

2.3 HEALTH AND SAFETY

2.3.1 Health and Safety Personnel:

- (a) Licensed Athletic Trainers
 - (1) Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession.
 - (2) Athletic trainers are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Athletic trainers work under the direction of a physician as prescribed by state licensure statutes. In North Carolina, an athletic trainer is a person who, under a written protocol with a physician licensed under Article 1 of Chapter 90 of the General Statutes and filed with the North Carolina Medical Board, carries out the practice of care, prevention, and rehabilitation of injuries incurred by athletes, and who, in carrying out these functions, may use physical modalities, including heat, light, sound, cold, electricity, or mechanical devices related to rehabilitation and treatment.
 - (3) Licensed Athletic Trainer (LAT) – In North Carolina a Licensed Athletic Trainer is an individual who is licensed under Article 34 of Chapter 90 of the General Statutes entitling them to perform the functions and duties of an athletic trainer.
- (b) First Responders
 - (1) First Responder (FR) - A first responder must meet the following requirements set forth by the North Carolina State Board of Education Policy ATHL-000.
 - (i) Have completed and continue to maintain certification in cardiopulmonary resuscitation as certified by an organization such as the American Red Cross or the American Heart Association.
 - (ii) Have completed and continue to maintain certification in first aid as certified by an organization such as the American Red Cross or the American Heart Association.
 - (iii) Have completed and continue to maintain training in concussion management as offered by an organization such as the National Federation of State High School Associations (NFHS).
Course available at [NFHSLearn.com](https://www.nfhslearn.com)
 - Concussion in Sports
 - (iv) Have completed and continue to maintain continuing education in injury prevention and management as offered by an organization such as the National Federation of State High School Associations (NFHS).
Courses available at [NFHSLearn.com](https://www.nfhslearn.com)
 - Heat Illness Prevention
 - Sports Nutrition

- Sudden Cardiac Arrest
 - ACL Injury Prevention
 - Student Mental Health and Suicide Prevention
 - The Collapsed Athlete
 - Appearance and Performance Enhancing Drugs and Substances
 - Understanding Vaping and E-Cigarettes
- (v) Complete 10 hours of staff development each school year specific to first aid, injury recognition and prevention. The 10 hours may include hours necessary for recertification/renewals.
- (2) The NCHSAA expectation is that the first responder should provide the same care that any “reasonable and prudent” individual would consistent with their training in the same situation. In all instances, the first responder should provide only the type of emergency care for which they are trained to apply.
- (c) **Athletic Event Medical Care Requirements**
- (1) The licensed athletic trainer or first responder may not have concurrent coaching responsibilities during the time in which the person is working as a licensed athletic trainer or first responder.
- (2) The member school's licensed athletic trainer or first responder must physically attend all football practices and both home and away games, unless excused by the superintendent in writing due to an emergency.
- (3) A licensed athletic trainer or a first responder must be physically present if any protective equipment (helmets and/or shoulder pads) is worn by student-athletes participating in football skill development during the school year.
- (4) A licensed athletic trainer or first responder must physically attend all summer football 7-on-7 events and must be physically present at all times in any competition area in which contest are being held.
- (i) If a single field is divided for the purposes of holding multiple contests/scrimmages simultaneously, each of the divided sections must have a licensed athletic trainer or first responder responsible for that section of contest area.
- (5) A licensed athletic trainer or first responder must be in attendance at all wrestling matches.
- (6) A licensed athletic trainer or a first responder must be physically present at all times in any competition area in which wrestling matches are being held.
- Ex.:** Wrestling in the Auxiliary Gym and Main Gym at the same time would require two licensed athletic trainers or first responders or a combination of one of each.
- NOTE:** Failure of a member school to meet an athletic event medical care requirement, as listed above, is a finable offense (See Rule 3.2.1).

2.3.2 **Fundamentals of Heat Illness Prevention and Management for all sports:**

- (a) A Licensed Athletic Trainer or First Responder **MUST** be in attendance at all football practices and games.
- (b) The vast majority of serious heat illness occurs during the first week of practice/training. The key to appropriate acclimatization should consist of gradually increasing the amount of time of environmental exposure (heat and humidity) while progressively increasing physical exertion and training activities is the key to appropriate acclimatization.
- (1) Begin with shorter, less intense practices and training activities, with longer recovery intervals between bouts of activity.
- (2) Minimize protective gear during first several practices, and introduce additional uniform and protective gear progressively over successive days. (e.g. in football, helmets only, no shoulder pads).
- (3) Emphasize instruction over conditioning during the first several practices.
- (c) Keep each athlete's individual level of conditioning and medical status in mind and adjust activity accordingly. These factors directly affect exertional heat illness risk. For example, there is an increased risk of heat injury if the athlete is obese, unfit, has been recently ill (particularly gastrointestinal illness), has a previous history of exertional heat illness, has Sick Cell Trait, or is using certain medications. Players at risk should be identified from their pre-participation examination.
- (d) High temperatures and high humidity are potentially dangerous for athletes. In these conditions, lower the intensity of practices and increase the frequency and duration of rest breaks, and consider reducing uniform and protective equipment. Also, be sure to monitor all players more closely as conditions are increasingly warm/humid, especially if there is a change in weather from the previous few days.
- (e) Athletes should begin practices and training activities adequately hydrated.

- (f) Recognize early signs of distress and developing exertional heat illness (weakness, nausea/vomiting, paleness, headache, lightheadedness). Promptly remove from activity, and treat appropriately. First aid should not be delayed.
- (g) Recognize more serious signs of exertional heat illness (clumsiness, confusion, stumbling, collapse, obvious behavioral changes and/or other central nervous system problems), immediately stop activity, begin rapid cooling, and activate the Emergency Medical System.
- (h) All schools should have a heat illness prevention and management policy for all sanctioned activities and this policy must be followed.
- (i) A venue-specific Emergency Action Plan (EAP) with clearly defined written and practiced procedures should be developed and in place ahead of time.
- (j) Prior to the season all coaches, athletic training personnel and first responders working with the team should review the signs and symptoms of heat illness and the emergency action plan for their school.
- (k) A Wet Bulb Globe Temperature (WBGT) chart should be available at practices and contests.
- (l) Supplies to assess WBGT (or alternatively, heat and humidity on site), to assess core temperature, and to provide for rapid cooling should be on-site for all practices and games as environmental conditions require.

2.3.3 **Acclimatization (Football):**

- (a) Days 1–5 are the first formal practices. No more than 1 practice occurs per day.
- (b) Total practice time should not exceed 3 hours in any 1 day.
- (c) 1-hour maximum walk-through is permitted on days 1–5, however there must be a minimum 3 hour break in a cool environment between practice and walk-through (or vice versa).
- (d) During days 1–2 of first formal practices, a helmet should be the only protective equipment permitted (if applicable). During days 3–5, only helmets and shoulder pads should be worn (if applicable). Beginning on day 6, all protective equipment may be worn and full contact may begin.
 - (1) Football only: on days 3–5, contact with blocking sleds and tackling dummies may be initiated.
 - (2) Full-contact sports: 100% live action drills should begin no earlier than day 6.
- (e) Day 6–14, double-practice days must be followed by a single-practice day. On single-practice days, 1 walk-through is permitted, separated from the practice by at least 3 hours of continuous rest. When a double-practice day is followed by a rest day, another double practice day is permitted after the rest day.
- (f) On a double-practice day, neither practice day should exceed 3 hours in duration, and no more than 5 total hours of practice in the day. During the 2 hour practice, there can be NO live action. Warm-up, stretching, cool-down, walk-through, conditioning and weight-room activities are included as part of the practice time. The 2 practices should be separated by at least 3 continuous hours in a cool environment.
- (g) Because the risk of exertional heat illnesses during the preseason heat-acclimatization period is high, we strongly recommend that an athletic trainer be on site before, during and after all practices. (Adapted from Korey Stringer Institute, 2015)

2.3.4 **Prevention of Heat Illness:**

- (a) Wet Bulb Globe Temperature (WBGT) considers the combined effects of air temperature, humidity, and solar radiation on the human body. WBGT should be measured (using a scientifically approved device) for all sports when student-athletes may be at risk for exertional heat illness (EHI). WBGT should be accessed every hour beginning 30 minutes before the beginning of practice.
- (b) As WBGT increases, minimize clothing and equipment.
- (c) Provide unlimited drinking opportunities during hotter practices. NEVER withhold water from athletes.
- (d) Pre and post-practice weigh-ins SHOULD be conducted. NOTE: an athlete who is not within 3% of the previous pre-practice weight should be withheld from practice. These athletes should be counseled on the importance of re-hydrating. Pre and post-practice weigh-ins are recommended for all sports participating during periods of high heat and humidity.
- (e) If WBGT is at 90 or above suspend practice; contests may continue but must include mandatory breaks as directed by gameday administrator.

WBGT Index and Athletic Activity Chart	
WBGT Index (F)	Athletic Activity Guidelines
Less than 80	Unlimited activity with primary cautions for new or unconditioned athletes or extreme exertion; schedule mandatory rest/water breaks (5 min water/rest break every 30 min)
80 - 84.9	Normal practice for athletes; closely monitor new or unconditioned athletes and all athletes during extreme exertion. Schedule mandatory rest /water breaks. (5 min water/rest break every 25 min)
85 - 87.9	New or unconditioned athletes should have reduced intensity practice and modifications in clothing. Well-conditioned athletes should have more frequent rest breaks and hydration as well as cautious monitoring for symptoms of heat illness. Schedule frequent mandatory rest/water breaks. (5 min water/rest break every 20 min) Have cold or ice immersion pool on site for practice.
88 - 89.9	All athletes must be under constant observation and supervision. Remove pads and equipment. Schedule frequent mandatory rest/water breaks. (5 min water/rest break every 15 min) Have cold or ice immersion pool on site for practice.
90 or above	Suspend all practices; Competition may continue with mandatory water breaks as designated by gameday administrator.

2.3.5 Recognition of Heat Illness:

- (a) Heat Exhaustion
 - (1) The clinical criteria for heat exhaustion generally include the following:
 - (i) Athlete has obvious difficulty continuing with exercise
 - (ii) Body temperature is usually 101 to 104°F (38.3 to 40.0°C) at the time of collapse or need to drop out of activity.
 - (iii) No significant dysfunction of the central nervous system is present (e.g., seizure, altered consciousness, persistent delirium)
 - (2) If any central nervous system dysfunction develops, such as mild confusion, it resolves quickly with rest and cooling.
 - (3) Patients with heat exhaustion may also manifest:
 - (i) Tachycardia (very fast heart rate) and hypotension (low blood pressure)
 - (ii) Extreme weakness
 - (iii) Dehydration and electrolyte losses
 - (iv) Ataxia (loss of muscle control) and coordination problems, syncope (passing out), light-headedness
 - (v) Profuse sweating, pallor (paleness), “prickly heat” sensations
 - (vi) Headache
 - (vi) Abdominal cramps, nausea, vomiting, diarrhea
 - (vii) Persistent muscle cramps
- (b) Heat Stroke
 - (1) The two main criteria for diagnosing exertional heat stroke:
 - (i) Rectal temperature above 104°F (40°C), measured immediately following collapse during strenuous activity.
 - (ii) Central Nervous System dysfunction with possible symptoms and signs: disorientation, headache, irrational behavior, irritability, emotional instability, confusion, altered consciousness, coma, or seizure.
 - (2) Most patients are tachycardic and hypotensive.
 - (3) Patients with heat stroke may also exhibit:
 - (i) Hyperventilation
 - (ii) Dizziness
 - (iii) Nausea
 - (iv) Vomiting
 - (v) Diarrhea

- (vi) Weakness
- (vii) Profuse sweating
- (viii) Dehydration
- (ix) Dry mouth
- (x) Thirst
- (xi) Muscle cramps
- (xii) Loss of muscle function
- (xiii) Ataxia

(4) Absence of sweating with heat stroke is not typical and usually indicates additional medical issues.

2.3.6 **Management of Heat Illness:**

- (a) A primary goal of management of heat illness is to reduce core body temperature as quickly as possible. When exertional heat stroke is suspected, immediately initiate cooling, and then activate emergency medical system. Remember “Cool First, Transport Second”.
- (b) Remove all equipment and excess clothing
- (c) If appropriate medical staff is present, assess athlete’s rectal temperature
- (d) Immerse the athlete in a tub of cold water (the colder the better). Water temperature should be between 35 to 60°F (2 to 15°C); ice water is ideal but even tepid water is helpful. Maintain an appropriately cool water temperature. Stir the water vigorously during cooling.
- (e) Monitor vital signs (rectal temperature, heart rate, respiratory rate, blood pressure) and mental status continually. Maintain patient safety.
- (f) Cease cooling when rectal temperature reaches 101 to 102°F (38.3 to 38.9°C)
- (g) If an immersion pool is unavailable or in cases of heat exhaustion, use these cooling methods:
 - (1) Place icepacks at head, neck, axillae and groin.
 - (2) Bathe face and trunk with iced or tepid water.
 - (3) Fan athlete to help the cooling process.
 - (4) Move athlete to a shaded or air conditioned area if available near the practice site.

2.3.7 **Gfeller-Waller Concussion Awareness Act:** The Gfeller-Waller Concussion Awareness Act was drafted and implemented to protect the safety of student-athletes in North Carolina and was signed into law on July 16, 2011. There are three major areas of focus in the law and these include: concussion education, postconcussion protocol implementation, and venue specific emergency action plan development and implementation. Each school should maintain documentation that it is in compliance with the law. The following is a guide to steps that will help you, the school administrator, comply with the Gfeller-Waller Law.

NOTE: Please also see "Gfeller-Waller/NCHSAA Concussion Management Principles on page 120 for a listing of Health and Safety Personnel and Key Tenets of Concussion Management.

- (a) EDUCATE those involved with interscholastic athletic activities.
 - (1) Student-athletes will be provided with the STUDENT CONCUSSION INFORMATION FORM.
 - (2) Students shall read, initial, sign, and return the STUDENT-ATHLETE CONCUSSION STATEMENT form.
 - (3) Parents, coaches, school nurses, athletic directors, first responders, and volunteers will be provided with the ADULT CONCUSSION INFORMATION FORM.
 - (4) All above adults shall read, initial and return the COACH/SCHOOL NURSE/PARENT/VOLUNTEER CONCUSSION STATEMENT form. (It is at the discretion of each educational institution to identify who will distribute, collect, and maintain the above forms.)
- (b) PLAN for what will happen when an injury occurs:
 - (1) Concussion: If a student-athlete exhibits signs and symptoms consistent with a concussion (even if not formally diagnosed), the student-athlete is to be removed from play and is not allowed to return to play (game, practice, or conditioning) on that day.
 - (2) Student-athletes are encouraged to report their own symptoms, or to report if peers may have concussion symptoms. Coaches, parents, volunteers, first responders, school nurses, licensed athletic trainers (if available), are responsible for removing a student-athlete from play if they suspect a concussion.
 - (3) Following the injury, the student-athlete should be evaluated by a Licensed Health Care Provider. It is strongly recommended that each school seek qualified medical professionals in the surrounding community with training in concussion management to serve as resources in the area of concussion management. All NCHSAA member school student-athletes diagnosed with a concussion are strongly recommended to have a Physician’s signature (MD/DO licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management) which allows the student-athlete to resume full participation in athletics.
 - (4) Before a student-athlete resumes full participation in athletics, he/she is REQUIRED have completed the NCHSAA Concussion Return to Play (RTP) Protocol. The student must have remained free of all clinical signs and symptom-free at rest and with both full cognitive and full

exertional/physical stress through stage 5. In addition, the student-athlete must have a Return to Play Form signed by both a Licensed Health Care Provider and the parent/legal custodian.

NOTE: It is critical that the medical professional ultimately releasing this student-athlete to return to athletics after a concussion has appropriate training in concussion management. The NCHSAA, therefore, **HIGHLY RECOMMENDS** that in concussion cases, Licensed Athletic Trainers, Licensed Physician Assistants, Licensed Nurse Practitioners, and Licensed Neuropsychologists consult with their supervising physician before signing the **RETURN TO PLAY FORM** as per their respective state statutes.

- (c) Emergency Action Plan: Each school should have a venue specific Emergency Action Plan (EAP) that follows the specifications outlined in the EAP guidelines on the website.

(1) This plan should be:

- (i) in writing
- (ii) reviewed by an athletic trainer licensed in North Carolina
- (iii) approved by the principal of the school
- (iv) distributed to all appropriate personnel
- (v) posted conspicuously at all venues, and
- (vi) reviewed and rehearsed annually by all licensed athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.

NOTE: The NCHSAA website (Health and Safety Section) has additional information on concussion education, post-concussion protocol implementation, and venue specific emergency action plan development and implementation.

2.3.8 **CrashCourse Concussion Video Viewing Requirement:** All coaches, athletes, and parents are required to view the "CrashCourse" Concussion Video prior to participation in each season.

2.3.9 **Cardiac Safety Program:** All NCHSAA member schools must have a Cardiac Safety Program to include the following components:

- (a) An appropriate number of AED's on campus relative to athletic facilities
- (b) An AED maintenance program

2.3.9 **Guidelines on Handling Practices and Contests During Lightning or Thunder Disturbances:** These guidelines provide a default policy to those responsible for sharing duties for making decisions concerning the suspension and restarting of practices and contests based on the presence of lightning or thunder. The preferred sources from which to request such a policy for your facility would include the NCHSAA and the nearest office of the National Weather Service.

- (a) Assign staff to monitor local weather conditions before and during practices and contests.
- (b) Develop an evacuation plan, including identification of appropriate nearby safer areas and determine the amount of time needed to get everyone to a designated safer area:

- (1) A designated safer place is a substantial building with plumbing and wiring where people live or work, such as a school, gymnasium or library. An alternate safer place from the threat of lightning is a fully enclosed (not convertible or soft top) metal car or school bus.

- (c) Develop criteria for suspension and resumption of play:

- (1) When thunder is heard or lightning is seen*, the leading edge of the thunderstorm is close enough to strike your location with lightning. Suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately.
- (2) 30-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed* prior to resuming play.
- (3) Any subsequent thunder or lightning* after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
- (4) When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning* should always take precedence over information from a mobile app or lightning detection device.

* - At night, under certain atmospheric conditions, lightning flashes may be seen from distant storms. In these cases, it may be safe to continue an event. If no thunder can be heard and the flashes are low on the horizon, the storm may not pose a threat. Independently verified lightning detection information would help eliminate any uncertainty.

- (d) Review the lightning safety policy annually with all administrators, coaches, and game personnel and train all personnel.

- (e) Inform student-athletes and their parents of the lightning policy at the start of the season.
Note: For more detailed information, refer to the “Lightning Safety” section contained in the NFHS Sports Medicine Handbook.

2.3.10 Tobacco Products, Alcoholic Beverages and Controlled Substances: The North Carolina High School Athletic Association emphatically opposes the use of tobacco (including e-cigarettes/vapor cigarettes), alcohol and other drugs by student-athletes, coaches (including volunteer coaches) and officials.

- (a) Participants, coaches and other team representatives and officials, including chain crew, official scorers and timers, should not use any tobacco product, alcoholic beverage or controlled substance at a game site; violation of the policy will result in ejection from the contest.
- (b) Member schools are encouraged to make all school property, vehicles including charter buses used by participants, and particularly game sites, tobacco-free and alcohol-free zones. They are also encouraged to cooperate fully with police agencies in the enforcement of the criminal laws prohibiting the sale or use of tobacco products, alcoholic beverages, and controlled substances to minors.
- (c) In order to minimize health and safety risks to North Carolina’s student-athletes, maintain ethical standards as well as reduce liability risks, school personnel and coaches should never knowingly supply, recommend or permit the use of any drug, medication or food supplement solely for performance enhancing purposes.

2.3.11 Performance Enhancing Substances: The Board supports and endorses the stance of the NFHS in terms of performance-enhancing substances: “In order to minimize health and safety risks to student-athletes, maintain ethical standards and reduce liability risks, school personnel and coaches should never supply, recommend or permit the use of any drug, medication or food supplement solely for performance-enhancing purposes.”

2.3.12 Infectious Disease Policy: The North Carolina High School Athletic Association has adopted the National Federation Guidelines in an effort to minimize the possibility of transmission of any infectious disease during a high school athletic practice or contest. Each school is strongly encouraged to develop its own action plan for the prevention of the transmission of infectious diseases.

Communicable Disease and Skin Infection Procedures

While the risk for blood-borne infectious diseases, such as HIV/Hepatitis B, remains low in sports, proper precautions are needed to reduce the risk of spreading diseases. Along with these issues are skin infections that occur due to skin contact with competitors and equipment.

Universal Hygiene Protocol for All Sports

- Shower immediately after all competition and practice
- Wash all workout clothing after practice
- Wash personal gear, such as knee pads, periodically
- Don’t share towels or personal hygiene products with others
- Refrain from (full body) cosmetic shaving

Infectious Skin Diseases

Means of reducing the potential exposure to these agents include:

- Notify guardian, athletic trainer and coach of any lesion before competition or practice. Athlete must have a health-care provider evaluate lesion before returning to competition.
- If an outbreak occurs on a team, especially in a contact sport, consider evaluating other team members or potential spread of the infectious agent.
- Follow NFHS or NCHSAA guidelines on “time until return to competition.” Allowance of participation with a covered lesion can occur if approved by health-care provider and in accordance with NFHS or NCHSAA guidelines.

Blood-Borne Infectious Diseases

Means of reducing the potential exposure to these agents include;

- Bleeding must be stopped immediately and all wounds covered. All blood-soaked clothing must be removed before continuing competition or practice. Contaminated clothing must be cleaned before using again.
- Athletic trainers or caregivers need to wear gloves and take other precautions to prevent blood-splash from contaminating themselves or others.
- Immediately wash contaminated skin or mucous membranes with soap and water.
- Clean all contaminated surfaces and equipment with disinfectant before returning to competition. Be sure to use gloves with cleaning.
- Any blood exposure or bites to the skin that break the surface must be reported and evaluated by a medical provider immediately.

These procedures were obtained and revised by the NFHS (August 2005).

2.3.13 Catastrophic Insurance (Mandatory):

- (a) All schools are required to participate in the catastrophic insurance program.
- (b) The NCHSAA makes a payment on behalf of the schools, and the coverage is in effect beginning August 1 of each school year.

- (c) The schools are to send their premium payments to the NCHSAA office before October 1 of that year. Late renewals are subject to a \$100 fine and schools are not eligible for playoffs beginning with the fall sports season until all fees are paid.
 - (d) The master policy will be on file with the NCHSAA.
 - (e) The coverage offered under this policy is not meant to replace the basic football or student accident and athletic coverage, but rather is intended to provide benefits for student participants as well as protect member schools against the cost arising out of very serious injuries.
 - (f) This policy is available to member schools at a cost of \$3.75 per athlete. The deductible amount will be the greater of (a) \$25,000 or (b) the benefits payable from other collectible group insurance.
 - (g) Details on the program and additional materials describing the policy are sent to the membership at the beginning of each school year.
- 2.3.14 **Student Accident Insurance and Athletic Coverage (Voluntary):** The NCHSAA is committed to stimulating and sustaining support for a broadly-based program, with a primary objective to provide access to the best student accident and athletic coverage available. Booklets are mailed to each school annually and broker representatives are available to discuss the student accident and athletic programs. Please call the NCHSAA office for details about the voluntary insurance options or review them online at nchsaa.org under Health & Safety > For schools.
- 2.3.15 **Hazing:** The NCHSAA encourages coaches and other school personnel to create and vigorously enforce rules against hazing and similar practices.
- (a) Hazing is defined as deliberately subjecting another student to physical injury as part of an initiation, or as a prerequisite for membership, into any organized school group, including any athletic team or other similar group; and is against State law. (G.S. 14-35).
 - (b) Regardless of a student's willingness to participate, hazing and other humiliating activities expected of a student to belong to a team or group have many negative consequences. It obstructs the development of good citizens, escalates the risks of participation, negates positive contributions, and destroys respect for self, others and a "wholesome athletic environment."
- 2.3.16 **Pre-game Emergency Action Plan Review:** The NCHSAA strongly recommends that gameday administrators, officials and other pertinent school personnel meet prior to any contest to review the Emergency Action Plan (EAP). The NCHSAA has provided a Pre-game EAP Review Card that is a template to assist administrators and officials in identifying key personnel and topics of coverage for Pre-game EAP Review Meetings.