



HOD Safety Chair Report

I recently attended the USA Swimming Safety Chairs Workshop in Denver Colorado.

Topics that were covered included: Hypoxic Blackout, Coaching Credentials, Deck Control, Risk Management, Backstroke ledges/start legislation, and concussion management.

Hypoxic Blackout

Key Points:

- Can occur anytime, more often after hard workouts
- Can result from hyperventilation
- Can happen to any swimmer, even the best swimmers
- See attached from YMCA and ARC.
- Bob Bowman Video available on USA Swimming Site.

Coaching Credentials/Deck Control

Key Points:

- Deck Pass is working to let coaches know when they are expired or close to expiring. Exploring options to make it even more effective. Many coaches are still on deck with expired credentials.
- How do we as an LSC make sure only credentialed coaches are on deck at meets? Some clubs do this well, many do not check. How can we make this more efficient? Who should be checking credentials? Meet director ultimately should be checking.
- YMCA and ARC have teamed up and now you can get STSC by going to a local Y and seeing a Lifeguarding instructor.
- Warmups at meets. How can we control these better? Roles of meet marshals. Shouldn't be handing our heat winners, running bull pens, etc.
- Non athlete members recommended age is 18 years and up.
- Parents should NOT be in locker rooms. Meet Marshals should be walking through periodically to make sure there isn't anything happening that shouldn't be.
- Make sure your facility has a functional and well stocked first aid kit!!

Risk Management

- Updated Report of occurrence form on USA Swimming site and Illinois Swimming Site.
- Clubs should continue to send in ROO for any injury sustained while at practice and/or meets. Also a copy should be sent to LSC Safety Chair.
- Many ROO for dryland-specifically using PLYO boxes. Be careful when using this equipment!
- Clubs who hire trainers to facilitate dryland must have a USA Non-Athlete member at the dryland as well. Otherwise Trainer needs to be a Non-Athlete member.
- In 2014 there were 41 ROO of in water collision. 34 occurred during meet warmup. How can we make this safer?
- Clubs are responsible for certifying that kids can dive. This includes older swimmers who transfer to a new club and new swimmers to the team.

Backstroke Ledges/Start Legislation

Legislation will be presented at USAS regarding depth rules for ledges. The proposed legislation will state that ledges can't be used in water less than 4 ft. Reason: Backstroke ledges lead to deeper and longer backstroke starts.

- Certification and progression for teaching backstroke starts is coming.
- Minimum teaching depth for ALL racing starts is 6 feet.

Concussion Management presented by Dr. Danny Mistry

- Concussions account for 10% of injuries (not just in swimming)
- Typically takes 5-7 days to recover from all symptoms, however depending on severity could take weeks, months
- Concussions are an illness, not just an injury
- Amount of symptoms will determine recovery time
- If you suspect a concussion swimmer is OUT for that day and can't get in until cleared by a doctor. Symptoms can show up even 2-3 days later.
- USA swimming concussion management info. Needs to be on website and sent to all clubs.

There is now a risk management tab on the IL swim website. It has several resources and will continue to be updated with new information as I get it.

Respectfully Submitted,

Melissa Healy

USA Swimming Operational Risk Committee Consensus Statement on Concussions

1.0 Purpose

The operational risk committee is responsible for providing a proactive environment regarding assessment of risks, and developing guidelines and educational requirements. USA Swimming and its members are aware of the growing concern regarding concussion management. The purpose of this document is to implement guidelines for member clubs (Clubs), Local Swimming Committees (LSCs) and meet hosts (Hosts). USA Swimming is providing a sample document which may be modified to meet your state requirements.

2.0 Guidelines

All athletes, coaches, officials and parents should receive fact sheets on concussions from their Club, LSC and/or Hosts. Any athlete suspected of sustaining a concussion should be removed immediately and should not return until evaluated and cleared by a licensed health care professional, trained and experienced in evaluating and management of concussions, acting within scope of practice. Compliance with all state and local laws dealing with concussion is the responsibility of the Club and/or LSC. A sample fact sheet is attached to this Policy. Electronic communication of the fact sheet (email blast) is permitted.

3.0 Application of the Guidelines

Clubs, LSCs, and Hosts are responsible for compliance with state laws regarding concussion management and education. Each state may have specific regulations that impact USA Swimming member clubs, coaches, officials, and/or sanctioned events. Some examples: Many states require coaches and officials to take courses on recognizing the symptoms of concussions and head injuries. Other states require sharing of fact sheets on concussions with coaching staff, officials, athletes and parents. A few states, such as California, may require organizations using school district facilities provide a statement of compliance with the policies for the management of concussion and head injuries required of the school districts by state laws. All of these guidelines are designed to protect an athlete, who is suspected of sustaining a concussion or head injury during an event, from returning to practice or competition until they are evaluated and cleared by a licensed health care professional trained in the evaluation and management of concussions, acting within the scope of his or her practice. Most states, the National Federation of State High School Associations, and the CDC have educational resources that can be utilized. Concussion fact sheets must be shared with coaches, athletes, officials and parents.

4.0 Objectives

The primary goal of the Guidelines is to reduce the risk of harm to athletes and to educate coaches, parents, officials, clubs, LSCs, and hosts on the importance of concussion management. To the extent that health care professionals are involved in USA Swimming sanctioned events, they should review the Guidelines and the Consensus statement on concussion in sport developed at the 4th International Conference on Concussion in Sport held in Zurich, November 2012, or similar educational material.

5.0 What is a Concussion?

The Centers for Disease Control and Prevention (CDC) define concussion as “a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head that can change the way your brain normally works.” Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. The Zurich Conference on Concussion in Sport also states that concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, symptoms and signs may evolve over a number of minutes to hours or in some cases may be even more prolonged.

6.0 Signs and Symptoms of Concussions:

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring signs or symptoms can put an athlete’s health at risk!

Signs Observed by Coaches, Officials, Parents or Guardians

- Appears dazed, stunned or confused
- Unsure about event, location, or name of meet
- Forgets an instruction or assignment
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior or personality changes – irritability, sadness, nervousness, emotional
- Can’t recall events before or after incident

Symptoms Reported by Athlete

- Any headache or “pressure” in head - how badly it hurts does not matter
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light and/or noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”
- Trouble falling asleep

- Sleeping more or less than usual

7.0 Administration

- Most states have passed legislation to establish laws and policies for concussion management and education to effectively prevent and diagnosis the condition.
- Each Club, LSC, and Host is responsible to identify and be in compliance with the state and local laws including educational and insurance requirements for the management and treatment of concussions.
- All coaches, officials, athletes, and parents should be familiar with the concussion information sheet for swimmers and the Guidelines.
- LSC Officials Chairs are responsible for distributing the Guidelines to “Unattached” Officials.
- USA Swimming provides members an excess accident medical insurance policy through Mutual of Omaha. This policy is excess to a member’s personal medical insurance coverage while participating in an USA Swimming sanctioned, sponsored, or approved event, including practice. The policy becomes primary if the member has no medical insurance coverage with a \$100 deductible. The coverage is outlined on the USA Swimming website under member resources/programs and services/insurance and risk management. If your state has a specific insurance requirement, USA Swimming Risk Management should be notified and contacted immediately so the appropriate certificates of insurance (COIs) can be issued.

8.0 Reference Material

Centers for Disease Control and Prevention

www.cdc.gov/Concussion

Zurich Concussion Conference (2012)

Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012 - <http://bjsm.bmj.com/content/47/5/250.full>

California Assembly Bill 25

School districts that permit athletic competition by nonprofit organizations require an athlete who is suspected of sustaining a concussion or head injury during the meet or practice to be immediately removed from the activity for the remainder of the day. The athlete cannot return until he or she is evaluated by, and receives written clearance from, a licensed health care provider, trained in the management of concussions, acting within the scope of his or her practice.

ODH Violence and Injury Prevention Program

www.healthyohioprogram.org/concusion

National Federation of State High School Associations

www.nfhs.org – Index concussions and see “A parent’s guide to concussion in sports”.



Joint Statement from the American Red Cross and YMCA of the USA on Hypoxic Blackout and Inaccurate Use of the Terminology Shallow Water Blackout

FOR IMMEDIATE RELEASE

Contact: FOR MEDIA ONLY

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CHICAGO, May 27, 2015 – The practices of hyperventilation preceding underwater swimming and extended breath-holding in the water are dangerous and potentially deadly activities. These activities can put the body in a state of hypoxia—a condition in which the body is deprived of adequate oxygen supply. It is our goal to educate those that we teach about the risks of hypoxia in the water and help ensure that they do not engage in behavior that could result in loss of consciousness and death. This includes lifeguards, swim instructors and swim coaches, participants in our learn to swim programs and their parents as well as the general public who engages in aquatic activities.

The result of these activities is referred to by some as “shallow water blackout.” The use of this terminology in these cases is misleading since water depth is not a factor in the body’s response to hyperventilation and extended breath-holding. Shallow water blackout is the medical condition that can result in unconsciousness in water that is typically less than 15 feet (5 meters) deep either from diving equipment failure or as a breath-hold diver returns to the surface. There are specific precautions and prevention strategies for this condition.

In an effort to be more clear and accurate, the American Red Cross and YMCA of the USA (Y-USA) do not use the term shallow water blackout. In our training programs and public education, our organizations use terminology that describes the dangerous behaviors that should be prevented—voluntary hyperventilation preceding underwater swimming and extended breath-holding. For simplicity, we refer to this condition as hypoxic blackout.

Lifeguards, instructors and coaches are trained to be alert and prevent swimmers attempting to hyperventilate and engage in extended breath-holding activities. Lifeguards are taught to respond quickly to any individual who is motionless in the water for any reason, including loss of consciousness. Swim instructors are also taught to limit participants to a single inhalation whenever they ask participants to hold their breath and submerge, and to set safety limits whenever setting up activities that involve underwater swimming. Being confident and comfortable underwater is an essential aquatic skill. Knowing what breath holding techniques are unsafe is important in exercising good judgment for safe skill practice and supervision of underwater aquatic activities.

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