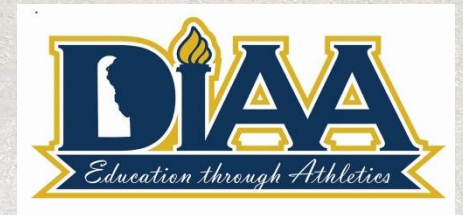


# WELCOME

# 2022 DIAA GOLF RULES CLINIC

February 9, 2022 - virtual



# Agenda

- **Welcome**
  - Housekeeping
- DIAA Updates - Steph Mark
- Rules of Golf Refresher - presented by DIAA Golf Committee member, Laura Heien - GAP Director of Delaware Golf
  - [lheien@gapgolf.org](mailto:lheien@gapgolf.org)



# DIAA Contacts

**Donna Polk, Executive Director**  
**Steph Mark, Coordinator of Athletics**  
**Tanya Reed, Administrative Secretary**

**Office: 302-857-3365**

**Email: [diaa@doe.k12.de.us](mailto:diaa@doe.k12.de.us)**

**DIAA Golf Committee Chair - Kathy Franklin**  
**Tower Hill**

**[kfranklin@towerhill.org](mailto:kfranklin@towerhill.org)**



# Connect with DIAA



**Page: Delaware Interscholastic Athletic Association**

[www.facebook.com/DelawareInterscholasticAthleticAssociation](http://www.facebook.com/DelawareInterscholasticAthleticAssociation)



**Twitter**

**@DIAA\_Delaware**



**Instagram**

**@DIAA\_de**



# Website

<https://education.delaware.gov/diaa/>

Newly launched website in September  
2021 - Starting point for ALL  
DIAA information and related links



# Resources

- DIIA Board of Directors
  - (found on DIIA Website)
    - Calendar
    - Minutes
- Sport Committee Meetings
  - (found on Delaware Public Meeting Calendar)
    - Minutes





# DIAA

## Your School Site

**WebSites4Sports.com**

Coaches and A.D.s

Updated and accurate information:  
schedules, rosters, scores, pictures



# COVID-19

## COVID Mask Guidance

- DIAA Regulation 1011 was repealed on August 11.
- Masks are required to be worn by students, faculty, staff, and visitors inside K-12 school buildings regardless of vaccination status PER the following orders: **through March 31, 2022 (as of 2/7/22)**
  - [Department of Education Emergency Order 815](#)
  - [Delaware Health Social Services Emergency Order 4202](#)
    - Orders for reference can be found at:  
<https://governor.delaware.gov/health-soe/>
    - follow mask guidance per event facility's guidelines\*





# Recommended COVID Return to Play Protocol:

- DPH encourages member schools to continue to implement layered mitigation risk strategies among unvaccinated populations and in crowded settings where social distancing cannot be maintained.
- DPH reiterated that face coverings and frequent hand washing remain very effective to fighting the spread of COVID-19.
- DIAA member school coaches and sports teams are asked by DPH to encourage members of their communities to get vaccinated.
- Practicing Self-awareness - if you feel sick, stay home.



# 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 REQUIREMENTS

- **Coaches requirements (Regulation 1008/1009 7.0)**
  - Attendance at DIAA rules clinic (required by Head Coach)
  - Hold a current CPR certification (all coaches)
  - Complete the NFHS “Concussion in Sports” course through NFHSLearn.com every 2 years (all coaches)
  
- **Officials requirements (Regulation 1008/1009.8.3)**
  - Attendance at DIAA rules clinic
  - Passing score of 85% on NFHS PART 2 rules exam
  - Complete the NFHS “Concussion in Sports” course through NFHSLearn.com every 2 (two) years



# Sports Medicine

## PPE – Medical Card (page 5)

### COACHES:

Are encouraged to carry athletes' emergency contact information with you at ALL times. ATC should 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: \_\_\_\_\_

# Sports Medicine

## Sudden Cardiac Arrest

- All students must complete the annual PPE
- All students must sign the SCA Fact Sheet on PPE form
- Coaches must hold valid CPR certification.

## 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 (Coaches course completion tracked by Athletic Director)
  - **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 (QHP) includes: MD, DO, School Nurse, Nurse Practitioner, Physician's Assistant or Athletic Trainer (ATC)

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 			2 CPR/AED TEAM 			3 AED TEAM 														
<b>CALL 911</b>			<b>START CPR</b>			<b>GET THE AED</b>														
<b>CALL 911. Explain emergency. Provide location.</b>			<ol style="list-style-type: none"> <li>1. Position person on back.</li> <li>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.</li> <li>3. Take turns with other responders as needed</li> </ol>			<table border="1"> <thead> <tr> <th></th> <th>PRACTICE</th> <th>EVENTS</th> </tr> </thead> <tbody> <tr> <td>Closest AED</td> <td></td> <td></td> </tr> <tr> <td>Student 1</td> <td></td> <td></td> </tr> <tr> <td>Student 2</td> <td></td> <td></td> </tr> </tbody> </table>				PRACTICE	EVENTS	Closest AED			Student 1			Student 2		
	PRACTICE	EVENTS																		
Closest AED																				
Student 1																				
Student 2																				
	PRACTICE	EVENTS	Coach			<b>GET THE ATHLETIC TRAINER</b>														
Closest Phone			Student 1			Typical location														
EMS Access Point			Student 2			Student 1														
Street Intersection			Student 3			Student 2														
Student 1			<b>WHEN AED ARRIVES, TURN IT ON AND FOLLOW VOICE PROMPTS</b>																	
Student 2			<ol style="list-style-type: none"> <li>1. Remove clothing from chest.</li> <li>2. Attach electrode pads as directed by voice prompts.</li> <li>3. Stand clear while AED analyzes heart rhythm.</li> <li>4. Keep area clear if AED advises a shock.</li> <li>5. Follow device prompts for further action.</li> <li>6. After EMS takes over, give AED to Athletic Administrator for data download.</li> </ol>																	
<b>MEET AMBULANCE at EMS Access Point. Take to victim.</b>			<b>4 HEAT STROKE TEAM </b>																	
	PRACTICE	EVENTS				<b>PREPARE TUB DAILY</b>														
Entry Door/Gate			Tub Location			PRACTICE														
Student 1			Water Source Location			EVENTS														
Student 2			Ice Source Location			Student 1														
<b>CALL CONTACTS. Provide location and victim's name.</b>			Ice Towel Location			Student 2														
	NAME	CELL	<ol style="list-style-type: none"> <li>1. Remove equipment/excess clothing. Move to shade.</li> <li>2. Immerse athlete into cold ice water tub, stir water. "If no tub: cold shower or rotating cold, wet towels over the entire body"</li> <li>3. Monitor vital signs.</li> <li>4. Cool First, Transport Second.                             <ol style="list-style-type: none"> <li>a. Cool until rectal temperature reaches 102°F if ATC or MD is available.</li> <li>b. If no medical staff, cool until EMS arrives.</li> </ol> </li> </ol>																	
Athletic Trainer			Student 1																	
Athletic AD			Student 2																	
Student 1																				
Student 2																				

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

# 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



# Practice Policies

## DIAA Regulation 1008/1009

- **School day practices** are limited to two (2) hours **which includes all instructional activity** (team meetings, film, warm up/cool down sessions)
- **Practice on Non School Days:**
  - Each practice session should not exceed 3 hours



# Practice Policies

- **Maximum # of Competitions:**
- **Golf**
  - 15 contests maximum/regular season
  - 3 contests per week scheduled
- **Weekly Individual Limitations:**
  - 3 contests max student athlete may play in



# 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. Demonstrate high ideals, good habits and desirable attitudes in their behavior. Coaches interactions shall be of the highest ethical and moral standard. Coaches should recognize the tremendous influence they have on student athletes and never place the value of winning above the highest ideals of character.

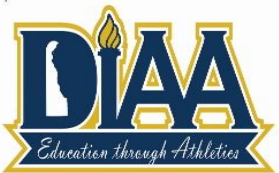


14 points of coach expectations in Regulation 1007 (Sportsmanship)

# Sportsmanship

**1007.1.2.1.5.4 Officials** are participants in the educational development of high school students. They must exercise a high level of self-discipline, independence and responsibility. Remember that the field is a classroom. Officials must be highly ethical in all forums, chat rooms, all forms of social media, and communications regarding the sport and participants.

9 points of officials expectations in Regulation 1007 (Sportsmanship)





# DIAA POLICIES & PROCEDURES

## Incident & Game Ejection Procedure:

- Submit Incident Report Form (found on the website)
  - <https://education.delaware.gov/diaa/digital-assets/diaa-incident-reporting-form/>
- Please censor when sending ejection reports.
  - ex. – S\$%T, F#\$K etc .
- The DIAA Office must be notified by noon of the next day so the school AD can be notified of ejection/game suspension.
- If association does not have an incident chair coordinating, individual officials are responsible for reporting incidents directly to DIAA using form above.
- **EXCEL REPORTS SENT VIA EMAIL ARE NOT ACCEPTABLE FOR INCIDENT REPORTING**



# INCIDENT/REPORTING FORM\*\*

## Forms

Home / DIAA for / Officials / **Forms**

All ejection and sportsmanship incidents will be reported using the forms below. This form is to be completed by the official/officials association incident coordinator following an incident or ejection. This form must be submitted to DIAA within 24 hours of completion of the contest. If you have questions regarding the reporting process, please contact [Stephanie Mark](#).

Form	Use
<a href="#">DIAA Incident Reporting Form</a>	Please use this form to report unsportsmanlike conduct behavior, fouls, cards, penalties and ejections.
<a href="#">Sportsmanship Incident Report Form</a>	Please use this form to report all other sportsmanship incidents, <b>including positive feedback of players, coaches or teams.</b>

### Officials

[Officials Association Contact Info](#)  
[DIAA Officials Requirements](#)  
[Become A Sports Official](#)  
[Make Up Rules Quizzes](#)  
[Recommended Contest Assign Guidelines](#)  
[Rules Clinic Schedule & Registration](#)

### Forms

[State Tourney Game Balls](#)  
[Official Fee Scale](#)

- Reporting positive instances of Sportsmanship by game participants



# 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



# DIAA Sportsmanship - Coach's Role & Impact

- Coach's role in promoting good sportsmanship is invaluable
- Proactive - communicate with student athlete/coach/Athletic Director/DIAA
- Foster reflection and discussion around incident
- Use tools to impact future behavior
- Learning opportunities and student growth
- Set clear expectations of what acceptable sportsmanship looks like and what it does not look like
- Practice self-awareness & positive role modeling



# GOLF Season Dates

- 1st date of spring practices - 2/28
- 1st date competition -3/21
- Last date of competition - 5/21
  - Championship dates @ Odessa National
    - Semifinals - 5/31
    - Finals - 6/1



# Tournament Manual

- DIAA website:  
[https://education.delaware.gov/diaa/sport\\_championships/tournament\\_manuals/](https://education.delaware.gov/diaa/sport_championships/tournament_manuals/)
- Review General Information and Sport Specific Information
- Pay attention to important dates
  - Team report deadline
  - Website Information deadline







Thank you for your support of  
Interscholastic Athletics!

