shelters and picnic shelters, even if they are properly grounded for structural safety, are usually not properly grounded from the effects of lightning and side flashes to people. They are usually very unsafe and may actually increase the risk of lightning injury. Other dangerous locations include areas connected to, or near, light poles, towers and fences that can carry a nearby strike to people. Also dangerous is any location that makes the person the highest point in the area.

Adapted by IFAF from NCAA guidelines.

Appendix C

Concussions

A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head. Concussions can occur without loss of consciousness or other obvious signs. A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

Recognize and Refer: To help recognize a concussion, watch for the following two events among your players during both games and practices:

1. A forceful blow to the head or body that results in rapid movement of the head. -AND-
2. Any change in the player's behavior, thinking or physical functioning (see signs and symptoms).

SIGNS AND SYMPTOMS

Signs Observed By Coaching Staff

Appears dazed or stunned
Is confused about assignment or position
Forgets plays
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 before hit or fall
Can't recall events after hit or fall

Symptoms Reported By Player

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."

An athlete who exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or during exertion, should be removed immediately from practice or competition and should not return to play until cleared by an appropriate health care professional. Sports have injury timeouts and player substitutions so that players can get checked.

IF A CONCUSSION IS SUSPECTED:

1. Remove the athlete from play. Look for the signs and symptoms of concussion if the athlete has experienced a blow to the head. Do not allow the athlete to just "shake it off". Each individual athlete will respond to concussions differently.
2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Immediately refer the athlete to the appropriate athletics medical staff, such as a certified athletic trainer, team physician or health care professional experienced in concussion evaluation and management.
3. Allow the athlete to return to play only with permission from medical personnel. Allow athletics medical staff to rely on their clinical skills and protocols in evaluating the athlete to establish the appropriate time to return to play. A return-to-play progression should

occur in an individualized, step-wise fashion with gradual increments in physical exertion and risk of contact. Follow your institution's physician supervised concussion management protocol.

4. Develop a game plan. Athletes should not return to play until cleared by the appropriate medical personnel. In fact, as concussion management continues to evolve with new science, the care is becoming more conservative and return-to-play time frames are getting longer. Coaches should have a game plan that accounts for athletes to be out for at least the remainder of the day.