

Wildcat Sports Medicine



Policy and Procedures
2010

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Section 1

Administrative Issues

This document represents the comprehensive responsibilities of the department and the professionals employed to provide sports medical services to the student-athletes at Bethune-Cookman University. Annually, the policies and procedures of the department are reviewed by the director of athletics along with the physician charged with coordinating the medical coverage for the university. Changes and modifications made as a result of this evaluation and a review of industry practices are incorporated routinely. The university reserves the right to modify these policies at its' sole discretion.

Bethune Cookman University Department of Intercollegiate Athletics Mission Statement and Philosophy

The primary function of the Bethune-Cookman University Department of Intercollegiate Athletics is to work to fulfill the educational mission of the University. The role of the University is to prepare student in the Christian Tradition for careers by developing their abilities to think clearly, make sound judgments and communicate effectively, as well to utilize specifically developed academic skills and practices within their chosen career. The University is further committed to developing in students and employees a desire to sustain lifelong learning by gaining an appreciation of self and of others and their views, and an awareness of the ethical and aesthetic choices that life presents. The role of the Department of Athletics is to provide mechanisms by which to meet the needs of each student-athlete with these educational, athletic, social, and moral experiences. Policies and procedures are established that will promote gender equity and cultural diversity so that each student and employee may be afforded the best opportunities for a positive experience in an academic setting. The University and Department of Athletics is responsible for providing the best possible environment for its student-athletes to compete against quality opponents within the rule of the institution, Mid-Eastern Athletic Conference and the National Collegiate Athletic Association.

National Athletic Trainers' Association Mission Statement

The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by Certified Athletic Trainer's and to advance the athletic training profession.

Wildcat Sports Medicine Mission Statement

The mission of the Bethune Cookman University Sports Medicine program is to protect and enhance the health and welfare of Bethune Cookman University student athletes competing in recognized intercollegiate sports programs. This will be done within the framework of the six domains of athletic training as stated by the National Athletic Trainers' Association including:

1. Injury Prevention
2. Recognition and Evaluation of Injuries
3. Management and Treatment of Injuries
4. Injury Rehabilitation
5. Organization and Administration
6. Education and Counseling

Sports Medicine Administration

The following section is taken directly from the 2007-2008 NCAA Sports Medicine Handbook.

The following components of a safe athletics program are an important part of injury prevention. They should serve both as a checklist and as a guideline for use by athletics administrators in the development of safe programs.

1. Preparticipation Medical Exam

Before student-athletes accept the rigors of any organized sport, their health should be evaluated by qualified medical personal. Such an examination should determine whether the student-athlete is prepared to engage in a particular sport.

2. Health Insurance

Each student-athlete should be covered by individual, parental, or institutional medical insurance to defray the costs of significant injury or illness.

3. Preseason Preparation

The student-athlete should be protected from premature exposure to the full rigors of sports. Preseason conditioning should provide the student-athlete with optimal readiness by the first practice.

4. Acceptance of Risk

Any informed consent or waiver by student-athletes (or, if minors, by their parents) should be based on an awareness of the risks of participating in intercollegiate sports.

5. Planning/Supervision

Safety in intercollegiate athletics can be attained only by appropriate planning for and supervision of practice, competition and travel.

6. Minimizing Potential Legal Liability

Liability must be a concern of responsible athletics administrators and coaches. Those who sponsor and govern athletics programs should accept the responsibility of minimizing the risk of injury.

7. Equitable Medical Care

Member institutions should neither practice nor condone discrimination on the basis of race, creed, national origin, sex, age, disability, social status, sexual orientation, or religious affiliation within their sports medicine programs.

Availability and accessibility to medical resources should be based on established medical criteria (e.g. injury rates, rehabilitation) rather than the sport itself.

Member institutions should not place their sports medicine staffs in compromising situations by having them provide inequitable treatment in violation of their medical codes of ethics.

Institutions should be encouraged to incorporate treatment, in exit interviews with student-athletes.

8. Equipment

Purchasers of equipment should be aware of and use safety standards. In addition, attention should be directed to maintaining proper repair and fitting of equipment at all times in all sports.

Student-athletes should:

- a. Be informed what equipment is mandatory and what constitutes illegal equipment;
- b. Be provided the mandated equipment;
- c. Be instructed to wear and how to wear mandatory equipment during participation, and;
- d. Be instructed to notify the coaching staff when equipment becomes unsafe or illegal.

9. Facilities

The adequacy and conditions of the facilities used for particular intercollegiate athletics events should not be overlooked, and periodic examination of the facilities should be conducted.

Inspection of the facilities should include not only the comparative area, but also warm-up and adjacent areas.

10. Blood-Borne Pathogens

In 1992, The Occupational Safety and Health Administration (OSHA) developed a standard directed to minimizing or eliminating occupational exposure to blood-borne pathogens. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.

11. Emergency Care

Reasonable attention to all possible preventative measures will not eliminate sports injuries. Each scheduled practice or contest of an institution-sponsored intercollegiate athletics event, as well as all out-of-season practices and skills sessions, should include an emergency plan. Like student-athlete welfare in general, a plan is a shared responsibility of the athletics department, administrators, coaches, and medical personnel should all play a role in the establishment of the plan, procurement of resources and understanding of appropriate emergency response procedures by all parties. Components of such a plan should include:

- a. The presence of a person qualified and delegated to render emergency care to a stricken participant;
- b. The presence of planned access to a physician for prompt medical evaluation of the situation, when warranted;
- c. Planned access to early defibrillation;
- d. Planned access to a medical facility, including a plan for communication and transportation between the athletics site and the medical facility for prompt medical services, when warranted. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured;
- e. All necessary emergency equipment should be at the site or quickly accessible. Equipment should be in good operating condition, and personnel must be trained in

advance to use it properly. Additionally, emergency information about the student-athlete should be available both at campus and while traveling for use by medical personnel;

- f. An inclement weather policy that includes provisions for decision-making and evacuation plans
- g. A thorough understanding by all parties, including the leadership of visiting teams, of the personnel and procedures associated with the emergency-care plan; and
- h. Certification in cardiopulmonary resuscitation techniques (CPR), first-aid, and prevention of disease transmission (as outlined by OSHA guidelines) should be required for all athletics personnel associated with practices, competitions, skill instruction, and strength and conditioning. New staff engaged in these activities should comply with these rules within six months of employment.
- i. A member of the institution's sports medicine staff should be empowered to have the unchallengeable authority to cancel or modify a workout for health and safety reasons (i.e. environmental changes), as he or she deem appropriate.

Pre-participation Medical Examination

A pre-participation medical examination should be required upon a student-athlete's entrance into the institution's intercollegiate athletic program. This initial evaluation should include a comprehensive health history, immunization history as defined by current Centers for Control and Prevention (CDC) guidelines and a relevant physical exam, with strong emphasis on the cardiovascular, neurological and musculoskeletal evaluation. Subsequent to the initial medical evaluation, an updated history should be performed annually. Further pre-participation physical examinations are not believed to be necessary unless warranted by the updated history or the student-athlete's medical condition.

The American Heart Association has modified its 1996 recommendation for cardiovascular screening every two years for collegiate athletes. The revision recommends cardiovascular screening as part of the physical exam required upon a student-athlete's entrance into the intercollegiate athletics program. In subsequent years, an interim history and blood pressure measurement should be made. Important changes in medical status or abnormalities may require more formal cardiovascular evaluation.

Medical Records

Student-athletes have a responsibility to truthfully and fully disclose their medical history and to report any changes in their health to the team's health-care provider. Medical records should be maintained during the student-athlete's collegiate career and should include:

- a. A record of injuries, illnesses, new medications, or allergies, pregnancies, and operations whether sustained during the competitive season or the off-season;
- b. Referrals for and feedback from consultation, treatment, or rehabilitation;
- c. Subsequent care and clearances;
- d. A comprehensive entry-year health-status questionnaire and an updated health-status questionnaire each year thereafter. Components of the questionnaire should consider

recommendations from the American Heart Association and the 3rd Edition Pre-participation Physical Evaluation.

- e. Immunizations. It is recommended that student-athletes be immunized for the following:
 1. Measles, mumps, rubella, (MMR)
 2. Hepatitis B
 3. Diphtheria, tetanus (and boosters when appropriate)
 4. Meningitis
- f. Written permission, signed by the student-athlete that authorizes the release of medical information to others should be signed annually. Such permission should specify all persons to whom the student-athlete authorizes the information to be released. The consent form also should specify which information may be released and to whom.

Note: Records maintained in the athletic training facility are medical records, and therefore subject to state and federal laws with regard to confidentiality and content. Each institution should obtain appropriate legal counsel an opinion regarding the confidentiality and content of such records in its state. Medical records and the information they contain should be created, maintained and released in accordance with clear written guidelines based on this opinion. All personnel who have access to a student-athlete's medical records should be familiar with such guidelines and informed of their role in maintaining the student-athlete's right to privacy.

Follow-up examinations

Those who have sustained a significant injury or illness during the sport season should be given a follow up examination to re-establish medical clearance before resuming participation in a particular sport. This policy also should apply to pregnant student-athletes following delivery or pregnancy termination. These examinations are especially relevant if the event occurred before the student-athlete left the institution for summer break. Clearance for individuals to return to activity is solely the responsibility of the team physician's designated representative.

Dispensing Medication

Athletic trainers are not authorized by law to dispense prescription medication to the student-athletes or athletic staff. Only a physician may prescribe or dispense prescription medications. The athletic trainer may dispense over-the-counter (OTC) medications to the student-athletes. OTC medications maintained in the athletic training room include acetaminophen, ibuprofen, naprosin, Pepto-Bismol, Immodium AD, decongestants, and anti-histamines. Only certified athletic trainers may distribute these medications to athletes. These medications may not be given to athletes from visiting teams.

Physician Appointment and Transportation

When an athlete sustains an injury, a Bethune-Cookman University Athlete Trainer will evaluate the injury and determine what the next step in care will be. If the Athletic Trainer decides the

student-athlete needs to see a physician, the athlete trainer will help the student-athlete make the appointment with respect to class and practice schedules. However, it is NOT the responsibility for the athletic trainer to sustain transportation to and from physician and/or medical appointments (x-ray, MRI, etc). It is the student-athlete's responsibility to do this.

Second Opinions

Second opinion physician visits, specialists, diagnostic testing and other services (chiropractic, podiatry, massage therapy, physical therapy, etc) WILL ONLY BE COVERED BY THE BETHUNE COOKMAN UNIVERSITY ATHLETIC DEPARTMENT IF REFERRED AND APPROVED BY THE TEAM PHYSICIAN AND ATHLETIC TRAINING STAFF. ANY EXPENSES OCCURRED BY THE STUDENT-ATHLETE WITHOUT REFERRAL BY A BCU ATHLETIC TRAINER AND/OR BCU TEAM PHYSICIAN WILL BE THE SOLE FINANCIAL RESPONSIBILITY OF THE STUDENT-ATHLETE.

Student-Athlete Insurance

See appendix

Procedure for Filing Insurance Claims

Medical Bills: In the event that a student-athlete should receive a bill/statement for an injury or illness that occurred as a direct result of participation in intercollegiate athletics at Bethune Cookman University, the student athlete must submit the bill or statement to a BCU certified athletic trainer in a TIMELY manner. Bills not received in a timely manner, may be the responsibility of the student athlete and or student athlete's parents. **The Bethune Cookman University athletic department WILL NOT be responsible for any delays in payment, collection notices, credit reports etc that occur due to bills not being submitted in a timely manner.**

Exclusions and Limitations

The Bethune-Cookman University athlete departments secondary medical insurance policy will not apply to the situations indicated below this list is NOT all-inclusive

- Injury/illness that are not the direct result of intercollegiate athletics participation
- Experimental procedures
- Cosmetic surgery
- Hospital room and board charges in excess of the semi private room rate
- Injuries or illness that are the result of intramural, club sport, and recreational activities as well as training conditioning activities that occur outside primary competitive season and designated off season periods.
- • Injuries illness that are reoccurrences of old injuries which were sustained before participation in the BCU athletic program
- • Expenses for athletic injuries occurred after the student-athlete completion of athletic eligibility

- • Medical expenses beyond the limitations and exclusions of that are not covered by the athletic departments medical insurance policy

The importance of having some form of personal health insurance coverage CANNOT be over emphasized. All medical bills will be submitted to the student athlete's primary medical insurance. Any unpaid balances are the responsibility of the student-athlete or the student-athlete's parents.

Injury/Illness

University Infirmary and Bethune Cookman University Team Physician

1. Examine and medically approve all student-athletes prior to an active participation. Distribute a form certifying such approval to both the Coach and Equipment Manager.
2. Administer the appropriate drug testing required by University regulations.
3. Ensure that bills for authorized service rendered by outside health facilities are paid. The University will assume responsibility for approved referrals. Student-athletes at their own expense shall incur unauthorized medical expenses.

Team Physician

1. Provide technical supervision of the athletic trainers.
2. Review medical records of the athletic trainers to ensure adequate documentation.
3. Provide the University athletic trainer, and the coach when necessary, with information concerning the medical condition of the athlete.
4. Comply with confidentiality requirements as directed by law, University regulations and the physician's code.
5. Medications should be prescribed by the University infirmary to avoid prescribing NCAA banned drugs. Student-athletes shall report all medications prescribed by outside physician to the athletic trainer and team physician.

Athletic Trainers

1. Establish office hours to be kept as posted from Monday to Friday and have the facility available as necessary.
2. Be the liaison between the University infirmary and Health Centers (team physician), the coaches, and the Athletic Director regarding the medical condition of the student-athletes.
3. Maintain records of all training room visits and treatments.
4. Inform the athletic director of all injuries and submit student-athlete's injury forms.
5. Comply with confidentiality requirements as directed by law, University regulations and the physician's code.

6. Determine which student-athletes shall have participations waivers and file forms. These Injury Status Report forms are available only through the sports medicine staff.
7. Any injury incurred during organized practices or while competition representing Bethune Cookman University is under the responsibility of the Sports Medicine Staff. They should be reported to a member of the staff immediately.
8. Any treatments will be recorded and maintained in the training room; missed treatments will be reported and rescheduled by the Head Athletic trainer. The coaching staff shall handle and make decisions any consequences for the missed treatment.
9. (Coordinate and perform institutional and NCAA drug testing programs.)

Coaches Responsibility to Sports Medicine Staff

Coaches play a vital role in Sports Medicine Staff.

1. Provide the Athletic Director and Sports Medicine Staff with a team roster well in advance of the first practice for certification or recertification. (Any changes or additions must be provided as soon as possible in order to complete without medical certification of athlete.)
2. Prohibit any student-athlete from participating without medical clearance. The coach is responsible for all liability actions and/or medical bills if a student-athlete is permitted to participate without medical clearance.
3. Protect students' health, safety, and welfare as top priority.
4. Refer a student-athlete whose health, safety, and welfare are in question to the Sports Medicine Staff immediately.
5. Encourage injured athletes to adhere to scheduled Sports Medicine Clinic appointments for consultation, follow-ups, and rehabilitation treatments in a timely fashion. Consequences for missed appointments are the decision of the coaching staff.
6. Do not refer athletes to outside physicians for consultations. The Sports Medicine Staff must make all physician referrals.
7. Comply with confidentiality requirements as directed by law and University regulations.
8. Verbally support the Sports Medicine staff with the athletes. Enforce existing disciplinary rules from the training room and assist the athletic trainers in handling non-compliant athletes.
9. Provide the sports medicine staff with a weekly practice, weight room, and conditioning schedule.

Scholarship Appeals

In reference to removal of scholarship, if the coach is citing athletic training policies and procedures, the head coach must contact the head athletic trainer in writing with a specific request for athletic trainer attendance and/or materials at the appeals meeting. The head athletic trainer will determine what materials and/or representation will be used.

Job Description

Head Athletic Trainer

The Head Athletic Trainer is responsible for the prevention, treatment, rehabilitation, and daily health care for all student members of the sixteen intercollegiate sports programs, with primary responsibility towards football, as sponsored by Bethune Cookman University.

The Head Athletic Trainer is responsible for coordination of coverage and supervision of the assistant athletic trainers.

The Head Athletic Trainer also coordinates services provided by the other health-care professionals and directs daily administrative requirements of the athletic training program. This includes, but is not limited to, budget control insurance, medical record keeping, inventory, and supervision of the athletic training facilities.

The Athletic Director supervises the Head Athletic Trainer. The Medical Director/ Team Physician monitors all policy and procedure implemented by the Head Athletic Trainer.

Assistant Athletic Trainer

The Assistant Athletic Trainer reports directly to the Head Athletic Trainer and Athletic Director and is responsible for working in close conjunction with each Head Coach regarding the medical and strength and conditioning aspects of their respective programs. Duties include the following.

1. Responsibility for the prevention, treatment, rehabilitation, and daily health care for all student-athletes.
2. Assistance under the supervision of the Head Athletic Trainer in the coordination of the provision of services between the medical community and the University.
3. Assisting in the daily administrative requirements of the athletic training program.
4. Training and supervising assistant trainers of specific sports.
5. Completion of insurance forms and medical records for the department.
6. Supervision and management of athletic training and rehab facilities.
7. Coordinating drug screenings and testing programs in conjunction with University, conference, and NCAA guidelines.
8. Participation in workshops and seminars related to safety and healthcare concerns for the department.
9. Coordination and implementation of the sport specific strength and conditioning program under the direction of the Head Strength Coach

and Head Athletic Trainer with direct input from the respective Head Coach.

10. Any additional duties as assigned by the Head Athletic Trainer and Director of Athletics.

**WILDCAT SPORTSMEDICINE
BETHUNE COOKMAN UNIVERSITY**

Operating Protocol Between Licensed Athletic Trainers and Team Physicians

This protocol exists between the following licensed athletic trainers and team physicians:

Brian Jansen, ATC/L, Head Athletic Trainer, License # AL 0000571
James Castle, ATC/L, Assistant Athletic Trainer, License #
Lani Luers, ATC/L, Assistant Athletic Trainer, License # AL 1473
Tyron Watkins, ATC/L, Assistant Athletic Trainer, License #
Colleen Whittkopp, ATC/L, Assistant Athletic Trainer, License #
Emily Nibbelink, ATC/L Assistant Athletic Trainer

James H. Acker, MD, Orthopedic Surgeon, License # ME0053344
Orthopedic Surgery and Sports Medicine
1275 W. Granada Blvd. Suite 3B
Ormond Beach, FL 32174
(386) 676-7850

John Shelton, MD, Family Practice Physician, License #ME0038804
Halifax Family Practice Residency Program
303 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
(386) 254-4171

Emergency Patient Care:

Halifax Medical Center
303 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
(386) 254-4100
911 Emergency System

Memorial Hospital
875 Sterthaus Ave.
Ormond Beach, FL 32174
(386) 676-6022
911 Emergency System

All injuries will be recorded on a daily treatment log and individual injury report, which will be periodically reviewed by the team physicians. The team physicians will perform a clinic twice per week in the training room to evaluate athletes. (This is subject to change. i.e., Christmas Holiday, Summer break, etc.) In the instance that an injury occurs that requires physician evaluation prior to clinic, the physician will be contacted at their office and an appointment will be scheduled as soon as possible. In case of emergency, the athlete will be taken to the emergency room and referred to the team physician the following day.

This protocol is in effect only for athletes participating in intercollegiate athletics at Bethune Cookman University.

The certified athletic trainer employed by Bethune Cookman University will evaluate all injuries. All evaluations and treatments will be performed within the scope of practice for athletic trainers as defined by the National Athletic Trainer's Association and the State of Florida. Any injury meeting the criteria outlined herein shall be referred to a designated team physician for evaluation. The physician will then determine the following course of treatment.

In accordance with Chapter 64B30-25.004 of the Florida Administrative code, a licensed athletic trainer shall apply the following principles, methods, and procedures within the scope of the trainer's practice.

1. Injury Prevention
2. Injury Recognition and Evaluation
3. First Aid
4. Emergency Care
5. Injury Management/Treatment and Disposition
6. Rehabilitation through the use of safe and appropriate physical rehabilitation practices, including those techniques and procedures following injury and recovery that restore and maintain normal function status.
7. Conditioning
8. Performance of tests and measurements to prevent, evaluate, and monitor acute and chronic injuries.
9. Selection of preventative and supportive devices, temporary splinting and bracing, protective equipment, strapping, and other immobilization devices and techniques to protect and injured structure, facilitate ambulation, and restore normal functioning.
10. Organization and administration of facilities within the scope of the profession.
11. Education and counseling to the public regarding the care and prevention of injury within the scope of the profession.

The licensed athletic trainer may initiate all of the above. In the following instances athletes must first be referred to a designated team physician.

Family Physician

1. All concussions deemed more severe than Grade I according to the American Academy of Neurology.
2. All illnesses will be referred initially to the school's infirmary. Any further treatment or evaluation recommended by the school physician will be referred to the team physician.
3. Family Physicians may evaluate musculoskeletal injuries, when needed.

Orthopedic Surgeon

1. All suspected fractures.
2. All Grade III injuries (sprains, strains, contusions)
3. Any Grade II injury that include significant impairment of function.
4. Any Grade I or II injury that does not respond to traditional training room treatments.

Emergency Room

1. Any obvious displaced fracture will be immobilized and, if necessary, transported by EMS.
2. All Grade III concussions with loss of consciousness greater than one minute will be transported by EMS using full neck injury precautions. For loss of consciousness less than one minute, the means of transportation will be determined by the physical exam.

Guidelines for EMS Transport of Neck Injuries

1. Abnormal level of consciousness or progressive loss of consciousness (LOC).
2. Obvious swelling or deformity of the cervical spine.
3. Cervical pain or tenderness.
4. Neurological signs or symptoms.
5. Pain, stiffness, or neurological symptoms with active range of motion.
6. Any doubt concerning injury.

Guidelines for Referral of Head Injuries

1. A rapid LOC
2. Prolonged mental confusion (confusion >30minutes)
3. Prolonged post-traumatic amnesia (PTA >30minutes)
4. Increasing headache
5. Pupils that are unequal or unresponsive to light
6. Uncoordinated or involuntary movement of the eyes
7. Signs about head indicating skull fracture
8. Unusual slowing of heart rate and increasing blood pressure
9. A positive test for any of the cranial nerves
10. Post-concussion symptoms lasting longer than 5 days

Guidelines for Joint Dislocations Reductions

1. The athletic trainer may attempt joint reductions for shoulder, finger, thumb, toe, and patellar dislocations, unless otherwise instructed by the team physician.
2. The athletic trainer may attempt the reduction once. If it does not reduce, the injury should be stabilized and transported to physician's office or emergency room.
3. Physician evaluation is required following all joint dislocations. Radiographs must be obtained within four hours of reduction.
4. Any knee dislocation must be admitted to the hospital and an arteriogram performed.

For treatment and rehabilitation of muscle skeletal injuries the athletic trainer may administer the following

1. Therapeutic Exercise
2. Massage
3. Mechanical Devices
4. Cryotherapy (e.g. ice, cold packs, cold water immersion, spray coolants)
5. Thermotherapy (e.g. topical analgesics, moist/dry hot packs, heating pads, paraffin bath)
6. Other therapeutic agents with the properties of water (e.g. infrared, ultraviolet); or sound (e.g. ultrasound).
7. The athletic trainer may apply topical prescription medications (e.g. steroid preparation for phonophoresis or iontophoresis) only at the direction of a physician

STANDING ORDERS

As the designated team physician for Bethune Cookman University, I authorize the certified athletic trainers to treat Bethune Cookman University athletes in accordance with the standard procedures and protocols of the National Athletic Trainers' Association, and the established protocol. This standing order expires one year from date of signature.

James H. Acker, MD

Date

John Shelton, MD

Date

Prevention of Heat Illness

Practice or competition in hot and/or humid weather can pose a significant risk to student-athletes. Heat illness becomes a primary concern for athletes participating outdoors in these conditions. However, it can also become problematic for teams practicing indoors with poor air conditioning or air circulation. Because it is not practical to suspend practice or competition every time the temperature is above 90 degrees and humidity is about 70%, prevention must become a primary objective.

Heat illness occurs when the body is unable to efficiently reduce the core body temperature. The body most effectively cools the body by sweating, allowing outside air to evaporate the sweat and cool the body. The moist air resulting from high humidity inhibits evaporation and cooling. When the body is unable to cool itself the core temperature raises. Heat emergencies are progressive conditions that arise from this increasing core body temperature.

There are four keys to the prevention of heat illness

- 1. Education.** It is vital to remember that the body is less able to cool itself in hot and/or humid environments. It is advised to moderate participation when possible. Areas that can be moderated are length of practice, time of day, and the intensity of practice.
- 2. Clothing.** Clothing and equipment add insulation to the body and reduce the amount of skin surface area for evaporation. When clothing becomes soaked with sweat evaporation cannot occur and the clothes will retain body heat. The head is a key area for release of body heat; therefore hats and helmets will retain heat. Also, when possible encourage frequent changing of sweat soaked clothing, and in especially hot situations consider limiting the amount of equipment (e.g. shirts, shorts, helmets, no pads).
- 3. Hydration.** Progressive dehydration reduces sweating and leads to an increase in body heat. It is essential to keep well hydrate before, during, and after participation in the heat. Water breaks should be given at least every 30 minutes and more frequently when participating in two-a-day practices. Fluid consumptions should encourage water, juices, and sports drinks. Avoid any beverage containing caffeine including soda, coffee, and tea. Caffeine acts as a diuretic, which can lead to dehydration in hot environments.
- 4. Fitness.** Physical training and heat acclimation increases the body's ability to maintain a normal body temperature. Poor physical condition, those with excess body fat, those who regularly push themselves to capacity, those with a history of heat illness, and those with circulatory and respiratory problems are most often affected. It is important that a period of acclimation be incorporated into a teams practice schedule.

Athletes who are prone to heat illness and/or have a history of heat illness are encouraged to monitor their weight during exercise sessions. Their weights should be taken before and after practice sessions. A loss of 3% to 5% of body weight will reduce blood volume and could lead to a health threat. These athletes should take special care to drink plenty of fluids during practice and to re-hydrate well afterwards. Should there be a substantial change in their body weight; the athlete should be removed from practice immediately.

Identification and Treatment of Heat Illness

There are three basic types of heat illness

1. **Heat Cramps.** These are the least severe, but the most painful. They are caused by dehydration. Often, they start in the stomach and calves, and then progress to other areas of the body. If not treated, they can progress into either heat exhaustion or heat stroke.
2. **Heat Exhaustion.** Athlete will exhibit fatigue, dizziness, and mild confusion, profuse sweating, cool, clammy, pale skin, nausea, rapid respiration, and pulse.
3. **Heat Stroke.** Athlete will exhibit diminished or loss of consciousness, dangerously high body temperature (often as high as 106 degrees), red, dry skin, rapid pulse, vomiting. Heat stroke is a life threatening illness and emergency help must be sought immediately.

The basic care for all heat illness situations is the same. It is paramount to reduce body temperature. Listed below are steps that should be taken to lower core temperature.

1. Move the athlete to a cool place, indoors when possible.
2. Loosen or remove as much clothing as possible.
3. Apply cool wet cloths to the skin.
4. Fan the athlete, or place in front of a fan, to aid evaporation.
5. If conscious, give cool water to drink.

If the athlete refuses water, vomits, or starts to lose consciousness:

1. Send someone to call EMS immediately.
2. Place the athlete on his or her side.
3. Continue to cool the athlete by using ice or cold packs on the wrists, ankles, groin, neck, and armpits.
4. If necessary, immerse the athlete in cool, not cold, water. You may also use a whirlpool, tub, or even a hose or shower.
5. Continue to check breathing and pulse.

Lightning Safety

Lightning is the most consistent and significant weather hazard that may affect intercollegiate athletics. Within the United States, National Oceanographic and Atmospheric Administration (NOAA) estimate 60-70 fatalities and about 10 times as many injuries occur from lightning strikes every year. While the probability of being struck by lightning is low, the odds are significantly greater when a storm is in the area and proper safety precautions are not followed.

Education and prevention are the keys to lightning safety. The references associated with this guideline are an excellent educational resource. Prevention should begin long before any intercollegiate athletics event or practice by being proactive and having a lightning safety plan in place. The following steps are recommended by the NCAA and NOAA to mitigate the lightning hazard:

1. Designate a person to monitor threatening weather and to make the decision to remove a team or individuals from an athletics site or event. A lightning safety plan should include planned instructions for [participants and spectators, designation of warning and all clear signals, proper signage, and designation of safer places for shelter from the lightning.
2. Monitor local weather reports each day before any practice or event. Be diligently aware of potential thunderstorms that may form during scheduled intercollegiate athletics events or practices. Weather information can be found through various means via local television news coverage, the Internet, cable and satellite weather programming, or the National Weather Service (NWS) homepage at .
3. Be informed of NWS issued thunderstorm “watches” or “warnings” as well as the warning signs of developing thunderstorms in the area, such as darkening skies or high winds. A “watch” means conditions are favorable for severe weather to develop in the area; a “warning” means that severe weather has been reported in an area and for everyone to take the proper precautions. A NOAA weather radio is particularly helpful in providing this information.
4. Know where the closest “safer structure or location” is to the field or playing area, and know how long it takes to get to that location. A safer structure or location is defined as:
 - a. Any building normally occupied or frequently used by people, i.e., a building with plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid using the shower or plumbing facilities and contact with electrical appliances during a thunderstorm.
 - b. Small covered shelters are not safe from lightning. Dugouts, rain shelters, golf shelters, and picnic shelters, even if they are properly grounded for structural safety, are usually not properly grounded from the effects of lightning and side flashes to people. They are usually very unsafe and may actually increase the risk of lightning injury. Other dangerous locations include areas connected to, or near light poles, towers, and fences that can carry a nearby strike to people. Also dangerous is any location that makes the person the highest point in the area.

- c. In the absence of a sturdy frequently inhabited building, any vehicle with a hard metal roof (neither a convertible, nor a golf cart) with windows shut provides a measure of safety. The hard metal frame and roof, not the rubber tires is what protects occupants by dissipating lightning current around the vehicle and not through the occupants. It is important not to touch the metal framework of the vehicle. Some athletics events rent school buses as safer shelter to place around open courses or fields.
5. Lightning awareness should be heightened at the first flash or lightning, clap of thunder, and/or other criteria such as increasing winds or darkening skies, no matter how far away. These types of activities must be treated as a warning to intercollegiate officials. Specific lightning safety guidelines have been developed with the assistance of lightning safety experts:
 - a. As a minimum, lightning safety experts strongly recommend that by the time the monitor observes 30 seconds between seeing the lightning flash and hearing its associated thunder, all individuals should have left the athletics site and reached a safer location.
 - b. Please note that thunder may be hard to hear if there is an athletics event going on, particularly in stadium with large crowds. Implement your lightning safety plan accordingly.
 - c. The existence of blue sky and the absence of rain are not guarantees that lightning will not strike. At least 10 percent of lightning occurs when there is no rainfall and when blue sky is often visible somewhere in the sky, especially with summer thunderstorms. Lightning can, and does, strike as far as 10 miles away from the rain shaft.
 - d. Avoid using landline telephones. People have been killed while using a landline phone during a thunderstorm.
 - e. To resume athletics activities, lightning safety experts recommend waiting 30 minutes after both the last clap of thunder or flash of lightning. If lightning is seen without hearing thunder, lightning may be out of range and therefore less likely to be a significant threat... At night, be aware that lightning can be visible at a much greater distance. This greater distance may mean that the lightning is no longer a significant threat. At night, use the thunder and lightning channel itself to decide on re-setting the 30-minute "return to play" clock before resuming outdoor athletics activities.
 - f. People who have been struck by lightning do not carry an electrical charge. Therefore, CPR is safe for the responder. If possible, an injured person should be moved to a safer location before starting CPR. Call 911 for help. Prompt, aggressive CPR has been highly effective for the survival of lightning strikes. AED's have become a common, safe and effective means of reviving persons in cardiac arrest. An AED should be considered as part of your sideline equipment. Don't delay CPR to look for the AED.

Bethune Cookman University
Lightning and Severe Weather Lightning Policy

Chain of Command

The responsibility for terminating an athletic activity in the event of lightning, severe weather, and/or storms lies with the BCU Game Administrator. A BCU certified Athletic Trainer will communicate with the BCU Game Administrator, the head coach, and/or his/her designee, and game officials of the potential for a lightning strike, severe weather, and/or storm, and will make the recommendation that all activities stop immediately.

If a coach and/or game officials make the decision to continue to practice and/or continue with a game or other activity despite a National Weather Service Severe Weather Warning, the cancellation of classes, and/or the verbal instruction by a BCU certified athletic trainer or BCU Game Administrator, they will be doing so against the recommendations of the BCU Athletics Department, and will be personally liable for any and all injuries.

Criteria for Evacuation of the Practice/Game Area

The policy of the Bethune Cookman University Athletics Department will be as follows:

1. A BCU certified athletic trainer will inform the visiting team's athletic trainer and/or coach and game officials of BCU's policy with regards to lightning, severe weather, and/or storms during pre-game warm-ups.
2. A BCU certified athletic trainer will monitor the lightning detector, will watch for lightning and listen for thunder, and will be responsible for keeping track of the "flash to bang" count.
3. A BCU certified athletic trainer will also monitor local weather radar and media outlets for severe thunderstorm, tornado, hurricane, and other severe weather watches or warnings.
4. When the "flash to bang" count reaches **40 seconds, the 8-20 mile alarm** indicator is illuminated on the lightning detector, and/or a **severe weather watch** has been issued, a BCU certified athletic trainer will notify the following persons
 - i. The game official (at a break in the action)
 - ii. The BCU head coach
 - iii. The visiting team's athletic trainer and/or coach
 - iv. BCU game administrator/operations staff
5. When the "flash to bang" count reaches 30 seconds or less, the 3-8 mile alarm indicator is illuminated on the lightning detector, and/or a severe weather warning has been issued, all game/practices are to cease **IMMEDIATELY**, all personnel are to evacuate to a safe structure or location.

Head Injury Protocol

Concussions and second impact syndrome are becoming an increasingly common problem in athletics. Second impact syndrome is rare but often fatal. Following are common symptoms of a concussion:

Headache	Irritability
Confusion/Disorientation	Hyper excitability
Tinnitus	Loss of Consciousness
Dizziness	Unsteadiness
Nausea	Visual Disturbance
Amnesia	Concentration Difficulty
Retrograde	
Post-Traumatic	

All concussions will be graded using the American Academy of Neurology Practice Parameter.

Grade I	Transient confusion (inattention, poor concentration) No loss of consciousness (LOC) Symptoms resolve in less than 15 minutes
Grade II	Transient confusion NO LOC Symptoms last more than 15 minutes
Grade III	Any LOC

The following protocol will be followed during practices and games for suspected concussions.

Grade I	Remove from contest Examine immediately and at 5-minute intervals for mental status abnormalities May return to play if post-concussive symptoms clear within 15 minutes
Grade II	Remove from contest, no return to play that day MD exam required for return to play after 1 full asymptomatic week If symptoms persist for more than 1 week, CT or MRI scanning is recommended
Grade III	Athlete immediately taken to nearest ER for full neurological exam Hospital admission is required if pathology detected; otherwise, athlete is sent home and neurological status is assessed daily until all symptoms have resolved For any symptoms that worsen or persist longer than a week, CT or MRI scanning should be performed

General Guidelines for Referral

ATCs will refer athletes with head injuries if they notice one or more of the following:

1. A rapid loss of consciousness
2. Prolonged mental confusion (confusion >30 minutes)
3. Prolonged PTA (>30 minutes)
4. Increasing headache
5. Pupils that are unequal or unresponsive to light
6. Uncoordinated or involuntary movement of the eyes
7. Signs about head indicating skull fracture
8. Unusual slowing of heart rate and increasing blood pressure
9. A positive test for any of the cranial nerves
10. Post Concussion symptoms lasting longer than 5 days

Guidelines for Return to Activity

Second Impact Syndrome is a rare but often fatal consequence of concussion. It occurs when an athlete sustains a second, often minor trauma to head before the initial symptoms of the first head injury have been resolved. To prevent this, the following guidelines for return to activity will be strictly followed. *Symptoms must be checked at rest and with exertion.*

	1 st	2 nd	3 rd
Grade I	May return to play after asymptomatic following 15 minute observation	May return after asymptomatic for one week	Consider terminating season; May return if asymptomatic
Grade II	Return after asymptomatic for 1 week	At least 2 weeks of symptom free rest before return to play	Terminate the season, may return next season if asymptomatic
Grade III	For a brief (seconds) concussion, athlete is held out for 1 week, for a prolonged (minutes) concussion, athlete is held for 2 weeks		Held from play for at least 1 asymptomatic month

Any abnormality on CT or MRI should result in termination of the season for the athlete.

The physician on site shall make all final decisions on the status of an athlete who has had a head injury. The MD's decision is final and it is expected that all athletic staff (coaches, athletic trainers, etc) adhere to and support the team physician in their decision. If the physician removes an athlete from play and a coach chooses to return that athlete to competition, he/she will assume full responsibility for the health and safety of that athlete.

Spinal Injury Protocol

The following guidelines will be followed to determine EMS transport of suspected spinal injuries. Athletes presenting with one or more of the following will be transported using full spine precautions.

1. Abnormal level of consciousness or progressive LOC
2. Obvious swelling or deformity of the spine
3. Spinal pain or tenderness
4. Neurological signs or symptoms
5. Pain, stiffness, or neurological symptoms with active range of motion
6. Any doubt concerning injury

The sports medicine staff will act in accordance with the guidelines regarding transport and equipment established by the Inter-Association Spine Task Force in May 1998 (NATA News, August 1998).

General Guidelines

1. Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.
2. The athlete's airway, breathing, and circulation, neurological status and LOC should be assessed.
3. The athlete should not be moved unless absolutely essential to maintain airway, breathing, and circulation.
4. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization.
5. When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit. One accepted technique is to manually splint the head to the trunk.
6. The Emergency Medical System (EMS) should be activated.

Face Mask Removal

1. The facemask should be removed prior to transportation, regardless of current respiratory status.
2. Those involved in the pre-hospital care of injured football players should have the tools for facemask removal readily available.

Football Helmet Removal

The athletic helmet and chinstrap should only be removed:

1. If the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head.
2. If the design of the helmet and chin strap is such that even after removal of the facemask the airway cannot be controlled, or ventilation be provided.
3. If the facemask cannot be removed after a reasonable period of time.
4. If the helmet prevents immobilization for transportation in an appropriate position.

Helmet Removal

1. Spinal immobilization must be maintained while removing the helmet.
2. Helmet removal should be frequently practiced under proper supervision.
3. Specific guidelines for helmet removal need to be developed.
4. In most circumstances, it may helpful to remove cheek padding and/or deflate air padding prior to helmet removal.

Equipment

1. Appropriate spinal alignment must be maintained.
2. There needs to be a realization that the helmet and shoulder pads elevate an athlete's trunk when in the supine position.
3. Should either be removed, or if only one is present, appropriate spinal alignment must be maintained.
4. The front of the shoulder pads can be opened to allow access for the CPR and defibrillation.

When present, the team physician will make the decision regarding removal of helmet or should pads.

Nutrition and Athletic Performance

Athletic performance and recovery from training are enhanced by optimal nutrition. Proper nutrition includes adequate quality and quantity of food and fluid to provide energy and essential nutrients during training and competition. During the competitive season, energy and macronutrient needs (especially carbohydrate and protein intake) must be met in order to maintain body weight, replenish carbohydrate stores in muscle, and provide adequate protein for building and repair of tissue. The following key points summarize current energy, nutrient and fluid recommendations for competitive student-athletes as recommended by the American University of Sports Medicine. A sports nutrition expert should specifically adjust these general guidelines for each individual student-athlete.

Carbohydrates (CHO) are important fuels for all athletes in order to replace muscle glycogen, prevent the loss of muscle mass, and prevent low blood sugar or hypoglycemia. The recommendations for adequate CHO are between 4 to 5 grams per pound of body weight per day. It is assumed that the predominant source of CHO comes from non-refined CHO i.e. whole grains, breads, pasta, fruits, and vegetables. Protein requirements are slightly higher in both endurance and strength-trained athletes above the typical recommended daily intake. Fortunately this recommendation for protein is easily achieved **without additional supplements**. Fat intake should be less than 30% of total daily calories and is an important source of essential fatty acids, fat-soluble vitamins, and energy.

In general, vitamin and mineral supplements are not required if a student-athlete is consuming adequate energy from a variety of foods to maintain body weight. However, the risk of micronutrient deficiencies are the greatest in athletes restricting calories, engaging in rapid weight-loss practices, or eliminating specific foods or food groups from their diet. A multi-vitamin providing 100 percent of the daily-recommended intake is appropriate for these student athletes. Female student athletes are especially prone to deficiencies in calcium and iron due to the menstrual cycle, avoidance of animal products, and/or energy restriction. The diets of long distance runners and vegetarians (especially females) should be evaluated as well as iron status. However, mega doses of specific vitamins or minerals (10-100 times the dose of daily requirements) are not recommended.

During periods of heavy training, adequate calories and fluid must be consumed. Strength training athletes need at least 20 to 23 calories per pound of body weight each day and endurance athletes have even higher requirements. Low energy intake can result in loss of

muscle mass, risk of fatigue, injury and illness. A low caloric intake (less than 1800 to 2000 calories) in female athletes can lead to disruption of reproductive function.

The maintenance or attainment of an ideal body weight is sport specific and represents an important part of a nutritional program. However, student athletes in certain sports face a difficult paradox in their training/nutrition regimen; particularly those competing in sports that favor a lower body weight (cross country), and that require wearing tight clothing (track and volleyball). These athletes are encouraged to eat to provide the necessary energy sources for performance, yet they often face self- or team-imposed weight restrictions. Emphasis on low body weight or low body fat may benefit performance only if the guidelines are realistic, the caloric intake is reasonable, and the diet is nationally well balanced. The use of extreme weight control measures can jeopardize the health of the athlete and possibly trigger behavior associated with defined eating disorders.

NCAA studies have shown that at least 40% of member institutions reported at least one case of anorexia nervosa or bulimia nervosa in their athletics programs. Anorexia Nervosa is defined as self-imposed starvation in an obsessive effort to lose weight and to become thin. Bulimia Nervosa involves recurring binge eating usually followed by some method of purging such as vomiting, diuretic, or laxative abuse, or intensive exercise. The number of athletes who exhibit behaviors associated with disordered eating (but do not fit the strict criteria for Anorexia or Bulimia) is even higher. Although eating disorders are much more prevalent in women (approx 90% of the reports in the NCAA studies were in women's sports), eating disorders also occur in men.

The warning signs of the two most serious eating disorders include:

Anorexia Nervosa: Drastic loss in weight, a preoccupation with food, calories, and weight, wearing baggy or layered clothing, relentless, excessive exercise, mood swings, and avoiding food-related social activities.

Bulimia Nervosa: Recurring binge eating usually followed by some method of purging, such as vomiting, diuretic or laxative abuse, or intensive exercise. Warning signs include excessive concern about weight, bathroom visits after meals, depressive moods, strict dieting followed by eating binges, and increasing criticism of one's body. It is important to note that the presence of one or two of these warning signs does not necessarily indicate the presence of an eating disorder, but may indicate disordered eating (different from a clinically diagnosed eating disorder). Absolute diagnosis should be done by appropriate professionals.

Menstrual irregularities can be associated with eating disorders as well as other conditions. However, all student athletes with menstrual irregularities should be seen by a physician.

Eating disorders are often an expression of underlying emotional distress that may develop long before the individual was involved in athletics. It has been suggested that stress, whether it be from participating in athletics, striving for academic success, or pursuing social relationships, may trigger psychological problems, such as eating disorders, in susceptible people. Eating disorders can be triggered by a single event or comments from a person important to the athlete. In athletic performance, such triggering mechanisms may include offhand remarks about appearance or constant badgering about an athlete's body weight, body composition, or body type. Coaches, athletic trainers, and physicians must be watchful for athletes who may be prone to eating disorders, particularly in sports in which appearance or body weight is a factor in performance.

Disordered eating can lead to semi starvation and dehydration, resulting in loss of muscular strength and endurance, decreased aerobic and anaerobic power, loss of coordination, impaired judgment, and other complications that decrease performance and impair health. These symptoms may be readily apparent or may not be evident for an extended period of time. Many student-athletes have performed successfully while experiencing an eating disorder. Therefore, diagnosis of this problem should not be based entirely on a decrease in athletic performance.

Body competition and body weight can affect exercise performance but should not be used as the main criteria for participation in sports. Decisions regarding weight loss should be based on the following recommendations to reduce the potential of an eating disorder:

1. Frequent weigh-ins (either as a team or individually) are discouraged.
2. If weight loss (fat loss) is desired, it should start early; before the competitive season and involve a trained medical or nutrition professional.
3. Weight loss should be agreed upon the athlete and appropriate medical and nutritional personnel, with consultation from the coach.
4. A responsible and realistic weight loss plan should be developed on an individual basis.

If a coach suspects an athlete has an eating disorder (or disordered eating), the athletic trainer should be notified. The athletic trainer will meet with the athlete to discuss concern regarding their behavior. If an eating disorder is suspected, thorough medical evaluation is imperative. The athlete will be referred to the team physician. Once confirmed, the athlete will learn behavior modification through professional guidance from medical, nutritional, and psychological counseling.

Counseling Services

One of the domains within the scope of practice of the athletic trainer is education and counseling. The athletic trainer at times may be called upon to act as a counselor to the student athlete. All such conversations will be considered confidential. If at any point, the athletic trainer feels that they are incapable of effectively counseling an athlete, that athlete may be referred to the campus counseling services. The athletic trainer will contact Ms. Davita Bonner, Director of Counseling Service/Career Placement. She is located in the Student Center, her phone number is (386) 481-2143, and her email is . In some cases, the athlete may benefit more from being seen by a physician. If this may be the case, the athletic trainer should contact Dr. John Shelton, the team Family Physician for assistance in arranging an appointment.

In instances where the staff member is consulted by a student-athlete about gender or diversity issues which may affect the student-athlete's mental health or ability to compete and matriculate successfully, referrals are made to Ms. Sandra Booker, Senior Woman Administrator and director of the departments SAFEZONE (481-2212). This is a place for confidential discussion where referrals are made in a secure manner.

Participation by the Pregnant Student Athlete

Assessing the risk of intense, strenuous physical activity in the pregnant athlete is difficult since there are no studies that have specifically addressed this topic. The American University of Obstetrics and Gynecology (ACOG) has recommended that following a thorough clinical evaluation, healthy pregnant women should be encouraged to engage in regular, moderate intensity physical activities. Women who have exercised during pregnancy have improved cardiovascular function, limited weight gain, and fat retention, improved attitude and mental state, easier labor, and enhanced postpartum recovery. There has not been shown to be a greater risk of spontaneous abortion.

The fetus benefits from exercise in several ways; including an increased tolerance for the physiologic stresses of late pregnancy, labor, and delivery. The baby tends to be more alert, less fussy, and may have increased cognitive function.

The safety to participate in each sport must be dictated by the movements and physical demands required to compete in that sport. Exercise in the supine position after the first trimester has been reported to result in relative obstruction of venous return and orthostatic hypotension. ACOG has recommended that pregnant women avoid supine positions during exercise as much as possible. The American University of Sports Medicine discourages heavy weight lifting or similar activities that require straining or valsalva.

High intensity exercise required for competition in nearly all sports has not been well studied and may increase fetal risk. Many medical experts recommend that women avoid participating in competitive contact sports after the 14th week of pregnancy. While direct fetal injury with abdominal trauma after the 14th week has not been documented in athletics competition, indirect support for this risk comes from documented fetal injury from falls and car accidents. Athletics activities associated with a high risk of falling should be avoided during pregnancy. Pregnant athletes who compete in non-contact endurance sports should consider at a non-competitive level.

Women who have medical conditions that place their pregnancies at high risk for complications should avoid physical activity until consultation with their obstetrician. Examples of these medical conditions include but are not limited to poorly controlled diabetes or hypertension, multiple gestations at risk for pre term labor, pre-eclampsia, and cervical defects that increase the risk of a spontaneous abortion or pre-term labor.

The benefits and risks of athletics participation should be one of the objectives for the team physician in counseling the pregnant athlete. This includes the effect of pregnancy on competitive ability, the effects of strenuous physical training and competition on both the athlete and the fetus, and the warning signs to terminate while pregnant (see next page). The athlete should be informed that NCAA rules permit a one-year of the five-year period of eligibility.

If the athlete decides to compete, it is recommended that documentation outlining the athlete's medical condition, the potential risks of athletics participation during pregnancy, and the athlete's understanding of these risks of participation to her and her baby is included in the athlete's medical record. This should be in the form of signed consent. It also recommended that an institution obtain approval from the physician most familiar with the pregnant athlete's condition, the team physician and an appropriate official of the University. These student-athletes may require close obstetric supervision. Following delivery or pregnancy termination, medical clearance is required to ensure the student athlete's safe return to athletics.

Warning Signs to Terminate Exercise While Pregnant

Vaginal Bleeding
Shortness of Breath Prior to Exercise
Dizziness
Headache
Chest Pain
Calf Pain or Swelling
Pre-term Labor
Decreased Fetal Movement
Amniotic Fluid Leakage
Muscle Weakness

Dietary Supplements and Banned Substances

Nutritional and dietary supplements are marketed to improve performance, recovery time, and muscle-building capability. Many student-athletes use nutritional supplements despite the lack of proof of effectiveness. In addition, such substances are expensive and may be potentially harmful to health or performance. Of greater concern is the lack of regulation and safety in the manufacture of dietary supplements. Many compounds obtained from specialty “nutrition” stores and mail order business may not be subject to the strict regulations set by the United States Food and Drug Administration. Therefore, contents of many of these compounds are not represented accurately on the list of ingredients and may contain impurities or banned substances, which many cause a student athlete to test positive. Positive drug test appeals based on the claim that student athletes did not know the substance they were taking contained banned drugs have not been successful. Therefore, athletes should be instructed to consult with the university sports medicine staff before taking ANY nutritional supplement.

It is well known that a high carbohydrate diet is associated with improved performance and enhanced ability to train. The CHO content of the diet should be 50-65% of the total energy intake (about 5-10 gm/kg body weight). The lower end of the range should be ingested during regular training; the high-end during intense training. High CHO foods and beverages can provide the necessary amount of CHO for the high caloric demand of most sports to optimize performance. Low CHO diets are not advantageous for athletes during intense training and may not enhance performance. A high CHO diet consisting of complex CHO, fruits, vegetables, low-fat dairy products, and whole grains is the optimal diet for peak performance.

Protein and amino acid supplements are popular with body builders and strength training athletes. Although protein is needed to repair and build muscles after strenuous training, most studies have shown that athletes ingest a sufficient amount **WITHOUT SUPPLEMENTATION**. The recommended amount of protein in the diet should be 12-15% of total energy intake (about 1.4-1.6gm/kg body weight) for all types of athletes. Although selected amino acid supplements are purported to increase the production of anabolic hormones, studies using manufacturer recommended amounts have not found increases in growth hormone or muscle mass. Ingesting high amounts of single amino acids is contraindicated because they can affect the absorption of other essential amino acids, produce nausea and/or impair kidney function and hydration status. A supplement that contains >30% of calories from protein is not a permissible substance for distribution according to current NCAA rules.

Other commonly advertised supplements are vitamins and minerals. Most scientific evidence shows that selected vitamins and minerals will not enhance performance provided no deficiency exists. Some vitamins and minerals are marketed to student-athletes for other benefits. For example, many student athletes use the antioxidants, vitamin E, C and beta-carotene because they believe that these antioxidants will protect them from damaging effects of aerobic exercise. Although such exercise can cause muscle damage, studies have found that training will increase the body's natural antioxidant defense system so that mega doses of antioxidants may not be needed. The mineral chromium has been suggested to increase muscle mass and decrease fat, but studies have not substantiated this claim. Similarly, magnesium is purported, but not proven, to prevent cramps. To obtain necessary vitamins and minerals, athletes should eat a wide variety of foods because no all vitamins and minerals are found in every food.

Other substance naturally occurring in foods, such as carnitine, herbal extracts, and special enzyme formulations do not provide any benefit to performance. The high-protein diet has received attention recently, but data showing that this diet will enhance performance are weak, plus there is concern that such a diet will negatively affect health. Creatine has been found in

some laboratory studies to enhance short-term high-intensity exercise capability, delay fatigue on repeated bouts of such exercise and increase strength. Several studies have contraindicated these claims, and, moreover, the safety of creatine supplements has not been verified. Weight gains of one to three kilograms per week have been found in creatine users, but the cause is unclear.

Many other “high tech” nutritional or dietary supplements may seem to be effective at first, but this is likely a placebo effect—if student athletes believe these substances will enhance performance, they train harder or work more efficiently. Ultimately, most nutritional supplements are ineffective, costly, and unnecessary.

Student athletes should be aware that nutritional supplements are not limited to pills and powders; “energy” drinks that contain stimulants are popular. Many of these contain large amounts of either caffeine or other stimulants, both of which can result in a positive test. Athletes should be wary of drinks that promise an “energy boost” because they may contain banned stimulants. In addition, while exercising can increase the risk of heat illness.

Student athletes should be provided accurate and sound information on nutritional supplements. It is not worth risking eligibility for products that have not been scientifically proven to improve performance and may contain banned substances. Given the above information and consistent with NCAA bylaw 16.5.2 (Nutritional Supplements), which states, “An institution may provide only nonmuscle-building nutritional supplements to a student-athlete at any time for the purpose of providing electrolytes, provided the supplements do not contain any NCAA banned substances,” athletics staff should not distribute or endorse nutritional or dietary supplements.

Policy for Blood borne Pathogens

This relates to the handling of any body fluids, to include saliva, blood products, and urine. It relates to the potential for a blood borne pathogen in any of these fluids, and how it is to be handled. Any contact with these fluids is to be handled as a potential blood borne pathogen. Universal precautions are detailed as followed:

1. Any time the Athletic Trainer is aware there will be contact with body fluid, he/she should wear clean gloves and utilize sterile gauze pads for initial contact on the wound.
2. All bandages, gloves, and all other paper products coming in contact with the wounds/body fluids should be disposed of in red biomedical waste bags and properly disposed of via biomedical waste disposal procedures
3. Any clothes stained with blood, or blood product, should be immediately washed/scrubbed prior to further use. When possible, replacement clothing item should be utilized, with the contaminated clothing bagged until cleansing can occur.
4. Bandages should be applied to wounds such that exposure to other players is avoided.
5. Any contact with wounds or body fluids, the athletic trainer should immediately cleanse his/her hands with warm soapy water or an anti-bacterial solution as soon as possible after the exposure. This includes even after tending to the athlete with gloves on. If the athletic trainer has an open wound, such as an abrasion, laceration on the finger etc., that has come into contact with the body fluid or blood product, immediate cleansing should take place. Within the next 48 hours, medical attention should be sought. There are no mandatory regulations for determining whether the blood source is contaminated, this can only be done voluntarily by the athlete and/or parents.
6. The rules apply to coaches as well, when a trainer is able to enforce these, or at least inform the coaches of appropriate procedures.

Emergency Action Plan

Moore Gymnasium

Emergency Personnel: Certified Athletic Trainers will be present at in-season team practice and games, additional sports medicine staff can be notified from the athletic training room either in the gym or by the football practice field.

Emergency Communication: Each Certified Athletic Trainer will have a cell phone, as well as the fixed telephone line located in the auxiliary training room (481-2268) or the coaches' offices adjacent to the gymnasium (481-2217 & 481-2214).

Emergency Communication: Each Certified Athletic Trainer will have a cell phone, as well as the fixed telephone line located in the auxiliary training room (481-2268) or the coaches' offices adjacent to the gymnasium (481-2217 & 481-2214).

1. In an athletic emergency situation, the athletic trainer is in charge of the situation. If the athletic trainer is not present, notify them immediately. The head coach should remain with the athlete, and will remain in charge until the athletic trainer arrives.
2. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABC's	State of Consciousness
Pupils	Movement
Skin Color	Abnormal nerve response
Temperature	(numbness and tingling)
3. Stabilize the athlete and call 911, give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicated this to the operator.

**** IF ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY
4. The following information should be given when calling 911
 - a. Your name and phone number from where you are calling
 - i. ATCs cell phone numbers: Lani's 386-212-3983, Ty's 571-277-0348, Nina's 646-326-5093
 - ii. Auxiliary training room: 386-481-2268
 - iii. Coaches offices: Simmons' 481-2217, Reed 481-2214, Cogswell 481-2262
 - b. Describe the injury: number of athletes injured, mechanism, signs and symptoms, first aid given, current condition of athlete(s)
 - c. Give address and location of injured athlete
 - i. Gym address: 640 Mary McLeod Bethune Blvd. Daytona Beach
 - ii. Give instructions to go to the north doors that lead directly into the gym
 - iii. Entrance is on Mary McLeod Bethune Blvd between Gross Science Hall and admissions building. The gym will be the second building on the right.
 - d. Let operator hang up first
5. The individual in charge should designate people for the following responsibilities:
 - a. Someone needs to call 911 (assistant coach)
 - b. Someone needs to retrieve emergency equipment (assistant coach)
 - c. Someone needs to meet ambulance and entrance of the school and direct them to the gym (teammate or assistant coach)
 - d. Someone needs to control the crowd (security)
6. If the athlete is taken to the hospital in the ambulance, the athletic trainer or coach will accompany them.
7. During games all information regarding the emergency situation will go through the sports information department.

It is very important to document all events that occur surrounding the emergency situation and keep this documentation for future reference.

Emergency Action Plan Jackie Robinson Ballpark

Emergency Personnel: Certified Athletic Trainers will be present for practices from December until season conclusion. Athletic training students may be present only when supervised by an ATC.

Emergency Communication: Each Certified Athletic Trainer and all of the coaches are equipped with a personal cell phone.

Emergency Equipment: First aid supplies (athletic trainer's kit, body substance isolation (BSI) bag, breathing devices, vacuum splints, and crutches). The breathing devices and crutches are stored in the BCU locker room.

1. In an athletic emergency situation, the athletic trainer is in charge of the situation. If the athletic trainer is not present, notify them immediately. The head coach should remain with the athlete, and will remain in charge until the athletic trainer arrives.
2. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABC's	State of Consciousness
Pupils	Movement
Skin Color	Abnormal nerve response
Temperature	(numbness and tingling)
3. Stabilize the athlete and call 911, (or 671-4000 for non-emergencies) give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicated this to the operator.
**** IF ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY
4. The following information should be given when calling 911
 - a. Your name and phone number from where you are calling
 - b. Describe the injury: number of athletes injured, mechanism, signs and symptoms, first aid given, current condition of athlete(s)
 - c. Give address and location of injured athlete
 - i. Jackie Robinson Address: 105 East Orange Ave Daytona Beach, 32114
 - ii. Located on City Island in Daytona Beach, between Beach Street and Orange Ave.
 - d. Let operator hang up first
5. The individual in charge should designate people for the following responsibilities:
 - a. Someone needs to call 911 (assistant coach)
 - b. Someone needs to retrieve emergency equipment (assistant coach)
 - c. Someone needs to meet ambulance and entrance of the field (teammate or assistant coach)
 - d. Someone needs to control the crowd (security)
6. If the athlete is taken to the hospital in the ambulance, the athletic trainer or coach will accompany them.
7. During games all information regarding the emergency situation will go through the sports information department.
8. Storm Safety Location: In the event of lightning or severe storm warning, move all individuals to their individual vehicles, Team may move into the BCC clubhouse.

It is very important to document all events that occur surrounding the emergency situation and keep this documentation for future reference.

Emergency Action Plan City Island Tennis Courts

Emergency Personnel: Certified Athletic Trainers will be present for matches from January until season conclusion. Athletic training students may be present only when supervised by an ATC. There won't be any athletic training coverage during the fall or spring practices.

Emergency Communication: Each Certified Athletic Trainer and all of the coaches are equipped with a personal cell phone.

Emergency Equipment: First aid supplies (athletic trainer's kit, body substance isolation (BSI) bag, breathing devices, vacuum splints, and crutches). The breathing devices and crutches will be located near the water and ice coolers next to the athletic trainer's kit.

1. In an athletic emergency situation, the athletic trainer is in charge of the situation. If the athletic trainer is not present, notify them immediately. The head coach should remain with the athlete, and will remain in charge until the athletic trainer arrives. Lani's cell phone (386) 212-3983, Athletic Training Room phone numbers (386) 481-2261 or (386) 481-2262.
2. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABC's	State of Consciousness
Pupils	Movement
Skin Color	Abnormal nerve response
Temperature	(numbness and tingling)
3. Stabilize the athlete and call 911, (or 671-4000 for non-emergencies) give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicated this to the operator.
**** IF ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY
4. The following information should be given when calling 911
 - a. Your name and phone number from where you are calling
 - b. Describe the injury: number of athletes injured, mechanism, signs and symptoms, first aid given, current condition of athlete(s)
 - c. Give address and location of injured athlete
 - i. City Island Tennis Courts Address: 115 East Orange Ave Daytona Beach, 32114
 - ii. Located on City Island in Daytona Beach, on Orange Avenue between Beach Street and Magnolia Street; West of the Orange Avenue Bridge.
 - d. Let operator hang up first
5. The individual in charge should designate people for the following responsibilities:
 - a. Someone needs to call 911 (assistant coach)
 - b. Someone needs to retrieve emergency equipment (assistant coach)
 - c. Someone needs to meet ambulance and entrance of the courts (teammate or assistant coach)
 - d. Someone needs to control the crowd (security)
6. If the athlete is taken to the hospital in the ambulance, the athletic trainer or coach will accompany them.
7. During games all information regarding the emergency situation will go through the sports information department.
8. Storm Safety Location: In the even of lightning or severe storm warning, move all individuals to their individual vehicles.

It is very important to document all events that occur surrounding the emergency situation and keep this documentation for future reference.

Emergency Action Plan Weight Room

Emergency Personnel: Certified Athletic Trainers will be present for specific team workouts. The head and assistant strength coach are certified in first aid/CPR.

Emergency Communication: Each Certified Athletic Trainer and all of the coaches are equipped with a personal cell phone. There is an auxiliary phone located in the head strength coach's office (386) 481-2264

Emergency Equipment: First aid supplies (athletic trainer's kit, body substance isolation (BSI) bag, breathing devices, vacuum splints, and crutches). The breathing devices and crutches are stored in the BCC training room adjacent to the weight room.

In an athletic emergency situation, the athletic trainer is in charge of the situation. If the athletic trainer is not present, notify them immediately. The strength coach should remain with the athlete, and will remain in charge until the athletic trainer arrives.

1. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABC's	State of Consciousness
Pupils	Movement
Skin Color	Abnormal nerve response
Temperature	(numbness and tingling)
2. Stabilize the athlete and call 911, (or 671-4000 for non-emergencies) give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicated this to the operator.
**** IF ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY
3. The following information should be given when calling 911
 - a. Your name and phone number from where you are calling
 - b. Describe the injury: number of athletes injured, mechanism, signs and symptoms, first aid given, current condition of athlete(s)
 - c. Give address and location of injured athlete
 - i. Weight Room Address: Daytona Beach, 32114
 - ii. Located on International Speedway Blvd (ISB) on the corner of Franklin Street.
 - d. Let operator hang up first
4. The individual in charge should designate people for the following responsibilities:
 - a. Someone needs to call 911 (strength coach, head coach, assistant coach)
 - b. Someone needs to retrieve emergency equipment (see above)
 - c. Someone needs to meet ambulance and entrance of the weight room (teammate or assistant coach)
5. If the athlete is taken to the hospital in the ambulance, the athletic trainer or coach will accompany them.

It is very important to document all events that occur surrounding the emergency situation and keep this documentation for future reference.

Emergency Action Plan

Football Weight Room

Emergency Personnel: Certified Athletic Trainers will be present for specific team workouts. The head and assistant strength coach are certified in first aid/CPR.

Emergency Communication: Each Certified Athletic Trainer and all of the coaches are equipped with a personal cell phone.

In an athletic emergency situation, the athletic trainer is in charge of the situation. If the athletic trainer is not present, notify them immediately. The strength coach should remain with the athlete, and will remain in charge until the athletic trainer arrives.

6. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABC's	State of Consciousness
Pupils	Movement
Skin Color	Abnormal nerve response
Temperature	(numbness and tingling)
7. Stabilize the athlete and call 911, (or 671-4000 for non-emergencies) give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicated this to the operator.
**** IF ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY
8. The following information should be given when calling 911
 - a. Your name and phone number from where you are calling
 - b. Describe the injury: number of athletes injured, mechanism, signs and symptoms, first aid given, current condition of athlete(s)
 - c. Give address and location of injured athlete
 - i. Weight Room Address: Daytona Beach, 32114
 - ii. Located on International Speedway Blvd (ISB) on the corner of Franklin Street.
 - d. Let operator hang up first
9. The individual in charge should designate people for the following responsibilities:
 - a. Someone needs to call 911 (strength coach, head coach, assistant coach)
 - b. Someone needs to retrieve emergency equipment (see above)
 - c. Someone needs to meet ambulance and entrance of the weight room (teammate or assistant coach)
10. If the athlete is taken to the hospital in the ambulance, the athletic trainer or coach will accompany them.

It is very important to document all events that occur surrounding the emergency situation and keep this documentation for future reference.

Emergency Action Plan Sunnyland Park (softball)

Emergency Personnel: Certified Athletic Trainers will be present for practices from December until season conclusion. Athletic training students may be present only when supervised by an ATC.

Emergency Communication: Each Certified Athletic Trainer and all of the coaches are equipped with a personal cell phone.

Emergency Equipment: First aid supplies (athletic trainer's kit, body substance isolation (BSI) bag, breathing devices, vacuum splints, and crutches). The breathing devices and crutches are stored in the BCC dugout.

9. In an athletic emergency situation, the athletic trainer is in charge of the situation. If the athletic trainer is not present, notify them immediately. The head coach should remain with the athlete, and will remain in charge until the athletic trainer arrives.
10. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABC's	State of Consciousness
Pupils	Movement
Skin Color	Abnormal nerve response
Temperature	(numbness and tingling)
11. Stabilize the athlete and call 911, (or 671-4000 for non-emergencies) give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicated this to the operator.
**** IF ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY
12. The following information should be given when calling 911
 - a. Your name and phone number from where you are calling
 - b. Describe the injury: number of athletes injured, mechanism, signs and symptoms, first aid given, current condition of athlete(s)
 - c. Give address and location of injured athlete
 - i. Sunnyland address: 825 Washington Street Daytona Beach, 32115
 - ii. Located on the corner of Mason Avenue and Washington Street in Daytona Beach
 - d. Let operator hang up first
13. The individual in charge should designate people for the following responsibilities:
 - a. Someone needs to call 911 (assistant coach)
 - b. Someone needs to retrieve emergency equipment (assistant coach)
 - c. Someone needs to meet ambulance and entrance of the park (teammate or assistant coach)
 - d. Someone needs to control the crowd (security or coach)
14. If the athlete is taken to the hospital in the ambulance, the athletic trainer or coach will accompany them.
15. During games all information regarding the emergency situation will go through the sports information department.

It is very important to document all events that occur surrounding the emergency situation and keep this documentation for future reference.

Emergency Action Plan Football Practice Field

Emergency Personnel: Certified Athletic Trainers will be present for all practices. Athletic training students may be present only when supervised by an ATC.

Emergency Communication: Each Certified Athletic Trainer and all of the coaches are equipped with a personal cell phone. There are landline phones located in the training room facility adjacent to the football field. The phone numbers are: 386 481-2261 and 386 481-2262.

Emergency Equipment: First aid supplies (athletic trainer's kit, body substance isolation (BSI) bag, breathing devices, vacuum splints, and crutches). The breathing devices and crutches are stored in the BCC training room.

1. In an athletic emergency situation, the athletic trainer is in charge of the situation. If the athletic trainer is not present, notify them immediately. The head coach should remain with the athlete, and will remain in charge until the athletic trainer arrives.
2. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABC's	State of Consciousness
Pupils	Movement
Skin Color	Abnormal nerve response
Temperature	(numbness and tingling)
3. Stabilize the athlete and call 911, (or 671-4000 for non-emergencies) give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicated this to the operator.
**** IF ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY
4. The following information should be given when calling 911
 - a. Your name and phone number from where you are calling
 - b. Describe the injury: number of athletes injured, mechanism, signs and symptoms, first aid given, current condition of athlete(s)
 - c. Give address and location of injured athlete
 - i. Football practice field address: 640 Mary McLeod Bethune Blvd. Daytona Beach, 32114
 - ii. Located off of Martin Luther King Jr. Blvd. If that entrance is available, direct EMS there. If side gates are locked, direct to main entrance, on Mary McLeod Bethune Blvd, between science building and admissions office.
 - d. Let operator hang up first
5. The individual in charge should designate people for the following responsibilities:
 - a. Someone needs to call 911 (assistant coach)
 - b. Someone needs to retrieve emergency equipment (assistant coach)
 - c. Someone needs to meet ambulance and entrance of the field (teammate or assistant coach)
 - d. Someone needs to control the crowd (security)
6. If the athlete is taken to the hospital in the ambulance, the athletic trainer or coach will accompany them.
7. During games all information regarding the emergency situation will go through the sports information department.
8. Storm Safety Location: In the event of lightning or severe storm warning, move all individuals to the locker room and training room.

It is very important to document all events that occur surrounding the emergency situation and keep this documentation for future reference.

Emergency Action Plan Municipal Stadium

Emergency Personnel: Physicians, Certified Athletic Trainers, and EMS will be present for games. Athletic training students may be present only when supervised by an ATC.

Emergency Communication: Each Certified Athletic Trainer, Physician, and all of the Coaches are equipped with a personal cell phone.

Emergency Equipment: First aid supplies (athletic trainer's kit, body substance isolation (BSI) bag, breathing devices, vacuum splints, and crutches). The breathing devices and crutches are located on BCC sideline.

1. In an athletic emergency situation, the athletic trainer & physician are in charge of the situation.
2. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABC's	State of Consciousness
Pupils	Movement
Skin Color	Abnormal nerve response
Temperature	(numbness and tingling)
3. Stabilize the athlete and call 911, (or 671-4000 for non-emergencies) give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicated this to the operator.
**** IF ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY
4. The following information should be given when calling 911
 - a. Your name and phone number from where you are calling
 - b. Describe the injury: number of athletes injured, mechanism, signs and symptoms, first aid given, current condition of athlete(s)
 - c. Give address and location of injured athlete
 - i. Memorial Stadium Address: 3777 LPGA Blvd. Daytona Beach, 32114
 - ii. Located on LPGA Blvd, west of I-95, north of 17-92
 - d. Let operator hang up first
5. The individual in charge should designate people for the following responsibilities:
 - a. Someone needs to call 911 (assistant athletic trainer)
 - b. Someone needs to retrieve emergency equipment (student athletic trainer)
 - c. Someone needs to control the crowd (security)
6. If the athlete is taken to the hospital in the ambulance, the athletic trainer or student athletic trainer will accompany them.
7. During games all information regarding the emergency situation will go through the sports information department.
8. Storm Safety Location: In the event of lightning or severe weather warning, all individuals should move to their individual vehicles, all team members should move to the locker rooms.

It is very important to document all events that occur surrounding the emergency situation and keep this documentation for future reference.

Emergency Action Plan Track and Field Practice Mainland High School

Emergency Personnel: Head Coach and Assistant Coaches are in charge of all emergency situations.

Emergency Communication: Each head coach and assistant coach has a personal cell phone.

Emergency Equipment: Head coach has been given medical kit, and he/she also has individual insurance information.

1. In an athletic emergency situation, the head coach is in charge of the situation. He/She will need to notify the athletic trainers immediately. The head coach should remain with the athlete, and will remain in charge until the athletic trainer arrives. Brian's cell phone (386) 361-3666, Lani's cell phone (386) 212-3983, Athletic Training Room phone numbers (386) 481-2262 or (386) 481-2262.
2. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABC's	State of Consciousness
Pupils	Movement
Skin Color	Abnormal nerve response
Temperature	(numbness and tingling)
3. Stabilize the athlete and call 911, (or 671-4000 for non-emergencies) give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicated this to the operator.
**** IF ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY
4. The following information should be given when calling 911
 - a. Your name and phone number from where you are calling
 - b. Describe the injury: number of athletes injured, mechanism, signs and symptoms, first aid given, current condition of athlete(s)
 - c. Give address and location of injured athlete
 - i. Located on Reed Canal Ave, between Clyde Morris Blvd and Nova Road.
 - d. Let operator hang up first
5. The individual in charge should designate people for the following responsibilities:
 - a. Someone needs to call 911 (assistant coach)
 - b. Someone needs to retrieve emergency equipment (assistant coach)
 - c. Someone needs to meet ambulance and entrance of the high school (teammate or assistant coach)
6. If the athlete is taken to the hospital in the ambulance, the coach or teammate will accompany them.

It is very important to document all events that occur surrounding the emergency situation and keep this documentation for future reference.

Emergency Action Plan Teams Traveling Without an Athletic Trainer

In an emergency situation while traveling without an athletic trainer, the head coach will be in charge. Upon arrival to the venue, please inform the host head coach, that your team doesn't have an athletic trainer with you. In an emergency situation the head coach should remain with the injured athlete at all times. He/She should send an assistant coach or a teammate to find the host athletic trainer, they will be able to assist in an emergency situation.

The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:

ABCs	State of Consciousness
Pupils	Movement
Skin Color	Numbness
Temperature	Tingling

Stabilize the athlete and call 911, give all pertinent information regarding status of athlete. If head or neck injury is suspected, indicate this to the operator

***** IF ATHLETE IS UNCONSCIOUS, YOU MUST ASSUME THERE IS A NECK INJURY!!!**

The following information should be given when calling 911:

1. Your name and phone number from where you are calling
2. Describe the injury, mechanism, signs and symptoms, first aid given, current condition of the athlete
3. **Give address and location of injured athlete** (the host school head coach or athletic trainer will have to help you.)
4. Let operator hang up first, then report back to scene.

The head coach should designate people for the following responsibilities

1. Call 911 (Assistant coach, host coach)
2. Meet and direct the ambulance to the location of the injured athlete (host coach, host athletic trainer)

If athlete is taken to the hospital, regardless of means of transport (ambulance, car, team bus), an BCU athletic trainer must be notified immediately: Brian's cell phone (386) 361-3666, Lani's cell phone (386) 212-3983, athletic training room phone numbers (386) 481-2261 and (386) 481-2262. When the athlete returns to school, he/she needs to report to the athletic training room for follow up care the following day.

All coaches, who are either practicing off campus or traveling without an athletic trainer, will be given a stocked kit with necessary supplies for first aid. These coaches will also be given an insurance information folder, along with University's insurance information. The athlete's primary insurance (if applicable) will be billed first (primary) and the University's second (secondary).

It is very important to document all events that occur surrounding the emergency situation, and keep this documentation for future references.

Emergency Phone Numbers

Lynn Thompson, Athletic Director Office: (386) 481-2215 or (386) 481-2216
Home: (386) 676-9533
Cell:

Jack “Cy” McClairen, Assoc. Athletic Director Office: (386) 481-2203
Home (386) 252-1948

Sandra Booker, Assoc. Athletic Director Office: (386) 481-
Sports Information
Compliance Director

Brian Jansen, Head Athletic Trainer Office: (386) 481-2261
Cell: (386) 361-3666

James Castle, Assistant Athletic Trainer Office: (386) 481-2262
Cell: (386) 214-5147

Colleen Whittkopp, Assistant Athletic Trainer Office: (386) 481-2262
Office: (386) 481-2268
Cell: (330) 618-0980

Lani Luers, Assistant Athletic Trainer Office: (386) 481-2262
Office: (386) 481-2268
Cell: (386) 212-3983

Ty Watkins, Assistant Athletic Trainer Office: (386) 481-2262
Office: (386) 481-2268
Cell: (571) 277-0348

Dr. James Acker, Orthopedic Surgeon Office: (386) 672-7850
Dr. John Shelton, Family Physician Office: (386) 254-4165
Dr. Robbin Quarterman, Dentist Office: (386) 255-0238
Halifax Medical Center Emergency Department (386) 254-4100
Memorial Hospital, Ormond Beach Emergency Department (386) 676-6022

Coaches Responsibility

It is the coach's responsibility to provide the athletic training staff with a copy of their team's practice and competition schedule. It is also important to immediately inform the athletic training staff of any changes in this schedule. **Failure to inform the staff of changes within 48 hours in advance will result in no coverage for that particular event.**

Priority of Coverage

Priority for coverage will be in no way based upon whether it's a men's or women's sport, or whether it's revenue or non-revenue. Priority will be based upon risk of injury, number of participants, presence of other medical personnel to provide care, and location of event.

Home events will have priority over away events. This is due to the medical personnel that each school is required to provide. An athletic trainer from that institution should cover any even that take place at another school.

Games/matches will be given priority over practices. The only exception to this will be football practice due to the high risk of injury and the large number of participants.

If the athletic training staff is unable to cover multiple events on the same day, priority will be given in order of risk.

Any other conflicts will be determined on a case-by-case basis.

Sports Injury Risk Classification

High Risk Men's Sports

Football
Basketball
Baseball

High Risk Women's Sports

Basketball
Softball
Volleyball

Low Risk Men's Sports

Cross Country
Indoor Track
Outdoor Track
Tennis
Golf

Low Risk Women's Sports

Cross Country
Indoor Track
Outdoor Track
Tennis
Golf
Bowling

Bethune Cookman University Athletics
Wildcat Sports medicine

Appendices

- A: Medical Insurance Program Information
- B: Athlete Insurance Information Form
- C: Athlete Consent to Treat Form
- D: Athlete Release of Medical Information
- E: Athlete Health History Form
- F: Athlete PPE physical
- G: Athlete Understand Insurance Form
- H: Athlete Rehabilitation Report?
- I: Athlete Daily Rehabilitation Sheet?
- J: Frontline Claim Form
- K: Insurance Tracking Form?