



TEXAS TECH UNIVERSITY
Department of Intercollegiate Athletics
Operating Policy and Procedure

PREFACE

The information on policies and procedures is intended for the use of Texas Tech University Department of Intercollegiate Athletics. The manual supplements the Texas Tech University Operating Policies and is intended to provide information that will assist athletic department employees with their duties. All employees should benefit from referring to this manual when policy questions arise. It is not intended to list every policy detail of the Department of Intercollegiate Athletics (often referred to as simply as Athletics).

ADDITIONAL SOURCES OF INFORMATION ARE:

- Texas Tech University Operating Policies and Procedures (www.depts.ttu.edu/opmanual)
<http://www.depts.ttu.edu/opmanual>)
- Texas Tech Athletics Compliance Manual
- Texas Tech Student-Athlete Handbook
- Texas Tech Student Affairs Handbook/Code of Student Conduct
<http://www.depts.ttu.edu/studentjudicialprograms/conductcode.php>
- Big 12 Conference Handbook
- NCAA Division I Manual <http://www.ncaa.org/wps/portal/>

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18.0 SPORTS MEDICINE *(Abridged version, see note emergency plans, etc. as an example)*

18.1 Statement of Approval

The Texas Tech University Sports Medicine Policies and Procedures Manual was developed and (last reviewed last in 2010) by a committee of staff of athletic trainers, in collaboration with team physicians. The primary team physicians have carefully reviewed and approved the manual in its entirety. Signed review and approval of the manual by each primary team physician shall be kept on file with the Administration. An addendum to the policy, relating to a second positive result in a drug test, was included with this issuance. The policy and procedure document will be reviewed and updated each summer. The Sports Medicine Department will keep the most up-to-date and complete documents in its offices and any changes or addendums will be reviewed and approved by the Director of Athletics.

18.2 Scope of Practice

"Athletic training" means the form of health care that includes the practice of preventing, recognizing, assessing, managing, treating, disposing of, and reconditioning athletic injuries under the direction of a physician licensed in this state or another qualified, licensed health professional who is authorized to refer for health care services within the scope of the person's license.

The Texas Tech University Athletic Training Staff shall be licensed under the Texas Department of State Health Services by the Advisory Board of Athletic Trainers. With this license, all staff athletic trainers shall practice under the direction of a Texas licensed team physician.

18.3 Sports Medicine Mission Statement

The Texas Tech University Athletic Training Department is committed to delivering the highest quality health care to all of its student-athletes. The certified athletic training staff serves as care givers for student-athletes as well as clinical educators, supervisors, and mentors for athletic training students pursuing both licensure and national certification in athletic training. The staff maintains current in knowledge and skill through participation in regular in-services and attendance at educational conferences annually.

The primary goal of the athletic training staff at Texas Tech is to protect and return the injured student-athlete to sport participation as quickly and safely as possible. The athletic trainer possesses knowledge in injury prevention, injury recognition, evaluation, and assessment; immediate care; and the treatment, rehabilitation, and reconditioning of athletic injuries. Our main objective is to first help prevent athletic injuries from occurring. Recognizing that some injuries are inevitable, our staff is available to render first aid, provide follow-up treatment and rehabilitation, and counsel student-athletes and their parents on available treatment options.

Furthermore, Texas Tech Athletic Training and Sports Medicine personnel strive to deliver current, scientifically sound care to each and every athlete regardless of their sport affiliation, personal team standing, race, gender, sexual orientation, or religious affiliation.

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18.4 Overview of Administrative Policies

I. Pre-participation Physical Examinations. Prior to entrance into any sport, and therein, on an annual basis, all student-athletes are required to have their health evaluated by qualified medical personnel associated with, and part of the Texas Tech Sports Medicine team. This examination will determine the student-athlete's medical clearance to participate in a particular sport, with focus on cardiovascular, respiratory, neurological, and musculoskeletal health.

II. Health Insurance. Individual, parental, or institutional medical insurance coverage for each non-scholarship student-athlete is required to offset expenses resulting from significant injury or illness. The department must be furnished with proof of insurance. No one shall be permitted to participate in practice until this information is provided. Insurance coverage must be kept current at all times while an athlete is participating in an intercollegiate athletic department sport. The athletic training staff must be notified immediately if insurance coverage changes or lapses at any time. Due to the high cost of primary health care insurance to the university athletics program, the department can only carry secondary health coverage. Therefore, the insurance carrier will be billed first as the primary carrier.

Texas Tech University cannot pay for illness or injury to any student athlete that is not caused by or is a result of participating in intercollegiate sports; therefore, these claims will not be covered by the department. In addition, the department will not be responsible for services not provided by or recommended by our own team physicians, staff athletic trainers, and/or Senior Associate Director of Sports Medicine.

III. Preseason Preparation. To protect the student-athlete from premature exposure to the full requirements of any sport, preseason preparation should provide for optimal physical readiness by the first practice.

IV. Acceptance of Risk. Awareness of the potential risks of participating in intercollegiate sports is the basis of the informed consent waiver agreed to by the student-athletes (or, in the case of minors, the additional awareness of parents or parental guardians.)

V. Planning and Supervision. There will be appropriate planning for and supervision of practice, competitive events, and travel to ensure athletic safety.

VI. Minimizing Liability. Responsible administrators, coaches, sponsors, and those individuals governing athletics programs shall accept the responsibility of minimizing the risk of injury and consequent liability.

VII. Equitable Care.

A. This institution shall neither practice nor condone illegal discrimination based on race, creed, national origin, sex, age, disability, social status, sexual orientation or religious affiliation.

B. Medical resource availability and accessibility shall be based on established medical criteria for necessity rather than the sport.

C. The institution shall not place the sports medicine staff in compromising situations requiring them to provide inequitable treatment.

D. Evaluative questions relating to the quality of medical care, with emphasis on equitable treatment, should be incorporated into student-athlete exit interviews (SEE EXIT INTERVIEWS).

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VIII. Equipment.

- a. Those responsible for the purchase of equipment shall be aware of and employ safety standards.
- b. All sports should be attentive to maintaining proper fitting and repair of all equipment.
- c. Student-athletes shall:
 - i. Be informed what equipment is mandatory;
 - ii. Be informed what constitutes illegal equipment;
 - iii. Be provided mandatory equipment;
 - iv. Be instructed to wear mandatory equipment during participation;
 - v. Be instructed on how to properly wear mandatory equipment during participation;
 - vi. Be instructed to notify appropriate coaching staff when equipment becomes unsafe or illegal.

IX. Facilities. The adequacy and condition of competitive areas, as well as warm-up areas and adjacent facilities, shall be periodically examined for safety and efficiency.

X. Blood-Borne Pathogens. The institution shall abide by the OSHA standards that have been adapted to its personnel and facilities.

XI. Emergency Care. Each scheduled practice or contest, including off-season practices and sessions, should follow the established emergency management plan. Please see EMP section.

18.5 Athletic Training Room Policies

I. Injury and Illness Policy. The Texas Tech University Intercollegiate Athletic Department follows the policies set by the NCAA. The athletic department will be responsible for medical services for student-athletes if the student-athlete is injured in practice or a game that was under the coaches' supervision with the coaches or a representative present. The word injury applies only to those ailments that are caused by the participation in practice or a game; for example, the athletic department cannot be responsible for the removal of tonsils or appendix by surgical procedure. The process for securing quality medical aid is as follows:

1. Be honest and direct with the athletic trainers caring for you.
2. Report all injuries and illnesses immediately.
3. During the hours the athletic training room is open, report injuries or illnesses in person to your staff athletic trainer.
4. At night or during hours when the athletic training room is not open, contact your staff athletic trainer.
5. Follow the treatment and rehabilitation plan prescribed. It is your responsibility to advise the athletic trainers if there is any problem or reason why you cannot follow the plan.
6. Report to the athletic training room daily for treatment until you are cleared by the sports medicine staff.
7. Report any change in your condition to a staff athletic trainer.
8. Understand your health problem and the treatment and rehabilitation program to your satisfaction. If you do not understand any part of the program, you need to ask.
9. If you are sent to the doctor, you will be required to take a slip signed by an athletic trainer to present to the doctor. After your visit, you are to return the yellow slip completed by the doctor to the athletic trainer who sent you to the doctor. If you do not take a slip to the doctor or do not return the yellow slip, you will be responsible for the expense.

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10. If the doctor gives you a prescription, you will return that to the athletic trainer and he/she will see that it is filled. If the athletic trainer has not approved a prescription, you will be responsible for the expense.

11. If for any reason you receive a medical bill, return it immediately to the trainer so that it can be addressed.

Athletic Training Room Regulations.

1. All student-athletes who need treatment or taping must be present at the times indicated below before you are to be present on the practice or game field:

- a. 1 hour - for everyone except football, unless otherwise noted
- b. Football - at scheduled time or at least 1 ½ hours before practice

If you are not present at the appropriate time for your sport, it will be assumed you are able and ready for practice that day.

2. Report every injury – no matter how trivial it may seem to you. Do not treat yourself; wait until an athletic trainer can help you.
3. Do not accept treatment from your coach without your athletic trainer being aware.
4. Come to the athletic training room dressed with shorts to receive treatment or to be taped. If it is after practice, shower before coming to the athletic training room.
5. No shoes in the athletic training room.
6. No student-athlete is to operate athletic training equipment.
7. Wait your turn. Not everyone can be helped at once.
8. Taking things from the athletic training room without permission of the athletic trainer is subject to dismissal from the team.
9. If you have a good reason for being in the athletic training room pertaining an injury, BE THERE. Otherwise, the locker room is the place you should be.
10. You are responsible for all special equipment issued to you. If it is not returned, you will be held responsible for its replacement (i.e. wraps, sleeves, crutches, splints, etc.)
11. PROFANITY IS NOT TOLERATED.
12. No tobacco products will be allowed in the athletic training room.

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MEDICAL COVERAGE

1. Medical Coverage at Practices

Staff athletic trainers are to be present at all scheduled practices for the following sports:

Baseball
Men's and Women's Basketball
Football
Soccer
Softball
Men's and Women's Track & Field
Volleyball

Certified athletic trainers are present or available on an "on call" basis for Men's and Women's Golf, Men's and Women's Cross Country, and Men's and Women's Tennis.

2. **Events.** The Texas Tech University Athletic Department requires that a staff athletic trainer and/or team physician be present at all home and away athletic events involving the follow Texas Tech University teams as follows:

Baseball
Men's and Women's Basketball
Football
Soccer
Softball
Men's and Women's Track & Field
Volleyball

A staff athletic trainer is recommended to be present at all home athletic events for the Men's and Women's Cross Country, Golf, and Tennis teams. Team physicians are required to be in attendance at all away football contests. Team physicians travel with other teams on an as needed basis.

3. **Team Travel.** Any traveling athletic team, male or female, may be required to take an athletic trainer. Determining factors can be risk of injury, size of travel squad, length of trip, size of event, and at the discretion of the Senior Associate Athletic Director of Sports Medicine and/or the Athletic Director.

No physician will travel on a regular basis except with football. At the head coach's discretion, a physician may travel with a team as a guest.

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PREPARTICIPATION PHYSICAL

1. Preparticipation physical. This examination should include the following:

- a) Completion of all sports, medical, and insurance forms on the Student Athlete Forms website.
- b) Current immunization history in compliance with CDC guidelines
- c) Physical examination. The physical examination of a student-athlete prior to their clearance for participation shall consist of cardiovascular, respiratory, neurological, and musculoskeletal examinations.

2. Follow-Up Evaluation. Any irregular findings should be followed up according to the recommendations of the examining physician. Subsequent to this evaluation, the student-athlete's health history shall be updated annually. Annual pre-participation examinations are considered necessary with focused attention to certain medical conditions, i.e. returning student athletes with health/injury-related issues.

MEDICAL EXIT INTERVIEW

1. Exit Interview. This process is done at the end of the student-athletes' eligibility to evaluate the need for subsequent treatment of unresolved injuries, and to make sure no new or unreported injuries have occurred to the student-athlete while playing a sport at Texas Tech University. All student-athletes must meet with their team athletic trainer to review their medical history. Failure to do so could lead to forfeit of further medical care.

2. Further Evaluation. As part of the exit interview, the student-athlete or athletic trainer may request an examination by a team physician to determine the status of a previous or current injury. If surgery or further treatment of an athletically-related injury is required, it must be performed as soon as possible, once team eligibility has expired. No procedure will be paid for unless coordinated through the Texas Tech University Sports Medicine Staff. The Texas Tech Athletic Department will not be responsible for any injury or condition that is not documented in the athlete's permanent medical file.

MEDICAL HARDSHIP/DISQUALIFICATION

1. Pre-Existing Conditions. Failure to report pre-existing problems releases the Texas Tech University Athletic Department from any liability, in the event of aggravation or worsening of the initial injury/illness.

At the time of the initial pre-season physical examination, team physicians shall use their discretion in deeming a student-athlete unable to participate in their respective sport at Texas Tech University due to a disabling injury/illness. In this event, the proper steps and documentation shall be taken to prove medical disqualification.

2. Medical Hardship Waivers. In order to demonstrate that an injury or illness prevented competition and resulted in incapacitation for the remainder of the playing season, the staff athletic trainer and team physician need to provide objective documentation to substantiate the incapacitation. Three main components need to be included in such documentation:

- A. Contemporaneous diagnosis of injury/illness;
- B. Acknowledgement that the injury/illness is incapacitating; and
- C. Length of incapacitation.

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Once such documentation has been collected, the team physician and staff athletic trainer shall meet with the Senior Associate Director of Sports Medicine to discuss the injury/illness. The Senior Associate Director of Sports Medicine shall then direct the staff athletic trainer to the compliance department for further instructions. It is the compliance department who has the final decision in the eligibility status of the student-athlete in accordance with the NCAA Rules and Regulations.

3. Medically Disqualifying Injuries/Illnesses. Due to the nature of athletics and the risk of injury/illness, situations may arise when an athlete is not able to participate in a regular season or the remainder of their athletic career at Texas Tech University. Medical disqualification shall be determined by that team physician and the staff athletic trainer for the respective sport.

The proper documentation must be obtained to prove a medical disqualifying injury/illness. See the Medical Hardship Waivers for the components of such documentation, and the procedure to apply for a medically disqualified status.

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MEDICAL EVALUATIONS, IMMUNIZATIONS, AND RECORDS

1. Medical Evaluations. It is the student-athletes' responsibility to report all injuries and illnesses to their staff athletic trainer. Student-athletes seeking medical treatment for an injury or illness are to report to their assigned athletic training room for initial assessments by an athletic trainer. If further evaluation is required, the student-athlete will be given a referral form to be presented at the appropriate medical facility.

2. Immunizations. Student-athletes must provide an updated list of all immunizations at the time of their initial pre-season physical examination. As students of Texas Tech University, student-athletes must fulfill all of the immunization requirements as designated by the university. The athletic department is not responsible for the payment of immunizations.

3. Medical Records. Student-athletes must truthfully and fully disclose their medical history and report any health changes. Records should be maintained throughout the student-athlete's collegiate career and include:

- a. Record of all competitive and off-season illnesses, injuries, medications, allergies, pregnancies and operations;
- b. Referrals for and feedback from consultation, treatment or rehabilitation;
- c. Subsequent care and clearances;
- d. Comprehensive entry-year and annual update health-status questionnaires;
- e. Annual immunization checks. Student-athletes should be immunized for:
 - i. Hepatitis B
 - ii. Measles, mumps, and rubella (MMR)
 - iii. Diphtheria, tetanus (and boosters when appropriate)
 - iv. Meningitis
- f. Annual TB testing.
- g. Sickle cell trait status (if pertinent).

4. Release of Medical Information. A consent form is to be signed by the student-athlete, authorizing the release of specified medical information to a specified list of persons. Such release forms shall be in compliance with both university and HIPAA guidelines.

5. Confidentiality. Medical records are subject to state and federal confidentiality and content laws. All personnel with access to such medical records shall be familiar with such laws and guidelines and be informed of their role in preserving the student-athlete's right to privacy.

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DIAGNOSIS, TREATMENT, AND REFERRALS

1. Diagnosis. Only the team physicians are responsible for diagnosing injuries and prescribing the appropriate treatments. The team physician will request referrals if it is deemed necessary.

2. Treatment. Injured or ill student-athletes are to report to their respective athletic training room at the assigned time, as prescribed by the staff athletic trainer for their respective sport. It is the student-athlete's responsibility to report for treatment, as designated. If the student-athlete fails to report, it is then assumed that he/she is ready for "full-speed" practice drills and/or action designated by the athletic trainer.

3. Referrals. A referral is a written form of communication between that sports medicine department and medical consultants (doctors, pharmacies, etc.). The referral documents state that the sports medicine department is referring the athlete for medical services and it notifies the consultant which party is responsible for payment, the sports medicine department or the student-athlete.

A student-athlete is not to be referred to an outside physician, psychologist, sport psychologist, sports enhancer, psychiatrist, chiropractor, physical therapist, dentist, oral surgeon, nutritionist/dietician, massage therapist or any other health care provider without prior approval of the staff athletic trainer, general practitioner, orthopedist, or the Senior Associate Director of Sports Medicine.

If a student-athlete is referred to an outside physician, and does not get approval from one of the above sports medicine staff, then the student-athlete may be held financially responsible.

4. Consults with Outside Physicians. Student-athletes should not choose health care facilities on their own, except in the case of an actual emergency. If a student-athlete consults with outside physicians without approval of the Texas Tech University Sport Medicine Staff, he/she will be responsible for all charges related to the visit.

If one of the team physicians or one of the regular medical consultants desires a second opinion or further evaluation/consultation from a source outside the normal list of medical providers, the full circumstances must be presented to the Senior Associate Director of Sports Medicine for approval.

If the parents of a student-athlete want outside consultation or further evaluation than felt necessary by the team physicians, the parents/guardians are free to do so at their own expense.

RADIOGRAPHIC IMAGING

Radiographic Imaging. Such studies shall be ordered as per the team physician. The medical staff of the team physicians will oversee the scheduling of the radiographic imaging studies. The standard billing process shall take place. If they are deemed an emergency, the Senior Associate Director of Sports Medicine must approve an override of the standard billing process.

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DENTAL WORK

1. Dental Injuries. All athletic-related dental injuries must be reported to the staff athletic trainer at the time of the injury to provide immediate care. If a dental injury occurs during an official practice session or game, the sports medicine department will assume responsibility for dental injuries.

Protective dental devices (mouthpieces) are required for contact sports (i.e. football) and may be provided at the discretion of the staff athletic trainer. In those sports and instances where protective devices are mandatory and provided for use in official practice sessions and games, the sports medicine department will assume responsibility for dental injuries only if the device is worn by the student-athlete in accordance with the guidelines of the manufacturer.

2. Dental Care. The sports medicine department is not responsible for the dental care and maintenance of the student-athletes. If a student-athlete is in need of financial assistance for such dental work, they can seek assistance within the compliance department. The staff athletic trainer may assist a student-athlete in coordinating appointments for dental work at their own discretion.

CORRECTIVE EYEWEAR

1. Contacts and Sports Glasses. The sports medicine department will purchase contacts or sports glasses if needed by the athlete in order to participate in official practice and competition. All contacts and/or sports glasses must be ordered by the staff athletic trainer through an approved provider of the sports medicine department.

Lost or damaged contacts/glasses will be the responsibility of the student-athlete unless lost or damaged during an official practice or competition. The student-athlete is responsible for all storage cases and contact lens solutions.

2. Regular Prescription Glasses. The student-athlete is entirely responsible for the purchase of regular prescription glasses.

OVER-THE-COUNTER MEDICATIONS

1. Storage. All over-the-counter medications (OTC) are to be kept in a locked cabinet or storage closet. Only the staff athletic trainers shall have keys to access such cabinets and closets.

2. Dispense. No student-athlete is authorized to get OTC medications without approval from their staff athletic trainer. All athletic training students must get approval from their staff athletic trainers before giving an OTC medication to a student-athlete. Prior to giving a student-athlete an OTC medication, always ask if he/she is currently taking medications or if he/she is allergic to any medications. All medications given must be recorded on the medication sign-out log, as well as in the sports medicine database.

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PRESCRIPTION MEDICATIONS

1. Approval for Prescription Medications. A student-athlete must have a written prescription from licensed physician for all prescription medications. Once a student-athlete receives a written prescription, he/she must bring the prescription to their staff athletic trainer for proper documentation and procedures to fill the medication. If a student-athlete fills the prescription medication without approval of their staff athletic trainer and without an approval slip, then the student-athlete will be responsible for the expense of the medication.

2. Filling Medications. All prescription medications and other medications not available in the athletic training room must be filed at the locations below in the following order:

1. Texas Tech University Student Wellness Center
2. Caprock Pharmacy
3. CVS Pharmacy (24 hours)- Slide Road and 34th Street

All prescription medications must be presented with an approval slip and the student- athletes' primary insurance (if applicable). The pharmacy will bill the student-athletes' primary insurance, and then the remaining amount will be billed to the sports medicine department.

3. Prescription Medications in the Athletic Training Room. Selection and stocking of medications will be the responsibility of the physicians attending the athletic training room. The medication will be kept in locked cabinets, available only to licensed physicians.

All medication dispensed or administered by a licensed physician shall be recorded properly in the Texas Tech University Sports Medicine database. Certain medications (determined by the traveling physicians) will be placed into travel kits for events out of town. The key to the travel bag is available only to the team physicians. Medications dispensed or administered will be in a container marked with the physician's name, medication name, dosage, and full instructions regarding usage of the medication.

DIETARY SUPPLEMENTS AND BANNED SUBSTANCES

1. Dietary Supplements. Dietary supplements are frequently marketed to student-athletes by outside sources to improve performance, recovery time, and muscle-building capability. Such supplements are not regulated by the Federal Drug Administration (FDA) and are available to be purchased through a variety of sources. Prior to taking any dietary supplements not provided by the Texas Tech University Athletic Department, student-athletes must get all supplements approved by the Director of Nutrition. If a student-athlete consumes dietary supplement without such approval, they are at risk of a positive drug test and the resulting consequences.

2. Banned Substances. All student-athletes are subject to drug screening urinalysis to permit testing for any or all of the substances that appear on the NCAA list of banned/restricted substances. A current list of the NCAA banned substances is located on the NCAA website or may be obtained from the NCAA office. The list is subject to revision and student-athletes shall be held accountable for all banned drug classes on the current list.

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ALCOHOL AND DRUG TESTING

1. Alcohol and Drug Policy. The Texas Tech University Athletic Department Alcohol and Drug Policies and Program establishes the basis for which alcohol and drug testing is administered.

2. Drug Testing Entities. There are three entities under which Texas Tech University student-athletes can be drug tested: NCAA, Big 12, and Texas Tech University.

3. Alcohol and Drug Testing. To ensure fairness and efficiency of the testing program, testing notification will come from the Department's Drug Testing Coordinator. Tests will be administered on a random basis and may or may not be announced in advance. Tests may be administered at any time throughout the year. The Director of Athletics, the Associate Athletic Director for Compliance, and the Drug Testing Coordinator shall determine the number, timing and other procedures for testing. Further, a head coach may request a test be administered at any time he or she chooses.

Failure of the student-athlete to execute the consent form or submit an immediate drug test once they have been notified will be considered an automatic positive test, and all corresponding sanctions will apply. The drug testing shall consist of the collection of a urine sample from the student-athlete under the supervision of a laboratory technician for the University Medical Center or such other agency, as the Department may deem appropriate. Each urine sample shall be analyzed for the presence of screened drugs. The testing agency shall report all test results to the Drug Testing Coordinator.

A positive result shall mean a test result, which indicates, in the opinion of the outside agency performing such testing, the presence of one or more of the banned substances.

Appropriate precautions will be taken to assure and maintain the accuracy and confidentiality of the test results including the maintenance of a documented chain of specimen custody to insure the proper identification and integrity of the sample throughout the collection and testing process.

Further information and details (i.e. policies, goals, sanctions, rehabilitation, self-referrals, etc.) that may also contribute to this policy may include, but are not limited to, all entities such as:

- Any applicable laws of the United States, or any state or local government in which any violation of a law may occur
- Texas Tech University Operating Policies and Procedures (www.depts.ttu.edu/opmanual)
- Texas Tech Athletics Compliance Manual
- Texas Tech Student Affairs Handbook/Code of Student Conduct <http://www.depts.ttu.edu/studentjudicialprograms/conductcode.php>
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(POLICY ADDENDUM APPROVED AND EFFECTIVE 10/5/2011)

Second Positive:

If a second positive test is confirmed, the student athlete will initially enter an intensive, individualized treatment plan (Stage II). At this point the directing counselor, in conjunction with the coordinator and/or physician, will construct an objective treatment plan that addresses not only behavioral, but also, if indicated, the medical aspects of the athlete's dependency.

The treatment plan would be administered under the guidance of the directing counselor. The terms and conditions of the treatment plan, including further testing during the treatment period, would be at the discretion of the counselor, coordinator, and physician, and individualized as necessary to maximize the chances of a successful outcome for the student athlete. Upon successful completion of the treatment plan, the student athlete would resume being monitored by the drug testing coordinator for the rest of his or her eligibility. A subsequent positive test, if confirmed, would constitute a third positive result.

If a student athlete fails to complete the objective treatment plan, they would fall under the direction of the existing policy.

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ATHLETE TRANSPORTATION

1. Individual Transportation. If a student-athlete has a personal vehicle available to get them to and from class, academic obligations, and medical appointments; then they are to use such transportation if an injury/illness does not prevent them from doing so.

2. Athletic Training Transportation. In the event a student-athlete does not have a personal vehicle (i.e. car) to get them to and from medical appointments, then a staff athletic trainer or athletic training student may take the student-athlete in his/her personal vehicle. If a student-athlete has a lower body injury and is non-weight bearing, the staff athletic trainer may help coordinate transportation for the student-athlete to get to and from class, academic obligations, and medical appointments on time. The student-athlete shall be responsible for any other transportation.

ATHLETIC TRAINING EMERGENCY MANAGEMENT PLAN

The Sports Medicine unit engages in emergency management plans, including situation protocols, event planning checklists, severe weather policies, emergency conditions, emergency notification instructions, evacuation plans and the like. These plans are updated continuously throughout the year and are assembled in conjunction with other governing agencies and internal departments, such as local police, fire and rescue, Texas Tech University and with Athletics Events Administration unit.

Plans are also created, maintained and updated by the unit for each sports facility within the universities' purview.

These plans are not made public as part of this policy and procedure document.

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MEDICAL SITUATIONS/CONDITIONS

Cold Stress and Cold Exposure

I. Cold Stress and Cold Exposure. NATA position statement (2008) states that 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 a normothermic core temperature. This is also due to localized exposure of extremities to cold air or surface. In cold temperatures, the sports medicine staff, coaches, and student-athletes are encouraged to wear proper layered clothing which include: several layers around the core of the body, long pants designed to insulate, long sleeve shirt/sweatshirt/coat designed to insulate and break the wind, gloves, ear protection/hat or helmet, face protection, wicking socks that do not hold moisture inside. Clothing should be layered to allow adjustments as activity level may increase and decrease within participation which may elevate or drop body temperature.

II. Signs of Cold Stress. Sports medicine staff, coaches, and student-athletes should be able to recognize the signs of cold stress (wind chill, frostbite and hypothermia). Signs may include the following: shivering, uncontrollable shivering, numbness or tingling of skin and extremities, burning sensation of exposed flesh, fatigue, confusion, slurred speech, red or painful extremities, swollen extremities, movements which become clumsy, and the participant wants to lie down and rest, the situation is a medical emergency.

III. Guidelines for Cold Weather Participation. When temperature is **30° F and below**, participants should be aware of the potential for cold stress injuries and layer appropriately. Outside participation should be limited when temperature or wind chill (real feel temperature) reaches **15° F and below**. Termination of outside participation should be considered when temperature or wind chill (real feel temperature) reaches **0° F or below**.

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Heat Illnesses

I. Prevention of Heat Illness. Athletic participation in hot and/or humid environmental conditions poses special problems for student athletes. Sports medicine staff, coaches, and student athletes need to be educated on how to prevent associated heat illness. Heat illness is preventable with the proper awareness and execution of a few simple preventive measures:

1. Identify athletes predisposed to heat illnesses during pre-participation physicals (past history of heat illness, family history of heart disease, obesity, poor physical condition, prescription drugs or supplement used).
2. Acclimatization should occur with a gradual increase of practice length and intensity over a 10-14 day period.
3. Student-athletes should be encouraged to drink as much and as frequently as comfort allows. Student-athletes should properly rehydrate between participation in hot and/or humid conditions according to rehydration policy listed in this manual.
4. Encourage student athletes to sleep at least 6 to 8 hours at night in a cool environment and to eat well-balanced diet that follows the Food Guide Pyramid and United States Dietary Guidelines.

II. Signs and Treatment of Heat Illness. Sports medicine staff, coaches, and student-athletes should be able to recognize the signs of the different heat illnesses. Student-athletes should be monitored for signs of heat illness such as: cessation of sweating, weakness, cramping, rapid and weak pulse, pale or flushed skin, excessive fatigue, nausea, unsteadiness, disturbance of vision and incoherency.

When heat illness is first recognized, the severity should be determined and treatment should be rendered accordingly. Heat exhaustion which may include profound weakness and exhaustion, dizziness, syncope, muscle cramps and nausea should include cooling the body by resting in a cool, shaded environment. Fluids should be given orally and a physician should determine the need for electrolytes and additional medical care. An athlete suffering from heat exhaustion should not be allowed to participate in athletic activities for remainder of day. Heat Stroke is a medical emergency and medical care must be obtained at once. Heat stroke is characterized by very high body temperature and usually hot, dry skin, and possibly seizure or coma. Immediate cooling of the body is necessary, and methods may include using ice, immersion in cold water, or wetting the body and fanning vigorously; see the Emergency Management Plan for notifying advanced medical personnel. In cases of heat exhaustion and heat stroke, the team physician of the respective sport shall be notified if he/she are not present for the incident.

III. Guidelines for Participation in the Heat. When participating in hot and/or humid conditions, regular measurements of environmental conditions are recommended and modifications in practice schedule encouraged. A wet-bulb globe temperature (WBGT) **higher than 75° F** or humidity above 90% may represent dangerous conditions, **above 82° F** warrants that careful control of activities should be undertaken.

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Rehydration

I. Weight Loss-Dehydration. Student-athletes who are exposed to prolonged practices and competition in an excessively hot and humid environment may be deprived of essential fluids, carbohydrates, and electrolytes that can ultimately lead to dehydration and potential heat illness. It has been demonstrated that dehydration of just 1-2% of body weight can alter physiological function and negatively influence an athlete's performance. Pathological responses of dehydration include life threatening heat illness, rhabdomyolysis, kidney failure and cardiac arrest.

II. Signs and Symptoms of Dehydration. The sports medicine staff, coaches, and student-athletes should be aware of the signs and symptoms of dehydration to properly intervene on behalf of the student athlete. Signs and symptoms of dehydration include: thirst, general discomfort and complaints, flushed skin, weariness, cramps, apathy, dizziness, headache, vomiting, nausea, heat sensations on the head or neck, chills, and decreased performance.

III. Guidelines for Weight Loss during Participation. It is recommended that all athletes exercising in hot and humid environments be weighed in prior to and after practice or competition. This allows the sports medicine staff to determine the percentage of body weight lost due to sweating and the amount of rehydration that must occur prior to the next practice session. Furthermore, athletes should be weighed in wearing the same amount of dry clothing pre- and post-practice. The percentage of weight lost between practice sessions will be used as one factor to determine if an athlete can safely continue to participate. Athletes should ideally have their pre-exercise body weight remain relatively consistent.

- a. A 2% body weight difference should be noted by the sports medicine staff and that athlete should be closely monitored for any signs or symptoms of dehydration.
- b. It is recommended that an athlete with 3% or greater weight loss not be allowed to participate until proper fluid replacement has taken place.

IV. Rehydration Guidelines. Athletes are encouraged to drink water and sports beverages with carbohydrates (carbohydrate level of no more than 8%) and electrolytes prior to, during, and after exercise. During exercise athletes should drink early and often. An athlete who is thirsty may already be in the early stage of dehydration. After participation the athlete should replace any fluid loss within 2 hours by consuming 20-24 fluid ounces for every pound of weight lost.

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Body Composition

I. Assessment of Body Composition. The purpose of body composition assessment is to determine the student athlete's distribution of lean (muscle) mass and fat mass. The key to body composition assessment is the establishment of an acceptable range of lean and fat mass over regular time intervals to assure stability or growth of lean mass and a proportional maintenance or reduction of fat mass. Attention should be given to changes in lean mass (both in weight of lean mass and proportion of lean mass) versus the attention traditionally given to body fat percent.

II. Methods of Assessment. At Texas Tech University, the most common method used to assess body composition in student-athletes is skinfold measurements, typically administered by the strength and conditioning staff. Other means of body composition assessment are available as needed.

III. Concerns with Body Composition Assessment. Coaches should be made aware that the weighing and assessment of body composition in athletes is not a benign action and, in fact, can encourage the development of unhealthy eating behavior/lifestyle. The assessment of body composition should be taken in a way that enhances the student-athlete's well-being and the following concerns should be recognized:

- a. **Weight should not be used as a marker of body composition** – increase muscle mass may increase weight but should be viewed as a positive change.
- b. **Do not compare body composition values with other athletes** – differences in height, age and gender are likely to result in differences in body composition.
- c. **Do not seek an arbitrarily low level of body fat** – arbitrarily low body fat can increase the frequency of illness, increase risk of injury, reduce performance, and increase risk of an eating disorder.
- d. **Frequency of Body Composition Assessment** – measurement frequency should be determined on an individual basis by the team physician, staff athletic trainer, and strength and condition staff.

IV. Recommendations. It is recommended that the assessment of body composition be performed by the strength and conditioning or sports medicine staff when deemed appropriate. This information should remain confidential and used to educate the coaches and student-athletes of changes occurring as a result of training and nutritional factors.

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Nutrition

I. Sports Nutrition. Nutrition plays an integral role in promoting athletic success, and the basis for eating lies within the Food Guide Pyramid. Proper nutritional habits help student-athletes stay healthy and optimally fuel themselves so they can maximize training and conditioning. Healthy nutritional habits can equate to greater gains in lean body mass, minimize fatigue related to poor hydration and under-fueling, and enhance recovery which supports all future training and competition. To accomplish these goals, the student-athletes must get appropriate calories and nutrients essential for fueling the body throughout the day.

II. Nutrition Education. Student-athletes are encouraged to work with the Director of Nutrition, a designated strength and conditioning coach, or a staff athletic trainer at Texas Tech University to establish a nutritional plan and work toward their nutritional goals. All nutrition advice and educational material shall be in accordance with NCAA guidelines. If the student-athlete is in need of outside nutrition counseling, they shall be referred by their team physician or staff athletic trainer.

Eating Disorders

I. Introduction. This policy has been developed to assist student-athletes who are identified as at risk for eating disorders. The central component is the formulation of an eating disorder assistance team with the goal to support the health and athletic performance of those identified with or suspected of eating disorders. Members of the team should include a team physician, staff athletic trainer, a dietitian recommended by physician, and a mental health professional.

II. Procedure. Once the student-athlete is identified by a coach, athletic trainer, fellow student-athlete, another student, or his/herself as demonstrating signs/symptoms related to an eating disorder, the response procedures are as follows:

- a. The Senior Associate Director of Sports Medicine and staff athletic trainer should be notified of the potential eating disorder.
- b. The staff athletic trainer should then approach the student-athlete with the information that was brought to the attention of the athletic training staff.
- c. The staff athletic trainer should then send the student-athlete to the team physician, or another medical specialist appointed by the team physician.
- d. The team physician may then refer student athlete to a dietician and/or medical health professional for further evaluation and counseling.
- e. The staff athletic trainer will be responsible to ensure that the initial appointment is set and attended.

After the student-athlete has been seen by all members of the eating disorder assistance team, the team physician and staff athletic trainer should determine a plan of action. They should then meet with the student-athlete and discuss how the plan of action will be implemented to ensure compliance and assist the student-athlete with this condition.

Gender Specific Issues

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I. Menstrual-Cycle Dysfunction. The sports medicine staff, coaches, and female student-athletes should be educated on proper nutrition, safe training practices, and the risks and warning signs of the female athlete triad (amenorrhea, osteoporosis, and disordered eating). Since menstrual-cycle dysfunction commonly leads to skeletal demineralization, it is important to recognize and treat menstrual-cycle dysfunction early. If a student-athlete experiences menstrual-cycle irregularities, the following guidelines should be followed:

- a. Referral to a team physician for full evaluation. The team physician may order additional testing as deemed necessary (i.e. endocrine work-up, bone mineral density test, etc.).
- b. Nutrition counseling by qualified personnel. The emphasis should be placed on:
 - Total caloric intake versus energy expenditure
 - Calcium intake of 1,200 to 1,500 milligrams a day
- c. Routine monitoring of the diet, menstrual function, weight-training schedule and exercise habits.

The team physician and staff athletic trainer shall work together to develop a treatment plan and to monitor the health of the student-athlete. The team physician shall also determine the status of the student-athlete for sport-related activity.

II. Sexually Transmitted Diseases (STD). Sexually transmitted diseases are an increasingly growing problem in young adults, especially on college campuses. If a student-athlete believes he/she may have a STD or may have been exposed to an STD, the staff athletic trainer should refer the student-athlete to a team physician for further evaluation. If an STD is detected, the team physician shall determine the most appropriate means of treatment. It is recommended that the staff athletic trainer be informed of the diagnosis and treatment plan in order to help manage the situation.

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Skin Infections

I. Introduction and Prevention. Skin infections may be transmitted by both direct and indirect contact. Infection prevention and control measures shall be taken to reduce the risk of disease transmission. The following steps should be taken to prevent and control disease transmission:

- a. Student-athletes and athletics staff, including student managers, should be educated on proper hygiene practices.
- b. The sports medicine staff shall clean and disinfect all hard surfaces with the proper surface sanitizer/disinfectant purchased by the sports medicine department.
- c. All staff athletic trainers, athletic training students and student-athletes should handle all blood and bodily fluids in accordance with OSHA standards.

I. Recognition. If a possible skin infection is suspected, the area should be properly cared for and dressed. The student-athlete should be referred to a team physician for further evaluation and care instructions. Athletically-related limitations shall be determined by the team physician, staff athletic trainer, and rules and regulations within the individual sport.

II. Recommendations. In the event of a skin infection, the following are some recommendations for the student-athlete and staff athletic trainer to follow:

- a. Keep hands clean by washing with soap and warm water or using an alcohol-based sanitizer routinely
- b. Encourage good hygiene
 - Immediately shower after activity
 - Ensure availability of adequate soap and water
 - Utilize pump or automatic soap dispensers
- c. Avoid whirlpools and common tubs
 - Individuals with active infections, open wounds, scrapes or scratches could infect others or become infected in this environment
- d. Avoid sharing towels, razors, and daily athletic gear
 - Avoid contact with other people's wounds or material contaminated from wounds
- e. Maintain clean facilities and equipment
 - Disinfect equipment on a routine basis
 - Wash athletic gear and towels after each use
 - Establish routine cleaning schedules for shared equipment
- f. Care and cover skin lesions appropriately before participation
 - Report to the staff athletic trainer for wound evaluation and care.
 - Keep covered with proper dressing until healed (meaning the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact through sport activity).
 - If wounds can be properly covered, good hygiene measures should be stressed to the student-athlete such as performing hand hygiene before and after changing bandages and throwing used bandages in the trash.
 - If wounds cannot be properly covered, the staff athletic trainer may need to consider excluding players with potentially infectious skin lesions from activity until lesions are healed or can be covered adequately.

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Mental Health Issues

I. Background. Collegiate student-athletes experience a number of different mental stressors (i.e. playing time, classes, personal relationships, etc.). It is important for staff athletic trainers, coaches, and student-athletes to be able to differentiate between such common stressors and actual mental illness. Early identification and intervention of mental illness is extremely important.

II. Recognition. If a student-athlete is diagnosed with a mental illness prior to the start of their athletic career at Texas Tech University, they will need to provide the necessary medical documents from the diagnosing physician. The documents will then be reviewed by a Texas Tech University team physician, and further evaluation will occur. Additional follow-up care may be recommended by the physician (i.e. medication, counseling, etc.).

If a mental illness is suspected by a coach, teammate, academic advisor, professor, etc., they should notify the respective staff athletic trainer of their concern. The staff athletic trainer should then take the proper steps in addressing the matter with the student-athlete. The student-athlete shall then be referred to a team physician. The physician will evaluate the student-athlete and may recommend further evaluation. All evaluation procedures should follow in accordance with NCAA guidelines.

III. Treatment. Once a student-athlete is diagnosed with a mental illness by a team physician or a referred outside provider, a management and treatment plan should be developed with the assistance of the staff athletic trainer. Regardless if the student-athlete was diagnosed prior to or during their athletic career at Texas Tech University, any and all treatment needs to be properly documented and followed along with NCAA rules and regulations.

IV. Follow-Up. In addition to the medical management for his/her condition, the student-athlete shall follow up with the team physician to review the treatment methods on an annual basis. If the student-athlete has any issues with the treatment plan, more frequent follow-up visits may be warranted. The staff athletic trainer should monitor the student-athlete to ensure the effectiveness of the treatment and to act as a liaison between the student-athlete, team physician, and coaches.

While the importance of a therapeutic alliance between the student-athlete and counselor or physician is recognized, at times it will be necessary for the staff athletic trainer to receive some feedback regarding the efficacy of the student-athlete's treatment. The student-athlete may be asked to sign a waiver allowing the staff athletic trainer and coaches to know whether the student-athlete is keeping scheduled counseling sessions. A separate waiver from the athlete would be required if details of counseling sessions are being requested.

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Concussion or Mild Traumatic Brain Injury (mTBI) Management

I. Overview and History. All concussion evaluation and management procedures shall be in accordance with the NCAA Concussion Management Plan, set by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS). Before a Texas Tech University student-athlete begins their athletic career, they must complete the necessary medical history forms online for their preparticipation physical exam. Student-athletes will be required to indicate whether they have ever sustained a head injury. If the answer is a “yes”, detailed questions of injury will immediately follow on the same website. The team physician will then address the student-athlete’s previous medical history and provide further examination as deemed necessary.

II. Education. All student-athletes, coaches, and administrators will be provided with educational material regarding the signs and symptoms of concussions, current diagnostic tools available, and the latest evidence based trends in concussion management. All student-athletes will also be required to review and understand the student-athlete handbook, including the athletic training section which states the student-athlete must report all possible injuries or illness to the athletic training staff as soon as possible. The student-athletes must then sign a statement in which they accept the responsibility of all material covered in the handbook.

III. Testing. The Sports Medicine Department shall utilize the neurocognitive ImPACT Test program, made available by Lubbock Sports Medicine, for all of the following sports:

Football
Soccer
Volleyball
Men’s Basketball
Women’s Basketball
Baseball
Softball
Track and Field- Pole Vaulters

Baseline tests should be conducted on each of the student-athletes from the above sports. The baseline test should be administered prior to the start of any athletic activity.

III. Recognition and Management. Team physicians and staff athletic trainers for each respective sport will work together to use standardized sideline evaluations as well as athletic training room/office screening, evaluation tools, and neurocognitive testing to provide quality care to the student-athletes. At the first sign and/or symptom of a concussion or mild traumatic brain injury (mTBI), the staff athletic trainer will take the following steps:

- I. Remove the athlete from athletic activity/competition.
- II. Notify the coaching staff of the respective sport as soon as possible.
- III. Perform an appropriate evaluation of the student-athlete.
- IV. Upon evaluation, if the staff athletic trainer suspects the student-athlete does have a concussion, he/she will remove the student-athlete athlete from further practice or competition for the remainder of the day.
- V. The staff athletic trainer will notify the team physician of the situation and arrange for further evaluation by the team physician.

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- VI. The team physician will decide if outside consultation is necessary and will make the appropriate referrals at that time. Final return to play decisions will still be made by the referring team physician or his/her designee.
- VII. The team physician and staff athletic trainer will devise a management plan.
- VIII. The staff athletic trainer will arrange for serial monitoring of the athlete for signs of deterioration and the athlete and his/her escort will be provided instructions.
- IX. Perform follow-up evaluations until the athlete is cleared by the sports medicine staff (athletic trainer and team physician).
- X. It is recommended that any student-athlete with baseline testing who then sustains a concussion, be considered for post-injury neurocognitive testing (ImPACT) based on the clinical judgment of the evaluating provider. Student-athletes without baseline testing could also be considered for post-injury ImPACT testing. Immediate post-injury ImPACT testing may be performed within 48-72 hours after the event, but may be performed sooner (i.e. the next day) if deemed appropriate by the evaluating provider.
- XI. Once the athlete is asymptomatic (without pharmacological assistance), neurocognitive testing has returned to an acceptable level, and a normal exam is conducted by the team physician, return to play shall follow a stepwise process supervised by the staff athletic trainer and in association with the team physician. Neurocognitive testing and neurologic images are not sole criteria for return to play.
- XII. Final clearance for return to play to be determined by the referring team physician and staff athletic trainer.

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SPECIAL POPULATIONS

Student-Athlete with Impairment

I. Individual Assessment. The Texas Tech sports medicine personnel should assess an impaired student-athlete's medical needs and specific limitations on an individualized basis so that needless restrictions will be avoided and medical precautions will be taken to minimize any enhanced risk of harm to the student-athlete or others. It will be required that there is joint approval for participation from the physician most familiar with the student-athlete's condition, one of the Texas Tech team physicians, and an appropriate official of the institution as well as his or her parent(s) or guardian.

II. Medical Exclusion. This should only occur when a mental or physical impairment presents significant risk of harm to the health of the student-athlete or others that cannot be eliminated or minimized by reasonable accommodations.

III. Medical Release. Impaired student-athletes who are allowed to participate should be required to sign a document of understanding and a waiver releasing the university from legal liability for injury or death arising out of participation. This waiver will release Texas Tech University and its Athletic Department for any legal liability for injury or death arising out of the student-athlete's participation with his or her mental or physical impairment or medical condition.

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TEXAS TECH UNIVERSITY
DEPARTMENT OF ATHLETICS
IMPAIRED STUDENT-ATHLETE INFORMED CONSENT

I, _____, acknowledge that I have sought medical attention and advisement for my impairment and school/sport related issues, according to the Texas Tech University Athletic Department Impaired Student-Athlete Policy. I recognize that any treatment or limitation listed below is for the protection of myself and the other student-athletes at Texas Tech University, and I will adhere to the specific guidelines set forth by my physicians.

Primary Physician Notes/guidelines: _____

TTU Team Physician Notes/guidelines: _____

(Primary Physician name print) (Primary Physician signature) (date)

(TTU team physician print) (TTU team physician signature) (date)

(Student-athlete print) (Student-athlete signature) (date)

(TTU Sports Medicine Director print) (TTU Sports Medicine Director signature) (date)

(Parent/Guardian print) (Parent/Guardian signature) (date)

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Pregnant Student-Athlete

I. Introduction. This policy has been developed to establish protection for the pregnant student-athlete and her unborn child. The procedures outlined in this policy will allow the student-athlete to make the best decisions concerning her pregnancy and her future as a collegiate athlete.

II. Procedure. The student-athlete should inform a staff athletic trainer or appropriate sports medicine staff member at the earliest known date of pregnancy. The staff athletic trainer will then notify the appropriate team physician. The staff athletic trainer and team physician may then notify the appropriate athletic administrator, coach, and support staff as part of a panel of pregnancy advisors.

A panel of advisors will be put together in order to provide guidance and support to the student-athlete (to facilitate the application for a sixth year of eligibility, to facilitate the continuation of the academic process, or to offer solicited advice on any decision related to the situation). This panel may consist of a TTU team physician, senior women's administrator, sport psychologist, academic advisor, assistant athletic trainer, and the individual's coach AND personal OB/GYN.

A student-athlete MUST first BE CLEARED by her own OB/GYN and by a Texas Tech University's team physician before she may participate in ANY athletic activity; this includes the signing of an informed consent by the two involved physicians, the student-athlete, and a member of the TTU administrative staff. The student-athlete may potentially be able to continue to participate in competitive activity up to the 14th week of pregnancy, depending on the sport in which she is involved. She may continue cardiovascular and weight lifting workouts past that date only as advised by BOTH physicians. The student-athlete must also be cleared by those same physicians before returning to athletic activity, post-partum. Each case will be evaluated on an individual and sport basis, and treated as appropriate.

III. The NCAA Guidelines. The NCAA Sports Medicine Handbook includes the following guidelines:

- The safety to participate in each sport must be dictated by the movements and physical demands required to compete in that sport. Many medical experts recommend that women avoid participating in competitive contact sports after the 14th week of pregnancy.
- Athletics activities associated with a high risk of falling should be avoided during pregnancy.
- Women who have medical conditions that places their pregnancies at high risk for complications should avoid physical activity until consultation with their obstetrician.
- The student-athlete should be aware of the 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 and muscle weakness.
- The student-athlete should be informed that NCAA rules permit a one-year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy.

TEXAS TECH UNIVERSITY

Department of Intercollegiate Athletics Policy and Procedure

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DEPARTMENT OF ATHLETICS
PREGNANT ATHLETE INFORMED CONSENT

I, _____, acknowledge that I have sought medical attention and advisement for my pregnancy and school/sport related issues, according to the Texas Tech University Athletic Department Pregnancy Policy. I understand that according to the NCAA, I am entitled to continue my athletic and academic careers, and may apply, if I wish for an additional year of athletic eligibility. I recognize that any treatment or limitation listed below is for the protection of myself and my unborn child, and I will adhere to the specific guidelines set forth by my physicians.

OB/GYN Notes/guidelines: _____

TTU Team Physician Notes/guidelines: _____

| | | |
|-------------------------------------|---|--------|
| _____ | _____ | _____ |
| (OB/GYN name print) | (OB/GYN signature) | (date) |
| _____ | _____ | _____ |
| (TTU team physician print) | (TTU team physician signature) | (date) |
| _____ | _____ | _____ |
| (student-athlete print) | (student-athlete signature) | (date) |
| _____ | _____ | _____ |
| (TTU athletic administration print) | (TTU athletic administration signature) | (date) |

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Sickle Cell Trait

I. Screening. Sickle cell trait screening, offered to all Texas Tech Student-Athletes, shall be conducted with informed consent.

II. Student-athletes with a positive sickle cell trait test. Such student-athletes should be offered genetics counseling as well as explanation from their staff athletic trainer(s) of the potential risks associated with sudden intense physical exertion and exercise at elevated altitudes.

III. Restrictions. No unwarranted restrictions should be placed on student-athletes with sickle cell trait. Staff athletic trainers will educate the student-athletes with sickle cell trait and the coaches on the potential need for adjustment of intense conditioning drills according to the work/rest cycles.

Student-Athletes with Type I Diabetes

I. Introduction. The primary goal of diabetes management is to maintain blood-glucose levels consistently in a normal or near-normal range without provoking undue hypoglycemia.

IV. Preparticipation Physical Exam. If a student-athlete exhibits symptoms of diabetes or a diabetic-related condition, the student-athlete should be evaluated by a team physician immediately. The student-athlete shall follow all instructions mandated by the team physician and staff athletic trainer. Student-athletes previously diagnosed with Type I diabetes shall be initially evaluated by Texas Tech University team physicians at their initial preparticipation physical exam, and thereafter on at least an annual basis. The team physician shall perform additional testing as deemed necessary. Exercise limitations or restrictions for student-athletes with diabetes-related complications shall be determined by the team physician.

III. Diabetes Care Plan. Each student-athlete, with Type I diabetes, competing at Texas Tech University should have a diabetes care plan for practices and games. Once the athlete has passed his/her pre-participation physical examination, the student-athlete will be counseled by the team physician and/or staff athletic trainer and a diabetes care plan will be formulated which will include and is not limited to the following:

- a. Blood glucose monitoring guidelines.
- b. Insulin therapy guidelines.
- c. List of any other medications; including those used to assist with glycemic control and/or to treat other diabetes related conditions
- d. Guidelines for recognition of hyperglycemia and hypoglycemia.
- e. Emergency contact information.
- f. Request having a medical alert tag on them at all times.

III. Athletic Training Kits. The staff athletic trainers for the respective student-athletes with Type I diabetes shall have all of the necessary supplies to treat diabetes-related emergencies at all athletically related events. The student-athlete shall provide the diabetes-related supplies/equipment.

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IV. Recognition, Treatment, and Prevention of Hyperglycemia and Hypoglycemia. The staff athletic trainers and athletic training students responsible for a student-athlete with Type I diabetes shall have the ability to prevent, recognize, and treat episodes of hyperglycemia and hypoglycemia. If certain activity begins to exacerbate such episodes, the student-athlete should see the team physician for further examination.

V. Athletic Injury and Glycemic Control. Trauma often causes a hyperglycemic state. Hyperglycemia is known to impair the wound healing process. For athletes with Type I diabetes, an individualized blood glucose management protocol should be developed for use during injury recovery, which should include frequency of blood glucose monitoring.

Student-Athletes with Asthma

I. Introduction and Identification. Asthma is defined as a chronic inflammatory disorder of the airways characterized by variable airway obstruction and bronchial hyper-responsiveness. All athletes shall receive annual preparticipation exams sufficient to identify the possible presence of asthma. A thorough medical history shall be obtained prior to the start of each student-athletes' athletic eligibility and on an annual basis thereafter. If a student-athlete has been diagnosed with asthma prior to their athletic career at Texas Tech University, additional screening evaluations (i.e. spirometry testing and other pulmonary function testing) shall be performed by a team physician if needed. In situations in which asthma is suspected, the staff athletic trainer shall refer the student-athlete to a team physician for further examination.

II. Treatment. Once a student-athlete is diagnosed with asthma by a team physician, a management/treatment plan shall be developed by the team physician to prevent and treat asthmatic episodes. The team physician and staff athletic trainer shall work together on the details of the plan. All medications will be prescribed and monitored by the team physician. The staff athletic trainer may assist the student-athlete in the use of asthma-related medications.

III. Education. Each student-athlete will be educated on their asthmatic condition. The specific management/treatment plan shall be discussed in detail with the staff athletic trainer and the student-athlete. When medication is prescribed, each student-athlete will be counseled on the proper usage of the medicine.

IV. Follow-Up. Student-athletes with asthma shall be re-evaluated on at least an annual basis. If asthma-related symptoms begin to worsen or asthmatic episodes occur more frequently, the student-athlete should follow-up with the team physician for further evaluation.

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PROTECTIVE EQUIPMENT

I. Responsibilities. Texas Tech University Athletic Trainers and Managerial personnel should be familiar with:

- a. What equipment is mandatory,
- b. What equipment is legal,
- c. How to wear mandatory equipment during competition and practice, and
- d. When to notify coaching or managerial personnel that equipment has become illegal.
- e. The NOCSAE mark on protective equipment and keeping up on proper fit of all protective equipment.

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II. Sport Requirements. The following is a comprehensive list of the individual sport equipment requirements and rules:

| SPORT | MANDATORY PROTECTIVE EQUIPMENT* | RULES GOVERNING SPECIAL PROTECTIVE EQUIPMENT |
|-------------------|--|--|
| Baseball | <p>1. A double ear-flap protective helmet while batting, on deck and running bases. Helmets must carry the NOCSAE mark.</p> <p>2. All catchers must have a built-in or attachable throat guard on their masks.</p> <p>3. All catchers are required to wear a protective helmet when fielding their position.</p> | None |
| Basketball | None | <p>Elbow, hand, finger, wrist or forearm guards, casts or braces made of fiberglass, plaster, metal or any other nonpliable substance shall be prohibited. Pliable (flexible or easily bent) material covered on all exterior sides and edges with no less than 0.5-inch thickness of a slow rebounding foam shall be used to immobilize and/or protect an injury.</p> <p>The prohibition of the use of hard substance does not apply to the upper arm, shoulder, thigh or lower leg if the material is padded so as not to create a hazard for other players.</p> <p>Equipment that could cut or cause an injury to another player is prohibited, without respect to whether the equipment is hard.</p> <p>Equipment that, in the referee's judgment, is dangerous to other players, may not be worn.</p> |

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| <p>Football</p> | <ol style="list-style-type: none">1. Soft knee pads at least ½-inch thick must cover the knees and be covered by pants. No pads or protective equipment may be worn outside the pants.2. Face masks and helmets with a secured four- or six-point chin strap. All players shall wear helmets that carry a warning label regarding the risk of injury and a manufacturer’s or reconditioner’s certification indicating satisfaction of NOCSAE test standards.3. Shoulder pads, hip pads with tailbone protectors and thigh guards.4. An intra-oral mouthpiece of any readily visible color (not white or transparent) with FDA-approved base materials (FDCS) that covers all upper teeth. It is recommended that the mouthpiece be properly fitted. | <p>Illegal equipment includes the following:</p> <ol style="list-style-type: none">1. Equipment worn by a player, including artificial limbs that could endanger other players.2. Hard, abrasive or unyielding substances on the hand, wrist, forearm or elbow of any player, unless covered on all exterior sides and edges with closed-cell, slow recovery foam padding no less than ½-inch thick, or an alternate material of the same minimum thickness and similar physical properties. Hard or unyielding substances are permitted, if covered, only to protect an injury. Hand and arm protectors (covered casts or splints) are permitted only to protect a fracture or dislocation.3. Thigh guards of any hard substances, unless all surfaces are covered with material such as closed cell vinyl foam that is at least ¼-inch thick on the outside surface and at least 3/8-inch thick on the inside surface and the overlaps of the edges; shin guards not covered on both sides and all edges with closed-cell, slow recovery foam padding at least ½-inch thick, or an alternate material of the same minimum thickness having similar physical properties; and therapeutic or preventive knee braces, unless worn under the pants and entirely covered from direct external exposure.4. Projection of metal or other hard substance from a player’s person or clothing. |
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| <p>Soccer</p> | <p>Players shall wear shin guards under the stockings in the manner intended, without exception. The shin guards shall be professionally manufactured, age and size appropriate and not altered to decrease protection. The shin guards must meet NOCSAE standards.</p> | <ol style="list-style-type: none"> 1. A player shall not wear anything that is dangerous to another player. 2. Knee braces are permissible provided no metal is exposed. 3. Casts are permitted if covered and not considered dangerous. 4. A player shall not wear any jewelry of any type whatsoever. Exception: Medical alert bracelets or neck laces may be worn but must be taped to the body. |
| <p>Softball</p> | <ol style="list-style-type: none"> 1. Catchers must wear foot-to-knee shin guards; NOCSAE approved protective helmet with face mask and built-in or attachable throat guard; and chest protector. 2. A NOCSAE approved double-ear flap protective helmet must be worn by players with batting, running bases or warming-up in the on-deck circle. | <p>Casts, braces, splints and prostheses must be well-padded to protect both the player and opponent and must be neutral in color. If worn by pitcher, cannot be distracting on non-pitching arm. If worn on pitching arm, may not cause safety risk or unfair competitive advantage</p> |
| <p>Track & Field</p> | <p>None</p> | <ol style="list-style-type: none"> 1. No taping of any part of the hand, thumb or fingers will be permitted in the discus and javelin throws, and the shot put, except to cover or protect an open wound. In the hammer throw, taping of individual fingers are permissible. Any taping must be shown to the head event judge before the event starts. 2. In the pole vault, the use of a forearm cover to prevent injuries is permissible. |
| <p>Volleyball</p> | <p>None</p> | <ol style="list-style-type: none"> 1. It is forbidden to wear any object that may cause an injury or give an artificial advantage to the player, including but not limited to headgear, jewelry and unsafe casts or braces. Religious medallions or medical identifications must be removed from chains and taped or sewn under the uniform. 2. All jewelry must be removed. Earrings must be removed. Taping of any jewelry is not permitted. 3. Hard splints or other potentially dangerous protective devices worn on the arms or hands are prohibited, unless padded on all sides with at least ½-inch thick of slow rebounding foam. |

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Eye Safety

I. Appropriate for eye protection in sport.

- a. Safety sports eyewear that conforms to the requirements of the American Society for Testing and Materials (ASTM) Standard F803 for selected sports (racket sports, basketball, women's lacrosse, and field hockey).
- b. Other protectors with NOCSAE standards are available for sports that require helmet usage.

II. Eye protection not recommended in sports.

- a. Street wear, fashion spectacles during athletic participation. If eyewear is necessary the eyewear must be approved by a Texas Tech physician and sport officials.

Mouth Guards

I. Education. Texas Tech coaches, student-athletes, and personnel should be educated regarding the protective functions of mouth guards.

II. Determination of Use. The student-athlete's medical history and the demands of his/her specific position and sporting activities should be considered when determining how and if a mouth guard should be used.

III. Game rules concerning mouth guard use should be enforced.

- a. According to the NCAA rule 1.4.4.d, it is mandatory for all football positions to wear a "readily visible color (not white or transparent)" that covers all upper teeth during regular and postseason competition and NCAA Championships.

IV. Fitting. Texas Tech sports medicine personnel should monitor the proper fitting of mouth guards.

- a. Texas Tech recognizes the American Dental Association (ADA) and provides the following types of mouth guards approved by the ADA; stock, mouth-formed and custom-fitted.

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Removal of Helmet

I. Guidelines. The Texas Tech University Sports Medicine personnel recognize the National Athletic Trainers Association (NATA) and the NCAA's guidelines for this particular situation. All precautions will be taken to ensure the health and safety of the student-athlete.

II. Exceptions. The helmet should never be removed during the pre-hospital care of the student-athlete with potential head and neck injury, **unless**;

- a. The helmet does not hold the head securely, such that immobilization of the helmet does not immobilize the head;
- b. The design of the sport helmet is such that even after removal of the facemask, the airway cannot be controlled or ventilation provided;
- c. After a reasonable period of time, the facemask cannot be removed; or
- d. The helmet prevents immobilization for transportation in an appropriate position.

III. Qualified Personnel. Removal should only be performed by Texas Tech University Sports Medicine personnel specifically trained in the procedure.

Equipment Cleaning

I. Team Equipment. Each team will be responsible for properly disinfecting all uniforms, protective and personal equipment.

- a. It is recommended that coolers, towels and other equipment be cleaned on a regular basis.

II. Athletic Training Related Equipment. Any equipment issued from the Athletic Training Room will be maintained by staff athletic trainer and/or managerial personnel of that particular sport.