



Operational Risk Report

April 5th, 2017

Reports of Occurrence

No ROO submitted to me from last board meeting until present.

New Information

I have attached the latest from USA Swimming on Hypoxic Blackout and concussions.

Respectfully Submitted,

Melissa Healy

Operational Risk Chair



CONSENSUS STATEMENT ON CONCUSSIONS

USA Swimming Operational Risk Committee

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



CONCUSSION INFORMATION SHEET

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe.

Signs and Symptoms of a Concussion

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 any signs or symptoms of a concussion puts your child’s health at risk!

Signs Observed by Coaches, Officials, Parents or Guardians

- Appears dazed, stunned or confused
- Unsure about event, location of name of meet
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes – irritability, sadness, nervousness, emotional
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Symptoms Reported by Athlete

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- 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

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss practice or meets than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention on the day of the event is an important first step if you suspect or are told your swimmer has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities:

- No athlete should return to activity on the same day he/she gets a concussion
- No athlete may return to training, regardless of sport, until he/she is cleared by a health care professional with a note specifying clearance. Athletes should NEVER return to the pool if they still have ANY symptoms..... in case an athlete returns with a note and then during the practice complains of a headache or other symptoms
- Parents and coaches should never pressure any athlete to return to play

The Dangers of Returning Too Soon

Returning to the pool too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover. During the recovery time after a concussion, physical and mental rest is required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.

Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help can be removed gradually.

Returning to the Pool

1. Returning to the pool is specific for each person. As an example, California law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER be on deck, practice, or participate in competition if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.

Resources:

Insurance - USA Swimming provides an excess accident medical insurance policy through Mutual of Omaha for USA Swimming members while participating or volunteering in a USA Swimming sponsored or sanctioned event. Details of the insurance coverage are on the USA Swimming website under Insurance and Risk Management.

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>

ODH Violence and Injury Prevention Program - www.healthyohioprogram.org/concussion

National Federation of State High School Associations - www.nfhs.org – Index concussions and see “A parent’s guide to concussion in sports”.



HYPOXIC TRAINING RECOMMENDATIONS

USA Swimming, Inc. Operational Risk Committee Wednesday, September 21, 2016

If hypoxic training is utilized by coaches in the development of advanced competitive swimmers, it must be conducted only when following appropriate principles and under the direct supervision of an experienced coach. These principles are:

1. Coaches should stress to athletes that they should never ignore the urge to breathe.
2. Hypoxic training should involve progressive overload, in line with the athlete's physical and skill development – for example, beginning with efforts over 5m, 10m, then 15m etc. - as the swimmer develops the appropriate skills and physiological capacity.
3. Coaches should ensure adequate rest between hypoxic efforts to ensure full recovery.
4. Athletes should not hyperventilate (take multiple, deep breaths) prior to any underwater or other hypoxic efforts.
5. Hypoxic training should not involve competitive efforts of maximum duration, or distance covered.

Hypoxic Training – On the Surface and/or Underwater

Drills may be conducted as part of on top of the water training or under water training. Extreme care must be undertaken by the coach when under water training is being conducted. The risk of a swimmer losing consciousness when on the surface is lower than during underwater swimming drills. While on the surface, swimmers are more likely to take a breath when needed whereas underwater they may resist the urge to breathe. In addition, any loss of consciousness while swimming on the surface is more likely to be noticed by coaches or aquatic supervisors, allowing for a faster rescue response. If a swimmer loses consciousness underwater, that swimmer may go unnoticed for a period of time thereby increasing the likelihood of injury.

Common risk reduction strategies include:

- Hypoxic training should involve progressive overload, in-line with the swimmer's physical and skill development – for example, beginning with efforts over 5m, 10m, then 15m etc. - as the swimmer develops the appropriate skills and physiological capacity.
- Adequate aquatic supervision is provided. Swimmers should never swim alone
- Never hyperventilate (take multiple, deep breaths) prior to any hypoxic training or efforts or before any underwater swims.
- Structuring sessions to minimize involuntary hyperventilation immediately prior to a hypoxic set.
- Encouraging swimmers to breathe as needed and to stay within their comfort zone.
- Ensuring adequate rest for full recovery between hypoxic efforts. Recovery time will vary from swimmer to swimmer.

- Hypoxic training should not involve competitive efforts of maximum duration, or distance covered. Coaches and swimmers must not engage in breath holding games or challenges.

Underwater Drills

Common underwater activities that can lead to hypoxic blackout include repeated underwater swims or underwater kicking drills as well as stationary breath holding competitions for time. In all instances, the nature of the risk can be high. Even with successful resuscitation, complications including hypoxic brain damage and respiratory infection can occur.

The following considerations must be factored into hypoxic underwater training:

1. Coaches should be aware of the dangers and understand the risks of hypoxic training.
2. Swimmers should be instructed to surface and breathe when they feel it necessary when swimming underwater. Never resist the urge to breathe.
3. Stationary breath holding should never be used as a training method.
4. Only one deep breath should be allowed prior to submersion. Hypoxic blackout is closely linked to hyperventilation.
5. Underwater drills should be at the start of a workout when swimmers are not close to their maximum aerobic capacity (VO₂ max).
6. In general, the drill distance should not exceed 25 yards for a one time attempt. No immediate repeat attempts or challenges should be undertaken. More experienced, elite, athletes may attempt longer distances but should only do so under direct supervision of an experienced coach.
7. Allow adequate time for recovery, which will vary from swimmer to swimmer. Some guidelines suggest at least a two minute recovery time should be allowed before attempting another underwater swim, depending on age and experience.
8. No competitions or challenges; i.e. see who can swim the greatest distance underwater or hold their breath for the longest time will be conducted by coaches or swimmers.
9. There will be no pressure or penalties for swimmers who are unable to hold their breath as long as other swimmers.