ATHLETIC TRAINING & SPORTS MEDICINE SERVICES

Emergency Action Plan

DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
THE PENNSYLVANIA STATE UNIVERSITY
INTRODUCTION

Emergency situations in athletics have the potential to occur at any time, whether they are during training or competitive events. Due to inherent risks associated with athletic participation, injuries are likely to occur. With proper preparation through an Emergency Action Plan, the sports medicine staff can manage emergency medical situations effectively and appropriately. In order to provide adequate emergency medical care during such situations, flow of proper communication and emergency medical equipment must be addressed through the Emergency Action Plan.

Hence, the purpose of this Emergency Action Plan is to ensure the proper medical coverage of Intercollegiate Athletics at The Pennsylvania State University (PSU), University Park (UP) Campus, through the correct maintenance of appropriate emergency medical equipment and interventions of sports medicine personnel.

This plan will outline the proper chain of command for on-site sports medicine personnel, location of emergency medical equipment, communication, weather protocols, and tragedy management. This document will also list important telephone numbers and appropriate locations for emergency medical services (EMS) ambulance access.

EAPPERSOONELL & CHAIN OF COMMAND

Director of Athletic Medicine
Team Physician
Director of Athletic Training Services
Staff Certified Athletic Trainer (ATC)
Graduate Assistant ATC
Athletic Training Students (ATS)

EMS will work in conjunction with the Team Physician, and/or Certified Athletic Trainer(s) when on-site. When not present the Team Physician on-call and Director of Athletic Training Services should be contacted immediately following activation of EMS or when advanced medical attention is required in a non-emergency situation. *University Risk Management will be notified of the emergency after care has been rendered.

ON-SITE EMERGENCY MEDICAL CARE

During training and competition, the first responder to an emergency situation is typically a member of the sports medicine staff. Team Physicians may not always be present at these events and the degree of sports medicine coverage will vary based on such factors as inherent risk of the sport setting and event. Furthermore, in some situations the first responder may be a coach or other Intercollegiate Athletics personnel.

There are three basic roles within an Emergency Action Plan that should be adhered to by Intercollegiate Athletics personnel in emergency situations:

1. Immediate emergency medical care of the injured student-athletes, coaches or athletics' personnel
   a. This will be tended to by the most qualified individual on-site within the limits of their educational and clinical training. Usually this will be a Team Physician, staff or graduate ATC assigned to the particular sport. In life or limb-threatening scenarios the most qualified individual with the highest level of appropriate training is responsible for stabilizing/sustaining the injured person while EMS is activated immediately. In the event that a qualified health care provider is not on-site, as may be the case with individual training sessions, a coach or immediate supervisor is responsible for properly activating the PSU UP Campus Emergency Action Plan
b. Only appropriate skills a health care provider is specifically trained to render shall be performed. Refer to Title 42, 8332 "Non-medical Good Samaritan Civil Immunity" as a reference for expectations of an individual responsible in rendering assistance at the scene of a medical emergency. Also refer to Title 42, 8331.2 "Good Samaritan Civil Immunity for use of an AED" (Appendix A).

2. Emergency medical equipment acquisition
   a. This will be performed by sports medicine personnel most familiar with the appropriate type and location of specific emergency medical equipment required for specific activities. Usually this will be a staff or graduate ATC or ATS. However, in certain circumstances this responsibility may fall upon coordinators of facilities equipment managers or coaches.

3. Emergency Medical Services (EMS) activation
   a. When necessary EMS must be activated in a prompt manner and the injured person should be transported to the nearest appropriate emergency medical facility. Activation of EMS shall be the responsibility of any personnel upon the sports medicine staff, by dialing 911. Personnel performing this task must be familiar with the address and location of the athletic event. In such a circumstance the following information must be provided to EMS (contact should not be delayed to obtain missing information):
      i. Name, title, site address and telephone number
      ii. Number of individuals involved
      iii. Type and nature of injury sustained
      iv. Condition of the person(s)
      v. Type of first aid initiated
      vi. Level of EMS response required
      vii. Specific directions to the scene/venue
   *Sports medicine personnel with the highest level of medical training should remain with the person at all times until arrival of EMS. An ATS, coach, coordinator of facilities, equipment manager or teammate should be sent to assist in directing EMS to the scene.

b. Please refer to the list of emergency contacts for initiating communication with an appropriate health care facility or provider, in addition to contacting EMS

**TRANSPORTATION**

When possible an ambulance is preferred on-site during high risk athletic events. The PSU UP Campus coordinates on-site ambulances for some competitive events surrounding intercollegiate athletics. Ambulance service may be coordinated on-site for other special events such as major tournaments, Big Ten and NCAA regional or national championships. In a situation in which an ambulance is on-site, a designated location with rapid access for entering and exiting the venue will be determined. If transportation is deemed necessary, the injured person should be transported via ambulance. Proper attention must be given to ensure that athletics areas are properly supervised, per the EAP chain of command, should the health care provider leave the site in transportation.

* All transportation will be to Mount Nittany Medical Center Emergency Room.
** Some emergencies may be sent on to the Penn State Milton S. Hershey Medical Center

**TRAGEDY MANAGEMENT**

In the event that there is an injury that is severe or potentially fatal, please refer to the Tragedy Management Plan (Appendix D).
Athletic Training Rooms / Staff Phone Numbers

- Beaver Stadium Home Athletic Training Room 865-2305, X-Ray 865-9079
- Beaver Stadium Visiting Athletic Training Room 865-5539
- Beard Softball Stadium Athletic Training Room 863-0651
- Bryce Jordan Center Athletic Training Room 863-3358
- East Area Building Athletic Training Room 865-8295
- Holuba Hall Athletic Training Room 865-0899
- Lubrano Park Athletic Training Room 863-2517
- Multi-Sport Athletic Training Room 865-8884
- Recreation Hall Athletic Training Room 865-2052
- White Bldg Athletic Training Room 867-4832

- Tim Bream (O) 863-0773 (C) 321-3651 htb2@psu.edu
- Dave Brajuha (O) 865-8296 (C) 441-9218 dab255@psu.edu
- Tracy Brewer (O) 867-4832 (C) 777-8296 tmb5415@psu.edu
- Scott Campbell (O) 865-4161 (C) 308-4383 stc137@psu.edu
- Stephen Delger (O) 867-0478 (C) 321-7706 sjd5268@psu.edu
- Dan Eck (O) 865-2052 (C) 777-1434 dce4@psu.edu
- Mike Gay (O) 865-8296 (C) 777-1437 mrg201@psu.edu
- Brandon Hall (O) 867-0476 (C) 777-8295 bwh10@psu.edu
- Natalie Meckstroth (O) 863-3435 (C) 321-1631 nrm3@psu.edu
- Renee Messina (O) 865-8295 (C) 777-6746 rmm17@psu.edu
- Dan Monthley (O) 865-2052 (C) 441-0452 dtm2@psu.edu
- Cameron Patria (O) 865-0412 (C) 206-6874 Cdp170@pdu.edu
- Justin Rogers (O) 867-1318 (C) 441-7734 jdr27@psu.edu
- Andrea Roth (O) 867-1294 (C) 812-345-6419 Alr31@psu.edu
- Jonathan Salazer (O) 863-3358 (C) 777-1435 jds23@psu.edu
- Kelly Saxton (O) 867-0476 (C) 441-9444 krj10@psu.edu
- Madeleine Scaramuzzo (O) 865-8296 (C) 321-8155 Mgs21@psu.edu
- Wes Sohns (O) 865-6816 (C) 321-3641 wcs15@psu.edu
- Andra Thomas (O) 867-0478 (C) 777-1438 art2@psu.edu

Graduate Assistants

- Kevin Anderson (C) (717) 314-7378 kya5047@psu.edu
- Amy Dykes (C) (925) 337-5759 aad205@psu.edu
- Chris Hippenmeyer (C) (314) 420-6343 cph138@psu.edu
- Aaron Hoeing (C) (812) 593-7319 hoeing@purdue.edu
- Allison Montgomery (C) (814) 574-6078 alm5739@psu.edu
- Brad Sammut (C) (586) 206-4397 sammutbr@msu.edu
- Kara Saylor (C) (724) 882-0335 kvs122@psu.edu
- Marissa Slimm (C) (609) 923-0693 mss5437@psu.edu
Physician and Medical Facility Phone Numbers (814 Area Code)

- Wayne Sebastianelli  (O) 235-4734  (P) 1-888-812-8141  (C) 777-7175
- Dov Bader  (O) 235-4731  (C) 380-8803
- Greg Billy  (O) 235-4753  (P) 567-0031  (C) 777-7294
- Philip Bosha  (O) 235-4732  (P) 567-7408  (C) 777-0793
- Katie Gloyer  (O) 235-2498  (P) 567-0056  (C) 321-3564
- Scott Lynch  (O) (717) 531-4804  (C) (717) 580-4401
- Bobbi Millard  (O) 235-4778  (P) 567-0877  (C) 883-2997
- Peter Seidenberg  (O) 235-2487  (C) 321-7437
- Paul Sherbondy  (O) 235-4779  (P) 567-7466  (C) 883-9405

- Center for Sports Medicine  865-3566 (answering/paging service 24hrs/7days)
- Mount Nittany Med Center  231-7000
- Emergency Room  234-6110
- PSU Police  863-1111

Athletic Site Phone Numbers

- Bryce Jordan Center Weight Room  865-8883
- East Area Weight Room  865-5438
- Golf Pro Shop  865-4653
- Pegula Ice Arena  865-4102
- IM Building  865-5401
- Jeffrey Field  865-2272
- Lasch Weight Room  863-3121
- Medlar Field  865-8617
- McCoy Natatorium  865-1432(Ext. 7)
- Rec Hall Weight Room  863-3937
- Rec Hall Wrestling Room  865-1094
- Sarni Tennis Center  865-3430
- White Bldg Fencing Room  863-3576
- White Bldg Gymnastics Room  865-6634

COMMUNICATION

There should be a minimum of two methods of communicating at every activity, a primary phone and a secondary phone as backup. All athletics staff members are provided cellular phones by the university.
WEATHER

Intercollegiate Athletics and Sports Medicine subscribes to the Televent Weather System. These services are a real-time, Internet-delivered weather alert system designed to stay on top of changing weather conditions (within a 30 mile radius) that can impact the safety of athletes, employees and spectators. It provides instant weather alerts, including real time lightning strikes, to all pertinent athletic staff.

(1) Lightning Safety

The university follows the NCAA Lightning Safety Guidelines which are based on recommendations made by the National Severe Storms Laboratory (NSSL).

These include:

Classification:

Advisory: strike detected 15-30mi away
Caution: strike detected 7-15mi away
Warning: strike detected within 7mi (Clearing of field)

Termination of play when lightning is seven miles away (Warning)

This warning system allows the sports medicine staff time to notify coaches, officials and players of potential inclement weather, and when it is time to clear the field of play.

In the event that the Televent Weather System is not working, follow the traditional "Flash to Bang" protocol which recommends termination of play when the time between seeing lightning and hearing thunder is within 30 seconds or less (approximately 6 miles).

Chain of Command

A member of the Sports Medicine Staff (team physician or Athletic Trainer) is the designated individual who is to make the call to remove individuals from the field.

Designated Safe Structure

Each athletic venue should have a designated safe structure in which individuals are to report to in the event that the lightning safety protocol is activated.

Return to Activity

In the event that activity is suspended due to lightning, play will not resume until there is an "All Clear" notification by the Televent System or 30 minutes from the last visible lightning strike. The "All Clear" alerts will be sent after 15 continuous minutes without a strike in a particular zone. Therefore following an "All Clear" in the warning zone (inside 7mi) and ADDITIONAL 15 minutes needs to go without lightning detection in that zone prior to resuming activity (for a total time of 30 minutes of clearing the field). The 15 minute warning will help to give us additional notice to begin planning the return to game or practice activity. A member of the Sports Medicine Staff will notify coaches, officials and athletes when it is safe to resume play.

(II) Cold Stress and Cold Exposure (Please refer to Appendix H)
The Pennsylvania State University

Department of Intercollegiate Athletics
Athenic Training & Sports Medicine

Emergency Action Plan
Baseball
Pennsylvania State University Baseball  
University Park PA 16802  
Training & Practice Facilities

SPORT MEDICINE PERSONNEL

Steve Delger, ATC  
Staff Athletic Trainer  
814-321-7706

Aaron Hoeing, ATC  
Graduate Assistant AT  
812-593-7319

Peter Seidenberg, MD  
Primary Care  
814-321-7437

Dov Bader, MD  
Orthopedic Surgeon  
814-380-8803

FACILITIES AND PHONES

Lubrano Park:  
Athletic Training Room  
814-863-2517

Weight Training  
814-865-8612

Multi-Purpose Room  
814-865-8615

Warm-up/Batting Cage  
814-865-8616

Home Dugout (to Outside)  
814-865-8617

***There is no cell phone service in the building at field level

Holuba Hall:  
Athletic training room  
814-865-0899

Multisport Building:  
Athletic training room  
814-865-8884

EMERGENCY EQUIPMENT

Emergency equipment and AED can be located in the Athletic Training Room (Rm. 003) or in the hallway behind the home dugout during practice and games.
AMBULANCE ACCESS

(1) Medlar Field at Lubrano Park:

1. Medlar Field: Primary Access: Located within Lubrano Park this is located at the corner of Porter and Curtain Roads. Enter at the lower access road from the south off Porter Road. Proceed just past the grounds/maintenance garage to the right field fence. Access field through gate in right field. Coaching or training staff will open gate and guide EMS onto the field.

2. Athletic Training Room/Multi-Purpose Room: Located on the ground floor of Lubrano Park. Enter at the lower access road from the south off Porter Road. Proceed north through Player/Staff parking lot to ground level access door. Coaching or training staff member will meet EMS at the doors.
(2) Holuba Hall: Primary access is from the east directly off of University Drive. Secondary access via main entrance located adjacent to EALB parking lot.

(3) Multi-Sport Building: Primary access via north side of building, enter building at the northeast corner through garage doors. Secondary access is via the south entrance of the building located off the access road from University Drive. Entrance is through the garage door located on the southeast corner of the building.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Basketball
Pennsylvania State University Men's and Women's Basketball
University Park PA 16802
Training & Practice Facilities

Nittany Lions Basketball

SPORTS MEDICINE PERSONNEL

Jonathan Salazer, ATC  Staff Athletic Trainer  814-777-1435
Greg Billy, MD  Primary Care Physician  814-777-7294
Wayne Sebastianelli, MD  Orthopedic Surgeon  814-777-7175

Lady Lions Basketball

SPORTS MEDICINE PERSONNEL

Natalie Meckstroth, ATC  Staff Athletic Trainer  814-321-1631
Bobbie Millard, MD  Primary Care Physician  814-883-2897
Wayne Sebastianelli, MD  Orthopedic Surgeon  814-777-7175

FACILITIES and PHONES:

The Bryce Jordan Center main and auxiliary gymnasiums are used for practices. The main arena is used for games.

Athletic Training Room:  814-863-3358  814-863-3435

EMERGENCY EQUIPMENT:

Emergency equipment is located in the Athletic Training Room (Room 17) and brought to the main court for games.
AMBULANCE ACCESS:

Practice: The Bryce Jordan Center is located off University Drive. Access to the building is from the southwest entrance of the rear parking lot. Access Building via elephant doors left of loading dock or adjacent doors (Show/Media Entrance), right of loading dock.

Competition: EMS is activated from EMT's located adjacent to the home bench. Ambulance is on-site for all competitions.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Cheerleading
Pennsylvania State University Cheerleading  
University Park PA 16802  
Training & Practice Facilities

SPORTS MEDICINE PERSONNEL

Amy Dykes, ATC         Graduate Assistant AT         925-337-5759  
Katie Gloyer, MD        Primary Care Physician         814-321-3564  
Natalie Meckstroth, ATC Staff Athletic Trainer        814-321-1631  
Wayne Sebastianelli, MD Orthopedic Surgeon             814-777-7175

FACILITIES and PHONES

Multi-Sport Facility   Athletic Training Room       814-865-8884  
                      Front Lobby                           814-865-8883  
White building         Gymnastics Room                  814-865-6634  
                      Athletic Training Room                814-865-6202  
Bryce Jordan Center    Athletic Training Room       814-863-3435

EMERGENCY EQUIPMENT

Emergency equipment is located in the Athletic Training Rooms of the Multi-Sport Building and White Building.
(1) Multi-Sport Building:

Primary access is via north side of building. Enter building at the northeast corner through main doors or garage doors. Secondary access via the south entrance of the building located off the access road from University Drive. Entrance is through the garage door located on the southeast corner of the building.
White Building:

Primary access from Shortlidge Road, enter the building at the north entrance off the sidewalk between the parking garage and the White Building loading dock. A member of the sports medicine staff will meet the EMS at the building entrance and guide them to the facility being utilized. Secondary Access from Shortlidge Road, enter building from the east at breezeway.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Cross Country
SPORTS MEDICINE PERSONNEL

Mike Gay, PhD, ATC  Staff Athletic Trainer  814-777-1437
Kevin Anderson, ATC  Graduate Assistant AT  717-314-7378
Bobbi Millard, MD  Primary Care  814-883-2997
Wayne Sebastianelli, MD  Orthopedic Surgeon  814-777-7175

FACILITIES

Practice  Ashenfelter Multi-Sport Facility/Outdoor Track
Meets  Penn State Golf Course

PHONES

Ashenfelter Multi-Sport Facility
   Athletic Training Room  814-865-8884
   Front Lobby  814-865-8883

Outdoor Track  An emergency blue phone is located at the main entrance to the track

Coaches carry cell phones for practices due to various site locations when not training at the track facilities and when not accompanied by and athletic trainer. For competition, ATC will have a cellular phone. ATS carry 2-way radios on golf carts following the pack of runners. EMS is on site, on bikes with radios to contact the ambulance if needed.

EMERGENCY EQUIPMENT

Emergency equipment is located in the Athletic Training Room of the Multi-Sport Building during cross country practices. Emergency Equipment for cross country meets is located in the Medical tent adjacent to the finish line (west end of the Rugby Fields off of Atherton St).
AMBULANCE ACCESS

(1) Outdoor Track: Primary access off of South Porter Road onto Hastings Road with access to the main gate. Secondary access is from University Drive proceeding east on Hastings Road.

(2) Multi-Sport Building: Primary access is via north side of building. Enter building at the northeast corner through main doors or garage doors. Secondary access via the south entrance of the building located off the access road from University Drive. Entrance is through the garage door located on the southeast corner of the building.
3) **Access Points for the course:**
- **Near the Finish Line** - Access via Atherton St to White Course Drive to the west end of the rugby fields
- **Near Corl St** - Access is via the parking area adjacent to Corl St
- **Near Clubhouse** - Access via West College Ave to the entrance of the Golf Course
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Fencing
Pennsylvania State University Fencing
University Park PA 16802
Training & Practice Facilities

SPORTS MEDICINE PERSONNEL

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracy Brewer, MEd, ATC</td>
<td>Staff Athletic Trainer</td>
<td>814-777-8296</td>
</tr>
<tr>
<td>Marissa Slimm, ATC</td>
<td>Graduate Asst AT</td>
<td>609-923-0693</td>
</tr>
<tr>
<td>Philip Bosha, MD</td>
<td>Primary Care</td>
<td>814-321-7437</td>
</tr>
<tr>
<td>Wayne Sebastianelli, M.D</td>
<td>Orthopedic Surgeon</td>
<td>814-380-8803</td>
</tr>
</tbody>
</table>

PHONES

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone</th>
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<tbody>
<tr>
<td>White Building</td>
<td></td>
</tr>
<tr>
<td>Athletic training room</td>
<td>814-865-6202</td>
</tr>
<tr>
<td>Fencing Room</td>
<td>814-865-3576</td>
</tr>
</tbody>
</table>

FACILITIES

All practices and matches are located in the White Building

EMERGENCY EQUIPMENT

Emergency equipment is located in the White Building Athletic Training Room (Rm. 36)
**AMBULANCE ACCESS**

White Building:

Primary access from Shortlidge Road, enter the building at the north entrance off the sidewalk between the parking garage and the White Building loading dock. A member of the sports medicine staff will meet the EMS at the building entrance and guide them to the facility being utilized. Secondary Access from Shortlidge Road, enter building from the east at breezeway.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Field Hockey
**Pennsylvania State University Field Hockey**  
University Park PA 16802  
Training & Practice Facilities

**SPORTSMEDICINE PERSONNEL**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renee Messina, MS, ATC</td>
<td>Staff Athletic Trainer</td>
<td>814-777-6746</td>
</tr>
<tr>
<td>Chris Hippenmeyer, ATC</td>
<td>Graduate Asst AT</td>
<td>314-420-6343</td>
</tr>
<tr>
<td>Phil Bosha, MD</td>
<td>Primary Care</td>
<td>814-777-0793</td>
</tr>
<tr>
<td>Paul Sherbondy, MD</td>
<td>Orthopedic Surgeon</td>
<td>814-883-9405</td>
</tr>
</tbody>
</table>

**PHONES**

There is an emergency phone located at the corner of the adjacent grass field at the Bigler playing area or a line phone located in the Indoor Tennis center.

Sarni Indoor Tennis Center: 814-865-1351

Holuba Hall: Athletic training room 814-865-0899

Multisport Building: Athletic training room 814-865-8884

**EMERGENCY EQUIPMENT:**

Emergency equipment for practices is either located in the EALR Training Room or on site in the van. Emergency equipment for games is available on site on the sideline.

**FACILITIES:**

Practices: Turf Field
Practice in inclement weather: Holuba Hall/ Multi-Sport Building
Games: Turf Field or Holuba Hall
**AMBULANCE ACCESS:**

(1) *Turf Field*: Primary access via Wagner Building Parking Lot. Proceed south along the sidewalk to gain entrance to the field via the gate on the west side of the field. Secondary access is via walking path off the southeast corner of the field.

(2) *Holuba Hall*: Primary access is from the east directly off of University Drive. Secondary access is from the west side of the building located behind EALR, adjacent to the Sarni Tennis Center.
(3) **Multi-Sport Building**: Primary access is via north side of building. Enter building at the northeast corner through main doors or garage doors. Secondary access via the south entrance of the building located off the access road from University Drive. Entrance is through the garage door located on the southeast corner of the building.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Football
SPORTS MEDICINE PERSONNEL

• Tim Bream, MS, ATC (Head ATC)
• Wesley Sohns, MS, ATC (Assistant ATC)
• Cameron Patria, MEd, ATC (Assistant ATC)
• Allison Montgomery, ATC (Graduate Athletic Trainer)
• Peter Seidenberg, MD (Team Physician, Primary Care Sports Medicine)
• Scott Lynch, MD (Team Orthopedic Surgeon)

COMMUNICATION

• Fixed and portable hard-line telephones are located in the Lasch Football Building Athletic Training Room (814 Area Code)
  Tim Bream, MS, ATC 863-0773
  Cameron Patria, MEd, ATC 865-0412
  Wesley Sohns, MS, ATC 865-6816
  Peter Seidenberg, MD 865-4667
  Scott Lynch, MD 863-9656

• Team Physicians on-site will have access to cellular telephones
  Peter Seidenberg, MD 321-3651
  Scott Lynch, MD (717) 580-4401

• Staff ATCs on-site will have access to cellular telephones
  Tim Bream, MS, ATC 321-3651
  Wes Sohns, MS, ATC 321-3641
  Cameron Patria, MEd, ATC 206-6874

FACILITIES:

Games and practices: Beaver Stadium
Practices: Holuba Hall Grass Fields
Practice in inclement weather: Holuba Hall

EMERGENCY EQUIPMENT:

Emergency equipment can be located in the Lasch Athletic Training Room (Rm. 109) and will be on the sidelines both during practice and at games
(1) Beaver Stadium - Primary access through the south entrance/tunnel. Secondary access is through the northwest (NW) entrance adjacent to the visitor's locker room.
(2) Holuba Hall Grass Fields - Primary access is through the gate at the northeast end of Holuba Hall off the west side of University Drive. Secondary access via Hastings road enter Lasch Football Building’s parking lot and proceed north.

(3) Holuba Hall: Primary access is from the east directly off of University Drive. Secondary access via main entrance located adjacent to EALB parking lot.
(4) Lasch Football Building - Access at loading dock located on the southeast end of the Lasch Building off of Hastings Road. Secondary Access from the north located off of East Area Locker Room/Ice Pavilion parking lot.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Golf
Pennsylvania State University Men's and Women's Golf
University Park PA 16802
Training & Practice Facilities

Men's Golf

SPORTS MEDICINE PERSONNEL

Justin Rogers, ATC  Staff Athletic Trainer  814-441-7734
Greg Billy, MD  Primary Care  814-777-7294
Wayne Sebastianelli, MD  Orthopedic Surgeon  814-777-7175

Women's Golf

SPORTS MEDICINE PERSONNEL

Kelly Saxton, ATC  Staff Athletic Trainer  814-441-9444
Bobbie Millard, MD  Primary Care Physician  814-883-2997
Wayne Sebastianelli, MD  Orthopedic Surgeon  814-777-7175

PHONES

Recreation Hall:
Athletic Training Room (147)  814-865-2052
Strength and Conditioning  814-863-3937
Fitness Center  814-867-1222
Golf Pro Shop:  814-865-4653

FACILITIES

Practices and Matches:  Pennsylvania State University Golf Courses

EMERGENCY EQUIPMENT

Medical equipment is located at the main desk in the Club House for both practice and tournament rounds.
**AMBULANCE ACCESS**

Penn State Golf Courses - All access is off West College Avenue through the main gates. Proceed on Golf Course Drive until you reach the Club House. Upon arrival EMS will be directed to the emergency site.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Gymnastics
Pennsylvania State University Men's and Women's Gymnastics

University Park PA 16802
Training & Practice Facilities

SPORTS MEDICINE PERSONNEL

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<td>Primary Care</td>
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<td>Dov Bader, M.D</td>
<td>Orthopedic Surgeon</td>
<td>814-380-8803</td>
</tr>
</tbody>
</table>

PHONES

White Building: Athletic training room 814-865-6202
Gymnastics Room 814-865-6634

Recreation Hall: Athletic Training Room 814-867-0480

FACILITIES

Practices and matches: White Building
Matches: Recreation Hall

EMERGENCY EQUIPMENT

Emergency equipment is located in the White Building Athletic Training Room (Rm. 36) and in the Gymnastics room. Emergency equipment will be on the floor during matches.
(1) White Building:

Primary access from Shortlidge Road, enter the building at the north entrance off the sidewalk between the parking garage and the White Building loading dock. A member of the sports medicine staff will meet the EMS at the building entrance and guide them to the facility being utilized. Secondary Access from Shortlidge Road, enter building from the east at breezeway.
(2) Recreation Hall Main Gym:

Primary access is through the handicap entrance of the building on the east side, directly off of Burrows Street and to the left of the main entrance on the east side. Secondary access is from the west side of the building via North Atherton Street.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Ice Hockey
Men's Ice Hockey

SPORTS MEDICINE PERSONNEL

Justin Rogers, MEd., ATC  Staff Athletic Trainer  814-441-7734
Phil Boshia, MD  Primary Care Physician  814-777-0793
Paul Sherbondy, MD  Orthopedic Surgeon  814-883-9405

Women's Ice Hockey

SPORTS MEDICINE PERSONNEL

Andrea Roth, MS, ATC  Staff Athletic Trainer  812-345-6419
Katie Gloyer, MD  Primary Care Physician  814-321-3564
Paul Sherbondy, MD  Orthopedic Surgeon  814-883-9405

PHONES

Pegula Ice Arena:  Athletic Training Room  814-863-1318
                  Athletic Training Room  814-867-1294
                  Ice Hockey Rink Desk  814-865-4102

FACILITIES

Practices and games are held in the Pegula Ice Arena located on corner of University Drive and Curtin Road.

EMERGENCY MEDICAL EQUIPMENT

Emergency equipment and the AED for practices is located in the athletic training room. The ice rink will have 5 AEDs located throughout, 1 located by each sheet of ice.

Emergency equipment for games will be located outside of the bench area.

EMS is will be located in the visiting team tunnel during games.
Primary Access: Located at the community rink entrance.

Secondary Access: Located at the loading dock entrance.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Intramurals
Pennsylvania State University Intramurals
University Park PA 16802
Competition Sites

PERSONNEL

Madeleine Scaramuzzo, MS, ATC  Staff Athletic Trainer  814-321-8155
Andrew Plate, ATC  Graduate Assistant AT  412-607-8443
Tim Bream, MS, ATC  Staff Athletic Trainer  814-863-0773
Tom Lovins  Director of Intramurals  814-865-5401
Mark Belden  Supervisor of Events  814-865-5401
Penn State Orthopedics  814-865-3566
University Health Services  814-865-6556
Penn State Hershey Medical Group- Walk-In Clinic  814-235-2480

FACILITIES

Games (Basketball/Volleyball)  IM Building, Rec Hall, Multi-Sport Building
Games (Football/Softball/Soccer)  IM Fields, Flower Garden Fields
Games (Squash/Racquetball/Wrestling/Badminton/Dodge Ball)  IM Building

PHONES

IM Building:  Athletic Training Room  814-865-2650
            Main office  814-865-5401
Multisport Building:  Athletic Training Room  814-865-8884
            Main office  814-865-8883
Recreation Hall:  Athletic Training Room  814-865-2052

EMERGENCY EQUIPMENT

Emergency equipment can be located in the Athletic Training Rooms
(1) IM Building Outdoor Field: Primary access via University Drive. Secondary access via Park Ave. Turn into the northwest entrance of East Halls. Proceed left through two parking lots until you reach the access road for outdoor fields.

(2) Multi-Sport Building: Primary access is via north side of building. Enter building at the northeast corner through main doors or garage doors. Secondary access via the south entrance of the building located off the access road from University Drive. Entrance is through the garage door located on the southeast corner of the building.
(3) Recreation Hall: Primary access is through the handicap entrance of the building on the east side, directly off of Burrows Street and to the left of the main entrance on the east side. Secondary access is from the west side of the building via North Atherton Street.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Lacrosse
Pennsylvania State University Women's and Men's Lacrosse

University Park PA 16802
Training & Practice Facilities

Men's Lacrosse

SPORTS MEDICINE PERSONNEL

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Brajuha, MS, ATC</td>
<td>Staff Athletic Trainer</td>
<td>814-441-9218</td>
</tr>
<tr>
<td>Greg Billy, MD</td>
<td>Primary Care</td>
<td>814-777-7294</td>
</tr>
<tr>
<td>Paul Sherbondy, MD</td>
<td>Orthopedic Surgeon</td>
<td>814-883-9405</td>
</tr>
</tbody>
</table>

Women's Lacrosse

SPORTS MEDICINE PERSONNEL:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renee Messina, MS, ATC</td>
<td>Staff Athletic Trainer</td>
<td>814-777-6746</td>
</tr>
<tr>
<td>Chris Hippenmeyer, ATC</td>
<td>Graduate Asst AT</td>
<td>724-882-0335</td>
</tr>
<tr>
<td>Katie Gloyer, MD</td>
<td>Primary Care</td>
<td>814-321-3564</td>
</tr>
<tr>
<td>Paul Sherbondy, MD</td>
<td>Orthopedic Surgeon</td>
<td>814-883-9405</td>
</tr>
</tbody>
</table>

PHONES

East Area: Athletic Training Room 814-865-8295
Holuba Hall: Athletic Training Room 814-865-0899
Multi Sport: Athletic training room 814-865-8884

FACILITIES:

Practices: Lacrosse Field
Holuba Hall Football Turf

Practice in inclement weather Holuba Hall

Games: Lacrosse Field

EMERGENCY EQUIPMENT:

Emergency equipment for practices is located in the EALR Training Room or on site in medical van. Emergency equipment for games is located on the sideline.
AMBULANCE ACCESS:

Ambulance is located on site for games and additional EMS Personnel is available on site with an AED in the event that the ambulance is called away to an emergency.

(1) Lacrosse Field - Primary access to the field is from the service road off of University Drive. Secondary access is from the north via southernmost parking lot.
(2) Holuba Hall: Primary access is from the east directly off of University Drive. Secondary access is from the west side of the building located behind EALR, adjacent to the Sarni Tennis Center.

(3) Multi-Sport Building: Primary access is via north side of building. Enter building at the northeast corner through main doors or garage doors. Secondary access via the south entrance of the building located off the access road from University Drive. Entrance is through the garage door located on the southeast corner of the building.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Rugby
Pennsylvania State University Women's and Men's Rugby
University Park PA 16802
Training and Practice Facilities

SPORTS MEDICINE PERSONNEL

Madeleine Scaramuzzo, MS, ATC  Staff Athletic Trainer  814-321-8155
Andrew Plate, ATC  Graduate Assistant AT  412-607-8443
Katie Gloyer, MD  Primary Care  814-321-3564
Dov Bader, MD  Orthopedic Surgeon  814-380-8803

PHONES

East Area Training Room:  814-865-8297
Holuba Hall Training Room:  814-865-0899

FACILITIES

Training Rooms:  East Area Building  814-865-8297
                White Building  814-865-6202

Practices:  West Campus Field, Holuba Hall, Multi-Sport Bldg

Competitions:  West Campus Field or Holuba Hall

EMERGENCY MEDICAL EQUIPMENT

Emergency equipment is transported to all practices and competitions via medical van.

AED
Vacuum Splint Bag
Crutches
Cervical Collar
AMBULANCE ACCESS

(1) West Campus Field - Primary and Secondary access is from White Course Drive off of North Atherton Street. Access the field from the south.

(2) Holuba Hall: Primary access is from the east directly off of University Drive. Secondary access is from the west side of the building located behind EALR, adjacent to the Sarni Tennis Center.
The Pennsylvania State University
Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Soccer
Pennsylvania State University Men's and Women's Soccer
University Park PA 16802
Competition, Training & Practice Facilities

Women's Soccer

**Sports Medicine Personnel:**

Kelly Saxton, MS, ATC  
Staff Athletic Trainer  814-441-9444
Dr. Roberta Millard, MD  
Primary Care Physician  814-883-2997
Dr. Wayne Sebastianelli MD  
Orthopedic Surgeon  814-777-7175

Men's Soccer

**Sports Medicine Personnel**

Stephen Delger, MED, ATC  
Staff Athletic Trainer  814-321-7706
Aaron Hoeing, ATC  
Graduate Assistant AT  812-593-7319
Dr. Roberta Millard, MD  
Primary Care Physician  814-883-2997
Dr. Wayne Sebastianelli, MD  
Orthopedic Surgeon  814-777-7175

**FACILITIES:**

**Women's & Men's Team Practice:**
Practices are held on the grass practice field (Little Jeffrey) adjacent to Jeffrey Field along the east side of University Drive as well as Jeffery Practice Fields located behind Jeffrey Field. Practices are also held on the grass practice field (Mini Field) adjacent to Jeffrey Field along the southern side of Park Avenue.

**Women's & Men's Team Games:**
Games are held on Jeffrey Field located on the east side of University Drive at the intersection of Park Avenue and University Drive.

Holuba Hall:  
Athletic training room  814-865-0899

Multisport Building:  
Athletic training room  814-865-8884

**EMERGENCY EQUIPMENT:**

Emergency equipment for practices is located in the Recreation Hall Athletic Training Room (Rm. 147) for storage. Emergency equipment is located in the athletic trainer's van at the practice site during practice times.

Emergency equipment for games is located on the sideline behind the scorer's table.
AMBULANCE ACCESS:

(1) Jeffery Field: Primary access is from the east directly off of University Drive. Secondary access from Park Avenue turning south into parking facilities and access the field from the east.

(2) Little Jeffery Practice Field: Access to field is the same as above. Proceed to the south end of Jeffery Field.
(3) Holuba Hall: Primary access is from the east directly off of University Drive. Secondary access is from the west side of the building located behind EALR, adjacent to the Sarni Tennis Center.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Softball
Pennsylvania State University Softball
University Park PA 16802
Training & Practice Facilities

SPORTS MEDICINE PERSONNEL

Andra Thomas, ATC  Staff Athletic Trainer  814-777-1438
Bobbi Millard, MD  Primary Care Physician  814-883-2997
Wayne Sebastianelli, MD  Orthopedic Surgeon  814-777-7175

PHONES

Beard Softball Complex:  Athletic training room  814-863-0651
Holuba Hall:  Athletic training room  814-865-0899
Multisport Building:  Athletic training room  814-865-8884

EMERGENCY EQUIPMENT:

Emergency equipment is located in the softball stadium and/or stored in the medical van.

FACILITIES:

Games and practices:  Softball Field
Practice in inclement weather:  Holuba Hall or Multisport Building.
(1) **Softball Field**: Primary access is from the Snyder Hall access road to the Right Field outfield fence. Secondary access is from the Snyder Hall access road to the Team Office entrance. This entrance gains can access to the facility and building structures.

**AMBULANCE ACCESS:**
(2) Holuba Hall: Primary access is from the east directly off of University Drive. Secondary access is from the west side of the building located behind EALR, adjacent to the Sarni Tennis Center.

(3) Multi-Sport Building: Primary access is via north side of building. Enter building at the northeast corner through main doors or garage doors. Secondary access via the south entrance of the building located off the access road from University Drive. Entrance is through the garage door located on the southeast corner of the building.
Emergency Action Plan
Swimming & Diving
Sports Medicine Personnel:

Brandon Hall, MS, ATC  Staff Athletic Trainer  814-777-8295
Bobbi Millard, MD  Primary Care  814-883-2997
Dov Bader, M.D  Orthopedic Surgeon  814-380-8803

Phones:

East Area Locker Room:  Athletic training room  814-865-8297
McCoy Natatorium  814-865-1432 (Ext 7)

Facilities

All practices and meets are located at the McCoy Natatorium (indoor and outdoor pools)

Emergency Equipment

Emergency equipment is located poolside inside McCoy Natatorium
AMBULANCE ACCESS

McCoy Natatorium - Primary access from Bigler Road turn into service road located on the south side of the Natatorium and access pools directly. Secondary access is through the main doors of the building facing Bigler Road.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Tennis
Pennsylvania State University Men's and Women's Tennis
University Park PA 16802
Training & Practice Facilities

SPORTS MEDICINE PERSONNEL

Brad Sammut, ATC  Graduate Assistant AT  586-206-4397
Dave Brajuha, MS, ATC  Staff Athletic Trainer  814-441-9218
Katie Gloyer, MD  Primary Care  814-321-3564
Wayne Sebastianelli, MD  Orthopedic Surgeon  814-777-7175

PHONES

Indoor Tennis Center:  814-865-1351
Sarni Tennis Center  814-865-3430
Holuba Hall: Athletic training room  814-865-0899

EMERGENCY EQUIPMENT:

Emergency equipment for practices and competitions are located in the East Area Training Room.

FACILITIES

Practices and matches:  Sarni Tennis Center or the outdoor courts adjacent to the Penn State Indoor Tennis Center

Inclement weather:  Penn State Indoor Tennis Center
AMBULANCE ACCESS:

(1) Sarni Tennis Center - Primary access from Bigler Road proceed east to center. Secondary access is from the west side of the building, follow McKean Road and walking paths north of Nittany Apartments.

(2) Penn State Tennis Center - Access via McKean road off of Hastings Roads. Center is located adjacent to parking lot.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Track & Field
Pennsylvania State University Men's & Women's Track & Field

University Park PA 16802
Training & Practice Facilities

SPORTS MEDICINE PERSONNEL

Mike Gay, PhD, ATC Staff Athletic Trainer 814-777-1437
Kevin Anderson, ATC Staff Athletic Trainer 717-314-7378
Bobbi Millard, MD Primary Care 814-883-2997
Peter Seidenberg, MD Primary Care 814-321-7437
Wayne Sebastianelli, MD Orthopedic Surgeon 814-777-7175

PHONES

Ashenfelter Multi-Sport Facility
Athletic Training Room 814-865-8884
Front Lobby 814-865-8883

Outdoor Track
An emergency blue phone is located at the main entrance to the track

EMERGENCY EQUIPMENT

Emergency equipment is located in the Athletic Training Room of the Multi-Sport Building, but is brought to the track during competitions.
AMBULANCE ACCESS

(1) Outdoor Track - Primary access off of South Porter Road onto Hastings Road with access to the main gate. Secondary access is from University Drive proceeding east on Hastings Road.

(2) Multi-Sport Building: Primary access is via north side of building. Enter building at the northeast corner through main doors or garage doors. Secondary access via the south entrance of the building located off the access road from University Drive. Entrance is through the garage door located on the southeast corner of the building.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Volleyball
Pennsylvania State University Women's and Men's Volleyball

University Park PA 16802
Training & Practice Facilities

Men's Volleyball

SPORTS MEDICINE PERSONNEL

Scott Campbell, MS, ATC Staff Athletic Trainer 814-308-4383
Kara Saylor, ATC Graduate Assistant AT 724-882-0335
Bobbi Millard, MD Primary Care Physician 814-883-2997
Dr. Wayne Sebastianelli, MD Orthopedic Surgeon 814-777-7175

Women's Volleyball

SPORTS MEDICINE PERSONNEL

Scott Campbell, MS, ATC Staff Athletic Trainer 814-308-4383
Kara Saylor, ATC Graduate Assistant AT 724-882-0335
Katie Gloyer, MD Primary Care 814-321-3564
Dr. Wayne Sebastianelli, MD Orthopedic Surgeon 814-777-7175

PHONES

**There are no phones in the South or Main Gymnasium (cell phones only)**

Recreation Hall:
Athletic Training Room (147) 814-867-0476
Equipment Room (144) 814-865-2723
Strength and Conditioning 814-863-3937

EMERGENCY EQUIPMENT

Emergency equipment for practices is kept in the Recreation Hall Athletic Training Room (Rm.147).

Emergency equipment for matches will be kept near courtside in the Main Gym or South Gym.
FACILITIES

Practices and Games: Recreation Hall Main Gym or South Gym

AMBULANCE ACCESS

(1) Recreation Hall - Main Gym: Primary access is through the handicap entrance of the building on the east side, directly off of Burrows Street and to the left of the main entrance on the east side. *Secondary access* is from the west side of the building via North Atherton Street.
(2) Rec Hall - South Gym: Primary Access is through the parking lots located along the south and east part of the building. Secondary Access is along the south and west sidewalk by the student fitness facility off North Atherton Street.
The Pennsylvania State University

Department of Intercollegiate Athletics
Athletic Training & Sports Medicine

Emergency Action Plan
Wrestling
Pennsylvania State University Wrestling

University Park PA 16802
Training & Practice Facilities

SPORTS MEDICINE PERSONNEL

Daniel Monthley, MS, ATC  Staff Athletic Trainer  814-441-0452
Phil Bosha, MD  Primary Care  814-777-0793
Paul Sherbondy, MD  Orthopedic Surgeon  814-883-9405

PHONES

Recreation Hall:
Lorenzo Wrestling Complex (Wrestling Rm.)  814-865-1094
Athletic Training Room (147)  814-865-2052
Equipment Room (144)  814-865-2723
Strength and Conditioning  814-863-3937
Fitness Center  814-867-1222

EMERGENCY EQUIPMENT

Emergency equipment for practices is kept in the Recreation Hall Athletic Training Room (Rm.147).
Emergency equipment for matches will be brought ringside in the main gym.

FACILITIES

Practices:  Lorenzo Wrestling Complex - Recreation Hall
Matches:  Main Gym - Recreation Hall
(1) Recreation Hall Main Arena: Primary access is through the handicap entrance of the building on the east side, directly off of Burrows Street and to the left of the main entrance on the east side. Secondary access is from the west side of the building via North Atherton Street.

(2) Recreation Hall: Lorenzo Wrestling Complex - Primary access off of Burrows Street, Enter building at loading docks or enter building at the Biomechanics parking lot. Proceed between Recreation Hall and Fraternity house; enter at the Lorenzo Wrestling complex Doors. Secondary access off of North Atherton Street, enter the building form the west side.
APPENDIX A

GOODSAMARITAN ACT
NONMEDICAL GOODSAMARITAN CIVIL IMMUNITY

Section 8332 of Title 42, Act of November 25, 1970 known as the Pennsylvania Consolidated Statues, as amended in 1978 reads:

General Rule. Any person who renders emergency care, first aid or rescue at the scene of an emergency, or moves the person receiving such care, first aid or rescue to a hospital or other place of medical care, shall not be liable to such person for any civil damages as a result of any acts or omissions in rendering the emergency care, first aid or rescue, or moving the person receiving the same to a hospital or other place of medical care, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the person receiving the emergency care, first aid or rescue or being moved to a hospital or other place of medical care.

EXCEPTIONS:

1. This section shall not relieve a driver of an ambulance or other emergency or rescue vehicle from liability arising from operation or use of such vehicle.
2. In order for any person to receive the benefit of the exemption from civil liability provided for in subsection (a), he shall be, at the time of rendering the emergency care, first aid or rescue to a hospital or other place of medical care, the holder of a current certificate evidencing the successful completion of a course in first aid, advance life saving or basic life support sponsored by the American National Red Cross or the American Heart Association or an equivalent course of instruction approved by the Department of Health in consultation with a technical committee of the Pennsylvania Emergency Health Services Council and must be performing techniques and employing procedures consistent with the nature and level of the training for which the certificate has been issued.

COMMENT;

Persons who perform procedures not specifically covered in the former mentioned training programs would NOT be covered by the Good Samaritan Law; and therefore, liable for prosecution.

Some specific skills NOT covered would include:

USE OF A BAG MASK RESUSCITATOR, ADMINISTERING OXYGEN, USE OF SUCTION, USE OF ORTHOPEDIC STRETCHERS, Restraining Patients, USE OF HARE TRACTION, PERFORMANCE OF CPR WITHOUT A CURRENT CERTIFICATION IN BASIC LIFE SUPPORT FROM THE AMERICAN HEART ASSOCIATION OR AMERICAN RED CROSS, INSERTION OF ANY EXTERNAL ADJUNCTIVE AIRWAY EQUIPMENT AND USE OF M.A.S.T. PANTS.
§ 8331.2. Good Samaritan civil immunity for use of automated external defibrillator

(A) GENERAL RULE.-- Except as otherwise provided in this section, any individual who is trained to use an automated external defibrillator in accordance with subsection (c) and who in good faith uses an AED in an emergency shall not be liable for any civil damages as a result of any acts or omissions by such individual in using the AED, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the individual receiving the AED treatment.

(B) REQUIREMENTS.-- Any person who acquires and maintains an AED for use in accordance with this section shall not be liable for civil damages provided that the person:

(1) Ensures that expected AED users receive training pursuant to subsection (c).
(2) Maintains and tests the AED according to the manufacturer's operational guidelines.
(3) Provides instruction requiring the user of the AED to utilize available means to immediately contact and activate the emergency medical services system.
(4) Assures that any appropriate data or information is made available to emergency medical services personnel or other health care providers as requested.

(C) TRAINING.-- For purposes of this section, expected AED users shall complete training in the use of an AED provided by the American National Red Cross or the American Heart Association or through an equivalent course of instruction approved by the Department of Health in consultation with a technical committee of the Pennsylvania Emergency Health Services Council.

(D) OBSTRUCTION OF EMERGENCY MEDICAL SERVICES PERSONNEL.-- Nothing in this section shall relieve a person who uses an AED from civil damages when that person obstructs or interferes with care and treatment being provided by emergency medical services personnel or a health professional.

(E) EXCEPTION.-- Any individual who lacks the training set forth in subsection (c) but who has access to an AED and in good faith uses an AED in an emergency as an ordinary, reasonably prudent individual would do under the same or similar circumstances shall receive immunity from civil damages as set forth in subsection (a).

(F) DEFINITIONS.-- As used in this section, the following words and phrases shall have the meanings given to them in this subsection:

"AUTOMATED EXTERNAL DEFIBRILLATOR " or " AED ." A portable device that uses electric shock to restore a stable heart rhythm to an individual in cardiac arrest.

"EMERGENCY ." A situation where an individual is believed to be in cardiac arrest and in need of immediate medical attention to prevent death or serious injury.

"GOOD FAITH ." Includes a reasonable opinion that the immediacy of the situation is such that the use of an AED should not be postponed until emergency medical services personnel arrive or the person is hospitalized.
APPENDIX
B

DIRECTIONS
AND MAPS
DIRECTIONS:

Located just east of the Pennsylvania State University campus, proceed on East Park Avenue to Hospital Drive. Turn right onto Hospital Drive and proceed to the Medical Center.

** In some emergency situations persons may be transported to the Penn State Milton S. Hershey Medical Center. In that event directions to the Med Center are included.
Directions from Mt. Nittany Medical Center to Penn State Hershey Medical Center:

<table>
<thead>
<tr>
<th>Directions</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Est. Time:</strong> 1 hour, 48 minutes <strong>Total Est. Distance:</strong> 99.15 miles</td>
<td></td>
</tr>
<tr>
<td><strong>1:</strong> Start out going NORTHEAST on E PARK AVE.</td>
<td>0.1 miles</td>
</tr>
<tr>
<td><strong>2:</strong> Merge onto US--322 E toward LEWISTOWN.</td>
<td>83.8 miles</td>
</tr>
<tr>
<td><strong>3:</strong> Merge onto I--81 N / US--322 E toward I--83 / HERSHEY / HAZELTON.</td>
<td>2.7 miles</td>
</tr>
<tr>
<td><strong>4:</strong> Merge onto I--83 S / US--322 E via EXIT 70 toward HERSHEY / YORK / PENNA TURNPIKE.</td>
<td>3.5 miles</td>
</tr>
<tr>
<td><strong>5:</strong> Merge onto US--322 E via EXIT 47 toward HERSHEY / DERRY ST / PAXTON ST.</td>
<td>7.7 miles</td>
</tr>
<tr>
<td><strong>6:</strong> Merge onto US--422 E.</td>
<td>0.9 miles</td>
</tr>
<tr>
<td><strong>7:</strong> Turn LEFT onto UNIVERSITY DR.</td>
<td>&lt;0.1 miles</td>
</tr>
<tr>
<td><strong>8:</strong> End at Penn State Hershey Medical Center: 500 University Dr, Hershey, PA 17033, US</td>
<td></td>
</tr>
</tbody>
</table>
Maps from Mt. Nittany Medical Center to Penn State Hershey Medical Center

Mt. Nittany Medical Center
1800 East Park Avenue
State College, PA 16803

Hershey Medical Center
500 University Drive
Hershey, PA 17033
APPENDIX C

TRAGEDY MANAGEMENT PLAN
ICA TRAGEDY MANAGEMENT PLAN 2012-13
Pennsylvania State University
Policy: Serious Injury or Death of a Student-Athlete

With the serious injury or death of any young person comes extremely difficult and emotional times for family and friends. In cases involving the serious injury or death of a student-athlete, it presents similar effects on family, friends, coaches, teammates, administrative support staff, the university and local communities. With any tragic event, it is necessary to have a plan in place that can assist in providing structure for first responders and can deal with the after-effects of such a tragedy. The following guidelines should be followed with the understanding that any serious injury or loss will present unique situations that will require sensitivity and compassion from everyone involved. Please have these guidelines available at all times when supervising practices, training sessions or competitions.

Family Notification

Family and Next of Kin - Notification of the student-athlete’s family in the case of a serious injury or the next of kin in the event of a death, as a result of an incident occurring on a Penn State Campus, is governed generally by PSU Policy SY03.

When the serious injury or death of a student-athlete occurs on campus, the responsibility for notifying the family or next of kin will be determined at the time of the incident by the appropriate parties. In these situations, the police and/or coroner will be in-charge of the situation until the investigation is completed. The coroner will determine the most appropriate person to notify the next of kin and the means of making such notification. This notification may be made by the hospital staff, police, coroner, or in some cases, a representative of the Athletics Department or other University official.

When the serious injury or death of a student-athlete occurs away from campus, the responsibility for notifying the family or next of kin will be determined at the time of the incident by the local police and/or presiding coroner in cooperation with the Director of Athletics, Vice President of Student Affairs, and other University officials.

Notification of University Officials

The University official who is first to arrive on the scene, should accept responsibility for notifying University Police Services if a tragedy occurs on a University campus so they can assist in setting in motion university service personnel and provide security at the scene. In addition, the same University official should communicate information immediately to The Director of Intercollegiate Athletics. The Director of Athletics and/or his designee should assume responsibility for notifying the appropriate individuals listed below:

- University President and the Department of Public Information.
- Head Coach - disseminates information to staff.
- Vice President for Student Affairs or Assistant Vice President for Student Affairs - notified immediately of all emergencies involving students. Responsible for coordinating the efforts made by the University to assist the student, the student's family and other students affected by the situation.
- Athletic Team Administrator - notifies support staff and head coaches from other sports and coordinates university support services (CAPS, Sport Psychologist, Academic Counselor, etc.).
- Director of Athletic Medicine - provides support to family members and ensures that they are receiving and understanding medical information communicated by treating physicians.
- Head Trainer - communicates with athletic training staff and assists with medical or psychological issues resulting from the tragedy.
- CAPS - provides counseling support.
- Sport Psychologist - coordinates with the Director of CAPS and provides additional counseling.
- Team Academic Counselor - provides general support to the team.
- Faculty Athletics Representative - communicates directly with faculty and handles any academic related issues that arise as a result of the situation.
- Senior Vice President for Finance & Business/Treasurer - consults with Director of Athletics.
- Police Services - provides security at the scene, investigates the death of any Penn State student and assists the county coroner.

Every effort should be made to have personal contact with every student-athlete and team support staff as quickly as possible. The negative impact and trauma that can result from a team member first hearing of a serious injury or the unexpected death of a teammate through the media is immeasurable. The coaching staff should call an immediate team meeting with the assistance from the Team Physician, Athletic Administrator and Director of Athletics (if possible). A counselor from CAPS and/or a Student Affairs representative should also be included in this meeting if possible.
**IMPORTANT:** Any Statement made to the media should be directed by the Director of Athletics and channeled through sports information in coordination with the University's Department of Public Information.

After the immediate need for action has passed, the Director of Athletics and/or his designee should notify The University's Office of Risk Management which will provide insight and assistance with University Insurance and the NCAA Catastrophic Program. Risk Management officials can then determine whether the University's Legal Counsel should be consulted to address any legal issues which may arise.

**Crisis Support and Family Assistance**

Students and staff should be offered counseling support immediately and over an extended period of time to aid with post-traumatic stress caused by the tragedy.

**Agencies that have offered support in the past:**

- Affiliated Churches
- Counseling and Psychological Services (CAPS)
- Sport Psychologist
- Sports Medicine

After all the appropriate students and staff have been notified and counseling has begun, a special administrative team will be assembled by the Director of Athletics to decide how to begin providing assistance to the family. This administrative team will generally include the Director of Athletics, Head Coach, Athletic Team Administrator, University General Counsel, Sports Information, University Public Information and others appointed by the Director of Athletics. When possible, this team should also include the Vice President for Student Affairs or designee.

The circumstances of the event will determine the type of family assistance that can be extended and will vary from case to case. However, every effort will be made to be sensitive and responsive to the needs of the family. Any use of University funds must be approved by the Director of Athletics in compliance with University, Conference and/or NCAA rules/policies.

**Applicable NCAA Rule**

**NCAA BYLAW 16.6.1.3 - Life Threatening Injury or Illness:** The institution may pay transportation, housing and meal expenses for parents (or legal guardians) and the spouse of a student-athlete and for the student-athlete's teammates to be present in situations in which a student-athlete suffers from a life-threatening injury or illness, or, in the event of a student-athlete's death, to provide these expenses in conjunction with funeral arrangements.

**For additional information, please contact:**

David Joyner  
Acting Athletic Director  
814-865-1086  
dmj14@psu.edu
APPENDIX D

SPINAL INJURY PROTOCOL
Pennsylvania State University Sports Medicine  
Spine Injury Management Protocol

**General Guidelines**
- Any athlete suspected of having a spinal injury should initially not be moved and should be managed as though a spinal injury exists. C-spine in-line stabilization should be maintained.
- The primary acute treatment goals are to ensure that the cervical spine is immobilized in neutral and vital life functions are accessible. The athlete's airway, breathing, circulation, level of consciousness (AVPU) and neurological status should be assessed. If airway is impaired, maintain c-spine in-line stabilization simultaneously with airway using a modified jaw thrust maneuver. If the athlete's breathing is inadequate, assist ventilations with bag-valve-mask and supplemental oxygen.
- During initial assessment, the presence of any of the following, alone or in combination, requires the initiation of the spine injury management protocol: unconsciousness or altered level of consciousness, bilateral neurological findings or complaints, significant midline spine pain with or without palpation, or obvious spinal column deformity.
- EMS should be activated.
- The athlete should not be moved until immobilized unless absolutely essential to maintain airway, breathing and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization.
- In a situation where it may not be appropriate for on-site medical personnel to transfer the athlete to a long spine board prior to EMS arrival (lack of enough qualified help or other factors), the rescuer(s) should maintain in-line stabilization, place a rigid cervical collar on (if possible), and continue to monitor baseline vital signs and complete secondary evaluation while awaiting EMS.

**Spine Immobilization**
- If the spine is not in a neutral position, rescuers should realign the c-spine to minimize secondary injury to the spinal cord and to allow for optimal airway management. However, the presence or development of any of the following, alone or in combination, represents a contraindication for moving the c-spine to neutral position:
  - Movement causes increased pain, neurological symptoms, muscle spasm or airway compromise;
  - Resistance is encountered during the attempt at realignment; or
  - The athlete expresses apprehension.
- If possible, a correctly sized rigid cervical collar should be placed on athlete prior to moving.
- When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit by securing the athlete to a long spine board. Either the log-roll or lift-and-slide maneuver should be used to place the athlete on the long spine board. It is ideal that at minimum three (3) rescuers with preferably five to six (5-6) be in place to perform the log roll procedure and that at minimum five (5) rescuers with preferably six to eight (6-8) be in place to perform the lift-and-slide procedure.
- The rescuer controlling c-spine stabilization will be in command of log roll or lift-and-slide maneuvers and long spine board immobilization.
- Once positioned onto long spine board, the athlete's torso and legs should first be secured, using spider straps or speed clips (if speed clips are used, ideally 7 straps should be applied: 2 crossing chest from shoulder to opposite axilla, one across chest under axilla, 1 across the abdomen, 1 across the pelvis, 1 across the mid thighs and 1 across the mid tibias). Athlete's arms should be left free from long spine board straps to facilitate vital sign monitoring and IV access. Athlete's wrists may be secured together in front of the body with velcro strap or tape once secured to long spine board.
- Once torso and legs are secured, the head should be secured last. If necessary, padding should be applied under the athlete's head to fill any voids and maintain neutral in-line position. The head should be secured with lateral restraint pads and then secured to board with tape over forehead and at chin.
- Following securing athlete to board, neurological status should be reassessed.
• The secondary survey should be completed with baseline vital signs (reassessed regularly), head-to-toe survey, and SAMPLE history.
• Athlete should be transported to the most appropriate emergency medical facility and the Tragedy Management Plan activated
• A member of the Pennsylvania State University sports medicine staff should accompany the athlete in the ambulance and have a previously agreed upon protocol to assist with equipment removal at the emergency facility.

Additional Guidelines For Care of Spine-Injured Football Athlete
• The facemask should be removed prior to transportation, regardless of current respiratory status. Tools for facemask removal (power screwdriver, FM Extractor, Anvil Pruners, or ratcheting PVC pipe cutter) should be readily accessible. If possible, consideration should be given to the use of quick release facemask clips to facilitate facemask removal.
• The facemask should be completely removed from the helmet, rather than being retracted.
• Consideration should be given to the possibility of equipment removal on site prior to transport, where more rescuers familiar with equipment removal may be available versus the emergency facility and the athlete may be better immobilized without equipment as barrier. Removal of helmet and shoulder pads on site is appropriate when:
  o the helmet is not properly fitted to prevent movement of the head independent of the helmet;
  o the equipment prevents neutral alignment of the cervical spine;
  o the equipment prevents airway or chest access; or
  o the trained rescuers on site feel based upon the individual circumstances, on site equipment removal is indicated.
• If the helmet is removed, spinal immobilization must be maintained while removing. Dependent upon the type of football helmet worn, it may be appropriate to remove cheek padding and/or deflate air padding prior to helmet removal.
• Shoulder pads do not necessarily have to be removed on site. The front of the shoulder pads can be opened to allow access for CPR and defibrillation.
• Should either the helmet or shoulder pads be removed - or if only one of these is present- appropriate spinal alignment must be maintained.

Procedures for Training in Spine Immobilization:

On at least an annual basis, personnel should review signs and symptoms of spine injury and complete a training session each year with in-line stabilization, rigid cervical collar application, log roll maneuver, and long spine board packaging. Additionally, personnel providing football medical coverage should review facemask removal with appropriate tools, helmet removal and shoulder pad removal.
APPENDIX

CONCUSSION
PROTOCOL
Pennsylvania State University Sports Medicine
Concussion Protocol

Collegiate sports will be divided into 2 groups: Low risk or At Risk for concussion.

**Low risk sports:** Track and Field (not including pole vault), Fencing, Golf, Tennis, Swimming

**At Risk Sports:** Baseball, Softball, Pole vault, Diving, M/W Volleyball, Field hockey, Gymnastics, Cheerleading, Football, M/W Basketball, M/W Soccer, M/W Ice Hockey, M/W Lacrosse, Wrestling, Rugby

**Neuropsychological (NP) baseline testing:** All NCAA sports will utilize baseline NP testing. Low risk sports will utilize SCAT 2 as baseline testing. At risk sports will utilize ImPACT computerized testing.

**Repeating baseline NP testing:** All athletes suffering a concussion will retake NP testing prior to full clearance back to competitive sport. The timeline that the testing is performed may vary. Typically NP testing will be performed after the patient is asymptomatic. There are some cases, when directed by the team physician, that NP testing should be repeated earlier to help document severity of injury. In difficult or inconclusive cases, the evaluation by other formalized NP testing or additional expert consultation may be utilized when directed by the team physician.

**Return to play protocol:** The athlete may begin the return to play protocol when cleared by the team physician. Differences between sports will exist when participating in sports specific drills and training but the pattern should be the same for all athletes, independent of sport.

**Sideline assessment of injury:** SCAT 2 will be used to assess injury on the field.

**Return to Play Protocol: 24 hour minimum between stages**

Step 1: No activity, complete rest
Step 2: Light aerobic exercise (walking, stationary cycling keeping intensity <70% MPHR); no resistance training
Step 3: Sports specific exercise (i.e. skating in hockey, running in soccer); No head impact activities
Step 4: Non-contact training drills; Progression to more complex training drills (e.g passing drills in football and ice hockey). May start progressive resistance exercise allowed
Step 5: Full contact training Step
6: Game play-full clearance

**Strength Training:** When cleared to participate in strength training, the advancement of the strength training progression will be at the discretion of the athletic trainer and/or the team physician. An example is found below:

*Phase 1 - Med ball, bands and body weight exercises*

*Phase 2 - Progress to Med ball, bands and 50% max weight or less of past training loads w/ 1min rest between sets.*

*Phase 3 - Mainstream workout based on time of year and cut volume down ½ to 1/3 of protocol workout. Load should be 50-75% or less training loads. Med balls, bands and body weight exercises still okay. Rest should be 1 minute between sets.*

**Note for all phases:** Stop with any adverse signs or symptoms. Regular reps only. No forced reps/no SS-Negatives and no isometrics. Hydrate/Flexibility (All Vertical) during rest periods with extra emphasis with breathing.
APPENDIX F

ORTHOPEDIC INJURY PROTOCOL
Pennsylvania State University Sport Medicine
Orthopedic Emergency Injury Protocol

Initial Evaluation

The primary goals of the initial orthopedic evaluation are to 1) determine whether or not a true orthopedic emergency is present, 2) begin appropriate treatment, and 3) determine the mode of transport for emergencies or routine extremity trauma.

Evaluation of neurovascular status is the first step in the initial evaluation. Distal pulse, motor, sensation, and capillary refill (PMSC) should be assessed with any deficiencies and/or changes noted. Visual inspection for deformity and palpation for deformity and point tenderness should be performed, followed by evaluation for gross joint instability. Clinical tests for suspected long bone fractures such as torque, compression and percussion may be utilized as appropriate by the athletic trainer. Application of Initial Evaluation splints for fracture or gross joint instability is the final step prior to transport. If splints are applied to an extremity injury, PMSC should be evaluated both before and after placement of splints.

* Never allow in obvious orthopedic injury to distract from an underlying injury or illness which may be life-threatening.

Orthopedic Emergencies

The increased incidence of bleeding, neurovascular compromise, and treatment complications resulting from infection classify open fractures and/or dislocations as a true orthopedic emergency. Open fractures and dislocations should have a sterile, moist compressive dressing applied as rapidly as possible. *The dressing should be soaked in Betadine and applied to the open wound. If Betadine is not available, saline solution should be used.* As with any open wound, direct pressure should be used to control major bleeding. If direct pressure does not stanch the flow of blood, arterial pressure points should be used. Tourniquets should not be applied to control bleeding. Treatment should then be identical to that of a closed fracture with immediate transport to the closest appropriate emergency facility by ambulance.

The athletic trainer must also be aware of internal hemorrhage. Occult hemorrhage into the pelvis or femur fracture can account for significant blood loss.

Large joint dislocations (shoulder, elbow, hip, knee and ankle) constitute an orthopedic emergency. Special attention should be given to knee and elbow dislocations as well as dislocations of the sterno-clavicular joint. These most commonly result in neurovascular complications, necessitating emergency management.

Delay in treatment of fractures and dislocations with neurovascular compromise may lead to disastrous consequences including loss of limb and even death. Immediate reduction or realignment by a physician should be performed. If a physician or an emergency facility is not readily available, the athletic trainer may attempt these maneuvers to restore circulation as a part of emergency medical care in a potentially life- or limb-threatening situation. This procedure may be performed by athletic training staff who:

1. are emergency medical technician-intermediates (EMT-I) and have large joint dislocation reduction training;

2. have verbal orders from the team physician in regards to joint reduction after consulting regarding patient's current signs and symptoms and medical history. If, however, in the clinical opinion of the ATC, the athlete is in a life- or limb-threatening situation that would benefit from joint reduction and a MD verbal order is not immediately available then the ATC should call 911 and may attempt to reduce the dislocation. If
unable to reduce, the athletic trainer should immobilize the joint in the position found, continue to monitor PMSC, and immediate transport to the closest appropriate emergency facility by ambulance.

**Splinting Guidelines**

General rules to follow during the application of a splint include:

- Splinting is useful in emergency situations, for decreased pain, and to allow for easier transport.
- Deformity, gross instability, or crepitus is an indication for immediate splinting, and prompt referral of an unstable joint to an orthopedic surgeon is necessary.
- Assess neurovascular status (PMSC) prior to and after the application of a splint;
- Cover all wounds with sterile compressive dressings prior to the application of a splint;
- Pad the splint to prevent local pressure;
- Immobilization of the joint above and below a fracture or dislocation will decrease movement at the injury site;
- Splinting can be performed in the position of deformity but with experience limb alignment may be helpful
- "When in doubt, splint”.

**Splinting of Orthopedic Injuries**

Splints are used to decrease pain, increase ease of transportation, to prevent closed fracture from becoming open, to minimize damage to nerves, muscles and blood vessels, and to prevent movement at fracture sites or in the presence of gross instability. The basic rule of splinting is to splint in the position of function. With experience or in the presence of a physician, limb realignment before the application of a splint is acceptable.

There are three basic types of splint:

**Rigid splints** are useful with non-aligned fractures or in the presence of gross instabilities of joints.

**Vacuum splints** consist of a fabric or vinyl splint containing small styrofoam beads. The splint is placed on the extremity and secured with straps. A pump is attached and the air is drawn from the splint, compressing the beads together and creating a hard splint conformed to the extremity. Vacuum splints are versatile because of their adaptability to the position of the injured extremity.

**Air splints** consist of vinyl splinting bladder and air stem. The splint is placed over the extremity and secured with a zipper. A pump or individual inflate the splint through the air stem, compressing and splinting the involved extremity. Air splints are convenient due to their compact size as well as transparent to allowing for viewing injuries.
APPENDIX G

EXERTIONAL HEAT ILLNESS PROTOCOL
Pennsylvania State University Sports Medicine
Exertional Heat Illness Protocol

It is standard procedure for the wet-bulb globe temperature (WBGT) and heat index readings to be periodically measured on a consistent basis in an effort to gauge weather conditions for susceptibility to heat stress/illness. Of these measures, we rely primarily on the WBGT readings for the purpose of enforcing the National Athletic Trainers' Association (NATA) position statement on Exertional Heat Illness.

Empirical evidence lends that there is no absolute cutoff temperature for which heat stress/illness is not a risk. In fact, with the culmination of environmental and non-environmental variables, heat stress/illness can occur at virtually any temperature, hence, our reliance on enforcing the NATA Exertional Heat Illness recommendations.

**Recognition of Heat Stroke**

The ability to rapidly and accurately assess core body temperature and CNS functioning is critical to the proper evaluation of exertional heat stroke. Medical staff should be properly trained and equipped to assess core temperature via rectal thermometer when feasible.

Most critical criteria for determination are 1) hyperthermic (rectal temperature > 104F) immediately post-incident and 2) CNS dysfunction (altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, hysteria, apathy).

Other possible salient findings include nausea, vomiting, diarrhea, headache, dizziness, weakness, hot and wet or dry skin (important to note that skin may be wet or dry at time of incident), increased heart rate, decreased blood pressure, increased respiratory rate, dehydration, and combativeness.

Aggressive and immediate whole-body cooling is the key to optimizing treatment of exertional heat stroke. The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiologic changes resulting in fatal consequences may occur within vital organ systems (e.g., muscle, heart, brain, etc.).

**Emergency Treatment of Heat Stroke**

Immediate whole-body cooling is the best treatment for exertional heat stroke and should be initiated within minutes post-incident. It is recommended to cool first and transport second if onsite rapid cooling is possible. Cooling can be successfully verified by measuring rectal temperature. If onsite cooling is not an option, the athlete should be immediately transferred to the nearest medical facility.

The following procedures are recommended if exertional heat stroke is suspected:

1. remove clothing and equipment
2. move athlete immediately to air-conditioned facility or shaded area if possible
3. cool athlete immediately by one of the following methods:
   - immerse athlete in tub of cold water; stir water and, if necessary, add ice throughout cooling process
   - place ice bags or ice over as much of body as possible, cover body with cold towels (replace towels frequently), fan body or spray with cold water
4. monitor ABCs, core temperature, and CNS (cognitive, convulsions, orientation, consciousness, etc.)
5. place an intravenous line using normal saline (if appropriate medical staff available)
6. cease aggressive cooling when core temperature reaches approximately 101F; continue to monitor
7. transport athlete to nearest emergency medical facility
* Ice/cold water immersion has proven to have superior cooling rates to other modes. However, oftentimes with heat stroke the athlete is unresponsive. This may complicate airway management and other emergency interventions if the athlete is immersed in water. The medical staff should make the decision on the most feasible mode of cooling based upon athlete's physical presentation. Choice of cooling modes may also be dependent on other factors, such as size limitations, availability of cooling options and maintaining safety of athlete.

**Recognition of Heat Exhaustion**

Most critical criteria for determination are:
1) athlete has obvious difficulty continuing intense exercise in heat,
2) lack of severe hyperthermia (usually < 104F) and
3) lack of severe CNS dysfunction. If any CNS dysfunction is present, it will subside quickly with treatment and as activity is discontinued.

Other possible salient findings include physical fatigue/dizziness, dehydration and/or electrolyte depletion, ataxia and coordination problems, syncope, profuse sweating, pallor, headache, nausea, vomiting, diarrhea, stomach/intestinal cramps, persistent muscle cramps, and rapid recovery with treatment.

**Emergency Treatment of Heat Exhaustion**

The following procedures are recommended if heat exhaustion is suspected:
1) remove athlete from play and immediately move to an air-conditioned or shaded area
2) remove excess clothing and equipment
3) cool athlete
4) have athlete lie comfortably with legs propped above heart level
5) if athlete is not nauseated, vomiting, or experiencing any CNS dysfunction, rehydrate orally with chilled electrolyte drink or water. If athlete is unable to take oral fluids, implement intravenous line using normal saline (if appropriate medical staff is available).
6) monitor heart rate, blood pressure, respiratory, core temperature, and CNS status
7) transport to nearest emergency medical facility if rapid improvement is not noted with prescribed treatment.
APPENDIX

COLD STRESS AND COLD EXPOSE PROTOCOL
It is the standard of the NATA position statement (2008) that states injuries from cold exposure are due to a combination of low air or water temperatures and the influence of wind on the body’s ability to maintain normothermic core temperature, due to localized exposure of extremities to cold air or surface.

The Pennsylvania State University Athletic programs will cancel or suspend all activities if the temperature is 15 degrees or below (factoring in wind chill). At 15 degrees Fahrenheit all activities outdoors will be suspended or cancelled until the WCEI has risen above that temperature.

The NATA position statement and NCAA’s guidelines state it is imperative to consider the following environmental conditions to work in coordination; Wind Chill, Wind Chill Advisory, Wind Chill Factor, Wind Chill Warning, and Blizzard Warning when identifying potential dangerous conditions.

For safety reasons it is strongly recommended to consider the following:

Team physicians, athletic trainers, and coaching staff take in consideration the following Wind Chill Chart and recommendations when considered participating in these dangerous conditions:

- 10-40 degrees Fahrenheit and below: Frostbite can occur in 30 minutes with just 5 mph wind. Please take proper precautions with clothing, and provide opportunities/facilities for re-warming.
- 25 degrees Fahrenheit and below: consider modifying activity to limit exposure or to allow more frequent chance to re-warm.
Recognition of Cold Stress and Cold Exposure

Most common Cold Conditions:

Hypothermia
Signs of mild hypothermia include vigorous shivering, increased blood pressure, core body temperature less than 98.6°F (37.6°C) but greater than 95.6°F (35.6°C), fine motor skill impairment, lethargy, apathy and mild amnesia. Signs of moderate and severe hypothermia include cessation of shivering, very cold skin, depressed vital signs, core body temperature between 90.6°F (32.6°C) and 95.6°F (35.6°C) for moderate hypothermia or below 90.6°F (32.6°C) for severe hypothermia, impaired mental function, slurred speech, unconsciousness and gross motor skill impairment.

Frostbite
The signs and symptoms of superficial frostbite include swelling, redness or mottled gray skin appearance, stiffness and transient tingling or burning. Deep frostbite includes edema, mottled or gray skin appearance, tissue that feels hard and does not rebound, blisters, and numbness or loss of sensation.

Chilblain
Occurs with exposure to cold, wet conditions for more than sixty minutes at temperatures less than 50.6°F (16.6°C). It can be identified by the presence of white patches that turn red, small red bumps, swelling, tenderness, itching and pain.

Consider the following factors that can lead to a cold stress or exposure injury are but not limited to Clothing, Energy/dehydration, fatigue/exhaustion, in-proper warm/up.

Emergency treatment of Cold Stress and Cold Exposure

The following procedures are recommended if a cold related injury/emergency occurs:
1) Remove the athlete from play and immediately move to an indoor or a sheltered area that is away from the elements and is adequately warmer.
2) Re-warm the skin if (frostbite) gently with warm water or with wet heat. DO NOT use direct heat or rub/ massage the area. Bandage the area, and transport to the ER.
3) If Hypothermia is suspected activate the EAP immediately, and monitor ABCs, Pulse, Breathing Rate, Blood Pressure, and Core temperature.

Recognition is crucial when weather holds the potential for the aforementioned conditions increase student-athletes’ susceptibility to cold injury. This policy is based on NCAA guidelines recommendations from nationally certified associations, research and recommendations by others regarding identification of symptoms and procedures to lessen the risk and prevent the likelihood of cold-related illness occurring among its student-athletes. These policies and procedures for risk prevention require a cooperative effort of coaches and athletic training staff working together to enhance the safety of student-athletes.