# Ranking at the time of this update:

Rank	State	Score (%)	Rank	State	Score (%)
1	Florida	86.04	27	New York	47.75
2	New Jersey	85.00	28	Alaska	47.40
3	Georgia	81.67	29	Indiana	46.00
4	Louisiana	74	30	South Carolina	45.80
5	New Hampshire	71.20	31	Utah	45.00
6	Massachusetts	69.40	31	Pennsylvania	45.00
7	North Carolina	69.24	33	Maryland	44.83
8	District of Columbia	65.00	34	South Dakota	43.60
9	Tennessee	64.55	35	Iowa	43.00
10	Kentucky	63.75	36	North Dakota	42.00
11	Arizona	62.20	36	Nevada	42.00
12	Arkansas	61.20	38	Ohio	41.80
13	Delaware	59.93	39	Colorado	40.80
14	Illinois	58.00	40	Nebraska	40.00
15	New Mexico	54.08	40	Idaho	40.00
16	Texas	54.00	42	Wyoming	39.00
17	Hawaii	53.33	43	Vermont	39.00
18	Wisconsin	53.13	44	Oklahoma	38.90
19	Rhode Island	52.93	45	Michigan	37.93
20	Washington	51.93	46	Virginia	36.00
21	Kansas	51.80	47	Montana	35.00
22	West Virginia	51.35	47	Mississippi	35.00
23	Connecticut	49.73	49	Minnesota	31.75
24	Alabama	49.70	50	California	30.80
25	Missouri	49.00	50	Maine	30.80
26	Oregon	47.97			



State		New Rank		New Score	Change Score	
Connecticut	29	23	48.94	49.73	+.79	<ul> <li>Emergency Preparedness</li> <li>Healthcare professionals who will provide medical coverage during games, practices, or other events should be included.</li> </ul>
District of Columbia	6	8	71.0	65	-6.00	<ul> <li>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. (points deducted during this audit)</li> <li>Appropriate Health Care</li> <li>Appropriate healthcare profession required to be onsite at all collision/contact practices and competitions.</li> </ul>



					<ul> <li>AED should be stored in a safe place (points deducted during this audit)</li> <li>All athletic trainers, coaches, administrators, school nurses, and physical education teachers should have access to an AED on school property (points deducted during this audit)</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Sudden Cardiac Arrest (points deducted during this audit)</li> </ul>
					<ul> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Sickle Cell Trait (points deducted during this audit)</li> </ul>
					<ul> <li>The heat policy has at minimum 4 levels of modification, including the modification of practice time (points deducted during this audit)</li> <li>Head</li> </ul>
Delaware	16	13	59.35 59	.93 -	A minimum of a 5-step graduated return to play protocol before full return to activity.  No more than 2 phases in any one day. If symptoms return during any one step, athlete must regress to previous step
					<ul> <li>The AEAP should be developed and coordinated with local EMS, school public safety officials, on site medical personnel or school medical staff, and school administrators (points deducted during this audit)</li> </ul>



Hawaii	14	17	61.33	53.33	-8.0	<ul> <li>Comprehensive training and education for coaches (ie Heads Up Football or equivalent)- Football Coaches (points deducted during this audit)</li> </ul>
Idaho	36	41	46	40	-6.0	<ul> <li>Cold water immersion tubs for onsite cooling for all warm weather practices (points deducted during this audit)</li> <li>If exertional heat stroke is suspected, onsite cooling using cold water immersion before transport to the hospital (points deducted during this audit)</li> </ul>
Indiana	31	29	48.0	46.0	-2.0	<ul> <li>Cardiac</li> <li>Individuals [all personnel involved with sponsored athletic events/activities] should be provided annual training and certification in cardiopulmonary resuscitation (CPR) and AED use (points deducted during this audit)</li> </ul>
lowa	44	35	41.0	43.00	+2.0	Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Sickle Cell Trait
Kansas	26	21	50.6	51.8	+1.2	<ul> <li>AEDs are to be used under the advice and consent of a physician by individuals with proper training and certification.</li> </ul>



	•	ncy Preparedness  Every school should distribute the AEAP to all athletics staff members (points deducted during this audit)
Kentucky 4 10 71.75 63.75	Head  Cardiac  -8.0  •	A minimum of a 5-step graduated return to play protocol before full return to activity.  No more than 2 phases in any one day. If symptoms return during any one step, athlete must regress to previous step (points deducted during this audit)



Louisiana	10	4	66.0	74.0	+8.0	<ul> <li>Comprehensive training and education for coaches (ie Heads Up Football or equivalent)- All Coaches</li> <li>Athletes are not permitted to return to play until they fully return to school (points deducted during this audit)</li> </ul>
Maine	50	51	36.8	30.8	-6.0	<ul> <li>AEDs are to be used under the advice and consent of a physician by individuals with proper training and certification(points deducted during this audit)</li> <li>Individuals [all personnel involved with sponsored athletic events/activities] should be provided annual training and certification in cardiopulmonary resuscitation (CPR) and AED use (points deducted during this audit)</li> <li>The AED should be used only after enacting the EMS system (points deducted during this audit)</li> <li>AEDs should be inspected frequently to ensure proper working order. This includes making sure the batteries are charged, and wires and electrodes are in good condition (points deducted during this audit)</li> </ul>



Maryland	37	33	45.83	44.83	-1.0	<ul> <li>Cold Water Immersion tubs for onsite cooling for all warm weather practices</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Heat Stroke (points deducted during this audit)</li> <li>Head</li> <li>A minimum of a 5-step graduated return to play protocol before full return to activity. No more than 2 phases in any one day. If symptoms return during any one step, athlete must regress to previous step (points deducted during this audit)</li> </ul>
Michigan	42	45	42.73	37.925		<ul> <li>AEDs are to be used under the advice and consent of a physician by individuals with proper training and certification (points deducted during this audit)</li> <li>AEDs should be inspected frequently to ensure proper working order. This includes making sure the batteries are charged, and wires and electrodes are in good condition (points deducted during this audit)</li> <li>Emergency Preparedness</li> <li>AEAP should be reviewed and rehearsed annually by all parties involved (points deducted during this audit)</li> </ul>



Minnesota 49	49	49	37 55	31 75	-5 <b>8</b>	<ul> <li>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. Warm-up, stretching, cool-down, walk-through, conditioning and weight-room activities are included as part of the practice time. (points deducted during this audit)</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Heat Stroke (points deducted during this audit)</li> <li>Head</li> <li>Athletes not permitted to return to activity on the same day if a concussion is suspected (points deducted during this audit)</li> <li>A minimum of a 5-step graduated return to play protocol before full return to activity. No more than 2 phases in any one day. If symptoms return during any one step, athlete</li> </ul>
Minnesota	49	49	37.55	31.75	-5.8	<ul> <li>practice time. (points deducted during this audit)</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Heat Stroke (points deducted during this audit)</li> <li>Head</li> <li>Athletes not permitted to return to activity on the same day if a concussion is suspected (points deducted during this audit)</li> <li>A minimum of a 5-step graduated return to play protocol before full return to activity.</li> </ul>
						<ul> <li>Require 4th Edition PPE forms from American1 Academy of Pediatrics or equivalent - Sudden Cardiac Arrest (points deducted during this audit)</li> </ul>
						Emergency Preparedness
						<ul> <li>Every school or organization that sponsors athletics should develop an EAP specifically for managing serious and/or potentially life-threatening sport-related injuries (athletics emergency action plan AEAP) (points deducted during this audit)</li> </ul>



		Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Sickle Cell Trait (points deducted during this audit)



Mississippi	24	48	52.0	35.0	-17.0	Cold Water Immersion tubs for onsite cooling for all warm weather practices (points deducted during this audit)     Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Heat Stroke (points deducted during this audit)  Head     Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent- Concussion (points deducted during this audit)  Cardiac     All athletic trainers, coaches, administrators, school nurses, and physical education teachers should have access to an AED on school property (points deducted during this audit)     AEDs should be inspected frequently to ensure proper working order. This includes making sure the batteries are charged, and wires and electrodes are in good condition (points deducted during this audit)     Require 4th Edition PPE forms from American1 Academy of Pediatrics or equivalent - Sudden Cardiac Arrest (points deducted during this audit)  Emergency Preparedness
						<ul> <li>Emergency Preparedness</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Sickle Cell Trait (points deducted during this audit)</li> </ul>
Missouri	13	25	62.0	49.0	-13.0	<ul> <li>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</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Heat Stroke (points deducted during this audit)</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent- Concussion (points deducted during this audit)</li> </ul>



						<ul> <li>Individuals [all personnel involved with sponsored athletic events/activities] should be provided annual training and certification in cardiopulmonary resuscitation (CPR) and AED use (points deducted during this audit)</li> <li>The AED should be used only after enacting the EMS system (points deducted during this audit)</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Sudden Cardiac Arrest (points deducted during this audit)</li> <li>Emergency Preparedness</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Sickle Cell Trait (points deducted during this audit)</li> </ul>
Montana	48	47	38.25	35.0	-3.25	<ul> <li>State requires all schools to have a heat modification policy (points deducted during this audit)</li> <li>The recommended heat policy is based off of Heat Index (adequate alternative if WBGT is unavailable) (points deducted during this audit)</li> <li>Cardiac</li> <li>AEDs are to be used under the advice and consent of a physician by individuals with proper training and certification (points deducted during this audit)</li> </ul>
Nebraska	35	40	46.5	40.0	-6.5	<ul> <li>State requires all schools to have a heat modification policy (points deducted during this audit)</li> <li>The recommended heat policy is based off of Heat Index (adequate alternative if WBGT is unavailable) (points deducted during this audit)</li> <li>Policy includes modification of equipment (if applicable to the sport) (points deducted during this audit)</li> <li>Policy includes modification of work:rest ratios, including unrestricted access to fluids (points deducted during this audit)</li> </ul>



						<ul> <li>Individuals [all personnel involved with sponsored athletic events/activities] should be provided annual training and certification in cardiopulmonary resuscitation (CPR) and AED use (points deducted during this audit)</li> </ul>
Nevada	34	37	47	42	-5.0	<ul> <li>On days 1-5, 1-hour maximum walk-through is permitted, however there must be a 3 hour minimum between practice and walk-through (or vice versa) (points deducted during this audit)</li> <li>Head</li> <li>Athletes not permitted to return to activity on the same day if a concussion is suspected (points deducted during this audit)</li> <li>Cardiac</li> <li>All athletic trainers, coaches, administrators, school nurses, and physical education teachers should have access to an AED on school property (points deducted during this audit)</li> </ul>
North Carolina	8	7	68.58	69.24	+.66	<ul> <li>Emergency Preparedness</li> <li>Requires appropriate supervision (i.e., coach certified in CPR/First Aid with education on the prevention of sudden death in sport or an Athletic Trainer onsite)</li> </ul>
New York	25	27	51.38	47.75	-3.68	<ul> <li>Days 1–5 are the first formal practices. No more than 1 practice occurs per day (points deducted during this audit)</li> <li>In days 1-5, total practice time should not exceed 3 hours in any 1 day (points deducted during this audit)</li> <li>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. (points deducted during this audit)</li> </ul>



						<ul> <li>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. Warm-up, stretching, cool-down, walk-through, conditioning and weight-room activities are included as part of the practice time. (points deducted during this audit)</li> <li>On a double-practice day, the 2 practices should be separated by at least 3 continuous hours in a cool environment. (points deducted during this audit)</li> <li>Policy mentions the use of a shaded area for rest breaks (points deducted during this audit)</li> </ul>
Ohio	32	38	47.93	41.8	-6.13	<ul> <li>State requires all schools to have a heat modification policy (points deducted during this audit)</li> <li>The recommended heat policy is based off of Heat Index (adequate alternative if WBGT is unavailable) (points deducted during this audit)</li> <li>The heat policy has at minimum 4 levels of modification, including the modification of practice time (points deducted during this audit)</li> <li>Policy includes modification of equipment (if applicable to the sport) (points deducted during this audit)</li> <li>Policy includes modification of work:rest ratios, including unrestricted access to fluids (points deducted during this audit)</li> <li>Cold Water Immersion tubs for onsite cooling for all warm weather practices (points deducted during this audit)</li> </ul>
Oregon	30	26	48.59	47.967	625	<ul> <li>Heat</li> <li>The heat policy has at minimum 4 levels of modification, including the modification of practice time (points deducted during this audit)</li> </ul>
	40	19	44.73	52.925	+8.195	<ul> <li>Days 1–5 are the first formal practices. No more than 1 practice occurs per day (points deducted during this audit)</li> </ul>



Rhode Island						Comprehensive training and education for coaches (ie Heads Up Football or equivalent)- All Coaches      Emergency Preparedness     Every school or organization that sponsors athletics should develop an EAP specifically for managing serious and/or potentially life-threatening sport-related injuries (athletics emergency action plan AEAP) (points deducted during this audit)
South Dakota	19	34	57.95	43.6	-14.35	<ul> <li>State requires all schools to have a heat modification policy (points deducted during this audit)</li> <li>The recommended heat policy is based off of Heat Index (adequate alternative if WBGT is unavailable) (points deducted during this audit)</li> <li>The environmental conditions guidelines are based off of epidemiological data specific to that state/region (for bigger states a more comprehensive analysis may be needed) (points deducted during this audit)</li> <li>The heat policy has at minimum 4 levels of modification, including the modification of practice time (points deducted during this audit)</li> <li>Policy includes modification of equipment (if applicable to the sport) (points deducted during this audit)</li> <li>Policy includes modification of work:rest ration, including access unrestricted access to fluids (points deducted during this audit)</li> <li>Head</li> <li>A minimum of a 5-step graduated return to play protocol before full return to activity. No more than 2 phases in any one day. If symptoms return during any one step, athlete must regress to previous step (point deducted during this audit)</li> <li>Cardiac</li> <li>Individuals [all personnel involved with sponsored athletic events/activities] should be provided annual training and certification in</li> </ul>



						cardiopulmonary resuscitation (CPR) and AED use (points deducted during this audit)  Appropriate Healthcare Coverage  • Appropriate healthcare profession recommended to be onsite at all collision/contact practices and competitions (points deducted during this audit)  Emergency Preparedness  • Every school should distribute the AEAP to all athletics staff members (points deducted during this audit)  • AEAP should be reviewed and rehearsed annually by all parties involved (points deducted during this audit)
Tennessee	9	9	67.35	64.55	-2.8	<ul> <li>Cardiac         <ul> <li>The AED should be used only after enacting the EMS system (points deducted during this audit)</li> </ul> </li> <li>Emergency Preparedness         <ul> <li>AEAP should be reviewed and rehearsed annually by all parties involved (points deducted during this audit)</li> </ul> </li> </ul>
Texas	20	16	57.60	54.0	-3.60	<ul> <li>AED should be stored in a safe place (points deducted during this audit)</li> <li>Emergency Preparedness</li> <li>Appropriate contact information for EMS (points deducted during this audit)</li> <li>AEAP should be reviewed and rehearsed annually by all parties involved (points deducted during this audit)</li> </ul>
Utah	23	31	54.0	45.0	-9.0	<ul> <li>Athletes not permitted to return to activity on the same day if a concussion is suspected (points deducted during this audit)</li> <li>Athletes are not permitted to return to play until they fully return to school (points deducted during this audit)</li> </ul>



						<ul> <li>A minimum of a 5-step graduated return to play protocol before full return to activity. No more than 2 phases in any one day. If symptoms return during any one step, athlete must regress to previous step (points deducted during this audit)</li> <li>Cardiac         <ul> <li>Institutions sponsoring athletic events/activities should have a AED on site or access to one at each athletic venue for practices, games, or other athletic events</li> </ul> </li> <li>Appropriate Healthcare Coverage         <ul> <li>Appropriate healthcare profession recommended to be onsite at all collision/contact practices and competitions (points deducted during this audit)</li> </ul> </li> </ul>
Vermont	26	43	50.6	39.0	-11.6	<ul> <li>State requires all schools to have a heat modification policy (points deducted during this audit)</li> <li>The recommended heat policy is based off of WBGT (points deducted during this audit)</li> <li>The environmental conditions guidelines are based off of epidemiological data specific to that state/region (for bigger states a more comprehensive analysis may be needed) (points deducted during this audit)</li> <li>The heat policy has at minimum 4 levels of modification, including the modification of practice time (points deducted during this audit)</li> <li>Policy includes modification of equipment (if applicable to the sport) (points deducted during this audit)</li> <li>Policy includes modification of work:rest ratios, including unrestricted access to fluids</li> <li>Policy mentions the use of a shaded area for rest breaks (points deducted during this audit)</li> <li>Cold Water Immersion tubs for onsite cooling for all warm weather practices (points deducted during this audit)</li> </ul>



						<ul> <li>If exertional heat stroke is suspected, onsite cooling using cold water immersion before transport to the hospital (points deducted during this audit)</li> <li>Appropriate Healthcare Coverage</li> <li>Appropriate healthcare profession recommended to be onsite at all collision/contact practices and competitions</li> </ul>
						Emergency Preparedness
						specifically for managing serious and/or potentially life-threatening sport- related injuries (athletics emergency action plan AEAP) (points deducted during this audit)
						<ul> <li>The AEAP should be developed and coordinated with local EMS, school public safety officials, on site medical personnel or school medical staff, and school administrators (points deducted during this audit)</li> <li>Every school should distribute the AEAP to all athletics staff</li> </ul>
						<ul> <li>members (points deducted during this audit)</li> <li>The AEAP should be specific to each venue (including maps, directions, etc.) (points deducted during this audit)</li> </ul>
						<ul> <li>The AEAP should identify personnel and their responsibilities to carry out the plan of action with a designated chain of command (points deducted during this audit)</li> </ul>
						Appropriate contact information for EMS (points deducted during this audit)  ASAB abouted by assistant and ask as read agreed by the ellipse the design of the contact in the contact
						<ul> <li>AEAP should be reviewed and rehearsed annually by all parties involved (points deducted during this audit)</li> </ul>
Virginia	21	46	54.20	36	-18.2	<ul> <li>Athletes are not permitted to return to play until they fully return to school (points deducted during this audit)</li> </ul>
						<ul> <li>A minimum of a 5-step graduated return to play protocol before full return to activity. No more than 2 phases in any one day. If symptoms return</li> </ul>



						during any one step, athlete must regress to previous step (points deducted during this audit)  Cardiac  AEDs are to be used under the advice and consent of a physician by individuals with proper training and certification (points deducted during this audit)  All athletic trainers, coaches, administrators, school nurses, and physical education teachers should have access to an AED on school property (points deducted during this audit)  AEDs should be inspected frequently to ensure proper working order. This includes making sure the batteries are charged, and wires and electrodes are in good condition (points deducted during this audit)  Appropriate Healthcare Coverage  Appropriate healthcare profession recommended to be onsite at all collision/contact practices and competitions (points deducted during this audit)  Emergency Preparedness  Every school or organization that sponsors athletics should develop an EAP specifically for managing serious and/or potentially life-threatening sport-related injuries (athletics emergency action plan AEAP) (points deducted during this audit)  Every school should distribute the AEAP to all athletics staff members (points deducted during this audit)  Appropriate contact information for EMS (points deducted during this audit)  AEAP should be reviewed and rehearsed annually by all parties involved (points deducted during this audit)
Washington	11	20	63.13	51.93	-11.2	<ul> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Heat Stroke (points deducted during this audit)</li> <li>Head</li> </ul>



West Virginia	41	22	44.4	51.35	+6.95	<ul> <li>practices, or other events should be included (points deducted during this audit)</li> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent - Sickle Cell Trait (points deducted during this audit)</li> <li>Heat</li> <li>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. Beginning on day 6, all protective equipment may be worn and full contact may begin.</li> </ul>
						<ul> <li>Require 4th Edition PPE forms from American Academy of Pediatrics or equivalent- Concussion (points deducted during this audit)</li> <li>Cardiac</li> <li>Institutions sponsoring athletic events/activities should have a AED on site or access to one at each athletic venue for practices, games, or other athletic events (points deducted during this audit)</li> <li>Emergency Preparedness</li> <li>Every school or organization that sponsors athletics should develop an EAP specifically for managing serious and/or potentially life-threatening sport-related injuries (athletics emergency action plan AEAP) (points deducted during this audit)</li> <li>The AEAP should be developed and coordinated with local EMS, school public safety officials, on site medical personnel or school medical staff, and school administrators (points deducted during this audit)</li> <li>Appropriate contact information for EMS (points deducted during this audit)</li> <li>Healthcare professionals who will provide medical coverage during games,</li> </ul>



						<ul> <li>Full-contact sports: 100% life contact drills should begin no earlier than day 6</li> <li>State requires all schools to have a heat modification policy</li> <li>The recommended heat policy is based off of WBGT</li> <li>The heat policy has at minimum 4 levels of modification, including the modification of practice time</li> <li>Policy includes modification of work:rest ratios, including unrestricted access to fluids</li> <li>Policy includes modification of equipment (if applicable to the sport)</li> <li>If exertional heat stroke is suspected, onsite cooling using cold water immersion before transport to the hospital</li> <li>Cardiac</li> <li>All athletic trainers, coaches, administrators, school nurses, and physical education teachers should have access to an AED on school property</li> <li>Location of AED should be well marked, publicized, accessible and known among trained staff (points deducted during this audit)</li> <li>Emergency Preparedness</li> <li>The AEAP should be specific to each venue (including maps, directions, etc.) (points deducted during this audit)</li> </ul>
Wisconsin	17	18	58.13	53.13	-5.0	<ul> <li>On days 1-5, 1-hour maximum walk-through is permitted, however there must be a 3 hour minimum between practice and walk-through (or vice versa) (points deducted during this audit)</li> <li>Head</li> <li>A minimum of a 5-step graduated return to play protocol before full return to activity. No more than 2 phases in any one day. If symptoms return during any one step, athlete must regress to previous step (points deducted during this audit)</li> <li>Cardiac</li> <li>Institutions sponsoring athletic events/activities should have a AED on site</li> </ul>
						or access to one at each athletic venue for practices, games, or other athletic events (points deducted during this audit)



						<ul> <li>The AED should be used only after enacting the EMS system (points deducted during this audit)</li> </ul>
Wyoming 4	44	42	41.0	39.0	-2.0	<ul> <li>Location of AED should be well marked, publicized, accessible and known among trained staff (points deducted during this audit)</li> </ul>

