



Manchester Athletics

Manchester University Athletic Training

Policies and Procedures Manual

2018-2019

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Manchester Athletics

Manchester University Athletic Training

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INTRODUCTION

This manual is a compilation of procedures, guidelines, policies, and action plans for Manchester University. All athletic staff members; including coaches, athletic trainers, and administration, should familiarize themselves with this document and all Manchester University policies and procedures, so they understand how certain situations and incidents will be addressed. Please direct any questions or comments you may have about the content of this document to:

Erin Foreman MS, LAT, ATC
Head Athletic Trainer
(260) 982-5945
erforeman@manchester.edu

Mission Statement:

It is the responsibility of the sports medicine staff to provide the highest quality medical care for the student-athletes at Manchester University. The sports medicine staff consists of designated team physicians, athletic training staff, Health & Counseling services, and various other consultants or specialists. The medical staff will provide medical care for the student-athletes in the following manner: pre-participation medical exams, injury prevention, emergency care, and treatment for illnesses, injuries, and or conditions affecting the physical or mental well-being of the student-athletes.



STAFF DIRECTORY

Clinical



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MEDICAL CONSULTANTS

Anna Richison, RN
Director of Health
Services
260-982-5306 Office

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Ortho NorthEast
5050 N. Clinton St
Fort Wayne, IN 46825
800-589-8551 Office

Dr. Joseph Mattox, MD
Ortho NorthEast
5050 N. Clinton St
Fort Wayne, IN 46825

Dr. Eric Reichenbach,
MD Manchester Family
Clinic-Parkview
1104 N. Wayne St
North Manchester, IN 46962
260-982-2102 Office
260-982-2105 Fax

Parkview Huntington Hospital
2201 Stults Rd
Huntington, IN 46750
260-355-3000

Lutheran Hospital
7950 W. Jefferson Blvd
Fort Wayne, IN 46804
260-435-7001 Switchboard

Behavioral Health
Manchester University
Counseling Services
604 E College Ave.
N. Manchester, IN
46962

Dr. Catherine Periolet, DDS
125 E Main St.
North Manchester, IN

ATHLETIC TRAINING FACILITY RULES & REGULATIONS

1. Please, no horseplay, loitering, inappropriate language or disrespectful behavior.
2. Report all injuries and/or illnesses to an athletic trainer when they occur.
3. No athletic equipment, spikes, cleats, gloves, or book bags allowed in the athletic training room at any time. ***No shoes on the treatment tables.***
4. No food, beverage, or tobacco allowed in the athletic training room.
5. Under no circumstances are athletic training students to administer treatments unsupervised.
6. Please allow suitable time before practice/games or make arrangements with the athletic training staff for necessary treatment.
7. Being in the athletic training facility is not an excuse for missing or being late for class. Please do not ask the athletic training staff for written excuses.
8. The computers and phone in the athletic training facility are for professional use only.
9. ***You must be showered before entering the athletic training facility for treatment.***
10. Please return all loaned equipment as soon as it is no longer needed. Make sure the equipment is checked in by a certified athletic trainer or an athletic training student. (ie. braces, wraps, crutches, etc).
11. Please do not remove towels.
12. Dress appropriately as necessary for treatment (ie. shorts, T-shirt). Please note that the athletic training facility is co-ed. Please be sure that the athletes dress appropriately. ***NO visible spandex pants or sports-bras are allowed.***
13. Manchester University's team physician will be present every week for one afternoon during the fall, winter and spring sport season. Physician visits are for seeing athletes who may need his attention. ***An athlete MUST be referred to this physician by a certified athletic trainer and should have been already evaluated by the ATC prior to the athlete's visit.*** This keeps stability to the visit since the physician has limited time to see an athlete as a free service.
14. ***The athletic training staff must approve of the physicians visit (for second opinions) in order to facilitate the school's secondary insurance billing process.*** Without the knowledge of and referral from Manchester University's athletic training staff, there can be no assurance that Manchester University's secondary insurance will provide coverage of second opinion consultations/diagnostic tests, etc.

ATHLETIC TRAINING FACILITY HOURS OF OPERATION

1. Morning Hours: If you need evaluated during closed hours you need to email your athletic trainer and set-up an appointment. If you need to perform rehabilitation during the closed hours you will need to come back when the athletic training facility is open.

Monday: 9:00am- 11:00pm
Tuesday: 9:15am-11:00am
Wednesday: 9:00am-11:00pm
Thursday: 9:15am-11:00am
Friday: 9:00am-10:00am

2. Afternoon Hours: In-season athletes have priority for walk-in appointments in the afternoon. If time does not allow for an ATC to see you during the afternoon please schedule an appointment with your assigned ATC via email.

Monday-Thursday: 1:30pm-last practice
Friday: 2:00pm-last practice

****NOTE: YOUR ATC IS ALWAYS AVAILABLE BY APPOINTMENT WITHIN THE HOURS ABOVE.***

ATC Clinical Coverage:

Erin Foreman- Football, Point Person for Cheerleading, M/W Golf, and Swimming & Diving.

erforeman@manchester.edu

Mandy Toney- M/W Cross Country and Track & Field, Volleyball, Tennis, and W Basketball.

jeredding@manchester.edu

RJ Wilson- W Soccer, M Basketball, and Softball.

rjwilson@manchester.edu

Kevin Gullion- M Soccer, Wrestling, and Baseball.

kggullion@manchester.edu

3. Weekends: the athletic training facility will be open on an as needed basis to cover in-season sports practices/games.

4. Holiday, Breaks, School Shut Downs: (weather emergencies) the athletic training facility will be opened on an as needed basis to cover in-season sports practices/games.

5. Fall and Spring Seasons: all athletic training staff members may be covering outdoor sport games/practices simultaneously, and the athletic training facility may temporarily closed to allow for coverage of those in-season sports.

ATHLETIC TRAINING FACILITY PROCEDURES

Reporting Injuries and Illnesses

1. In order for the athletic training staff to provide effective, quality medical care to the student-athletes at Manchester University, it is important that the student athletes report all illnesses and injuries, including those injuries that are not sport related, to the athletic training staff as soon as possible.
2. It should be made clear to all concerned that no penalty, stated or implied, should hinder the student-athlete from reporting an injury. Coaches shall neither require nor permit a sick or injured athlete to practice or participate in a game or practice without the approval of the athletic training staff.
3. All student athletes should schedule an appointment with their athletic trainer when they need to be evaluated. This should be done in a timely manner.
4. Coaches should encourage student-athletes to report new injuries or illnesses to the athletic training staff from 8:30am – 11:00 am, so that the athletic training staff can update coaches on the current injury status of athletes prior to practice and to perform the appropriate rehabilitation.
5. Coaches are encouraged to report any known injury to the athletic training staff, as soon as possible.

Evaluation, Modality Usage & Rehabilitation

- 1.No athletic training student shall be a lone evaluator of an injury. An athletic training student may not evaluate until they have completed and passed both the corresponding class and proficiencies, and should always be supervised by a certified athletic trainer.
- 2.No athletic training student shall be allowed to use any modality until they have completed and passed both the therapeutic modalities class and their corresponding proficiencies, and under the supervision of a certified athletic trainer.
- 3.No athletic training student shall be allowed to be a lone participant in writing, performing or making decisions for rehabilitation. An athletic training student should have completed and passed both the therapeutic rehabilitation class and their corresponding proficiencies before writing, performing or making decisions for rehabilitation and supervised by a certified athletic trainer.

Illnesses and Skin Infections

1. All Illnesses and skin infections should be evaluated and immediately referred to our director of health services, Anna Richison, RN, BSN, for further evaluation and diagnosis. If the RN decides to get further assistance she will contact the Manchester Family Clinic and set up an appointment. Anna, with the consult of the athletic training staff, has final say on return to play level on illnesses and skin infections unless referred to the physician at the clinic.

Physicians and Referrals

1. Manchester University's Athletic Training Department works cooperatively with Parkview Sports Medicine and Ortho NorthEast (ONE) in Fort Wayne, IN. The athletic training staff is under the supervision of these doctors, which have final word on all medical decisions affecting participation status of the student-athlete.
2. It is within the rights of the student-athlete to seek a second opinion outside of the sports medicine team; all referrals to physicians, specialists, or consultants must be reported and consulted with the athletic training staff.
 - This is extremely important for two reasons:
 - a. In order to provide a high standard of medical care, the athletic training staff will need to know which physicians have been contacted for second opinions in order to coordinate the medical care for each student-athlete.
 - b. The athletic training staff must approve of the physicians visit (for second opinions) in order to facilitate the school's secondary insurance billing process. Without the knowledge of and referral from Manchester University's athletic training staff, there can be no assurance that Manchester University's secondary insurance will provide coverage of second opinion consultations/diagnostic tests, etc.
3. When an athlete chooses to seek a second opinion, he/she must provide written reports/documentation from the examining physician and instruct the facility that Manchester University's athletic training staff is listed on the athletes HIPAA form.
4. Any athlete seeking a second opinion must receive medical clearance from the current physician and understand that the physicians from Ortho NorthEast (ONE) and Parkview CANNOT supersede the decisions of the current physician. Documentation of this return to play MUST be in the athletic training staff's possession before return to play is allowed.

5. Manchester University's team physician will be present every week for one afternoon during the fall, winter and spring sport season as long as there are three student athletes on the sign-up sheet. If at least three student-athletes are not on the sign-up sheet the physician visit will be canceled for that week. Physician visits are for seeing athletes who may need his attention. An athlete **MUST** be referred to this physician by a certified athletic trainer and should have been already evaluated by the ATC prior to the athlete's visit. This keeps stability to the visit since the physician has limited time to see an athlete as a free service.

MANCHESTER UNIVERSITY ATHLETIC INSURANCE INFORMATION & POLICY

PARENTS & STUDENT-ATHLETES - PLEASE READ!!!!

To: All Student Athletes

1. The secondary insurance carrier is with Mutual of Omaha through the NCAA Basic Accident Program.
2. There is a \$2,000 deductible with each claim/injury that is submitted to our secondary insurance carrier.
3. This \$2,000 deductible is the responsibility of the parent and/or the student-athlete **UNLESS** the primary insurance billed pays at least the first \$2,000. If this occurs then the deductible for the secondary insurance is met as well.
4. Please remember that it is not the responsibility of the university to pay the primary insurance deductible.

Description

Manchester University does provide insurance coverage for those *accidents* which occur as a *direct result* of participation in an intercollegiate sport at the University. This coverage is a secondary policy, one which takes effect only *after* a claim has been filed with the primary insurer. Coverage of an athlete in a particular sport begins on the first day of organized and supervised practice of that sports season, and ends upon completion of the final contest of that sports season. Voluntary off-season workouts are **NOT** covered. The insurance covers accidents only (examples: sprains, strains, fractures) and does NOT cover medical "conditions" (examples: allergies, asthma, colds, fainting). Pre-existing conditions are also NOT covered. **PLEASE NOTE THAT TESTS ORDERED FOR PROBLEMS (NOT RELATED TO PARTICIPATION IN MANCHESTER UNIVERSITY ATHLETICS) FOUND DURING THE PRESEASON SCREENINGS ARE ALSO NOT COVERED. The University policy will NOT provide coverage unless a current physical and a completed "Insurance Information Form" are on file with the Head Athletic Trainer,** nor will an athlete be allowed to participate in athletics without these completed documents on file. With the secondary insurance there is a \$2,000.00 deductible per claim submitted to our secondary insurance carrier. This \$1,000.00 will be the responsibility of the parent and/or the athlete to pay unless the primary insurance carrier picks up \$1,000.00 before secondary insurance is billed.

Procedures

A completed Insurance Information form must be on file with the Head Athletic Trainer. All medical bills for a covered accident, as described above, will be sent directly to the student-athlete or his/her parents. The following procedure should then be followed:

1. The injured athlete should make copies of all medical bills relating to injury;
2. Bills are submitted to the primary (usually the parent's) insurance carrier;
3. The primary insurance company will return an Explanation of Benefits (EOB) form to the insured. This form will detail exactly what has and what hasn't been paid on the particular claims.
4. Manchester University's secondary policy will take into effect once the \$1,000 deductible has been met.
Note-This does not mean the University will pay 100% of the remainder of the bill. Our secondary insurance carrier has the right to deny coverage as they see fit. A common example of denial is billable Durable Medical Equipment (DME).
5. Durable Medical Equipment Best Practices

What is Durable Medical Equipment? Those items that can be used over and over again, are used for medical purposes, and are generally not useful to a person that is not injured are considered "Durable Medical Equipment." Examples of Durable Medical Equipment that institutions may use most often include crutches, wheelchairs, walkers, and orthopedic items. While Durable Medical Equipment is often a productive tool in an athlete's recovery, and therefore, securing such equipment is very important, it is generally very costly. The following was designed to assist institutions in reducing the cost of such equipment.

- First, has the equipment been prescribed by the treating physician?
 - You should note that if the equipment has not been prescribed, the basic accident policy does not provide coverage. If the equipment has been prescribed by the treating physician, the institution needs to determine how the equipment will be administered to the student-athlete in the most cost effective manner.
 - You should note that if the equipment was prescribed for preventive measures, the basic accident policy does not provide coverage.
- Does the institution have equipment on campus that the student-athlete can borrow for a short period of time?
 - Loan equipment to student-athlete
- Does the student-athlete have primary medical insurance that would provide coverage for the prescribed equipment?
 - ◆ Yes: Follow primary insurance guidelines
 - ◆ No: Proceed to next step before securing the equipment

*Institutions may consider the following methods for reducing the cost of Durable Medical Equipment:

- Verify how much the cost of renting the equipment is versus purchasing the equipment. If it is less expensive to rent, and you don't anticipate needing it for another student athlete, it might be more cost-effective to rent.

6. Manchester University will assume NO financial responsibility for the following:

- Illness (ie. MONO, flu, strep, etc)
- Skin Infections
- Pre-existing Injuries, usually high school related
- Club or Intramural sport injuries
- Non-sanctioned either, NCAA or Manchester, related lifting, practicing or playing
- Routine Eye, Dental, Medical or surgical exams/procedures
- Prescription Medications
- Pre-participation cardiovascular exams (ie. Stress testing, echocardiograms, EKG's, etc)

7. If you have questions you should contact:

Erin Foreman, MS, ATC, LAT
 604 E College Ave.
 N. Manchester, IN 46962
 260-982-5945
 erforeman@manchester.edu

Responsibilities

It is the student-athlete's responsibility to forward all medical bills to the parent(s) under whom he/she is covered by health insurance.

It is the parents' responsibility to file claims with their insurance carrier and to provide claims information (the EOB provides this) to the University in a timely manner.

It is the Head Athletic Trainer's responsibility to verify that claims meet the criteria for coverage, and to forward EOBs and itemized medical bills to the University's insurance carrier.

IN ORDER TO BE COVERED BY THE UNIVERSITY'S POLICY, ALL MEDICAL CARE FOR ATHLETIC ACCIDENTS, AS DESCRIBED ABOVE, MUST RECEIVE PRIOR APPROVAL FROM THE HEAD ATHLETIC TRAINER.

Athletic Training Office – 260.982-5945

***By signing this form I understand Manchester University's Athletic Insurance Policy and will do my part to notify the head athletic trainer of any medical bills I receive as a result of my participation in Intercollegiate Athletics at Manchester University.**

Signature *I am at least 18 years of age

Date

Guardian Signature if student-athlete is not 18 years of age

Date

Erin Foreman, ATC Manchester
 University
 604 E. College Ave. / Box PERC N. Manchester IN
 46962
 260-982-5945 or erforeman@manchester.edu

Pre-Participation HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please identify specific allergy below.
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens	<input type="checkbox"/> Food	<input type="checkbox"/> Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Epi-Pen Auto-Injector Student-Athlete Policy

Manchester University Athletic Training Department

Epinephrine is the drug of choice for the emergency treatment of severe allergic reactions to insect stings or bites, foods, drugs or other allergens and for basic life support treatment for severe asthma. Epinephrine mimics the responses of the sympathetic nervous system. It quickly constricts blood vessels to improve blood pressure, reduces the leakage from the blood vessels, relaxes smooth muscle in the bronchioles to improve breathing through bronchodilation and alleviate the wheezing and dyspnea, stimulates the heartbeat, and works to reverse the swelling and hives. The drug takes effect within seconds, but the duration of its effectiveness is short (about 10-20 minutes).

The Athletic Training Department at Manchester University encourages anyone who has a known allergen to bring their own epi-pen to campus. Upon your arrival, the athletic training staff will double-check that you carry the epi-pen with you to and from your sport. The athletic training staff will use the athlete's epi-pen in the event of emergency.

By signing this form, you acknowledge that you have read and understand the epi-pen policy, and will inform the athletic training staff of a known allergen and epi-pen prescriptions.

Signature (if 18 years old or older)

Date

Parent guarding signature (if 17 years old or younger)

Date



Manchester Athletic Training

HIPAA RELEASE FORM

I understand that my injury/illness information is protected by federal regulation under with the Health Information Portability and Accountability Act (HIPAA) of Family Education Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition any benefits on whether I provide the consent or authorization requested for this disclosure. I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Manchester University.

I, _____ am allowing **FULL** disclosure of my personal health information. This includes diagnostic results, treatments, surgeries, and information regarding any athletic injury or illness I may sustain while participating in intercollegiate athletics at Manchester University. Such information will be used with the best interest of the patient's health in mind.

All of the following individuals may be told about my condition(s):

- Manchester University Athletic Trainers
- The coaching staff for the sports I participate in
- My parents/family:

(Please print name, address & telephone number of parent(s)/guardian(s) to whom the information may be released)

- Manchester University Athletic Directors/Administrators
- Manchester University Team Physicians, and their Office Staff
- Any Treating Doctor/Physical Therapist or Medical Care Provider for an injury/illness I sustain while competing at Manchester University.
- NCAA Injury Surveillance System
- Medical Insurance Coordinators, Insurance Carriers

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer, but if I do, it will not have any effect on actions Manchester University has taken in reliance on this authorization/consent prior to receiving the revocation. I understand that I may receive a copy of this authorization. This authorization/consent expires six (6) years from the date it is signed.

Printed Name of the Student

Signature of the Student

Date

CONCUSSION

A Fact Sheet for Student Athletes

What is a concussion?

A concussion is a brain injury that:

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

How can I prevent a concussion?

Basic steps you can take to protect yourself from concussion:

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

What are the symptoms of a concussion?

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

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

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

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



**It's better to miss one game than the Whole season.
When in doubt, get checked out.**

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



Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services



Manchester Athletic Training

STUDENT CONCUSSION AGREEMENT FORM

Please read the above educational sheet before signing

I, _____ agree that I have read the previous fact sheet on concussions and understand the risks of not reporting any symptoms listed on the sheet. I understand that to properly diagnose a concussion, that I must report any signs and symptoms immediately to a member of the Manchester University Athletic Training Staff, who will then perform a full assessment of my injury and determine the proper course of action.

Student-Athlete Signature

Date

Parent/Guardian Signature (if under 18 years old)

Date



Athletic Training Sickle Cell Trait Waiver Form

Manchester University & the NCAA D-III requires ALL athletes to verify whether they carry the sickle cell trait before participation in ANY physical activity with an intercollegiate sport team.

About Sickle Cell Trait

- Sickle Cell Trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle Cell Trait will not turn into the disease; it is a life-long condition that will not change over time. During periods of intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or "sickle." Sickled red cells may accumulate in the bloodstream during periods of intense exercise (2-3 minutes), blocking normal blood flow to the tissues and muscles. During periods of intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed, and even died. Heat, dehydration, altitude, and asthma and other medical conditions may increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense. Common signs and symptoms of sickle cell emergencies include but are not limited to: increased pain and weakness in the working muscles (especially legs/buttocks/low back); muscle cramps; soft, flaccid muscle tone; and/or immediate symptoms with no warning signs

Facts about Sickle Cell Trait

- Those at high risk are ancestors from Africa, South or Central America, Mediterranean countries, India, and Saudi Arabia and Mediterranean countries such as Turkey, Greece, and Italy.
- Sickle cell trait occurs in 8% of U.S. African Americans and 1 in 2,000 to 10,000 Caucasians.
- Sickle cell trait occurs among 1:12 U.S. African Americans.
- Most dangerous risk is exertional rhabdomyolysis.
- Dehydration worsens exertional sickling.
- A sickling collapse is a medical emergency.

Please select one of the following:

Option 1 – Previous Test

_____ I have previously been tested for the Sickle Cell Trait. My Results are as follows:

_____ Negative (-) for the Sickle Cell Trait

_____ Positive (+) for the Sickle Cell Trait

Documentation of such should be attached to this form

Option 2 – Desired Testing

_____ I would like to be tested for the Sickle Cell Trait. I understand that this is my financial responsibility, and agree to pursue this in a timely manner to avoid possible delays in my athletic participation.

Test Date:

_____ Negative (-) for the Sickle Cell Trait

_____ Positive (+) for the Sickle Cell Trait

Documentation of such should be attached to this form

Option 3-Waiver
SICKLE CELL TRAIT
TESTING WAIVER

I, _____, understand and acknowledge that the NCAA and Manchester University prefers that all student-athletes

(Student-Athlete Name)

have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and full disclosure, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the Manchester University Athletic Training Department.

I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and I voluntarily agree to release, discharge, indemnify and hold harmless the University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with Manchester University Intercollegiate Athletics.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student-Athlete Signature

Date

Parent/Guardian Signature (if under 18 y.o)

Date

The following is needed **REGARDLESS OF THE OPTION SELECTED** if student-athlete is under 18 years of age.

Parent/Guardian (Print Name) _____

Parent/Guardian Signature _____ Date _____
(if under 18 years of age)

Witness (Print Name) _____

Witness Signature _____ Date _____

Manchester University Sports Medicine Exit Physical

Name: _____ Date: _____

Sport: _____

List All Injuries Sustained During Athletic Participation

1. _____
 I have seen the Athletic Trainer or Team Physician for this injury.
 I am currently receiving treatment by the Athletic Trainer or Team Physician for this injury.
 I am required to continue receiving treatment while out of the traditional season.
 I have returned back to activity with no further complication or re-injury.
2. _____
 I have seen the Athletic Trainer or Team Physician for this injury.
 I am currently receiving treatment by the Athletic Trainer or Team Physician for this injury.
 I am required to continue receiving treatment while out of the traditional season.
 I have returned back to activity with no further complication or re-injury.
3. _____
 I have seen the Athletic Trainer or Team Physician for this injury.
 I am currently receiving treatment by the Athletic Trainer or Team Physician for this injury.
 I am required to continue receiving treatment while out of the traditional season.
 I have returned back to activity with no further complication or re-injury.
4. _____
 I have seen the Athletic Trainer or Team Physician for this injury.
 I am currently receiving treatment by the Athletic Trainer or Team Physician for this injury.
 I am required to continue receiving treatment while out of the traditional season.
 I have returned back to activity with no further complication or re-injury.
5. _____
 I have seen the Athletic Trainer or Team Physician for this injury.
 I am currently receiving treatment by the Athletic Trainer or Team Physician for this injury.
 I am required to continue receiving treatment while out of the traditional season.
 I have returned back to activity with no further complication or re-injury.
6. _____
 I have seen the Athletic Trainer or Team Physician for this injury.
 I am currently receiving treatment by the Athletic Trainer or Team Physician for this injury.
 I am required to continue receiving treatment while out of the traditional season.
 I have returned back to activity with no further complication or re-injury.
7. _____
 I have seen the Athletic Trainer or Team Physician for this injury.
 I am currently receiving treatment by the Athletic Trainer or Team Physician for this injury.
 I am required to continue receiving treatment while out of the traditional season.
 I have returned back to activity with no further complication or re-injury.

Recommendations

I understand it is my responsibility to follow the above guidelines during the non-traditional season and to rehabilitate all current listed injuries and follow-up with the Manchester University Sports Medicine Staff as needed to ensure my safe return to sport when my traditional season begins. I further understand by signing below that I give up the right to expect Manchester University to participate financially towards any medical bills that may occur post my signature on this exit physical. By signing this form the athlete has agreed that all injuries (past & present) are at such a state that the athlete does not require any more medical attention.

Student-Athlete: _____ Date: _____

Athletic Trainer: _____ Date: _____



RETURNING ATHLETE MEDICAL QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS BELOW TO THE BEST OF YOUR KNOWLEDGE WITH REGARDS TO THE LAST 6 MONTHS

- | | YES | NO |
|--|-------|-------|
| 1. Are you currently taking any medications? (Prescription or OTC)? | _____ | _____ |
| 2. Have you had any muscle, ligament or tendon injuries? | _____ | _____ |
| 3. Have you seen a cardiologist for any heart problems? | _____ | _____ |
| 4. Have you ever passed out or felt like you would pass out? | _____ | _____ |
| a. During Exercise | _____ | _____ |
| b. After Exercise | _____ | _____ |
| 5. Have you had any broken bones or stress fractures? | _____ | _____ |
| 6. Have you been diagnosed with allergies or asthma? | _____ | _____ |
| -If yes, do you have any medication or inhaler? | _____ | _____ |
| 7. Have you had a family member die recently due to illness? | _____ | _____ |
| -If yes, what was cause of death? _____ | | |
| 8. Have you had any heat related problems recently? | _____ | _____ |
| 9. Have you been diagnosed or had any seizures or diabetic problems? | _____ | _____ |
| 10. Have you had any recent surgeries? | _____ | _____ |

Explain Yes

Answers _____

FEMALES ONLY!

11. When was your last menstrual cycle? _____

SPORT COVERAGE

The following are guidelines and coverage may need to be adjusted as the situation demands.

1. The athletic training staff will cover every sport to the best of their ability and according to the incidence of injury. If at all possible, there will be a certified athletic trainer available during practice and game times. The athletic training staff must prioritize coverage of care of traditional season practices, home and away events, athletic training room coverage, and non-traditional events. In addition, the overlap that occurs between fall/winter sports and between winter/spring sports further challenges the athletic training staff's ability to provide on-site coverage of various athletic events/practices. These factors all contribute to the athletic training staff's ability to provide coverage for Manchester University's intercollegiate athletic teams.
2. The priority of athletic training coverage is as follows,
 - a. Traditional season (in-season) sports will be given priority in coverage by the athletic training staff over non-traditional (out of season) sports.
 - b. Home competitions will be given priority over practices.
 - c. Non-traditional (out of season) sport competitions may be covered if staffing permits.
 - d. Coverage of sports depends on the availability of the athletic training staff and is subject to change as the situation demands. The following policy highlights ATC coverage based on the HCAC and NATA guidelines:

MANCHESTER UNIVERSITY

ATHLETIC TRAINING DEPARTMENT

Athletic Training ATC Coverage

Policy:

The following procedures are meant to be a guideline for the scheduling of Certified Athletic Trainers and establishing sports coverage. Deviations may occur based upon limited resources, multiple/overlapping sporting event schedules, prioritization of home competitions, travel, etc. Any deviation from this policy must be approved by the Head Athletic Trainer (i.e. Family emergency)

MU sports coverage will be determined based on HCAC guidelines.

HCAC Guidelines:

According to the 2016-2017 Heartland Colligate Athletic Conference (HCAC) Sports Medicine Guidelines, the following chart details the minimum standards of medical coverage at all institutional contests and conference championships.

<u>Sport</u>	<u>Home</u>	<u>Away</u>	<u>HCAC Tourney</u>
Baseball	ATC	Kit	ATC/Physician preferred
Basketball	ATC	Kit	ATC/Physician preferred
Cross Country	ATC	Kit	ATC/Physician preferred
Football	ATC and Physician	ATC	N/A
Football JV	ATC	ATC	N/A
Golf	Kit	Kit	Kit
Men's Lacrosse	ATC	ATC	N/A
Women's Lacrosse	ATC	Kit	N/A
Track & Field	ATC	Kit	ATC/Physician preferred
Soccer	ATC	Kit	ATC/Physician preferred
Softball	ATC	Kit	ATC/Physician preferred
Swimming	ATC	Kit	N/A
Tennis	ATC/On Call	Kit	ATC
Volleyball	ATC	Kit	ATC/Physician preferred
Wrestling	ATC	Kit	ATC/Physician preferred

ATC=Certified Athletic Trainer MD=Medical Doctor; Kit=First Aid Kit

Manchester University (Institutional) Athletic Training Coverage:

**MU sport coverage is based off of guidelines from the NATA and HCAC to provide the student-athlete an "athlete-centered care" approach, which refers to the delivery of health care services that are focused on the individual's needs and concerns. The policy listed below were taken into consideration to come up with the best practice for MU, its student-athletes' needs, and the quality of life of its' athletic trainers.*

ATHLETIC TRAINER COVERAGE FOR PRACTICE

1. All scheduled in-season practices Monday-Saturday in which a head coach or assistant coach and the majority of the team is present will be covered by a certified athletic trainer ONLY AFTER 24 HOURS notification by the coaching staff or athletic director. We will not accept notification from anyone else.
2. Sunday practices will fall under a "reasonable" coverage plan. Once a coach has turned in their full schedule for the season, the ATC assigned to that sport and Head athletic trainer will determine what "reasonable" coverage is. That suggestion then will be given to the Athletic Director and the AD and Head Athletic Trainer will determine a final decision. Any Sunday practices added to the schedule after the above determination might not be covered. All practices listed on a Sunday must have a specific time in which the practice is to occur, no TBA's. The type of practice will constitute what type of coverage is needed on a Sunday. Walk-throughs and film sessions do not need ATC coverage.

3. If the team members have not showed up by the time practice is scheduled to start, then the athletic trainer will leave.

*The athlete is responsible for insuring sufficient time for any pre-practice taping, treatments or evaluations. Athletes will be dealt with on a "first come first serve" basis in conjunction with the respective practice times. Emergency situations will be given top priority. In-season athletes will be given priority over out-of-season athletes.

Off campus sports:

Golf: Student-athletes participating in golf have access to an ATC during operating hours of the athletic training room. Golf will be covered by someone physically present that is certified in CPR/AED and First Aid (Head Coach) for all practices and matches. Emergency Action Plan can be found in their kit which is to remain with the team.

Swimming & Diving: Student-athletes participating in swimming will have access to an ATC during operating hours of the athletic training room. Swimming will be covered by someone physically present that is certified in CPR/AED and First Aid (Head Coach) and a certified lifeguard who is employed by the facility. Home meets will be covered by an ATC. Emergency Action Plan is located on the wall at the pool behind the diving boards.

Tennis:

Per HCAC guidelines; Tennis will be covered by an on-call ATC for practices and matches. Prior communication between the Head Coach and on-call ATC will be made at least 24 hours in advance for matches. Student-athletes participating in tennis have access to an ATC during operating hours of the athletic training room. Emergency Action Plan is located at the tennis courts by the entrance to the courts.

24-hour notice policy: should a coach choose to change practice times, and does not provide the Head Athletic Trainer with a minimum of 24-hour notice, practice coverage will be at the discretion of the Head Athletic Trainer. In the event of inclement weather, an exception to this rule will be made.

Travel:

****All travel decisions should be coordinated with the head coach and the head athletic trainer. Travel decisions should be communicated at least one week in advance. If an ATC is not traveling, it is the ATC's responsibility to follow HCAC guidelines and proper communication with the host ATC.***

Football: Certified athletic trainers are required to travel to all away games for both varsity and JV football due to the high risk for emergency type injuries occurring.

Basketball/Soccer: When both the women's and men's team travel to the same venue and are competing on the same day, a certified athletic trainer will travel covering both teams. This will be rotated around between ATC's when applicable. Conference tournaments and NCAA tournaments an ATC is required to travel.

Cross Country/Track and Field: Travel is at the discretion of the assigned certified athletic trainer. In sports, in which part of the team or individuals can advance, an ATC will travel with the sport only when at least half of the team's members have advanced into post season competition.

Baseball/Softball: Travel is at the discretion of the assigned certified athletic trainer. Conference tournaments and NCAA tournaments an ATC is required to travel.

Volleyball/Wrestling: Travel is at the discretion of the assigned certified athletic trainer. Overnight tournaments, conference tournaments, and NCAA tournaments an ATC is required to travel. For wrestling, in which part of the team or individuals can advance, an ATC will travel with the sport only when at least half of the team's members have advanced into post season competition.

***Note- Per our contract with Parkview Sports Medicine(PSM), PSM employees who cover 3 seasons of athletics are required to have a season that requires little to no travel. The spring sport season will be designated as their little to no travel season for all three spring sports are classified as lower risk compared to the fall and winter sports. PSM employees are treated as full-time MU employees and quality of life should be respected.**

FALL COVERAGE

	FOOTBALL	MEN'S SOCCER	WOMEN'S SOCCER
Certified Athletic Trainer	Erin Foreman	Kevin Gullion	RJ Wilson
Practice coverage by ATC	Yes	Yes	Yes
Home Game/Contest coverage by ATC	Yes	Yes	Yes
ATC travel	Yes	Double Headers/Optional	Double Headers/Optional
Non-traditional season coverage by ATC	Games Only	Games Only	Games Only

	VOLLEYBALL	M. & W.CROSS COUNTRY	TENNIS	M & W GOLF
Certified Athletic Trainer	Mandy Toney	Mandy Toney	Mandy Toney	Everyone
Practice coverage by ATC	Yes	Yes	Yes	No
Home Game/Contest coverage by ATC	Yes	Yes	Yes/On-Call	No
ATC travel	Overnight trips/Optional	No/Optional	No	No
Non-traditional season coverage by ATC	Home Events Only	Home Events Only	Home Events Only	No

WINTER COVERAGE

	MEN'S BASKETBALL	WOMEN'S BASKETBALL	WRESTLING	SWIMMING & DIVING
Certified Athletic Trainer	RJ Wilson	Mandy Toney	Kevin Gullion	Everyone
Practice coverage by ATC	Yes	Yes	Yes	No
Home Game/Contest coverage by ATC	Yes	Yes	Yes	Yes
ATC travel	Double Headers/Tourney/Optional	Double Headers/Tourney/Optional	Overnight trips/Tourney/Optional	No
Non-traditional season coverage by ATC	Games Only	Games Only	Matches Only	Meets Only

SPRING COVERAGE

	BASEBALL	SOFTBALL	M & W TRACK & FIELD	M & W TENNIS	M & W GOLF
Certified Athletic Trainer	Kevin Gullion	RJ Wilson	Mandy Toney	Mandy Toney	Everyone
Practice coverage by ATC	Yes	Yes	Yes	Yes/On Call	No
Home Game/Contest coverage by ATC	Yes	Yes	Yes	Yes/On Call	No
ATC travel	Optional	Optional	Optional	No	No
Non-traditional season coverage by ATC	Games Only	Games Only	Meets Only	Matches Only	No

3. It is the responsibility of the head coach to notify the athletic training staff immediately if there are any changes to the schedule.
4. Non-traditional season sports or individual sports such as, cross-country, tennis, swimming, and golf may pick up a medical kit at the beginning of the season. This medical kit should be brought to practices and all away games in absence of an athletic trainer.
5. The medical kit should be accompanied by the student-athletes' insurance information in case an emergency arises on the road. That is why it is imperative for each coach to ensure that he/she has the appropriately assigned medical kit.
6. It is the responsibility of the coaching staff to see that the kit is periodically returned to the athletic training room for restocking and that non-expendable items are accounted for (tape cutters, scissors, etc.).

ATHLETIC TRAINING STUDENTS

1. The athletic training student is a valued member of the Manchester University athletic training staff. First and foremost, athletic training students are here for their education, they are not to be used in place of a certified athletic trainer. They are here to assist the certified athletic trainer while acquiring their education and will be involved in all aspects of injury care and prevention.
2. Athletic training students cannot make return to play decisions for an athlete or the coach.
3. If there is a problem with an athletic training student's performance, then coaches should approach an athletic training staff member with the problem. Please leave it up to the athletic training staff to discuss any problems with the students.

CAMP/CLINICAL POLICY

The Athletic Training Staff at Manchester University wishes to provide the best coverage possible for all camps/clinics. Early planning will help the Athletic Training Staff in assisting the coach/sponsor in providing this coverage. The Athletic Training Staff cannot guarantee coverage for all camps and clinics. It is the responsibility of the coach/sponsor to meet with the *Head Athletic Trainer* to arrange for appropriate medical coverage and supplies and documentation. *The Head Athletic Trainer will make all final decisions on medical coverage, supplies and appropriate medical documentation.*

Coverage for a camp or clinic CANNOT interfere with the day-to-day coverage of any sport at Manchester University. If a conflict occurs the Athletic Training Staff must cover the varsity sports as appropriate.

Standard Fees

Camps sponsored by Manchester University's athletic teams

- Any Manchester University ATC member that works a camp or clinic will receive a fee of \$30/hour, or \$650 per week. If you require an ATC to stay overnight, there will be an additional fee of \$20 per night.
- The athletic team or sponsored camp supervisor will be billed separately for supplies used from Manchester University's athletic training room (standing rate is \$100 per camp)
- In certain circumstances adjustments to the fees may be approved by the Head Athletic Trainer.

Assignments

ATC coverage for any camp or clinic will require prior arrangements with the Head Athletic Trainer. These arrangements should be made as early as possible to assure adequate coverage for the camp. The Head Athletic Trainer will make all assignments based on staff availability and expertise. Standard fees will apply.

Staff Requirements

Discuss all your camp staffing needs with the Head Athletic Trainer, so the proper number of athletic training staff can be assigned to your camp. The Head Athletic Trainer will make all final decisions on the actual staffing requirements.

ATHLETIC TRAINING STAFF POLICY
regarding the transportation of injured student athletes to the
emergency room or hospital

1. Athletic training students are **NEVER** to be used to transport a student-athlete.
2. **All medical emergencies that occur and that are life threatening; provide appropriate care, call 911, and have the athlete transported by ambulance to the emergency room.**
 - a. Do not leave the practice site unless the injury is life threatening and you (athletic trainer) will be traveling with the ambulance. If you must leave, practice should either be suspended or other coverage arrangements made.
 - b. If an ambulance is called during a practice and there is an athletic training student present send them home.
 - i. Do not send the athletic training student with the ambulance by themselves.**
 - ii. The athletic training student cannot remain at the field unsupervised.**
 - c. If an ambulance is called to a competition send the student-athlete to the hospital, remain at the site, and contact the head athletic trainer and she will make the appropriate arrangements.
 - d. A member of the athletic training staff will arrive to the hospital as soon as they are available to do so. It is the responsibility of the certified athletic trainer who evaluated the injured athlete to notify the athlete's parents.
3. If an injury that occurs and requires a student-athlete to be evaluated in the emergency room (for example; to rule out a fracture, stitches, etc.) then a head coach or assistant coach who is trained in first aid will transport the injured athlete to the hospital.
 - a. If a coach takes an athlete to the emergency room; help the athlete with the triage nurse and registration. A member of the athletic training staff will arrive to the hospital as soon as they are available to do so. It is the responsibility of the certified athletic trainer who evaluated the injured athlete to notify the athlete's parents.
 - b. Once the student-athlete is registered then it is up to the coach or the athletic training staff member, once they have arrived, as to if they remain at the hospital with the student athlete or not. Ideally, a coach or athletic training staff member should not leave before the parents arrive.

****It is the responsibility of the coach to arrange for the students return back to campus.**

Proposal for Manchester University Athletic Training Coverage 2015-2025 Academic Years

Parkview Sports Medicine (Division of Orthopedic Hospital at Parkview North, LLC) proposes to enter into an agreement with Manchester University to provide NATABOC certified athletic trainers to its intercollegiate athletic program.

This agreement would entail Manchester University paying Parkview Sports Medicine (“PSM”) an agreed-upon stipend each year for the services of said certified athletic trainers. The certified athletic trainers would be employees of PSM and would be ultimately responsible to the Manager of the Parkview Sports Medicine program. Their on-site supervisor would be the Head Athletic Trainer for Manchester University who reports directly to the Director of Athletics for Manchester University. PSM would be responsible for the entire employee salary and benefit packages, including continuing education and liability insurance.

This agreement would extend for ten years beginning on an agreed-upon date. During this ten-year period the certified athletic trainers would be dedicated to Manchester University, as per the attached proposal, and also have limited additional responsibilities at PSM.

Manchester University would provide the certified athletic trainers’ supplies, equipment, and facilities necessary in the rendering of services. The certified athletic trainers may, on occasion, use PSM supplies, equipment, and facilities in providing services.

The certified athletic trainers would maintain records of all evaluations and services provided to individual athletes.

The services of the certified athletic trainers would in no way be a substitute for, or an alternative to, those of a licensed physician.

This proposal is subject to the approval of both Manchester University and PSM.

ATHLETIC TRAINER AGREEMENT

This Agreement is made and entered into by and between **Orthopaedic Hospital at Parkview North, LLC d/b/a Parkview Sports Medicine**, an Indiana limited liability company with its principal office located at 11130 Parkview Circle Drive, Fort Wayne, Indiana (hereinafter called “PSM”) and **Manchester University**, an Indiana not-for-profit corporation, located at 604 East College Avenue, North Manchester, Indiana.

A. Manchester University desires to have supportive allied health personnel present for all in-season varsity home athletic events and predetermined athletic practices in the form of one or more certified athletic trainers.

B. PSM employs certified athletic trainers knowledgeable in sports injury and injury management.

C. The parties are desirous of entering into an Agreement for PSM to provide certified athletic trainers to Manchester University for athletic events and predetermined athletic practices.

D. It is acknowledged and agreed by the parties that the services of the subject athletic trainers shall in no way be substitute for, or and alternative to, services required to be delivered by a licensed physician.

Agreement

NOW, THEREFORE, the parties mutually agree as follows:

1. **Service to be provided by PSM.** PSM agrees to provide Manchester University the following described services:

a. Two (2) NATABOC-certified athletic trainers to provide appropriate sports injury and injury management services at home athletic events and pre-determined athletic practices. Sporting coverage assignments will be mutually agreed upon between PSM and Manchester University. Away athletic event coverage will be scheduled upon the mutual agreement of PSM and Manchester University.

b. The athletic trainers shall:

- i. Promptly evaluate injuries of student athletes at the event or practice;
- ii. Instruct student athletes and coaches on sports-specific conditioning;
- iii. Establish a schedule for observation of athletic practices to be distributed to the athletic director and coaches;
- iv. Refer evaluated injured athletes to appropriate medical care personnel or facilities;
- v. Assist in rehabilitation of injured athletes per recommendation of team physician;

- vi. Document all evaluations and services provided to student athletes and coaching staff during the academic school year pursuant to the Agreement.
- vii. Maintain professional liability insurance on its athletic trainers in the minimum amounts necessary to qualify its employees under the Indiana Malpractice Act of 1975, I.C. 27-12-1, et seq., and to pay all surcharges and to take such other actions as may be necessary to qualify and maintain their qualifications under said Act. Furthermore, all athletic trainers shall have and maintain such training and other certifications as may be required by the athletic associations to which Manchester University belongs from time to time; and
- viii. PSM acknowledges approximately forty (40) hours of services per week per athletic trainer, more or less, are expected to be required to be provided to Manchester University under this Agreement.

c. **Physical Therapy Services by PSM.** Physical Therapy Services will be provided by PSM on-site, as needed, at the recommendation of PSM athletic trainers or physicians. Physical Therapy Services provided by PSM will be billed to the individual athlete.

2. Responsibilities of Manchester University

- a. Maintain a clean athletic training room and stock with appropriate and adequate training supplies (PSM will regularly provide Manchester University with a list of supplies and equipment required in order for PSM to perform its duties under this Agreement. Minimum supply inventories must include adequate supplies of at least the following items: tape, tape adherent, first aid supplies, coolers, ice);
- b. Require that all coaching staff be certified in first aid, CPR, and AED by the American Red Cross or the American Heart Association, and have access to necessary emergency equipment; and
- c. Maintain documentation of all evaluations and services provided to student athletes and coaching staff during the academic school year pursuant to the Agreement. Manchester University assumes sole responsibility for the electronic and paper health records on Manchester University student athletes who are seen and treated by PSM athletic trainers, and Manchester University agrees that it shall maintain, disclose, and release those records in accordance with Federal and State requirements.

3. **PSM Liability Limitation.** PSM shall not be responsible for injuries of student athletes that are not under the supervision of the athletic trainer. Equipment in the training room shall not be used by a student athlete without the consent of the athletic trainer or direct supervision of the athletic trainer.

4. **Independent Contractor.** PSM's status with Manchester University under this Agreement is as an independent contractor. Nothing contained herein shall be deemed to create nor shall this Agreement be construed to create a partnership, agency, or employment relationship between

PSM or the athletic trainers, and Manchester University. PSM shall be solely responsible for the payment of all federal, state, and local taxes arising out of or related to the compensation for PSM's and its athletic trainers' services for Manchester University.

5. Notice of Claims. The parties hereto mutually agree that if either party becomes aware of a claim involving the other, the party with knowledge of the claim shall inform the other party in writing within ten (10) calendar days of receiving knowledge of the claim. The written notice shall disclose the facts known to the disclosing party at the time such written notice is given.

6. Returning Student to Participation/Indemnification. PSM or one of its athletic trainers shall have primary responsibility to determine whether and when to return a student athlete back to participation; but Manchester University, its medical staff, and other authorized personnel shall also have the right to make such determination. Manchester University agrees to defend, hold harmless, indemnify and release and forever discharge PSM and all its directors, officers, agents, and employees from and against any and all claims, demands and actions, or causes of action, on account of personal injury or death which may result from Manchester University's decision or the decision of any director, officer, employee, or agent of Manchester University to return a student athlete back to participation, if made without the directive or concurrence of PSM or one of its athletic trainers.

7. Compensation. In consideration of the training services to be provided by PSM under this agreement, Manchester University agrees to pay PSM the sum of Fifteen Thousand Dollars (\$15,000.00) for the 2015-2016 year of this Agreement. It is further understood that for the remaining contract years (being academic years 2016-2025), Manchester University shall also compensate PSM in the amount of \$15,000.00 per academic year. The compensation payable under this Agreement shall be payable in ten equal payments per year with the first installment in the amount of \$1,500.00 due August 1 of each academic year, and subsequent payments made on the 1st day of each succeeding month through and including the tenth payment due May 1 of the academic year.

8. Terms and Termination. Notwithstanding the dates of execution of this Agreement by the parties, this Agreement shall be effective August 1, 2015, and remain in effect until May 31, 2025, unless terminated by either party at any time, upon not less than thirty (30) days written notice.

9. Notices. Any notices required under this Agreement shall be in writing and shall be sufficient if sent postage prepaid by registered or certified mail, return receipt requested, to the address at the beginning of this Agreement.

10. Remedies/Recovery of Dispute Costs. All remedies shall be available to either party upon any breach of this Agreement by the other party, both in law and in equity. If either party breaches any term or terms of the Agreement, the other party shall be entitled to recover all its reasonable expenses, including, but not limited to, court costs and attorneys' fees, which were incurred in enforcing or protecting the rights of such other party.

11. Assignment. This Agreement shall not be assignable by either party.

12. **Governing Law.** This Agreement shall be construed and enforced under the laws of the state of Indiana.

13. **Entire Agreement/Modification.** This Agreement contains the entire agreement of the parties hereto. This Agreement shall not be modified in any manner, including total or partial revocation, except by an instrument in writing signed by both parties.

ORTHOPAEDIC HOSPITAL AT
PARKVIEW NORTH, LLC d/b/a
PARKVIEW SPORTS MEDICINE

MANCHESTER UNIVERSITY

By: _____

By: _____

Its: Julie Fleck

Chief Operating Officer

Its:

Date:

Date:

(End of Agreement)

Manchester University X-Ray Technician Contract

This letter summarizes the agreement between Manchester University and Kathy Hoerdts regarding x-ray technician coverage for home football games in the 2017 season.

Manchester University will pay you \$50.00 per home game that you are on call. You are expected to be on call from the starting game time until 1 hour after completion of the game. You will provide us with contact numbers where you will be readily accessible to take x-rays at the Manchester Clinic. If for some reason you are unable to cover a game, you will be responsible for finding a replacement and notifying the Athletic Training staff on a timely basis. For each trip to the clinic during each on-call period, Manchester University will pay you an additional \$25.00.

If you agree with these terms, please sign in the space indicated, and return to: Erin Foreman, ATC, Head Athletic Trainer, Manchester University Box PERC or fax to 982-5405

2018 HOME SCHEDULE (Varsity Games)

Game Schedule Added each year

Kathy Hoerdts, X-Ray Technician

Date

Rick Espeset, Athletic Director

Date

Erin Foreman, Head Athletic Trainer

Date

On Call Number you can be reached at: _____

Parkview Health Ambulance Contract

Parkview Health ("The Provider") agrees to provide standby ambulance coverage for all home football games at Manchester University in 2017 football season subject to the following conditions:

(1) The provider agrees to arrive at the Manchester football field at least 10 minutes prior to the scheduled start of each football game and remain on-site until the completion of each game;

(2) Manchester University's team physicians, orthopedic consultants, and athletic training staff have responsibility for medical decisions made on the football field until the injured athlete is turned over to the provider for transportation.

In consideration for these services, **MANCHESTER UNIVERSITY** ("the University") agrees to pay the provider no more than \$25.00 per game of standby coverage per game. Any additional standby time will be compensated at the same rate. Payment will be made upon receipt of an invoice from the provider at the completion of the football season.

If you agree with these terms, please sign in the space indicated, and return to: Erin Foreman, ATC, Head

Athletic Trainer, Manchester University Box PERC or fax to 982-5405

Director of Athletics (Rick Espeset)	Date
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Head Athletic Trainer (Erin Foreman)	Date
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Life-Med Ambulance	Date
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2018 HOME SCHEDULE (Varsity/JV Games)
Game Schedule added each year

MANCHESTER UNIVERSITY GUIDELINES ON THE PREVENTION AND MANAGEMENT OF COMMUNITY-ASSOCIATED METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

POLICY STATEMENT:

The Manchester University athletic and health service departments make every effort to prevent and protect all staff and students from skin infections with special emphasis toward community-acquired methicillin-resistant Staphylococcus aureus MRSA. All staff and faculty members will adhere to the standards set forth by procedures outlined in this document.

PURPOSE:

Protect all participants, staff, and clinicians associated at Manchester University Athletics.

MRSA Overview:

Staphylococcus aureus, often referred to as “staph”, is a common type of bacteria that can live harmlessly on the skin or in the nose of 20 to 35 percent of healthy people (this is often referred to as being “colonized” with the germ). Occasionally, staph can cause an infection. Staph bacteria are one of the most common causes of skin infection in the United States, but most of these infections are minor, such as pimples or boils. Most of these infections can be treated without antibiotics; however, some staph infections can cause serious infections, such as pneumonia, bloodstream, bone and joint infections, and surgical wound infections.

In the past, most serious staph bacterial infections were treated with a certain type of antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics. These resistant bacteria are called methicillin-resistant staphylococcus aureus (MRSA). According to the Centers for Disease Control (CDC), 1% of the population is colonized with MRSA. MRSA is one type of skin infection among several that are of concern in competitive sports.

“Staph” and/or MRSA infections usually first present as some type of skin or soft tissue infection such as pimples, abscesses, pustules, and/or boils. Some can be red, swollen, painful, and/or have pus or other drainage. The pustules may be confused with insect bites initially, and may also be associated with existing turf burns and/or abrasions. If an athlete or staff member has what appears to be “staph” and/or MRSA or has any of the related signs, please contact your staff athletic trainer or health service personnel immediately.

Staph infections, including MRSA, have been traditionally associated with outbreaks in health-care facilities, but they are becoming increasingly common in student-athletes participating in close contact sports (e.g. football, wrestling, lacrosse, etc.), although anyone, including coaches, staff, etc. who come into contact with colonized individuals, can contract the infection. Staph including MRSA can be spread among people having close contact with infected people. MRSA is almost always spread by direct physical contact and not through the air. Spread may also occur through indirect contact by touching objects (e.g., towels, sheets, wound dressings, clothes,

personal items, razors, bar soap, workout areas, or sports equipment) contaminated by the infected skin of a person with staph bacteria or MRSA.

MRSA infections are usually mild, superficial infections of the skin that can be treated successfully with proper skin care and antibiotics. However, MRSA, can be difficult to treat and can progress to life-threatening blood or bone infections because there are fewer effective antibiotics available for treatment.

MRSA can also cause serious infections such as pneumonia (infection of the lungs) or bacteremia (bloodstream infection). Symptoms of these infections include: difficulty breathing, malaise, fever, or chills.

Prevention Measures:

Prevent the spread of organisms from one person to another are called isolation or infection controls. The specific type of infection control or isolation procedure required for a patient depends on the organism, where the organisms are found and its virulence.

The most important type of isolation required for MRSA is called Contact Isolation. This isolation requires everyone in contact with the patient to observe proper hand washing protocols after touching either the patient or anything in contact with the patient. Because dust and surfaces can become contaminated with the organism, cleaning of surfaces are also important. If a number of patients are infected with the same organism, it may be necessary to move carriers of MRSA to an isolation unit/area.

Although treatable, there can be complications associated with *Staphylococcus aureus* and MRSA infections, making prevention the best measure to combat these infections. The Centers for Disease Control (CDC) suggest the following measures for preventing staphylococcal skin infections, including MRSA:

1. Practice good hand hygiene by washing hands frequently and in a thorough fashion with soap and warm water or using an alcohol-based hand sanitizer.
2. Take a shower with hot water and wash with soap (liquid antibacterial soap, not bar soap) following all activities (e.g. strength & conditioning sessions, practices, and competitions).
3. Avoid sharing towels, equipment, razors, soap (use liquid soap instead of bar soap), etc.
4. Use a barrier (e.g. clothing or a towel) between your skin and shared equipment.
5. Wipe surfaces of equipment before and after use with an approved disinfectant.
6. Clean and properly cover any open wounds such as turf burns, abrasions, lacerations, etc. with an appropriate bandage at all times. Avoid contact with other people's wounds or bandages.
7. Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs if you have an open wound.
8. Maintain clean facilities and equipment.
9. Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to the Student Health Center, Housing, Athletic Training staff or other appropriate SU staff.

POLICY

The University nurse or physician should take an active role in evaluating students who complain of painful skin lesions, including lesions that resemble a “bug bite,” or other pustule skin lesion that appears to be infected. Any unusual skin lesion or other draining wound is potentially infectious to others and infection control measures should be in place to prevent the spread of infection.

Transmission of MRSA infection among students and student athletes can have substantial public health impact. Therefore, a policy for active surveillance for skin infections should be implemented by the university staff in areas including athletics, club sports, intramurals and LEP; coach or trainer of sports teams (especially those teams involved in contact sports) to expedite referral for medical evaluation. Coaches and/or athletic trainers should be encouraged to assess student athletes for any unusual skin lesions before practice or competition.

When MRSA infection is suspected, athletes should be referred to a primary care provider for evaluation and treatment. Following the medical evaluation, the student or parent should be asked to provide verification of the healthcare provider’s treatment plan. (Those infected with MRSA should follow their healthcare provider’s treatment plan, including completing antibiotic therapy, if an antibiotic was prescribed.)

If MRSA is diagnosed, interview the student (parent/guardian for minor children) to investigate the possibility of other cases among their friends, roommates, teammates, and/or family members. Evaluate other risk factors, as appropriate.

INFECTION CONTROL

Any student with a draining skin lesion could transmit potentially infectious agents to others. When a student with a suspect or confirmed MRSA skin infection is in the classroom, the following infection control measures (based on Centers for Disease Control and Prevention [CDC] guidance) should include, but may not be limited to:

Keeping the wound covered. All skin infections, particularly those that produce pus must be covered with a clean, dry bandage to contain the drainage. Because bandages can shift or dislodge with activity or when wet, students that participate in contact sports or other contact activities should ensure that the wound dressing stays intact during the anticipated activity. Keeping the site covered will help control the spread of potentially infectious drainage to others and can protect the environment from contamination. If a wound cannot be adequately covered or the drainage cannot be adequately contained by the bandage, consider excluding the player from practice or competition until the lesion is healed. When providing wound care or dressing changes in the school setting, the staff must follow contact precautions. Contaminated dressings and other materials associated with the infected lesion should be placed in a plastic bag before discarding, as appropriate.

Practicing Good Basic Hygiene. The infected student, medical staff, sport team staff, and anyone expected to have contact with the infected student must be diligent with hand hygiene. To this

end, ensure availability of adequate soap and hot water. Advise the MRSA-infected student and all those who might have contact with the infected wound or wound dressing to thoroughly wash their hands using soap and warm water or, if this is not practical, to use an alcohol-based waterless hand sanitizer immediately after contact. In addition, emphasize the importance of good hygiene overall, including showering and washing with soap after all practices and competitions, before using the gymnasium, or immersing in a whirlpool, hot tub, or swimming pool.

Prohibiting students from sharing personal items. Instruct students and athletes to avoid sharing personal hygiene supplies and other items such as athletic clothing, towels, uniforms, skin balms, skin lubricants, razors, and certain sports equipment at all times. It is particularly important to avoid sharing personal items that may have been in contact with the infected wound or bandage. Also, do not permit students to share soap in the shower or at the sink for hand washing, instead use soap dispensers. Provide antiseptic waterless hand gel rubs when soap and water is not available.

Laundering soiled clothing appropriately. Students/laundry attendants should be instructed to wash clothes and other soiled items (e.g. towels, sheets) with hot water and laundry detergent as appropriate. They should also be advised to dry items in a hot dryer to help eliminate bacteria when possible. Ensure that the water used for laundry and showers is at least 140 degrees F (60 degrees C).

Cleaning environmental surfaces. Establish a written procedure and schedule for routine surface cleaning of shared athletic equipment. Clean and disinfect environmental surfaces and athletic equipment that has been in contact with potentially infectious wound drainage, blood, or non-intact skin utilizing an EPA-registered disinfectant cleaner that meets the requirements of the Bloodborne Pathogens Standard developed by the Occupational Safety and Health Administration. Athletic equipment that is in contact with intact skin or not normally in contact with individuals (e.g., wrestling mats) can be cleaned with an intermediate (e.g., ready-to-use tuberculocidal solution) or low-level disinfectant (e.g., quaternary ammonium solution).

MRSA POLICIES & PROCEDURES

When cleaning and disinfecting the area the individual(s) responsible will adhere to Universal Precautions at all times and wear Personal Protection Equipment as needed

Treatment / Taping Tables, Weight Room / Rehabilitation Equipment, Countertops, Stools, exam tables, Traction Table, etc.-

1. Treatment tables, taping tables, weight room / rehabilitation equipment, countertops, stools, exam tables, etc. must be cleaned every day and/or following a possible contamination using SaniCide or other appropriate cleaner.

A 1:10 diluted bleach solution can be used to clean **hard surfaces** only

2. Clean / Disinfect tables, equipment, countertops, stools, etc. in the following manner:

- a) Spray the SaniCide solution on the surface to be cleaned and wipe with a towel.
- b) Spray the SaniCide solution on the surface again and allow the solution to sit on the surface for ten (10) minutes; and
- c) Allow to air dry.

Coolers-

1. Coolers must be cleaned and disinfected every day following use, or as needed following every possible contamination using a diluted solution of Isopropyl Alcohol 70% solution or any household dishwashing detergent (e.g. Sun Light, Dawn, Joy, etc.) or other appropriate cleaner.

2. Coolers are to be cleaned in the following manner:

- a) Squirt the cleaning solution inside and outside the cooler and inside and outside the cooler top / lid.
- b) Partially fill the cooler with hot water.
- c) Use the assigned sponge to thoroughly scrub the inside and outside of the cooler and the inside and outside of the cooler top / lid.
- d) Allow the soapy solution to circulate through the cooler spigot
- e) Thoroughly rinse the cooler and cooler top / lid using hot water
- f) Allow the hot water to circulate through the cooler spigot for rinsing.
- g) Coolers should be towel dried and then allowed to air dry.
- h) Store coolers upside down in the designated storage area(s). Cooler tops / lids should be stored standing up in their designated area(s).

Water Bottles, Water Bottle Lids & Carriers, Etc.-

1. Water bottles, water bottle lids and carriers, etc. must be cleaned and disinfected every day following use, or as needed following every possible contamination using Isopropyl Alcohol 70% solution or a diluted solution of household dishwashing detergent (e.g. Sun Light, Dawn, Joy, etc.) or other appropriate cleaner.

2. Water bottles, water bottle lids and carriers, pouring pitchers, etc. are to be cleaned using the same cooler washing method listed above.

Game Ready Attachments, Rebound Attachments, Bio-Cryo Boots-

1. Game Ready & Rebound attachments and Bio-Cryo Boots must be cleaned / disinfected following every use.

2. All attachments and boots are to be cleaned using SaniCide or bleach & water.

3. Clean / Disinfect Game Ready attachments in the following manner:

- d) Spray the cleaning solution on the inner surface of the attachment and/or boot;
- e) Allow the solution to sit for five (5) minutes; and
- f) Wipe down the attachment/boot with a towel.

Towels-

1. Cloth towels should only be used on a single patient and should be laundered following every use.
2. Disposable towels should be used whenever feasible on the field / court and should be disposed of after a single use.

Hydrocollator Packs / Covers-

1. A cloth and/or disposable towel should be placed between the patient and the hydrocollator pack / cover.
2. Hydrocollator covers should be laundered every day and/or following a possible contamination.

Soft Goods-

1. Soft goods (*e.g. neoprene braces / sleeves, knee / elbow / forearm / shin pads, splints, lace-up ankle braces, shoulder harnesses, walking boot liners, cast shoes, back braces, etc.*) should be laundered upon return to the athletic training facility BEFORE being returned to inventory and/or administered to another student athlete.
2. Soft goods that cannot be laundered (*e.g. Philadelphia collars, Donjoy Velocity ankle braces, Aircast ankle braces, hard splints, etc.*) should be disinfected using the aforementioned guidelines for treatment / taping tables, weight room / rehabilitation equipment, etc.

Whirlpools-

1. Whirlpools shall be cleaned on a daily basis, or as needed following every possible contamination;
2. Whirlpools are not to be used by student-athletes with open or draining wounds;
3. Whirlpools are to be cleaned using SaniCide or appropriate commercial bought whirlpool cleaner.
4. Whirlpools are to be cleaned in the following manner:
 - a. Spray the inside in and around the sides of the whirlpool;
 - b. Allow the whirlpool cleaner to sit for five (5) minutes;
 - c. Using a clean towel, scrub all surfaces of the whirlpool.
 - d. Rinse the tank very well with **hot water** and allow it to drain;
 - e. Towel dry or air dry;
5. Whirlpool turbines are to be cleaned using household bleach or ammonia allowing the bleach or ammonia solution to circulate through a running turbine with hot water for ten (10) minutes.

DO NOT use bleach and ammonia at the same time as this will create harmful / hazardous fumes.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

It is important to recognize that blood and body fluids may be an unknown source of disease. It is important to routinely use appropriate safeguards when caring for patients regardless of their diagnosis or presumed infection status. Standard precautions apply to 1) blood; 2) all body fluids, except sweat; 3) non-intact skin; and 4) mucus membranes. This concept of Standard Precautions is consistent with guidelines from the Centers for Disease Control (CDC) and the regulations of the Occupational Safety and Health Administration (OSHA) and the Indiana State Department of Health (ISDH).

EXPOSURE DETERMINATION

1. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At Manchester University, the following job classifications are in this category:

- a. Director Health Services, Athletic Trainers, Student Health Assistants
- b. In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:
- c. Job Classification Tasks/Procedures
 - i. Custodial Personnel Cleaning rest rooms, especially urinals and toilets, bodily fluid spill clean-up, disposal of infectious waste
 - ii. Plumbing Staff Repair of plumbing fixtures.
 - iii. Maintenance On-Call Staff Bodily fluid spill clean-up, repair of plumbing fixtures, disposal of infectious waste
 - iv. Security Officers Rendering first aid, physical encounters resulting in bodily fluid spills
 - v. Hall Directors Bodily fluid spill clean-up

IMPLEMENTATION SCHEDULE AND METHODOLOGY

1. OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

2. Compliance Methods

- a. Universal precautions will be observed at this institution in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
- b. Work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be utilized. The following controls will be utilized: i. Protective gloves will

- be worn during patient contact.
- ii. Needles will be disposed of in sharps containers.
- iii. Specimens and disposable equipment will be disposed of in appropriately marked containers.
- iv. Protective gloves will be worn when cleaning rest rooms.
- v. Bodily fluid spill kits are available in all custodial closets.
- vi. Double gloves should be worn when cleaning bodily fluid spills.
- vii. Infectious waste will be placed in red bio hazard bags and then placed in designated red bio hazard containers.
- c. The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:
 - i. Physical Plant personnel are responsible for reviewing the effectiveness of controls in cleaning rest rooms, repairing plumbing fixtures, and other maintenance related tasks.
 - ii. The Manager of Custodial Services will also ensure that bodily fluid spill clean-up kits are available in all custodial closets.
- d. Hand-washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.
- e. Immediately after removal of personal protective gloves or as soon as feasible, employees shall wash hands and any other potentially contaminated skin area with soap and water.
- f. If employees incur exposure to their skin or mucous membranes, those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

3. Needles

- a. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
- b. At the University, no needles and other sharps are bent, recapped, sheared or purposely broken. All contaminated needles and other sharps are disposed of in red, marked, puncture resistant, leak-free containers.

4. Containers for Reusable Sharps

- a. Immediately after use, or as soon as possible, reusable contaminated sharps are to be placed in appropriate sharps containers. All contaminated needles and sharps that are not to be reused, shall be disposed of in red, marked, puncture resistant, leak-free containers.

5. Work Area Restrictions

- a. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
- b. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

- c. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at the University to accomplish this include:
 - i. Contaminated sharps and other contaminated equipment are disposed of in appropriate containers.
 - ii. Covers are placed on centrifuges and/or coverings are placed on specimen containers.

6. Specimens

- a. Specimens of blood or other potentially infectious materials will be placed in leak-proof containers during collection, handling, processing, storage, and transport of the specimens.
- b. The container used for this purpose will be red in color in accordance with the requirements of the OSHA standard. (Employers should note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that the facility utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility.) Universal precautions will be observed at all times.
- c. Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.
- d. Sharps containers, all contaminated equipment, and all specimens are placed in a red bag which is placed in an appropriately labeled box. These are disposed of through collection by a qualified medical waste disposal service.
- e. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

7. Contaminated Equipment

- a. a. Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.
- b. b. Everything is either disposable or can be decontaminated.

8. Personal Protective Equipment

- a. All personal protective equipment used at the University will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of the time which the protective equipment will be used.
- b. Personal protective equipment is kept in all custodial closets, Health Services, and Physical Plant, and Athletic Training Offices. Gloves are worn on all occasions where there is potential for contact with bodily fluids. Utility gloves are kept with cleaning supplies and worn by custodians when cleaning restrooms.
- c. All personal protective equipment will be cleaned, laundered, repaired, replaced, and/or disposed of by the employer at no cost to employees.

- d. The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol shall be followed to facilitate leaving the equipment at the work area:
 - i. All personal protective equipment is disposable and shall be disposed of in properly marked, red bio hazard bags and then placed in red receptacles located in the Health Services, Athletic Training, and Maintenance storeroom. All reusable equipment is disinfected in a disinfectant solution after each use.
- e. Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.
- f. Gloves will be available from the Director of Health Services or the Manager of Custodial Services. Gloves will be used for the following procedures:
 - i. Any procedure with the potential for contact with body fluids.
- g. Disposable gloves used at the University are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or immediately if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.
- h. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
- i. University facilities will be cleaned and decontaminated according to the following schedule:
 - i. Custodians do routine cleaning depending on room usage.
 - ii. Rest rooms are cleaned daily.
- j. Decontamination will be accomplished by utilizing approved disinfectants.
- k. All contaminated work surfaces will be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
- l. All bins, pails, cans, and similar receptacles shall be decontaminated following each use. The person using these receptacles shall be the one responsible for its cleaning. The person doing the clean-up shall wear gloves and use appropriate disinfectant.
- m. Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedures will be used:
 - i. Glass is collected with dustpan and broom from blood spill kit, located in each area, and placed in red bag container for disposal. The broom and dustpan are soaked in a disinfectant after use.
- n. All contaminated sharps shall be discarded as soon as feasible in the sharps container located in the Health Service or Athletic Training Office.
- o. Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in Health Services, Maintenance, and Athletic Training.

9. Laundry Procedures

- a. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in marked bio hazard bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.
- b. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

10. Hepatitis B Vaccine

- a. All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee.
- b. The vaccine will be offered within 10 working days of their initial assignment to work tasks involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.
- c. Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of the OSHA standard.
- d. Employees who initially declined the offer to be vaccinated, but who later request it, may have the vaccine provided at no cost.
- e. The Director of Health Services, is responsible for ensuring that employees have been previously vaccinated, receive the vaccine, or sign waivers declining the vaccination. The vaccine is administered by the Director of Health Services. Records documenting the vaccination, or the signed waiver, shall be completed by the Director of Health Services and maintained in the employee's personnel file.

11. Post-Exposure Evaluation Follow-up

- a. When the employee incurs an exposure incident, it should be reported to the employee's supervisor and the Director of Health Services, or their respective designees, within 24 hours.
- b. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.
- c. This follow-up will include the following:
 - i. Documentation of the route of exposure and the circumstances related to the incident.
 - ii. If possible, the identification of the source individual and, if possible, the status of the source individual.
 - iii. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
 - iv. Results of testing of the source individual will be made available to the exposed employee and the exposed employee will be informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - v. The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
 - vi. However, if the employee decides prior to that time that testing will or will not be conducted, the appropriate action can be taken and the blood sample discarded.
 - vii. Note: Any employee who wants to participate in the medical evaluation program must have his or her blood drawn.

- viii. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- ix. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to the appropriate personnel.
- x. The following persons have been designated to assure that the policy outlined here is effectively carried out as well as to maintain records to this policy:
 - (1) Employee's supervisor and Director of Health Services.

12. Interaction with Health Care Professionals

- a. A written opinion shall be obtained from the health care professional who evaluates employees of the University. Written opinions will be obtained in the following instances:
 - i. When the employee is sent to obtain the Hepatitis B vaccine/results.
 - ii. Whenever the employee is sent to a health care professional following an exposure incident.
 - iii. Health care professionals shall be instructed to limit their written opinions to:
 - iv. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine.
 - v. That the employee has been informed of the results of the evaluation, and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information).

13. Training

- a. Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur and then annually. Training will be conducted in the following manner:
- b. Training for employees will include the following explanation of:
 - i. The OSHA standard for Bloodborne pathogens
 - ii. Epidemiology and symptomatology of Bloodborne diseases
 - iii. Modes of transmission of Bloodborne pathogens
 - iv. This exposure control plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.
 - v. Procedures which might cause exposure to blood or other potentially infectious materials at the University.
 - vi. Control methods which will be used at the University to control exposure to blood or other potentially infectious materials.
 - vii. Personal protective equipment available and who should be contacted concerning exposure.
 - viii. Post-exposure evaluation and follow-up
 - ix. Signs and labels used at the University
 - x. Hepatitis B vaccine program at the University
 - xi. Rubella titer for positive antibodies
 - xii. Physical to assess physical status
- c. Training may include videos, written materials, or oral presentations.

14. Record keeping

- a. All records required by the OSHA standard will be maintained by the Office of Human Resources and the Office of Health Services.
- b. The following provisions, required by the standard, will be implemented:
 - i. Exposure Control Plan
 - ii. Observance of Universal Precautions
 - iii. Hepatitis B Vaccination
 - iv. Post-exposure Evaluation and Follow-up
 - v. Hazard Communication
 - vi. Information and Training
 - vii. Record keeping

UNIVERSAL PRECAUTIONS

Procedures for Handling Spilled Blood and Body Fluids

- Step 1 Isolate area of spill
- Step 2 Get Blood and Body Fluid spill clean-up kits from custodial closet.
- Step 3 Put on 2 sets of disposable gloves (latex or vinyl) and any other personal protective equipment that you may need.
- Step 4 Use dry absorbent agent if needed to absorb the spill
New absorbent is 60x and can be used on carpet and hard floors
- Step 5 Clean area with cardboard scoop and/or paper towels. Place spill in biohazard bag
- Step 6 Place used cardboard scoop and paper towels in red biohazard bag and tie shut
- Step 7a **If on carpet go to Step 8**
If on hard floor: Spray Daily Double or other approved solution over the contaminated area. Wipe up area with paper towels then place in second biohazard bag.
- Step 7b Spray area again with Daily Double and allow to set for 10 minutes.
Go to Step 9
- Step 8a If spill is on carpet: use the small carpet extractor to rinse out absorbent agent from carpet (found at Maintenance upstairs)
- Step 8b To use extractor ONLY after completing step 6: Fill with warm water ONLY
- Step 8c To clean carpet: Spray Daily Double or other approved solution over the contaminated area. Wipe up area with paper towels then place in second biohazard bag.
- Step 8d Spray area again with Daily Double and allow to set for 10 minutes. (Instructions for cleaning of Extractor below)
- Step 9 Remove gloves – pull inside out. Place gloves in bag and tie shut.
- Step 10 Wash hands with soap and water for at least 10-15 seconds.
- Step 11 Place used equipment and biohazard bags in custodial closet. Leave voicemail for Manager of Custodial Services (5324) with location of used equipment.

If mop is used:

1. Remove handle and throw away mop head.
2. Dispose of mop water in toilet and flush.
3. Rinse mop bucket out then disinfect mop bucket and toilet by spraying both with Daily Double or other approved solution, let set for 10 minutes.
4. Flush toilet and return equipment.

If extractor is used:

1. Dump extractor contents in toilet, rinse with water and dump into toilet.
2. Spray with Daily Double or other approved solution.
3. Wipe out extractor with paper towels then place in second biohazard bag.
4. Spray extractor again with Daily Double and allow to set for 10 minutes.
5. Flush toilet and spray with Daily Double.
6. Clean all parts of extractor in custodial sink:

- a. Inside and outside of hoses, nozzle, tank, etc.
 - b. Spray each part with Daily Double.
 - c. Clean custodial sink by spraying with Daily Double, wipe out, spray again and let stand for 10 minutes.
7. Return extractor to location where found.

If clothes and/or shoes are contaminated:

- a. If uniform, spray area with Daily Double and place in bio-hazard bag and place in uniform cart at Physical Plant.
- b. If personal clothes, remove and spray with Daily Double and launder. Disinfect washing machine after use by running an empty load, place temperature on hot wash and use 1 cup of bleach.

MANCHESTER UNIVERSITY
Athletic Training Education
Student Illness Policy on Communicable Diseases & Hepatitis B
Vaccination

The Manchester University Athletic Training Education Program recognizes the importance of minimizing the exposure of athletes or patients in a clinical setting to communicable diseases. Therefore, it is recommended that athletic training students not report to their clinical site if they have *active* signs or symptoms of a communicable disease. Active signs or symptoms include, but are not limited to: fever, diarrhea, and vomiting.

Athletic Training Students are to immediately notify their assigned Approved Clinical Instructor (ACI) of their status. If an athletic training student feels ill enough to miss more than one day of class or clinical experience, that student should be evaluated by University Health Services or his/her family physician. Upon review by University Health Services or a physician, the student must furnish the ATEP Director with notification of his/her health status and ability to participate in the required academic and clinical activities of the program.

All students must attend required OSHA and blood-borne pathogen training annually to learn, practice, and be evaluated as successfully performing all skills and tasks that will assist them in limiting their exposure in health care settings. To limit exposure, students are required to use proper hand washing techniques and practice good hygiene at all times. Students are required to use universal precautions at all times when functioning as an athletic training student in a health care setting and/or when working with potential sources of infectious disease.

In the event that an ACI feels that an athletic training student assigned to his/her site is missing an inordinate amount of time due to adherence to the communicable disease policy, he/she should contact the Manchester University ATEP Director and/or the Academic Coordinator of Clinical Education.

All athletic training students are required to have had the Hepatitis B Vaccination series or sign a letter of declination before they can participate in the athletic training program. Proof of immunization is required by the Health Services Department before a student is allowed to participate in observation or clinical work.

Athletic Training Student

Date

MATEP Director

Date

Influenza Like Illness (ILI) Guideline For All Students

The rational for this guideline is to protect the student and other individuals that may come in contact with the ill student

- Advise athlete to be seen in Health Services when symptoms first begin, **do not wait** until practice or game time.
- Triage will be completed (if at all possible) face to face.
- If student is ill the nurse will determine if a referral is needed or not.
- If student's symptoms meet the criteria for Influenza Like Illness, the student will be isolated (sent home or isolated on campus) until fever free and symptoms are improved for 24 hours without the use of fever reducing aids such as Tylenol or Advil. The University nurse must clear the student before returning to practice or athletic event.
- Manchester University Medical officials (University nurse/Manchester Clinic physicians) are the only ones authorized to clear an athlete for practice, travel or a game after being ill with ILI. Second opinions **will not be accepted**.
- Coaches need to have a plan in place if they become ill prior to or during an event.

Why are we concern with Influenza Like Illness (H1N1)?

The target age that is seen for this illness is under 24 years. Deaths are occurring with individual that are young and healthy verse the elderly and frail. Complications that are seen with is bronchitis and pneumonia.

Testing:

- H1N1 testing is no longer being done.
- Nasal swab testing is for Influenza A, statistically 98% of these positive results are positive test for H1N1.
- Only 30% of these test are accurate, that is why we based our decision on the assessment
- Fever is not the deciding factor.

What if a student becomes ill while traveling?

If you are traveling away from campus and someone in your group becomes ill and exhibiting any of the below flu like symptoms:

Fever	Cough	Sore throat
Congestion/runny nose	Body aches	Headache
Fatigue	Nausea/vomiting	Diarrhea

The ill person needs to have a mask placed on and call Campus Safety to reach Health Service representative at 260-982-5999 whom will then complete a triage questionnaire.

If the ill person meets the criteria for influenza like illness if all possible; contact parents to pick up at your location. If this is not possible the individual needs to be isolated from the group and keep the mask on for parents to pick up at campus. If this is an overnight trip this individual needs to have their own room.

EMERGENCY ACTION PLANS

*Manchester University's Emergency Action Plans are based off of the NATA Position Statement, "Emergency Planning in Athletics (March 2002)." Anderson JC, et al. National Athletic Trainers' Association position statement: emergency planning in athletics. *J of Athl Train*. 2002;37(1):99-104. <http://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf>.

An Emergency Action Plan (EAP) helps to outline the procedures that should be followed in the event of an accident, injury, or illness that results in a medical emergency. It is vital that all people involved are aware of these procedures and their role within them. The following pages illustrate and explain this plan.

NOTE: The certified athletic trainer and/or coach must complete an incident report and file with the head athletic trainer within 24 hours.

Definition of an Emergency

1. Sudden Death of a student-athlete, coach, and/or staff member;
2. Disability / Quality of Life Altering injury / illness including, but not limited to:
 - Spinal cord injury
 - Internal injury to organs
 - Severe head injury
 - Injuries / illnesses resulting in severely diminished mental capacity or other neurological injury that results in an inability to perform daily functions (e.g. unconscious)
3. Sudden Illness including but not limited to:
 - Diabetic emergency
 - Cardio/Respiratory incident
 - Head injury
4. Any injury during an unsupervised practice (no certified athletic trainer present)
5. Other incidents as deemed appropriate

Members of the EAP and Responsibilities:

- Erin Foreman, Head Athletic Trainer
- Jeff Hartzell, MD, Head Team Physician
- Anna Richison, RN, BSN
- Rick Espeset, Director of Athletics
- Appropriate Manchester University team athletic trainer
 - Mandy Toney: Assistant Athletic Trainer
 - RJ Wilson: Assistant Athletic Trainer
 - Kevin Gullion: Assistant Athletic Trainer
- Appropriate Manchester University Head coach
- Manchester University Campus Security

Certified Athletic Trainer: IF ON SITE

1. Primary survey
2. Activate EAP
3. Provide care/first aid as necessary until Emergency Medical Services arrives
4. Depending on the situation; travel with the athlete to hospital

IF NOT ON SITE:

1. After activating the EAP, go to the scene immediately. **Take the Automated External Defibrillator (AED) from the Athletic Training Room to the site.**
2. Assess situation, find out if EMS has been contacted
3. Assist on-site certified athletic trainer or first responder with care/first aid as necessary until Emergency Medical Services arrives
5. Provide Emergency Medical Services with athlete's medical history and Insurance information
6. Contact the head athletic trainer and inform them of the current situation.

Head Athletic Trainer

1. If there is no administrator on-site then, inform the athletic director of the situation and the current status of the athlete.
2. Make any arrangements to ensure continued medical coverage at the athletic event.
3. Contact the "emergency contact person" on the athlete's parent information sheet.

Events Administrator/Assistant Athletic Director: If on site:

1. Inform other EAP contacts
2. Wait for Emergency Medical Services to arrive and direct them to proper doors/gates
3. Help control other athletes, spectators, or crowd

Coaches and/or Assistant Coaches: If certified athletic trainer is on site:

1. Assist certified athletic trainer as needed
2. Assist Emergency Medical Services as needed
3. Help control other athletes, spectators, or crowd

IF CERTIFIED ATHLETIC TRAINER IS NOT ON SITE:

1. Activate the EAP
2. Calm, reassure, and stabilize the athlete
3. Send another athlete/coach to get/call a certified athletic trainer and/or activate Emergency Medical Services (call 911) / (6-911) if using campus phone depending on the situation
4. Notify campus police as necessary

Manchester University Campus Security: 260-982-5999

1. Unlock and open any doors, gates, or buildings
2. Assist Emergency Medical Services with location of emergency site
3. Assist certified athletic trainer as needed
4. Control any spectators or crowd

Athletic Training Student:

1. Assist in the activation the EAP under the supervision of a certified athletic trainer
2. Assist the certified athletic trainer in providing first aid as necessary until Emergency Medical Services arrive

Baseball Field Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. If no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room - 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the lobby of the PERC. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: Vacuum splints, crutches and medical kit are located at the field during practice or competition. Spine board located in storage facility of Athletic training room/PERC

Directions: From St Rd 13 turn on East street and turn left into first parking lot on left by white security building. Follow road towards the PERC until you reach gated entrance to baseball field. Gates to get on the field are located by the first base side dugout. From College Street turn left onto East Street and turn right into the third parking lot right before white security building and follow above directions to field.



Football Game Field Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room- 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the lobby of the PERC. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: Vacuum splints, crutches and spine board located at field during practice and competition.

Directions: From St Rd 13 turn on East Street and turn left into first parking lot on left by white security building. Follow road towards the PERC until you reach gated entrance to football field. Follow stone drive to FB field. From College Street turn left onto East street and turn right into the third parking lot right before white security building and follow above directions to field.



Tennis Courts Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room- 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the lobby of the PERC. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: Vacuum splints, crutches and medical kit are located at the field during competition. Spine board located in storage facility of Athletic training room/PERC

Directions: From St Rd 13 turn on East Street and turn left into first parking lot on left by white security building. Follow road towards the PERC until you reach the tennis courts on left side. Entrance is on south side of courts. From College Street turn left onto East Street and turn right into the third parking lot right before white security building and follow above directions to field.



Track & Field Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room-982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the lobby of the PERC. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: Vacuum splints, crutches and medical kit are located at the field during practice or competition. Spine board located in storage facility of Athletic training room/PERC

Directions: From St Rd 13 turn on East Street and turn left into first parking lot on left by white security building. Follow road towards the PERC until you reach gated entrance to football field. Take stone drive to entrance of track. From College Street turn left onto East Street and turn right into the third parking lot right before white security building and follow above directions to field.



Soccer Game & Practice Field Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room- 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the lobby of the PERC. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: Vacuum splints, crutches and medical kit are located at the field during practice or competition. Spine board located in storage facility of Athletic training room/PERC

Directions: From St Rd 13 turn on East Street and continue to stop sign, go through stop sign and turn left into 2nd parking lot on left by green building. Follow stone road until you reach soccer fields. From College Street turn right at college/east street intersection and left into 2nd parking lot by green building and follow above directions to field.



Football Practice Field Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room- 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the lobby of the PERC. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: Vacuum splints, crutches and medical kit are located at the field during practice or competition. Spine board located in storage facility of Athletic training room/PERC

Directions: From St Rd 13 turn on East Street and continue to stop sign, go through stop sign and turn left into 2nd parking lot on left by green building. Follow stone road until you reach football practice fields. From College Street turn right at college/east street intersection and left into 2nd parking lot by green building and follow above directions to field.



Softball Field Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room- 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the lobby of the PERC. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: Vacuum splints, crutches and medical kit are located at the field during practice or competition. Spine board located in storage facility of Athletic training room/PERC

Directions: From St Rd 13 turn on East Street and continue to stop sign, go through stop sign and turn left into 2nd parking lot on left by green building. Follow stone road until you reach softball field on right side. From College Street turn right at college/east street intersection and left into 2nd parking lot by green building and follow above directions to field.



PERC Emergency Action Plan (Volleyball, Basketball, Wrestling, Fitness Center, Athletic Training Room)

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room- 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the lobby of the PERC. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: Vacuum splints, crutches, medical kit and spine board located in storage of athletic training room/PERC

Directions: From St Rd 13 turn on East Street and continue to stop sign, go through stop sign and take immediate left into parking lot on left by east hall. Follow driveway towards PERC until you reach back doors. From College Street turn right at college/east street intersection and immediate left into parking lot on left and follow above directions to PERC. Double doors for stretcher are located inside garage door.



Cross Country Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room- 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the lobby of the PERC. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: Vacuum splints, crutches medical kit and spine board located in storage of athletic training room/PERC

Directions: From St Rd 13 turn on East Street and continue to stop sign, go through stop sign and take immediate left into parking lot on left by east hall. Follow driveway towards PERC until you reach back doors. From College Street turn right at college/east street intersection and immediate left into parking lot on left and follow above directions to PERC.



Golf Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

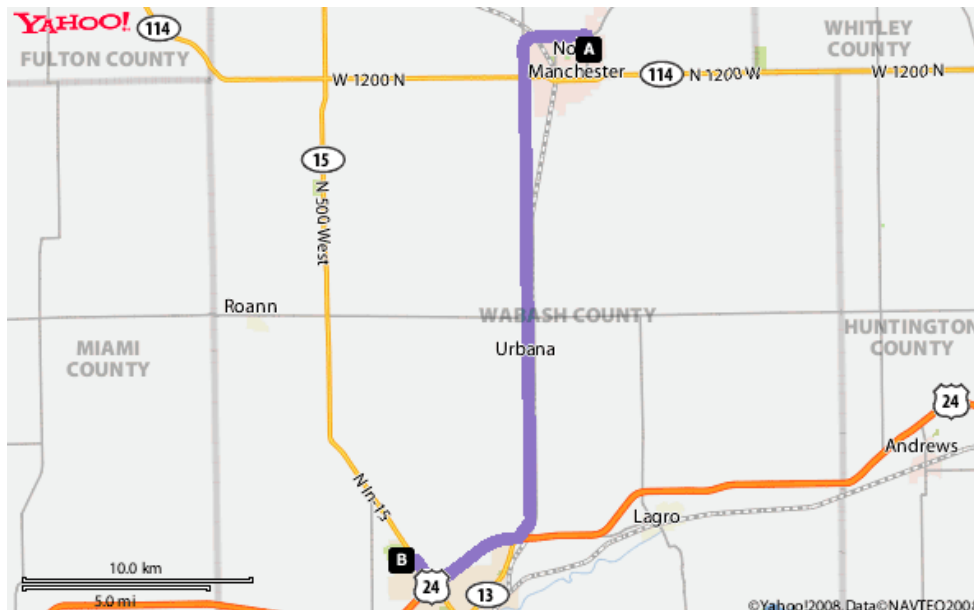
Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - e) Athlete's age
 - f) Athlete's level of consciousness
 - g) Any treatment initiated
 - h) Directions to site listed below
3. Call and inform Manchester University Campus Security: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room- 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the clubhouse (260) 563-8663. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: there is none available in the immediate area - call 911 or the Athletic Training Room.

Directions: From Manchester take St. Rd 13 south until you reach St. Rd 24 and take right. Turn right at north Cass Street/IN 15. Take left onto W. Division Street to Honeywell Golf Course (3360 W Division Road Wabash, IN 46992)



Swimming & Diving Emergency Action Plan

Athletic Training Room Direct Line: (260) 982-5994

Erin Foreman, Head ATC: 260-982-5945

Mandy Toney, ATC: 260-982-5487

RJ Wilson, ATC: 260-982-5109

Kevin Gullion, ATC: 260-982-5125

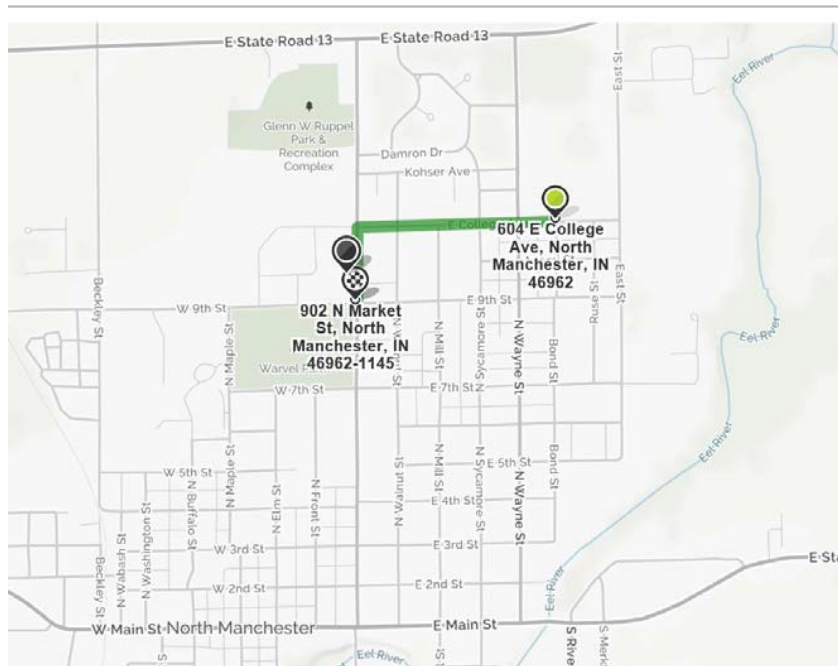
Activating the EAP:

1. The certified athletic trainer on site will activate the EAP and provide care. IF no certified athletic trainer is on site the coach will activate the EAP and provide care.
2. If needed, **call 911** to activate EMS (when in doubt call EMS) Inform 911 Operator the following:
 - a) Location
 - b) Phone number of caller
 - c) Athlete's chief complaint
 - d) Number of athletes involved
 - d) Athlete's age
 - e) Athlete's level of consciousness
 - f) Any treatment initiated
 - g) Directions to site listed below
3. Call and inform Manchester University Campus Safety: 260-982-5999
4. Explain situation and give location of injury site
5. Call the Athletic Training Room- 982-5994, or contact a certified athletic trainer's cell (number listed above)
6. Stabilize the athlete until a Certified Athletic Trainer or EMS arrives

Communications: a land line phone is located in the clubhouse (260) 563-8663. The Certified Athletic Trainer or coach should have a walkie-talkie radio and cell phone as well.

Equipment: there is none available in the immediate area - call 911 or the Athletic Training Room.

Directions: Strauss-Peabody Aquatic & Fitness Center located at 902 N Market St. North Manchester, IN 46962. From the University, head west on East College Avenue. Turn left on N. Market Street. Destination is on the right. (0.38 miles)



CATASTROPHIC EMERGENCY ACTION PLAN

Definition of a Catastrophic Emergency

1. Sudden Death of a student-athlete, coach, and/or staff member;
2. Disability / Quality of Life Altering injury / illness including, but not limited to:
 - Spinal cord injury resulting in partial or complete paralysis;
 - Loss of a paired organ;
 - Severe head injury;
 - Injuries / illnesses resulting in severely diminished mental capacity or other neurological injury that results in an inability to perform daily functions (e.g. coma)
3. Other incident as deemed appropriate.

Catastrophic Emergency Team

- Erin Foreman, Head Athletic Trainer
- Jeff Hartzell, MD, Head Team Physician
 - Rick Espeset, Director of Athletics
 - Appropriate Manchester University team athletic trainer
 - Erin Foreman: Assistant Athletic Trainer
 - Jordan Redding: Assistant Athletic Trainer
 - RJ Wilson: Assistant Athletic Trainer
 - Kevin Gullion: Assistant Athletic Trainer
 - Appropriate Manchester University Head coach
 - Manchester University Campus Security

Follow These Steps

1. The Manchester University emergency action plan will be followed at home. If a catastrophic incident occurs away from home, the traveling certified athletic trainer or coach should contact **Erin Foreman – Head Athletic Trainer (765-243-2592 cell)**, who will begin the catastrophic incident immediate action plan.
2. Manchester University Sports Medicine personnel, a member of the coaching staff, and/or a member of the Manchester University Department of Athletics will accompany the injured student-athlete to the medical facility with the injured student-athlete's emergency medical/ insurance information.
3. The Manchester University certified athletic trainer or coach will immediately call **Erin Foreman – Head Athletic Trainer (765-243-2592 cell)**, or designee (if applicable) to notify him/her of the emergency situation.
 - The Head Athletic Trainer or designee will immediately notify the Director of Athletics, to notify them of the emergency situation, and will keep all designated parties updated at regular intervals
 - The Director of Athletics and/or designee will contact other Athletics Department and University administrative personnel as he/she deems necessary.
4. The Head Athletic Trainer and/or designee and/or other Department of Athletics personnel will make every effort to notify the injured student athlete's family of the emergency.
5. The Head Athletic Trainer and/or designee will be responsible for the following
 - Compiling documentation of events from everyone involved in incident
 - Constructing a detailed time line of events related to the incident; and
 - Collecting and securing all equipment / materials involved in the incident;

MANCHESTER UNIVERSITY GAME DAY SET-UP

FALL

Men's Soccer

1. (3) 10-gallon water coolers, (1) on each bench and (1) on middle table for referees
2. Ice chest with bags and flexi-wrap placed under middle table
3. AED/crutches/vacuum splints placed under middle table
4. Towels on each bench
5. Cups on visitors bench and on middle table
6. Home team provides medical kit

Football

Home Sideline

- | | |
|-----------------------------|--|
| 1. Black Trunk | 8. Injury Ice Chest w/ bags |
| 2. Gray Trunk | 9. (3) Radios: Head ATC & Students (ch.3) |
| 3. AED | 10. Cell Phone (Head ATC) |
| 4. Vacuum Splint Bag | 11. (2) 10 gallon water coolers |
| 5. Crutches | 12. (1) taping table / (1) treatment table |
| 6. Hose hooked up | 13. (4) racks of water bottles |
| 7. (1) 10 gallon cooler ice | 14. Cart/Toro (Backed In) |

Visitors Sideline: (Check at half-time)

- | | |
|--|--------------------------|
| 1. (2) 10 gallon water coolers | 4. (1) ice chest w/ bags |
| 2. Hose hooked up | 5. (3) sleeves of cups |
| 3. (1) radio: Head ATC (ch.3) | |

Visiting Athletic Training Room

- | | |
|-------------------------|-------------------------------|
| 1. Small Hydroc working | 4. (3) Hydroc covers |
| 2. (3) Hydroc packs | 5. (1) 10 gallon water cooler |
| 3. (2) sleeves of cups | |

Women's Soccer

1. (3) 10-gallon water coolers, (1) on each bench and (1) on middle table for referees
2. Ice chest with bags and flexi-wrap placed under middle table
3. AED/crutches/vacuum splints placed under middle table
4. Towels on each bench
5. Cups on visitors bench and on middle table
6. Home team provides medical kit

Volleyball

1. One game cart with the following
 - a. (1) 7-gallon water cooler
 - b. (1) ice chest w/ bags
 - c. (2-3) towels
 - d. (2) racks of water bottles

Visiting Athletic Training Room

1. Small Hydroc working
2. (3) Hydroc packs/covers
3. First Aid supplies
4. Ice Machine & bags

M & W Tennis

1. (3) 10 gallon water coolers set up between every other court
2. (2) racks of water bottles
3. (1) ice chest w/ bags
4. (1) radio: Head Coach (**ch. 3**)
5. Vacuum Splints, Crutches & AED in

Cross Country

1. (3) 10 gallon water coolers (placed at starting/finishing line)
2. (1) tent canopy
3. (1) 7 gallon water cooler w/ ice towels
4. (2) ice tubs (for possible heat illness)
5. (1) ice chest w/ bags and flexiwrap

WINTER

Women's Basketball

1. 2 carts placed on each end of the bleachers behind each bench.
Each of the following items will be placed on each cart:
 - a. 10 gal. cooler with ice/water
 - b. cups
 - c. towels placed under cooler nozzle
 - d. first aid tray and extra tape, scissors
 - e. blood spill disinfectant and paper towel
2. Each bench will be given 4 towels
3. Behind home team's bench AED and vacuum splints. Home team provides medical kit. Home team receives water bottles.
4. Visitor's locker room gets 7 gal. water/ice and cups.
5. Home team locker room gets 7 gal. water/ice, Gatorade, and cups

Men's Basketball

1. 2 carts placed on each end of the bleachers behind each bench.
Each of the following items will be placed on each cart:
 - a. 10 gal. cooler with ice/water
 - b. cups
 - c. towels placed under cooler nozzle
 - d. first aid tray and extra tape, scissors
 - e. blood spill disinfectant and paper towel
2. Each bench will be given 4 towels
3. Behind home team's bench AED and vacuum splints. Home team provides medical kit. Home team receives water bottles.
4. Visitor's locker room gets 7 gal. water/ice and cups.

5. Home team locker room gets 7 gal. water/ice, Gatorade, and cups

Wrestling

- | | |
|---------------------------------|---|
| 1. Blood spill kits on each mat | 5. Injury logging chart |
| 2. (2-3) treatment tables | 6. (2) students per blood spill kit/mat |
| 3. (1) taping table | 7. (4) 10 gallon water coolers |
| 4. (1) ice chest w/ bags & wrap | 8. (2+) ATC's |

*** Will need (3) trained eyes and (3) students for skin checks in AM along with physician**

SPRING

Softball

Visitor's dugout

1. 10 gal. water/ice and cups or water bottles
2. first aid tray
3. towels
4. chest of ice/bags and flexi-wrap

Home dugout

1. (1) 10 gallon water cooler
2. (3) racks of water bottles
3. towels
4. chest of ice/bags
5. AED
6. crutches and vacuum splints are placed under dugout seat at the beginning of the season and remains there until season is finished
7. Home team provides medical kit

Baseball

Home Dugout

- | | |
|--|---------------------------|
| 1. (1) 10 gallon water cooler | 5. Vacuum Splints |
| 2. (2) racks of water bottles | 6. AED |
| 3. (1) ice chest w/ bags and flexiwrap | 7. Crutches |
| 4. Toro or Golf Cart | 8. Radios (ch.3) |

Visitors Dugout

- | | |
|-------------------------------|--------------------------|
| 1. (1) 10 gallon water cooler | 4. (1) ice chest w/ bags |
| 2. (2) sleeves of cups | 5. (1) Radio: ATC |
| 3. First Aid Tray | |

M & W Track and Field

- | | |
|--------------------------------------|----------------------|
| 1. (2) Treatment Tables under canopy | 6. Medical Kit |
| 2. (1) pop up canopy (blue) | 7. Vacuum Splint Bag |
| 3. (2) ice chests w/ bags | 8. (5) water coolers |
| 4. Radios | 9. AED |
| 5. (5) sleeves of cups | 10. Cart/Toro |

M & W Tennis

1. (3) 10 gallon water coolers set up between every othercourt
2. (2) racks of water bottles
3. (1) ice chest w/ bags
- 4.** (1) radio: Head Coach (**ch. 3**)
5. Vacuum Splints, Crutches & AED in

***ATC provides cell phone access at all home events in case of emergency**

POSITION STATEMENTS/POLICIES

Administering and Dispensing Drugs/OTC's

1. Certified Athletic Trainers by law are only allowed to administer one dose of a drug/OTC.
2. ONLY the ATC can administer the Drug/OTC's.
3. Dispensing of drugs/OTC's is ONLY allowed by a physician treating the athlete/patient
4. NO STUDENT will administer any drug/OTC without the knowledge/permission from an ATC.
5. Documentation/logging of drug, dosage, unit, lot number and person administering is mandatory. The log book is found on the back of the cabinet door where the drugs are stored.
6. NO ATHLETE shall administer or dispense his or her own drug/OTC's that originate from the athletic training room.
7. Documentation in an athlete's file and SportsWare is mandatory if a physician prescribes or dispenses drugs/OTC's to an athlete.
8. An ATC should always consult a physician before administering drugs/OTC's

Head, Neck or Spinal Injuries

Guidelines

1. Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists. C-spine in-line stabilization should be maintained.
2. The athlete's airway, breathing, circulation, level of consciousness and neurological status should be assessed. If airway is impaired, maintain c-spine in-line stabilization simultaneously with airway using a modified jaw thrust maneuver. If the athlete's breathing is inadequate, assist ventilations as appropriate.
3. The EAP should be activated.
4. The athlete should not be moved until immobilized unless absolutely essential to maintain airway, breathing and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization.
5. The rescuer(s) should maintain in-line stabilization, and continue to monitor baseline vital signs and complete secondary evaluation while awaiting EMS. EMS will assume responsibility for immobilizing and transferring any athlete with a suspected spinal injury to a back board and to appropriate medical facilities.

Exertional Heat Illness

Practice or competition in hot and/or humid conditions presents particular problems for athletes. In these situations, heat illness as a result of heat stress, is a major concern of the sports medicine staff. Education and consistent monitoring are necessary to prevent heat-related problems. Death from heat illness is rare but certainly possible. The following guidelines should be followed:

1. A complete medical history, including past history of heat illness, should be obtained prior to practice/competition.
2. Acclimatization over a period of 1-2 weeks should be encouraged. Athletes need this time to *gradually* increase aerobic activity and give their body an opportunity to acclimatize. The term acclimatization is not simply referring to an athlete “getting used to” practice/competition in hot/humid conditions. Acclimatization refers to the actual *physiologic changes* that occur within the human body to accommodate for increasingly levels of activity and hot/humid conditions. Acclimatization also occurs during changes in altitude. Each exposure should reflect a *gradual increase in duration and intensity* of activity over the 1-2 weeks until an exposure is approximately equal to the expected time of a practice/competition.
3. When heat/humidity conditions are extreme, consider moving practice/competition to another time of day that is cooler.
4. Heavy clothing, protective equipment, pads, and helmets impede upon the body’s cooling mechanism by restricting methods of heat loss and sweating. Therefore, this equipment should be avoided, when possible, during times of extreme heat/humidity. Frequent rest periods are encouraged for the purpose of loosening equipment/clothing and allowing heat loss. Dark colored clothing should be avoided because it absorbs more solar energy than lighter colored clothing.
5. Athletes should be encouraged to avoid substances that contain diuretics and/or stimulants. Some examples include caffeine, ma huang, amphetamines, ecstasy, and ephedrine. These substances increase the risk of heat illness and furthermore may be NCAA banned substances.
6. The following conditions should be taken into consideration as they make an athlete more susceptible to heat illness: inadequate aerobic fitness, a history of heat illness, inadequate re-hydration, heart conditions, excess body fat, and inadequate acclimatization.
7. At all times during practice, training, competition, and especially during acclimatization; hydration should be maintained and encouraged.
8. **The following are signs and symptoms of heat illness: weakness, cramping, excessive sweating, fatigue, rapid and/or weak pulse, flushed or pale skin, nausea, lack of coordination/balance, incoherency, and cessation of sweating. Any problems should be *immediately* reported to the Certified Athletic Trainer.**
9. The athletic training staff and coaching staff is responsible for monitoring environmental conditions for possible heat/humidity extremes. Measurements should be taken to assess the likelihood of extreme conditions. These measurements include: wet bulb temperature and dry-bulb temperature to find relative humidity. Final decisions on the postponing or cancellation of a practice/competition will be made by the on-site Athletic Trainer after consulting the Head Athletic Trainer.

Heat Cramps

Definition: Heat cramps are caused by sweating a lot during strenuous activity. This sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion

Signs and Symptoms:

- Abdominal Cramps
- Muscle Spasms
- Leg Cramps

First Aid:

1. Move victim to a cool location
2. Give victim water slowly, 1/2 a glass of water every 15 minutes, over next 30 minutes to an hour

Heat Exhaustion

Definition: Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Heat exhaustion is caused by fluid loss which, in turn, causes blood flow to decrease to vital organs, resulting in a form of shock. As a result of dehydration, victims often complain of flu like symptoms hours after exposure.

Signs and Symptoms:

- Cool, Moist, Pale Skin
- Headache
- Dizziness and/or Weakness
- Nausea
- Skin may feel warm
- Excessive Sweating

First Aid:

1. Call 911
2. Move victim to a cool location
3. Give victim water slowly, 1/2 a glass of water every 15 minutes
4. **Do not** give liquids with alcohol or caffeine in them, as they may make the condition worse
5. Loosen or remove tight or bulky clothing
6. Apply cool, wet clothes or towels

Heat Stroke

Definition: Heat stroke occurs when the body's heat regulating mechanisms fail. Body temperature rises so high that brain damage and death may result unless the body is cooled quickly

Signs and Symptoms:

- Skin may be hot, red and dry
- Weak, rapid pulse
- Rapid, shallow breathing
- Vomiting
- Decreased level of consciousness

First Aid:

1. Call 911 - Heat Stroke is a life threatening condition
2. Move victim to a cool location

3. Place victim in a cool tub of water and/or apply wet rags, towels or sheets
4. Use ice packs if available in the armpits, neck, wrists, and ankles to cool the major blood vessels
5. **Do not** give any fluid by mouth

Based on a CDC Prevention Guide for Emergencies and Disasters

Manchester University Sports Medicine

Concussion Management Policy

In response to a memorandum from the NCAA dated April 29, 2010, the Sports Medicine Department composed of the team physicians and athletic training staff has developed this *Concussion Management Plan*.

This document shall serve as a supplement to the *Manchester University Athletic Department Emergency Plan*. This plan will identify the steps taken both annually to help prevent such situations, and as a guideline for the management of head injuries when they do occur.

Annually: (review of the documentation and resources occurring prior to the start of an academic year)

- Institutions shall review this document and the *Manchester University Athletic Department Emergency Medical Plan*. This shall be done by the Athletic Training Staff with input from the Head Team Physician and the Athletic Director.
- Copies of the *Manchester University Athletic Department Emergency Plan* are presented and distributed with the Department of Intercollegiate Athletics Handbook to all head coaches during orientation meetings prior to the start of the academic year.
- Copies of the *Manchester University Athletic Department Emergency Plan* will be placed in each athletic training facility, and in the general area of the athletic department for reference.

Prior to the start of an athlete's participation with a team:

1. Athlete will be given an informational sheet on head injuries and their role in the prevention and management of such injuries.
2. Athlete will sign the "signature page" indicating they received the information sheet and understand their role in the prevention and management of head injuries.
3. Athlete will undergo an *Immediate Post-Concussion Assessment and Cognitive Testing (IMPACT)* examination to establish a baseline during their physical examination. This baseline will be repeated every other year or as deemed necessary by the athletic training staff and team physician. This score is documented and available to all ATC's and Sports Medicine staff at Manchester University.

Management of Concussions:

While there is no substitution for common sense and training when dealing with emergency situations and head injuries, the following Impact data results identifies the prudent course of action to be followed by the ATC staff of Manchester University when dealing with a potential concussion.

1. Assessment: The *Immediate Post-Concussion Assessment and Cognitive Testing (IMPACT)* tool will be utilized for initial assessment of concussions.
2. Interpreting the data: The following *IMPACT* score system will determine if an athlete is allowed to move on to exertional testing.
3. Return to play criteria: An athlete then must pass the return to play criteria exertional progression testing.

*Documentation should occur at every stage of this evaluation and follow-up process.

At no time shall an athlete be denied access to a physician for medical evaluation.



Interpreting the Data

If Baseline is available: Raw Numbers Used

1. Memory Composite (Verbal): Must be within 8.75 of baseline if **lower** (# should be increasing)
 2. Memory Composite (Visual): Must be within 13.5 of baseline if **lower** (# should be increasing)
 3. Visual Motor Speed Composite: Must be within 4.98 of baseline if **lower** (# should be increasing)
 4. Reaction time Composite: Must be within .06 of baseline if **higher** (# should be decreasing)
 5. Total Symptom Score: Should be "0" / Discretion is to the ATC and MD depending on symptoms
- ALL scores must pass during a **single test** to move to exertional testing



ImPACT™ Clinical Report

Sample Student

Exam Type	Baseline	Post-Injury 1	Post-Injury 2		
Date Tested	07/14/2009	08/25/2010	08/31/2010		
Last Concussion		08/23/2010	08/23/2010		
Exam Language	English	English	English		
Test Version	2.0	2.0	2.0		

Composite Scores							
Memory composite (verbal)	90	80%	72	17%	94	88%	
Memory composite (visual)	79	69%	55	8%	71	39%	
Visual motor speed composite	29.08	33%	19.65	<1%	33.17	34%	
Reaction time composite	0.55	93%	0.79	4%	0.59	56%	
Impulse control composite	8		13		13		
Total Symptom Score	0		31		0		

Scores in **bold RED** type exceed the Reliable Change Index (RCI) when compared to the baseline score. However, scores that do not exceed to RCI index may still be clinically significant. Percentile scores if available are listed in small type.

If a Baseline is not available: Percentages used next to Raw Numbers

*ATC must have an idea of a student's OVERALL knowledge (level of student academically)

Estimated athlete's percentile scores on ImPACT

1. A/B student, High SAT = 65 – 75th percentile or higher
 2. B/C student, Average SAT = 35 – 40th percentile or higher
 3. D/F student, Low SAT , Learning Disability = 20th percentile or higher
 4. Total Symptom Score: Should be “0” / Discretion is to the ATC and MD depending on symptoms
- ALL scores must pass during a *single test* to move to exertional testing



ImPACT™ Clinical Report

Sample Student

Exam Type	Baseline	Post-Injury 1	Post-Injury 2		
Date Tested	07/14/2009	08/25/2010	08/31/2010		
Last Concussion		08/23/2010	08/23/2010		
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Reaction time composite	0.55	93%	0.79	4%	0.59	56%
Impulse control composite	8		13		13	
Total Symptom Score	0		31		0	

Scores in **bold RED** type exceed the Reliable Change Index (RCI) when compared to the baseline score. However, scores that do not exceed to RCI index may still be clinically significant. Percentile scores if available are listed in small type.

Return To Play Criteria- Exertional Testing Progression

***Each step must result in athlete being asymptomatic for 24 to 48 hours to move on or they must move back to previous step.**

- **Step 1 – Light Aerobic Exercise:** Athlete performs, at minimum, a 15 minute workout consisting of biking, jogging, swimming, and light body weight training (push-ups, sit-ups, squats). Exercise will keep heart rate less than 70% of maximum predicted heart rate.
- **Step 2 – Sport Specific Exercise:** Athlete will participate in activities that are specific to the athlete’s specific sport (sprinting, agility drills, dribbling drills, etc.) along the sideline.
- **Step 3 – Non-Contact Practice:** Athlete will participate in full practice equipment and participate in all non-contact drills and activities.
- **Step 4 – Contact Practice:** Athlete will participate in a full contact practice. Please be aware this must be a PRACTICE and cannot be a competition.

Once all steps are complete the athlete may return to full participation.

*Return to Learn Criteria is coordinated with ATC, Team Physician, and Academic Support

IMPACT TESTING

IMPACT is a computerized concussion testing system purchased by Manchester University. The athletic training staff uses this program to get a baseline for any athlete that would want to get tested or that the ATC deems necessary. The football team is mandated to have the testing done before fall camp begins. This testing aids the athletic training staff with objective data for supporting the return to play or disqualification of an athlete after suffering a concussion.

1. Accredited concussion testing software
2. All contact sports and volleyball, softball, and baseball are mandated to test in the fall season
3. Available to anyone to be tested
4. 45 minute to 1 hour testing times
5. Measures memory, speed, etc.
6. Logs each concussion under a specific athlete's name for comparison

EQUIPMENT CHECK OUT

1. All equipment must be logged in the books before issuing
2. No equipment will be issued without the permission of an ATC
3. Students may issue equipment but must have permission of an ATC
4. All equipment that can be returned must be returned after the competitive season is finished
5. It is at the discretion of the team ATC to allow an athlete to keep his/her equipment post competitive season.
6. All equipment must be logged back in the books as returned by either ATC or student
7. All athletes will receive an email from an ATC reminding them of their logged out equipment

CLEANING

Daily

1. All tables wiped down with disinfectant
2. All drawers and jars restocked
3. All ice bags emptied
4. All water coolers emptied and in storage room
5. All modalities SHUT OFF
6. Whirlpool and slush buckets emptied and dried
7. All doors locked and lights off

Yearly

1. End of the year cleaning is done once all spring sports have concluded. Detail cleaning will be assigned by the Head Athletic Trainer. A cleaning list will be followed.

LIGHTNING AND INCLEMENT WEATHER SAFETY POLICY

- The primary choice for a safe location from lightning is any **substantial, frequently inhabited building** (this does NOT include athletic storage sheds and dugouts).
- The secondary choice for a safe location from lightning is a fully enclosed vehicle **with a metal roof and the windows up**.
- Seeking a safe structure or location, as defined above, at the **first sign** of thunder or lightning activity is recommended.
- When the “**Flash-to-bang**” count reaches 30, individuals should already be inside or seeking safe shelter.

Flash-to-bang = begin count when lightning is seen, stop when the thunder is heard and divide by 5. A Flash-to-bang count of 30 seconds means that the lightning is 6 miles away.

- Postpone or suspend activity if a thunderstorm appears imminent before or during an activity or contest (regardless of whether lightning is seen or thunder heard) until the hazard has passed. Signs of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning activity.
- Wait at least 30 minutes after last flash or bang before resuming activity/going outdoors.
- Supervising ATC should be the observer and communicate to coaches and officials.

NEAREST SAFE STRUCTURES



AVOID CONTACT WITH PLUMBING OR USE OF A LAND-LINE TELEPHONE. USING A CELL PHONE IS SAFER.

- **IF YOU ARE CAUGHT IN THE OPEN:**
Assume the lightning-safe position:
 - Crouched on the ground
 - Weight on balls of feet
 - Feet together
 - Head lowered, ears covered

DO NOT LIE FLAT ON THE GROUND!

Source: National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics and Recreation, Journal of Athletic Training, December 2000.

INJURY/ACCIDENT REPORTING

SportsWare

1. All injuries must be evaluated and documented in Manchester University's computerized documentation software, SportsWare.
2. The evaluating student or ATC must be the one who enters all necessary initial documentation of an injury.
3. Any student or ATC may update an athlete's file with a "maintenance" note or SOAP note if necessary.
4. It is the responsibility of the team ATC to make sure that SportsWare stays updated for their sport responsibility by either the ATC or students.
5. It is the responsibility of the team ATC to proof read and evaluate for proper documentation.
6. SportsWare should be updated anytime there is necessary change in treatment, rehab or condition and no less than 1-2 times per week.
7. It is the responsibility of the team ATC to make sure that the most current roster is imported and linked to the proper team.
8. Random checks will be done by the head athletic trainer to make sure updates are occurring.
9. For an injury to be "closed" and archived, the team ATC must either give permission or complete the task themselves. Please include a final note on the athlete.

MANCHESTER STUDENT ATHLETE DRUG POLICY AND TESTING

The intent of these policies is to prevent the use of prohibited substances by student-athletes to ensure the health, safety and welfare of our student-athletes, to promote fair competition in intercollegiate athletics, to affirm compliance with applicable rules and regulations governing drug use, and to identify student-athletes who are improperly using drugs and assist them before they harm themselves or others.

1. Prohibited use of banned substances.

All student-athletes enrolled at Manchester University are prohibited from using any substance belonging to any of the classes of banned substances published by the NCAA, and updated from time to time. The classes of banned substances include: stimulants (ephedrine, amphetamines), anabolic steroids, diuretics (masking agents), street drugs (e.g., heroin, marijuana), and peptide hormones and analogues (e.g., human growth hormones and erythropoietin (EPO)). The University may test for any substance contained on the NCAA's list of banned substances, including unlisted compounds that are related to specific drugs listed by the NCAA (i.e., substances that are included in a class of drugs by their pharmacological action and/or chemical structure). The student is responsible for everything that goes into his or her body; students use all drugs and nutritional or dietary supplements at their own risk. Before taking any drug or supplement, students should consult with their team athletic trainer.

2. Random unannounced drug-testing

All student-athletes identified on the NCAA official squad list and all intercollegiate teams will be subject to unannounced drug testing or by reasonable suspicion. All student-athletes will be required to execute a waiver consenting to such testing. Testing may occur at any time during the regular academic year.

3. Reasonable Suspicion

Individuals can be tested based on reasonable suspicion. Reasonable suspicion will be based on the observation of behavior or conduct, or the presence of certain physical and emotional characteristics or patterns, which are symptomatic of the use of prohibited drugs or abuse of alcohol. Reasonable suspicion includes, but is not limited to, violation of state laws or university regulations, behavior changes, outward signs (odor of marijuana or alcohol). Examples include but are not limited to DUI, violent conduct, including assault and sexual assault, vandalism, theft, chronic fatigue or loss of vitality, decreased interest or effort in practices and competitions, prolonged illness or injuries, unexpected weight and/or strength gains or losses, unexplained fluctuations in moods expressed as inappropriate irritability, hostility, anxiety, anger or withdrawal.

PROCEDURE FOR DETERMINING REASONABLE SUSPICION

1. An athletics department staff member will notify the athletic director and/or assistant athletic director(s) of athletics, and/or the head athletic trainer about a student-athlete, citing examples of reasonable suspicion, and requesting the student-athlete be tested. This concern will be

documented in writing and copied to the athletic director. The athletic director or designee will process the documentation through the consulting committee.

2. The athletics department consulting committee will be composed of at least four of the following individuals: senior director of athletics, assistant director of athletics, head athletic trainer, team physician, head coach, representative from the student-athlete development staff, university substance abuse coordinator, and team athletic trainer or any designee from the previous areas.

3. The consulting committee will decide whether the student-athlete should be referred for drug testing based on the reasonable suspicion standard after evaluating the information presented to it by the individual stating their concern. If the committee approves the testing, the head athletic trainer or another certified athletic trainer will proceed with scheduling the test, notifying the team physician and Manchester Clinic that drug testing will be occurring.

4. The student-athlete will be informed of the basis for the referral and given the opportunity to respond, either in person or in writing within 24 hours, by presenting information he/she wants the committee to consider. This is an opportunity to present information only, not to challenge the scheduling of the test. The student-athlete will also be informed that if they miss the scheduled test it will be considered a first positive.

4. Procedures

The testing program will be administered in the Athletic Department by faculty and staff Athletic Trainers acting in a doctor/patient relationship with each student, under the terms of the consent forms signed by the participating students. The testing is intended primarily to test for the presence of “street drug” residues, but may also include procedures to detect anabolic steroids and other “performance enhancing” drugs.

The actual testing is done through a urine collection which will be witnessed by a full-time faculty/staff certified athletic trainer.

Failure to report for testing will be treated as a positive test.

5. Dealing with Positive Tests

The Head Coach, the Head Athletic Trainer, the sport supervising athletic trainer, Director of Counseling Services, and the Director of Athletics will be informed of any positive drug test.

If a sample is negative, the results will be communicated to the athlete.

If the sample is positive, the following steps will be followed:

a. The student athlete can admit to the use of a prohibited substance and face consequences of that of Manchester University and/or the student athletes specific team rules or:

b. The student athlete will have the right to appeal the positive sample by taking a same-day test at the Manchester Clinic using the same sample, with the student athlete responsible for the cost

of the second drug test if it is positive. The second sample will be taken to the Clinic immediately by the Head Athletic Trainer and the specific sport(s) supervising Athletic Trainer. If the second test is positive the student athlete will meet with the Director of Athletics and the Head Coach of the respective sport(s) to discuss consequences of that of Manchester University and/or the student athletes specific team rules or:

6. Consequences of a Positive Test

Manchester University has a specific athletic alcohol and drug policy which can be carried out in the event of a positive test. (Refer to the student/athletic handbook for specific policy)

Apart from the University's athletic and drug policy, the coaching staff of each intercollegiate sport may have their own training rules and requirements which include prohibitions concerning the use of drugs. Individual team rules and sanctions may be more comprehensive and/or restrictive than those listed in the University's policy.

This Form will be distributed to the student-athlete
at the beginning of each academic year.

MANCHESTER INTERCOLLEGIATE ATHLETICS DRUG TESTING CONSENT FORM

I, the undersigned, agree to submit to unannounced, witnessed drug screening by the athletic training/medical staff of Manchester University Athletics Department and will abide by the Department's policies concerning athletes who test positive. I understand that submitting to random drug testing is required for participation in athletics.

Name (print)

Athlete's Signature

Date

Parent/Guardian Signature (if under age 18)

SECURITY OF ATHLETIC TRAINING CONFIDENTIAL INFORMATION

A. Informational Storage: Hard Copy

1. All athletic training faculty and staff will store personal belongings in lockable desks or filing cabinets during regular business hours
2. The athletic training department stores all confidential files and information either on a University assigned computer on a secure ITS network or locking filing cabinet located in offices or storage room. No confidential files are to be stored at offsite locations.
3. All athletic training faculty and staff will be responsible for storing their own confidential files or information depending on sport coverage.
4. Head Athletic Trainer, Erin Foreman, is responsible for securing all insurance files related to University athletics.

B. Destruction: Hard Copy Files

1. All athletic training faculty and staff will either electronically delete confidential files on a secure ITS network or destroy them in a paper shredder. All confidential materials will be destroyed if no longer needed for medical purposes through a paper shredder. All shredding will be done in house.

C. Transferability: Verbal Communication of Confidential Information

1. All verbal confidential information will take place between authorized personnel and behind closed doors.
2. All athletic training faculties, staff and students will only relieve confidential information over the phone if verification of other person can be revealed as necessary allied health professional or immediate family once written permission from athlete is documented.
3. All athletic training faculty, staff and students WILL NOT leave confidential information on any voicemail system.
4. All athletic training faculty, staff and students will use good judgment when determining who they may share confidential information.

D. Transferability: Hard Copy of Confidential Information

1. All athletic training faculty and staff will maintain proper desk cleanliness with any materials that may contain confidential information.
2. All athletic training faculty and staff will transport all necessary records to their final destination either in the trunk or the back floor of their vehicle with no visibility available.
3. All athletic training faculty and staff that work from home may not transport unnecessary documents with confidential information on them. If necessary, all information, computer and/or thumb drive must remain confidential.
4. All athletic training faculty and staff will shred all materials not being kept after a facsimile that may contain confidential information.

5. Any faculty, staff, student or coach traveling with confidential information will carry this information in a secure folder to maintain security.

E. Transferability: Information Technology (IT)

1. All athletic training faculty and staff will monitor and move computer screens if they are vulnerable due to high traffic areas.
2. All athletic training faculty and staff will refrain from sending confidential information over the internet unless a secure network is established with a vendor or a Manchester University gateway port is securely open through ITS department.
3. All athletic training faculty and staff if traveling with thumb drives that contain confidential information will secure these devices to protect such information.

F. Information Accessibility: Hard Copy

1. All athletic training faculty and staff will work hard to maintain only necessary entrances and exits to the facility containing confidential information during regular business hours.
2. If an employee of the athletic training department is terminated that individual will turn in all keys related to the athletic training room and filing cabinets containing confidential information.
3. Only athletic training faculty and staff will have possession of any and all keys related to confidential information. Offices and filing cabinets will remain locked when not in use.

Plan for a Loss or Breach

- A. If the athletic training department has a loss or breach of confidential information please read and follow the below procedures:
 1. If a loss or breach has been confirmed the individual that is involved will notify the athletic training departments' identity theft prevention representative.
 2. The athletic training department will identify the information missing or stolen and those individuals at risk for identity theft through the loss or breach of confidential information.
 3. All athletic training faculty and staff will notify any and all athletes who have confidential information that may have been lost or breached.
 - a. A hard copy letter will be sent to each athlete explaining the situation if confidential information is lost.
 - b. An email will be sent to each athlete explaining the situation if confidential information I lost.
 - c. A copy of the letter and email will be placed in the athletes' medical file.
 4. The athletic training faculty, staff and students will have annual training on security measures that the department has adopted.
 5. All athletic training faculty and staff will determine whether a police report is necessary.
 6. The athletic training departments' identity theft prevention representative, Jeff Beer, will perform an annual audit on the security of the department and how confidential information is stored and secured.

Suspicious Behavior

- A. If suspicious behavior or individual are noticed the athletic training department will escort any individual out of the Physical Education Recreation Center and to the security building on campus.
- B. If an athletic training vendor or maintenance personnel are visiting or working there will either be an athletic training faculty or staff escorting this individual or the athletic training faculty or staff will perform a security check on all offices and filing cabinets containing confidential information.

**Athletic Training Department
Annual Confidential Information Security Training**

DATE: _____

LOCATION: _____

NAME OF PARTICIPANTS

- 1. _____
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APPENDIX I: Code of Ethics

PREAMBLE

NATA Code of Ethics

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:

Members shall respect the rights, welfare and dignity of all.

- 1.1 Members shall not discriminate against any legally protected class.
- 1.2 Members shall be committed to providing competent care.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2:

Members shall comply with the laws and regulations governing the practice of athletic training.

- 2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
- 2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.
- 2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
- 2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:

Members shall maintain and promote high standards in their provision of services.

- 3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
- 3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
- 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
- 3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
- 3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:

Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

- 4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.
- 4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.