



**WILKES UNIVERSITY**  

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**SPORTS MEDICINE**



**POLICY AND PROCEDURE MANUAL**

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## **Statement of Purpose**

The following manual has been developed in order to provide a comprehensive informational resource for coaches, parents, student-athletes, and athletic department administrative personnel. The purpose of this manual is to define and delineate the policies and procedures to be used in the day-to-day operation of the Athletic Training program at Wilkes University. This source is intended to increase the awareness of the policies and procedures used by the Wilkes University Athletic Training staff and to facilitate communication between the various members of the athletic program in an effort to provide the most efficient health care to our student-athletes. This includes, but is not limited to, the prevention, recognition, evaluation, treatment, and rehabilitation of various athletic-related injuries and/or illnesses.

## **Statement of Function**

Wilkes University has two full-time Pennsylvania licensed (LAT) and Board of Certification (BOC) Certified Athletic Trainers (ATC). Wilkes University currently contracts their athletic training services through the Geisinger Health System. This allows the members of the Wilkes Athletic Training Staff to have a close one-on-one relationship with the orthopedic and sports medicine physicians at Geisinger Wyoming Valley. The ATCs operate under the direction of a licensed physician as described in the Geisinger Sports Medicine Operating Procedures for Certified Athletic Trainers Protocol. This protocol follows the guidelines outlined by PA Title 49 Chapters 16, 18, and 25. Copies of these orders are on file in the Marts Center athletic training room. The ATC's primary duties and responsibilities are defined by the Certified Athletic Trainer job description. The ATC will also abide by and uphold the principles and standards set forth in the NATA Code of Ethics and the BOC Standards of Professional Practice. The ATCs report directly to the Wilkes University Athletic Director and the Manager of Athletic Training Services at Geisinger Health System.

## **General Duties and Responsibilities**

BOC certified athletic trainers are educated, trained, and evaluated in six major practice domains:

- I. Prevention
- II. Clinical Evaluation and Diagnosis
- III. Immediate Care
- IV. Treatment, Rehabilitation, and Reconditioning
- V. Organization and Administration
- VI. Professional Responsibility

1. Provide athletic training coverage for all in-season practices and home competitions.
2. Provide education on injury prevention techniques.
3. Perform emergency care as needed to any athlete at home events as well as coordinate emergency services with local emergency squads.
4. Contact the parents/guardians of an injured athlete when sent for medical treatment.
5. Refer athletes to a physician's or specialist's care if and when the evaluation or treatment of the injury/illness is beyond the scope of Athletic Training.
6. Ensure proper maintenance, organization, and supervision of the athletic training room, including supplies and equipment.
7. Submit budget requests for athletic training room operations and coordinates the purchase of all supplies and equipment.
8. Provide advice on equipment purchases and equipment fittings.
9. Maintain injury, insurance, and treatment records on file in the athletic training room.
10. Communicate with coaches and athletic director on all injured athletes playing status on a regular basis.

## **Services Rendered**

The Wilkes University Athletic Training Staff will provide services for the following persons:

1. Any student-athlete enrolled at Wilkes University that has a physical on file and is on a varsity team roster.
2. Any visiting athlete who is injured while participating in competition at Wilkes University.
3. Any coach, official, or other personnel directly involved with an athletic event at Wilkes University.
4. Any fan or other outside public will receive general first aid from the athletic trainers if needed.

## Personnel

### **Team Orthopedic Physician – Dr. William Krywicki, MD, FAAOS**

- Directly and indirectly supervise athletic training staff, faculty, and students
- Responsible for diagnosis, treatment, and rehabilitation programs for all orthopedic injuries
- On-site coverage of home football game and other athletics events as scheduled
- Attends weekly scheduled visits to athletic training room for athlete evaluations/assessments
- Coordinates referrals/consults to other specialty physicians
- Communicates with athletic training staff and other athletics administration
- Cooperates with athletic training staff in the provision of a successful athletic healthcare program

### **Team Sports Medicine Physician – Dr. David Ross, MD, Dr. Jason Scotti, MD & Sports Medicine Fellow (yearly rotating)**

- Directly and indirectly supervise Athletic Training staff, faculty, and students
- Responsible for diagnosis, treatment, and rehabilitation programs for all illnesses/ailments/injuries
- On-site coverage of home football game and other athletics events as scheduled
- Attends weekly scheduled visits to athletic training room for athlete evaluations/assessments
- Coordinates referrals/consults to other specialty physicians
- Communicates with athletic training staff and other athletics administration
- Cooperates with athletic training staff in the provision of a successful athletic healthcare program

### **Graduate Assistant Certified Athletic Trainer (GA ATC) (yearly rotating)**

Wilkes University employs one Graduate Assistant ATC in accordance with a contract between Geisinger Sports Medicine and East Stroudsburg University. The GA ATC reports directly to the Wilkes University ATCs as well as the Manager of Athletic Training Services at Geisinger Health System. He or she is responsible for assisting in all aspects of the athletic training program following university guidelines and Athletic Training Policies and Procedures.

- Assist with the coverage of athletic practices and competitions as arranged by the Athletic Training Staff
- Assist with daily operation of the Athletic Training Room
- Assist with therapy and rehabilitation to athletes during regular scheduled morning and afternoon clinic hours as arranged by Athletic Training Staff
- Assist in the coverage of in-season and off-season practices and competitions as well as coverage of other home events

### **King's College Athletic Training Students**

King's College, in conjunction with Geisinger Health System, will place athletic training students (ATS) at Wilkes University as part of its CAATE Accredited Athletic Training Education Program (ATEP). These students will work under the direct supervision of the ATCs while completing their required clinical hours. The supervising athletic trainers at Wilkes have completed an educational course to become Preceptors for King's ATEP. The ATS(s) will be assigned to Wilkes at the beginning of the Fall & Spring semesters as per the Director of King's College ATEP.

- Will be directly supervised by the ACIs at Wilkes University at all times
- Will only perform duties up to their individual abilities and proficiency/competency levels
- Will follow guidelines and bylaws of both the Wilkes University and King's College ATEP Policy & Procedure Manuals (available in Marts Center & Munson Field house Athletic Training Rooms)
- Must complete John Deere Gator™ Safety course & video prior to driving any of Wilkes' Gators™
- Athletic Training Students are NOT to serve in the capacity of a Certified Athletic Trainer

## Facilities

The Wilkes University Athletic Training Staff operates out of two athletic training facilities. The Marts Center Athletic Training Room is located on campus in the Marts Center Gymnasium. The Munson Field House Athletic Training Room is located in the Munson Field House at the Ralston Athletic Complex.

## Athletic Training Room Rules

The Athletic Training staff is committed to providing our intercollegiate student-athletes with the best possible health care. **Please treat our staff in a professional, courteous, and respectful manner.**

This is a co-ed facility. Proper attire is required.

No one is permitted in the athletic training room without the supervision or permission of an Athletic Trainer.

No one may administer treatment to himself/herself or anyone else. **Under no circumstances should electric stimulation or ultrasound units be used by anyone other than the Athletic Training staff.**

Tobacco products are not permitted in the athletic training room.

No loitering. The athletic training room is not a lounge.

Please shower prior to entering the athletic training room for evaluation/treatment.

Do not wear cleats/spikes or bring playing equipment into the athletic training room.

Profanity/obscenities or rude behavior will not be tolerated.

Do not remove supplies from the athletic training room without permission. If you wish to borrow supplies, they must be signed out and returned after use. **Compression wraps must be returned to the athletic training room after each use.**

Taping and treatments will be administered on a "first come, first served" basis. Please arrive early for practice. Treatments or taping should not infringe on practice time.

Allow ample time prior to practice for treatments, rehabilitation, and taping. The athletic training staff will not be responsible for the student-athlete being tardy to practice due to treatment in the athletic training room.

The athletic training staff reserves the right to refuse treatment if a student-athlete is late or misses AM treatment.

Evaluations and rehabilitation will be performed during AM athletic training room hours only. Failure to report for AM treatment may result in a loss of treatment for that day or the student athlete being late for practice.

## **Medical Coverage**

### **Hours of Operation**

The Marts Center and Munson Field house Athletic Training Rooms (ATR) will be open during the following hours according to each athletic season. In addition to regularly scheduled hours, the athletic training room will be open prior to and following each regularly scheduled practice and competition. Please note that the Athletic Training Room will close 30 minutes after the last practice is SCHEDULED to end. The Athletic Training Staff will determine specific treatment hours for a team's practice and competition. During the summer months, athletes should contact the Head Athletic Trainer for scheduled hours of operation.

#### **Fall Season**

Marts Center: 10:00 AM – 1:00 PM

Munson FH: 2:00 PM – 30 minutes after last practice/competition ends

#### **Winter Season**

Marts Center: 10:00 AM – 30 minutes after last practice/competition ends

Munson FH: Closed

#### **Spring Season**

Marts Center: 10:00 AM – 1:00PM (Weather Permitting)

Munson FH: 2:00 PM – 30 minutes after last practice/competition ends

#### **Weekend/Holiday Break Policy**

Practice: ATR will open 1 hour prior to scheduled start time

Competition: ATR will open 1.5 hours prior to scheduled start time

After Practice/Competition: ATR will remain open for 30 minutes after practice/competition is complete

\*\*\*Conditioning workouts, weight-lifting workouts, and individual skill instruction sessions will **NOT** be covered by Athletic Training Staff. \*\*\*

### **Competition & Event Coverage**

In accordance to NCAA rules, a Certified Athletic Trainer will attend all HOME competitions and events.

### **Away Competition Travel Policy**

#### **Fall Season**

During the fall sports season, at least one ATC and typically one King's ATS will travel with FOOTBALL ONLY to away varsity & junior varsity contests. In regards to all other fall sports teams traveling to away contests, the host school will be called at least 24 hours in advance to inform them that an athletic trainer will not be traveling with the team. The host athletic trainer will be given specific instructions on the needs of the team. Based on an availability basis, an athletic trainer may travel to post-season competitions in event that a team advances to post-season play.

#### **Winter Season**

During the winter sports season, one ATC and typically one King's ATS will travel with Men's & Women's Basketball and Wrestling to Conference competitions and events. Non-Conference events will only be covered on an availability basis. The coaches and athletic director will be notified if an

athletic trainer will NOT be traveling with a team. Based on an availability basis, an athletic trainer may travel to post-season competitions in event that a team advances to post-season play.

### Spring Season

Athletic trainers will NOT travel to any spring sport events. The host school will be called at least 24 hours in advance to inform them that an athletic trainer will not be traveling with the team. The host athletic trainer will be given specific instructions on the needs of the team. Based on an availability basis, an athletic trainer may travel to post-season competitions in event that a team advances to post-season play.

### **Overnight Travel Policy**

**BASED ON AN AVAILABILITY BASIS**, an athletic trainer may travel to overnight events. It is likely that this may only be possible if it is a post-season competition.

### **Fall/Winter Season Overlap**

The Wilkes GA ATC will assist with athletic training coverage during the overlap of fall and winter athletic seasons. Priority will be given to the fall sport in the event that additional coverage is unavailable. In this case, winter sport practices will only be covered when there is no fall sporting event that day or if there is an additional ATC available.

### **Winter/Spring Season Overlap**

The Athletic Training Staff will do its best to provide coverage during the overlap of winter and spring athletic seasons. It is likely that the Wilkes GA ATC will be unavailable during this time period due to scheduling and budgetary restrictions. In this case, priority will be given to the winter sport in the event that additional coverage is unavailable. Spring sport practices will only be covered when there is no winter sporting event that day or if there is an additional ATC available.

### **Non-Traditional Practice Season Coverage**

Non-traditional season (“out-of-season”) practices will be covered **ONLY** if they fall within already scheduled IN-SEASON practice/games times. Updated schedules must be forwarded to the Athletic Training Staff a minimum of 48 hours prior to the first practice. All non-traditional home contests will be covered. It is the coach’s responsibility to inform the Athletic Training Staff of all home competitions 72 hours prior to the event.

\*\*\*Conditioning workouts, weight-lifting workouts, and individual skill instruction sessions will **NOT** be covered by Athletic Training Staff.\*\*\*

### **Schedule Changes**

Coaches should send their season practice schedules to the athletic training staff as soon as they are finalized. It is the coach’s responsibility to contact the athletic training staff with practice times and/or schedule changes. The athletic training staff must be informed of practice/game schedules at least 48 HOURS prior to the event. This 48 hour advance notice is also applicable in the event that a practice or competition date/time is changed. There is a chance the practice will NOT be covered if athletic trainers are informed less than 48 hours in advance. In the event that “last minute” changes are made (i.e. due to weather), every effort will be made to accommodate to those changes. Again, it is the coach’s responsibility to contact the athletic training staff with such information.

### **Inclement Weather Policy**

The Wilkes Athletic Training Staff recognizes the need for appropriate coverage of all athletic events. However, the risks associated with inclement weather while traveling to/from as well as while

covering events are substantial. The athletic training staff will make every effort to accommodate to each team's needs if events are held during periods of inclement weather. However, at no point in time should an athletic training staff member be obligated to put their life in danger to cover normal athletic training hours or athletic events. In the event that an athletic training staff member is unable to attend an event due to inclement weather, proper communication should be executed between the Head Athletic Trainer, respective coach, and the Athletic Director.

In the event that the Wilkes Administration closes the University due to inclement weather, all athletic competitions and practices will be halted until the University reopens. Such is also the case if the National Weather Service declares a severe weather warning in the Wilkes-Barre and surrounding areas. In the event that Wilkes University is closed due to severe weather conditions, the athletic training staff will NOT cover any events that day or until the University re-opens. This includes non-traditional/non-mandatory athletic events.

### **Injury Management Protocol**

The Certified Athletic Trainer has valuable knowledge and experience as it pertains to the initial assessment and management of athletic related injuries. It is the athlete's responsibility to report any injury to the Athletic Trainer during a practice or game. If an injury occurs on the field or if an injured athlete reports to the Athletic Training room, the Athletic Trainer will evaluate the injury to determine what course of action needs to be taken. The athletic trainers will make the decision as to the nature and extent of the injury of the athlete. They will then make the decision as to the appropriate treatment, rehabilitation, and/or physician referral. In the event that an athlete requires emergency medical care, first aid will be rendered until EMS arrives and the head coach, athletic director, and parents/guardians will be contacted as soon as possible.

If an athlete's injury does not require immediate outside medical referral, the Athletic Trainer will complete and send a *Wilkes University Coach's Notification Injury Report* to the coach via e-mail. This form contains information regarding the nature and severity of the injury as well as the Athletic Trainer's recommendations for treatment/care/management of the injury.

In the event that an athlete needs treatment/rehabilitation for their injury, the certified athletic trainer will conform to standard first-aid procedures as well as the recognized use of modalities and therapeutic exercise that are utilized in the realm of athletic training. Above all, the standard orders of the team physician will be followed.

The certified athletic trainer(s) will determine an athlete's return-to-play status. Only a Wilkes University team physician OR a medical physician's written note has the authority to override the ATC's decision on an athlete's playing status.

### **Away Contest Injury**

In the event that a team travels to an away contest without an ATC and an athlete is injured, the host school's ATC will evaluate and treat the injury. He/she will advise the athlete and coaches on the suggested course of action to be taken regarding the injury.

Upon returning to campus, the head coach should contact the athletic trainer(s) via voicemail or e-mail with the following information:

- The student-athlete's name and phone number
- A brief description of the injury
- The immediate care given to the athlete

The student-athlete should be encouraged to contact the athletic trainers the next day to schedule re-evaluation and treatment.

### **Visiting Teams**

Student-athletes from visiting teams will be extended the same courtesy, service, and respect as the athletes from Wilkes University. Visiting teams will have the opportunity to utilize athletic training facilities and equipment before and after competition. Visiting teams that travel without a certified athletic trainer must present a written protocol or verbal communication from their athletic trainer in order to receive treatment from the Wilkes Athletic Training Staff. The Wilkes Athletic Training Staff will adhere to the MAC Handbook in regards to visiting teams and supplies provided for home events.

### **Injury Report/Playing Status**

An injury report will be communicated either in person, by e-mail, or telephone/voicemail to the coaches every day by 1:00 PM. If no report is communicated on a given day, it should be assumed that there are no changes to the previous day's report.

The injury reports are divided into three different playing status categories:

- **“OUT”** – An athlete listed under this category will be held from all physical activity. A medical physician and/or the ATC(s) must clear an athlete prior to returning to participation. An athlete must perform and pass range-of-motion, strength, and functional testing prior to returning to participation.
- **“LIMITED/QUESTIONABLE”** – An athlete listed under this category will be allowed to participate in specified activities. The ATC will note any limitations the athlete may have on the injury report. An athlete's participation in games/competitions will be “questionable” if listed under this category. A “game-time decision” may be necessary in determining the athlete's playing status. An athlete must perform and pass additional range-of-motion, strength, and functional testing prior to returning to full participation.

An athlete may also be listed as “limited/questionable” if the athletic trainers have not had any communication with the athlete on that particular day. It is the athlete's responsibility to report to the athletic training room each day by 1:00 PM so that an ATC can determine his/her playing status for that day.

- **“AS TOLERATED”** – An athlete listed under this category may fully participate in athletic activities. The athlete is still in the process of recovering from an injury and should still be receiving treatment/rehabilitation on a regular basis. Coaches must also understand that the athlete is still in the recovery process and athletes listed under this category are participating AS TOLERATED. Thus, he/she may still need to take additional breaks and/or other considerations may be needed.

### **Physician Referral**

In the event that a student-athlete is injured or becomes ill, the student-athlete must first contact the Athletic Training staff. Upon completion of an examination, an athletic training staff member may find it necessary to refer the student-athlete to a team physician or a consulting physician. Referrals will be made if:

- The injury/illness requires care that exceeds the athletic trainers' individual capabilities or scope of practice
- The injury requires specialized techniques, equipment, or facilities that are not readily available

- The athlete does not respond to conservative treatment within 3-5 days
- The athlete or his/her parents/guardian requests further medical evaluation.

Prompt communication between the physician and the athletic trainers will be carried out to ensure proper injury/illness management and adequate information regarding the athletes return to competition can be obtained.

Head Coaches, assistant coaches, student coaches, managers, or any other personnel shall NOT be permitted to schedule appointments for any student-athlete without first consulting the Head Athletic Trainer. Any referrals without following proper procedures will result in the student-athlete being held responsible.

In the event a student-athlete sustains a non-athletic-related injury or illness and must be referred to a physician specialist outside the confines of the team physician, the student-athlete will be held responsible for all medical payments.

If the student-athlete receives care from any allied health professional unauthorized by the Wilkes sports medicine team or athletic department, all responsibility for this kind of treatment or any expenses will be that of the student-athlete.

### **Second Opinions**

Wilkes University currently contracts their athletic training services through the Geisinger Health System. This allows the members of the Wilkes Athletic Training Staff to have a close one-on-one relationship with the orthopedic and sports medicine physicians at Geisinger Wyoming Valley. These physicians serve as our official team doctors. Therefore, this orthopedic group will be our first choice should a referral be deemed necessary.

Athletes, along with their parents/guardians, maintain the right to seek a second opinion from another physician. It is the athlete's responsibility to communicate such events to the Athletic Trainer. The athlete will be unable to participate in any athletic activity until all medical records regarding the injury are received and reviewed by the Athletic Trainer(s). It is the athlete's responsibility to ensure all requested information is forwarded to the Athletic Trainer(s). A written note from the treating physician indicating the athlete's participation status is required prior to the athlete's return to activity.

### **Athlete Confidentiality**

All medical information regarding Wilkes University student-athletes must be kept confidential. Information may be shared between the Wilkes University sports medicine staff, the respective coach, and the athletic director. Anyone else (including parents/guardians of athletes 18 years of age or older) inquiring about an injury, playing status, etc will need written permission from the athlete before said information is released.

The Athletic Training staff may also find it necessary to inform the Wilkes University Student Affairs and/or Academic Support Services staff members if a student-athlete needs special academic accommodation secondary to an athletic injury or illness. These special circumstances include, but are not limited to, surgical procedures and concussion recovery.

### **Protective Equipment**

Any athlete who suffers an injury that requires protection of that injury through the use of a fiberglass cast must have written clearance by the treating physician to return to activity in their particular sport.

## **ADMINISTRATIVE DUTIES**

### **Daily Treatment Logs**

The athletic training staff will keep *Daily Treatment Logs* in each athletic training room. Student-athletes must sign-in upon their arrival into the athletic training room. The date, their name, and services rendered must be entered into the log.

### **Injury Documentation**

Athletic training staff will ensure that each student-athlete who receives an injury evaluation have an *Athletic Injury Evaluation* form completed and filed in their medical file. A copy of this form will be filed in the student-athlete's personal medical file in the Marts Athletic Training Room.

### **Rehabilitation Documentation**

Each student-athlete who receives treatment or performs therapeutic exercise in the athletic training room must have a *Therapeutic Exercise Log* on file. The services will be documented each time the student-athlete receives a treatment or rehabilitation. Once the athlete has recovered from an injury or is cleared by the athletic training staff to no longer receive rehabilitation, the hard copy of the rehabilitation/progress note will be filed into the student-athlete's personal medical file.

### **Equipment Check-out**

Student-athletes needing to borrow equipment (ice chests, compression wraps, crutches, etc.) must ask the Athletic Trainer(s) for permission prior to the time the equipment is needed. All borrowed equipment must be entered into the *Equipment Check-out Log*. The equipment should also be "signed in" on the check-out log once it is returned. Student-athletes may be held financially responsible for equipment that is not returned.

## **Athlete Medical Information Files**

All student-athletes participating in an intercollegiate sport at Wilkes University will have a medical information folder on file at the Marts Center athletic training room. The following forms must be included in these files:

### **1. Wilkes University Physical Form**

All students enrolled at Wilkes University are required to submit a completed physical form upon entry to the school. The physical form can be found on the Wilkes University website under "Health and Wellness Services" or the "Athletic Training" tab on the Wilkes Athletics website.

Student-athletes are only required one physical form for both the school and athletics. However, the section labeled "**Recommendations for Physical Activity**" must be completed by the practitioner. Returning student-athletes who have participated in Wilkes University Athletics and who already have a physical on file do not need to have another physical. Although one initial physical is only necessary upon initial enrollment, it is recommended that all athletes have an annual complete physical done by their family physician. Wilkes University does not perform pre-participation physicals on campus. In the event that a student-athlete arrives on campus without a physical, he/she will have the option to pay a nominal fee to obtain a physical at a local medical facility.

### **Physical Form Protocol**

The Athletic Training staff will forward all rosters to Health Services at least 2 weeks prior to start of the respective team's first day of practice. Health Services will then forward copies of all student-athlete physicals and insurance cards to the Athletic Training staff to be kept on file in the Marts

athletic training room office. Health Services will inform the Athletic Training staff of student-athletes with incomplete physicals (i.e. missing signature or missing vaccination). An athletic trainer will contact the coach and/or athlete to inform them to go to Health Services to complete their physical. The student-athlete WILL NOT be able to participate until Health Services clears them for activity.

## **2. Wilkes University Sports Medicine Medical Information Packet**

All freshman and transfer student-athletes must complete this packet prior to participating in their first practice at Wilkes University. The following information must be completed within this packet:

### **A. Emergency Medical Information Form**

This form contains the student-athlete's date of birth, address, emergency contact information, insurance information, and other pertinent information in the event that it is needed in case of emergency. Copies of this form are kept in the certified athletic trainers' medical kit, in the athlete's team's medical kit, and the student-athlete's medical file. All student-athletes must complete this form annually.

### **B. Student-Athlete Medical Information**

All freshman and transfer student-athletes must complete this section prior to participating in their first practice at Wilkes University. This form provides the sports medicine staff with a more detailed health history and does not have to be completed/signed by a physician.

## **3. Wilkes University Student-Athlete Contractual Agreements Form**

All freshman and transfer student-athletes must complete this form prior to participating in their first practice at Wilkes University. By signing this agreement, the student-athlete confirms he/she understands and accepts the following Wilkes University Sports Medicine Policies:

1. Student-Athlete Policies
2. Secondary Insurance Policy
3. Concussion Policy
4. Medical Consent
5. Release of Medical Information
6. Assumption of Risk Associated with Sport

These policies are explained in detail and will be returned to the athlete for his/her records. These policies can also be found under the "Athletic Training" tab on the Wilkes Athletics website.

## **4. Sickle Cell Trait Test Verification Form**

All freshman and transfer student-athletes must complete this form prior to participating in their first practice at Wilkes University. This form provides verification that the student-athlete provides documentation regarding the results of a sickle cell trait test OR signs a waiver declining the test. Documentation of test results or completion of the test waiver form will be a pre-requisite to any and all team activity (strength and conditioning, practices, or games) and will be included in the pre-participation paperwork.

## **5. Geisinger Authorization to Release Medical Information Form**

All freshman and transfer student-athletes must complete this section prior to participating in their first practice at Wilkes University. This form must also be signed by the Head Athletic Trainer. This form authorizes a member of the Wilkes University sports medicine team (i.e. Certified Athletic Trainer and/or Team Physician) to release medical information to Wilkes University officials (i.e. Athletic Director, coaching staff, and insurance carriers). A copy of this form will be returned to the athlete for his/her records.

## **6. Updated Medical History**

All returning student-athletes must fill out an updated medical history annually. This includes a Emergency Medical Information Form and an Updated Medical History questionnaire.

### **\*\*MINOR-AGED ATHLETES\*\***

Student-athletes under the legal age of 18 years old must have their parent/guardian co-sign all forms prior to participating in athletics at Wilkes University.

## **Student-Athlete Insurance Procedures**

While ALL student athletes are required to have their own personal insurance in order to participate in intercollegiate athletics, Wilkes University has supplementary secondary insurance through AG Administrators to help defer the cost of medical bills that may be incurred. Below you will find important information to help you understand the insurance process in order to best assure expeditious health care services and reimbursement should an intercollegiate injury be sustained while at Wilkes University. You will also find the steps and provided checklist for Pre-Certification / Prior Authorization procedures. Additionally, information regarding the available insurance coverage and the procedures for processing claims are explained.

### **Pre-Certification / Prior Authorization Procedures**

Certain services and procedures must be first approved by the student-athlete's insurance provider before he/she can receive reimbursable care. This process is called pre-certification or prior authorization and may include, but is not limited to, doctor visits, inpatient hospital services, rehabilitation, diagnostic tests, and surgeries.

Since the medical services and procedures provided through primary insurance providers are different and are continually reviewed and subject to change by the insurance provider, it is necessary that **all student-athletes / policy holders contact their insurance company prior to attending Wilkes University and determine how they are required to handle injuries should they occur while at Wilkes University.** Additionally, if the student-athlete is from outside the immediate Wilkes-Barre area, the insurance provider will need to be informed that the student-athlete is attending college in an "out-of-network" area and the student-athlete will be participating in an intercollegiate sport. The student-athlete / policy holder may also need to provide the insurance company with the dates that the student-athlete will be attending the college (i.e. August until May).

In order to best assure medical services and procedures are carried out and reimbursed in an expeditious fashion, the student-athlete / policy holder should contact and confirm with their insurance provider as to the procedures for pre-certification / prior authorization prior to attendance at Wilkes University. While this process cannot guarantee total reimbursement, by doing these necessary steps the student-athlete can best assure speedy care and benefits from potential non-participant providers.

### **Insurance Procedure Checklist for Student-Athletes**

- ✓ Contact your health insurance provider customer service department and determine coverage regulations. The phone number is usually printed on the back of the insurance card.
- ✓ Notify your health insurance carrier that you are an intercollegiate athlete at Wilkes University in Wilkes-Barre, PA.
- ✓ Provide the health insurance carrier with the dates of college attendance (August to May).
- ✓ Find out if your insurance carrier requires Pre-Certification / Prior Authorization and/or an out-of-network referral in order for you to receive treatment outside the coverage area. Student-athletes are responsible for knowing if Pre-Certification / Prior Authorization are required for doctor consults, lab tests, diagnostic tests, surgeries, rehabilitation, and/or other services/procedures and for obtaining that authorization.  
**\*\*\*The Wilkes University Student Health Center and the Athletic Training Department staff do not bill insurances and are NOT responsible for obtaining pre-authorization.\*\*\***
- ✓ Find out which local pharmacies will accept their prescription plan and the co-pay costs.  
**\*\*\*The Wilkes University Student Health Center and the Athletic Training Department do not bill prescription plans.\*\*\***
- ✓ Carry a copy of your medical insurance card. Wilkes University must receive any changes to a health insurance policy as soon as they occur. If proper notification is not received, Wilkes University will not be responsible for any delays in payment, collections notices, credit reports, etc. that may occur.

## **Student-Athlete Supplemental Secondary Insurance Policy**

In the event that a Wilkes University student-athlete is injured during an official team practice or game, Wilkes University has supplementary secondary insurance through AG Administrators to help defer the cost of medical bills that may be incurred. This coverage is only for injuries / illnesses / accidents resulting from the direct participation in the intercollegiate athletics program during the dates of the primary competitive season and designated off-seasons as approved by the Director of Athletics according to NCAA regulations. There are two scenarios in which reimbursement may be completed:

### **1. Medical bills are submitted to the student-athlete's primary insurance provider FIRST**

Medical bills are often submitted by the medical provider to the student-athlete's personal primary insurance first. In this case, the student-athlete or their parents/guardians would simply submit the remaining itemized bills and the explanation of benefits (EOB) to AG Administrators second, after their insurance has paid their maximum amount. AG Administrators will then review and evaluate the payment of any remaining balances. **This submission of bills / statements to AG Administrators is the responsibility of the student-athlete and their parents/guardians.** However, the Wilkes University Athletic Training Staff will explain, give the necessary information, and assist the student-athlete in the process.

### **2. Medical bills are submitted to AG Administrators FIRST**

The Wilkes University Athletic Policy will typically cover the first \$750.00 of each injury. Once this amount has been exceeded, the bills should be submitted to the student-athlete's primary insurance. Each individual's personal primary insurance covers different percentages depending on the nature of the injury and charges incurred. Once the student-athlete's personal primary insurance has paid their maximum amount, the remaining bills, if any, can be re-submitted to AG Administrators. AG Administrators will then review and evaluate the payment of any remaining balances. **Again, this second submission of bills / statements to AG Administrators is the responsibility of the student-athlete and their parents/guardians.** However, the Wilkes University Athletic Training Staff will explain, give the necessary information, and assist the student-athlete in the process.

**\*\*\*It is the policy holder's responsibility to forward ITEMIZED bills/statements AND Explanation of Benefits (EOB) Statements from the primary insurance company to the following address in order to ensure timely payment.\*\*\***

**AG Administrators, Inc  
PO Box 979  
Valley Forge, Pa 19482  
Fax: 610-935-2860**

The Wilkes University Athletic Training Department and the Wilkes University Department of Athletics WILL NOT be responsible for any delays in payment, collections notices, credit reports, etc. that occur due to bills not being submitted in a timely manner. Any unpaid balances are the responsibility of the student-athlete and/or the student-athlete's parent(s)/guardian(s). In addition, if a student-athlete decides to see a physician / medical consultant, and/or undergo a diagnostic test WITHOUT prior authorization / referral from a member of the Wilkes University Athletic Training Department, payment of excess balances cannot be guaranteed and the student-athlete and/or the student athlete's parent(s) / guardian(s) may be financially responsible for any and all medical bills incurred.

### **Student-Athletes with Out-of-Network Insurance Providers**

If the student-athlete's insurance company denies any claim for being out-of-network or not having the proper pre-authorization, common with HMO insurances, AG Administrators will pay the remaining balance. The claim MUST still be submitted to the student-athlete's primary insurance provider. **It is the student-athlete or policy holder's responsibility to forward the denied claim from their insurance provider to AG Administrators. AG Administrators will only pay the remaining balance once they see the denial from the primary insurance provider.**

Again, the Wilkes University Athletic Training Staff strongly encourages student-athletes and their parents to contact their personal primary insurances to explain that the student-athlete is attending college in an out-of-network area and participating in an intercollegiate sport. The student-athletes are strongly encouraged to find out how they should handle any injuries and if any exceptions can be made secondary to the student-athlete's situation. The student-athlete and their parents are strongly encouraged to contact their personal primary insurance before ALL physician appointments and/or diagnostic testing (x-ray, MRI, etc). The Wilkes University Athletic Training Staff will make every effort to assist the student-athlete to ensure coverage is approved, but ultimately it is the responsibility of the student-athlete and their family.

### **Non-athletic Related Injuries / Illnesses**

If injuries / illnesses / accidents occur on campus, not a resulting from the direct participation in the intercollegiate athletics program during the dates of the primary competitive season and designated off-seasons as approved by the Director of Athletics according to NCAA regulations, the incident will fall under the Wilkes University accident insurance policy. This insurance coverage will help defer only the first \$750.00 of medical bills incurred. The remainder will be the responsibility of the student-athlete's primary insurance and/or the student-athlete's family.

#### ***SCENARIO 1: BILLS SUBMITTED TO STUDENT-ATHLETE'S PERSONAL PRIMARY INSURANCE FIRST***

- Athletic Injury claim form is submitted to AG Administrators by the Wilkes University Athletic Training Department
- Charges are billed to the student-athlete's personal primary insurance by physician's office or diagnostic center
- If there are any remaining bills, they will most likely be sent to the student-athlete's home address
- These remaining itemized bills and the explanation of benefits (EOB) from the primary insurance can be resubmitted to AG Administrators by the student-athlete
- AG Administrators will review and evaluate payment of remaining balances

#### ***SCENARIO 1: BILLS SUBMITTED TO AG ADMINISTRATORS FIRST***

- Athletic Injury Claim form is submitted to AG Administrators by the Wilkes University Athletic Training Department
- Charges are billed to AG Administrators by physician's office or diagnostic center
- Payment up to a maximum of \$750.00 is made by AG Administrators
- Remaining bills are submitted to student-athlete's personal primary insurance typically by the physician's office or diagnostic center
- The primary insurance company pays a specified % based on nature and type of injury
- If there are any remaining bills, they will most likely be sent to the student-athlete's home address
- These remaining itemized bills and the explanation of benefits (EOB) from the primary insurance can be resubmitted by the student-athlete or their family and reviewed by AG Administrators
- AG Administrators will review and evaluate payment of remaining balances

**\*\*\*It is the policy holder's responsibility to forward ITEMIZED bills/statements AND Explanation of Benefits (EOB) Statements from the primary insurance company to the following address in order to ensure timely payment.\*\*\***

**AG Administrators, Inc  
PO Box 979  
Valley Forge, Pa 19482  
Fax: 610-935-2860**

## **Budget**

An itemized list of supplies is typically submitted for bid in mid-April to three different medical supply companies. The athletic training staff will analyze each bid and determine which is most cost-effective. The budget is sent to the Athletic Director, who will appropriate the athletic training budget. Purchases made from the athletic training budget will follow the purchasing policies set forth by the Wilkes University Procurement Office. The supply order should be approved by the Athletic Director and submitted to the Procurement Office for purchase no later than June 1<sup>st</sup>. Capital expenses will be made periodically on an as-needed basis and is dependent upon the athletic department overall budget.

If a student-athlete(s) needs specific equipment (i.e. braces, specialized equipment, or supplies), the funds must come out of their respective team's account or from their "Colonel Club" budget. The athletic training staff will submit the information for such equipment to the Athletic Director. The Athletic Director will then approve and complete the order.

## **BLOOD-BORNE PATHOGENS POLICY**

### **Standard Precautions**

The Wilkes University Athletic Training Staff complies with the Occupational Safety and Health Administration (OSHA) Standard 29 CFR, Part 1910.1030 set forth in 1992. Standard Precautions apply to blood, body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood. Athletic Trainers can be exposed in a variety of ways including open wounds, vomit, saliva, and blister serum. Therefore, it is imperative to practice preventative measures to protect both the athletic trainers and student-athletes. All blood, body fluids or tissues will be considered to be potentially infectious, and standard precautions will be used on all patients and athletes regardless of status. Standard precautions are strictly followed in both the athletic training room and on the field. Coaches should also practice standard precautions when dealing with injury situations involving bodily fluids.

Direct exposure of personnel and/or students to blood or other body fluids via skin, mucus membranes or potential contact represents a hazard for transmission of blood-borne and other infections. To decrease the likelihood of transmission of those infections and to minimize contact with blood and body fluids, the following policy is in effect. The following recommendations were adopted from the 2012-2013 NCAA Sports Medicine Handbook, which can be found on file in the Marts Center Athletic Training Room.

1. Disposable latex gloves will be worn when treating an injury involving open skin, mucus membranes, blood, or bodily fluids. Gloves must be changed after contact with each athlete. Gloves must be immediately replaced in the event that they tear. Some gloves may be slightly permeable; so two layers may be worn. Gloves should be changed if worn more than ten minutes. Soiled gloves should be discarded in a biohazard bag after use.
2. Wash hands thoroughly with soap and warm water immediately after exposure to blood or body fluids, even if protective gloves have been used.
3. Clean all surfaces that have been exposed to blood or body fluids with a solution consisting of one part chlorine bleach to 10 parts water (1:10) or an approved antimicrobial disinfectant. It is advised to wear latex gloves when cleaning a contaminated area. Fluids should be absorbed using paper towels that should be discarded in the biohazard waste container bags. The contaminated area should then be saturated with cleansing solution and allowed to soak for 10-20 minutes, if possible. The area should be wiped clean again using clean paper towel.
4. All existing wounds, abrasions, or cuts that can serve as a source of bleeding, or as a port of entry for blood borne pathogens, must be covered with an occlusive dressing that can withstand the demands of competition.
5. Specialized sharps containers should be readily available for sharp objects including, but not limited to, scalpel blades, razors, uncapped syringes, and needles. This container should be red and clearly marked as biohazard material.
6. Designated containers should be readily available for biohazard waste only. These containers must have a proper red biohazard label and should contain a red labeled biohazard bag. Biohazard materials include, but are not limited to, soiled gauze, adhesive bandages, and latex gloves.
7. If an athlete is bleeding during competition or practice, he/she must be removed from the practice or game as quickly as possible. Once the athlete has been removed, the bleeding should be stopped and the open wound covered with an occlusive dressing that can withstand the rigors of competition.
8. Athletes with blood on their uniform must be removed from competition until the uniform can

be cleaned/disinfected. Uniforms that have been saturated with blood should be removed and changed before the athlete can return to competition.

9. OSHA regulates that all employees who are at risk of exposure to a blood-borne pathogen must be offered the Hepatitis B vaccination series. A written statement must be signed if the employee declines Hepatitis B vaccination. However, they may still receive the vaccination if they change their mind.

### **Blood-Borne Pathogens Exposure Control Plan**

OSHA has developed federal regulations for employees whose jobs may put them at risk to blood-borne pathogens. OSHA requires each workplace to develop and keep on file an Exposure Control Plan (ECP). The purpose of the ECP is to promote safe working conditions for Athletic Training Staff and to “reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other blood-borne pathogens (BBP)”. The ECP lists and defines relevant training of the athletic trainers, documentation of exposure, personal protective equipment, and other pertinent items. Copies of the ECP are kept on file in the Marts Center and Munson Field house Athletic Training Rooms.

The following steps should be taken in the event of a mucus membrane or cutaneous blood/body fluid exposure:

1. Write anecdotal notes of the exposure and information regarding adherence to recommendations.
2. Report the exposure to the appropriate health care agency
3. Ensure necessary follow- up care and investigation of the incident
4. Maintain strict confidentiality regarding the incident with the exception of the appropriate supervisor

### **Exposure Determination**

Possible work-related activities staff may encounter for potential exposure to a blood-borne pathogen include, but not limited to:

- Wound care
- Blister management
- Disposing of biohazard waste
- Disposing of soiled uniforms or towels
- Cleaning tables and infected areas
- Suture removal
- Caring for an ill athlete (vomit)
- Compound fracture management
- Mouth-to-mouth resuscitation
- Performing CPR

### **Method of Compliance**

There are many ways to minimize and prevent exposure to a blood-borne pathogen. These include implementing workplace practice controls, such as having rules and regulations in the work place, providing and using personal protective equipment, and appropriate cleaning procedures.

### **Hepatitis B Vaccinations**

Hepatitis B vaccinations consist of a series of three shots or inoculations over a six-month period. If an athletic trainer is involved in an incident that exposes him/her to a blood-borne pathogen, they may receive medical consultation and treatment as soon as possible. All reports will be documented.

## **SEVERE WEATHER POLICIES**

The following policies have been designed to protect the Wilkes University student-athletes, athletic training staff, faculty/staff, and spectators from the threat of severe weather injury.

### **Prevention and Care of Heat Related Illnesses**

Environmental stress related to extreme heat & humidity can adversely affect an athlete's performance and, in some instances, pose a serious health risk. Therefore, it is important to take the proper precautions to help prevent heat related injuries when athletic events take place during days with high ambient temperature and relative humidity. Heat injuries are preventable. Exercising common sense and adhering to the following recommendations can hold heat injuries to a minimum.

#### **Recommendations for the Prevention of Heat Related Illnesses**

The following general recommendations should be considered when planning a training or competitive program that is likely to take place during hot and humid weather:

##### **I. Gradual Acclimatization**

This is perhaps the single most effective method of preventing heat-related injuries. Acclimatization should allow students-athletes to gradually become accustomed to exercising in hot and humid conditions. Progressively increase the intensity and duration of work in the heat with a combination of strenuous interval training and continuous exercise. Coaches have the responsibility of designing practice schedules so that student-athletes will be gradually exposed to hot and/or humid conditions over a 10-14 day period. Well-acclimatized athletes should train for 1-2 hours in the same heat conditions that will be present for their event.

##### **II. Weigh High-Risk Athletes**

Football athletes will be weighed before and after pre-season camp practices to estimate the amount of body water lost during practice and to ensure a return to pre-practice weight before the next practice. Dehydration of 1% to 2% of body weight begins to compromise physiologic function and negatively influence performance. **Dehydration of greater than 3% of body weight further disturbs physiologic function and increases an athlete's risk of developing an exertional heat illness** (ie, heat cramps, heat exhaustion, or heat stroke). Thus, the athlete will not be permitted to return to activity until he reaches at least 2% of his body weight change.

#### **Indexes of Hydration Status**

<b>Condition</b>	<b>% Body Weight Change</b>	<b>Urine Color</b>	<b>Urine Specific Gravity</b>
Well hydrated	+1 to -1	1 or 2	<1.010
Minimal dehydration	+1 to -3	3 or 4	1.010–1.020
Significant dehydration	-3 to -5	5 or 6	1.021–1.030
Serious dehydration	>5	>6	>1.030

##### **III. Fluid and Electrolyte Replacement**

It is essential to continually replace fluids lost during exercise by drinking adequate quantities of water or a sports drink. This is especially pertinent while exercising in hot and humid environments.

- Drinks containing caffeine, such as coffee, tea, or soft drinks should be avoided since they act as a diuretic (promotes elimination of fluids through urination).

- Athletes should be encouraged to drink fluids before, during, and following exercise in hot/humid conditions to help prevent dehydration and possible heat related injury.
- To ensure proper pre-exercise hydration, the athlete should consume approximately 500 to 600 mL (17 to 20 fl oz) of water or sports drink 2 to 3 hours before exercise and 200 to 300 mL (7 to 10 fl oz) of water or a sports drink 10 to 20 minutes before exercise.
- During exercise periods in hot weather, athletes should be given UNLIMITED access to water. Regular breaks should be taken every 20-30 minutes. Fluid replacement should approximate sweat and urine losses and at least maintain hydration at less than 2% body weight reduction. This generally requires 200 to 300 mL (7 to 10 fl oz) every 10 to 20 minutes.
- Post-exercise hydration should aim to correct any fluid loss accumulated during the practice or event. Ideally completed within 2 hours, rehydration should contain water to restore hydration status, carbohydrates to replenish glycogen stores, and electrolytes to speed rehydration.
- Following exercise, the individual should attempt to correct any fluid loss which may have occurred during the exercise activity. The easiest method of determining proper hydration status is through the examination of urine color. The urine of a properly hydrated athlete should be clear to light yellow in color. Darker colored urine is a good indication that the athlete needs to consume more fluids.

#### IV. Identifying Susceptible Individuals

It is important to identify individuals who are prone to heat-related illnesses and injuries so they can be more closely monitored during activity. An accurate medical history can help the Athletic Training Staff and coaches to better identify susceptible individuals.

#### V. Wet-bulb Globe Temperature (WBGT)

It is important to develop event and practice guidelines for hot, humid weather that anticipate potential problems encountered based on the wet-bulb globe temperature (WBGT) or heat and humidity as measured by a sling psychrometer, the number of participants, the nature of the activity, and other pre-disposing risk factors. If the WBGT is greater than 82° F, an athletic event should be delayed, rescheduled, or moved into an air-conditioned space, if possible. It is important to note that these measures are based on the risk of environmental stress for athletes wearing shorts and a T-shirt; if an athlete is wearing additional clothing (ie, football uniform, wetsuit, helmet), a lower WBGT value could result in comparable risk of environmental heat stress.

WBGT	Risk Level	Activity Modification
< 65° F	LOW	<ul style="list-style-type: none"> <li>• Risk low but still exists on the basis of risk factors</li> <li>• No modification needed</li> </ul>
65° – 73° F	MODERATE	<ul style="list-style-type: none"> <li>• Increase fluid and rest breaks</li> <li>• Monitor athletes for heat cramps and signs of heat illness</li> </ul>
73° – 82° F	HIGH	<ul style="list-style-type: none"> <li>• Everyone should be aware of injury potential; individuals at risk should not compete</li> <li>• Restricted practice – minimize clothing and pads/protective equipment</li> <li>• Decrease exercise intensity</li> <li>• Continue to monitor athletes for heat cramps and signs of heat illness</li> </ul>
> 82°	EXTREME/HAZARDOUS	<ul style="list-style-type: none"> <li>• Reschedule event until safer conditions prevail</li> </ul>

## VI. Temperature and Humidity Readings

Daily temperature and humidity readings should be obtained before practice to monitor the heat index. Modifications to the practice schedule should be made based on the severity of the existing environmental conditions.

The table below contains information on the heat index. The heat index quantifies the relative effects of both ambient temperature and relative humidity.

The Heat Index											
Environmental Temperature F° (C°)											
	70° (21)	75°(24)	80°(27)	85°(29)	90°(32)	95°(35)	100°(38)	105°(41)	110°(43)	115°(46)	120°(49)
Relative Humidity	Apparent Temperature F° (C°)										
0%	64°(18)	69°(20)	73°(23)	78°(26)	83°(28)	87°(31)	91°(33)	95°(35)	99°(37)	103°(39)	107°(42)
10%	65°(18)	70°(21)	75°(24)	80°(27)	85°(29)	90°(33)	95°(35)	100°(38)	105°(41)	111°(44)	116°(47)
20%	66°(19)	72°(22)	77°(25)	82°(28)	87°(30)	93°(33)	99°(37)	105°(41)	112°(44)	120°(49)	130°(54)
30%	67°(19)	73°(23)	78°(26)	84°(29)	90°(33)	96°(36)	104°(40)	113°(45)	123°(51)	135°(57)	148°(64)
40%	68°(20)	74°(23)	79°(26)	86°(30)	93°(34)	101°(38)	110°(43)	123°(56)	137°(58)	151°(66)	
50%	69°(20)	75°(24)	81°(27)	88°(31)	96°(36)	107°(42)	120°(49)	135°(57)	150°(66)		
60%	70°(21)	76°(24)	82°(28)	90°(33)	100°(38)	114°(46)	132°(56)	149°(65)			
70%	70°(21)	77°(25)	85°(29)	93°(34)	106°(41)	124°(51)	144°(62)				
80%	71°(22)	78°(26)	86°(30)	97°(36)	113°(45)	136°(58)					
90%	71°(22)	79°(26)	88°(31)	102°(39)	122°(50)						
100%	72°(22)	80°(27)	91°(33)	108°(42)							
<b>Apparent Temperature</b>				<b>Heat-stress risk with physical activity and/or prolonged exposure.</b>							
90°-104° (32-40)				Heat cramps or Heat Exhaustion possible							
105°-130° (31-54)				Heat cramps or Heat Exhaustion likely. Heat Stroke possible.							
130° and up (54 and up)				Heat Stroke very likely.							

## Prevention and Care of Cold Related Illnesses

Exposure to the cold can be uncomfortable, impair performance, and may be life-threatening for student-athletes. They may exhibit cold stress due to environmental or non-environmental factors. The NATA position statement (2008) states that “injuries from cold exposure are due to a combination of low air or water temperatures and the influence of wind on the body’s ability to maintain a normothermic core temperature, due to localized exposure of extremities to cold air or surface”. It is important to take the proper precautions to help prevent cold related injuries when athletic events take place during days with low ambient temperatures. Cold injuries are preventable. Exercising common sense and adhering to the following recommendations can hold cold injuries to a minimum.

### **Recommendations for the Prevention of Cold Related Illnesses**

The following general recommendations should be considered when planning training or competitive program that is likely to take place during cold weather:

## 1. Before event

- a. Encourage proper hydration and nutrition, and discourage alcohol and drug use.
- b. Ensure that athletes and coaches know the signs and symptoms of cold injury.
- c. Identify participants at a high risk of cold injury. Risk factors include the following:
  - i. Lean body composition
  - ii. Females
  - iii. Older age
  - iv. Black race
  - v. Lower fitness level
  - vi. Presence of co-morbidity (eg, cardiac disease, anorexia, Raynaud syndrome, exercise-induced bronchospasm)
- d. Encourage proper conditioning and appropriate equipment and clothing choices.

## 2. Environmental assessment

- a. Evaluate immediate and projected weather information, including air temperature, wind, chance of precipitation or water immersion, and altitude.
- b. Identify activity intensity requirements and clothing requirements for each individual.
- c. Have alternate plans in place for deteriorating conditions and activities that must be adjusted or cancelled.
- d. The following guidelines can be used in planning activity depending on the wind-chill temperature. Conditions should be constantly reevaluated for change in risk, including the presence of precipitation:

30°F and below	Be aware of the potential for cold injury and notify appropriate personnel of the potential.
25°F and below	Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for re-warming.
15°F and below	Consider modifying activity to limit exposure or to allow more frequent chances to rewarm.
0° and below	Consider terminating or rescheduling activity.

## 3. Coaches' and athletes' roles

- a. Coordinate a schedule of hydration and/or feeding.
- b. Coordinate a schedule of re-warming or clothing changes as needed.
- c. Identify possible activity modifications as conditions change (eg, change activity times, allow more frequent chances to re-warm, allow changes to clothing or equipment).
- d. Become educated about the prevention and recognition of cold injuries.
- e. Develop a schedule for monitoring athletes to allow early recognition of potential injury.

## 4. Event management

- a. Provide food and fluids.
- b. Provide warming facilities.
- c. Provide additional clothing and equipment for varying conditions.
- d. Implement exposure control and re-warming schedules as needed.
- e. Monitor environmental conditions and athletes regularly.

## 5. Treatment preparations

- a. Ensure medical staff is prepared to identify the signs and symptoms of cold injury.
- b. Ensure medical staff has proper equipment and skills to assess cold injury, including assessment of low core temperatures.

- c. Prepare an emergency action plan in the event that rapid transport is necessary.
- d. Prepare active re-warming equipment (eg, whirlpool, hot packs, towels, blankets, dry clothing).
- e. Identify warm, dry areas for athletes to passively re-warm, recover, or receive treatment.
- f. Provide direct on-site (ie, sideline) means of passive re-warming (eg, additional clothing, space heaters).

## **Clothing**

Individuals should be advised to dress in layers and try to stay dry. Layers can be added or removed depending on temperature, activity and wind chill. Begin with a wicking fabric next to the skin; wicking will not only keep the body warm and dry, but also eliminates the moisture retention of cotton.

Polypropylene or wool wick moisture away from the skin and retain insulating properties when wet. Add lightweight pile or wool layers for warmth and use a wind-blocking garment to avoid wind chill. Because heat loss from the head and neck may account for as much as 40% of total heat loss, the head and ears should be covered during cold conditions. Hand coverings should be worn as needed and in extreme conditions, a scarf or facemask should be worn. Mittens are warmer than gloves. Feet can be kept dry by wearing moisture-wicking or wool socks that breathe and should be dried between wears.

## **Warm-Up**

Warm-up thoroughly and keep warm throughout the practice or competition to prevent a drop in muscle or body temperature. Time the warm-up to lead almost immediately to competition. After competition, add clothing to avoid rapid cooling. Warm extremely cold air with a mask or scarf to prevent bronchospasm.

## **Fatigue/Exhaustion**

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

## **Wind-Chill Equivalent Index (WCEI)**

The WCEI is a useful tool to monitor the air temperature index that measures the heat loss from exposed human skin surfaces. Wind chill is the temperature it “feels like” outside, based on the rate of heat loss from exposed skin caused by the effects of the wind and cold. Wind removes heat from the body in addition to the low ambient temperature.

### **1. Wind Chill Factor**

Increased wind speeds accelerate heat loss from exposed skin, and the wind chill is a measure of this effect. No specific rules exist for determining when wind chill becomes dangerous. As a general guideline, the threshold for potentially dangerous wind chill conditions is about  $-20^{\circ}$  F.

#### **A. Wind Chill Advisory**

The National Weather Service issues this alert when the wind chill could be life threatening if action is not taken. The criterion for this warning varies from state to state.

#### **B. Wind Chill Warning**

The National Weather Service issues this alert when the wind chill is life threatening. The criteria for this warning vary from state to state.

## **Blizzard Warning**

The National Weather Service issues this alert for winter storms with sustained or frequent winds of 35 miles per hour or higher with considerable falling and/or blowing snow that frequently reduces visibility to one-quarter of a mile or less.

## **Lightning Safety Policy**

Over the last century, lightning has consistently been one of the top two causes of weather-related deaths in the United States. Most lightning casualties occur during the late summer and early fall months and during the afternoon or early evening. The keys to lightning safety are education and prevention. It is important that coaches and athletes be adequately informed about the dangers of lightning and what measures they should take to ensure their safety.

The National Weather Service has stated that lightning can strike up to a distance of 10 miles, and storms can travel at speeds in excess of 50 miles per hour. However, thunder can only be heard at a distance of eight miles (thus the myth of what is commonly called “heat lightning”; the storm is simply too far away for one to hear the thunder). With all of this in mind it is important that all coaches follow the guidelines below for all outdoor activities, as well as indoor swimming pool activities.

### **Identifying Possible Inclement Weather**

Coaches should check a weather report each day before their scheduled practice or event. In this way, the coaching staff will be aware of the possibility of storms forming or moving into the area during the day.

- **Watch:** Issued when the risk of a hazardous weather event is significantly increased, but its presence, location, or timing is unclear; the purpose is to provide enough time to set plans in motion.
- **Warning:** Issued when hazardous weather (i.e., conditions posing a threat to life or property) is occurring is imminent, or has a very high probability of occurring.

### **Suspension/Cancellation of Activities**

The Athletic Trainer will make all decisions regarding suspension of activities in the event that imminent lightning activity imposes a potential danger. The athletic training staff will utilize the “Flash-to-Bang” Method as well as a SkyScan™ Lightning Detection System to determine activity suspension and cancellation. The Athletic Trainer will notify all coaches to immediately cease all activity and seek shelter.

The decision to suspend an athletic activity due to lightning is based on current research as well as the recommendations set forth in the *National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics & Recreation*. It is important that coaches understand that the recommendation to suspend activities has the safety and welfare of all individuals in mind.

### **Flash-to-Bang Method of Determining Lightning Distance**

1. Count the number of seconds from the time lightning is sighted to when the clap of thunder is heard.
2. Divide the number obtained by 5 to obtain the distance of lightning in miles.
3. The NCAA and NSSL (National Severe Storms Laboratory) have set a flash-to-bang ratio of 30 seconds, or an equivalent to 6 miles, as a minimum guideline to suspend activity.

**\*\*\*Should the flash-to-bang ratio reach or fall below 30 seconds (6 miles), athletic competition/practice shall be suspended for a minimum of 30 minutes following the most recent flash-to-bang count of 30 seconds or less.\*\*\***

### **Evacuating and Seeking Appropriate Shelter**

Seeking shelter in a safe location at the first sign of thunder or lightning activity is highly recommended. By the time the flash-to-bang count approaches 30 seconds, all individuals should already be inside or should immediately seek shelter in a safe location. The primary choice for shelter

is any sturdy building normally occupied or frequently used by people. Plumbing pathways as well as electric and telephone wiring aid in grounding buildings, making them a safer than remaining outdoors during thunderstorms. **Open areas such as breezeways and dugouts are not considered appropriate modes of shelter during a thunderstorm. In the absence of the initial choice for shelter, the secondary choice is a fully enclosed vehicle with a metal roof and the windows closed.** It is important not to touch any part of the metal framework of the vehicle while inside it during ongoing thunderstorms.

It is important that not only athletes and coaches seek shelter, but spectators and officials as well. Coaches and/or site managers should help to direct spectators and visiting team members to appropriate shelter. In the event that there is no safe shelter within a reasonable distance, assume a crouched position on the ground with weight on the balls of the feet in an effort to minimize contact with the ground. Wrap arms around knees and lower the head. **DO NOT LIE FLAT!** Stay away from the tallest trees or lone objects (such as light poles or flag poles), metal objects (metal fences or bleachers), standing pools of water, and open fields. Do not use land-line telephones, except in emergency situations. A cellular telephone or a cordless telephone is a safe alternative to a land-line telephone.

The Certified Athletic Trainer will notify the coaches and/or contest officials that evacuation is necessary. It shall be the responsibility of the coaching staff to coordinate evacuation procedures for their respective teams.

### **Designated Lightning Shelter Areas**

Ralston Fields/Artillery Park/Kirby Park: All coaches, athletes and staff shall enter and remain inside the Munson Field house during the 30-minute minimum competition/practice suspension.

### **Resumption of Activities Following Suspension Due to Inclement Weather**

Once activities have been suspended, teams will wait at least 30 minutes after the last sound of thunder and/or lightning flash before resuming an activity or returning outdoors. This 30-minute clock restarts for each lightning flash and each time thunder is heard. The Athletic Trainer will continue to monitor the weather conditions and will decide when it is safe to return to activity.

### **Care of Individuals with a Lightning Injury**

Individuals who have sustained a lightning injury do not carry an electrical charge and are safe for immediate care. Therefore, first aid and the Wilkes University Emergency Action Plan should be initiated immediately.

### **Personal Safety and Notification of Participants of Lightning Danger**

- If thunder can be heard, lightning is close enough to be a hazard, and people should go to a safe location immediately.
- In the event of impending thunderstorms, those in control of outdoor events should fulfill their obligation to warn participants and guests of the lightning danger.
- All individuals have the right to vacate an outdoor site or unsafe area, without fear of repercussion or penalty, in order to seek a lightning-safe location if they feel in danger from impending lightning activity.

## **Emergency Action Plans**

### **Introduction**

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the athletes in emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately.

### **Components of the Emergency Plan**

1. Emergency Personnel
2. Roles of Certified Athletic Trainers, Athletic Training Students, Coaches, and Administrators
3. Emergency Communication
4. Emergency Equipment
5. Emergency Transportation
6. Venue-Specific Emergency Action Plans

### **Emergency Personnel**

With athletic association 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. In some cases a team physician may be present. 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. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The emergency team may consist of a number of healthcare providers including physicians, certified athletic trainers, emergency medical technicians, athletic training students, coaches, and site managers. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer.

### **Roles within the Emergency Team**

1. Immediate care of the athlete
2. Emergency equipment retrieval
3. Activation of the Emergency Medical System
4. Direction of EMS to scene

There are four basic roles within the emergency team.

1. The first and most important role is immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. In most instances, this role will be assumed by the Certified Athletic Trainer, although if the team physician is present, he/she may be called in. Individuals with lower credentials should yield to those with more appropriate training.
2. The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Athletic training students, site managers, and coaches are good choices for this role.
3. The third role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. 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.
4. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the contest. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. An athletic training student, site manager, or coach may be appropriate for this role.

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.

### **Activating the EMS System**

#### **Making the Call: 9-1-1**

#### **Providing Information:**

- name, address, telephone number of caller
- nature of emergency, whether medical or non-medical \*
- number of athletes
- condition of athlete(s)
- first aid treatment initiated by ATC/Physician
- specific directions as needed to locate the emergency scene
- other information as requested by dispatcher

#### **Emergency Communication**

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to

ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a cellular phone. A public telephone may also be preferred if available. 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.

### **Emergency Equipment**

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

### **Emergency Transportation**

Emphasis is placed at having an ambulance on site at high risk sporting events. Wilkes University coordinates on site ambulances for home varsity football competitions. Ambulances may be coordinated on site for other special events/sports. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

### **Conclusion**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches, as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, the athletic association helps ensure that the athlete will have the best care provided when an emergency situation does arise.

## Marts Center Gymnasium Emergency Action Plan

Women's Volleyball  
Men's & Women's Basketball  
Wrestling

### Emergency Personnel

- Certified Athletic Trainer on site for all competition and in-season practices
- ATC can be reached by cellular phone in the event that no coverage is provided

### Emergency Communication

- Athletic Trainer carries a cellular telephone
- Fixed telephone line accessible from Athletic Training Room (570) 408-4027
- It is also recommended the head coach of each team carry a cellular phone in case of emergency

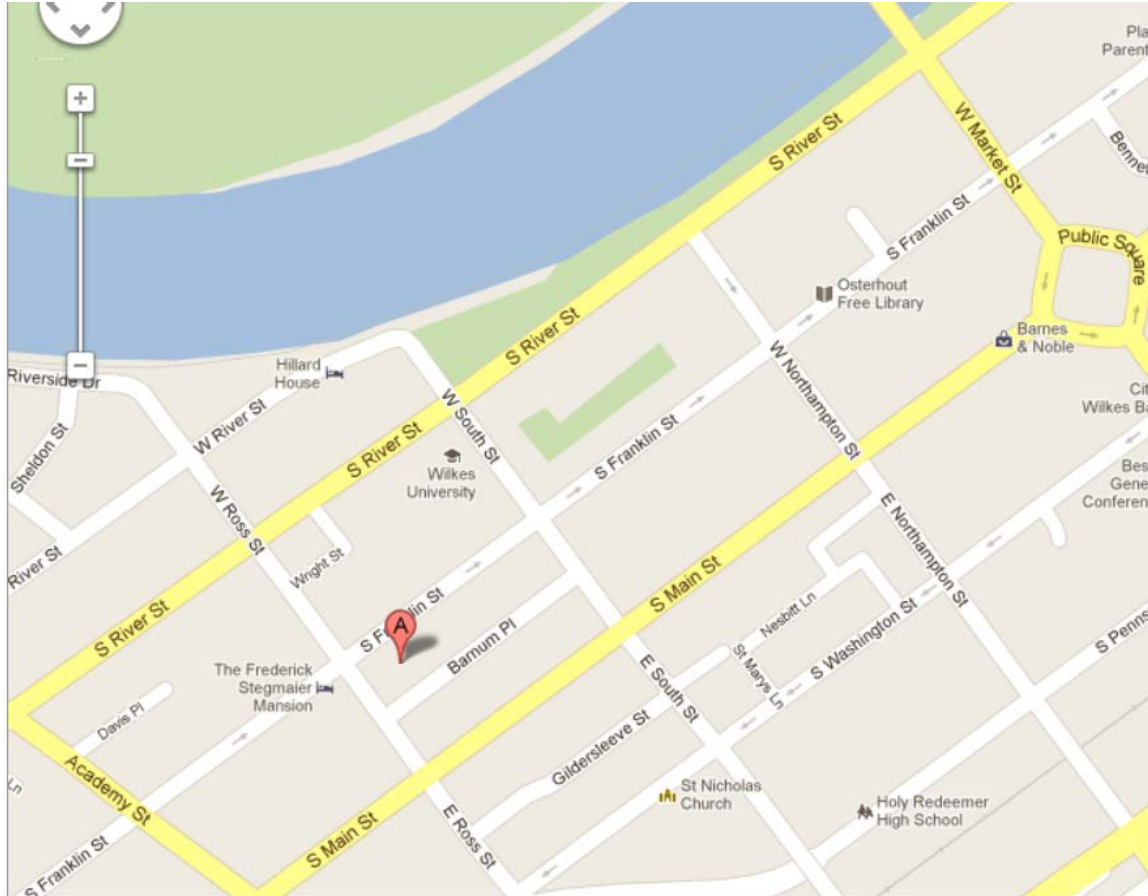
### Emergency Equipment

- AED – venue-specific unit located in the Marts Center lobby next to the elevator
- Splint kit
- Athletic training supplies
- Ice

### Venue Directions

*Wilkes University Marts Center Gymnasium*  
274 South Franklin Street Wilkes-Barre, PA 18766

From Route 309 ... take Exit 3 (Plains/River Street) and turn onto River Street at the traffic light. Follow River Street for 10 traffic lights. Turn left onto Ross Street at the 10th traffic light. Make a left onto Franklin Street at the next light. The Marts Center will be on the right. Someone will be waiting to direct EMS to the scene.



## **Ralston Athletic Complex Emergency Action Plan**

Football, Field Hockey, Men's & Women's Soccer, Softball, Men's & Women's Lacrosse, Men's & Women's Tennis

### **Emergency Personnel**

- Certified Athletic Trainer on site for all competition and in-season practices
- ATC can be reached by cellular phone in the event that no coverage is provided

### **Emergency Communication**

- Athletic Trainer carries a cellular telephone
- Fixed telephone line accessible from Athletic Training Room (570) 714-4760
- It is also recommended the head coach of each team carry a cellular phone in case of emergency

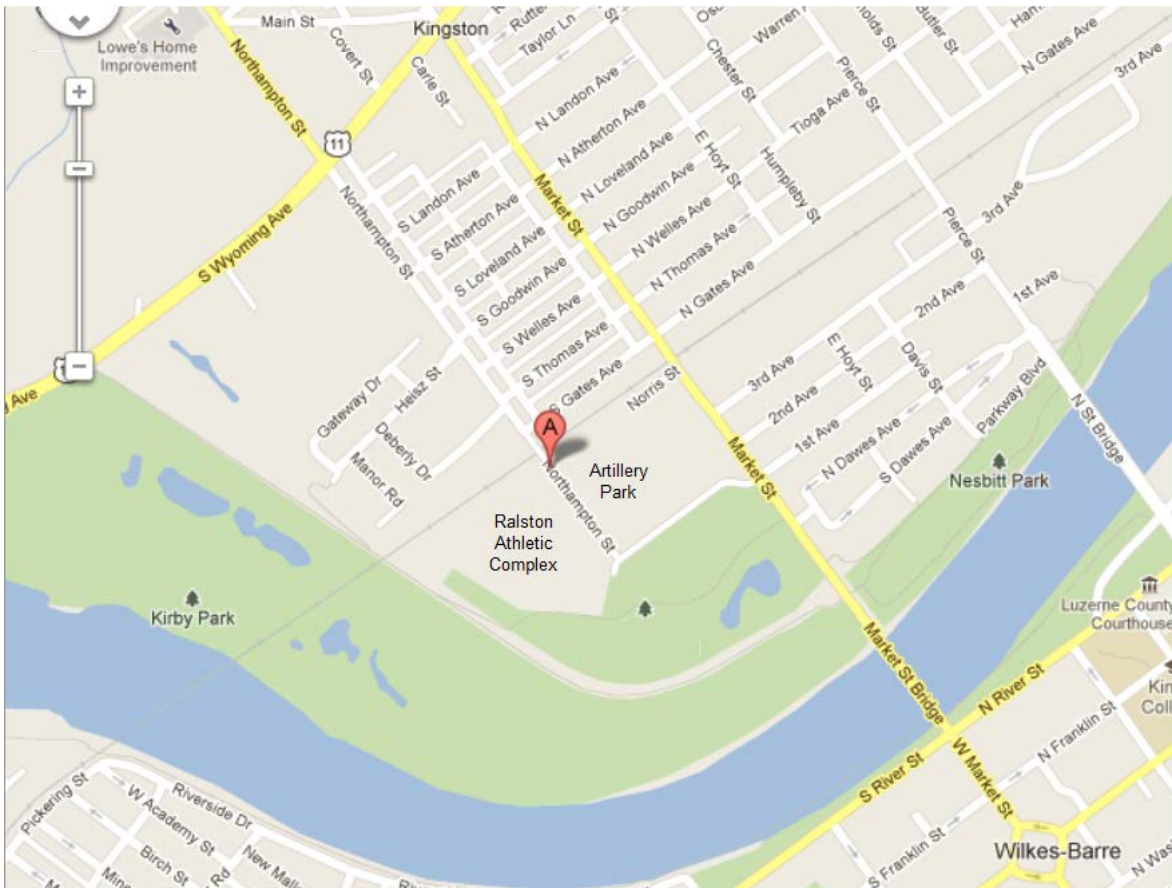
### **Emergency Equipment**

- AED – venue-specific unit located in the Munson Field House lobby
- Splint kit
- Athletic training supplies
- Ice

### **Venue Directions**

*Wilkes University Ralston Athletic Complex  
302 Northampton Street Edwardsville, PA 18704*

From Route 309 ... take Exit 3 (Plains/River Street) and turn onto River Street at the traffic light. Follow River Street for 7 traffic lights. Turn right onto the Market Street Bridge at the 7<sup>th</sup> traffic light. Get into the left lane and make the first left turn at the end of the bridge (Look for a running track). Follow the curved road and then turn right at the stop sign. Turn left into the Wilkes parking lot, which is just before the railroad overpass. Someone will be waiting to direct EMS to the scene.



# Artillery Park Emergency Action Plan

Baseball

Men's & Women's Soccer (Practice)

## Emergency Personnel

- Certified Athletic Trainer on site for all competition and in-season practices
- ATC can be reached by cellular phone in the event that no coverage is provided

## Emergency Communication

- Athletic Trainer carries a cellular telephone
- Fixed telephone line accessible from Athletic Training Room (570) 714-4760
- It is also recommended the head coach of each team carry a cellular phone in case of emergency

## Emergency Equipment

- AED – venue-specific unit located in the Munson Field House lobby
- Splint kit
- Athletic training supplies
- Ice

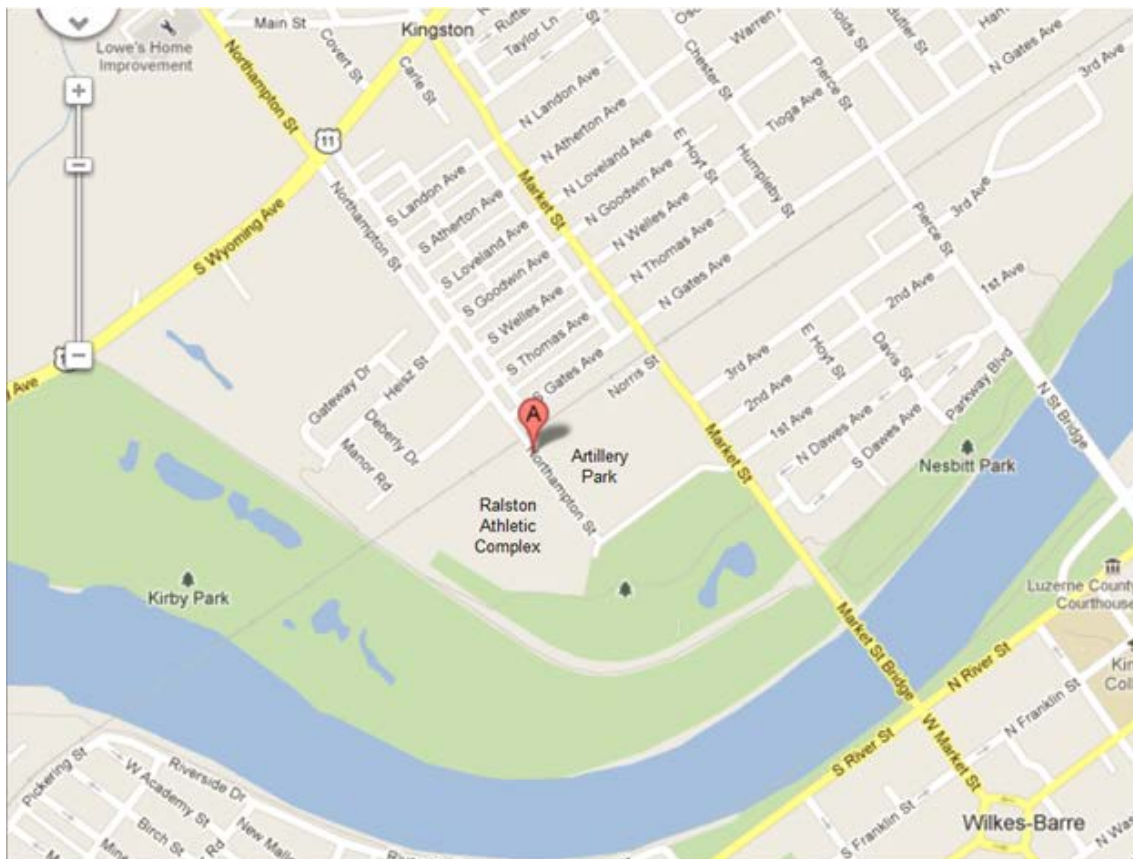
## Venue Directions

Artillery Park is located across the street from:

*Wilkes University Ralston Athletic Complex*

*302 Northampton Street Edwarsville, PA 18704*

From Route 309 ... take Exit 3 (Plains/River Street) and turn onto River Street at the traffic light. Follow River Street for 7 traffic lights. Turn right onto the Market Street Bridge at the 7<sup>th</sup> traffic light. Get into the left lane and make the first left turn at the end of the bridge (Look for a running track). Follow the curved road and then turn right at the stop sign. Turn right into Artillery Park. Someone will be waiting to direct EMS to the scene.



# Recreation and Athletic Center (RAC) inside the University Center on Main Emergency Action Plan Multi-use Facility

## Emergency Personnel

- Certified Athletic Trainer only on site during pre-determined circumstances
- ATC can be reached by cellular phone in the event that no coverage is provided

## Emergency Communication

- Athletic Trainer carries a cellular telephone
- Fixed telephone line accessible from Athletic Training Room (570) 408-6170
- It is highly recommended the head coach of each team carry a cellular phone in case of emergency

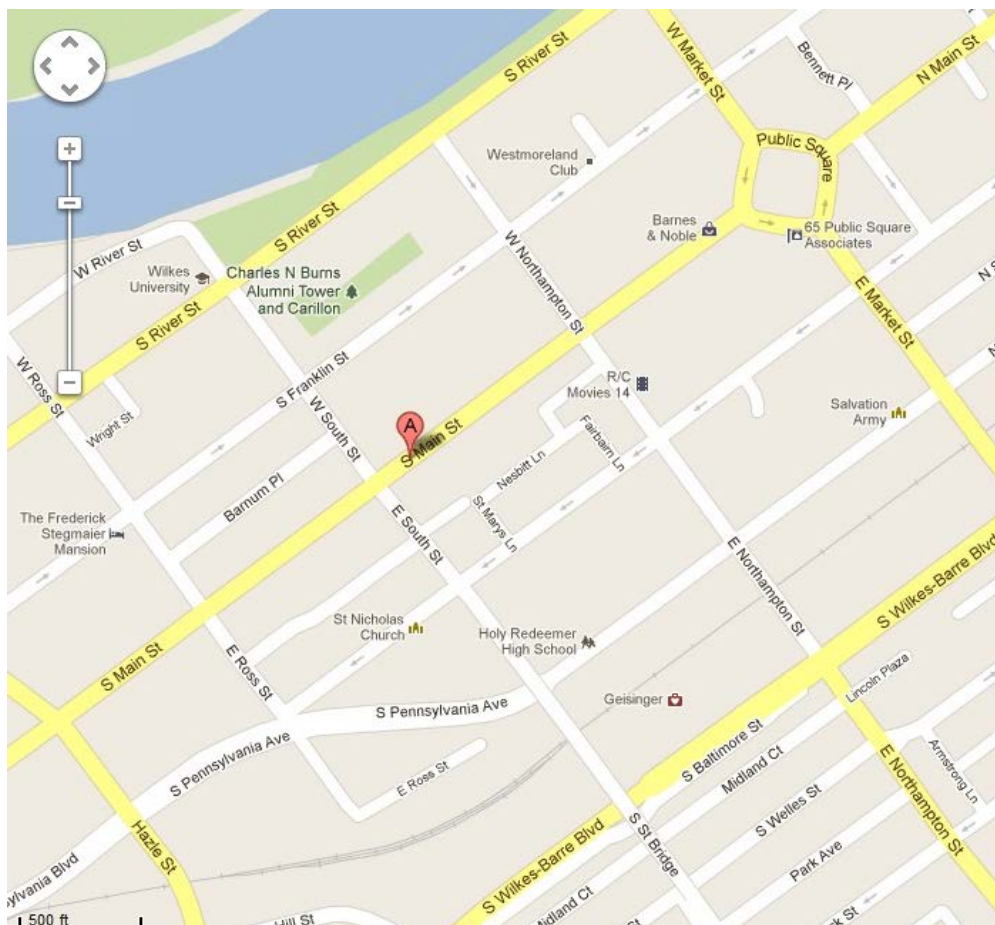
## Emergency Equipment

- AED – venue-specific unit located in the main lobby of the UCOM
- Splint kit
- Athletic training supplies
- Ice

## Venue Directions

*Wilkes University Center on Main*  
169 South Main Street Wilkes-Barre, PA 18766

From Route 309 ... take Exit 3 (Plains/River Street) and turn onto River Street at the traffic light. Follow River Street for 8 traffic lights. Turn left onto Northampton Street at the 8th traffic light. Make a right onto South Main Street at the next light. The UCOM will be on the right. Someone will be waiting to direct EMS to the scene.



## **Automated External Defibrillator (AED) Policy and Procedures**

### **Medical Necessity for Use of AED**

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's electrical rhythm. The erratic and ineffective electrical heart rhythms that cause complete cessation of the heart's normal function of pumping blood are called ventricular fibrillation (VF) and pulseless ventricular tachycardia (PVT), and result in sudden death. The most effective treatment for these conditions is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of VF or pulseless ventricular tachycardia. Defibrillation is a recognized means of terminating potentially fatal heart arrhythmias during SCA. A direct current defibrillator applies a brief, high-energy pulse of electricity to the heart muscle. AEDs accurately analyze cardiac rhythms and, if appropriate, advise and deliver an electric shock.

AEDs have become an essential link in the "chain of survival" as defined by the American Heart Association. Successful resuscitation is related to the length of time between the onset of VF or pulseless ventricular tachycardia and defibrillation. The AHA states that with every minute it takes to respond, the chance for successful defibrillation decreases 7-10%. The provision of timely emergency attention saves lives.

### **Authorized AED Users**

All members of the Athletic Training Staff are trained to use the AED including Team Physicians, Certified Athletic Trainers, and Athletic Training Students. Other individuals authorized to use the AED include:

- Employees of Wilkes University who have successfully completed an approved CPR/AED training program including, but not limited to, coaches, administrators, and Health Services Staff.
- Staff who have successfully completed an approved CPR/AED training program including, but not limited to, security staff and custodial staff.

Pennsylvania Law delineates "Good Samaritan Civil Immunity for AED Use" (42 Pa.C.S) as well as "Non-Medical Good Samaritan Civil Immunity for AED Use".

### **Explanation of the Use of AEDs:**

By definition, an AED means a defibrillator which:

- Is capable of cardiac rhythm analysis.
- Will charge and deliver a counter shock after electrically detecting the presence of cardiac dysrhythmias.
- Is capable of continuous recording of the cardiac dysrhythmia at the scene.
- Is capable of producing a hard copy of the electrocardiogram.

Defibrillation is only one aspect of the medical care required to resuscitate a patient with a shockable ECG rhythm (VF or pulseless ventricular tachycardia). Other supportive measures may include CPR.

### **Protocol Regarding Use of AED**

In the event of SCA, the Wilkes University Emergency Action Plan should be activated immediately. The Wilkes University Athletic Training Staff will provide initial care as appropriate to the situation and coordinate with other emergency medical service providers upon their arrival in the provision of CPR,

defibrillation, and basic life support. The AED is to be used only on patients in SCA. Before the device is utilized to analyze the patient's ECG rhythm, **the patient must be:**

- Unconscious
- Pulseless
- Not breathing spontaneously

### **Location of AEDs**

Wilkes University has several AEDs located within its campus. Many of these AEDs are immediately accessible in the athletics facilities. The athletic training staff also has a designated AED that is in possession at all times.

1. Marts Center
  - a. AED is located in the Marts Center lobby next to the elevator
  - b. Additional AED is carried by Athletic Training Staff (located in red vacuum splint bag)
2. Munson Fieldhouse
  - a. AED is located in the Munson Field House lobby on the left side wall
  - b. Additional AED is carried by Athletic Training Staff (located in red vacuum splint bag)
3. Recreation and Athletic Center (RAC) inside The University Center on Main (UCOM)
  - a. AED is located in the UCOM lobby near the front entrance of the building
  - b. Additional AED is carried by Athletic Training Staff (located in red vacuum splint bag)

### **Equipment Maintenance**

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. The AED will perform a self-diagnostic test every 24 hours that includes a check of battery strength and an evaluation of the internal components. The athletic training staff shall perform a monthly AED check following the procedure checklist. (See Appendix B) The procedure checklist will be initialed at the completion of the monthly check and will be posted with the AED. The athletic training staff shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions. Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected.

## **Student-Athlete Concussion Policy and Protocol**

If a member of the Wilkes University Sports Medicine Staff has a concern that a student-athlete may have sustained a concussion or closed head injury due to their participation in athletics, or if one or more individuals express concern to a member of the Sports Medicine Staff that a student-athlete may have suffered a concussion or closed head injury, the following Policy and Protocol will be followed. The following policy and protocol has been developed using the recommendations and guidelines set forth by the National Athletic Trainers' Association as well as the NCAA. The health and welfare of the student-athlete will be the primary consideration throughout the process.

### **Definition of Concussion**

"The consensus definition from the 4th International Conference on Concussion in Sport (Zurich 2012) is that concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces."

1. Concussion may be caused by a direct blow to the head, face, neck, or elsewhere on the body or an impulsive force transmitted to the head.
2. Concussion typically results in the rapid onset of short lived impairment of neurological function that resolves spontaneously. Signs and symptoms may evolve over a number of minutes to hours.
3. Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury.
4. Concussion is typically associated with grossly normal standard structural neuroimaging studies.
5. Concussion results in a graded set of clinical syndromes that may or may not involve a loss of consciousness.

### **Definition of Second Impact Syndrome**

Second impact syndrome is sequelae that results when an athlete suffers a second head injury after returning to activity before the symptoms of a previous concussion have resolved. This secondary injury leads to engorgement of the cranial veins causing severe swelling of the brain. Second impact syndrome is a serious condition that can be potentially fatal (50% mortality rate).

### **Signs and Symptoms of Concussion**

A sports concussion and/or a closed head injury will be suspected if any Wilkes University student-athlete presents with one of the following signs, symptoms, or problems after sustaining a direct or indirect contact to the head. These can include clinical symptoms, physical signs, cognitive impairment, and/or loss of consciousness. Any athlete who suffers a head injury during activity which results in symptoms consistent with those of a concussion will not be allowed to return to play for the remainder of the day. The injured athlete will be evaluated by a Certified Athletic Trainer to determine the severity of the concussion. If necessary, the athlete will be referred to other medical personnel for further evaluation.

The following list of signs and symptoms is not all inclusive, as other signs, symptoms, or problems may occur that are not listed.

### **Physical**

Headache  
"Pressure in head"  
Neck pain  
Nausea  
Vomiting  
Balance problems  
Dizziness  
Fatigue  
Sensitivity to light  
Sensitivity to noise  
Double or blurry vision  
Hearing problems  
"Ringing in ears"  
Slurred speech  
Dazed  
Stunned  
Numbness/tingling  
Convulsions or seizures  
Loss of consciousness  
"Don't feel right"

### **Cognitive**

Feeling mentally "foggy"  
Feeling slowed down  
Difficulty concentrating  
Difficulty remembering  
Forgetful of recent information and conversations  
Confused about recent events  
Answers questions slowly

### **Emotional**

Anxious  
Irritable  
Sad  
Nervous  
More emotional than usual

### **Sleep**

Drowsiness  
Sleeping more than usual  
Sleeping less than usual  
Difficulty falling asleep

## Referral Guidelines

Once a student-athlete has presented with any signs, symptoms, or issues associated with concussion, he/she will be monitored every five minutes after the onset of symptoms. The following protocol will be followed according to each scenario's specified criteria.

### 1. Release of Student-Athlete from Supervision of a Certified Athletic Trainer with Take-Home Instructions

If the student-athlete has shown an improvement in their signs, symptoms, or problems by the end of the practice or competition, they will be given *Take-Home-Instructions* for care while they are at home and not under the supervision of a Certified Athletic Trainer. These instructions will be given and explained to a responsible individual as determined by the Certified Athletic Trainer. The student-athlete will be continually monitored for deterioration every few hours and over the following days as problems could arise over the next 24 – 48 hours. The student-athlete will be monitored regularly until they are symptom-free.

### 2. Immediate Referral to Emergency Room

Any student-athlete presenting with any of the following signs, symptoms, or problems will be referred to the emergency room immediately upon on-field assessment:

- a. Deterioration of neurological function
- b. Decreasing level of consciousness
- c. Irregularity in respirations
- d. Irregularity in pulse
- e. Unequal, dilated, or unreactive pupils
- f. Any signs or symptoms of associated injuries, e.g. spine or skull fracture, or bleeding
- g. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
- h. Seizure activity

### 3. Referral to Physician on Day of Injury

Any student-athlete presenting with any of the following signs, symptoms, or problems when compared to the initial on-field assessment, will be referred to a physician on the day of injury:

- a. Loss of consciousness
- b. Amnesia lasting longer than 15 min
- c. Increase in blood pressure
- d. Cranial nerve deficits
- e. Vomiting
- f. Motor deficits subsequent to initial on-field assessment
- g. Sensory deficits subsequent to initial on-field assessment
- h. Balance deficits subsequent to initial on-field assessment
- i. Cranial nerve deficits subsequent to initial on-field assessment
- j. Post-concussion symptoms that worsen
- k. Additional post-concussion symptoms arise as compared with those on the field
- l. A student-athlete will also be referred to a physician on the day of injury if he/she has not shown improvement in his/her signs, symptoms, or problems by the end of practice or competition.

### 4. Delayed Referral (after the day of injury)

If a student-athlete that was released from the supervision of a Certified Athletic Trainer, and given Take-Home Instructions, presents with any of the following signs, symptoms, or problems after the day of injury, he/she will be referred to a physician as determined by the Certified Athletic Trainer.

- a. Any of the findings in the "Referral on Physician on Day-of-Injury" category that have

developed since the initial evaluation

- b. Post-concussive symptoms worsen or do not improve over time
- c. Increase in the number of post-concussive symptoms reported
- d. Post-concussive symptoms begin to interfere with the athlete's daily activities (i.e., sleep disturbances or cognitive difficulties.)

## 5. Academic Support Referral

If a student-athlete presents with signs, symptoms, or problems affecting their cognitive function, he/she may be held from attending academic classes until the signs and symptoms have diminished. Due to the nature of head injuries, the concentration and focus needed to not only attend, but to actively participate in class and complete assignments, can delay the healing process. In order for the student-athlete to be excused from class and allowed time to make up missed assignments, select faculty outside of the Sports Medicine team will be notified in order to help take appropriate actions for their academic well being. The Athletic Director, University Health Center Nurse, and the Director of Academic Support Services will be notified in order to help lend support to the student athlete and act as a liaison between the Sports Medicine and academic staff.

It is the job of the Director of Academic Support Services to notify the student-athlete's professors of the circumstances regarding the nature of the injury and to explain the appropriate actions needed to be taken with the student-athlete's studies. The above mentioned staff will continually work with the Sports Medicine team in order to monitor the healing process of the student-athlete and will be made aware of when the student-athlete is cleared to return to a regular academic schedule.

## Return-to-Play Assessment Tools

The Wilkes University Sports Medicine staff will utilize the SCAT2, Sport Concussion Assessment. The SCAT2 is a standardized method of evaluating injured athletes for concussion and can be used in athletes aged from 10 years and older. This tool also enables the calculation of the Standardized Assessment of Concussion (SAC) score and the Maddocks questions for sideline concussion assessment. Each student-athlete will be given a SCAT2 baseline assessment prior to participating in their first practice at Wilkes University. This baseline assessment will be used as a reference should a student-athlete suffer a head injury during their participation in sport.

## Graduated Return-to-Play Protocol\*

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming, or stationary cycling, keeping intensity to <70% of maximum predicted heart rate; no resistance training	Increase heart rate
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, eg, passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination, and cognitive load
5. Full-contact practice	Following medical clearance, participate in normal training activities	Restore athlete's confidence; coaching staff assesses functional skills
6. Return to play	Normal game play	

\*2013 International Conference on Concussion in Sport. Zurich, Switzerland.

## **Geisinger Health System Concussion Progressive Return to Play Protocol**

1. Once an athlete has been determined to have a concussion, he/she will immediately be removed from further athletic activity.
2. A member of the Sports Medicine Staff, who is trained in proper concussion management, will evaluate the athlete to determine if immediate referral is necessary. The athlete's progress will be closely monitored by the Sports Medicine Staff if no immediate referral is necessary.
3. The athlete's coach(es), Athletic Director and University Health Center Nurse will be notified that he/she has sustained a concussion. In some cases, the Director of Academic Support Services may be notified in order to help lend support to the student-athlete and act as a liaison between the Sports Medicine and academic staff.
4. The athlete will be instructed to report to the Athletic Training Room daily to be re-evaluated by a member of the Sports Medicine Staff.
5. Once the athlete has either no symptoms (or no worsening of symptoms relative to their individual pre-injury status) for at least 24 hours, he/she can begin the following return to play protocol under the supervision of a member of the Sports Medicine Staff.
6. If any symptoms return at any time during their progression, the athlete must immediately stop activity. The athlete must wait 24 hours after all symptoms have resolved in order to continue the return to play protocol. Once the athlete is symptom-free, he/she will start from the previous step successfully completed.

**I. Step 1: Light aerobic exercise to increase heart rate**

- a) Bike, walking, elliptical for 5-10 minutes
- b) Static stretching program
- c) Low-intensity balance exercise
- d) NO weight training, NO jumping, NO vigorous running

**II. Step 2: Increased heart rate and incorporate limited body and head movements**

- a) Moderate biking or elliptical
- b) Moderate weight lifting
- c) Dynamic stretching
- d) Balance exercises while multi-tasking

**III. Step 3: Integrated non-contact physical activity**

- a) Interval training on treadmill or running
- b) Regular weight training
- c) Agilities
- d) Hard balancing activities

**IV. Step 4: Reintegration into practice (Non-Contact)**

- a) Normal practice & meeting environment (films)
- b) Plyometric training
- c) Elevated interval training
- d) Aggressive strength training program
- e) Non-contact sport-specific drills

**V. Step 5: Practice Day**

- a) Sports Performance training
- b) Initiate contact working up to full contact
- c) Completion of a full practice

**VI. Full Return to Participation/Play** with no restrictions can be considered after successful completion of Step 5

**7. Clearance for full participation will only be considered if made by an appropriate medical professional, defined by The Safety in Youth Sports Act as:**

- a) Licensed physician trained in the evaluation and management of concussions, **or**
- b) Licensed or certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician, **or**
- c) Licensed psychologist neuropsychologically trained in the evaluation and management of concussions or has postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions.

## **Special Considerations**

### **Chiropractic Care Policy**

If a Wilkes University student-athlete is under the care of a chiropractor, the Wilkes University athletic training staff will treat the athlete ONLY if the athlete produces orders from a licensed MEDICAL PHYSICIAN (i.e. MD, DO, DDS PA-C). If an athlete was held out of practice by the chiropractor and has ended his/her chiropractic care he/she will need a note from a MEDICAL PHYSICIAN (i.e.: MD, DO, DDS, PA-C) to return to play. Under no circumstances will the Wilkes University Athletic Trainers accept a release to play after an injury or a physical clearance by a chiropractor.

### **Asthma**

Asthma attacks may be brought on by a variety of triggers, including dust, pollen, smoke, strong odors, or cold air. Some asthma attacks may be triggered by strenuous exercise. In these cases, the athlete is classified as having exercise induced asthma (IEA). When an asthma attack occurs, the athlete may experience coughing, wheezing, and shortness of breath. Student-athletes who have been diagnosed with asthma by a licensed physician (family or team physician) will be monitored by the Sports Medicine staff for any difficulties with their condition. Student-athletes who require the use of an inhaler should keep their inhaler with them at all practices and games. Student-athletes should not share their inhalers with other student-athletes or teammates.

### **Diabetes**

Diabetes can be divided into two types: Type I (insulin dependent) and Type II (non-insulin dependent). With Type I diabetes, the body is unable to produce insulin, therefore the cells of the body are unable to absorb sugar (glucose) from the blood. This leads to high levels of glucose in the blood. Type I diabetes can be controlled through regular monitoring of blood sugar levels and through the introduction of insulin. Insulin can either be injected manually or administered through an insulin pump. Type II diabetes occurs when the body is still able to produce insulin, but either does so in insufficient amounts or produces insulin that does not function properly. Student-athletes with diabetes should regularly monitor their blood glucose levels, especially during and following periods of exercise.

### **Assessing Body Composition in Wrestlers**

To most effectively determine minimal weights and to monitor appropriate weight loss in wrestlers, Wilkes University will abide by the NCAA Wrestling Weight Loss Policy. In accordance with this policy all prospective Wilkes University wrestlers must undergo a skinfold measurement to assist in determining their respective minimal body weights. These skinfold measurements must be conducted no less than 24 hours before the first competition date.

The above process entails acquiring a urine sample for the purpose of determining proper hydration IMMEDIATELY prior to obtaining the skin fold measurement. This urine sample will be collected and tested by the Athletic Trainer under standard collection protocols. Testing for specific gravity will be the ONLY test performed on this sample. There will be no testing for drugs, alcohol, performance enhancing substances, etc. The sample will be promptly disposed of following testing. This test is used solely to determine proper hydration in order to ensure the safety of our student-athletes.

### **Skin Infections in Wrestlers**

Skin conditions are a common, yet preventable occurrence among athletes, especially wrestlers. Perhaps the most serious of these conditions are various skin infections caused by bacteria, fungi, and viruses. Skin infections can be transmitted by both direct (skin-to-skin) and indirect (person to inanimate object to person) contact. Proper infection control can help to minimize the development

and spread of skin infections. Besides identification and treatment of infected individuals, preventions can be aided by improving student-athlete hygiene practices and through proper routine cleaning and disinfection of all equipment, including wrestling mats, wrestling dummies, headgear, and clothing. Current knowledge indicates that many fungal and viral infections are easily transmitted by skin-to-skin contact. In most cases, these skin conditions can be covered with a securely attached bandage or non-permeable patch to allow participation. Open wounds and infectious skin conditions that cannot be adequately protected to prevent their exposure to others will be considered cause for medical disqualification from practice and competition. Any suspicious looking skin lesion will be required to be evaluated by the Athletic Trainer and possibly referred to a sports medicine physician or dermatologist. If the wrestler is examined for a lesion(s), the athlete must have that physician complete and sign a *NCAA Physician Release for Wrestler to Participate With Skin Lesions*. This completed form will be placed in the athlete's file. A copy will be given to the coach to present to officials during wrestling meets.

### **Prescription and Over the Counter Drug Policy**

The Wilkes Athletic Training Staff will not at any time prescribe any medication other than those that are available over the counter. If a student-athlete requires a prescription of any medication that is not kept on site, he/she must be evaluated by the team physician or the university health services.

Over the counter medications (OTCs) will be kept on site in a secured area. OTCs available will be the discretion of the Athletic Training Staff. OTCs will be utilized as the Athletic Training Staff sees fit and must first have the clearance of a certified athletic trainer. OTCs that are dispensed to student-athletes will be recorded on a medication tracking log.

### **Sickle Cell Trait Test Policy**

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense or excessive exercise, the sickle hemoglobin can change the shape of red blood cells from round to quarter-moon, or "sickle". When this occurs, these sickled red blood cells can accumulate in the bloodstream. The accumulation of these cells can cause ischemic (cell death) rhabdomyolysis, the rapid breakdown of muscle cells. This condition is a medical emergency and can be life threatening. Sickling can begin in 2-3 minutes of intense exercise, and can reach grave levels soon thereafter if the athlete continues to exert him or herself. Heat, dehydration, altitude, asthma, and other medical conditions can increase the risk for sickling, even when exercise is not all-out.

Sickle cell trait is not sickle cell anemia, in which two abnormal genes are inherited. Sickle cell trait will not progress into the disease. It is generally benign and most athletes complete their careers without any complications. However, it is possible to have symptoms of the disease under extreme conditions of physical stress or low oxygen levels. In some cases, athletes with the trait have expressed significant distress, collapsed, and have died during rigorous exercise. Thus, in our continued efforts to protect the health and safety of our student-athletes, sickle cell trait screening is a mandatory portion of the pre-participation medical exam.

The National Collegiate Athletic Association (NCAA) requires that all student-athletes participating in intercollegiate athletics show proof of testing for the sickle cell trait prior to receiving medical clearance to participate in sports. With approval by the Management Council at the 2013 NCAA Convention, sickle cell trait screening has now become a mandatory portion of the pre-participation medical exam. Beginning with the 2013-2014 academic year, the Wilkes University Athletic Department will adhere to NCAA regulations and require all incoming student-athletes to either provide documentation regarding the results of a sickle cell trait test OR sign a waiver declining the test. Documentation of test results or completion of the test waiver form will be a pre-requisite to any

and all team activity (strength and conditioning, practices, or games) and will be included in the pre-participation paperwork.

Student-athletes will have three options for reporting his/her sickle cell trait status:

**1. Provide documentation from a previous sickle cell test.**

Most newborns are tested for this trait and this information may be easily available from a family physician. Student-athletes may have their physician complete the Sickle Cell Trait Test Verification Form (Appendix ) or attach a copy of previous test results. The test does not need to be repeated if proof of status for sickle cell trait is presented.

**2. If unable to confirm sickle cell trait status, student-athletes must undergo sickle cell trait testing prior to participation in any intercollegiate athletic activity.**

This simple blood test can be performed at any laboratory. However, the NCAA has an agreement with Quest Diagnostic Laboratories to administer the test at a discounted rate. Please visit <http://www.questdiagnostics.com> for the nearest location.

We strongly encourage all incoming student-athletes to contact their family physicians as soon as possible to obtain the necessary documentation. In the event that a student-athlete must obtain the test, please do so in a timely manner, as it may take up to 2 weeks to get results. Student-athletes **will not** be able to participate in any organized team activities until the Wilkes University Athletic Training Staff has received completed pre-participation forms.

**3. Decline the sickle cell trait test and sign a waiver absolving Wilkes University from any/all liability.**

Student-athletes who decline the test **must** watch an educational video put forth by the NCAA entitled “**The Student-Athlete with the Sickle Cell Trait**”. The video can be found on the NCAA website, under the “Health and Safety” tab.

<http://www.ncaa.org/wps/wcm/connect/public/NCAA/Health+and+Safety/Sickle+Cell/>

There is also a link to this video on the Wilkes Athletics website under the “Athletic Training” tab.

Testing positive for sickle cell trait **will not** preclude a student-athlete from participating in intercollegiate athletics at Wilkes University. However, it may require activity modification and education for both the student-athlete(s) and coaching staff.

The following simple steps will be taken for athletes who carry the sickle cell trait:

1. The athlete will watch the NCAA educational video about sickle cell trait and athletic participation.
2. The athlete will meet with a team physician to answer any questions to ensure that he/she understands the issue and the steps he/she needs to take to make remain safe while participating (staying hydrated, recognizing early symptoms of heat illness/sickle crisis, and reporting them to sports medicine staff and/or coaches immediately).
3. Coaches will be notified of athlete’s sickle cell trait status to ensure that athlete is allowed access to fluids as needed, is not forced to participate in timed physical tests before becoming acclimated to heat and exertion at the beginning of a season, and any athlete complaints of exhaustion are taken seriously and activity is stopped until evaluated by a member of the sports medicine staff.

The Wilkes Athletic Training Staff will be present at official practices and will monitor the athlete’s status closely and encourage adequate hydration. The Athletic Training Staff will also monitor environmental conditions and possibly limit or halt exercise if risk is determined to be high.