



# White Paper: Reducing Sports-Related Risk in Your School District

## Spurred by tragedy, stakeholders unite to improve athlete safety in Arkansas: A Case Study Provided by the National Athletic Trainers' Association

The quest to improve student athlete safety at the secondary school level in Arkansas began at state universities in the late 1980s. Collegiate athletic trainers noticed incoming freshman athletes were coming in with injuries that hadn't been properly handled at their high school, and their athletic careers were suffering because of it. Noticing a need for better athlete health care in Arkansas high schools, the collegiate athletic trainers joined forces with physicians to start outreach programs to the local schools.

When Jason Cates, ATC, LAT, was hired as the athletic trainer at Cabot High School in 2011, the state of Arkansas had only six athletic trainers working at high schools. The vast majority of secondary school student athletes in the state's 300+ high schools were at risk—participating in sports without any on-site medical care. Cates and a few other athletic trainers started rallying the troops. They identified the most important safety issues and worked to bring key stakeholders to the table to discuss how to make positive change and reduce risk for the schools and athletes.

"It's all about the kids," Cates would explain to legislators and other state entities involved in high school athletics. "Who is taking care of them?"

Support grew as the athletic trainers collaborated with other health care professionals, including school nurses, EMS and physical therapists. A presentation about the state's shortcomings in student athlete safety struck a chord with the governor of Arkansas, and he appointed a legislative task force to formalize the group's efforts. Soon after, the Arkansas Activities Association approved the creation of the Sports Medicine Advisory Committee.

Progress was steady, but many key stakeholders remained noncommittal. When PBS arrived in Arkansas in 2010 to film a feature about a small private school's rise to athletic success, they found another story instead: Three high school student athletes had experienced severe exertional heat illness – including one fatality – and another was in critical condition after contracting a staph infection (he died from complications stemming from the infection). The schools where these tragedies occurred did not have emergency action plans or policies related to heat acclimatization or communicable disease. They didn't have athletic trainers on staff to provide medical care. The safety situation for secondary school athletes across Arkansas was "indefensible," according to Cates.

PBS aired a national story asking the same question: Who is taking care of these kids?

Cates and his colleagues continued to push for policy changes, and thanks to the PBS documentary, many key stakeholders now understood the risk and urgency of the issue. From there, the positive changes were swift. H.B. 1214 was signed into law in 2011, mandating that every secondary school athletic venue have emergency action plans in place. Coaches were required to be educated on communicable diseases, concussion and exertional heat illness. Schools were encouraged to hire athletic trainers to be the expert in executing these requirements, which also included parent/student athlete health care meetings and implementing policies and procedures for athletic injuries during practices and games. Each school's emergency action plans were required to be registered with local emergency providers annually and needed to include aggressive cooling modalities to combat heat illness risks in accordance with policies recommended by the National Athletic Trainers' Association.

Over the next four years, Arkansas continued to implement more thorough and sophisticated policies related to student athlete health care in accordance with national recommendations. Policies were developed to address concussion management and new football preseason guidelines were adopted to lower the risk of both heat illness and concussion. In 2013, they added a policy for lightning safety. As a result of these efforts there have been no high school student-athlete deaths in Arkansas since 2012.

In 2016, they began studying the best way to prevent recurrent injuries in baseball pitchers (pitch count versus innings pitched) and are developing emergency action plans related to mental health and suicide prevention. Also on the docket are two major issues related to student athlete safety: sudden cardiac arrest and exertional sickling.

Developing policies was one piece of the puzzle, but the schools needed experts on-site to implement the safety measures required by the state. Many schools expressed a desire to hire an athletic trainer, but struggled to make it work financially. By working with the Arkansas Department of Career and Technical Education to develop a sports medicine course at the high school level, many schools were able to hire athletic trainers to both teach the curriculum and provide health care for student athletes. Participating schools receive money from the state when technical career program students graduate and earn their completer certificate. Not only are these schools mitigating risk by having a health care professional on-site to care for athletes and manage safety policies, but the investment is paying off as more students graduate from the technical career program.

Reducing risk and improving athlete safety in secondary schools is not as daunting as it sounds. The following risk-mitigation strategies are cost effective and relatively easy to implement:

- **Require emergency action plans for every athletic venue.** If a school cannot answer questions such as, "What EMS company is providing emergency care for sporting events? Who has the key to the gate to let the ambulance drive on to the field in case of a cervical spine injury? Where are the automated external defibrillators (AED) located in the building? When is the last time the AEDs were serviced?" there is a strong need to either update or develop thorough emergency action plans. The best part? This important change can be made with no cost to the school or school district.
- **Develop injury-specific policies and procedures.** Different injuries require different policies. For example, schools should have concussion management policies along with return-to-play and return-to-learn policies for athletes who are recovering from concussions. Again, these policies may take time and effort, but they do not require special funding.
- **Hire an athletic trainer.** "I'll never say that [a tragedy] can't happen on my watch, but I will say that I will make it as hard to happen as possible by making sure we have the proper policies in

place,” Cates explained. Based on their unique education and skill set, an athletic trainer would be the logical person to develop and implement the policies described above as well as handle care for both acute and chronic injuries due to their unique knowledge of medicine as it applies to the physically active. The personnel investment is minimal when compared to the increased liability of schools that do not provide on-site medical care for student athletes.

- **Reduce your insurance premium.** If you do hire an athletic trainer, you have a compelling case for lowering your district’s insurance policy. Arkansas was able to negotiate lower premiums when they showed that athletic trainers would serve as gatekeepers for the school insurance policy. This meant athletic trainers would ensure that only injuries sustained in athletic participation for the school district were submitted through the school insurance policy.

### **Facts About School Sports and Athletic Trainers**

- According to the CDC, many sports-related injuries are predictable and preventable. Additionally, the CDC also reports that 62% of sports-related injuries occur during practice.
- A study from the American Academy of Pediatrics showed that the presence of athletic trainers can have a significant positive impact on student athlete health, resulting in lower injury rates, improved diagnosis and return-to-play decisions for concussion and other injuries. An AT can also result in fewer recurrent injuries.
- As health care professionals, athletic trainers document the athletes, treatments, seasons and sports they oversee. Schools that employ athletic trainers have been able to show cost savings of as much as \$80,000 a year to student athletes and their families based on the treatment that the student athletes receive free of charge through the school versus receiving care on their own.

### **Questions to Consider**

- Is your school doing everything possible to reduce the risk of sports-related injury, fatalities and lawsuits?
- Do you have emergency action plans for all practice and game locations?
- Do you have injury-specific policies and procedures?
- Who is taking care of your student athletes during their practices and games?

### **Resources**

- How at risk are your student athletes? [Take this quiz to learn more.](#)
- Safe sports begin with the adoption of key safety practices. This interactive map gives a state by state look at several key factors that are critical to improving the overall safety of sports for athletes. See how your state compares: [At Your Own Risk - Sports Safety Map](#)
- Do you know the benefits of physical activity for students in your school? What about the risks that student-athletes face? Do you know how to reduce these risks for your students and your school? [Learn more about these important issues.](#)