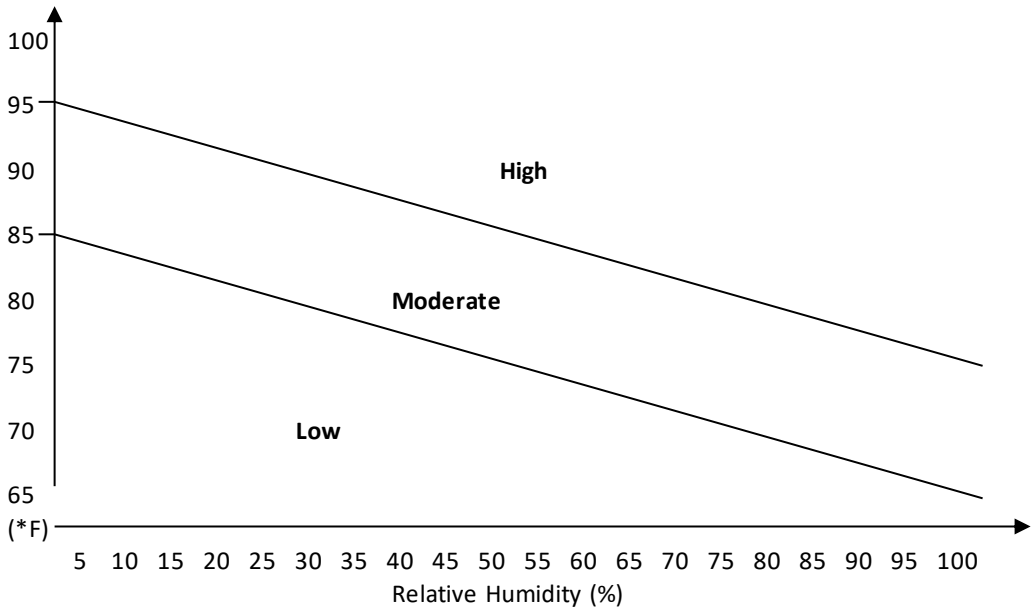
ARIZONA STATE UNIVERSITY
Sun Devil Athletics
• (480) 965-3850 (Phone) • (480) 727-0006 (Fax)

EXERTIONAL HEAT ILLNESS POLICY

General Guidelines

- All ASU student-athletes will undergo a pre-participation physical where examining physicians will have the opportunity to identify individuals who are at risk for heat illness (sickle cell status, medications, etc.) or who have a history of exertional heat illness.
- In accordance with NATA Position Statement on Exertional Heat Illness, individuals should be acclimatized to the heat gradually over 7-14 days. Each exposure should gradually increase the intensity and duration of activity as well as the phasing in protective equipment until the acclimatization period has passed. Training sessions should occur within the same conditions that will occur during competition.
- Clothing and protective gear can increase heat stress. Dark colors absorb solar radiation, and clothing and protective gear interfere with the evaporation of sweat and further avenues of heat loss. Frequent rest periods should be scheduled so that the gear and clothing can be loosened to allow heat loss. During the acclimatization period, it may be advisable to use a minimum of protective gear and to practice in shorts, T-shirts, socks, and shoes. Excessive tape and outer clothing that restrict sweat evaporation should be avoided. Rubberized suits should never be used.
- To identify heat stress conditions, regular measurements of environmental conditions are recommended. Use the ambient temperature and humidity to assess heat stress. Utilize the wet-bulb temperature, dry-bulb temperature and globe temperature to assess the potential impact of humidity, air temperature and solar radiation. (See graph)



HIGH – Only fit and heat acclimatized athletes can participate, still use extreme caution. Practice modifications may be necessary
MODERATE – Heat sensitive and unacclimatized athletes may suffer, use caution during prolonged activity.
LOW – Little danger of heat stress.

- During extreme heat periods, modifications should be made with practice times and duration as well as equipment used to prevent major issues from occurring.
- All coaches and athletes will be provided with educational material on heat related illnesses during a pre-season educational session on a yearly basis.

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- Athletes may be weighed pre- and post- practice/competition to determine fluid loss during activity as well as hydration status
- Water and an electrolyte replacement will be provided at all practices and competitions. All athletes will be encouraged to consume adequate amounts of fluids during breaks or whenever they feel like they need fluids-even if it is during a non-scheduled break.
- Breaks should be in the shade if possible with athletes being able to remove equipment if needed.
- Cold water immersion tubs, ice towels, and shading will be provided for all practices and competitions that occur during training periods of increased heat and or humidity.
- If an athlete is injured in any manner (acute, chronic, heat related) he/she will be accompanied by a Certified Athletic Trainer to an indoor athletic training facility with air conditioning or hospital.
- If an athlete has suffered from a heat illness they will be required to weigh in with the Certified Athletic Trainer pre- and post- practice, each practice until baseline weight has been maintained for 1 week. Student Athletes need to have <2% body weight change in order to maintain hydration.
- The following supplies should be available at all practice and competition locations:
    - Supply of cold water and/or sports drink
    - Ice for active cooling and keep drinks cold, can be in bags or tubs
    - Telephone or radio to communicate with EMS
    - Pool for cold tub immersion of trunk and extremities

Onsite Guidelines

- Have a cold tub half-filled with water and prepared before event so that it can be used immediately if necessary. Also have 3-4 coolers of ice next to the tub to quickly use in case of emergency.
- The patient will be placed out of direct sunlight and heat-preferably indoors with air conditioning. If unable to take indoors, move patient to a cool or shaded area using fans if possible.
- Once heat illness is suspected, contact team physician immediately.
- Fluids will continue to be given as much as possible without making athlete sick.
- The patient will be cooled with cold water. First choice of treatment is with immediate cold water immersion (even with clothes on if necessary and removing them in cold tub). Water should be between 35-59°F covering the surface of the water and continuously stirred to maximize cooling. If not available, partial body immersion is advised, trying to cover as much of the torso as possible while cooling towels and ice bags are placed over the head/neck and rotated to cool the rest of the body
- Patient will then be transferred to medical facility via EMS
- If core temperature cannot be assessed and cold water immersion is indicated, cool patient for 10-15 minutes and then transport patient to medical facility
- Guidelines for initiating EMS/911
    - Altered level of consciousness
    - Core temperature ≥103°F or unable to assess
    - A-B-C compromised
    - Cramping > 50% of body

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Return to Play Guidelines

- In athletes with exercise-associated muscle cramping or heat syncope (sudden dizziness, feeling faint and sometimes fainting experienced after exercising in the heat), the athletic trainer should monitor the patient's condition until signs and symptoms are no longer present.
- In athletes with heat exhaustion (a condition marked by weakness, nausea, dizziness, and profuse sweating that results from physical exertion in a hot environment), same-day return to activity is not recommended and should be avoided and team physician should be notified.
- In cases of exertional heat-stroke (core body temperature that rises above 104 accompanied by hot, dry skin and central nervous system abnormalities such as delirium, convulsions, or coma), after the patient has completes a 7-21 day rest period, demonstrated normal blood-work results, and obtained physician clearance, he or she may begin a progression of physical activity, supervised by the athletic trainer or other medical professional, from low intensity to high intensity and increasing duration in a temperate environment, with equipment added gradually where indicated. If the athlete experiences any side effects or negative symptoms with training, the progression should be slowed, delayed, or stopped.
- In all cases, athletes need to be informed of the importance of proper nutrition habits (from fluid replacement to meals) to prevent future incidents from occurring. This can be achieved by referring student athlete to Sports Dietitian.

Addendum

- All intercollegiate soccer competitions on the Arizona State University campus will utilize USA Soccer Heat Guidelines regarding WBGT combined with Category 3 region to determine work to rest ratios. The link below provides further details.

USA Soccer Heat Guidelines

Steven K. Poon, M.D.
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