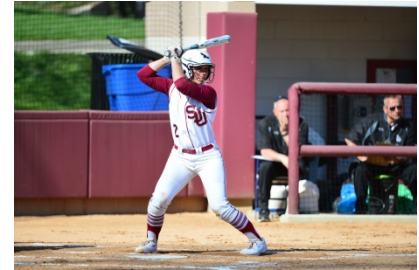
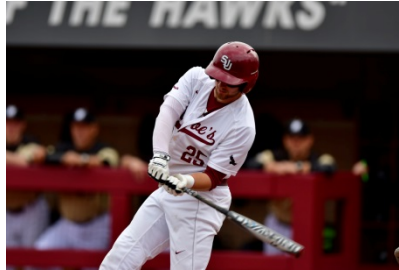




Sports Medicine Guidelines Emergency Manual and Protocol 2019 – 2020



(as of 4/24/2019)

Shared Responsibility for Intercollegiate Sports Safety

Participation

Participation in intercollegiate athletics involves unavoidable exposure to an inherent risk of injury.

It is important to recognize that rule books, safety guidelines and equipment standards, while helpful means of promoting safe athletics participation, are themselves insufficient to accomplish this goal. To effectively minimize the risks of injury from athletics participation, everyone involved in intercollegiate athletics must understand and respect the intent and objectives of applicable rules, guidelines and standards.

The institution, through its athletics director, is responsible for establishing a safe environment for student-athletes to participate in its intercollegiate athletics program. Coaches should adequately inform student-athletes about the sport's inherent risks of injury and instruct them how to minimize such risks while participating in games, practices and training. The team physician and athletic health care team should assume responsibility for developing an appropriate injury prevention program and providing quality sports medicine care to injured student-athletes.

Student-athletes should fully understand and comply with the rules and standard of play that govern their sports and follow established procedures to minimize their risk of injury.

In summary, all people participating in, or associated with, an institution's intercollegiate athletics program share responsibility for taking steps to reduce effectively the risk of injury during intercollegiate athletic competition.

Sexual Harassment and Abuse

In its role of promoting and protecting the health of the student-athlete, Saint Joseph's University recognizes all the rights of athletes, including the right to enjoy a safe and supportive sport environment. It is in such conditions that athletes are most likely to flourish and optimize their sporting performance. Sexual harassment and abuse are violations of human rights and will not be tolerated.

Research identifies risk situations as the locker-room, the playing field, trips away, the training room and the doctor's office. Research demonstrates that sexual harassment and abuse in sport may negatively impact an athlete's physical and psychological health. It can result in impaired performance and lead to athlete drop-out. Clinical data indicate that psychosomatic illnesses, anxiety, depression, substance abuse, self-harm and suicide are some of the serious health consequences. Passive attitudes/non-intervention, denial and/or silence by people in positions of power in sport (particularly bystanders) increases the psychological harm of sexual harassment and abuse. Lack of bystander action may create the impression for victims that sexually harassing and abusive behaviors are acceptable or that those in sport are powerless to speak out against it.

During each visit to the training room and contact with an athletic trainer or team physician, all treatments and evaluations are to take place in the open area of the training room, with all doors open or with another person present. All concerns and/or complaints should be reported to:

Mary-Elaine Perry
Title IX Coordinator
610-660-1145
mperry01@sju.edu

Sports Medicine Guidelines

Emergency Manual and Protocol

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ADMINISTRATIVE ISSUES



GUIDELINE 1a

General Medical Protocols and Procedures

The Sports Medicine Staff has compiled this emergency information and protocol system for all coaching staff members and administrators.

All coaching staff members are to become familiar with these protocols should a situation arise whereby a coaching staff member's assistance is needed in the care of an injured or ill student-athlete. For example,

at times athletic trainers may be covering one or more sporting events in the same facility area, (for example:

Smithson and Softball Field). Should an emergency situation arise when the athletic trainer is not immediately available, coaching staff members may need to provide some assistance until the athletic trainer or emergency personnel arrive.

THE UNIVERSITY'S EMERGENCY ACTION PLAN (pg. 35 – 43)

Additional Points for emergency situations

1. Know the location of hospitals in the area you are practicing if you are off campus.
2. Know location of closest permanently fixed automatic external defibrillator (AED).
3. Know location of closest on campus "Blue Light" phone. This will connect you to campus security or if you call 911, campus security will be alerted.
4. Teams that practice off-campus must bring a cell phone with them to use in case of an emergency.
5. Contact the team assigned athletic trainer as soon as possible. If you cannot reach the athletic trainer, call 911.
6. If **any** of the following conditions are present, activate EMS by calling 911.
 - Unconscious
 - Unresponsive
 - Impaired level of consciousness
 - Blockage of airway
 - Stoppage of breathing
 - Stoppage of circulation
 - Severely broken bone, dislocation, or deformity
 - Neurovascular compromise (injury to head, neck, or spine)
7. Stabilize the athlete, but do **not** move the athlete until medical personnel arrives. In the case of a Men's Lacrosse Player, DO NOT REMOVE THE HELMET, but if necessary remove face mask.

Alert your staff and team captains to the University's Emergency Action Plan for voluntary activities conducted on campus.



GUIDELINE 1b

Sports Medicine Policies and Procedures

Injuries are inherent in athletics. Even the most effective program for the prevention of athletic injuries is not fool proof. Injuries must be anticipated in any type of sports activity, especially when it involves physical contact between athletes. Almost without exception every sport carries with it some degree of risk. The type and nature of the athletic injuries incurred are typically characteristic of the physical activity. To minimize risk and injuries to student athletes and to be proactive in care administered the following medical provisions and procedures are available through the Sports Medicine Department.



Bill Lukasiewicz
Head Athletic Trainer

Medical Examinations and History Reviews

Medical History Questionnaires:

All student-athletes, including incoming freshman and transfer student-athletes, must complete a medical history questionnaire prior to participation. The medical history questionnaire informs the sports medicine staff of the health status of student-athletes.

Preseason Screenings: The sports medicine staff will perform preseason screenings prior to pre-participation physical examinations which are conducted in the spring semester subsequent to the next academic year.

Upon completion of the screenings the team physician and the Sports Medicine Staff will review the records.

Recommendations and results of the screenings will be discussed between the team physician, sports medicine staff and/or student-athlete if necessary. Coaching staff will be notified if accommodations are necessary.

Records of the screening will be maintained by the sports medicine staff in the Athletics Center Training Room.

Pre-participation Physical Examinations (PPE)

In compliance with NCAA requirements all student-athletes must undergo a medical examination prior to initial participation in any practice, competition or out-of-season conditioning.

The Sports Medicine Staff will review the medical examination records (medical history questionnaires, screenings and PPE) and reserves the right to question the student-athlete, refer for further evaluation, or medically disqualify an individual from play as necessary. All medical records are confidential records. Additionally, all incoming freshman and transfer student-athletes must show proof of sickle cell trait testing (SCT). No incoming student athlete will be cleared for participation until the **RESULTS** of the test are submitted to the Sports Medicine Department. Those with a positive SCT are referred for further testing and all coaches will be notified of a positive test so appropriate accommodations can be put into place during physical activity.

Exception for Men and Women's Rowing: Athletes who are trying out for the rowing programs may temporarily waive their sickle cell trait testing. Once the athlete has been officially put on the roster they will have one week to provide the results for the SCT test. Waiver forms are available in the Sports

Medicine Department and must be submitted with a copy of their PPE. No rower may compete without the sickle cell trait testing results on file in the Sports Medicine Office.

The PPE for returning student-athletes will be conducted during the spring semester. The PPE is held subsequent to the next academic year and will fulfill the NCAA requirement for medical examinations. Attendance is strongly recommended as the PPE is a service provided to all returning student-athletes at no cost. Any student-athlete who chooses not to take advantage of the PPE may be required to pay for their own physical with the team physician.

A Sports Medicine Staff member will attend the first sport team meeting to assist with questions student-

Unchallengeable Authority

The Sports Medicine Staff have the unchallengeable authority to cancel or modify any workout for an entire team or for an individual student-athlete, for health and safety reasons. This includes workouts during games, practices, conditioning, etc.

Other Information:

If a significant pre-existing injury or condition is identified by an athletic trainer or physician, the injury or condition will be recorded and referred as necessary for follow-up evaluation to appropriate personnel. Saint Joseph's University will not be responsible for medical costs incurred at Saint Joseph's University if they are related to pre-existing injury, pre-existing illness, or pre-existing condition received prior to participation at Saint Joseph's University. This will be discussed further in subsection "Insurance for Athletic Injuries."



athletes may have regarding Sports Medicine Staff policies and procedures.

Cardiopulmonary Resuscitation (CPR)

All Sports Medicine Staff are certified in CPR, first aid and prevention of disease transmission (as outlined by OSHA guidelines).

Coaching staff members are strongly encouraged to be CPR and AED certified.



Medical Disqualifications:

A student-athlete may present with a certain condition that would limit or disqualify the student-athlete from competition. With the long-term health and well-being of the student-athlete in mind, the Sports Medicine staff at Saint Joseph's University reserves the right to limit or disqualify a student-athlete according to his/her condition. If there is concern, the Sports Medicine Staff will confer with the student-athlete, coach, and if necessary parents or guardians.

Confidentiality will remain a priority.

Prevention of Athletic Injuries and the Coaching Staff

Prevention of injuries is of prime concern for the Sports Medicine Staff. It is of the utmost importance that the certified Athletic Trainer, the Strength and Conditioning coach and the team coach communicate constructively regarding the prevention of injuries. The Sports Medicine Staff will work with the coaches to reveal evidence of injury patterns or situations that may predispose the athlete to injury.



GUIDELINE 1c

Insurance for Athletic Injuries

Potential Coverage

The Department of Athletics is potentially responsible only for medical expenses sustained by a student-athlete resulting from injuries that are sustained: (a) during his/her department-designated sports season; and (b) directly **attributable** to the student-athlete's participation in **supervised** intercollegiate athletics (practice or competition or supervised travel to practice or competition) for SJU (hereinafter "potentially covered injuries"). The student-athlete must be enrolled as a full-time student at SJU at the time of injury. All injuries must be reported within 14 days to the athletic trainer.

Excess/Secondary Insurance

As a courtesy to student-athletes, Saint Joseph's University provides an "EXCESS" or "SECONDARY" insurance policy for potentially covered injuries (as defined above)

This simply means that any claim for benefits must first be filed with the group insurance company that provides primary coverage to the student-athlete, i.e. parent's or the individual student-athlete's insurance. After the student-athlete's primary insurance company has paid all available benefits, the University's secondary policy will consider the remaining amounts subject to terms and conditions of that policy. Saint Joseph's University does not have the option of waiving the requirement of filing with the student-athlete's primary insurance company.

All requirements of the student-athlete's primary insurance must be followed. For example: getting referrals for an HMO, getting pre-authorization for an MRI or seeing a physician out of the student-athlete insurance's network. Saint Joseph's University secondary insurance policy has a \$250 disappearing deductible that the student-athlete may be responsible to pay. There is a 104 week (2 years) benefit period which means that there will be no benefits available after 104 weeks from the date of injury.

This policy does include accidents that occur during transportation to and from practices or games off-campus such as trips to the Boat House. In order for the student-athlete to be covered by this policy and to be treated by the Sports Medicine Staff, he/she must have obtained a pre-participation physical examination.

The following are the procedures to follow once a student-athlete becomes injured while participating in intercollegiate athletics at Saint Joseph's University:

1. The parent's/student-athlete's insurance is considered **primary**. This means that all bills must be submitted through their insurance company **first**.
2. Once the parent/student-athlete has received the Explanation of Benefits (EOB) that details how much of the bill the parent/student-athlete insurance company will pay, the parent/student-athlete must submit the EOB and the **bills** to the school's insurance administrator.
3. If the parent/student-athlete fail to submit or return these items in a prompt manner it may affect the personal credit rating of the student-athlete as he/she is the guarantor. (A bill must include the date of service, diagnosis code, procedure performed and the amount. A statement with a balance forward is not acceptable). For some types of insurance, for example Medicaid or government subsidized insurance, the SJU policy will become the primary insurance
4. The school's insurance administrator is:
BMI Benefits, LLC
PO Box 511
Matawan, NJ 07747
Att: Erin Uptegrove
Policy #: 11SPD8182700
Policy holder: SJU
5. If this information is given to the provider at the time of visits, the provider can bill the secondary insurance directly. This can be done for co-pays, out-of-pocket deductibles, out-of-network fees, etc.



GUIDELINE 1d

Medical Coverage of Varsity Athletic Practices and Events

Medical Coverage for Varsity

Athletics:

Primary coverage of athletic practices and home contests for varsity athletics will be provided by members of the Sports Medicine Staff. Members include certified Athletic Trainers, athletic training students, athletic training interns and team physicians. Team physicians will be on call during practices and present at necessary home events.

Medical Coverage for Non-Championship Season Varsity Athletics:

Teams in their non-championship segment will have a Sports Medicine Staff, Certified Athletic Trainer or athletic training student or athletic training intern assigned to practices and games. Should a student or intern travel with the team the host institution's certified athletic trainer is the first responder. At times the staff member may be assigned to two teams and therefore not on the practice field, but in the practice area (i.e. Smithson Field and Softball Field). There will always be a certified athletic trainer available in the training room during practice and competition.

Requests for Medical Coverage at Events or Camps

Requests for Medical Coverage at events or camps outside practice and completion are to be made at least seven days in advance. This will allow time for the Sports Medicine Staff to plan and prepare.

Communications to Sports Medicine Staff

Coaches are to include team assigned athletic trainers in GroupMe or text messaging for any changes in practice times. Notification of changes must be made 24 hours in advance to ensure medical coverage for the event/practice.

Athletic Training-Medical Kits:

A training kit will be supplied for all varsity sport teams and will be the responsibility of the certified athletic trainer covering the team. If a certified athletic trainer is not covering a practice or event, a training kit and supplies will be made available to the coaching staff. In this case, the Head Coach will be responsible for the care and return of the medical kit.

Please notify a member of the Sports Medicine Staff 48 hours in advance of an event or departure so the Sports Medicine Staff member can adequately stock the medical kit. Upon the conclusion of the event, the kit is to be returned to the training room to be re-stocked. A fully stocked medical bag can cost \$500-\$1000, therefore coaching staffs are asked to take responsibility for the kit's return.



GUIDELINE 1e

Medical Hardship Waivers

A student-athlete may be granted an additional year of competition by the Atlantic 10 (or NEC for Men's Lacrosse) conference office for reasons of "hardship," which is defined as that incapacity resulting from injury or illness under the following conditions: (a) It occurs in one of the four seasons of intercollegiate competition at any four-year collegiate institution for members of Division I, or at any two-year or four-year collegiate institution for members of Division II or Division III, and (b) the injury or illness occurs when the student-athlete has not participated in more than 30 percent of the institution's completed events in his or her sport, whichever is greater, provided the injury or illness occurred in the first half of the season and resulted in incapacity to compete for the remainder of the season. Any contest (including a scrimmage) with outside competition is countable under this legislation.

Policy on Hardship Waiver Submission: All requests for hardship waivers will be considered only if the student-athlete requesting the submission of a hardship waiver meets the Hardship Waiver criteria (as outlined above) and has contemporaneous medical documentation to support the season-ending injury / illness that prevented the student-athlete from completing the season.

"Contemporaneous" refers to ongoing medical records, physical therapy notes and/or dictations from the physician (Medical records or letters written retroactively are not considered.)

Procedure for Hardship Waiver Submission:

Student-athletes who incur an injury or illness during the academic year should consult with the Sports Medicine Staff to document the date of injury/illness, the injury/illness incurred and discuss a treatment plan.

If it is determined the injury/ illness may be season ending the student-athlete is to follow the treatment plan as outlined by the Sports Medicine Staff and to have the student-athlete's medical file prepared.

The Sports Medicine Staff will document and file visits to the Athletic Training Room for treatment and/or physical therapy. **If the student-athlete decides not to use the SJU Sports Medicine Staff for treatment it is the student-athlete's responsibility to inform the physician of the contemporaneous medical documentation needed.** Once it has been determined the student-athlete meets the criteria for the hardship waiver and medical documentation to support the season-ending injury or illness the Sports Medicine Staff will communicate with the Athletic Department Compliance Office.

The Athletic Department Compliance Office will prepare the waiver requesting the following:

- From the Sports Medicine Staff – contemporaneous medical documentation
- From the sports media relations office: Individual and team statistics for the season.
- From the student-athlete: Signature for the waiver.

MEDICAL/SAFETY ISSUES



GUIDELINE 2a

General Evaluation of Athletic Injuries

Reporting Injuries Relevant to Athletic Participation:

Student-athletes requiring medical evaluation or treatment for injuries (including eye and dental) or other related medical problems that occur while participating in his/her sport should report this injury or problem to the Sports Medicine Staff as soon as possible.

Coaches and the Evaluation of Injuries:

Coaches should not attempt to diagnose or treat injuries. A member of the Sports Medicine Staff will evaluate and manage each injured student-athlete. Any concerns regarding the care of student-athletes by the Sports Medicine Staff should be directed to the certified Athletic Trainer associated with the team, Director of Sports Medicine, Head Athletic Trainer, Team Physician and then the Athletic Director – in that order.

Injury Clinics:

At present, Doctors Frederick, Hammoud, Harwood and Beatty and their Sports Medicine Fellows provide a medical clinic in the Saint Joseph's University Training Room for the convenience of the student-athletes on a weekly basis. If a student-athlete needs to be seen by a physician at the clinic, he or she must be referred by a member of the Sports Medicine team.

Training Room Physician Clinics:

Orthopedic Clinic Tuesdays at 1:00pm

General Medicine Clinic Thursdays 1:00

Physician Referral:

Commonly, injured student-athletes need to be referred for medical services beyond the athletic training room. **The student-athlete should first be evaluated by a member of the Sports Medicine Staff.** This includes all injuries and illness, orthopedic and otherwise. From that point, the Sports Medicine Staff will decide the

appropriate route of referral and will make arrangements.

Unauthorized medical expenses will be the responsibility of the student-athlete. With managed healthcare more prevalent than ever it is VERY important that student-athletes follow the guidelines of their primary insurance policy.

Medical Referral

Medical referrals will be made either by Saint Joseph's University Team Physicians or by the Sports Medicine Staff. In order for any medical appointment to be covered under the SJU athletic insurance policy, prior approval must be given by the Athletic Trainer or the Team Physician (Rothman Institute). If any student-athlete chooses to seek outside medical care, medical expenses related to that care may not be covered by the athletic insurance policy. A second opinion **may** be covered by the department, but prior approval **must** be made in writing through the Director of Sports Medicine. Please note that if prior approval is not received department policies may prevent SJU from paying for any bills related to the second opinion.

Physical Therapy Referral

A physical therapist who is provided by SJU partner, MainLine Health, offers physical therapy services in the Sports Medicine Athletic Training Room. In order for an individual to be treated by the physical therapist a prescription from a physician is needed. If a student-athlete is seen by the physical therapist, the student's primary insurance will be billed followed by the secondary policy through BMI.

Hours for Physical Therapy vary but typically are:

Monday, Wednesday & Friday 8:00 – 4:00

Tuesday & Thursday 10:00 – 6:00

Rob O'Brien, ATC, PT

610.420.9353



GUIDELINE 2b

General Treatment of Athletic Injuries

General/Non- Emergency

Situations:

Daily treatment and rehabilitation of injuries to the physically active will predominately occur on the SJU campus. The main treatment facilities are in the Athletics Center Athletic Training room. Secondary facilities are in O'Pake Recreation Center, on the lower level across from the Fitness Center.

Injury reported to Training Room:

An injured student-athlete should report his/her injury or illness immediately to a member of the Sports Medicine staff, preferably the certified Athletic Trainer assigned to the team. The sooner the injury is reported, the quicker an appropriate treatment plan may be put into place.





GUIDELINE 2c

Emergency Medical Evaluation and Transport Procedures – Home Contest and Practice Situations

Emergency situations may arise at any time during athletic events. The development and implementation of an emergency plan will help ensure that the best care will be provided.

These are the basic components of this emergency plan:

1. emergency personnel
2. emergency communication
3. emergency equipment
4. roles of first responder
5. venue directions

Emergency Plan Personnel With athletic practice and competition, the first responder to an emergency situation is typically a member of the Sports Medicine Staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. **The first responder in some instances may be a coach or other institutional personnel.**

There are four basic roles within the emergency team.

1. Establish the safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training.

2. EMS Activation. If any of the following conditions are present, activate EMS by calling 911.

- Unconscious
- Unresponsive
- Impaired level of consciousness
- Blockage of airway
- Stoppage of breathing
- Stoppage of circulation
- Severely broken bone, dislocation, or deformity
- Neurovascular compromise (injury to head, neck, or spine)

Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event.

3. Equipment retrieval. This may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, managers, and coaches are good choices for this role.

4. Directing EMS. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, manager, or coach may be appropriate for this role. (Please refer to sport-specific EAPs at the end of this manual).

**When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.*

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone numbers established for emergency situations.

At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

***See site-specific EAPS at the end of this manual for telephone locations.**

Equipment

All necessary emergency equipment will be at the site or in the training room and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment.

***See site-specific EAPS at the end of this manual for AED locations pg. 35 – 43.**

Role of First Responders

The following are guidelines for emergency situations at SJU:

**In the case of an injury to a men's lacrosse player, DO NOT REMOVE THE HELMET, but if necessary remove the face mask.*

Injury During Game/Practice

1. The coach should send for the Certified Athletic Trainer. The coach should hold the athlete motionless until the athletic trainer arrives.

2. The coach should brief the athletic trainer on the mechanism of the injury, symptoms, and any other pertinent information.

3. The athletic trainer will conduct the evaluation and make a decision as to the disposition of the injury, and the appropriate course of action.

4. If the situation is an emergency, the athletic trainer will activate the EMS system.

If the certified athletic trainer is unavailable:

1. Stabilize the athlete. If any of the symptoms are present, the coach should direct another responsible person to call 911 for an ambulance:

- Unconscious
- Unresponsive
- Impaired level of consciousness
- Blockage of airway
- Stoppage of breathing
- Stoppage of circulation
- Severely broken bone, dislocation, or deformity
- Neurovascular compromise (injury to head, neck, or spine)

If the athlete has impaired breathing or circulation, initiate CPR if certified to do so.

2. The coach or assistant should obtain the athlete's insurance form and take it to the hospital with the athlete.

3. When the ambulance arrives, allow EMT's and paramedics to work on the athlete and clear any unnecessary people from the area. Make sure the athlete's parents are contacted as soon as possible.

Venue Directions for EMS

***See site-specific EAPs at the end of this Manual, pg. 35 – 43 as well as Appendix A, pg. 45**



GUIDELINE 2d

Emergency Medical Evaluation and Transport Procedures – Away Contest and Practice Situations

All teams are to travel with a medical kit, student-athletes' insurance information, parents' and emergency information. All of this information and the medical kit will be distributed from the Sports Medicine staff. Sports Medicine Staff travelling with teams will have all the necessary information.

If a SJU certified athletic trainer is not traveling with the team, host teams provide information regarding emergency action plans and doctors and athletic trainers' phone numbers. Coaching staffs are to familiarize themselves with this information prior to each departure

On rare occasions a student-athlete may need to be hospitalized either for the day or overnight, the following is a suggested plan of action:

1. Student-athlete is evaluated by the attending member of the Sports Medicine Staff.
2. The opinion and/or assistance of a certified Athletic Trainer at the host site may be asked for.
3. Typically a host certified athletic trainer will be on site to recommend hospitals, doctors, etc.
4. If without an athletic trainer, coaching staff members should not hesitate to ask the host school's certified athletic trainer for advice regarding injuries and travel.
5. If without an athletic trainer, a coaching staff member is to communicate the injury, as soon as possible, to the Sports Medicine Staff. Coaching staff members are not to assume the Sports Medicine Staff is aware of the injury nor should the

student-athlete be the one contacting the Sports Medicine Staff.

6. Coaching or Sports Medicine Staff members are to have the following information available:
 - a. Any contact information and phone numbers of away site.
 - b. The type of care being given.
 - c. Location of the student-athlete, predicted length of stay and the phone number of the location.
 - d. Nature of injury.
 - e. The name of the physician who is providing treatment and their phone number.
7. If hospitalized, a coach, certified athletic trainer from SJU, or the student-athlete's parent should stay with the student-athlete and make the needed arrangements for housing and transportation back to SJU whenever possible.

Practice or Game Situations:

1. The attending certified Athletic Trainer should be informed of injuries occurring at a practice or a game. The certified Athletic Trainer will gain control of the situation, perform an evaluation and primarily determine the severity of the injury. **If the injury is judged to be a medical emergency, follow the Sports Medicine Emergency Action Plan (Protocols) found in Appendices A, pgs. 36 - .** Otherwise, the athletic trainer will determine if the student-athlete can safely return to play, and/or offer appropriate treatment.
2. Immediate evaluation and first aid will be administered by the Sports Medicine Staff to the injured student-athlete. A decision will be made as to the severity of the injury and if a referral is

necessary. The order of referrals should follow as: attending certified Athletic Trainer, staff certified Athletic Trainer, referral to a team physician, referral to medical specialists.

3. If the student-athlete is referred to a physician for diagnosis, it will be determined if the prescribed treatment is available in the training room under the supervision of the Sports Medicine team and the team physician.
4. If the team physician believes the injury requires a consultation or services of a medical specialist or if treatment is not available in the Training Room,

necessary arrangements will be made by a member of the Sports Medicine Staff. An example is vestibular therapy for the treatment of a concussion.

5. It is the responsibility of the attending certified Athletic Trainer to fill out and file the appropriate injury report form(s) on each injury.
6. The team physician in conjunction with the Sports Medicine Staff has the final unchallengeable authority on when an injured or sick student-athlete may return to practice or intercollegiate competition.



GUIDELINE 2e

Non-Emergency Medical Transportation

Student-Athlete:

Medical Appointments:

Student-athletes are responsible for arranging transportation to and from medical appointments.

Lankenau and Bryn Mawr Hospitals are the SJU preferred hospitals as most student-athletes' appointments are scheduled there. They are located 0.5 and 3.5 miles, respectively west on Lancaster Ave/Route 30 from City Ave./Route 1 in Wynnewood and Bryn Mawr.

Closest Hospital

Lankenau Hospital
100 Lancaster Ave
Wynnewood, PA
484.476.2000

Preferred Hospital

Bryn Mawr Hospital
130 S. Bryn Mawr Avenue
Bryn Mawr, PA. 19010
484.337.3000





GUIDELINE 2f

Consideration for Blood-Borne Pathogens

Information for this section was drawn from:

- Michigan Intercollegiate Athletic Association: Policy on Blood-Borne pathogens
- OSHA regulations on Blood-Borne pathogens
- Policies and Procedures set forth by the NCAA and A-10

The information listed in this section represents a brief summary of the issues and procedures regarding prevention of disease transmission and procedures for handling blood spills.

Opening Statement:

With the turn of the century, there is no doubt that illness related to contamination by blood-borne pathogens is not only a reality, but of major concern to certified Athletic Trainers treating athletes.

In an effort to decrease the risk of transmission of blood-borne pathogens between the student-athlete and the athletic trainers the Saint Joseph's University Sports Medicine Staff has adopted and will conform to the current procedures of risk management as stated by organizations such as OSHA, NCAA and the Atlantic 10 Conference.

Risk Management/ Universal Precautions:

1. Treat all blood as potentially infected.
2. Use disposable gloves when treating a student-athlete who is bleeding or has breaks in the skin such as turf burn.
3. Wash hands before and after touching student-athletes.
4. Use protective devices (i.e. gowns, masks, and eye protection) during procedures when blood is likely to splash.
5. Use resuscitation masks during CPR and Basic Life Support.
6. Dispose of all contaminated waste in approved containers – red bags marked biohazardous waste.
7. Use fresh 1:10 bleach solution or other OSHA approved cleaner for cleaning bloody spills.

Disposal of Contaminated Wastes:

Under the direction of an outside waste management company contracted by the University.

Vaccinations:

Policy determined by University Student Life.



GUIDELINE 2g

Concussion Management Plan (Revised 5/15/2019)

1. *Essential Elements:* Essential elements of the SJU Concussion Management Plan in accordance with NCAA guidelines include the following:
 - a. Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion will be present and available at all NCAA varsity competitions in the following sports: basketball, field hockey, lacrosse, and soccer.
 - b. Any student-athlete with a suspected concussion shall be removed from play, including practice and/or competition.
 - c. Any student-athlete with a suspected concussion is to be evaluated by a Sports Medicine Department healthcare provider with experience in the diagnosis, treatment, and initial management of concussions. The evaluation shall include symptom and cognitive assessment, a physical and neurological exam, and a balance component.
 - d. Any student-athlete who is diagnosed with a concussion shall not return to activity for the remainder of that calendar day.
 - e. A team physician or designee of the team physician shall determine medical clearance, i.e., when the student-athletes may return to exercise and play.
 - f. All student-athletes will review the NCAA Concussion Fact Sheet (made available on the sjuhawks.com sports medicine website) and shall sign a written agreement as part of their pre-participation examination that states they accept the responsibility for reporting their injuries and illnesses to the institution's medical staff, including signs and symptoms of concussion, and that they have received educational material regarding concussions.
 - g. The Sports Medicine staff has unchallengeable authority regarding medical decisions involving student-athletes. Specific to the Concussion Management Plan, the Sports Medicine staff has the unchallengeable authority to remove a student-athlete from practice or competition, and team physicians (or their designees) have the unchallengeable authority to determine concussion management, return-to-play, and medical clearance. Sports Medicine staff members (including affiliates) must report any attempt by a coach or other non-Sports Medicine staff member to interfere with proper concussion protocol or other medical decisions involving student-athletes to the Director of Athletics.
2. *Concussion Overview:* A concussion is a functional injury to the brain, where normal brain physiology and function are disrupted by mechanical forces on the brain.
3. *Signs, Symptoms, Behaviors:* There are a wide variety of signs, symptoms, and behaviors consistent with a concussion:

- a. Symptoms and signs
 - i. Headache
 - ii. Nausea
 - iii. Feeling in a fog
 - iv. Dizziness
 - v. Amnesia
 - vi. Confusion
 - vii. Balance problems
 - viii. Visual problems
 - ix. Fatigue
 - x. Sensitivity to light
 - xi. Sensitivity to noise
 - xii. Dazed
 - xiii. Numbness/tingling
 - b. Mood or behavior changes
 - i. Irritability
 - ii. Mood swings
 - iii. Sadness
 - iv. More emotional
 - c. Cognitive changes
 - i. Slowed reactions time
 - ii. Difficulty concentrating
 - iii. Difficulty with memory
 - iv. Mentally foggy
 - v. Repeats questions
 - vi. Answers questions slowly
 - d. Sleep disturbances
 - i. Drowsiness
 - ii. Insomnia
 - iii. Difficulty falling asleep
4. *Recovery*: The majority of student-athletes with a concussion, with appropriate and timely evaluation and management, will recover and return to their sports and academic life.
5. *Multiple Concussions*: If a student-athlete has previously had a concussion, they are at increased risk of having another concussion. There are additional clinical risk modifiers that affect the evaluation and management of the student-athlete with a concussion. The more concussions an individual has had, the longer it may take for that person's brain to recover; in addition, the effects of repetitive concussions may be cumulative.
6. *Possible Complications*: Possible complications and consequences of a concussion include but are not limited to:
- a. Post-concussion syndrome
 - b. Sudden-impact syndrome
 - c. Neurologic changes such as chronic traumatic encephalopathy
 - d. Death
 - e. Permanent disability

7. *Pre-Participation Management:* All student-athletes will have a pre-participation baseline concussion assessment prior to the commencement of athletic participation including:
 - a. Brain injury and concussion history, performed at yearly pre-participation physical examinations.
 - b. Symptom evaluation, performed at yearly pre-participation physical examinations and on biennial baseline neurocognitive testing.
 - c. Baseline neuropsychological testing using computer-based testing during their first year at SJU and every other year thereafter for contact and collision sports.
 - d. Baseline balance test using a computer based test of balance during their first year at SJU and every other year for contact and collision sports.
 - e. Pre-participation clearance as determined by team physician or team physician designated physician.

8. *Diagnosis and Management:*
 - a. A student-athlete should be removed from play and not return to exercise or play when they are having any signs, symptoms, or behaviors consistent with a concussion.
 - b. The team physician or his/her designee shall evaluate all student-athletes diagnosed with a concussion, or those with a suspected concussion.
 - c. Any athlete who has been diagnosed with a concussion will perform a symptom assessment check list at reasonable intervals until cleared by a team physician.
 - d. Any athlete who is suspected of having a concussion physical exam will also include an assessment for cervical spine trauma including tests of extremities for strength (myotomes) and sensory (dermatomes), cranial nerves, skull fractures, and intracranial bleeds.
 - e. Additional testing, for example neuroimaging or neurocognitive testing, will be at the direction of the medical staff.
 - f. Any student-athlete with any of the following will have appropriate emergency care and transportation to an Emergency Department:
 - i. Glasgow Coma Scale < 13
 - ii. Prolonged loss of consciousness
 - iii. Focal neurological deficit suggesting intracranial trauma
 - iv. Repetitive emesis
 - v. Persistently diminished/worsening mental status or other neurological signs/symptoms
 - vi. Spinal injury
 - g. The student-athlete and another responsible adult (e.g., parent or roommate) will be counseled on post-concussion monitoring and care.
 - h. The student-athlete with a concussion shall continue to report to the Sports Medicine Staff on a regular basis, as instructed to do so at regular intervals, until they have fully returned to play.
 - i. All student-athletes diagnosed with a concussion will be seen by a team physician for guidance with management and for final determination of return-to-play.

9. *Return-to-Play Protocol:* With the mounting evidence that sub-symptom exercise can be beneficial to recovery, during the early stages of recovery if an athlete can tolerate low level and monitored exercise, they should be encouraged to do so. Under the supervision of the team physician and/or the Sports Medicine staff some athletes may be prescribed some guided low-level, low risk cardiovascular activity, such as walking, biking and/or elliptical even if they aren't completely asymptomatic.

Once symptom free and once cleared by the team physician or medically qualified physician designee, the student-athlete may begin a gradual return to sports specific exercise and play as outlined below. Generally, after a 24-48 hour period during which the student-athlete is free of any concussion related

symptoms or signs, exercise and sports related exertion are gradually and progressively re-introduced in stages. The student-athlete must complete each stage without symptoms and successfully to the satisfaction of the Sports Medicine Staff before full return-to-play without restrictions.

Stage	Requirement	Rehabilitation Stage	Functional Excursive at each Stage	Stage Objective
1		No activity	Complete physical and cognitive rest	Recovery
2		Light aerobic exercise		Increase heart rate
3	Completion of Stage 2	Sport-specific exercise (non-contact)	Non-contact simple movement patterns specific to sport	Add movement
4	Completion of Stage 3	Non-contact training drills	Progression to more complex training drills	Exercise, coordination, and cognitive load
5	Completion of Stage 4	Full-contact practice	Following medical clearance, participate in normal activities	Restore student-athlete's confidence and coaching staff assess functional skills
6	Completion of Stage 5	Return to play	Normal game play	

* McCrory, Paul, et al. "Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016." *Br J Sports Med* (2017): bjsports-2017.

10. *Return-to-Learn Protocol*: Return-to-learn guidelines assume that both physical and cognitive activities require brain energy utilization, and that after a sport-related concussion, brain energy may not be available for physical and cognitive exertion because of the brain energy crisis. Return-to-learn should be managed in a stepwise program that fits the needs of the individual. Concussion symptoms vary widely among student-athletes, and even within the same individual who may be suffering a repeat concussion. Because the return-to-play and return-to-learn protocols will often occur in parallel progression (although student-athletes may progress at a different rate under each protocol), it is critical that the multidisciplinary team described below is formed to navigate the dual obligations of academics and athletics.

- a. A student-athlete suffering a sports related concussion will not return to the classroom on the same day as the concussion.
- b. The student-athlete will be provided individualized academic/schedule accommodations based on symptoms and examination for up to two weeks, guided by the team physician, in conjunction with a multidisciplinary team. This team will help navigate the student-athlete through accommodations and especially in the case of complex and/or prolonged return-to-learn.
- c. The multidisciplinary team consists of:
 - a. Team physician

- b. Athletic trainer
- c. Academic counselors
- d. Course instructors
- e. School psychologist/counselor, as indicated
- f. Office of student disability services representatives, as indicated
- d. Accommodations will be made in compliance with the Americans with Disabilities Act Amendments Act from 2008 (ADAAA).
- e. The student-athlete will be monitored at least weekly by the sports medicine staff, and at re-evaluated by the team physician at a time interval determined at visits, more frequently with any worsening.
- f. Campus resources, such as the Office of Student Disability Services, will be engaged when cases cannot be managed with academic and schedule accommodations, consistent with ADAAA.

11. *Reducing Exposure to Head Trauma:* SJU is committed to reducing exposure to head trauma in the following ways:

- a. Coaching and student-athlete education regarding safe play and proper technique
- b. Adherence to Interassociation Consensus: Independent Medical Care for College Student-Athletes Best Practices
- c. Taking a “safety-first” approach to sport

12. *Key Points for Student-Athletes:*

- a. Report signs and symptoms of a possible concussion to the appropriate sports medicine personnel; when in doubt ask the Sports Medicine Staff
- b. Don’t diagnosis yourself as having or not having a concussion
- c. Concussions are serious injuries, there is no such thing a “mild” concussion
- d. The Sports Medicine Staff is here to help you if you are injured or ill, including helping you to return to sports as quickly and safely as possible.
- e. The Sports Medicine Staff, not your coaches, are responsible for all medical decisions regarding any injury or illness, including head injuries.

Additional resources for student-athletes:

www.ncaa.org

- Fact sheets student-athletes and coaches on concussion. (This is handed out during your first team meeting of the school year).
- NCAA Sports Medicine Handbook

www.cdc.gov

- Head Up Concussion Tool Kit
- Information on traumatic brain injury



GUIDELINE 2h

Potential Spine Injuries

You should suspect a potential catastrophic cervical spine injury when:

1. The student-athlete is unconscious or unresponsive for unknown reasons. *Assume that an unconscious student-athlete has a cervical spine injury until it has been proven otherwise!*
2. The mechanism of injury had the potential for head/neck injury.
3. You did not observe mechanism of injury and one of the following indicators is present:
 - a. Unconscious or altered level on consciousness
 - b. Bilateral neurological findings or complaints
 - c. Significant midline spine pain with or without palpitation
 - d. Obvious spinal column deformity

***Only** certified athletic trainers or EMS personnel should palpitate the spinal column.**

What you should do if you suspect a catastrophic spine injury:

IMMEDIATELY alert your Athletic Trainer and report what you know about the mechanism of injury. If your Athletic Trainer is unavailable, activate EMS by calling 911 via cell phone or emergency phone.

- Do NOT move the student-athlete unless necessary to allow access to face for establishment of airway
- Check whether the student-athlete is unconscious or unresponsive **in the position student-athlete is found.**
- Check the student-athlete's airway, breathing, and circulation **in the position student-athlete is found.**
- Check the student-athlete's sensation and motor responses, if you are qualified to do so, **in the position student-athlete is found.**
- Keep student-athlete from getting chilled or overheated.
- Monitor vital signs:
 - Pulse and respiration.
 - Level of consciousness.
 - Skin color.
 - Sensation, movement, strength.
- Continue serial monitoring

Repositioning an athlete lying prone (if qualified)

1. Stabilize the head and neck.
2. Logroll the athlete to a supine position.
3. Stabilize the cervical spine.
4. Remove the face mask of a lacrosse player.
5. Assess level of consciousness.
6. Assess vital signs.



GUIDELINE 2i

Student-Athlete Mental Wellness

Mental health is a part of, not apart from, athlete health. Mental health exists on a continuum, with resilience and thriving on one end of the spectrum and mental health disorders that disrupt a college athlete's functioning and performance at the other. We strive to improve access to quality mental healthcare with the goal of creating a culture where care seeking for mental health issues is as normative as care seeking for physical injuries.

Student-athlete mental well-being is best served through a collaborative process of engaging the full complement of available campus and community resources, which may include athletics, campus health, counseling services, disability services and community agencies. Identifying the resources that are available and integrating strong professional working relationships across these areas are critical to ensure that professionals are informed and respond quickly and effectively. Such integration links professionals in a collaborative model of care that can enhance the ability of individual service providers and maximize support of student-athlete wellness.”

(NCAA Mental Health Best Practices Guide, 2017)

Saint Joseph's University offers counseling and psychological Services, (CAPS) to all students. CAPS

promote the psychological wellbeing of Saint Joseph's University student-athletes through the provision of a variety of therapeutic interventions and outreach programs. The delivery of these services is framed by “transformative learning goals” and occurs within a campus climate that supports the whole person; academically, socially, physically and spiritually.

CAPS is located in Merion Gardens. Student-athletes are encouraged to contact a member of the CAPS team if services are needed.

Contact / Hours for Appointments

Merion Gardens A504

Monday – Friday

8:30 am – 4:30 pm Appointments recommended

610-660-1090

610-660-1793

WALK-IN CENTER FOR URGENT CONCERNS

15-20 min. Visits

No Appointment Necessary

Lafarge - 1st Floor

M-F | 11 am-12:30 pm

Merion Gardens A504

M-F | 3 pm - 4 pm



GUIDELINE 2j

Lightning Safety Policy

The coaching staff is responsible for removing the teams from the playing field to safety in inclement weather. However, the Sports Medicine Staff will advise the coaching staff whenever possible. During competition the referees will typically make the decision. If the referees fail to make sound decisions, the Sports Medicine Staff will intervene



General Information

Coaching and Sports Medicine Staffs should check weather reports before events. If weather reports indicate threatening weather situation coaching and sport medicine staffs are to be mindful of the following:

- Awareness to nearby thunderstorm development.

- Location of a safe shelter closest to the athletic site and how long it takes to reach the site (a tree is not a safe location).

A safe shelter is any building that has metal plumbing or wiring, or both, to electrically ground the structure, i.e. not a shed or shack. In the absence of a sturdy building as described above, any vehicle with a hard metal roof (*not a convertible or golf cart*) with the windows rolled up.

Real-time weather forecast and commercial weather-warning devices or services are tools that may be used to aid in the monitoring and notification of threatening weather situations, decision-making regarding stoppage of play and evacuation and return-to-play.



(Anvil Cloud – leading edge of thunderstorm)



GUIDELINE 2k

Lightening Safety Procedures

1. Designate a chain of command as to who monitors threatening weather and who makes the decision to remove a team or individuals from an athletic site or event.
2. If the lightening detector and/or weather applications indicate a storm is less than eight miles away, all outdoor activity should cease and all student-athletes, game personnel and staff should seek safe shelter.
3. Avoid tall or individual trees, lone objects and metal objects (such a lacrosse sticks and goals), standing pools of water and open fields. Avoid being the tallest object on the field.
4. If no safe shelter is available within a reasonable distance, crouch in a thick grove of small trees surrounded by taller trees or in a dry ditch. Crouching with only your feet touching the ground and keeping your feet close together, wrap your arms around your knees and lower your head to minimize your body's surface area. **DO NOT LIE FLAT!**
5. If you feel your hair stand on end, or your skin tingle, or hear crackling noises, immediately crouch to minimize body surface area.
6. Do not use the telephone unless there is an emergency.
7. Lightning strike victims do not carry an electrical charge. CPR is safe and has been shown to be effective in reviving lightning strike victims.
8. Pay more attention to the lightening threat than to the rain. It need not be raining for lightening to strike and it can strike far from the rain shaft.
9. Lightning strikes average 5-to-6 miles long and move at speeds of up to 25mph.
10. Once the leading edge of a thunderstorm approaches within ten miles, you are at immediate risk due to the possibility of strikes coming from the storm's overhanging anvil cloud. This happens with clear blue skies overhead.
11. By the time you hear thunder, it is within 3-4 miles. By the time you feel the wind, the storm is less than 3 miles away.
12. Allow thirty minutes to pass after the last sound of thunder or flash of lightening before resuming any intercollegiate athletic activity.
13. Please see each venue for appropriate safe shelter.

See below:





GUIDELINE 21

Prevention of Heat Illness and Exertional Rhabdomyolysis

Practice or competition in hot and/or humid environmental conditions poses special problems for the student-athlete. Heat stress and resulting heat illness is a primary concern in these conditions. Although deaths from heat illness are rare, constant surveillance and education are necessary to prevent heat-related problems. The following practices should be observed.

1. An initial complete medical history and physical exam, followed by the completion of a yearly health questionnaire is required.
2. Prevention of heat illness begins with aerobic conditioning, which provides partial acclimatization to the heat. Student-athletes should gradually increase exposure to hot and/or humid conditions over a period of 7 to 10 days. When conditions are extreme, training or competition should be held during a cooler time of the day.
4. To identify heat stress conditions, regular measurements of environmental conditions are recommended. (See heat index in Appendix G)
5. Dehydration must be avoided not only because it hinders performance, but also because it can result in profound heat illness. Fluid replacement must be readily available. Student-athletes should drink one to two cups of water in the hour proceeding practice or competition, and continue drinking during activity every 15 to 20 minutes, more frequently during increased temperature and increased humidity.
6. Some student-athletes may be more susceptible to heat illness. Susceptible individuals include those with: inadequate acclimatization or aerobic fitness, excess body fat, a history of heat illness, a febrile

condition and those who regularly push themselves to capacity. Clothing and protective equipment such as helmets, shoulder pads and shin guards ALSO increase heat stress by interfering with the evaporation of sweat.

See Appendix G for Heat Index information

Potential Risk Factors for Heat Illness:

1. Intensity of exercise. This is the leading factor that can increase core body temperature higher and faster than any other.
2. Environmental conditions. Heat and humidity combine for a high wet-bulb globe temperature that can quickly raise the heat stress on the body.
3. Duration and frequency of exercise. Minimize multiple practice sessions during the same day and allow at least three hours of recovery between sessions.
4. Dehydration. Fluids should be readily available and consumed to aid in the body's ability to regulate itself and reduce the impact of heat stress.
5. Nutritional supplements. Nutritional supplements may contain stimulants, such as ephedrine, ma huang or high levels of caffeine. These substances can have a negative impact on hydration levels and/or increase metabolism and heat production. They are of particular concern in people with underlying medical conditions such as sickle cell trait, hypertension, asthma and thyroid dysfunction.
6. Medical conditions. Examples include illness with fever, gastrointestinal illness, previous heat illness, obesity or sickle cell trait.

7. Medication/drugs. Certain medications and drugs have effects similar to those of some nutritional supplements. These substances may be ingested through over-the-counter or prescription medications, recreational drugs, or food. Examples include antihistamines, decongestants, certain asthma medications, Ritalin, diuretics and alcohol.
8. Acclimatization/fitness level. Lack of heat acclimatization due to the heat or poor conditioning.
9. Clothing. Dark clothing absorbs heat. Moisture wicking-type material helps dissipate heat.
10. Protective equipment. Helmets, shoulder pads, chest protectors, and thigh and leg pads interfere with sweat evaporation and increase heat retention.
11. Limited knowledge of heat illness. Signs and symptoms can include elevated core temperature, pale or flushed skin, profound weakness, muscle cramping, rapid weak pulse, nausea, dizziness, excessive fatigue, fainting, confusion, visual disturbances and others

First Aid for Heat Exhaustion

Symptoms usually include profound weakness and exhaustion, and often dizziness, heat syncope (low blood pressure that results in fainting due to prolonged physical activity), muscle cramps and nausea. Heat exhaustion is a form of shock due to depletion of body fluids. First aid should include rest in a cool, shaded environment. Fluids should be given orally. Although rapid recovery is not unusual, student-athletes suffering from heat exhaustion should not be allowed to practice or compete for the remainder of that day.

First Aid for Heatstroke

Heatstroke is a medical emergency. Medical care must be obtained at once; a delay in treatment can be fatal. This condition is characterized by a very high body temperature and usually (but not always) hot, dry skin, which indicates failure of the primary temperature regulating mechanism (sweating), and possibly seizure

or coma. First aid includes immediate cooling of the body without causing the student-athlete to shiver. Recommended methods for cooling include using ice, immersion in cold water or wetting body and fanning vigorously. Transportation to a medical facility should not occur until core body temperature is lowered. Sports Medicine personnel will use a rectal thermometer inserted 10-15 centimeters to assess and monitor core temperature.

Risk Factors

Air temperature, humidity and dehydration are common risk factors associated with heat illness. In addition, the following factors also put student-athletes at risk:

1. Nutritional Supplements. Nutritional supplements may contain stimulants, such as ephedrine, ma huang or caffeine. These substances can dehydrate the body and/or increase metabolism and heat production. They are of particular concern in people with underlying medical conditions such as hypertension, asthma and thyroid dysfunction. Use of creatine or amino acids also leads to dehydration and may affect kidney function which in turn affects hydration.

2. Medication/drugs. Certain medications and drugs have similar effects as some nutritional supplements. These substances may be ingested through over the counter (OTC) or prescription medications or with food. Examples include antihistamines, decongestants, certain asthma medications, Ritalin, diuretics and alcohol.

3. Medical conditions. Examples include illness with fever, gastrointestinal illness or sickle cell trait.

4. Acclimatization. Lack of acclimatization due to the heat or poor conditioning. Proper acclimatization takes 10 – 14 days.

5. Clothing. Dark clothing absorbs heat. Protective equipment limits heat dissipation.

Exertional Rhabdomyolysis

Exertional rhabdomyolysis (ER) – sometimes called exercise-induced rhabdomyolysis – is the breakdown of muscle from extreme physical exertion. ER is more likely to occur when strenuous exercise is performed under high temperatures and humidity. Poor hydration before, during, and after strenuous bouts of exercise have also been reported to lead to ER.

Dehydration is one of the biggest factors that can give almost immediate feedback from the body by producing very dark colored urine. Rhabdomyolysis causes the muscles to degenerate into smaller proteins that travel into the circulatory system. When the protein reaches the kidneys it causes a strain on the kidneys reducing its effectiveness as a filter for the body. The protein acts like a dam. As a result this causes urine output to decrease allowing for the uric acid to build up inside the organ which eventually will lead to renal failure if the tissue damage is too great.

Exertional rhabdomyolysis can be avoided by gradually increasing intensity during new exercise regimens, properly hydrating, acclimatizing to the environment, and avoidance of diuretics during times of strenuous activity.

Lowering the risk of exertional rhabdomyolysis can be obtained by engaging in prolonged lower intensity exercise as opposed to high intensity exercise over a shorter time period.

In all athletic programs, three features should be present:

1. Emphasizing prolonged lower intensity exercise, as opposed to repetitive max intensity exercises.
2. Adequate rest periods and a high carbohydrate diet to replenish glycogen stores.
3. Proper hydration will enhance renal clearance of myoglobin. Also, exercise in above average temperature and humidity can increase risk for exertional rhabdomyolysis.

Common signs and symptoms:

1. Limb swelling
2. Pain and dysfunction out of proportion to typical muscle soreness
3. Inability to move limbs
4. Difficulty getting out of chair, off the floor, up and down stairs
5. Muscle weakness
6. Low urine output
7. Fatigue
8. Soreness
9. Bruising
10. Dark, tea-colored urine
11. Infrequent urination
12. A fever
13. A sense of malaise, or feeling sick
14. Nausea
15. Vomiting
16. Confusion
17. Agitation



GUIDELINE 2m

Cold Stress

Cold exposure can be uncomfortable, impair performance and even become life threatening. Conditions created by cold exposure include wind chill, frostbite and hypothermia. Wind chill can make activity uncomfortable and can impair performance when muscle temperature declines. Frostbite is the freezing of superficial tissues, usually of the ears, toes, fingers and face. While hypothermia, a significant drop in body temperature, occurs with rapid cooling, exhaustion and energy depletion. Hypothermia frequently occurs at temperatures above freezing. A wet and windy 30-50 degree exposure may be as serious as subzero exposure. Wind speed interacts with ambient temperature to significantly increase body cooling. See Appendix H for Wind Chill Index.

Cold exposure affects many body systems. The combination of cold air and the deep breathing of exercise can trigger an asthma attack. Cold air is not dangerous to lung tissue, but it can cause coughing, chest tightness and discomfort. Physiological factors such as strength, power, endurance and aerobic capacity are reduced by a drop in muscle temperature or body core temperature. Early recognition of cold stress is important. Shivering, a means for the body to generate heat, serves as an early warning sign. Excessive shivering contributes to fatigue and may be a detriment to performance or may make motor skills more difficult.

Other signs include numbness and pain in fingers and toes or a burning sensation of the ears, nose or exposed flesh. When the cold reaches the brain, a victim may exhibit sluggishness, poor judgment and may appear disoriented. Speech becomes slow and slurred and movements become clumsy. The student-athlete may want to lie down and rest. To prevent cold problems, the student-athlete should be instructed as follows:

Clothing

Dressing in layers and trying to stay dry is an important aspect of preventing cold stress. Heat loss from the head and neck may be as much as 50% of total heat loss therefore, the head should be covered during cold stress conditions. Moisture, whether from perspiration or precipitation, significantly increases body heat loss. Cotton is a poor choice for winter wear since it holds moisture and loses insulating properties when wet.

Energy/Hydration

Energy levels should be maintained via the use of meals, energy snacks and carbohydrates or electrolyte sports drinks. Staying hydrated is extremely important because dehydration affects the body's ability to regulate temperature and increases the risk of frostbite.

Fatigue/Exhaustion

Fatigue and exhaustion deplete energy reserves. Exertional fatigue and exhaustion increase the susceptibility to hypothermia, as does sleep loss.

Warm Up

Warm up thoroughly and keep warm throughout the practice or competition to prevent a drop in muscle or body temperature. A practice session with a lot of activity followed by periods of inactivity may lead to cold stress.

Partner

Athletes should never train alone. Training with a partner helps to ensure early recognition of dangerous conditions and problems. Consideration for canceling a practice or event should include specific environmental conditions, the experience and cold tolerance of the student-athletes and the factors associated with cold.

PROTECTIVE EQUIPMENT



GUIDELINE 3a

Protective Equipment

Rules governing mandatory equipment and equipment use vary by sport. Athletic personnel should be familiar with what equipment is mandatory by rule and what constitutes illegal equipment. The NOCSAE mark on a helmet or HECC seal on an ice hockey face mask indicates that the equipment has been tested by the manufacturer in accordance with NOCSAE or HECC test standards. The following list of mandatory equipment use is based on NCAA sports rules.

Baseball

- All players who are batting, on deck or running bases must wear a double ear-flap protective helmet. All helmets must carry the NOCSAE mark.
- All catchers must have a built-in or attachable throat guard on their masks. All catchers are required to wear a protective helmet when fielding their position.

Field Hockey

- The following equipment is permitted for use by goal-keepers only: body and wrap around throat protectors, pads, kickers, gauntlet gloves, helmet incorporating fixed full-face protection and cover for the head and elbow pads.
- All players, including goalkeepers, must wear mouth guards.
- Players assuming the role of “kicking back” must wear a wrap-around throat protector and helmet. In the event of a defensive corner, the “kicking back” must also wear a chest protector and distinguishing jersey.
- Defenders on corners must wear face masks that can be removed once the play has left the circle.

Women’s Lacrosse

- The goalkeeper must wear a helmet with face mask, separate throat protector, a mouth piece and a chest protector.

- All field players must wear a properly-fitted intra-oral mouth guard that covers all upper teeth.
- All field players must wear mandatory protective eyewear that meets current ASTM lacrosse standards.

Men’s Lacrosse

- All players must wear a protective helmet that carries the NOCSAE mark, is equipped with a face mask and chin pad, a cupped four-point chin strap. (high-point hook-up)
- All players must wear an intra-oral mouth guard that covers all upper teeth and is yellow or any other highly visible color.
- All players must also wear protective gloves, shoulder pads, shoes and a jersey. Shoulder pads should not be altered.
- The goalie must also wear a throat protector and chest protector.

Soccer

- All players must wear shin guards under their stockings in the manner intended. The shin guards shall be professionally manufactured, age and size appropriate, and not altered to decrease protection.

Softball

- Catchers must wear foot-to-knee shin guards, a NOCSAE-approved protective helmet with a face mask and built-in or attachable throat guard, and a chest protector.
- All players who are batting, on deck or running bases must wear a double ear-flap protective helmet. All helmets must carry the NOCSAE mark



GUIDELINE 3b

Protective Equipment –Mouth Guards

The NCAA has mandatory equipment rules, including the use of mouth guards for selective sports. Various studies of “properly fitted mouth guards” indicate that they may reduce dental injuries and mild traumatic brain injuries (concussions) when a blow to the head or jaw is received.

Specific objectives for the use of “properly fitted mouth guards” as protective devices in sports are as follows:

1. “Properly fitted mouth guards” could reduce the potential chipping of tooth enamel surfaces and reduce fractures of teeth, roots or bones.
2. “Properly fitted mouth guards” could protect lip and cheek tissues from being impacted and lacerated against tooth edges.



(Mouth Formed)

3. “Properly fitted mouth guards” could reduce the incidence of a fractured jaw by a blow delivered to the chin or head.
4. “Properly fitted mouth guards” could reduce the incidence of a mild traumatic brain injury by possibly absorbing energy from a blow to the chin or head.

5. “Properly fitted mouth guards” could provide protection to toothless spaces, so support is given to the missing dentition of the student-athlete.



(Mouth Formed with strap)

Stock, mouth formed (boil and bit) and custom-fitted are three types of mouth guards recognized by the ADA. All need to be properly fitted for maximum protection. Student-athletes should be advised as to which mouth guard is best for them and how it is best maintained to assure the maximum fit and protection daily practices and game-day wear. Sports Medicine and Coaching Staff personnel should regularly oversee and observe the student-athletes and the mouth guards.



(Stock)



(Custom made)

VENUE-SPECIFIC INFORMATION



GUIDELINE 4a

Emergency Protocol for Baseball – John Smithson Field

Location of practices and games:

John Smithson Field located on the Maguire Campus on North Latches Lane, Lower Merion, Pa.

Emergency Vehicle Access to Field:

Enter campus through the Gabriel Parking Lot on North Latches Lane. Vehicles enter field through the fence along the 3rd base line in Center Field.

Telephone Access:

There is a campus phone in each of the dugouts.

Telephone Protocol:

Using the phone in the dugout, dial 9 for an outside line then 911. Using a portable phone you will have to dial 911 and state your location and problem.

GPS address for 911:

Gabriel Hall
470 North Latches Lane
Merion, PA
Lat:39.9957 Long: -75.2471

Closest shelter for lightening:

O'Pake recreation center
 Place a coach, student-athlete or parent at the entrance of the field just off North Latches Lane near

Make sure a coach or supervising adult goes with the student-athlete to the hospital whenever possible.

Notify the sports medicine staff, parents and security as soon as possible.

Closest Hospital

Lankenau Hospital
 100 Lancaster Ave
 Wynnewood, PA
 484.476.2000

Preferred Hospital

Bryn Mawr Hospital
 Bryn Mawr Avenue
 Bryn Mawr, PA
 484.337.3000

Telephone Numbers:

Emergency Access: 911
 SJU Security: 610.660.1111

Blue Light Phone Location:

Bottom of steps behind 1st base dugout and outside entrance to batting cages.

AED

The athletic trainer will have a portable AED with him/her and there is an AED located in O'Pake outside the pool deck and the office of Recreation on upper level

Telephone Numbers:

Emergency Access: 911

SJU Security: 610.660.1111

Lori Sweeney

610.637.8583

Bill Lukasiewicz

610.637.8580

Jessica Russell

989.415.2213

Neil Hoffman

215.300.1188

Nate Miller

734.770.8563

Jenna Robison

856.308.8307

Mike Bibbo

610.517.9043

Emily Saleski

586.823.8314





GUIDELINE 4b

Emergency Protocol Field Hockey – Ryan Field

Location of Field:

Maguire Campus, Lower Merion
Along City Avenue

Vehicle Access to field:

Emergency vehicle access is off North Latches Lane through the Dupperault parking lot and along walkway to the field.

GPS address for 911:

Cardinal Foley Center
390 North Latches Lane
Merion, PA
Lat: 39.9948 Long: -75.2422

Blue Light Phone Location:

Along the walkway adjacent to field near Connelly Hall and next to upper level entrance of Paris Hall.

Closest Shelter: O'Connell Hall or Foley Center

AED

The athletic trainer will have a portable AED with him/her and there is an AED located in Connelly Hall 2nd floor and Merion hall ground floor.

General Comments:

Place a coach, student-athlete or parent at the entrance of the Maguire Campus on North Latches Lane parking lot entrance or ask security to do so to help direct the ambulance to site if necessary.

Make sure a coach or supervising adult goes with the student-athlete to the hospital whenever possible.

Notify the Sports Medicine staff, parents and security as soon possible.

Closest Hospital

Lankenau Hospital
100 Lancaster Ave
Wynnewood, PA
484.476.2000

Preferred Hospital

Bryn Mawr Hospital
Bryn Mawr Avenue
Bryn Mawr, PA
484.337.3000

Telephone Numbers:

Emergency Access: 911

SJU Security: 610.660.1111

Lori Sweeney
610.637.8583

Bill Lukasiewicz
610.637.8580

Jessica Russell
989.415.2213

Neil Hoffman
215.300.1188

Nate Miller
734.770.8563

Jenna Robison
856.308.8307

Mike Bibbo
610.517.9043

Emily Saleski
586.823.8314





GUIDELINE 4c

Emergency Protocol for Basketball – Hagan Arena

Location of practices and games:
Hagan Arena

Vehicle Access to Court:

Entrance to the Arena or Ramsey Basketball Center

Telephone Access:

Phones in ticket office, administration offices or the front desk and on the upper section next to the AEDs

Telephone Protocol:

Dial 911 and state your location and problem. Notify SJU security immediately.

GPS address for 911:

Hagan Arena
2450 North 54th St.
Philadelphia, PA
(entrance to Hagan from 54th Street across from Larry's)



AED

The athletic trainer will have a portable AED with him/her and there is an AED located on each side of arena at about half court, outside the entrance to the women's general locker room and outside the weight room/training room.

General Comments:

Make sure a coach or supervising adult goes with the student-athlete to the hospital whenever possible.

Notify the sports medicine staff, parents and SJU security as soon as possible.

Closest Hospital

Lankenau Hospital
100 Lancaster Ave
Wynnewood, PA
484.476.2000

Preferred Hospital

Bryn Mawr Hospital
Bryn Mawr Avenue
Bryn Mawr, PA
484.337.3000

Telephone Numbers:

Emergency Access: 911
SJU Security: 610.660.1111

Lori Sweeney
610.637.8583

Bill Lukasiewicz
610.637.8580

Mitch Holland
248.410.2922

Jessica Russell
989.415.2213

Neil Hoffman
215.300.1188

Nate Miller
734.770.8563

Jenna Robison
856.308.8307

Mike Bibbo
610.517.9043

Emily Saleski
586.823.8314





GUIDELINE 4d

Emergency Protocol for Rowing – Schuylkill River

Location of practices and races:
Schuylkill River

Make sure a coach or supervising adult goes with the student-athlete to the hospital whenever possible.

Lori Sweeney
610.637.8583

Vehicle Access to Water:
Kelly Drive, Boathouse parking lot

Notify the sports medicine staff, parents and SJU Security as soon as possible.

Bill Lukasiewicz
610.637.8580

Telephone Access:
Coaching staff should have a portable phone at all practices and races in the boathouse and on the water.

Jessica Russell
989.415.2213

Telephone Protocol:
Dial 911 and state your location and problem

Closest Hospital
Hahneman Hospital
Broad and Vine Streets
Philadelphia, PA
215-762-7000

Neil Hoffman
215.300.1188

GPS address for 911
Gillin Boathouse
2200 Kelly Drive
Philadelphia, PA
Lat: 39.9959 Long: -75.2346

Telephone Numbers:
Emergency Access: 911
SJU Security: 610.660.1111

Nate Miller
734.770.8563

Jenna Robison
856.308.8307

Mike Bibbo
610.517.9043

AED
The rowing coaches have a portable AED with them in the launch or in the boathouse.



Emily Saleski
586.823.8314

General Comments:
Have a coach or student-athlete on Kelly Drive at the closet point to the boat on the river to assist with directions for the ambulance



GUIDELINE 4e

Emergency Protocol for Soccer, Lacrosse and Tennis (Main Campus Courts) – Sweeney Field and Tennis Courts

Location of practices:

Sweeney Field and SJU Tennis Courts

Vehicle Access to Field:

Overbrook Avenue between the SJU tennis courts and Villager Hall.

Telephone Protocol:

Using a portable phone you will have to dial 911 and state your location and problem. Then call SJU Security. When using the campus emergency phones just pick up the phone and SJU Security will assist you.

GPS Address for 911

5621 Overbrook Ave.

Philadelphia, PA

Access via ally way between tennis courts and Post Hall

Lat: 39.9942 Long: -75.2361

Blue Phone Location

Located just above the field along the walkway near Mandeville Hall at the mid field of Sweeney Field.

Closest Shelter: Hagan Arena Athletics Center

AED

The athletic trainer will have a portable AED with him/her and

there is an AED located in Hagan arena outside women's general locker room and in Mandeville Hall.

General Comments:

Have a coach, student-athlete or parent between Overbrook Avenue and the SJU tennis courts to direct the ambulance onto the field.

Make sure a coach or supervising adult goes with the student-athlete to the hospital whenever possible.

Notify the sports medicine staff, parents and SJU security as soon as possible.

Closest Hospital

Lankenau Hospital
100 Lancaster Ave
Wynnewood, PA
484.476.2000

Preferred Hospital

Bryn Mawr Hospital
Bryn Mawr Avenue
Bryn Mawr, PA
484.337.3000

Telephone Numbers:

Emergency Access: 911

Lori Sweeney
610.637.8583

Bill Lukasiewicz
610.637.8580

Jessica Russell
989.415.2213

Neil Hoffman
215.300.1188

Nate Miller
734.770.8563

Jenna Robison
856.308.8307

Mike Bibbo
610.517.9043

Emily Saleski
586.823.8314





GUIDELINE 4f

Emergency Protocol for Men's Golf – Llanarch Country Club

Location of practices and meets:

Llanarch Country Club
West Chester Pike and Manoa
Havertown, PA

Vehicle Access to golf course:

West Chester Pike and Manoa
Road

Telephone Access:

The coaching staff should have a portable phone at practice and meets. The Pro Shop number is 610.446.2232.

Telephone Protocol:

Dial 911 and state your location and problem.

General Comments:

Have a coach, student-athlete or country club personnel at the Pro Shop to help direct the ambulance.

Make sure a coach or supervising adult goes with the student-athlete to the hospital whenever possible. Notify the sports medicine staff, parents and SJU security as soon as possible.

Closest Hospital

Delaware County Memorial
501 North Lansdowne Ave.
Upper Darby, PA 19026
610.284.8100

Telephone Numbers:

Emergency Access: 911

SJU Security:

610.660.1111

Lori Sweeney

610.637.8583

Bill Lukasiewicz

610.637.8580

Jessica Russell

989.415.2213

Neil Hoffman

215.300.1188

Nate Miller

734.770.8563

Jenna Robison

856.308.8307

Mike Bibbo

610.517.9043

Emily Saleski

586.823.8314





GUIDELINE 4g

Emergency Protocol for Softball –

Location of practices and games:

SJU Softball Field located on the Maguire Campus on Berwick Ave., Lower Merion, PA.

Emergency Vehicle Access to Field:

Enter campus through the Berwick Gate on Berwick Lane off of City Ave. Vehicles enter field through the fence along the 1st base line.

Blue Phone Access

There are phones located just outside the batting cages and at the bottom of the steps from the baseball field's 1st base dugout. There is a campus phone the press box and in the dugouts

Telephone Protocol:

Using the phone in the press box, dial 9 for an outside line then 911. Using a portable phone you will have to dial 911 and state your location and problem.

GPS location for 911

39 Berwick Lane
Merion, PA

(must access off City Ave)

Lat: 39.9945 Long: -75.2450

Closest shelter: O'Pake Recreation Center

AED

The athletic trainer will have a portable AED with him/her and there is are AED(s) located in O'Pake: one outside the pool deck one in the Upper level located by the Director's office and one in Paris Hall lower level next to the door that faces the softball field.

General Comments:

Have a coach, student-athlete or parent at the entrance of the field just off Berwick Lane near the Berwick Gate to help direct ambulance to the site is necessary.

Make sure a coach or supervising adult goes with the student-athlete to the hospital whenever possible.

Notify the sports medicine staff, parents and security as soon as possible.

Closest Hospital

Lankenau Hospital
100 Lancaster Ave
Wynnewood, PA
484.476.2000

Preferred Hospital

Bryn Mawr Hospital
Bryn Mawr Avenue
Bryn Mawr, PA
484.337.3000

Emergency Access: 911

SJU Security:
610.660.1111

Lori Sweeney
610.637.8583

Bill Lukasiewicz
610.637.8580

Jessica Russell
989.415.2213

Neil Hoffman
215.300.1188

Nate Miller
734.770.8563

Jenna Robison
856.308.8307

Mike Bibbo
610.517.9043

Emily Saleski
586.823.8314



GUIDELINE 4h

Saint Joseph's University Emergency Protocols – Maguire Tennis Courts

Location of practices and meets:

Tennis Courts located behind Quinn building and adjacent to the parking lot.

Emergency Vehicle Access to Field

Quinn parking lot off North Latches Lane in Lower Merion.

Once SJU Security is notified they will direct traffic and allow emergency vehicle access through the gated lot. Also, send a coach or student-athlete to assist with directing the ambulance to the courts.

Phone Protocol

Emergency Number 911

SJU Security 610.660.1111

Cellular Phones Dial 911

Staff should have portable phones at practices. State the location and the problem.

Blue Phone Access

There is one the corner of the walkway next to Nicolletti Music Building and another located adjacent to court 1 at the parking lot.

GPS address for 911:

Quinn Building

394 Latches Lane

Merion, PA

Lat: 39.9967 Long: -75.2450

Closest shelter:

O'Pake Recreation Center

AED

The athletic trainer may have a portable AED with him/her and there is an AED located in O'Pake outside the Director's office on the upper side by tennis walkway.

General Comments

Make sure a coach, student-athlete or SJU security accompanies the injured student-athlete to the hospital if possible.

Notify Staff Athletic Trainer, Administration and parents as soon as possible

Closest Hospital

Lankenau Hospital

100 Lancaster Ave

Wynnewood, PA

484.476.2000

Preferred Hospital

Bryn Mawr Hospital

Bryn Mawr Avenue, Bryn Mawr, PA

484.337.3000



Telephone numbers:

Emergency Access: 911

Lori Sweeney

610.637.8583

Bill Lukasiewicz

610.637.8580

Jessica Russell

989.415.2213

Neil Hoffman

215.300.1188

Nate Miller

734.770.8563

Jenna Robison

856.308.8307

Mike Bibbo

610.517.9043

Emily Saleski

586.823.8314



GUIDELINE 4i

Saint Joseph's University Emergency Protocols – Paris Hall Indoor Rowing Facility

Emergency Vehicle Access to Field

Enter campus through the Berwick Gate on Berwick Lane off of City Ave. Vehicles enter the area and drive around softball field towards the 3rd base line to Paris Hall

Once SJU Security is notified they will direct traffic and allow emergency vehicle access through the gated lot. Also, send a coach or student-athlete to assist with directing the ambulance to the courts.

Phone Protocol

Emergency Number 911
SJU Security 610.660.1111
Cellular Phones Dial 911

There should have portable phones at practices, state location and problem.

Blue Phone Access

There is on the corner of the walkway on the upper side of Paris Hall walkway.

Red Phone Access

There are two red phones located within the building with direct access to security. They are located next to the entrance to the kitchen and up the stairs toward the theatre.

GPS location for 911

39 Berwick Lane
Merion, PA
(must access off City Ave)
Lat: 39.9945 Long: -75.2450

AED

The AED is mounted on the wall next to the entrance to the kitchen.

General Comments

Make sure a coach, student-athlete or SJU security accompanies the injured student-athlete to the hospital if possible.

Notify Staff Athletic Trainer, Administration and parents as soon as possible

Closest Hospital

Lankenau Hospital
100 Lancaster Ave
Wynnewood, PA
484.476.2000

Preferred Hospital

Bryn Mawr Hospital
Bryn Mawr Avenue
Bryn Mawr, PA
484.337.3000

Telephone numbers:

Emergency Access: 911

Lori Sweeney
610.637.8583

Bill Lukasiewicz
610.637.8580

Jessica Russell
989.415.2213

Neil Hoffman
215.300.1188

Nate Miller
734.770.8563

Jenna Robison
856.308.8307

Mike Bibbo
610.517.9043

Emily Saleski
586.823.8314

APPENDICES

Appendix A: Summary of GPS locations

(please make sure that you have the information with you when dialing 911)

Maguire Tennis Courts

Quinn Building
394 Latches Lane
Merion, PA

Lat: 39.9967 Long: -75.2450

Softball Field and Paris Hall

39 Berwick Lane
Merion, PA
Must access off City Ave

Lat: 39.9945 Long: -75.2450

Hagan Arena

2450 North 54th Street
Philadelphia, PA

Smithson Baseball Field

Gabriel Hall
470 North Latches Lane
Merion, PA
Access through the Gabriel Lot and through the left field gate

Lat: 39.9957 Long: -75.2471

Gillin Boathouse

2200 Kelly Drive
Philadelphia, PA
Lat: 39.9959 Long: -75.2346

Sweeney Field and Tennis Courts

5621 Overbrook Ave.
Philadelphia, PA
Access via ally way between tennis courts and Post Hall

Lat: 39.9942 Long: -75.2361

Ellen Ryan Field Hockey Field

Cardinal Foley Center
390 North Latches Lane
Merion, PA
Access through the Duperault Lot along the walkway to the field

Lat: 39.9948 Long: -75.2422

O'Pake Recreation Center

420 North Latches Lane
Merion, PA

Staff contact information:

Lori Sweeney
610.637.8583

Bill Lukasiewicz
610.637.8580

Jessica Russell
989.415.2213

Neil Hoffman
215.300.1188

Nate Miller
734.770.8563

Jenna Robison
856.308.8307

Mike Bibbo
610.517.9043

Emily Saleski
586.823.8314

Appendix B: Heat Illness/Stroke Protocol

Follow these steps to initiate emergency treatment:

- Remove all equipment and excess clothing.
- Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (place them in a **tub/polar life pod/stock tank** with ice and water approximately 35–58°F); stir water and add ice throughout cooling process.
- If immersion is not possible (no tub or no water supply), take athlete to a shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
- Maintain airway, breathing and circulation.
- After cooling has been initiated, activate emergency medical system by calling 911.
- Monitor vital signs such as rectal temperature, heart rate, respiratory rate, blood pressure, monitor CNS status.
- If rectal temperature is not available, **DO NOT** USE AN ALTERNATE METHOD (oral, tympanic, axillary, forehead sticker, etc.). These devices are not accurate and should never be used to assess an athlete exercising in the heat.
- Cease cooling when rectal temperature reaches 101–102°F (38.3–38.9°C).

Exertional heat stroke has had a 100% survival rate when immediate cooling (via cold water immersion or aggressive whole body cold water dousing) was initiated within 10 minutes of collapse

Weather Monitoring

To minimize the risk of heat injury, Saint Joseph's University has adopted the following standards to follow for practice. The Kestrel 5400 Heat Unit is pictured below that will measure the heat stress index which is the WBGT. Please note that the WBGT reading is not the air temperature even though it is measured in °F.



Guidelines for hydration and rest breaks:

1. Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity involved.
2. Helmets should be removed during rest time. (football, field hockey & women's lacrosse goalies, men's lacrosse)
3. Ice towels will be provided for practice.
4. Cold-immersion tubs available for practices for the benefit of any player showing early signs of heat illness

Locations of Cold Tubs:**Hagan Athletic Training Room** –in the Hydro room with permanent fixed Cold Tub**O’Pake Fieldhouse** – just outside the Equipment room**Polar Life Pod**- moved to field location when temperatures and humidity put athletes at risk for heat illness

The common sense approach to having water breaks, allowing for rest breaks built into the practice works the best. If more breaks are needed the Sports Medicine staff will advise. In the event the Sports Medicine staff is not present, the coaching staff just needs to aware of the following:

1. A red flashing light means that no protective equipment should be worn and two 10 minute water breaks must utilized during the 60 minute allowed practice time..
2. If the red light flashes and the alarm goes off that means the heat index is significant enough to cease practice.

WBGT Reading	Activity and Rest Break Guidelines
$\leq 82^{\circ}\text{F}$	Normal activities: provide 2-3 separate breaks/hour minimum of 3 minutes each during workout. Green
$82^{\circ}\text{F} - 86.9^{\circ}\text{F}$	Use discretion for intense or prolonged exercise. Watch at risk players closely. Provide 2-3 separate rest breaks/hour. Minimum duration 4 minutes each. Yellow
$87^{\circ}\text{F} - 89.9^{\circ}\text{F}$	Maximum practice time = 2 hours. Football players restricted to helmet, shoulder pads and shorts during practice. All protective equipment removed for conditioning. For all sports provide 4 or more separate rest breaks minimum of 4 minutes each in duration. Orange
$90^{\circ}\text{F} - 92^{\circ}\text{F}$	Maximum practice length 1 hour. No protective equipment may be worn during practice and there are no conditioning exercises. There must be 20 minutes of rest breaks provided during the hour of practice. Red Light will flash.
$\geq 92^{\circ}\text{F}$	No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading. Red Light will flash and an alarm will beep

Appendix C: Saint Joseph's University Department of Athletics Drug and Alcohol Education & Testing Program *[Revised Effective February 15, 2019]*

1. Introduction

The Saint Joseph's University Department of Athletics has adopted and shall administer this Drug and Alcohol Education & Testing Program (the "Program"). The Department of Athletics reserves the right to make changes to the Program as needed, and the Program should not be construed to create a contract between the student-athlete and Saint Joseph's University. The Program is in addition to and intended to complement the NCAA drug-testing program. Information regarding the NCAA drug-testing program is available at www.ncaa.org.

2. Purpose

The Department of Athletics believes that the drug and alcohol education and drug testing set forth in the Program are appropriate to protect the health, safety and welfare of student-athletes; to promote fair competition in intercollegiate athletics; to affirm compliance with applicable rules and regulations on drug and alcohol use; and to identify and help student-athletes who are abusing drugs or alcohol.

3. Alcohol, Tobacco and Drug Education

Student-athletes who are educated about substance use are more likely to make informed and intelligent decisions related thereto. The Department of Athletics will ensure that student-athletes receive regular drug and alcohol education, including education regarding the institutional and NCAA policies.

4. Consent to Participate

As a condition of participation in intercollegiate athletics at Saint Joseph's University, each student-athlete must sign a consent form agreeing to undergo drug testing and authorizing the release of test results in accordance with this Program. Failure to consent to the requirements of this Program may result in suspension from participation, or termination of eligibility to participate in, intercollegiate athletics at Saint Joseph's University.

5. Alcohol Policy

Student-athletes are required to conduct themselves in accordance with university policies, and with federal, state, and local laws. This extends to the recruitment of prospective Saint Joseph's University student-athletes, who are not permitted to consume alcohol during a campus visit.

Possession or consumption of alcoholic beverages by any individual under the age of 21 is a violation of state law. Likewise, it is illegal and violates University policy to supply alcoholic beverages to persons under the age of 21.

In addition to any discipline issued by the University's Office of Community Standards, the Department of Athletics may suspend or take other appropriate disciplinary action against any student-athlete upon a charge, conviction or plea of guilty to any of the following:

- Driving under the influence (DUI/DWI) or other motor vehicle violations involving alcohol or drugs

- Public intoxication
- Drunk and disorderly conduct
- Other violations of local, state, or federal law involving alcohol or drugs, including possession of drugs
- Violations of the Saint Joseph's University Community Standards involving alcohol or drugs

6. Tobacco Policy

Student-athletes and game personnel (*e.g.*, coaches, athletic trainers, managers and game officials) in all sports are prohibited from using tobacco products during practice and competition, and at any time when using home or away athletic facilities. A student-athlete who violates the tobacco policy for the first time will be sanctioned for a "First Positive Result" as outlined in the sanction section of the Program. Subsequent violations of the tobacco policy by a student-athlete will be addressed at the discretion of the Director of Athletics. The Director of Athletics or his/her designee will issue sanctions to game personnel who violate the tobacco policy on a case-by-case basis and in accordance with University policy.

7. Supplements

Saint Joseph's University or affiliated personnel may not distribute or encourage the use of any dietary, performance enhancing, recovery or other supplement or ergogenic aid other than those expressly permitted by NCAA rules. Many supplements or ergogenic aids contain banned substances. The labeling of supplements is often inaccurate and/or misleading. Terms such as "healthy," "all natural" and "NCAA approved" do not mean that supplements are safe to take. Using supplements may result in a positive institutional or NCAA drug test. Student-athletes who are currently taking or considering taking supplements are required to review the product with their athletic trainer or other Sports Medicine Department personnel. The use of all supplements for any reason is at the student-athletes' own risk. Student-athletes are solely responsible for any substance that they ingest.

8. Prohibited Drugs and Substances

Drug tests under the Program will screen for the NCAA list of banned-drug classes. For an ongoing updated listing of the banned drug list, view the NCAA's web site at www.ncaa.org. Prohibited substances that Saint Joseph's University may screen for include, but are not limited to the following classes (and any substance chemically related to these classes):

- Stimulants (includes commonly known substances such as **amphetamine (Adderall), methamphetamine, methylphenidate (Ritalin), cocaine, and bath salts**)
- Anabolic agents
- Diuretics and other masking agents
- Peptide hormones and analogues
- Anti-estrogens
- Beta-2 agonists
- Street or illicit drugs (includes commonly known substances such as **heroin, marijuana, THC, and synthetic cannabinoids such as spice or K2**)

Saint Joseph's University reserves the right to test at cut off levels that differ from the NCAA program.

9. Categories of Drug Testing

Eligibility: For the purposes of the drug testing provisions of the Program, “student-athlete” shall mean any scholarship or non-scholarship student-athlete at Saint Joseph’s University who is listed on the official institutional squad list required by the NCAA, including any athlete who has exhausted his/her eligibility but is still receiving financial aid. Student-athletes who are deemed medical non-counters under NCAA rules, and fifth year student-athletes with no remaining eligibility, are not subject to drug testing under this Program.

- Random Testing

All student-athletes are subject to unannounced random testing. Student-athletes will be selected from official institutional squad lists using a computerized random number program.

- Reasonable Suspicion Testing

A student-athlete may be subject to testing at any time when the Director of Sports Medicine, in conjunction with the Director of Athletics, determines there is individualized reasonable suspicion to believe the student-athlete is using a prohibited drug. Such Reasonable Suspicion Testing must be based on objective and reliable information.

Reasonable suspicion may include, but is not limited to, the observed possession or use of substances appearing to be prohibited drugs; an arrest or conviction for a criminal offense related to the possession or transfer of prohibited drugs or substances; a finding of “responsible” for violating the University Drug Policy by the Office of Community Standards; or observed abnormal appearance, conduct, or behavior reasonably interpretable as being caused by the use of prohibited drugs or substances.

In the event that a student-athlete will be subject to a reasonable suspicion drug test, the Director of Sports Medicine will notify the student-athlete and the student-athlete must stay with a University staff member or member of the contracted drug testing collection team until an adequate specimen is produced through normal collection protocol.

- Return to Competition Testing

A student-athlete who has been suspended from intercollegiate competition as a result of a drug-related violation may be required to undergo Return to Competition Testing prior to regaining eligibility. The Director of Sports Medicine, in consultation with the appropriate staff member from the Saint Joseph’s University Wellness, Alcohol and Drug Education Program in the Office of Student Outreach and Support (WADE) and/or treatment provider, will determine whether such Return to Competition Testing is appropriate. If a student-athlete tests positive, they will return to suspended status pending conditions set forth by the WADE staff member and/or treatment provider, together with the Director of Sports Medicine and the Director of Athletics, but will not be subject to the usual sanctions under this Program as set forth in paragraph 15.

- Follow-up Testing

A student-athlete who has returned to full participation in intercollegiate competition following a drug-related suspension may be subject to Follow-Up Testing. Follow-Up Testing will be unannounced and will be required at a frequency recommended by the treatment provider, together with the Director of Sports Medicine and the Director of Athletics. If a student-athlete tests positive, they will return to suspended status pending conditions set forth by the treating counselor, together with the Director of Sports Medicine and the Director of Athletics, but will not be subject to the usual sanctions under this Program as set forth in paragraph 15.

10. Notification and Reporting for Collections

The Department of Athletics will notify student-athletes selected for drug testing via a face-to-face meeting with the student-athlete, a phone conversation with the student-athlete, or an electronic mail or other electronic notification that has been confirmed by the student-athlete. The Director of Sports Medicine, Head Athletic Trainer, or an Assistant Athletic Trainer will notify the student-athlete of the date and time to report to the drug testing station and will have the student-athlete read and sign a Student-Athlete Notification Form.

The Director of Sports Medicine, Head Athletic Trainer, or an Assistant Athletic Trainer will be in the testing station to confirm the identity of the selected student-athletes. Student-athletes shall provide photo identification at the drug testing station. The Director of Sports Medicine, Head Athletic Trainer, or an Assistant Athletic Trainer must remain in the drug testing station until all student-athletes complete the collection process.

11. Collection Protocol

Specimen collection protocol will be based on the National Center for Drug Free Sport Urine Collection Protocol. All collections under this Program shall be observed.

12. Laboratory Analysis/Reporting Results

Urine samples will be collected and sent to an independent SAMHSA and/or World Anti-Doping Agency (WADA) approved laboratory for analysis. Saint Joseph's University hereby certifies that any laboratory it engages for drug testing will abide by the WADA code of ethics as it relates to the testing of samples. Each sample will be tested in accordance with the Program to determine if banned substances are present.

All student-athlete information and records associated with the Program will be treated as confidential and will be released only to those individuals with a legitimate need to know. To avoid inequitable treatment of student-athletes in relation to other students, a positive drug test under NCAA testing or the Program generally shall not be provided to the Office of Community Standards and should not serve as the basis for or be considered in connection with disciplinary procedures for violations of the University's Community Standards.

13. Medical Exceptions

Some banned drugs have legitimate medical uses. Accordingly, a team physician can grant a medical exception for use of a banned drug based on his/her conclusion that a student-athlete's documented medical history demonstrates the medical necessity for such use. Exceptions may be granted only for substances included in, or chemically related to, the following classes of banned drugs: stimulants, anabolic agents, diuretics and other masking agents, peptide hormones and analogues, antiestrogens, and beta-2 agonists.

Student-athletes are required to seek a medical exception for stimulants such as Adderall and Ritalin prior to beginning use of such stimulant. Student-athletes are encouraged to seek a medical exception for any other substance eligible for an exception prior to beginning use of such substance. A student-athlete may seek a medical exception after receiving notice of a positive test by submitting a request for a medical exception within five (5) business days of notice of the positive test.

A student-athlete may seek a medical exception by submitting a request for the exception to the athletic trainer or team physician assigned to the student-athlete's team. In response to such a request, the team physician shall evaluate the medical necessity for such use and, if he or she grants the exception, maintain appropriate documentation and dosage information. In the case of an anabolic agent or a peptide hormone, the student-athlete is not permitted to participate in competition until the NCAA approves use of the medication.

14. Positive Results

The following are deemed a positive result under this Program:

- A positive test for a banned substance (except those excused via the medical exception provisions of the Program)
- Refusal to submit to a required drug test or refusal to provide a specimen
- Failure to attend a scheduled drug test after notification of such test
- The laboratory reports a specimen as substituted, manipulated or adulterated
- The collector provides credible evidence of tampering
- A positive drug test pursuant to the NCAA drug testing program

Positive results will be subject to the sanctions set forth below. All positive results are cumulative.

15. Sanctions

- **First Positive Result**

The Director of Sports Medicine will schedule a confidential meeting with the student-athlete, the Director of Athletics or his/her designee, and the appropriate head coach to review the positive result. The Director of Athletics or his/her designee may notify the student-athlete's parent(s) or legal guardian(s). The student-athlete will be required to schedule a meeting with a WADE staff member. The WADE staff member shall determine the appropriate form(s) of education and intervention needed by the student-athlete, based on the circumstances of the case. Failure to schedule or attend an appointment as stated above may result in suspension from practice and/or competition as determined by the Director of Athletics or his/her designee. Failure to comply with the WADE staff member's recommendations may be classified as a Second Positive Result.

- **Second Positive Result**

The Director of Sports Medicine will schedule a confidential meeting with the student-athlete, the Director of Athletics or his/her designee, and the appropriate head coach to review the positive result. The Director of Athletics or his/her designee will notify the student-athlete's parent(s) or legal guardian(s). The student-athlete will be suspended from participation in any intercollegiate competition at Saint Joseph's University for 50% of the team's championship segment. The student-athlete shall remain eligible to practice and shall attend home competitions unless excused by the head coach. The student-athlete will be required to schedule a meeting with a WADE staff member. The WADE staff member shall determine the appropriate form(s) of education and intervention needed by the student-athlete, based on the circumstances of the case. Failure to schedule or attend an appointment as stated above may result in additional sanctions as determined by the Director of Athletics or his/her designee. Failure to comply with the WADE staff member's recommendations may be classified as a Third Positive Result.

- Third Positive Result

The Director of Sports Medicine will schedule a confidential meeting with the student-athlete, the Director of Athletics or his/her designee and the appropriate head coach to review the positive result. The student-athlete is deemed permanently ineligible to participate as a student-athlete on any intercollegiate team at Saint Joseph's University. Consistent with all University and NCAA regulations, the student-athlete may be subject to cancellation of athletic financial aid for the subsequent semester, if any, in the current academic year and non-renewal of the athletic financial aid for the ensuing academic year(s). The Director of Athletics or his/her designee will notify the student-athlete's parent(s) or legal guardian(s) by telephone and in writing of such decision. The student-athlete will be required to schedule a meeting with a WADE staff member. The WADE staff member shall determine the appropriate form(s) of education and intervention needed by the student-athlete, based on the circumstances of the case.

Calculation of Suspension: When the sanctions required include a suspension from intercollegiate competition for a percentage of the championship segment in the student-athlete's sport, the calculation shall be based on the number of contests or dates of competition in the regular season of that sport and shall be rounded up to the next whole number. The ban shall run from the expiration of the time for appeal, or the denial of a timely filed appeal, until the requisite number of championship segment contests or dates of competition have elapsed. If the student-athlete cannot satisfy the ban in one championship segment, the ban shall continue through all subsequent intercollegiate competitions (including post-season) until the requisite number of championship segment contests or dates of competition have elapsed. If the athletic team completes its competition schedule before the student-athlete satisfies the condition of the sanction, the sanction will be carried over into next season's competition. If a student-athlete has a positive result during a "red-shirt year," or after the completion of a season, the student-athlete's suspension will begin during the next season's competition.

Health & Safety Discretion: Notwithstanding anything herein to the contrary, a team physician, in his/her sole discretion, reserves the right to withhold a student-athlete from practice or competition if such practice or competition would pose a threat to the health and safety of the student-athlete or his/her competitors. Any decision to restrict a student-athlete from practice or competition for health and safety concerns must be based on credible evidence. In such case, only the team physician may release a student-athlete to resume competition and/or practice.

16. Voluntary Disclosure and Safe Harbor

- Safe Harbor. On one occasion during the student-athlete's eligibility for intercollegiate athletics at Saint Joseph's University, a student-athlete who has used an **illicit drug or a stimulant** such as Adderall, Ritalin and Vyvanse may seek safe harbor under the Program by disclosing their use of the illicit drug or stimulant to the Director of Sports Medicine. The safe harbor does not apply to the NCAA drug testing program.
- Eligibility. To be eligible for the safe harbor, the student-athlete must not have previously tested positive for any illicit drug or stimulant under the NCAA drug testing program or this Program. A disclosure made after the student-athlete receives notification of a random test or other test under this Program shall not create safe harbor with regard to such test.
- Consequences of Safe Harbor Request.

(a) The Director of Sports Medicine shall arrange to have the student-athlete tested to establish a baseline for re-testing purposes. If the baseline test results in a positive test for the illicit drug or stimulant disclosed by the student-athlete, the result shall not be treated as a positive result under the Program. If the baseline test results in a negative test, the one-time safe harbor opportunity is not returned to the student-athlete.

(b) The student-athlete will be required to undergo a brief assessment by a WADE staff member. The WADE staff member shall determine the appropriate form(s) of education and intervention needed by the student-athlete, based on the circumstances of the case. The WADE staff member will provide confirmation of session attendance and recommendations to the Director of Athletics. Failing to complete the treatment recommended by the counselor, or having a positive result test for any banned substance that indicates new use after entering the Safe Harbor Program will be deemed a positive result under this Program.

(c) A student-athlete's request for safe harbor shall not result in sanctions affecting the student-athlete's participation in team conditioning, practice, and/or competition, except that the Director of Sports Medicine may notify the Director of Athletics if he/she is concerned about the health and safety of the student-athlete based on the safe harbor disclosure or circumstances related thereto. In such cases, the Director of Athletics may suspend the student-athlete from conditioning, practice, and/or competition until the Director of Athletics is satisfied that the student-athlete is physically and mentally fit to resume such activities.

17. Appeal

Any student-athlete who has a positive result under the Program may appeal to a three-member Appeals Committee (which shall include at least two individuals outside the Department of Athletics) prior to the final imposition of any sanction. Appeals must be submitted in writing to the Director of Athletics or his/her designee within five (5) business days of notification of a positive result.

A student-athlete may appeal any aspect of the positive result, including but not limited to collection or chain of custody issues, procedural defects, and the assigned sanction. In challenging the assigned sanction, a student-athlete may present mitigating circumstances such as use prior to enrollment, unintentional use of a performance enhancing drug, and/or other circumstances surrounding the substance use.

The Appeals Committee shall conduct a hearing on a student-athlete's appeal within five (5) business days after the appeal is submitted. The student-athlete or the Appeals Committee may submit a request for an extension of time to the Director of Athletics or his/her designee, who will grant the extension upon a showing of good cause. The hearing shall include an opportunity for the student-athlete to present relevant evidence regarding the positive result, as well as to review the results of the drug test (if applicable). The student-athlete may have an advocate or other representative present at the hearing; however, the student-athlete must present his or her own case. The proceedings shall be confidential. The decision rendered by the Appeals Committee regarding the sanction to be imposed shall be final.

Appendix D – Medical Exceptions for Banned Substances

NCAA Guidelines to Document ADHD Treatment with Banned Stimulant Medications Addendum to the January 2009 Guidelines

1. Why is the NCAA instituting a stricter application of the medical exception policy for the use of banned stimulant medications to treat ADHD?

The stricter application reflects a stronger stand on policy enforcement, protecting the student-athlete competing while using these stimulants, and the integrity of the sport. **This stricter application of the medical exception policy is intended to provide clearer documentation of the student-athlete's evaluation, and not intended to replace the clinician's evaluation and treatment.** As experienced across campus, more and more college students-athletes are being treated with stimulant medications for ADHD. These stimulants are banned for use in NCAA competition for both performance and health reasons, and using them may result in a positive drug test and loss of eligibility, unless the student athlete provides adequate documentation of a diagnostic evaluation for ADHD and appropriate monitoring of treatment. In recent years, the number of student-athletes testing positive for these stimulant medications has increased 3 fold, and in many cases there has been inadequate documentation submitted in support of the request for a medical exception to the NCAA banned drug policy.

2. Who was consulted in the development of the guidelines?

The NCAA sought consultation from MDs, Psychiatrists, Psychologists and others in the development of the guidelines for appropriate documentation requirements; these were then reviewed and approved by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports.

3. How was the change communicated to the membership?

Beginning in January 2008, the membership received notification of the effective date of the stricter application -- August 2009 – in the form of NCAA News articles, notices in email communications, and the posting of a video describing the rationale and expectations of the stricter application. This 18 month period of notice would allow member institutions to inform current and incoming student athletes to be prepared to gather the necessary documentation of the diagnosis, course of treatment and current prescription.

4. Who needs to conduct the evaluation?

The initial evaluation may be conducted by clinicians with experience in assessing ADHD; these include school psychologists, clinical psychologists, psychiatrists, other MD's and their supervised clinicians.

5. What type of ADHD evaluation documentation needs to be submitted to support and ADHD diagnosis and treatment with banned stimulant medication? What is acceptable and what is not acceptable proof an evaluation has been conducted?

The documentation should include a comprehensive clinical evaluation, recording observations and results from ADHD rating scales, a physical exam and any lab work, previous treatment for ADHD, and the diagnosis and recommended treatment. The physician can provide documentation of the above either with a cover letter and attachments or provide the medical record. This documentation should be kept on file in the athletics department until such time that the student athlete tests positive for the stimulant. A simple statement from the prescribing physician that he or she is treating the student-athlete for ADHD with said medication IS NOT adequate documentation.

6. Will an assessment conducted more than three-five years ago be acceptable?

Yes, in fact the expectation is that for many student-athletes, the evaluation and initiation of treatment likely began during grade school. Documentation of that evaluation, along with the history of treatment and current prescription, should be submitted by the student-athlete to their sports medicine staff upon matriculation.

7. What is required of a student-athlete who for years has been prescribed stimulant medication to treat ADHD but has not undergone a full assessment?

In order to obtain a medical exception, the student-athlete must undergo a full assessment as described above. This may be conducted on campus, through a community mental health service, or by any experienced clinician.

8. Does a student-athlete need to have an updated letter from the prescribing physician on file each year of their eligibility?

Yes, an annual follow-up with the prescribing physician is the minimum standard, and that can be reflected in a letter from the physician or a copy of the medical record, with written indication of the current treatment.

9. Do physicians have to use a certain form when performing the evaluation for ADHD?

There is no specific form physicians need to use to perform an evaluation. The guidelines present the criteria identifying what to report, and several ADHD rating scales are listed, but it is the totality of the clinician's evaluation that should be reflected in the documentation. This evaluation should be conducted by a clinician experienced in assessing ADHD

10. Can an institution pay for the evaluation to diagnose ADHD?

From an interpretation: Institution paying for academic performance testing Date Issued: October 26, 1988 Date Published: October 26, 1988 (Item Ref: g).

g. Institution Paying for Academic Performance Testing: Determined that Constitution 3-1-(h)-(4)-(i) [incidental benefits -- tutoring expenses would permit an institution to pay for tests to determine the academic performance level of enrolled student-athletes in order to identify potential academic problems, inasmuch as such a diagnostic test is considered part of the tutoring process

11. What happens if neither the school nor student-athlete can afford to pay for the testing?

In each division, the institution can submit an incidental expense waiver. For Division I, SAOF may be used if it is approved by their conference office.

12. Some student-athletes are embarrassed and don't reveal that they are taking medication for ADHD. How does the institution address this issue?

The institution should be proactive in communicating the importance to all student-athletes about reporting to sports medicine all medical issues and medications – in order to avoid loss of eligibility and to respond appropriately in any medical emergency. The need for this reporting should be expressed to the student-athlete as standard operating procedure and addressed during initial medical assessments and subsequent health histories. The NCAA is preparing a poster to remind student-athletes to report all medications.

13. Does the student-athlete need to first try non-stimulant medication to treat ADHD?

The student-athlete does not need to be put on a trial of non-stimulant medication, but the documentation must note that a non-stimulant alternative was considered and why the stimulant medication was chosen.

14. If a student-athlete received a medical exception for the use of banned stimulant medication to treat ADHD prior to August 2009, will that student-athlete be required to meet this policy application?

There is no 'grandfathering' on this issue; for any positive drug test occurring from August 1, 2009, a medical exception for the use of banned stimulant medication must include the required documentation, even if a student-athlete has received a medical exception for ADHD stimulant medication prior to August 2009.

15. How will the policy address a student-athlete who tests positive for a banned stimulant prescribed by their physician but has not undergone a full assessment for an ADHD diagnosis?

If a student-athlete has not undergone an evaluation and/or cannot produce documents at the time the positive test is confirmed with the institution, the student-athlete must be declared ineligible until 1) the documentation can be produced or 2) a drug-test appeal is heard and approved.

16. Does a student-athlete currently on stimulant medication but lacking a formal evaluation need to discontinue the medicine in order to undergo the assessment? If a student-athlete has been on a prescribed stimulant medication, but no evaluation documentation is available, and the student-athlete will be referred for evaluation to document the diagnosis of ADHD, they can continue the medication if helpful and they are tolerating it. Clinicians familiar with ADHD regularly see Addendum to January 2009 ADHD Treatment With Banned Stimulants

Appendix E – Medical Exemptions Physician Form, Saint Joseph's University Sports Medicine Department

Medical Exception ADHD / ADD

Name _____ Date of Birth _____ Date _____

Provider: Your patient is a student athlete (SA) participating in intercollegiate athletics. The NCAA bans the use of some stimulant medications and requires that the following documentation be submitted to support a request for a medical exception in the case of a positive drug test for such use. For additional information, please visit the NCAA Health & Safety website

<http://www.ncaa.org/wps/ncaa?ContentID=481>

Date of Clinical Evaluation: _____

Required ADHD evaluation components Comments:

Comprehensive clinical evaluation (using DSM-IV criteria) _____

Adult ADHD Rating Scale (e.g., Adult ADHD self-report scale (ASRS), CONNER's Adult ADHD reporting scale (CAARS) Score: _____

Monitored blood pressure¹ and pulse _____

Alternative non-banned medications have been considered _____

****please submit copies of test results for the SA's medical record & NCAA purposes****

Additional ADHD evaluation components

Reporting of ADHD symptoms by other significant individual(s): _____

Other Psychological testing: _____

Physical exam date: _____ Results: _____

Laboratory/testing: _____

Previous documentation of ADHD diagnosis: _____

Other/Comments: _____

Diagnosis: _____

Medication(s) and Dosage: _____

The student-athlete will follow-up with me each year

Physician Name (Printed): _____ Date: ____ / ____ / ____

Physician Signature: _____ Specialty: _____ (M.D. or D.O.)

Office Address: _____ Contact #: _____

Please feel free to attach any clinical SOAP notes that may help clarify your patient/our athlete's diagnosis of ADHD/ADD and the need for stimulant medications. THANK YOU FOR YOUR TIME!

Student Athletes: Please complete the following;

I, _____, give _____ permission to release all information regarding my treatment for ADHD to the Saint Joseph's University Sports Medicine Department and the National Collegiate Athletic Association. This authorization will be valid for one calendar year beginning on the date I sign this authorization. I may revoke this authorization at any time by submitting a letter in writing to the Director of Sports Medicine, understanding that all information released prior to my revocation is excluded. My signature below indicates that I have read and understand the above statement.

Signature of student-athlets: _____ Date: _____

(Parent/Guardian signature if under 18 years)

Appendix F – NCAA Concussion Fact Sheet

CONCUSSION - A fact sheet for student-athletes:

What is a concussion?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
- From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

How can I prevent a concussion?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
 - Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. **Concussion symptoms include:**

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

What should I do if I think I have a concussion?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion.

It's better to miss one game than the whole season.

When in doubt, get checked out.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion

Appendix G - Heat Index Chart

Caution (Blue)

Student-athletes should receive a fluid break after every 25 to 30 minutes of activity. Fatigue is possible with prolonged exposure and continued physical activity.

Extreme Caution (Green)

Student-athletes should receive a fluid break after every 20 to 25 minutes of activity. Athletes should wear shorts and t-shirt along with helmet and shoulder pads only, no full equipment worn. Sunstroke, heat cramps or heat exhaustion possible with prolonged exposure and continued physical activity.

Danger (Pink)

Student-athletes should receive a fluid break after every 15 to 20 minutes of activity. Athletes should wear shorts and t-shirt only with no protective equipment worn. Sunstroke, heat cramps or heat exhaustion likely and heatstroke possible with prolonged exposure and continued activity.

Extreme Danger (Orange)

Cancel or postpone all outdoor practices/games. Practice may be held in air conditioned space. Heat/sunstroke highly likely with continued exposure. High risk associated with activity.

Apparent Temperature: Is how hot the heat-humidity combination makes it feel.

When there are no clouds, 5° should be added to the ambient temperature.

Relative Humidity

0% - 100%

Air Temperature

70° – 140°

Heat Index Table

Humidity (%)

	0%	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
140°	125																				
135°	120	128																			
130°	117	122	131																		
125°	111	116	123	131	141																
120°	107	111	116	123	130	139	148														
115°	103	107	111	115	120	127	135	143	151												
110°	99	102	105	108	112	117	123	130	137	143	150										
105°	95	97	100	102	105	109	113	118	123	129	135	142	149								
100°	91	93	95	97	99	101	104	107	110	115	120	126	132	138	144						
95°	87	88	90	91	93	94	96	98	101	104	107	110	114	119	124	130	136				
90°	83	84	85	86	97	88	90	91	93	95	96	98	100	102	106	109	113	117	122		
85°	78	79	80	81	82	83	84	85	86	87	88	89	90	91	93	95	97	99	102	105	108
80°	73	74	75	76	77	77	78	79	79	80	81	81	82	83	85	86	86	87	88	89	91
75°	69	69	70	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79	80
70°	64	64	65	65	66	66	67	67	68	68	69	69	70	70	70	71	71	71	71	71	72

Caution	Extreme Caution	Danger	Extreme Danger
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Appendix H – Wind Chill Table

	40°	35°	30°	25°	20°	15°	10°	5°	0°	-5°	-10°	-15°	-20°	-25°	-30°	-35°	-40°	-45°
5mph	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10mph	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15mph	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20mph	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-46	-55	-61	-69	-74	-81
25mph	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30mph	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35mph	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40mph	27	20	13	6	1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45mph	26	19	12	5	2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50mph	26	19	12	4	3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55mph	25	18	11	4	3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60mph	25	17	10	3	4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times

30minutes
(Light Blue)

10minutes
(Purple)

5minutes
(Pink)