# WELCOME

# DIAA
# Rule Clinics
# Spring 2021

# Agenda

- **Welcome**
- **DIAA Updates**
  - Return to Play Sport modifications
  - Sports Medicine Advisory Committee
  - **NFHS Rules - DIAA Rules Interpreter**

# DIAA STAFF

**Donna Polk, Executive Director**
**Steph Mark, Coordinator of Athletics**

**Main Number: 302-857-3365**

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# Connect with DIAA

**Page: Delaware Interscholastic Athletic Association**

www.facebook.com/DelawareInterscholasticAthleticAssociation

## Twitter

**@DIAA_Delaware**

## Instagram

**@DIAA_de**

Education through Athletics

# DIAA PURPOSE

- *to preserve and promote the **educational significance** of interscholastic athletics;*
- *to ensure that interscholastic sports remain compatible with the **educational mission** of the member schools;*
- *to provide for **fair competition** between member schools;*
- *to promote **sportsmanship** and ethical behavior;*
- *to establish and enforce **standards of conduct** for athletes, coaches, administrators, officials and spectators;*
- *to protect the **physical well-being** of athletes; and*
- *to promote **healthy adolescent lifestyles**.*

# DIAA

http://www.doe.k12.de.us/diaa

**Starting point for ALL DIAA information and related links**

# COVID-19 - DIAA Website

DOE Main | Schools | Instruction and Assessment | Supports | Educators | Accountability and Performance | DIAA

COVID-19 | About DIAA | Sports | Athletic Directors And Coaches | Officials | Sports Medicine | Forms and Manuals | Parents a

DIAA / COVID-19 / Return to Play Plan

**RETURN TO PLAY PLAN**

- Coronavirus COVID-19
- DIAA Regulation 1010
- Guidance Documents
- FAQ – PPE
- AD Resources/Forms
- Screening Surveys
- COVID-19 Resources
- COVID-19 Signage

## Coronavirus COVID-19

The DIAA continues to closely monitor COVID-19 and is taking proactive measures to mitigate the i
the virus. When it comes to decision-making, our commitment is this: protect the health and safety
interscholastic student athletes.

# COVID-19

**Regulation 1011 - Guidelines for DIAA Interscholastic Athletics during COVID-19**

- Approved DPH face coverings must be worn at all times
- All coaches, support staff, student athletes, and officials shall complete the COVID-19 pre-screening questionnaire before any athletic activities
- Follow member school protocol for if any COVID symptoms are reported.

# COVID-19

## Regulation 1011 - Guidelines for DIAA Interscholastic Athletics during COVID-19

- Players and/or coaches should be spaced at least 6” apart when not actively playing on the field
- 1 hand sanitizer station - per every 15 student athletes.
- Scrimmages count as a contest and cannot occur before the competition date.
- Coaches and staff should have their face covering on at all times and should not be taken down to coach/yell
- Students shall bring their own water bottles and they shall not share water bottles whatsoever. Hydration stations/communal water jugs are prohibited.

# Mask Guidance

**Face coverings should be two layers that fit tightly around the mouth and nose without gaps.**

Student-athletes, Coaches, Officials:

- Face coverings with valves are prohibited.
- 2 layer gaiters that fit tightly around the mouth and nose without gaps are permitted
- Loose Neck buffs, polyester masks, bandana's and mesh shall not be worn for officials or student athletes per DPH guidelines.
- Officials - may wear a whistle mask or use a face covering and an electronic whistle.  Either combo is fine.

# Face Coverings - Reminders

- It's the responsibility of the coach and member school to make sure DPH approved face coverings are worn properly by the team and coaching staff.
- Communicate your guidelines in a clear manner to students and parents.
- Coaches must wear face coverings at all times while coaching.

# Mandatory Mask Break

- The stoppage is for students and officials to get a mask break, sanitize, and get water due to the high cardiovascular nature of the sport.
- Coaches are able to provide instruction during mask breaks; however, they should be mindful of the purpose of the break.
- Social distancing should be maintained at all times during mask breaks, time outs and half time.
- Officials should observe the mask breaks just like other stoppages of play while using the mask break to de-mask and maintain social distancing.
- *Officials should NOT be enforcing any COVID related
  - protocol - that is the member school's responsibility

# Sports Medicine Advisory Committee

## Reminders for a Healthy and Safe Season

- Coaches remind players to wear a mask outside of practice/game situations

- Limit the risk of spread of COVID-19 and game cancellations

- Games should be played at least 48-72 hours apart.
- Student athletes and coaches shall be at least six feet apart from one another at all times during non-playing times, including arranging alternate seating, so student athletes are not clustered together on bleachers and benches.

# Sports Medicine

## PPE – Medical Card (page 5)

**COACHES:**

**You MUST carry every athletes' Medical Card with you at ALL times. ATC will prepare and give them to you**

**PRACTICES & GAMES**

**This is page 4 from their Physical Forms**

**[DIAA PPE]**

**SCHOOL ATHLETE MEDICAL CARD**

*(Parent/Guardian: please print and complete Sections 1, 2 & 3)*

***Section 1:*** **CONTACT/PERSONAL INFORMATION**

NAME:_____ SPORT(S):_____

AGE:____GRADE:____BIRTH DATE:_____GUARDIAN NAME:_____

ADDRESS:_____

PHONE: (H)_____ (W)_____ (C)_____ (P)_____

Other authorized person to contact in case of emergency:

NAME:_____PHONE(s):_____

NAME:_____PHONE(s):_____

Preference of Physician (and permission to contact if needed):

NAME:_____ PHONE:_____

HOSPITAL PREFERENCE:_____ INSURANCE:_____

POLICY #:_____ GROUP:_____ PHONE:_____

***Section 2:*** **MEDICAL INFORMATION**

MEDICAL ILLNESSES:_____

LAST TETANUS (mo/yr):_____ALLERGIES:_____

MEDICATIONS:_____

(any medications that may be taken during competition require a physician's note)

PREVIOUS HEAD/NECK/BACK INJURY:_____

HEAT DISORDER OR SICKLE CELL TRAIT: _____

PREVIOUS SIGNIFICANT INJURIES: _____

ANY OTHER IMPORTANT MEDICAL INFORMATION:_____

***Section 3:*** **Consent for Athletic Conditioning, Training and Health Care Procedures**

I hereby give consent for my child to participate in the school's athletic conditioning and training program, and to receive any necessary healthcare treatment including first aid, diagnostic procedures, and medical treatment, that may be provided by the treating physicians, nurses, athletic trainers, or other healthcare providers employed directly or through a contract by the school, or the opposing team's school. The healthcare providers have my permission to release my child's medical information to other healthcare practitioners and school officials. In the event I cannot be reached in an emergency I give permission for my child to be transported to receive necessary treatment. I understand that Delaware Interscholastic Athletic Association or its associates may request information regarding the athlete's health status, and I hereby give my permission for the release of this information as long as the information does not personally identify my child.

**Parent/Guardian Signature**:_____ **Date:**_____

**Athlete's Signature**:_____ **Date**:_____

***Section 4:*** **Clearance for Participation**

**__ Cleared without restrictions** **__ Cleared with the following restrictions:**

**Health Care Provider's Signature**:_____ **MD/DO, PA,NP Date**:_____

***For office use only***: *This card is valid from April 1, 20_____ through June 30, 20_____*

*Note: If any changes occur, a new card should be completed by the parent/guardian. The original card should be kept on file in the school athletic director's or athletic trainer's office. A copy should be kept in the sports' athletic kits. This card contains personal medical information and should be treated as confidential by the school, its employees, agents, and contractors.*

***Name of School***: _____ ***Name of ATC:*** _____

# DIAA COVID-19 RTPP

**Phase Description (in all stages, athlete completes the phase criteria without excessive fatigue, breathlessness, or chest discomfort and the athlete remains symptom free)**

**PHASE 1 – Day 1:** Athlete has been medically cleared by a QHP, 10 minute light stationary bike or jogging at <60% max-predicted heart rate(MPHR)

**PHASE 2 – Day 2 -** 20 minutes of aerobic exercise (walking, light jogging, stationary cycle, no resistance training) at <65% of MPHR

**PHASE 3 – Day 3 -** 30-45 minutes of moderate activity (e.g., combination of aerobic exercise with low weight resistance training) at <70% of MPHR

**PHASE 4 – Day 4 -** 45-60 minutes of sport-specific activity (including warm up and resistance training) at <80% of MPHR

**PHASE 5 – Day 5 -** 60 minute practice

**PHASE 6 – Day 6 -** Return to competition with no restrictions

# Sports Medicine

**Concussion**:

- Parents and Athletes must read and sign PPE Concussion information sheet
- **Coaches and Officials must take the NFHS Concussion Course once every 2 years**
    - **Officials course completion tracked in Dragonfly***

# DIAA Concussion Protocol

**Shows Signs or Symptoms**

a. Remove from play - Official or Coach
b. Evaluated by a Qualified Healthcare Professional

Qualified Healthcare Professional (QHCP) is a MD, DO, School Nurse, Nurse Practitioner, Physician's Assistant or Athletic Trainer (ATC)

<u>IF CLEARED</u> at that time by the QHCP, athlete may return to play that day.

# DIAA Concussion Protocol

If NOT CLEARED by QHCP at that time, athlete CANNOT return to play that day.

At this point, athlete must have written clearance from a QUALIFIED PHYSICIAN to return to practice or play.

# Emergency Action Plan [EAP]

**Create an Action Plan and practice it.**

## Emergency Action Plan Worksheet – Student Response Team

| Coach/Advisor Name: | Activity: | Level: |
|---|---|---|

### 1 911 TEAM

**CALL 911**

**CALL 911. Explain emergency. Provide location.**

| | PRACTICE | EVENTS |
|---|---|---|
| Closest Phone | | |
| EMS Access Point | | |
| Street Intersection | | |
| Student 1 | | |
| Student 2 | | |

**MEET AMBULANCE at EMS Access Point. Take to victim.**

| | PRACTICE | EVENTS |
|---|---|---|
| Entry Door/Gate | | |
| Student 1 | | |
| Student 2 | | |

**CALL CONTACTS. Provide location and victim's name.**

| | NAME | CELL |
|---|---|---|
| Athletic Trainer | | |
| Athletic AD | | |
| Student 1 | | |
| Student 2 | | |

### 2 CPR/AED TEAM

**START CPR**

1. Position person on back.
2. Put one hand on top of the other on middle of person's chest. Keeping arms straight, push hard and fast, 100 presses/minute. Let chest completely recoil after each compression.
3. Take turns with other responders as needed

| | |
|---|---|
| Coach | |
| Student 1 | |
| Student 2 | |
| Student 3 | |

**WHEN AED ARRIVES, TURN IT ON AND FOLLOW VOICE PROMPTS**

1. Remove clothing from chest.
2. Attach electrode pads as directed by voice prompts.
3. Stand clear while AED analyzes heart rhythm.
4. Keep area clear if AED advises a shock.
5. Follow device prompts for further action.
6. After EMS takes over, give AED to Athletic Administrator for data download.

### 3 AED TEAM

**GET THE AED**

| | PRACTICE | EVENTS |
|---|---|---|
| Closest AED | | |
| Student 1 | | |
| Student 2 | | |

**GET THE ATHLETIC TRAINER**

| | | |
|---|---|---|
| Typical location | | |
| Student 1 | | |
| Student 2 | | |

**CALL 911 for all medical emergencies. If unresponsive and not breathing normally, begin CPR and get the AED.**

### 4 HEAT STROKE TEAM

| | PRACTICE | EVENTS |
|---|---|---|
| Tub Location | | |
| Water Source Location | | |
| Ice Source Location | | |
| Ice Towel Location | | |
| Student 1 | | |
| Student 2 | | |

**PREPARE TUB DAILY**

| | PRACTICE | EVENTS |
|---|---|---|
| Student 1 | | |
| Student 2 | | |

1. Remove equipment/excess clothing. Move to shade.
2. Immerse athlete into cold ice water tub, stir water.
   *If no tub: cold shower or rotating cold, wet towels over the entire body
3. Monitor vital signs.
4. Cool First, Transport Second.
   a. Cool until rectal temperature reaches 102°F if ATC or MD is available.
   b. If no medical staff, cool until EMS arrives.

DIAA Education through Athletics

ANYONE CAN SAVE A LIFE

# Practice Policies

**DIAA Regulation 1008/1009-4.2**

**ALL practice days (school and non-school day**):

- One day of no activity per seven day period
- A minimum of 21 calendar days of practice prior to the first competition date
- Student must practice at least 7 calendar days prior to participating in a contest
- School day practices limited to two (2) hours

# Spring Season Dates

- 1st day of practice:  March 1
- 1st day of competition: March 22
- Last day of competition: May 15
- Spring sports playoffs:  May 16-June 5

# DIAA POLICIES & PROCEDURES

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COVID-19 | About DIAA | Sports | Athletic Directors And Coaches | Officials | Sports Medicine | Forms and Manuals | Parents and Guardians

DIAA / Officials / Information for OfficialsInformation for Officials

**INFORMATION FOR OFFICIALS**

Officials Main
Rules Clinic Information
**OFFICIALS - FORMS**
Resources

Edit Page

All ejection and sportsmanship incidents will be reported using the forms below. This form is to be completed by the official/officials association following an ejection. This form must be submitted to DIAA within 24 hours of completion of the contest. If you have questions regarding reportings, please contact Stephanie Mark stephanie.mark@doe.k12.de.us

DIAA Incident Report Form
Please use this form to report unsportsmanslike conduct behavior, fouls, cards, penalties and ejections.

Sportsmanship Incident Report Form
Please use this form to report all other sportsmanship incidents, including positive feedback of players, coaches or teams.

COVID-19 Athletic Activity Reporting Form
Please use this form to provide positive feedback, observations and/or concerns regarding COVID-19 protocols while attending DIAA athletic events.

# Sportsmanship

**The practice of good sportsmanship is one of the primary goals of interscholastic athletics.**

1007.1.2.1.5.2 The function of the coach is to educate students through participation in interscholastic athletics. (.1) Demonstrate high ideals, good habits and desirable attitudes…

1007.1.2.1.5.4 Officials at an interscholastic athletic event are participants in the educational development of high school students. As such, they must exercise a high level of self-discipline, independence and responsibility.

# Dragonfly - COS

## https://www.dragonflymax.com

## Center for Officials Services (COS)

**DIAA Officials - Registration, Tracking of DIAA Requirements and Payments, Local Association Requirements**

# Dragonfly

**Officials Registration:**

- 1 account/profile only*
- Join DIAA & local association
- Upload concussion certificate
- NFHS Sport Exams
- NFHS & DIAA payments
- Local association requirements

# Dragonfly

## Troubleshooting:

- Association President
- DIAA
- Dragonfly Help Chat

# Arbiter

- Being used this season **only** for contest assigning
- ALL Officials registration done exclusively in DRAGONFLY

# NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS

- NFHS (located in Indianapolis, IN – Est. 1920):
  - National leadership organization for high school sports and fine arts activities;
  - National authority on interscholastic activity programs;
  - Conducts national meetings;
  - Sanctions interstate events;
  - Produces national publication for high school administrators;
  - National source for interscholastic coach training and national information center.

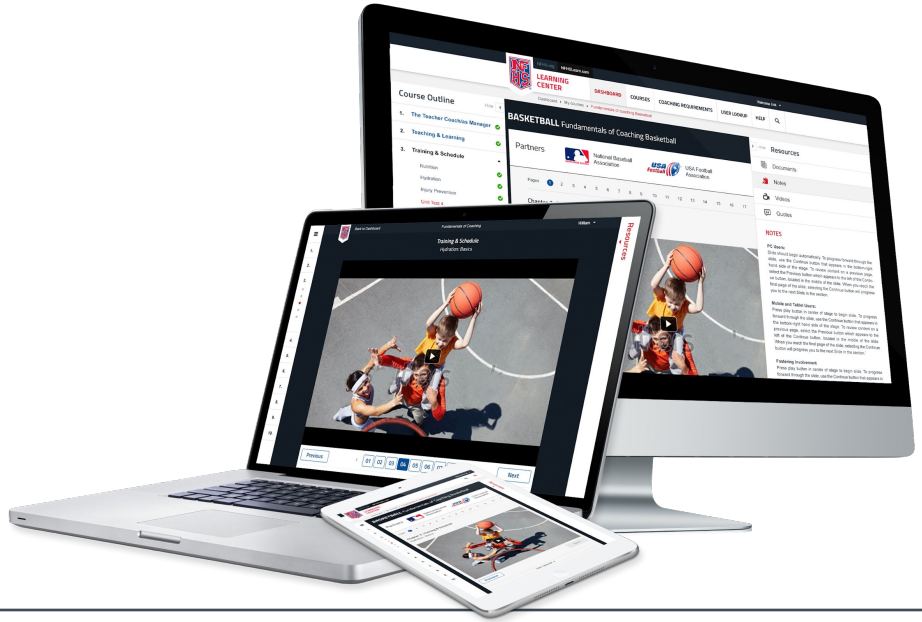
# NFHS RULES BOOK AS E-BOOKS

- E-books features:
  - Searchable
  - Highlight areas of interest
  - Make notes
  - Easy navigation
  - Adjustable viewing size
  - Immediate availability

# WWW.NFHSLEARN.COM

FREE courses include:

- Bullying, Hazing and Inappropriate Behaviors
- Understanding Copyright and Compliance
- **Hazing Prevention for Students**
- **Concussion in Sports**
- **Concussion for Students**
- **Heat Illness Prevention**
- **Sudden Cardiac Arrest**
- **Sportsmanship**
- Coaching Unified Sports
- Positive Sport Parenting
- NCAA Eligibility



# Thank you for your support of Interscholastic Athletics!

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NFHS