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**IPFW Sports Medicine**

**Policies and Procedures Manual**

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# Statement of Approval

The IPFW Sports Medicine Policies and Procedures Manual was developed by the staff Athletic Trainers while in collaboration with the team physicians. The primary team physicians have carefully reviewed and approved the manual in its entirety. Signed review and approval of the manual by each primary team physician shall be kept on file with the Head Athletic Trainer.

|  |  |  |  |
| --- | --- | --- | --- |
| Dr. Lisa Falotico, DOTeam Physician |  |  |  |
|  | Signature |  | Date |
| Dr. Eric Jenkinson, MDTeam Physician |  |  |  |
|  | Signature |  | Date |
| Dr. John Pritchard, MDTeam Orthopedic Surgeon |  |  |  |
|  | Signature |  | Date |

# Scope of Practice

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

The Athletic Trainers of the IPFW Sports Medicine Staff shall be certified by the National Athletic Trainer’s Association and licensed under the Indiana Athletic Trainers Board. With this license, all staff Athletic Trainers shall practice under the direction of an Indiana licensed team physician.

# Mission Statement

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

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

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

# Administrative Policies

Organizational Chart

## Pre-participation Physical Examinations

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

## Health Insurance

Individual, parental, or institutional medical insurance coverage for each non-scholarship student-athlete is required to offset expenses resulting from significant injury or illness. The department must be furnished with proof of insurance.

No one shall be permitted to participate in practice until this information is provided. Insurance coverage must be kept current at all times while an athlete is participating in an intercollegiate athletic department sport. The athletic training staff must be notified immediately if insurance coverage changes or lapses at any time. Due to the high cost of primary health care insurance to the university athletics program, the department can only carry secondary excess health coverage. Therefore, the insurance carrier will be billed first as the primary carrier.

IPFW cannot pay for illness or injury to any student athlete that is not caused by or is a result of participating in intercollegiate sports; therefore, these claims will not be covered by the department. In addition, the department will not be responsible for services not provided by or recommended by our own team physicians, staff Athletic Trainers, and/or the Head Athletic Trainer

## Preseason Preparation

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

## Acceptance of Risk

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

## Planning and Supervision

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

## Minimizing Liability

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

## Equitable Care

1. This institution shall neither practice nor condone illegal discrimination based on race, creed, national origin, sex, age, disability, social status, sexual orientation or religious affiliation.
2. Medical resource availability and accessibility shall be based on established medical criteria for necessity rather than the sport.
3. The institution shall not place the sports medicine staff in compromising situations requiring them to provide inequitable treatment.
4. Evaluative questions relating to the quality of medical care, with emphasis on equitable treatment, should be incorporated into student-athlete exit interviews.

## Equipment

1. Those responsible for the purchase of equipment shall be aware of and employ safety standards.
2. All sports should be attentive to maintaining proper fitting and repair of all equipment.
3. Student-athletes shall:
	1. Be informed what equipment is mandatory;
	2. Be informed what constitutes illegal equipment;
	3. Be provided mandatory equipment;
	4. Be instructed to wear mandatory equipment during participation;
	5. Be instructed on how to properly wear mandatory equipment during participation;
	6. Be instructed to notify appropriate coaching staff when equipment becomes unsafe or illegal.

## Facilities

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

## Blood-Borne Pathogens

The institution shall abide by the OSHA standards that have been adapted to its personnel and facilities.

## Emergency Care

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

# Athletic Training Room Policies

## Injury and Illness Policy

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

1. Be honest and direct with the Athletic Trainers caring for you.
2. Report all injuries and illnesses immediately.
3. During the hours the athletic training room is open, report injuries or illnesses in person to your staff Athletic Trainer.
4. At night or during hours when the athletic training room is not open, contact your staff Athletic Trainer.
5. Follow the treatment and rehabilitation plan prescribed. It is your responsibility to advise the Athletic Trainers if there is any problem or reason why you cannot follow the plan.
6. Report to the athletic training room daily for treatment until you are cleared by the sports medicine staff.
7. Report any change in your condition to a staff Athletic Trainer.
8. Understand your health problem and the treatment and rehabilitation program to your satisfaction. If you do not understand any part of the program, you need to ask.
9. If you are sent to the doctor, after your visit, you are to return all paperwork by the doctor to the Athletic Trainer who sent you to the doctor. If you do not return the documents, you will not be able to participate and you will be responsible for the expenses.
10. If the doctor gives you a prescription, it is your responsibility to fill your prescription. If the Athletic Trainer has not approved a prescription, you will be responsible for the expense.
11. If for any reason you receive a medical bill, return it immediately to the Athletic Trainer so that it can be addressed.

## Athletic Training Room Regulations

1. The training room is a co-educational facility. Athletes coming in for a treatment and or taping should wear shorts and a T-shirt. As a rule, athletes will not be treated in street clothes.
2. The training room is for the use of members of the IPFW athletic teams. As a rule, the training room is not for use by the general population. Emergency first-aid will be provided for people using the facility, but treatments will be limited to the athletic department personnel. Exceptions to this must be approved by the Head Athletic Trainer.
3. While the training room is open, athletes will be seen on a first come first serve basis. The following should be the only exceptions to this rule:
	1. Emergencies take precedence over all other activity. Acute, serious, or life-threatening problems will be cared for first
	2. Athletes preparing for a game will be treated before those who are preparing for practice.
	3. Athletes in season in their sport will be treated before those who are out of season.
	4. There may be circumstances which would justify modifying procedure for a particular instance.
4. All treatments must be approved by the Sports Medicine Staff.
5. Treatments to visiting athletes can only be given under the following conditions:
	1. The athlete is accompanied by a certified trainer.
	2. The athlete has written instructions from the head trainer, team physician, or registered physical therapist for treatment, and it is approved by the head trainer at IPFW.
	3. The treatment for the athlete is ordered by our team physician.
6. No spiked shoes or cleats of any kind (new or used) are allowed in the training room. This is for cleanliness and to protect the floor.
7. All shoes (new or used, clean or dirty) go on the floor. This is to protect the tables and for cleanliness.
8. The trainer’s office is for use by the athletic training staff and not a gathering place prior to practice. An athlete is allowed in the athletic trainer’s office when accompanied by a certified staff member.
9. Athletes are not allowed to use the telephone unless previously approved by an Athletic Trainer..
10. Absolutely no food or beverages allowed in the treatment area. OHSA has strict guidelines concerning this topic.
11. Do not bring uniforms, shoes, or other clothing into the training room
12. Absolutely no self-treatments; all taping, bandages, etc., will be applied by the Sports medicine Staff.
13. No loitering in the training room unless you are there for treatment or examination by the Sports Medicine Staff.
14. Do not use or remove equipment, supplies, or special pads without permission of the Athletic Trainers. All wraps, etc., will be checked out to the athlete and returned when the athlete is finished using them. Athletes will be charged for any item not returned.
15. Avoid horseplay, improper language, and unnecessary confusion.
16. After practice, remove tape, etc., and take a shower before treatment of injuries, minor wounds, cuts, and abrasions.
17. Absolutely no pagers or cell phones or electronic devices in the training room. Leave them in your car or secured locker.
18. Do not leave personal items such as clothing and book bags in the training room. Leave them in your car or secured locker.

# Medical Coverage

## Practices

Staff Athletic Trainers are to be present at all scheduled practices for the following sports:

1. Baseball
2. Men’s and Women’s Basketball
3. Men’s and Women’s Soccer
4. Softball
5. Men’s and Women’s Track & Field
6. Men’s and Women’s Volleyball

Certified Athletic Trainers are present or available on an “on call” basis for:

1. Men’s and Women’s Cross Country
2. Men’s and Women’s Golf
3. Men’s and Women’s Tennis

## Events

The IPFW Athletic Department requires that a staff Athletic Trainer and/or team physician be present at all home athletic events involving the follow IPFW teams:

1. Baseball
2. Men’s and Women’s Basketball
3. Men’s and Women’s Golf
4. Men’s and Women’s Cross Country
5. Men’s and Women’s Soccer
6. Softball
7. Men’s and Women’s Tennis
8. Men’s and Women’s Track & Field
9. Men’s and Women’s Volleyball

Team physicians are required to be in attendance at all home basketball contests.

## Team Travel

Any traveling athletic team, male or female, may be required to take an Athletic Trainer. Determining factors can be risk of injury, size of travel squad, length of trip, size of event, and at the discretion of the Head Athletic Trainer and/or the Athletic Director.

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

# Physicals and Medical Examinations

## Pre-participation Physical

This examination should include the following:

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

## Follow-Up Evaluation

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

## Exit Interview

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

## Further Evaluation

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

# Medical Hardship/Disqualification

## Pre-Existing Conditions

Failure to report pre-existing problems releases the IPFW Athletic Department from any liability, in the event of aggravation or worsening of the initial injury/illness.

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

## Medical Hardship Waiver

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

1. Contemporaneous diagnosis of injury/illness;
2. Acknowledgement that the injury/illness is incapacitating; and
3. Length of incapacitation
4. All pertinent medical records including ATC notes, PT notes and Physician notes

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

## Medically Disqualifying Injuries/Illnesses

Due to the nature of athletics and the risk of injury/illness, situations may arise when an athlete is not able to participate in a regular season or the remainder of their athletic career at IPFW. Medical disqualification shall be determined by that team physician, Head Athletic Trainer and the staff Athletic Trainer for the respective sport.

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

# Medical Evaluations, Immunizations, and Records

## Medical Evaluations

It is the student-athletes’ responsibility to report all injuries and illnesses to their staff Athletic Trainer. Student-athletes seeking medical treatment for an injury or illness are to report to their assigned athletic training room for initial assessments by an Athletic Trainer. If further evaluation is required, the student-athlete will be referred to the appropriate medical facility.

## Immunizations

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

## Medical Records

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

1. Record of all competitive and off-season illnesses, injuries, medications, allergies, pregnancies and operations;
2. Referrals for and feedback from consultation, treatment or rehabilitation;
3. Subsequent care and clearances;
4. Comprehensive entry-year and annual update health-status questionnaires;
5. Annual immunization checks. Student-athletes should be immunized for:
6. Hepatitis B
7. Measles, mumps, and rubella (MMR)
8. Diphtheria, tetanus (and boosters when appropriate)
9. Meningitis
10. Annual TB testing
11. Sickle cell trait status

## Release of Medical Information

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

## Confidentiality

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

# Diagnosis, Treatment, and Referrals

## Diagnosis

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

## Treatment

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

## Referrals

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

A student-athlete is not to be referred to an outside physician, psychologist, sport psychologist, sports enhancer, psychiatrist, chiropractor, physical therapist, dentist, oral surgeon, nutritionist/dietician, massage therapist or any other health care provider without prior approval of the staff Athletic Trainer, general practioner, orthopedist, or the Head Athletic Trainer.

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

## Consults with Outside Physicians

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

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

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

# Radiographic Imaging

## Radiographic Imagining

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

# Dental

## Dental Work

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

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

## Dental Care

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

# Corrective Eyewear

## Contacts and Sports Glasses

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

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

## Regular Prescription Glasses

The student-athlete is entirely responsible for the purchase of regular prescription glasses.

# Over-The-Counter Medications

## Storage

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

## Dispense

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

# Prescription Medications

## Approval for Prescription Medications

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

## Filling Medications

All prescription medications and other medications not available in the athletic training room may be filed at the locations below:

1. Walgreens
	1. 6210 Stellhorn Road 485-0755
	2. 5830 North Clinton 483-2191
2. Meijers
	1. Maysville Road 492-1310
3. CVS Pharmacy
	1. 6279 East State Blvd 492-0951
	2. 6220 St Joseph Center Road 485-7998
4. Walmart
	1. 5311 Coldwater Road 482-3740
	2. 10420 Maysville Road 492-5799

The pharmacy will bill the student-athletes’ primary insurance. If the student-athlete pays cash all receipts must be turned in for reimbursement.

## Prescription Medications in the Athletic Training Room

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

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

# Dietary Supplements and Banned Substances

## Dietary Supplements

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

## Banned Substances

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

# Alcohol and Drug Testing

## Alcohol and Drug Policy

The IPFW Athletic Department Alcohol and Drug Policies and Program establish the basis for which alcohol and drug testing is administered.

## Drug Testing Entities

There are three entities under which IPFW student-athletes can be drug tested: NCAA, Summit League, and IPFW.

## Alcohol and Drug Testing

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

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

A positive result shall mean a test result, which indicates, in the opinion of the outside agency performing such testing, the presence of one or more of the banned substances. Appropriate precautions will be taken to assure and maintain the accuracy and confidentiality of the test results including the maintenance of a documented chain of specimen custody to insure the proper identification and integrity of the sample throughout the collection and testing process.

Further information and details (i.e. policies, goals, sanctions, rehabilitation, self-referrals, etc.) can be found in the IPFW Athletic Department Alcohol and Drug Program and Policies.

# Athlete Transportation

## Individual Transportation

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

## Athletic Training Transportation

In the event a student-athlete does not have a personal vehicle (i.e. car) to get them to and from medical appointments, then a staff Athletic Trainer will coordinate the transportation of the student athlete. If a student-athlete has a lower body injury and is non-weight bearing, the staffs Athletic Trainer will help coordinate transportation for the student-athlete to get to and from class, academic obligations, and medical appointments on time. All staff athletic trainers are not allowed to transport athletes.

# Emergency Contact Information

## Emergency Telephone Numbers

Make calls in this order

Emergency Medical Services:

1. Call from your cell phone 911
2. Call from IPFW landline 9911
3. IPFW University Police 481-6827
4. IPFW Head Athletic Trainer 481-8176

## Emergency Situation Protocol

Highest ranking medical personnel take charge. Initial assessment is completed and duties are delegated by ranking official Athletic Trainer. Manager or coach meets the ambulance and sport oversight, manager, or coach works crowd control.

The person that calls for help should follow this order: Example:

1. First call 911 to activate Emergency Medical Services.
	1. Identify yourself - “I am an Athletic Trainer at IPFW.”
2. Identify the problem - “We have an emergency, please send an ambulance immediately.” Possible … (i.e) neck…
	1. Identify location & nearest arrival site
	2. Hang up last!!
	3. Report back to medical personnel
	4. Greet the Ambulance at arrival site
3. Contact Staff Athletic Trainer if not on site already
4. Staff Athletic Trainer will accompany athlete to the hospital
5. Notify ambulance of hospital preference (Parkview Regional Medical Center)
6. Bring athlete’s medical information, and insurance information
7. Contact Staff Athletic Trainer of athlete’s condition
8. Staff Athletic Trainer will contact athlete’s parents and coaching staff
9. Document all information on injury, management, and transportation
10. Return all IPFW equipment, spine board, etc…

## Hospitals and Providers

Parkview Regional Medical Center 266-1000

Lutheran Hospital 435-7001

IPFW Wellness Center 481-5748

Ortho Northeast 484-8551

Indiana Physical Therapy 432-4700

# Event Planning Checklist

|  |
| --- |
| **Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(list official name of-event) |
| **Dates and times:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(list date, days, and times for each day) |
| **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Additional venues:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(list all venues and events at each venue, coordinate all times and personnel) |
| **Number of participants:** \_\_\_\_\_\_\_\_\_\_ **Ages/Demographics:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **M/F/B** |
| **Budget:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Is there money available for dedicated ambulance, athletic training student meals if over a holiday period, supplies if It is not IPFW event, if a tournament how to pay for misc. Expenses, is there any sponsorship of event? Check to see if meals are provided for working personnel. Is there any money available for drug testing supplies if necessary?) |
| **Drug Testing:** Yes / No **Organization Testing:** IPFW / Summit League / NCAA **Number of athletes to be tested:** \_\_\_\_\_\_\_\_\_\_ Males \_\_\_\_\_\_\_\_\_\_ Females(Are fluids provided or must they be purchased... Check budget) |
| **Ambulance:** \_\_\_\_\_\_\_\_\_\_**Dedicated** \_\_\_\_\_\_\_\_\_\_**Non-dedicated Service**(Arrange by calling Lifecare-3 Rivers Ambulance 422-9172. Give location of venue, times ambulance is needed, and any special considerations- i.e. Any high risk events and give all accessing information for venue.) |
| **Physicians:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(names and telephone numbers of all physicians covering the event or are on call) |
| **Miscellaneous:** |
| **Emergency phone number list:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(List all emergency numbers, hospitals, physicians, and post them prominently) |
| **Golf carts/Gators:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Make sure ours are serviced) |
| **Walkie-talkies / Communication:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Coordinate with athletic facilities) |
|  |
| **Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Check with event manager, if any are necessary for medical staff) |
| **Uniform:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Make sure everyone wears the same, professional, and identifiable attire) |
| **Contact Visiting Teams:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(contact visiting teams with medical info by letter, fax, or in registration packet) |
| **Coolers:** \_\_\_\_\_\_\_\_\_\_ **10 gal** \_\_\_\_\_\_\_\_\_ **5 gal** \_\_\_\_\_\_\_\_\_\_**Ice Chests** |
| **Cups:** \_\_\_\_\_\_\_\_\_\_ **(2500/case)** \_\_\_\_\_\_\_\_\_**Water Bottles** \_\_\_\_\_\_\_\_\_\_**Towels** |
| **Check venue for hazards:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Examine venue several times before competition for hazards & potential liabilities) |
| **Logistics/ Special Considerations:** |
| **Weather:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Will rain suits or cold weather gear be needed or hot weather equipment ice buckets, ice bath, more coolers/ice etc...) |
| **Tent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Is there access to electricity, water) |
| **Ice Machine:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Where will ice be obtained/stored) |
| **Venue diagram/Course maps:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ambulance access:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Know where ambulance can access venue, check gate locks & who has keys) |
| **Communications:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Determine how to communicate between venues and within venue) |
| **Equipment/supplies:** |
| **Emergency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Each venue should have the following emergency supplies: spine board, stretcher, splints, crutches/cane, Otoscope, BP cuff/stethoscope, and biohazard equipment, AED) |
| **Staffing:** |
| **Certified/licensed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(develop feasible shift schedule and work rotation) |

# Severe Weather Policies

As a university located in Midwest, IPFW’s weather emergencies will be thunderstorms, lightening, and tornadoes. It is important to consider such emergencies and determine a plan of action in each of these weather situations. These emergencies will most likely affect outdoor sports, but conditions may be such that will affect indoor sports as well. The Athletic Training Room will track potential weather emergencies in the Training Room from Doppler radar and the National Weather Service reports. The Training Room will inform the on-site Athletic Trainer of changes in weather conditions via cell phone or 2 way radio.

## Severe Thunderstorm

If the National Weather Service for Allen County has announced a severe thunderstorm warning, the following procedures will be in effect.

1. Notification of both teams and officials.
2. If lightening is present, the lightening protocol will be followed.
3. If no lightning is present, determination of game continuance will be made by the game administrator, head coach, and staff athletic trainer. The athletic trainer having the final decision in the suspension of the game.
4. During suspension of play, all athletes and spectators will be directed to the Gates Center for shelter.

## Lightning

Lightning is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The Athletic Training staff has developed a lightning safety policy to minimize the risk of injury from a lightning strike to IPFW athletes, coaches, support staff, and fans. To monitor lightning, the Athletic Training Staff will utilize the local weather radar, hand held lightning detector and the Flash-Bang method. Our policy is in accordance to the NCAA recommendations regarding lightning safety.

A member of the Athletic Training Staff (certified or student staff) will monitor the weather and make a decision to suspend activity in the event of imminent lightning. The decision to suspend activity will be based on utilization of a lightning detector that detects lightning within 8 miles or the Flash-Bang method revealing lightning within 6 miles (a 30 second count between the flash of lightning and the bang of thunder).

### Prior to Competition

A member of the Athletic Training staff should greet the officials, explain that we will be monitoring the lightning, and offer to notify the officials during the game if there is imminent danger from the lightning. The staff athletic trainer will have the lightning detector on site for all outdoor competitions. During all games with potential weather concerns, the staff athletic will have the lightning detector turned on with a sensitivity range of 8 to 20 miles.

### Announcement of Suspension of Activity

Competition will be suspended if a lightning strike registers in the 8 to 20 mile range. Once it is determined that there is danger of a lightning strike, the Athletic Training staff member will notify the head coach and/or official and subsequently (via horn or whistle) summon athletes from the playing field or court.

### Evacuation of Playing Field

Immediately following the announcement of suspension of activity, all athletes, coaches, officials, and support personnel are to evacuate to an enclosed grounded structure or the Gates Center for shelter.

### Away Events

A member of the Athletic Training staff should discuss emergency procedures and emergency shelter with the home team Athletic Trainer and report this information to the coaches and team.

### Evacuation of the Stands

During a competition once the official signals to suspend activity, a member of the Sports Information staff will announce via the PA system:

1. Fans are advised to immediately seek shelter in an enclosed grounded shelter.
2. REMEMBER, an automobile, golf cart, or open-sided shelter may not protect you from a lightning strike. These are not adequate shelters.

### Resumption of the Activity

Activity may resume once a member of the Athletic training staff gives permission. This decision will be based on the fact that thirty minutes has passed since the LAST lightning strike within an 8-mile range using the lightning detector or a 6-miles range using the Flash-Bang method.

## The FLASH-BANG Method of Lightning Detection

To use this method, count the seconds from the time the lightning “flash” is sighted to when the clap of thunder “bang” is heard. Divide this number by 5 to obtain how far away (in miles) the lightning is occurring. For example, if 15 seconds are counted between seeing the “flash” and hearing the “bang”, 15 divided by 5 equals 3. Therefore, the lightning flash is approximately 3 miles away.

1. Every 5 seconds equals 1 mile.
2. If the time between seeing the “flash” and hearing the “bang” are between 15-30 seconds (3-6 miles), teams should take precautions and seek shelter.

 The National Severe Storms Laboratory recommends that by the time the spotter obtains a “flash-bang” count of fifteen seconds or less, all individuals should have left the athletic site and reached safe shelter.

## Other Lightning Safety Tips:

1. If you are unable to reach shelter immediately, seek a flat area (do not chose an open area where you will be the highest object in a ditch) crouch down wrapping your arms around your knees, lower your head and wait for the storm to pass.
2. Stay away from any object that could act as a lightning rod (i.e. single tall tree), open water, isolated sheds, bleachers, fences, or other metal objects.
3. Avoid standing in a group. There should be at least 15 feet between each person.
4. A golf cart or open shelter may not protect you from a lightning strike. If there is no other shelter, you may seek refuge in a hardtop vehicle. It is not the rubber tires that protect from lightning; it is the hard top metal roof that dissipates the lightning around the vehicle.
5. The existence of blue skies and/or absence of rain are not protection from lightning. Lightning can strike 10 miles from the rain shaft.
6. Avoid using a landline telephone.
7. Persons who have been struck by lightning do not carry an electrical charge. Therefore, you can provide care immediately. Application of an AED and CPR is what is most often required. Be sure to move the victim to a safe location.
8. If in a forest, seek shelter in a low area under a thick grove of small trees.

## Lightning Detection Procedures for Athletes during Non-Supervised Activities

Examples: athletes using facilities in the off-season, or outside of regular practice hours.

Lightning is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The safest measure to take is to proceed indoors whenever you see thunderclouds forming and remain until the storm passes. Just because you cannot see lightning does not mean you are not at risk if you are outdoors. Other warning signs of impending bad weather include: sudden decrease in temperature, sudden change in humidity, increase in air movement, and visible dark storm clouds (though these are not always present during a lightning strike). The Athletic Training staff has a lightning detection policy in place for practice and games; however, we are aware that athletes often use IPFW athletic facilities when there is no supervision by the coaches. In the event athletes are using the facilities without supervision, the Athletic Training staff would like to educate you and encourage you to use the FLASH-BANG method to monitor the proximity of the lightning. THE FLASH-BANG method is an approximation of the distance of the lightning. NO METHOD OF LIGHTNING DETECTION CAN DETECT EVERY STRIKE.

## Tornado

When a tornado warning is issued by the National Weather Service for Allen County, University Police will sound a series of short horn blasts. During a tornado warning all indoor and outdoor practice and competition will be suspended until the warning is lifted as per university policy. During this suspension, all spectators and players will be instructed to seek shelter in the Gates Center basement. Spectators and players will remain in until an all clear notice is delivered in person by University Police. In the event of inclement severe weather, the following steps should be taken:

1. Utilize your local weather alert means of Radio, Television, Telephone, and computer to monitor the approaching weather and its severity.
2. If the National Weather Service issues a severe weather or tornado warning for The City of Fort Wayne or Allen County, warn all members of the Coaching staff, Equipment staff, Video staff and Sports Medicine staff in the immediate area.

TORNADO WATCH – means weather conditions are favorable for the formation of a tornado

TORNADO WARNING – means a tornado has been sighted in your area.

1. Close all external doors and stay away from windows.
2. Move all individuals to a pre-planned emergency shelter in your immediate area
3. The best areas for shelter are: basement of Gates Sports Center, inside walls opposite of corridor from which storm is approaching, a restroom without windows, or any interior hallway on the lowest ground floor.
4. Remain in the shelter until an all clear is given.
5. Areas to avoid during these situations are:
6. Lobbies of buildings with glass windows, walkways, atriums, rooms with large roof spans (such as auditoriums, end rooms in a one-story building, rooms with large glass areas, and or hallways that could become a “wind tunnel”.
7. REMINDER: If you are in a car, do not attempt to drive out of the path of the tornado or the storm. Tornadoes are very unpredictable in their movement. Get out of the car and seek shelter in a sturdy building or structure. If no structure is available, lie flat in the nearest ditch, ravine, or low area, face down with hands protecting the back of your neck and head.

# Utility Failure, Biohazard and Chemical Spills

In the event of utility failure, the following steps should be taken:

## Electrical Power Loss

1. Contact the IPFW Physical Plant at 481-6832
2. After 5 p.m., contact the University Police at 481-6827
3. Find the nearest flashlight to aid in the evacuation if necessary.
4. Turn off ALL electrical equipment (some equipment could be damaged when power is restored).

## Water

1. Contact the IPFW Physical Plant at 481-6832
2. After 5 p.m., contact the University Police at 481-6827
3. Turn off all water faucets and water fountains.
4. Do not use the toilets in your facility until water is restored.

## Heating, Ventilation and Air Conditioning

1. Contact the IPFW Physical Plant at 481-6832
2. After 5 p.m., contact the University Police at 481-6827

## Elevator Malfunction

1. Use the emergency phone in the elevator to call the University Police
2. Locate and use the emergency alarm button on the control panel
3. Cancel the alarm when help arrives and follow instructions from outside
4. Unless told otherwise by a police officer or firefighter, do not attempt to leave the elevator by the emergency hatch

If you hear someone trapped in an elevator or hear the elevator alarm:

1. Reassure the passengers. Tell them help is coming, they should cancel the alarm and remain calm
2. Tell the passengers not to try to leave the elevator by the emergency hatch
3. Notify the University Police at 481-6911 or 481-6827

## Telephone

For normal disruption of telephone services, contact the IPFW Telephone Operations at 481-6407

## Chemical Spills

In the IPFW Educational Facilities, it is the responsibility of the faculty/instructors to know characteristics of the chemicals they work with and to take precautions to protect themselves and students in containing chemical spills that occur.

In the IPFW Athletic Training Facilities, it is the responsibility of the staff Athletic Trainer to know the characteristics of the chemicals they work with and to take precautions to protect themselves and students in containing spills that occur.

In the event of a chemical spill, the following steps should be taken:

1. First Aid is your first priority! Any spill that results in personnel exposure should be treated IMMEDIATELY.
2. Eye/Skin contact – Flush the eyes or affected skin areas with water. If the chemical is solid, brush the chemical off gently first.
3. Inhalation – Get individual to fresh air as soon as possible and perform rescue breathing and CPR, if necessary.
4. Contact the IPFW University Police 481-6782
5. When necessary, evacuate all individuals from the immediate area.
6. Identify the chemical spill, the quantity, and location of the spill.
7. Report the information to the IPFW Radiological and Environmental Management Office 481-4193.

# Emergency Management Plan

## Emergency Conditions to Be Referred To the Nearest Trauma Center or Physician

Medical emergencies that require the notification of the activation of EMS and the team physicians:

1. Respiratory arrest or any irregularity in breathing.
2. Severe chest or abdominal pains that may indicate heart attack, cardiac arrest, or internal hemorrhage.
3. Excessive bleeding from a major artery or loss of a significant amount of blood.
4. Suspected spinal injury resulting in back pain, paralysis, or inability to move any body part.
5. Open or multiple fractures and fractures involving the femur, pelvis, and several ribs.
6. Joint fracture or dislocation with no distal pulse.
7. Severe signs of shock or possible internal hemorrhage.

Injuries that require immediate referral to a physician:

1. Eye injuries.
2. Dental injuries where a tooth has been knocked out or knocked loose.
3. Minor or simple fractures.
4. Lacerations that may require suturing.
5. Injuries where a functional deficit is noticeable.
6. Loss of normal sensation, diminished or absent reflexes that may indicate a nerve root injury.
7. Noticeable muscular weakness in the extremities that may indicate peripheral nerve damage.
8. Any injury, if you may have doubts about its severity or nature.

## Life Threatening Situation

The following delineation of authority will determine who will be “in charge” of a life threatening situation:

1. Physician (if available)
2. Staff Athletic Trainer (if available)
3. EMS Ambulance (if available) - Staff Athletic Trainer will work with EMT’s if both are present
4. Coach (should be CPR certified)

Notify the Athletic Training Room after ambulance has been activated

This person will conduct the primary injury survey and determine whether Emergency Services (911) should be activated. Another person, if available will call 911 to call Emergency Services. The caller will be a person who is pre-assigned to this task. If Emergency Services are activated, the Athletic Trainer will maintain the situation and provide necessary first aid measures until the ambulance arrives. The caller or another pre-assigned individual will also make sure the assigned ambulance access route is clear, all gates and/or doors are unlocked, and will guide the ambulance to the site of the incident. The person in charge will then conduct a secondary injury survey. Another person who is pre-assigned will locate and secure the victim’s medical records, insurance information and emergency telephone numbers, and parental consent forms. All victims who are minors must have signed parental consent forms.

The following person must be notified in case of life-threatening injury:

1. Head Athletic Trainer (if not present)
2. Team Physicians (if not present)
3. Athletic Director or Administrator in charge- notified by Head Athletic Trainer
4. University administration - notified by Athletic Director
5. Victim’s parents (preferably by someone they know, i.e. victim’s coach or preferably the Athletic Director)

The person in charge will accompany the victim to the hospital, unless the victim’s condition is stable, then a pre-assigned person may accompany them. If on the road, an administrator or assistant coach should accompany the victim if only one Athletic Trainer is available to cover the team, unless several Athletic Trainers are available. The person accompanying the victim should take all pertinent paperwork with them.

# Primary Survey

The primary survey is conducted to evaluate immediate life threatening conditions such as absence of breathing, or a compromise in circulation. Without immediate and proper care the situation can turn catastrophic very quickly. All IPFW Athletic personnel are responsible to be trained and maintain training in CPR and AED usage.

## Suspect a spinal injury unless ruled out

* Immobilize head
* Establish unresponsiveness
* Open the airway Establish breathing (look, listen and feel)

## If talking and responding

* Initiate secondary survey
* Treat for shock
* Activate ambulance if necessary
* Monitor vital signs

## If breathing but unconscious

* Maintain airway
* Initiate secondary survey
* Treat for shock
* Activate ambulance

## If not breathing

* Activate ambulance Give two breaths
* Look, listen and feel
* Check circulation (carotid artery)

### If not breathing but pulse is present

* Initiate/Maintain rescue Breathing
* Monitor pulse until ambulance arrives
* Treat for shock

### If not breathing and pulse is not present

* Locate proper hand position Initiate CPR - 30 compressions: 2 ventilations
* Continue CPR until noticeable signs of life
* Use AED once it arrives
* Continue emergency care until seen becomes unsafe or ambulance arrives

# Secondary Survey

The secondary survey is performed after the primary survey to determine the extent of the injury. It is a detailed hands-on, head-to-toe assessment to detect conditions, which may not in and of themselves pose an immediate threat to life, unless left unrecognized and untreated.

The person in charge of the emergency situation performs the secondary survey. The secondary survey should include: Student-Athlete vital signs, thorough history, observation and inspection, palpation, and any special tests which could help to determine the nature and extent of the victim’s injuries. Always suspect a spinal injury. Do not move individual until a spinal injury is ruled out.

## Vital signs

Include pulse, respiration, blood pressure, skin temperature and color, pupillary response to light and eye movement. They may be taken as part of the observation and inspection, but they must be repeated every two to five minutes to update the victim’s status.

## History

The history of the injury can be taken by asking the conscious victim or by asking a witness if the victim is unconscious.

If conscious, ask: What happened? Did you hear any sounds or unusual sensations when the injury occurred? Where is the pain? Can you point to the area? How would you rate the pain on a scale of 1 to 10? Are you taking any medications? Are you allergic to anything? Any multitude of questions may be asked to determine the nature and severity of the injury.

If unconscious, first try to call their name and gently tap the sternum to elicit a response. If there is no response and the primary survey (A,B,C’s) are adequate, then ask a bystander: What happened? Did you see them get hit or did they just collapse? How long have they been unconscious? If it was gradual, did anyone talk to the individual? What did the person say? Was it coherent? Did they

moan, groan, or mumble? Has this ever happened to them before?

**Observation and Inspection**

 As you approach the victim, observe the body position forany noticeable deformities that may indicate a fracture or dislocation. Are they breathing normally or is it labored? Are they responsive to commands or arethey lethargic? Are the pupils normal or dilated? Is there any discoloration in the facial area or behind the ears? Is there a clear fluid or bloody discharge from the nose or ears? The pulse may be taken and recorded.

Palpation: Continue to stabilize the head and neck until a spinal injury is ruled out. Palpate the scalp and facial area for lacerations, deformities, or depressions.

Look for discoloration over the mastoid process behind the ear or around the eyes or the presence of blood or cerebrospinal fluid from the ears or nose. Check the eyes for any injury, presence of contact lenses, pupil size, equality, and pupillary response to light. Check the mouth for a mouthpiece, dentures, broken teeth, or blood that may be causing an airway obstruction. Check breath odor, such as fruity

smell (diabetic coma) or alcohol.

Palpate the cervical spine for any point tenderness or obvious deformity. Inspect and palpate the chest for possible wounds, discoloration, deformities, and chest expansion upon breathing. Use sternal or lateral rib compression to determine the possibility of fracture.

Inspect and palpate the abdomen for tenderness, rigidity, distention, spasms, or pulsations. Inspect and palpate the upper extremities for deformity, point tenderness, swelling, muscle spasm, and discoloration. Is there bilateral grip strength? Take a radial pulse and check skin temperature. Can they move fingers?

Inspect and palpate the pelvis and lower extremities for deformity, point tenderness, swelling, muscle spasms, and discoloration. Take the distal pulse at both the medial ankle and dorsum of the foot. Can they wiggle

their toes? Feel for skin temperature.

**Special tests**

 Any special tests can be performed during palpation. These include any muscle tests, such as finger or toe movement, sensation tests such as pinprick, checking for neurological deficit.

Recheck vital signs every two to five minutes until the ambulance arrives.

**Remember: Do not harm the individual. If in doubt, assume the worst and treat accordingly**.

**Blood Borne Pathogens Exposure Control Plan**

**I. Introduction**. This plan is designed to eliminate or minimize exposure to blood borne pathogens, as well as define reporting and follow-up procedures in case of an exposure incident. This plan refers to OSHA’s (Occupational Safety and Health Administration) blood borne pathogens standard.

**II. Definitions**.

a. Blood borne pathogens: Refers to infectious materials in blood that can cause disease in humans. This includes hepatitis B (HBV) and C and human immunodeficiency virus (HIV).

b. Exposure: Any specific eye, mouth, other mucous membrane, non-intact skin, or

contact with blood or other potential infectious material.

**III. Prevention of Exposure Incident**. Referenced in the 2009-10 NCAA Sports Medicine

Handbook, Blood-Borne Pathogens and Intercollegiate Athletics, page 68.

The following recommendations are designed to further minimize risk of blood-borne pathogens and other potentially infectious organisms’ transmission in the context of athletic events and to provide treatment guidelines for caregivers. These guidelines are currently being referred to as “Standard Precautions”. Standard precautions apply to blood, body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood. These guidelines have modifications relevant to athletics. The following are the primary prevention methods for blood-borne pathogen transmission:

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid and standard precautions.

2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes.

3. Pre-event preparation includes proper care for wounds, abrasions or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. Care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant. Student-athletes should be advised to wear more protective equipment on high-risk areas (i.e. elbows and hands).

4. All necessary equipment and/or supplies important for compliance with standard precautions shall be available to caregivers.

5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student- athlete may continue participation in practice or competition. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change their uniform before return to participation.

6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student-athletes, coaches, and medical personnel.

7. Personnel managing an acute blood exposure must follow the guidelines for standard precaution.

8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobial wipes to remove gross contaminants, and the athlete instructed to wash with soap and water as soon as possible.

9. Any needles, syringes or scalpels should be carefully disposed of in an appropriately labeled “sharps” container. Medical equipment, bandages, dressings and other waste should be disposed of in the appropriate biohazard containers.

10. Individuals responsible for the cleaning and disinfection of blood spills or other potentially infectious materials should be properly trained on the OSHA procedures and the use of

standard precautions, which are outlined in the NCAA Sports Medicine Handbook.

OSHA protocol and standards shall be reviewed with athletic training students on an annual basis. Please refer to the 2009-10 NCAA Sports Medicine Handbook for more details.

**IV. Reporting an Exposure Incident**.

**Athletic Department Employees of the University**.

In the event of an exposure incident, such employees are to inform the Senior Associate Director of Sports

Medicine.

**The following are the general guidelines to be followed**:

1. The employee will schedule an appointment at the Student Wellness Center for evaluation and testing. Treatment will be based on recommendations of medical personnel.

2. Written documentation of the incident as soon as possible following the exposure.

3. Employees shall use an exposure incident report, properly filled out and returned to their Head Athletic Trainer.

4. If the employee seeks workers’ compensation, he/she shall follow the standard university guidelines.

**VIII. Disposal of Contaminated Material**. Material that has been contaminated should be disposed of properly in marked biohazard containers immediately after use. Sharps materials (i.e. needles, scalpels, etc.) should be disposed of in the container specifically designed for such purpose.

**IX. Removal/Disposal of Contaminated Waste Material**. A staff Athletic Trainer at each athletic training facility will supervise the marked biohazard and sharps containers. When the containers have reached the designated full line, the biohazard bag will need to be closed and the sharps container sealed. Contact the Environmental Health and Safety Department for waste pick-up, and complete a Hazardous Waste Disposal Request form.

**X. HBV Vaccinations**. All IPFW employees are strongly recommended and encouraged to receive the HBV vaccination due to the exposure risk to blood-borne pathogens. The IPFW Athletic Department is not responsible for the cost of the vaccine. The vaccine may be administered by the Student Wellness Center for students or from an independent primary care physician.

XI. Contact Numbers.

Head Athletic Trainer 481-6742

Student Wellness Center

OSHA 1-800-321-OSHA(6742)

Environmental Health and Safety Department

**XII. Exposure Incident Report. (SEE ENCLOSURE) XIII**.

**Exposure Incident Report**

This form should be filled out in its entirety immediately after the exposure incident. The procedures shall be followed as outlined by the OSHA Exposure Control Plan in the Sports Medicine Policies and Procedures Handbook.

Name:

Date of Exposure:

Time of Exposure:

Describe, in detail, how the incident occurred and the action taken:

List the authority the incident was reported to:

List any witnesses to the incident:

Describe medical attention received and follow-up instructions:

Describe how might the injury have been prevented or avoided:

Exposed Individual Date Authority Date

 **Cold Stress and Cold Exposure**

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

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

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

**Heat Illnesses**

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

1. Identify athletes predisposed to heat illnesses during pre-participation physicals (past history of heat illness, family history of heart disease, obesity, poor physical condition, prescription drugs or supplement used).

2. Acclimatization should occur with a gradual increase of practice length and intensity over a 10-14 day period.

3. Student-athletes should be encouraged to drink as much and as frequently as comfort allows. Student-athletes should properly rehydrate between participation in hot and/or humid conditions according to rehydration policy listed in this manual.

4. Encourage student athletes to sleep at least 6 to 8 hours at night in a cool environment and to eat well-balanced diet that follows the Food Guide Pyramid and United States Dietary Guidelines.

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

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

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

**Rehydration**

**I. Weight Loss-Dehydration**. Student-athletes who are exposed to prolonged practices

and competition in an excessively hot and humid environment may be deprived of essential fluids, carbohydrates, and electrolytes that can ultimately lead to dehydration and potential heat illness. It has been demonstrated that dehydration of just 1-2% of body weight can alter physiological function and negatively influence an athlete’s performance.

Pathological responses of dehydration include life threatening heat illness, rhabdomyolysis, kidney failure and cardiac arrest.

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

**III. Guidelines for Weight Loss during Participation**. It is recommended that all

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

a. A 2% body weight difference should be noted by the sports medicine staff and that athlete should be closely monitored for any signs or symptoms of dehydration.

b. It is recommended that an athlete with 3% or greater weight loss not be allowed to participate until proper fluid replacement has taken place.

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

**Body Composition**

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

**II. Methods of Assessment**. At IPFW, the most common method used to assess body composition in student-athletes is skinfold measurement. Other means of body composition assessment are available as needed.

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

a. Weight should not be used as a marker of body composition – increase muscle mass may increase weight but should be viewed as a positive change.

b. Do not compare body composition values with other athletes – differences in

height, age, and gender are likely to result in differences in body composition.

c. Do not seek an arbitrarily low level of body fat – arbitrarily low body fat can increase the frequency of illness, increase risk of injury, reduce performance, and increase risk of an eating disorder.

d. Frequency of Body Composition Assessment – measurement frequency should be determined on an individual basis by the team physician, staff Athletic Trainer, and strength and condition staff.

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

**Nutrition**

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

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

**Eating Disorders**

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

**II. Procedure**. Once the student-athlete is identified by a coach, Athletic Trainer, fellow student-athlete, another student, or he/she as demonstrating signs/symptoms related to an eating disorder, the response procedures are as follows:

a. The Head Athletic Trainer and staff Athletic Trainer should be notified of the potential eating disorder.

b. The staff Athletic Trainer should then approach the student-athlete with the information that was brought to the attention of the athletic training staff.

c. The staff Athletic Trainer should then send the student-athlete to the team physician, or another medical specialist appointed by the team physician.

d. The team physician may then refer student athlete to a dietician and/or medical health

professional for further evaluation and counseling.

e. The staff Athletic Trainer will be responsible to ensure that the initial appointment is set and attended.

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

 **Gender Specific Issues**

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

a. Referral to a team physician for full evaluation. The team physician may order additional testing as deemed necessary (i.e. endocrine work-up, bone mineral density test, etc.).

b. Nutrition counseling by qualified personnel. The emphasis should be placed on:

Total caloric intake versus energy expenditure

Calcium intake of 1,200 to 1,500 milligrams a day

c. Routine monitoring of the diet, menstrual function, weight-training schedule and exercise habits.

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

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

**Skin Infections**

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

a. Student-athletes and athletics staff, including student managers, should be educated

in proper hygiene practices.

b. The sports medicine staff shall clean and disinfect all hard surfaces with the proper surface sanitizer/disinfectant purchased by the sports medicine department.

c. All staff Athletic Trainers and student-athletes should handle all blood and bodily fluids in accordance with OSHA standards.

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

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

a. Keep hands clean by washing with soap and warm water or using an alcohol-based sanitizer routinely

b. Encourage good hygiene:

Immediately shower after activity

Ensure availability of adequate soap and water

Utilize pump or automatic soap dispensers

c. Avoid whirlpools and common tubs

Individuals with active infections, open wounds, scrapes or scratches could infect others or become infected in this environment

d. Avoid sharing towels, razors, and daily athletic gear

e. Avoid contact with other people’s wounds or material contaminated from wounds

f. Maintain clean facilities and equipment

Disinfect equipment on a routine basis

Wash athletic gear and towels after each use

Establish routine cleaning schedules for shared equipment

g. Care and cover skin lesions appropriately before participation

Report to the staff Athletic Trainer for wound evaluation and care. Keep covered with proper dressing until healed (meaning the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact through sport activity). If wounds can be properly covered, good hygiene measures should be stressed to the student-athlete such as performing hand hygiene before and after changing bandages and throwing used bandages in the trash. If wounds cannot be properly covered, the staff Athletic Trainer may need to consider excluding players with potentially infectious skin lesions from activity until lesions are healed or can be covered adequately.

**Mental Health Issues**

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

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

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

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

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

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

**Concussion or Mild Traumatic Brain Injury (mTBI) Management**

**Concussion Management Policy**

Established Summer 2010

A concussion is an injury to the brain caused by a direct or indirect force transmitted to the head, such as a blow to the head, collision, fall or blow to the body. A concussion causes immediate and usually temporary impairment of brain function. However, in some instances, symptoms of head injury may not appear for several hours after trauma. The alteration of brain function can present as any number of signs and/or symptoms, such as headache, unsteadiness, confusion or abnormal behavior. A person does NOT have to lose consciousness to have a concussion.

Indiana University – Purdue University Fort Wayne is committed to the prevention, identification, evaluation and management of concussions. With the cooperation of the IPFW Sports Medicine Staff and their designees, the following physician-directed concussion management plan outlines the roles of athletics healthcare staff (e.g., physician, certified athletic trainer, physician assistant, neuropsychologist).

* At the beginning of each season **ALL** student-athletes are required to sign a statement in which student-athletes accept the responsibility for reporting their injuries and illnesses to the IPFW Sports Medicine Staff, including signs and symptoms of concussions (**Agreement to Disclose Injuries or Illnesses**).
* During the review and signing process, student-athletes will be presented with educational material on concussions (**Concussions and the Student-Athlete**).
* **ALL** IPFW coaches will have acknowledged they understand the concussion management plan, their role within the plan and that they received education about concussions.
* Completed with their annual physical/screening, the IPFW Sports Medicine Staff will record a baseline assessment for each student-athlete prior to the first practice in any sport and cheerleading (**Sport Concussion Assessment Tool - SCAT2**).
* At a minimum, a student-athlete will have a baseline assessment done every 2 years.
* The baseline assessment (SCAT 2) will consist in combination of the following areas:
	+ Symptom and Physical Evaluation (Glascow)
	+ Standardized Cognitive Assessment (SAC)
	+ Balance assessments (Balance Error Scoring System - BESS).
* Any student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion **WILL BE REMOVED** from practice or competition and evaluatedby a IPFW Sports Medicine Staff member with experience in the evaluation and management of concussion.
* Student-athletes diagnosed with a concussion **WILL NOT RETURN** to activity for the remainder of that day.
* The same baseline assessment tools will be utilized post-injury at appropriate time intervals.
* The student-athlete will receive serial monitoring for deterioration. Student-athletes will be provided with written instructions upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions (**Concussion Management for the Student-Athlete**).
* It is imperative that no student-athlete resumes any physical activity until completely symptom free for several days. The student-athlete should be cleared by a licensed medical provider for a gradual return to sport and their progress monitored for change by a licensed athletic trainer (**Return-to-Play for Student-Athlete**).
	+ Physical and mental rest until symptom free
	+ Work slowly into independent, light aerobic exercise
	+ Begin non-contact sport specific training
	+ Work up to game-speed, non-contact drills
	+ Begin full-contact training/practice
	+ Return to competition (game play)
* Medical clearance shall be determined by the team physician or their designee according to the concussion management plan. Final authority for Return-to-Playshall reside with the team physician or the physician’s designee.
* The IPFW Sports Medicine Staff will document the incident, evaluation, continued management, and clearance of the student-athlete with a concussion).
* The IPFW Sports Medicine Staff and their designees have the unchallengeable authority to determine management and return-to-play of any ill or injured student-athlete, as he or she deems appropriate.

**Special Populations**

**Student-Athlete with Impairment**

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

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

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

Indiana University-Purdue University Fort Wayne

DEPARTMENT OF ATHLETICS

IMPAIRED STUDENT-ATHLETE INFORMED CONSENT

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

Primary Physician Notes/guidelines:

IPFW Team Physician Notes/guidelines:

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

(IPFW team physician print) (IPFW team physician signature) (date)

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

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

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

 **Pregnant Student-Athlete**

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

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

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

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

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

The safety to participate in each sport must be dictated by the movements and physical demands required to compete in that sport. Many medical experts recommend that women avoid participating in competitive contact sports after the 14th week of pregnancy. Athletics activities associated with a high risk of falling should be avoided during pregnancy. Women who have medical conditions that places their pregnancies at high risk for complications should avoid physical activity until consultation with their obstetrician. The student-athlete should be aware of the warning signs to terminate exercise while pregnant: vaginal bleeding, shortness of breath prior to exercise, dizziness, headache, chest pain, calf pain or swelling, pre-term labor, decreased fetal movement, amniotic fluid leakage and muscle weakness. The student-athlete should be informed that NCAA rules permit a one-year extension of the five-year period of eligibility for a female student-athlete for

reasons of pregnancy.

Indiana University-Purdue University Fort Wayne DEPARTMENT OF ATHLETICS

PREGNANT ATHLETE INFORMED CONSENT

I, , acknowledge that I have sought medical attention and advisement for my pregnancy and school/sport related issues, according to the Indiana University-Purdue University Fort Wayne Athletic Department Pregnancy Policy. I understand that according to the NCAA, I am entitled to continue my athletic and academic careers, and may apply, if I wish for an additional year of athletic eligibility. I recognize that any treatment or limitation listed below is for the protection of myself and my unborn child, and I will

adhere to the specific guidelines set forth by my physicians.

OB/GYN Notes/guidelines:

IPFW Team Physician Notes/guidelines:

(OB/GYN name print) (OB/GYN signature) (date)

(IPFW team physician print) (IPFW team physician signature) (date)

(student-athlete print) (student-athlete signature) (date)

(IPFW athletic administration print) (IPFW athletic administration signature) (date)

**Sickle Cell Trait**

**Sickle Cell Trait Testing and Acknowledgment Policy**

Established May 2010

A policy that addresses the medical condition known as Sickle Cell Anemia for a prospective student-athlete and an enrolled student-athlete has been formulated to ensure the Sports Medicine Staff of Indiana University – Purdue University Fort Wayne is provided with all medical information pertinent to this condition. This policy follows the guidelines as stated by the NCAA in Bylaws which include the following during their medical examination; **The examination or evaluation shall include a sickle cell solubility test (SST), unless documented results of a prior test are provided to the institution or the prospective student-athlete declines the test and signs a written release**.

In addition, Indiana University – Purdue University Fort Wayne has set forth the policy that all incoming freshman, transfers and tryout student-athletes are required to obtain this test prior to their arrival at the university at their own expense no sooner than six months prior to beginning any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.

Furthermore, the policy aims at protecting both the student-athlete as a whole (medically) and the institution from assuming liabilities as it relates to the student-athlete and their knowledge of their Sickle Cell trait status.

* Effective August 1, 2010 in accordance with the NCAA mandate, all Division I student-athletes must have knowledge of their sickle cell trait status before they participate in any intercollegiate athletics event, including strength and conditioning sessions, practices , competitions, etc.
* **ALL** incoming freshman, transfers and tryout student-athletes are required to obtain this test prior to their arrival at the university at their own expense.
* Testing (SST) will be conducted at a designated laboratory facility and results will be reported to the Indiana University – Purdue University Fort Wayne Sports Medicine personnel and Team Physician.
* Testing must be obtained within six months prior to participation in the activities listed above.
* Documentation must be on file within the IPFW Sports Medicine Department **BEFORE** a student-athlete is permitted to participate in any intercollegiate athletics activity, including any strength and conditioning workouts, practices, competitions, etc.

**Student-Athletes with Type I Diabetes**

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

**II. Pre-participation Physical Exam**. If a student-athlete exhibits symptoms of diabetes or a diabetic-related condition, the student-athlete should be evaluated by a team physician immediately. The student-athlete shall follow all instructions mandated by the team physician and staff Athletic Trainer. Student-athletes previously diagnosed with Type I diabetes shall be initially evaluated by Indiana University-Purdue University Fort Wayne team physicians at their initial pre-participation physical exam, and thereafter on at least an annual basis. The team physician shall perform additional testing as deemed necessary. Exercise limitations or restrictions for student-athletes with diabetes-related complications shall be determined by the team physician.

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

a. Blood glucose monitoring guidelines.

b. Insulin therapy guidelines.

c. List of any other medications; including those used to assist with glycemic control and/or to treat other diabetes related conditions

d. Guidelines for recognition of hyperglycemia and hypoglycemia.

e. Emergency contact information.

f. Request having a medical alert tag on them at all times.

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

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

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

**Student-Athletes with Asthma**

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

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

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

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

# Equipment

## Protective Equipment

**I. Responsibilities**. Indiana University-Purdue University Fort Wayne Athletic Trainers and Managerial personnel should be familiar with:

a. What equipment is mandatory

b. What equipment is legal

c. How to wear mandatory equipment during competition and practice

d. When to notify coaching or managerial personnel that equipment has become illegal.

e. The NOCSAE mark on protective equipment and keeping up on proper fit of all protective equipment.

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

**SPORT MANDATORY PROTECTIVE EQUIPMENT\* RULES GOVERNING SPECIAL PROTECTIVE EQUIPMENT**

**Baseball**

1. A double ear-flap protective helmet while batting, on deck and running bases. Helmets must carry the NOCSAE mark.

2. All catchers must have a built-in or attachable throat guard on their masks.

3. All catchers are required to wear a protective helmet when fielding their position.

**Basketball**

Elbow, hand, finger, wrist or forearm guards, casts or braces made of fiberglass, plaster, metal or any other non-pliable substance shall be prohibited. Pliable (flexible or easily bent) material covered on all exterior sides and edges with no less than 0.5-inch thickness of a slow rebounding foam shall be used to immobilize and/or protect an injury. The prohibition of the use of hard substance does not apply to the upper arm, shoulder, thigh or lower leg if the material is padded so as not to create a hazard for other players.

Equipment that could cut or cause an injury to another player is prohibited, without respect to whether the equipment is hard. **Equipment that, in the referee’sjudgment, is dangerous to other players may not be worn**.

Illegal equipment includes the following:

1. Equipment worn by a player, including artificial limbs that could endanger other players.

2. Hard, abrasive or unyielding substances on the hand, wrist, forearm or elbow of any player, unless covered on all exterior sides and edges with closed-cell, slow recovery foam padding no less than ½-inch thick, or an alternate material of the same minimum thickness and similar physical properties. Hard or unyielding substances are permitted, if covered, only to protect an injury. Hand and arm protectors (covered casts or splints) are permitted only to protect a fracture or dislocation.

3. Thigh guards of any hard substances, unless all surfaces are covered with material such as closed cell vinyl foam that is at least ¼-inch thick on the outside surface and at least 3/8-inch thick on the inside surface and the overlaps of the edges; shin guards not covered on both sides and all edges with closed-cell, slow recovery foam padding at least ½-inch thick, or an alternate material of the same minimum thickness having similar physical properties; and therapeutic or preventive knee braces, unless worn under the pants and entirely covered from direct external exposure.

4. Projection of metal or other hard substance from a player’s person orclothing.

5. Head Gear

**Soccer**

Soccer Players shall wear shin guards under the stockings in the manner intended, without exception. The shin guards shall be professionally manufactured, age and size appropriate and not altered to decrease protection. The shin guards must meet NOCSAE standards.

1. A player shall not wear anything thatis dangerous to another player.

2. Knee braces are permissible provided no metal is exposed.

3. Casts are permitted if covered and not considered dangerous.

4. A player shall not wear any jewelry of any type whatsoever. Exception: Medical alert bracelets or neck laces may be worn but must be taped to the body.

**Softball**

1. Catchers must wear foot-to-knee shin guards; NOCSAE approved protective helmet with face mask and

built-in or attachable throat guard; and chest protector.

2. A NOCSAE approved double-ear flap protective helmet must be worn by players with batting, running bases or warming-up in the on-deck circle.

Casts, braces, splints and prosthesesmust be well-padded to protect both the player and opponent and must be neutral in color. If worn by pitcher, cannot be distracting on non-pitching arm. If worn on pitching arm, may not cause safety risk or unfair competitive advantage

**Track & Field**

1. No taping of any part of the hand, thumb or fingers will be permitted in the discus and javelin throws, and the shot put, except to cover or protect an open wound. In the hammer throw, taping of individual fingers are permissible. Any taping must be shown to the head event judge before the event starts.

2. In the pole vault, the use of a forearm cover to prevent injuries is permissible.

**Volleyball**

1. It is forbidden to wear any object that may cause an injury or give an artificial advantage to the player, including but not limited to headgear, jewelry and unsafe casts or braces. Religious medallions or medical identifications must be removed from chains and taped or sewn under the uniform.

2. All jewelry must be removed. Earrings must be removed. Taping of any jewelry is not permitted.

3. Hard splints or other potentially dangerous protective devices worn on the arms or hands are prohibited, unless padded on all sides with at least ½-inch thick of slow rebounding foam.

**Eye Safety**

**I.Appropriate for eye protection in sport.**

a. Safety sports eyewear that conforms to the requirements of the American Society for Testing and Materials (ATSM) Standard F803 for selected sports (racket sports, basketball, women’s lacrosse, and field hockey).

b. Other protectors with NOCSAE standards are available for sports that require helmet usage.

**II. Eye protection not recommended in sports**.

a. Street wear, fashion spectacles during athletic participation. If eyewear is necessary

the eyewear must be approved by a Indiana University-Purdue University Fort Wayne physician and sport officials.

**Mouth Guards**

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

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

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

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

**IV. Fitting**. IPFW sports medicine personnel should monitor the proper fitting of mouth guards.

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

**Removal of Helmet**

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

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

a. The helmet does not hold the head securely, such that immobilization of the helmet does not immobilize the head;

b. The design of the sport helmet is such that even after removal of the facemask, the airway cannot be controlled or ventilation provided;

c. After a reasonable period of time, the facemask cannot be removed; or

d. The helmet prevents immobilization for transportation in an appropriate position.

**III. Qualified Personnel**. Removal should only be performed by Indiana University-Purdue University Fort Wayne Sports Medicine personnel specifically trained in the procedure.

# Equipment Cleaning

## Team Equipment

Each team will be responsible for properly disinfecting all uniforms, protective and personal equipment. It is recommended that coolers, towels and other equipment be cleaned on a regular basis.

## Athletic Training Related Equipment

Any equipment issued from the Athletic Training Room will be maintained by staff Athletic Trainer and/or managerial personnel of that particular sport.