

2017-18 NJSIAA Banned Drugs

IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE

The NJSIAA bans the following classes of drugs:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

Note: Any substance chemically related to these classes is also banned.

THE INSTITUTION AND THE STUDENT-ATHLETE SHALL BE HELD ACCOUNTABLE FOR ALL DRUGS WITHIN THE BANNED DRUG CLASS REGARDLESS OF WHETHER THEY HAVE BEEN SPECIFICALLY IDENTIFIED.

Drugs and Procedures Subject to Restrictions

- Blood Doping
- Gene Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation

NJSIAA Nutritional/Dietary Supplements Warning

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!

- Dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- **Any product containing a dietary supplement ingredient is taken at your own risk.**

NOTE TO STUDENT-ATHLETES: THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY SUPPLEMENT INGREDIENT. CHECK WITH YOUR ATHLETICS DEPARTMENT STAFF PRIOR TO USING A SUPPLEMENT. REMINDER: ANY DIETARY SUPPLEMENT INGREDIENT IS TAKEN AT THE STUDENT'S OWN RISK.

Some Examples of NJSIAA Banned Substances in Each Drug Class
Do NOT RELY ON THIS LIST TO RULE OUT ANY LABEL INGREDIENT.

Stimulants

Amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexanamine, "bath salts" (mephedrone); Octopamine; DMBA; etc.

exceptions: phenylephrine and pseudoephedrine are not banned.

Anabolic Agents (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione)

Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; ostarine, stanozolol; stenbolone; testosterone; trenbolone; SARMS (ostarine); etc.

Alcohol and Beta Blockers

Alcohol; atenolol; metoprolol; nadolo; pindolol; propranolol; timolol; etc.

Diuretics (water pills) and Other Masking Agents

Bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

Street Drugs

Heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073)

Peptide Hormones and Analogues

Growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

Anti-Estrogens

Anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); etc.

Beta-2 Agonists

Bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcuclaurine; etc.

ANY SUBSTANCE THAT IS CHEMICALLY RELATED TO THE CLASS, EVEN IF IT IS NOT LISTED AS AN EXAMPLE, IS ALSO BANNED! IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE.

Think you know how to wash your hands?

A little splash of water is **NOT** enough to clean your hands. Good handwashing requires soap, water, and friction.

Follow these easy steps to be sure your hands are getting clean each time you wash:

- Use warm water and soap
- Rub hands **vigorously** for 20 seconds
- Wash palms, backs, under nails, between fingers, and wrists
- Rinse off all soap
- Dry hands with a paper towel
- Use the paper towel to turn off the water tap
- Use the paper towel to open the bathroom door
- Discard the paper towel immediately after leaving the bathroom

Wash your hands frequently!!!

What should you do if you think you have a MRSA skin infection?

- **Keep the skin sore covered with a bandage or clothing at all times.**
- **Do not share clothing, towels, or personal care items.**
- **Tell your school nurse immediately and seek medical care right away to prevent dangerous complications from developing.**

If you are diagnosed with a MRSA skin infection and see more than one health care provider, please let each health care provider know about your MRSA infection!!!

NJ Department of Health & Senior Services
Communicable Disease Service
PO Box 369
Trenton, NJ 08625-0369
609-588-7500

For more information visit:
[Http://nj.gov/health/cd/mrsa/index.shtml](http://nj.gov/health/cd/mrsa/index.shtml)

MRSA



Preventing Skin Infections in School and Athletic Settings



Jon S. Corzine
Governor



Fred M. Jacobs, MD, JD
Commissioner

What is MRSA?

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of bacterium that is resistant to treatment with certain antibiotics. Most of the time, MRSA causes skin infections, but it can also lead to pneumonia and bloodstream infections. In the past, MRSA occurred in hospitals and nursing homes, but it is becoming more common in community settings such as schools and daycare centers.

People can become infected with MRSA by touching infected people, or contaminated objects/surfaces. These bacteria can then enter the body through cuts, scrapes, or other openings in the skin.

What should students know about MRSA?

- “Staph” bacteria can be found on the skin of healthy people, but only a

very small percentage is MRSA.

- Anyone can get MRSA.
- MRSA can spread easily among people who spend time in close contact with each other, such as household members and participants in close-contact sports (for example, football and wrestling).
- MRSA is NOT spread through the air.



What are some of the high-risk behaviors associated with MRSA?

- Sharing personal care items such as razors, bar soap, cosmetics or towels
- Sharing clothing or uniforms that are not properly laundered
- Getting tattoos and body piercings using unsterile equipment
- Engaging in sexual activity or having close physical contact with MRSA-infected people
- Sharing syringes

- Sharing athletic gear (pads or helmets) that is not cleaned regularly.

How can students protect themselves?

Personal hygiene is very important in preventing and controlling the spread of MRSA infections. Washing hands frequently throughout the day, showering after playing contact sports or using gym equipment, and laundering clothing in hot water will help prevent the spread of MRSA skin infections.

It is also a good idea to wipe down gym/sports equipment and exercise mats before and after use. Also, keep skin covered with clothing as an additional barrier. If you have a skin wound, be sure to cover it with a bandage.

Piensa usted que se sabe lavar las manos?

Mojarse las manos con agua NO es suficiente. Para lavarse las manos se requiere, jabón, agua y frotarse las manos vigorosamente.

Los siguientes pasos asegurarán que sus manos queden limpias cada vez que se las lave:

- Utilise agua tibia y jabón
- Frote las manos vigorosamente por 20 segundos
- Lave la palma de la mano, parte delantera, debajo de las uñas, entre los dedos y muñeca
- Enjuague las manos completamente
- Seque las manos con papel toalla
- Utilise el papel toalla para cerrar la llave del agua
- Utilise el papel toalla inmediatamente después de salir del baño

Lávese las manos frecuentemente!!!

Que debe hacer si cree que tiene una infección en la piel MRSA?

- **Mantenga la piel afectada, llaga cubierta con gaza o por la ropa todo el tiempo.**
- **No comparta ropa, toallas o utensilios de efecto personal.**
- **Comuníquelo a la enfermera escolar inmediatamente para prevenir complicaciones futuras.**

Si es diagnosticado con una infección de la piel MRSA y se consulta con mas de un proveedor médico, porfavor déjele saber a cada proveedor médico su condición!!!

NJ Department of Health & Senior Services
Communicable Disease Service
PO Box 369
Trenton, NJ 08625-0369
609-588-7500

Para mas información visite:
[Http://nj.gov/health/cd/mrsa/index.shtml](http://nj.gov/health/cd/mrsa/index.shtml)

MRSA



Preveniendo Infecciones de la piel en lugares de atletismo



Jon S. Corzine
Governor



Fred M. Jacobs, MD, JD
Commissioner

Que es MRSA?

Methicillin-resistant *Staphylococcus aureus* (MRSA) es un tipo de bacteria resistente a tratamiento de ciertos antibióticos. Generalmente, MRSA causa infecciones de la piel, pero puede resultar en pulmonía e infecciones en el torrente sanguíneo. Anteriormente, ocurría en hospitales y ancianatos, pero hoy es mas frecuente en lugares de uso común como colegios y guarderías.

Las personas se pueden contagiar con MRSA al tocar personas infectadas u objetos y superficies infectadas. La bacteria puede entrar al sistema por medio de cortadas, raspones u otras aperturas en la piel.

Que debe saber un estudiante sobre MRSA?

La bacteria “Staph” puede existir en la piel de personas saludables, sin embargo un pequeño porcentaje es MRSA.

- A cualquiera persona la puede dar MRSA.
- MRSA se puede proliferar entre personas en contacto directo, tales como miembros de familia y participantes de juegos de contacto directo (por ejemplo football y lucha libre).
- MRSA NO se propaga por medio del aire.



Comportamientos, de alto riesgo asociados con MRSA

- Compartir artículos personales como navaja de afeitar, tableta de jabón, cosméticos o toallas
- Compartir ropa o uniformes lavados inapropiadamente
- Hacerse tatuajes y perforaciones en el cuerpo con equipo no esterilizado
- Entablar actividad sexual o contacto físico con personas infectadas con MRSA

- Compartir jeringuillas
- Compartir equipo atlético (hombreras o casco) no limpiados regularmente.

Como se puede proteger un estudiante?

La higiene personal es importante en prevenir y controlar la propagación de infecciones MRSA. Lavarse las manos frecuentemente, durante el día, bañarse después de juegos de contacto físico o de utilizar equipo de gimnasio y lavar la ropa con agua caliente ayudará a prevenir infecciones de la piel.

Es importante limpiar minuciosamente los equipos de gimnasia/deportes y alfombras de ejercicio después de ser usadas. También mantener la piel cubierta con ropa como una barrera adicional. Si tiene una herida, cúbrala con una venda de gasa.

Website Resources

- Sudden Death in Athletes
<http://tinyurl.com/m2gjmvg>
- Hypertrophic Cardiomyopathy Association
www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics New Jersey Chapter

3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org



American Heart Association

1 Union Street, Suite 301
Robbinsville, NJ, 08691
(p) 609-208-0020
www.heart.org



New Jersey Department of Education

PO Box 500
Trenton, NJ 08625-0500
(p) 609-292-5935
www.state.nj.us/education/



New Jersey Department of Health

P. O. Box 360
Trenton, NJ 08625-0360
(p) 609-292-7837
www.state.nj.us/health



Lead Author: American Academy of Pediatrics,
New Jersey Chapter

Written by: Initial draft by Sushma Raman Hebbar,
MD & Stephen G. Rice, MD PhD

Additional Reviewers: NJ Department of Education,
NJ Department of Health and Senior Services,
American Heart Association/New Jersey Chapter,
NJ Academy of Family Practice, Pediatric Cardiologists,
New Jersey State School Nurses

Revised 2014: Nancy Curry, EdM;
Christene DeWitt-Parker, MSN, CSN, RN;
Lakota Kruse, MD, MPH; Susan Martz, EdM;
Stephen G. Rice, MD; Jeffrey Rosenberg, MD,
Louis Teichholz, MD; Perry Weinstock, MD

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



American Heart
Association 
Learn and Live



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?



What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.



What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Preparticipation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

PPE. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at <http://www.hhs.gov/familyhistory/index.html>.

When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a

normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

N.J.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder.

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1½ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

SPORTS-RELATED EYE INJURIES:

AN EDUCATIONAL FACT SHEET FOR PARENTS



Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.¹ According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.² **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.**³

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at <http://www.nei.nih.gov/sports/findingprotection.asp>. Prevent Blindness America also offers tips for choosing and buying protective eyewear at <http://www.preventblindness.org/tips-buying-sports-eye-protectors>, and <http://www.preventblindness.org/recommended-sports-eye-protectors>.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

¹ National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeInjuries.pdf, December 26, 2013.

² Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, <http://www.aafp.org/afp/2003/0401/p1481.html>, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeInjuries.pdf, December 26, 2013.

³ Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

Most Common Types of Eye Injuries



The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

◆ **Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

◆ **Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their

own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

◆ **Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.⁴

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;

Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

What to do if a Sports-Related Eye Injury Occurs



If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for

the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

Return to Play and Sports

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that

it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.



Additional information on eye safety can be found at <http://isee.nei.nih.gov> and <http://www.nei.nih.gov/sports>.

⁴Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.