

ACHA Guidelines

Best Practices for Collegiate Intramural, Club, and Recreational Sports Health and Safety

Intramural, club and recreational sports are important to the college experience and have millions of participants nationwide. Injury rates in these sports can be higher than those in NCAA collegiate athletics. It is important to reduce the risk for institutions and protect the health and safety of students that risk management plans and appropriate health and safety education, training and emergency planning is in place. Further, appropriate staffing and supervision of intramural, club and recreational sports is paramount. The American College Health Association (ACHA) proposes these best practices to aid institutions and to protect students, while allowing them to enjoy and participate in sports.

Introduction

Millions of students participate in club, intramural, and recreational sports in the collegiate setting (Pennington, 2008). Programs and services vary from student-run organizations (SROs), sport clubs, intramural sports, group fitness, personal training, and various other activities. Club sports provide many positive outcomes for students, but they do have inherent risks for the students and universities that sponsor them (Lifschutz, 2012). Injury rates in club sports were found to be significantly higher than those in NCAA collegiate sports (Arthur-Banning et al., 2018). These student athletes compete locally, regionally, and nationally often without athletic healthcare providers such as athletic trainers (ATs) during their activities.

Regardless of whether the program has athletic healthcare providers present it is imperative that administrators, coaches, safety officers, staff, students, officials, and volunteers all have at least a baseline understanding of health, safety, and welfare issues in athletics. Further, it is imperative that institutions have a risk management plan in place, directed at equipment maintenance, as well as education and training on health and safety and emergency procedures for all club, intramural and recreational sports personnel (AB Staff, 2010; *Beglin v. Hartwick College*, 2009; Fields & Young, 2010).

Although most club, intramural, and recreational sports are led by students, it is crucial for colleges and universities to establish basic health and safety protocols for each program. Almost half of campus recreation directors agreed that safety issues associated with campus recreation was a problem (Schneider et al., 2007). A survey of campus recreation programs found that 75% indicated they did not require any type of emergency management training for faculty (Sinclair et al., 2010). However, with varying institutional and governing body rules and regulations or the lack thereof, consistency is needed regarding athlete health and safety guidelines in this space. Therefore, we have created these “best practices” to aid institutions in reducing risk and protecting students.

Best Practices

Prior to participation in any athletic or sport activity, all coaches, safety officers, staff, students, officials, and volunteers should complete health and safety education and training that includes protocols and expectations associated with sport, health, and safety (Hartmann, 2020). All parties involved are responsible for the health and safety of participants. These expectations and protocols should be designed to highlight associated risk and best practices for health conditions as well as each sport and activity (Lifschutz, 2012). This will not only protect participants but also the organization/institution by mitigating future risks.

We have identified these six categories that will aid in minimizing risk and maximizing the health and safety of participants:

1. Education and documentation
2. Sport specific health and safety considerations for participation
3. Athletic healthcare provider availability
4. Designation of club sport safety officers and risk managers
5. Emergency preparedness
6. Policy and procedure development

Education and Documentation

All club sport safety officers, coaches, and staff (directors, risk managers, club/intramural staff, fitness instructors, etc.) should receive and complete annual health and safety education and training on the following topics at a minimum:

- Basic first aid, injuries, and conditions in sport
- Bloodborne pathogens and universal precautions (Sanabria, 2018)
- Cardiac issues and sudden cardiac arrest in sport
- Cervical spine injuries and management
- Collapse in athletes
- Concussions
- Environmental monitoring and safety
- Exertional heat illness and prevention
- Emergency action plans
- Mental health in sport
- Sport specific health and safety considerations
- In-person CPR and AED training (every two years or as deemed necessary by certifying body)

All club and intramural sport students, volunteers, and officials should receive and complete annual health and safety education and training on the following topics at a minimum:

- Basic injuries and conditions in sport
- Bloodborne pathogens and universal precautions
- Collapse in athletes
- Concussions
- Exertional heat illness and prevention
- Mental health in sport
- Sport specific health and safety considerations

All club and intramural sport students (including safety officers), coaches, staff, volunteers, and officials should receive and complete the following waivers and forms associated with athlete health and safety annually at a minimum (Schneider et al., 2008):

- Participation agreement/assumption of risk waiver
- Safety officer agreement (for safety officers only)
- Proof of clearance for physical activity by a physician, physician's assistant, or nurse practitioner (for club and intramural sport students only)

Risk managers, sports directors, and/or supervisors should be able to track completion and provide proof that education, training, waivers, and forms have been completed upon request for all club sport safety officers and risk managers as well as club and intramural sport students, coaches, staff, volunteers, and officials.

Sport- and Activity-Specific Health and Safety Considerations for Participation

Prior to participation, students should be provided with education around sport/activity specific health and safety considerations for participation so that they're able to make better informed decisions regarding the risk associated with participating (Lifschutz, 2012). Institutions should consider using a waiver that includes the following sport/activity specific information (Miller et al., 2009):

- Risk factors for injury
- Common and severe injuries, conditions, and concerns
- Injury prevention strategies
- Personal protective equipment associated with the sport/activity
- Other sport specific considerations

Organizations/institutions should have education, training, and emergency action planning for each sport/activity offered.

Athletic Healthcare Provider Availability

Organizations and institutions who are committed to providing and maintaining a high level of athlete health and safety should have adequate access to athletic healthcare providers who specialize in the recognition, diagnosis, and triage of acute injuries and conditions as well as emergency medical care during hours of training sessions, games, competitions, and activities/events. Physicians with a sports medicine background and athletic trainers are the appropriate athletic healthcare providers for managing acute injuries and conditions in this setting. These providers can be:

- Full-time staff
- Part-time staff
- Hourly employees
- Independent contractors/self-employed

- Intern, resident, fellow, or attending physicians
- Certified/licensed professional students and/or interns

Athletic healthcare provider coverage for training sessions, games, competitions, and other activities/events can be classified as:

- Present- visual contact with sport and/or activity
- On-site- close proximity and/or during business hours
- On-call- able to report to sport and/or activity within 15 minutes of notification
- Not present

It is the responsibility of organizations and institutions to determine their individual needs by assessing the risk of injury by sport and activity. The number of students participating in sports and activities should also be reviewed to determine the appropriate number of athletic healthcare providers who are available to manage health and safety needs.

Designation of Club Sport Safety Officers and Risk Managers

A safety officer is a student who acts as a liaison between their assigned students/club sport and the organization/institution regarding sport specific safety measures, injury prevention, environmental monitoring and safety, emergency preparedness, and general communication. Yet, despite being put in this position the majority of safety officers do not receive adequate education and training on athlete health and safety topics pertaining to sports.

It is recommended that each club sport should identify a minimum of three students to serve as safety officers. At least two safety officers should be present at every club sport activity/event. Additionally, it is recommended that their responsibilities as it pertains to athlete health and safety include:

- Completing in person first aid, CPR, and AED training every two years or as deemed necessary by certifying body
- Completing annual education on catastrophic injuries/conditions, basic first aid in sport, basic injuries and conditions in sport, environmental monitoring and safety, mental health, emergency action plans, and sport specific health and safety considerations for participation

- Providing assistance and first aid if an injury occurs that is not outside of the safety officer's scope of education and/or training
 - It is not the safety officer's responsibility to diagnosis an injury/condition or to make suggestions for post-injury care
 - All injuries should be referred to appropriate medical professional
- Activating the appropriate emergency action plan (EAP) during emergency situations
- Communicating all injuries and/or emergency situations to the designated risk manager(s) on staff in the organization/institution
- Having an adequately stocked first aid kit at all club sport activities/events
- Communicating all questions and concerns to the designated risk manager(s) in the organization/institution

Each safety officer should be assigned to a risk manager on staff who is responsible for overseeing and making final decisions regarding the health and safety for all club, intramural, and recreational sport participants at the organization/institution. Each sport/activity should also be assigned to a full-time staff member who provides supervision.

It is recommended that the risk manager(s) on staff responsible for the health and safety of all club, intramural, and recreational sport participants:

- Complete in person first aid, CPR, and AED training every two years or as deemed necessary by certifying body
- Provide a resource for Safety Officers to complete in person first aid, CPR, and AED training
- Complete annual education on catastrophic injuries/conditions, basic first aid in sport, basic injuries and conditions in sport, environmental monitoring and safety, mental health, emergency action plans, and sport specific health and safety considerations for participation
- Provide a resource for all students to complete annual education on catastrophic injuries/conditions, basic first aid in sport, basic injuries and conditions in sport, environmental monitoring and safety, mental health, emergency action plans, and sport specific health and safety considerations for participation

- Track and document the completion of athlete health and safety education and training of all safety officers, students, coaches, staff, volunteers, and officials annually
- Provide assistance and first aid if an injury occurs that is not outside of the risk manager's scope of education and/or training
 - It is not the risk manager's responsibility to diagnosis an injury/condition or to make suggestions for post-injury care
 - All injuries should be referred to appropriate medical professional
- Establish emergency action plans for all facilities, venues, and catastrophic injuries/conditions and review and rehearse them annually at a minimum with the appropriate individuals
- Activate the appropriate emergency action plan during emergency situations
- Track and document all injuries (if an athletic healthcare provider is not available) and emergency situations
- Aid all safety officers in properly stocking first aid kits
- Communicate all health and safety news, updates, and concerns to all safety officers, students, coaches, staff, volunteers, and officials
- Establish policies and procedures related to athlete health and safety and review them annually
- Track and document completion of all waivers and forms
- If an athletic healthcare provider is not on staff, identify internal and/or external resources to meet needs

Emergency Preparedness

An emergency action plan (EAP) provides information to ensure response to an emergency is prompt, appropriate, coordinated, and precise. All organizations and institutions involved with sports share both a professional and legal responsibility to ensure guidelines are in place to manage any emergency that could arise. An EAP should be facility- or venue-specific and developed for each sport, activity, and event with student participation (Harbourne, 2015). These plans should be reviewed annually for accuracy and potential changes to facilities and/or venue sites as well as the management

of catastrophic injuries/conditions and mental health emergencies. An EAP should include the following at minimum:

- Contact number for emergency services -- 911 or designated emergency services
- Address of facility/venue location (with specific directions if needed)
- Plan for access to the of location
 - Include maps of the area (if applicable)
 - Access to locked gates, paths, etc.
- Location of emergency equipment
 - An AED should be readily available and applied within 3 minutes of collapse
- Designated roles and responsibilities for other individuals (if present). Examples include:
 - Retrieval of the AED
 - Meeting EMS to guide them to the emergency location once on-site

The EAP should be clearly visible and posted at multiple locations at the facility/venue/event site and reviewed annually by all safety officers, students, coaches, staff, volunteers, and officials.

Following an emergency or catastrophic event, a plan should be in place to notify the appropriate full-time staff members of the incident, and a protocol should be established to review the event. EAPs, communication chains, and incident review protocols should be in place and reviewed before an event occurs.

Policy and Procedure Development

Policies and procedures should be developed to enhance the structure of athlete health and safety areas and topics as well as the consistency of actions by all parties involved. These policies and procedures should be reviewed annually to remain consistent with guidelines established by evidence-based research, the institution/organization, and other pertinent governing bodies. All safety officers, students, coaches, staff, volunteers, officials, and other applicable personnel should understand their individual roles in following these policies and procedures and that they're universal to each club, intramural, and recreational sport.

Athlete health and safety policy and procedure development at a minimum should include the following topics:

- Education, training, and documentation requirements for administrators, coaches, safety officers, staff, students, officials, and volunteers
- Emergency preparedness and emergency action planning
- Forms and waivers
- Healthcare services and access
- Injury and illness management
- Management of numerous catastrophic injuries, incidents, and conditions most commonly seen in sports
- Mental health services and access
- Organization/Institution specific guidelines
- Roles and responsibilities of administrators, coaches, safety officers, staff, students, officials, and volunteers
- Sport specific health and safety considerations

When creating policies and procedures organizations and institutions should consult their own officials, including but not limited to administrator, athletic and sports medicine personnel, compliance officers, risk managers, local/conference/state/regional/national governing bodies, and legal counsel to ensure alignment with related policies, organizational or institutional practicalities, culture, and their requirements.

Conclusion

Intramural, club, and recreational sports are an important part of the college experience for students. However, they may confer higher risks of injury to students than intercollegiate athletics, while, at times creating liability for the institution. The best strategy for institutions to reduce risk, and to protect their students is to be proactive with education, emergency planning, risk reduction and having appropriate policies and procedures in place.

Guideline Authors

These guidelines were developed by the ACHA Sports Medicine Coalition in partnership with the U.S. Council for Athletes' Health (USCAH). Special thanks to the authors: Chad A. Asplund, MD, MPH; U.S. Council for Athletes' Health; Rae Everson, MS, AT, CES, PES; U.S. Council for Athletes' Health; Douglas Marania, MD; American College Health Association; and David Wang, MD, MS; American College Health Association.

References

- Pennington, B. (2008, December 1). Rise of college club teams creates a whole new level of success. *The New York Times*. <https://www.nytimes.com/2008/12/02/sports/02club.html>
- Lifschutz, L. (2012). Club sports: Maximizing positive outcomes and minimizing risks. *Recreational Sports Journal*, 36(2), 104–112. <https://doi.org/10.1123/rsj.36.2.104>
- Arthur-Banning, S. G., Jameyson, D., Black, K., & Mikumbo, P. (2018). An epidemiology of sport injury rates among campus recreation sports programs. *Rehabilitation Science*, 3(2), 38–42.
- AB Staff. (2010, April 22). Lawsuit shows why college recreation centers need a risk management plan. *Athletic Business*. <https://www.athleticbusiness.com/facilities/rec-center/article/15142329/lawsuit-shows-why-college-recreation-centers-need-risk-management-plan>
- Beglin v. Hartwick College*, 888 N.Y.S.2d 320 (2009).
- Fields, S. K., & Young, S. J. (2010). Learning from the past: An analysis of case law impacting campus recreational sport programs. *Journal of Legal Aspects of Sport*, 20(1), 1–24.
- Schneider, R. C., Stier, W. F., Kampf, S., Wilding, G., & Haines, S. (2007). Perceived problems in campus recreation programs in North America. *Recreational Sports Journal*, 31(1), 51–60.
- Sinclair, A., Holman, T., Elder, C., Easter, B., & Stenger-Ramsey, T. (2010). Utilization of emergency action plans by collegiate academic recreation programs. *SCHOLE: A Journal of Leisure Studies and Recreation Education*, 25(1), 11–20.
- Hartmann, H. (2020, July 8). The risk factor with club sports. *Campus Rec*. <https://campusrecmag.com/the-risk-factor-with-club-sports/>
- Sanabria, A. (2018). Implementing and evaluating an advanced bloodborne pathogen training for the department of campus recreation at Clemson University: A mixed methods study of training effectiveness and retention [Master's thesis, Clemson University]. TigerPrints. https://tigerprints.clemson.edu/all_theses/2878/
- Schneider, R. C., Stier, W. F., Kampf, S., Haines, S., & Gaskins, B. (2008). Factors affecting risk management of indoor campus recreation facilities. *Recreational Sports Journal*, 32(2), 114–133.
- Miller, J. J., Young, S. J., & Martin, N. (2009). To use or not to use? The status of waivers in intramural sports. *Recreational Sports Journal*, 33(2), 129–138.
- Harbourne, E. (2015, November 9). Are you prepared for an emergency? *Campus Rec*. <https://campusrecmag.com/are-you-prepared-for-an-emergency/>



AMERICAN
COLLEGE
HEALTH
ASSOCIATION