

NATA Guidelines

WBGT (°F) Activity Guidelines and Rest Break Guidelines

<82.0

Normal activities: provide ≥3 separate rest breaks of minimum duration 3 min each during workout.

82.0-86.9

Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide ≥3 separate rest breaks of minimum duration 4 min each.

87.0-89.9

Maximum practice time = 2 h. For football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: provide ≥4 separate rest breaks for minimum duration 4 min each.

90.0-92.0


Maximum length of practice = 1 h. No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 min of rest breaks provided during the hour of practice.


>92.1


No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading occurs.


Source: NATA Position Statement: Exertional Heat Illness, *Journal of Athletic Training* volume 50, number 9 2015, Table 5


Heat Illness and What to Do


 **Heat Cramps:** Painful, involuntary muscle spasms (usually occurring in the legs) associated with exercise in the heat when athletes have been sweating profusely.

 **What to do:** Stop activity and rest in cool area. Rehydrate.

 **Heat Exhaustion:** Inability to sustain exercise in the heat due to cardiovascular strain. Signs and symptoms include: fatigue, weakness, nausea, light-headedness, headache, heavy sweating, dehydration, decreased muscle coordination, and chills. Improvement is seen usually within 10-15 minutes.

 **What to do:** Stop activity and rest in cool area. Rehydrate. Remove excess clothing and cool the athlete with ice-wet towels. If exertional heat stroke is suspected, take rectal temperature for differential diagnosis.

 **Exertional Heat Stroke:** Occurs when (1) the rectal temperature is ≥104°F and (2) there are signs/symptoms of central nervous system dysfunction. Signs and symptoms include: high body temperature (≥104°F), irrational behavior, emotional instability, confusion, nausea, diarrhea, loss of muscle coordination, collapse, dehydration, rapid pulse, low blood pressure, heavy sweating. **This is a medical emergency.**

 **What to do:** Stop activity and aggressively cool the patient using cold water tub. Activate emergency medical service, but always cool first and transport second. Remove excess clothes. Continuously monitor the rectal temperature until it is cooled down to 102°F.

Information provided by the Korey Stringer Institute <http://ksi.uconn.edu>



!! WARNING!!

These WBGT Reference Guidelines are summarized from published papers, policies, and position statements relating to preventing heat injury. These guidelines provide a reference as to danger zones but do not constitute or take the place of medical advice.

The Kestrel Heat Stress Tracker is an environmental meter, not a medical device, and must be employed correctly according to these instructions to ensure accurate readings. Always let the instrument equilibrate to the environment you are in.

These guidelines, and your Kestrel Heat Stress Tracker, must be employed with care and good judgment. Remember that certain individuals are more susceptible to exertional heat stress and may suffer injury before a Zone Threshold is reached. When in doubt, set your Zone Thresholds lower, reduce work time, and increase rest, hydration and access to shade. Have and practice a heat injury emergency action plan, ensure ready access to cooling equipment such as ice baths and chilled sheets, and always intervene when any individual appears disoriented, weak or ill.



**Heat Stress
Emergency Action Plan**

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