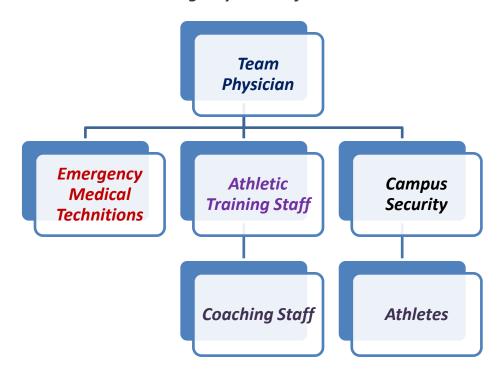
The College of Idaho Athletic Department Emergency Care Action Plan

This Emergency Action plan (EAP) has been prepared for athletic events involving athletic events for The College of Idaho. These guidelines have been adopted by the sports medicine department and endorsed by the institution in order to ensure the best possible management of emergencies occurring at, during, or incident to athletic events, games, and practices involving intercollegiate athletes of The College of Idaho. This plan incorporates practices and athletic event that occur in the following venues:

- 1. On-site or on campus
- 2. Off-site or off campus
- 3. In-season
- 4. Out-of season

This EAP will be coordinated with local EMS system, campus safety, sports medicine providers, coaches, and school administrators. The goal of the EAP is expedient access of emergency medical services for those in need, and specifically a goal of less than 3 to 5 minutes from collapse related to sudden illness and defibrillation for victims of sudden cardiac arrest (SCA).

The Emergency Chain of Command



The Emergency Response Team Roles

- <u>The Team Physician:</u> The team physician for The College of Idaho, in conjunction with the athletic training staff, is responsible for the development and implementation of the EAP as well as other health care policies for athletes at the College of Idaho. He/she advises the athletic training staff on appropriate emergency procedures.
- <u>The Emergency Medical Technicians (EMT's):</u> The EMT's are responsible for the treatment, care, and transportation of the seriously injured or critically ill athlete. They will provide emergency treatment, including life support and other emergency care, and transport the athlete to an emergency care medical facility.
- <u>The Athletic Training Staff:</u> The athletic Training staff is responsible for initial emergency treatment of athlete's on the field. They also coordinate communication with EMT's, Campus Safety, and coaching staff when an athlete sustains a life threatening injury or illness, or is seriously injured, or ill.
- <u>Campus Security:</u> Campus Security is responsible for safety of the administration, faculty, staff, and students at The College of Idaho. They are also responding to emergencies, which included injuries and life threatening illness for athletes as well as students at the college. They respond to emergencies and will call EMT's, Fire Department, Police, and other emergency personnel to The College of Idaho if necessary. They can assist and aiding in implementation of emergency protocol.
- <u>Coaching Staff:</u> The coaching staff at The College of Idaho is responsible for training, conditioning, and coaching athletes to improve athletic performance in their sport. The coaching staff is also responsible in providing CPR/first care to their athletes when athletic training staff, campus security, or EMT's are not available. They are responsible to contact EMT's if appropriate for a serious or life threatening injury or illness for their athletes.
- <u>Athletes:</u> The athletes at The College of Idaho are students, participate, and compete in intercollegiate athletics at the college. They can provide emergency first aid CPR for a critically injured or ill student, faculty member, staff member or fellow athlete if they are trained and certified by the American Heart Association or the American Red Cross in Adult CPR and First Aid.
- I. On-site Medical Coverage: Sports In Season
 - A. <u>Communication:</u> For events occurring at the JA Activities Center, the softball field, the soccer field, and other open fields on campus, coaches and athletic training staff will have access to cellular or land line phones for activation of EMS in the event of an Emergency. Functional communication systems will be checked and verified prior to each practice/game by athletic training staff and the on-site administrator. The maintenance of these phones will be the responsibility of the Information Technology Department. It is

- the duty of the coaches to be responsibility for timely access to communication systems if an athletic trainer is unable to be present at the athletic event. This responsibility can be delegated if clearly communicated in writing prior to the event and agreed upon by
- **B.** <u>Personnel:</u> Kurt Nilsson, MD, Linda Gibbens, Head Athletic Trainer, and Leah Padaca, Assistant Athletic Trainer will be the designated coordinators of the EAP. As staffing makes it impossible to have a certified athletic trainer or physician at all athletic practices and events, coaches will be designed as being responsible for communication with athletic training staff and campus safety. The following emergency procedures are to be followed by coaching staff should an emergency occur <u>without</u> an athletic trainer available and <u>or cannot</u> be reached:
 - a) Call campus safety immediately advise them of the specific emergency and your location on campus; they will call 911. Advise them if the AED is needed.
 - b) Administer appropriate first aid emergency care (CPR/Rescue Breathing/ect.)
 - c) Once campus has arrived, they will assist in providing emergency care and securing the scene.
 - d) Contact athletic training staff and advise them of the emergency.

If athletic training staff is not present, but on campus and available, coaches will contact the athletic trainer and advise them of the emergency. Athletic training staff will contact security, who will call 911. Once the athletic trainer arrives on site, he or she will take over emergency care of the athlete from coaching staff. Even though the athletic training staff prioritizes medical coverage through the year for those sports with increased risk of catastrophic injuries, number of injuries, and those sports in season, an emergency injury or illness that occurs with any athlete during a practice or event on campus takes precedence in sports medicine coverage. An updated list of coaches with certifications in first aid/CPR will be kept in the athletic director's office. Each coach will be required to have an updated certification as a part of their employment. Annual review will be the responsibility of the athletic director.

- C. <u>Emergency Equipment:</u> An automated external defibrillator (AED) will be kept in an accessible location for use in the event of a sudden cardiac arrest occurring at athletic events or practices. With the AED will be scissors, towels, and a razor, in addition to any other emergency equipment deemed necessary for initiation of sudden cardiac arrest (SCA. Other emergency equipment (splints, traction splints, ect.)will be available as deemed necessary by the athletic training staff for each sport. The AED will be in the possession of the athletic training staff during all athletic practices and events. Campus safety also has an AED that can be used anywhere on campus if needed. The maintenance of this equipment will be the responsibility of the athletic training staff and will be documented at least monthly.
 - a) Athletic training kits will be made available for each team, whether they are inseason or off-season. Medical kits will be distributed by athletic training staff to each team at their discretion.

- b) Ice/Water will be provided for each team during athletic practices and events.

 Due to limited athletic training staff, the coaching staff will assist in providing their athletes with ice and water.
- c) Emergency telephone contacts for emergency personnel will be kept by each coach. Those can be entered in the contact list on a cell phone (if available) or on a card for each coach.
- D. <u>Emergency Transportation:</u> The most direct access to each venue will be documented by athletic training staff and communicated with local emergency medical services. The receiving hospital for advance care will be West Valley Medical Center and has been communicated to local EMS and the hospital. When necessary emergency services are not available at this hospital, appropriate transportation to a higher level facility will be arranged by EMS or the on-site first responders.
 - a) Emergency vehicle access point to the JA Activities Center will be most direct and feasible through the lower level ramp located on the south side of the Activities Center. This access point will be communicated to EMS in the event of the emergency.
 - b) Emergency vehicle access to the softball and soccer fields will be most direct and feasible through the parking lot at Jewett Auditorium off of College Avenue.
 - c) Emergency vehicle access for other fields on campus can be accessed from Cleveland Boulevard at the Hayman Hall Parking lot and Elm Street where the Village parking lot is located.

These access points will be communicated to EMS in the Event of a medical emergency by the athletic training staff, campus security, or the coaching staff. In the event of an EMS transport to the hospital, appropriate medical coverage of the event will be ensured prior to continuing the event if the first responders have to accompany the transported patient to the hospital.

- E. <u>Post Event Catastrophic Incident Guidelines:</u> A contact list of individuals to be notifies in a catastrophic event will be maintained by the athletic training staff. Athletes include emergency contacts at the time of their athletic physical. Procedures will be established for post-event evaluation, counseling services, and release of information. These guidelines will be maintained by the athletic director and will be annually reviewed during the EAP review.
- **F.** Off-Site Emergency Protocols and Procedures: These procedures have been established for the coaching staff at The College of Idaho should an emergency occur at an off campus setting.
 - a) The head coach, assistant coach, or supervising staff member is responsible for the athletic activity. Therefore, they will coordinated emergency care and make the decision to call EMS to transport an athlete to an emergency facility. The coaching

staff is also responsible for having appropriate emergency equipment. This includes but is not limited to:

- 1) Ice water
- 2) Loose ice with bags
- 3) Athletic Training kit
- b) The coaching staff will be responsible for contacting. If in doubt call 911!
- c) The coaching staff will render emergency and first aid care until emergency vehicles arrive.
- d) Coaches must be aware of their off-site venues to provide EMS the best possible access for emergency vehicles.
- e) Coaches will not transport a seriously injured or ill athlete to the emergency room. EMS is equipped to handle these athlete's and any complications that may occur in route to the emergency room. A serious injury can progress quickly to a life threatening injury or illness.
- f) Coaching staff must carry cellular phone or two-way radio (if appropriate) to contact EMS and direct them to the off-campus site. Coaches will check for cellular service or two-way radio service at an off- campus site before the team may practice at any off-campus site.
- **G.** <u>Off-Season Athletic Practices or Events:</u> While athletic training staff is limited at the College of Idaho, those athletes that practice in the off-season are still at risk in sustaining a life-threatening injury or illness. Coaches will follow emergency procedures that have been established for team practicing and playing on campus. However, the coaching staff will be responsible for providing basic first aid care and appropriate emergency equipment which includes but not limited to:
 - 1. Ice water
 - 2. Loose ice and ice bags
 - 3. Athletic Training Kit

Coaches will follow the same emergency procedures that have been developed for In-Season teams. They will also follow the same procedures in the off –season if they are off campus.

H. <u>Practice and Review:</u> The EAP will be reviewed annually. This review will entail a walk-through of emergency scenarios at athletic events with involved athletic trainers, physicians, coaches, and campus safety officials. Adequacy of the EAP will be assessed and amended if necessary.

Albertson College of Idaho Athletic Department Automated External Defibrillator (AED) Policy

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of VF.

An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest (SCA). It is only to be applied to victims who are unconscious, without a pulse, and show no signs of normal circulation. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

I. Equipment

Approved Equipment

The Samaritan Pad Defibrillator SAM 300 (Heart Technologies, Inc.) has been approved for use and conforms to state/county standards.

The AED and first aid emergency care kit will be brought to all medical emergencies that occur at athletic events at Albertson College of Idaho. This will also include those athletic events that are held off campus in which athletic training coverage is present.

Special Considerations (multiple athletic events)
 Those athletic events that occur on campus will rely on use of the AED from Campus Security if there is another athletic event held off campus simultaneously.

(e.g. men's baseball, men's and women's cross-country)

The AED should be used on any person that is 8 years of age and has ALL the signs of cardiac arrest. The AED will be placed only after the following signs are confirmed:

- Victim is Unconscious
- Victim is not breathing

Victim has no pulse and/or shows no signs of circulation such as normal breathing, coughing, or movement.

II. Location of AED

The AED will be located in the athletic training room located in the JA Activities Center. The AED will travel with the certified athletic training staff during athletic events. It will be kept locked in the supply cabinet when not being used for athletic events. This door is clearly marked with the current CPR Guidelines from Heart Sine. The AED located in the center on the first shelf, clearly marked with a label. Campus Security will have access to the AED if responding to an emergency in the Activities Center or Pool.

III. Authorized AED Users

- Head Certified Athletic Trainer
- Assistant Certified Athletic Trainer
- Campus Security
- Physical Education Teaching Staff who are certified in CPR and AED use.

VI. System Owner: The College of Idaho Athletic Department

V. <u>Program Coordinator: Head Certified Athletic Trainer</u>

Responsibilities of Coordinator:

- Coordination of equipment and accessory maintenance.
- Revision of this policy as required.
- Monitoring the effectiveness of this system.
- Communication with medical director on issues related to medical emergency response program including post event reviews.

VI. <u>Applicable Documents</u>

- Medical Emergency Action Plan
- Infection Control for exposure to Blood borne Pathogens
- AED Procedure
- County/State AED Guidelines
- Inclement Weather Guidelines

VII. <u>Medical Control</u>

The medical advisor of the AED program is the current team physician for all athletic teams at Albertson College of Idaho. The medical advisor of the AED program is responsible for:

- Providing medical direction for the use of AEDs.
- Writing a prescription for AED's.

 Reviewing and approving guidelines for emergency procedures to the use of AED's and CPR.

VIII. Refresher Training

Athletic Training Staff, Campus Security Staff, and Physical Education Teaching Staff are required to renew CPR and AED training every one or two years, depending on the certifying body and their recertification guidelines.

IX. Annual System Assessment

Annual System Assessment will occur once each calendar year by the Program Coordinator with documentation of the following:

- Training Records
- Equipment operation and maintenance records

X. <u>Equipment/Routine Maintenance</u>

The Program Coordinator will be responsible for having regular equipment maintenance and will be performed according to equipment maintenance procedures as outlined in the Samaritan PAD User's Manual.

Routine maintenance will include the following:

- The Samaritan PAD includes an automatic self-test, which is performed on a weekly basis.
 - This test will run automatically and requires **no** user interaction.
- Check the expiration date on the Pad-Pak
- **Check that the PAD status indicator** can be easily seen. Ensure that it is flashing approximately every 5 seconds.
- **Check supplies** in the prep kit. Replace anything that is damaged or has exceeded its expiration date.
- **Check the exterior** of the Samaritan PAD for cracks or other signs of damage.
- This checklist will be kept in the athletic training room with the AED and performed each time an athletic event is scheduled and monthly during the summer months.

XI. Medical Response Documentation

A. Internal Post-Event Documentation:

It is essential to document each use of the emergency medical response system. The Head or Assistant Athletic Trainer shall document the following information within 24 hours of a medical event:

 The AED-trained employee specified in this policy to use the AED shall complete a medical event form (9-1-1 form)

B. External Post-Event Documentation:

A copy of AED use information shall be presented within 48 hours of the emergency to the following:

- Authorizing Physician of the AED.
- Local EMS, county, state officials as designated in state AED requirements and local regulations.
- Event information supplied to include any recorded data, and all electronic files captured by the AED.
- Copies of all documentation will be kept on file in the Athletic Training Room.

C. Post-Event Review

A review of the event will be conducted to learn from the experience. This will be conducted and documented by the Head Athletic Trainer. All key participants shall participate in the review. The following will be included in the review:

- Identification of positive actions.
- Critical incident stress debriefing.
- A summary of the post-review shall be kept on file in the Athletic Training Office.

D. System Verification and Review

The medical emergency response system is ultimately successful if necessary medical assistance is provided to victims in a timely and safe manner. Since actual use of this system procedure is expected to be very infrequent, other measures of effectiveness are required. Once each calendar year, the Head Athletic Trainer shall conduct an annual system assessment readiness review, which will include the following:

- Training Records
- Equipment operation and maintenance records.

XII. Approvals

Medical Director/Team Physician – Dr. Kurt Nilsson		
	Signature	Date
Program Coordinator/Head Athletic Trainer – Linda Gibbe	ns	<u>, </u>
-	Sianature	Date

The College of Idaho Department of Intercollegiate Athletics Policy Statement Regarding Hygienic Precautions for Blood Borne Pathogens

The presence of blood borne pathogens human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C (HCV) is a concern to the athletic population and has resulted in health care professionals to adopt and adhere to universal hygienic precautions when handling and disposing of blood and blood by-products. Although athletes are at a low risk of contamination from blood borne infections, precautions must still be followed by those individuals who treat athletes. Coaches and athletes must also be aware of the factors that cause blood borne infections, health consequences, preventative measures, and should adhere to universal precautions as they apply to them.

All policies and procedures regarding the handling and disposal of items that have been exposed to blood borne contaminates will be followed by athletic training and coaching staff at The College of Idaho.

I. <u>Causative Factors and Health Consequences of Transmission of HIV, HBV, and HCV</u>

- a) HIV, HBV, and HCV are transmitted through contact with infected blood or blood components. Transmission can occur from direct contact with contaminated blood or blood-borne pathogens, sexual contact, and prenatal mother to baby contact. The most common sources of transmission have been linked to high risk behaviors that include having sexual intercourse or sharing needles with persons infected with these viruses.
- b) HIV is a disease of the immune system which progresses to acquired immunodeficiency syndrome (AIDS), which is believed to be fatal.
- c) HBV and HCV are diseases that affect the liver. Studies indicate that one third of those who contract HBV will become carriers and develop severe hepatitis. Liver cancer and cirrhosis of the liver are also complications of these diseases.
- d) Transmission of HIV appears to require a portal of entry and prolonged exposure to large quantities of blood. No reported transmission of HIV has been reported in athletics. However HBV is reported to have a higher degree of transmission because it is more virulent. HBV is a threat in those sports where there is close body contact. There have been documented cases of HBV transmission in athletics. The transmission of HCV is believed to be 10 times higher than HBV but lower than HIV.

Avoiding behavior associated with a risk of transmission of HIV, HBV, and HCV in the athletic setting will be implemented and emphasized for athletes by the athletic training and coaching staff. The College of Idaho Athletic Department complies with OSHA standards in training of personnel, adherence to universal precautions, and documentation related to Blood Borne Pathogens in athletic settings.

II. <u>Prevention of Transmission of HIV, HBV, and HCV in Athletics</u>

- a) Avoiding high risk behaviors such as sexual activity and shared needle use.
- b) Avoidance of sharing personal items that could contaminate mucous membranes which include the following but not limited to:
 - 1. Mouth guards
 - 2. Fluid containers such as water bottles
 - 3. Tooth brushes
 - 4. Towels
 - 5. CPR masks and other resuscitation equipment
- c) HBV Vaccination
 - All athletes, coaches, certified athletic trainers and student trainers that closely work with athlete will have the HBV vaccination series. Studies indicate the disease transmission of HBV is reduced significantly in those that have been inoculated.
- d) Practice of Universal Precautions Adapted to the Athletic Settings to reduce the possibility of virus transmission.
 - 1. All open wounds of athletes and athletic health care workers will be treated preevent, during the event, and during practice. This reduces the possibility of a blood source or as a port of entry. An occlusive dressing will be applied over the open wound that will withstand the forces and elements of training and competition.
 - 2. Athletics personnel, which include coaches, athletic trainers, equipment managers, and student assistants, will be trained to use universal precautions for wound care. This includes first aid and infection control.
 - 3. Protective gloves will be worn by athletic staff when treating any open wounds, visible blood, or mucous membranes.
 - 4. Clean gloves will be worn for each athlete when treating an open wound.

 Protection for eyes and clothing will also be worn if appropriate. Once gloves are properly disposed of, the treating person will wash their hands using a commercially available virocide or bacteriocide.
 - 5. Bleeding control dressings and other materials for wound care will available for use by athletic staff. Biohazard supplies available are latex gloves, bleach, disinfectant, bleeding control materials and dressings, and biohazard container for needles and other sharp objects.
 - 6. Any commercial surfaces contaminated by blood or blood borne pathogens will be decontaminated with a 1:10 bleach solution or a commercially available disinfectant designed for this purpose.
 - 7. Blood soiled uniforms, toweling, or other clothing typically laundered will be placed in a clearly marked plastic bag, closed securely, and handled with gloves

when placing these items in commercial washing machines. These items will be washed with soap and hot water appropriate for disinfection of these items.

- e) Protective Care for the athlete will include the following precautions:
 - 1. If the athlete is exposed to blood or other bodily fluids, he or she shall wash the area of exposure immediately with soap and water.
 - 2. A bleach solution (1:10) or commercial disinfectant wipes will be used on clothing contaminated with blood. Latex gloves will be worn when cleaning small areas of blood on clothing with either wipes or a towel with the bleach solution mixed in a spray bottle. Hand washing with soap and water will follow when cleaning any blood spill. Athletes will change clothing if it is heavily soiled with blood or other potential blood contaminates.
 - 3. Use of good hygienic practices for all athletes will be followed. This will include showering after each practice or competition, avoid sharing towels, cups, and water bottles.
- f) Protective Care for coaching staff and athletes during practices and competition will include the following:
 - Open wounds that occur during practice or games will be treated immediately.
 The athlete will be removed from activity for treatment. Once the wound is properly cleansed and covered, he or she may return to activity.
 - 2. Any open wound should be allowed to stop bleeding before the athlete returns to any athletic activity.

III. <u>Procedures Regarding Equipment Care and Contamination in the Training Room</u>

- Any surface contaminated with blood or potential blood borne materials will be decontaminated with a 1:10 bleach solution or a commercially available disinfectant that kills blood-borne pathogens. This includes surfaces such as taping tables, treatment tables, and counter tops.
- 2. Hydrotherapy equipment will be cleaned with a commercial disinfectant after each use. Povidine or Betadine Surgical Scrub Solution will be used with each warm or cold hydrotherapy treatment. Athletes receiving hydrotherapy treatment will follow these precautions to reduce contamination:
 - a) All athletes will shower before they receive hydrotherapy treatment.
 - b) Athletes are required to bring and use their own towels for treatment.
 - c) No more than 3-4 athletes will be allowed in a cold hydrotherapy tub for treatment.
 - d) An athlete with an open sore will not receive hydrotherapy treatment, unless prescribed by the team physician as treatment for wound debridement. (These treatments are rare in an athletic training room setting.)
- 3. Sinks shall be cleaned with a commercial cleanser that contains the 1:10 bleach solution or equivalent commercial disinfectant. Cleaning these areas will also be done a on a regular basis.

- 4. Floors and other surfaces will be decontaminated for blood spills with a 1:10 bleach solution or commercial disinfectant designed to decontaminate surfaces. Latex gloves will be worn to clean all blood spills, followed by washing hands with soap and water.
- 5. Non-washable surfaces such as rugs or upholstery will be cleaned with a commercial sanitizing carpet cleaner for small blood spots, carefully following the directions for the commercial cleaner, using latex gloves and washing hand with soap and water after cleaning. Replacement of these surfaces should occur if area is contaminated with a large amount of blood or potential blood borne pathogens.

IV. <u>Athletic Participation by Individuals Infected with HIV, HBV, HCV</u>

 According to current studies in medical and scientific literature supports the low probability of transmission of HIV, HBV, or HVC to other athletes. Therefore these athletes will be allowed to participate in all sports. Athletes will be educated by the team physician and athletic training staff that a risk of exposure to HIV, HBV, and HCV exists, particularly in close contact sports such as wrestling.

V. <u>Confidentiality as a Legal Imperative</u>

- Any athlete infected with HIV, HBV, or HVC must give informed consent to the athletic training staff and team physician to share this information about their health condition with The College of Idaho.
- 2. A legal inquiry into whether a viral infected athlete poses a health threat to those with whom the athlete competes would have to be made "based upon reasonable judgement given the state of medical knowledge."

Preparticipation Physical Examination and Insurance Claim Guidelines

The College of Idaho requires all athletes to have a medical physical examination (PPE) prior to participation in intercollegiate athletics. This is in accordance with recommendations from the National Athletic Trainers Association (NATA), NCAA, and NAIA as well as other medical organization. These organizations include the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine. It is also supported by the Mayo Clinic Sports Medicine Center in the Area of Preparticipation physical exams (PPE's).

After the initial PPE athlete's required to have another complete PPE every other year during their college athletic years at the College of Idaho. The team physician will determine if an athlete needs to have complete PPE's every year should a medical condition warrant it.

The Preparticipation physical examination for athletes at the College of Idaho will include the following components:

Risk Awareness Document

Emergency Information

Medical History

Physical Examination

Consent for Drug Testing

I. Awareness of Risk

- 1. This document is to inform the athlete of the potential risk of injury during athletic competition. While the number injuries have decreased significantly due to better training and coaching methods, improved equipment, and rule changes, injuries do occur in athletic competition, with some more severe than others.
- 2. Catastrophic injuries, although rare in athletics, do occur. This document is designed to inform the athlete of those inherent risks.
- 3. This document also includes information regarding insurance claims for the college's student insurance and the importance of filing these claims in a timely manner.

II. <u>Emergency Information</u>

- 1. This document includes emergency contacts. Pertinent information includes addresses and phone numbers of those emergency contacts for the athletic training or coaching staff to contact should it be necessary.
- 2. Medical insurance information is also included in this form.

III. <u>Medical History</u>

A current medical history is a part of the athlete's physical examination. This
information includes information regarding pertinent medical conditions, both past
and present.

IV. Physical Examination

- 1. c
- 2. The medical physical examination will include the following:
 - a) Height/Weight
 - b) Pulse/Blood Pressure/Vision Assessment
 - c) Cardiopulmonary/Head/Ears/Eyes/Nose/Throat/Skin/Genital
 - d) Orthopedic/Neuromuscular Exam

V. <u>Copy of Current Immunization Record</u>

These forms must be completed prior to participating in intercollegiate athletics. Athletes will not be allowed to participate in intercollegiate athletics unless they have a <u>current</u> PPE on file in the athletic training room. This includes the completion of all athletic forms. These forms are a part of the athlete's medical records while an athlete at the College of Idaho.

Copies of these forms are available on the college web site under athletics. Student athletes can down load these forms for a physician or physician's assistant to perform the examination.

VI. <u>Medical Insurance Policy</u>

- 1. All athletes at the College of Idaho must be covered by medical insurance, whether it is private or the student insurance policy. Each student is required to show <u>proof of insurance to the business office</u> when paying their tuition and fees. Athletes must include this information at the time of their PPE.
- 2. This information along with other medical documents is kept on file in the athletic training room office.
- 3. Additional Medical Insurance & Catastrophic Insurance for Athletics

The College of Idaho is required by the National Intercollegiate Association of Athletics (NAIA) to carry an additional medical insurance along with catastrophic coverage, which runs consecutively. The current insurance company which provides this coverage is Summit America Insurance Co., a subsidiary of Mutual of Omaha. Currently, the first policy has a deductible of \$2000.00 with maximum coverage of \$25,000.00 per athletic injury. The catastrophic policy has a deductible of \$25,000.00 with a maximum of \$5,000,000.00 per athletic injury. Claims for this insurance are filed by the head certified athletic trainer.

VII. <u>Additional Medical Expenses Resulting from Athletic Injuries</u>

While athletes at the College of Idaho are covered by medical insurance (private or student policies and the additional coverage provided by Summit America Insurance), not all costs are covered by these policies. Exclusions, limitations, and preexisting conditions by individual policies result in additional costs that are unforeseen by the athletic administration.

Additional medical expenses not covered by medical insurance (s) are the financial responsibility of the student athlete.

VIII. Filing Medical Insurance Claims

The athletic training office will assist athletes with filing medical insurance claims for athletic injuries with the school's student policy. Forms are available on the College of Idaho web site under student services. Claims for Summit America Insurance are submitted by the head athletic trainer.

All medical insurance claims should be filed in a timely manner. Summit America Insurance and BCS Insurance, which is the current student policy, allows **90 days** from the time of injury for a claim to be filed. Other private medical insurance companies may have different time requirements for filing claims.

XI. <u>Claim Procedures for Summit America Insurance</u>

- 1. The student athlete should submit a claim with their primary insurance policy (student or private).
- The athletic training office can notify any health care individual or facility, before or during treatment of the student athlete, of the secondary medical insurance policy through Summit America. This will be sent via fax or email.
- 3. Student athletes or their parents should receive an Explanation of Benefits from the primary medical insurance company.
- 4. Copies of medical bills and Explanation of Benefits can be submitted, along with a claim form, to Summit America by the Head Athletic Trainer. Because of stricter policies governing confidentiality and guidelines from HIPPA, Explanation of Benefits from Summit America are mailed directly to the policy holder of the primary insurance which covers the student athlete.
- 5. Ultimately, it is the responsibility of the individual policy holder (s) of the student athlete's primary medical insurance policy to submit the proper documentation for a claim to Summit America Insurance. The athletic training office will assist in this process as much as possible. Claim forms and specific questions regarding insurance coverage can be found on the web site for Summit America at www.summitamerica.com.

6. A catastrophic claim (\$250,000.00 or more) can <u>only</u> be filed by the Head Athletic Trainer at the College of Idaho. This claim form can only be requested by the college.

XII. Release of Medical Information

Athletes with preexisting conditions or special medical needs may require further documentation of those conditions by the team physician to be kept on file in the athletic training room office. An **Authorization for Medical Information Release** must be signed by the athlete. This form is required by HIPPA for the release of any medical information to another party. This form will be submitted by the athletic training office to the appropriate medical office or facility. All medical information received by the athletic training office at the College of Idaho will be confidential, as required by HIPPA, and kept on file with the athlete's other medical information.

XIII. <u>Special medical Considerations</u>

The athletic training staff and team physician at the College of Idaho retains the right to require additional medical screening procedures that may require close monitoring by the medical staff. The team physician will make the final decision for additional medical screening.

The College of Idaho Sports Medicine Staff - 2009/2010

Team Physician's	Intermountain Orthopedics			
Dr. Kurt Nilsson	(208) 383-0201 – Office			
Dr. Kevin Shea	(208) 489-4300 — Fax			
	www.IntermountainOrtho.com			
Certified Athletic Training Staff				
Linda Gibbens – Head Athletic Trainer	Office – (208) 459-5873			
	Fax — (208) 459-5854			
	Cell – (208) 250-4939			
	<u>lgibbens@collegeofidaho.edu</u>			
Leah Padaca - Assistant Athletic	Cell - (208) 794-0439			
Trainer	<u>lkpadaca@cableone.com</u>			

The College of Idaho Department of Intercollegiate Athletics Substance Abuse Policy

The College of Idaho recognizes abuse and misuse occurs on a large scale in society today. The continuing rises in the abuse of both prescription and illicit drugs for recreational or erogenic purposes are a phenomenon occurring in all walks of life including athletics. This problem has been highlighted the media recently by drug use abuse in collegiate and professional athletic programs.

Substance abuse and misuse poses physical and psychological dangers to the youth of today. It is of major concern to collegiate organizations and athletic departments around the country. Athletes are becoming stronger, faster, and more agile due to new techniques in training, conditioning, and advances in sports medicine. Many athletes' find themselves competing against more agile opponents. Some whether is a means of leveling the playing field or coping, the pressure to succeed is often too great for the young athlete. Winning is an obsession both in athletics and society. Even in youth programs the desire to win has become more than competing. A winning athletic team or program is profitable at the professional level lucrative for colleges and universities. The media perpetuates the attitude of winning at all costs by its coverage of those athletic programs that are successful in the win loss column. This has become a dangerous trend for the youth of today.

The athlete that chooses to abuse or use substances for erogenic or recreational purposes poses a danger to competitors, team members, and to themselves. Physical and psychological damage is often permanent. For a recovering addict, it often takes a lifetime to overcome the addiction. For athletes, drug addiction can be especially difficult to overcome because of additional pressures he or she may face. Being a role model, pressures to succeed from society, the media, coaches, friends, and family are just a few of the stresses athletes face daily. These along with maintaining a healthy self esteem can make sobriety a long and difficult road to follow.

It is the responsibility of this athletic administration to offer the substance dependent athlete help for his or her problem. An open and responsive attitude from faculty and staff of the institution is essential to encourage prompt treatment of substance dependency. The Athletic Department of the College of Idaho believes a substance abuse policy that utilizes an education and drug testing program is the best deterrent for drug use and misuse.

The College of Idaho Department of Intercollegiate Athletics Substance Abuse Policy, Procedures, and Drug Testing Consent

For: Student- Athletes

Action: Sign and Return to the Athletic Training Office

Due Date: At the time of the first athletic physical at the College of Idaho and each subsequent year

thereafter while competing in intercollegiate athletics at this institution.

Required by the College of Idaho Department of Intercollegiate Athletics and

The National Association of Intercollegiate Athletics (NAIA)

Purpose: To assist in certifying eligibility

To The Student Athlete

In the fall semester of 1988-89, The College of Idaho implemented a Substance Abuse Policy and Education Program in compliance with the NAIA requirement regarding a substance abuse program, which is stated in the association manual.

Currently, the NAIA does not require drug testing for its member institutions due to financial constraints. However, the NAIA does allow member institutions to adopt a drug testing program for its athletes if the athletic administration desires to do so. Therefore, the athletic administration has adopted a random drug testing policy for all student athletes as of the 1997-98 physical years. By signing this form, you affirm that you are aware of the substance abuse policy that has been implemented by The College of Idaho and the NAIA, which states:

"A student who has been found to have utilized a substance that is classified as a "banned" substance may be <u>ineligible</u> for further participation in all collegiate athletic sports."

A student athlete who tests positive in accordance with testing methods provided by the laboratory testing service at West Valley Medical Center will be suspended from competition in all sports. At that time, the athlete will be referred to counseling services which specialize in substance abuse problems. The athlete will be subject to regular drug testing based on recommendations made by the counseling service, team physician, head coach, and liaison officer (Head Athletic Trainer). The penalty for missing a scheduled drug test is the same as a "positive" test for as banned drug. All policies regarding a positive test and noncompliance will apply

If the student athlete tests positive for use of any banned substance after being restored to eligibility, he or she shall lose eligibility for all remaining regular and post season contests for all sports. The athlete will be banned from any future participation in all intercollegiate athletic programs. Any athletic scholarships that have been awarded to the athlete will be revoked.

The Athletic Administrator will adopt a list of banned substances recommended by the team physician and laboratory testing service (West Valley Medical) and authorize testing of student athletes on a random basis during each academic year.

Substance Abuse Policy

I. Purpose of the Program

- 1. Understand the importance each student athlete should be medically fit to participate athletic competition.
- 2. Recognize and identify signs and symptoms of substance usage and abuse as well as physical and psychological dependency.
- 3. Encourage prompt treatment of the substance-dependent student athlete.
- 4. Promote a prompt and responsive attitude among athletic administration and staff of the substance-dependent athlete.

II. General Principles

- 1. All student athletes must agree to participate in the Athletic Department's testing program. These are considered an extension of the physical examination of our athletes and feel it is in the best interests of both the student and the college to conduct a sound drug testing program.
- 2. All student athletes at The College of Idaho will be tested randomly. A student athlete will be listed as testing positive if he/she is a "no show" for a scheduled drug test.
- 3. A student athlete shall be immediately terminated permanently from the squad and his or her financial aid revoked if found guilty of selling drugs in a court of law. Temporary suspension of participation in all intercollegiate athletics pending the outcome of the trial will apply.
- 4. Exceptions to these regulations must be authorized y the Director of Athletics.

III. Implementation of the Policy

At the beginning of each academic year, all student athletes will be presented with the policies regarding substance abuse to be implemented by the Department of Intercollegiate Athletics. Each Year, the student athlete will be required to sign a form designated by the athletic department acknowledging the guidelines set forth by the NAIA and The College of Idaho concerning substance abuse. This will be kept on file in the athletic training department.

Failure to sign the consent form will result in the student athlete's ineligibility for participation (i.e., practice and competition) in all intercollegiate athletics.

IV. Alpine Men's and Women's Ski, Cross Country, and Snow Board Teams

The College of Idaho Alpine Men and Women's Ski, Cross Country, and Snow Board Teams are bound to the same drug testing policy and procedures set forth by the athletic administration at The College of Idaho regardless of requirements and recommendations set forth by the USSA or NCAA.

V. Steps in the Testing Procedure (Liaison Officer for Men and Women)

A copy of the testing procedure by West Valley Medical Center is included in this policy. This form will be provided to the athlete by the athletic training department.

VI. Each Student Athlete's Procedure

- 1. Liability and consent form must be signed by all student athletes that are being tested.
- **2.** A code number will be provided for each student athlete. Declaration of prescription or non-prescription drugs taken will be endorsed by the athlete at this time.
- **3.** Test requisition form is completed.
- **4.** The student-athlete provides a urine specimen.
- **5.** When all student-athletes have provided a urine specimen they must:
- a) Witness the security of the shipping carton.
- **b)** Receive a duplicate of the original code sheet (containing the student's name, code number, pertinent medication summary) screening the athlete's name.
- **6.** The original log sheet and shipping carton containing the specimen is delivered to the drug testing center by the Laboratory at West Valley Medical Center.

VII. Responsibilities of the Laboratory and Drug Testing Center

- **1.** The Laboratory at West Valley Medical Center will notify the Liaison Officer, which in turn, will notify the team physician within 48 hours of the drug test results.
- **2.** Positive test will be confirmed by gas chromatography mass spectrometry process by the testing laboratory which will provide confirmation within 72 hours.
- **3.** A Medical Resource Officer (MRO) will verify test results for positive tests. Hard copy results of both testing procedures are provided by the testing institution if requested by the liaison officer within 72 hours of the confirming phone call.

VIII. Policies Regarding Positive Tests and Noncompliance

1. First Positive Test

- a) Liaison Officer (HEAD Athletic trainer) receives results of a positive test by Team Physician.
- **b)** The Liaison Officer informs student-athlete of the positive test, the nature of the substance and possible health risks to the athlete.
- **c)** The Liaison Officer will have the authority to contact, as stated by the consent form, to advise the head coach and athletic director as to the nature and extent of the substance present in the athlete's system.
- d) The student-athlete will be informed of the mandatory substance abuse referral to the counseling service which specializes in substance abuse. All costs for this service are the responsibility of the student-athlete.
- **e)** A "Release of Information" form will be signed by the student-athlete upon his or her arrival to the counseling service. Information will only be released to the Team Physician, Liaison Officer, head coach, and Athletic Director to review recommendations made by the counseling service.
- f) A copy of this report will be kept on file in the Athletic Training Department.
- **g)** The team physician, head coach, and Liaison Officer will review the results to determine action and or treatment recommendations to be made for the student- athlete. This informal "committee" will agree on the actions to be taken and approval given, in writing, by the Program Liaison.
- h) The athlete will not return to athletic activity until he or she has been evaluated by the counseling service. Return to intercollegiate organized activity will be based on recommendations made by the counseling service, team physician, Liaison Officer, and head coach.
- I) Regular drug testing of that athlete will be based on recommendations made by the counseling service, team physician, and head coach. Costs for these additional drug tests will be the responsibility of the athlete.

IX. Second Positive Test

- 1. Steps 1-3 followed as listed under "First Positive Test."
- The student athlete meets with the athletic director and head coach, who will inform his or her
 of his or her permanent dismissal from all intercollegiate
 Athletic programs. Any and all athletic scholarships will be revoked at this time.

X. Policies Regarding Noncompliance

- **1.** Refusal to participate in the drug testing procedure is considered a "positive test, in which all stipulations, policies, and procedures regarding positive tests will be applied and followed. The athlete will be immediately suspended from participation in all intercollegiate athletic activities until compliance.
- **2.** Refusal to participate in the mandatory Substance Abuse Evaluation by the counseling service at any time will result in immediate suspension from all intercollegiate athletic activities until compliance
- **3.** The Athletic department may recommend the revocation of any and all financial aid pertaining to athletic participation for the current year and following year(s) if the athlete refuses to comply with this policy.

XI. Reasonable Clause

A head coach may refer an athlete for a drug test if he or she has reason to believe a student-athlete may be involved in substance abuse. The head coach will contact the Program Liaison to schedule a drug test. The team physician will also be notified of drug test.

- 1. Costs for this drug test will come from the coach's team budget.
- 2. Coaches are responsible in submitting the proper paper work for payment of these costs.
- 3. All policies regarding a "Positive Test or Noncompliance" will be enforced.

Informed Consent and Release of Liability

I have read The College of Idaho Athletic Department Substance Abuse Drug Testing Policy and Drug Testing Procedures, and understand that in accordance to that policy I am required to submit a sample or samples of urine for chemical analysis during the 2006-2007 academic year. I understand that qualified personnel will conduct these analyses in the testing laboratory at West Valley Medical Center. A documented chain of specimen custody exists to ensure the identity and integrity of my sample(s) throughout the testing collection process.

The purpose of these analyses is to determine or rule out the presence of non-prescribed and/or illegal controlled substances in my urine.

I authorize the liaison officer (Head Athletic Trainer) in conjunction with the testing laboratory to conduct these tests in accordance with random procedures they establish. I also agree that they may make confidential release of these results of the testing to the team physician of The College of Idaho, the counseling service, the athletic director, and the head coach of any intercollegiate sport of which I am a team member.

I consent freely and voluntarily to this requirement for a urine specimen(s). I hereby and herewith release the college, the athletic department, and the testing laboratory, their employees, agent and contractors from liability whatsoever arising from the request to furnish the urine sample and decisions made concerning my athletic participation or continued athletic participation based upon results of these analyses.

Athlete's Sport	
Student Athlete's Name (Print)	
Student Athlete's Signature	
Signature of Parent/Guardian (if student is a minor)	Date

***This form must be signed and returned to the athletic training office at the time of your Preparticipation physical examination. This form will be kept on file in the athletic training office. ***

Intermountain Orthopaedics and The College of Idaho Concussion Management Program





The College of Idaho Athletic Training Department in association with Intermountain Orthopaedics have implemented the ImPact Post Concussion Assessment and Cognitive Testing Program for all athletes at the College of Idaho. This program was first developed by Dr. Mark Lovell and Dr. Joeseph Maroon in the early 1990's and has become the most widely used computerized concussion evaluation system to date. ImPact Application System, Inc., was cofounded by both Dr. Lovell, Dr. Marron, and Michael Collins, PhD. This program is used by many professional athletic teams in the National Football League (NFL) as well as colleges, universities, and high school athletic programs as intregal part of their concussion management criteria for their athletes.

Intermountain Orthopaedics and The College of Idaho first began using the ImPact Program in the 2007-2008 fiscal year for it's athletes. Other colleges and universities as well as many high schools in the area also utilize this program through Intermountain Orthopaedics for screening athlete's with potential Traumatic Mild Brain Injuries (MTBI). Dr. Kurt Nilsson and Dr. Kevin Shea, team physicians for the College of Idaho Athletic department, along with Dr. Alex Homaechevarria and Dr. Michael Curtin are Credentialed ImPact consultants (CIC), and oversee this neuro-cognitive testing program for The College of Idaho.

Physician's and health care professionals have known through research and epidemological studies MTBI can result in catastrophic injuriy and death. Further more, improper management of MTBI, specifically concussions, has also resulted in devestating and "permenant brain impairment" which may result in permentant changes in brain function related to coginitive processes, neurological disorders, and death. Recently the sudden death of NFL athletes who have suffered from concussions have received much attention in the media and many states are looking for tougher return-to-play criteria for younger athletes who suffer MTBI.

The College of Idaho and Intermountain Orthopaedics use this testing program as a part of it's return-to-play criteria for it's athletes who are diagnosed as having a concussion or MTBI.

I. ImPact Testing: An Overview

The ImPact is a computerized concussion evaluation system which evaluated cognitive brain function. Many studies have shown that athlete's who suffer a concussion also demonstrate reductions in cognitive brain function. These deficits can last for weeks or months, depending on the severity of the concussion. Previous concussions can also affect recovery of cognitive functions as well. This neuropsychological test evaluates six specific areas or modules which are briefly described below.

A. Module 1 (Word Discrimmination)

Evaluates attentional processes/verbal recognition memory. Utililizes a word discrimmination paradigm. There are five different forms of the word list.

B. Module 2 (Design Memory)

Evalutes attentional processes and visual recognition memory. This module utilizes a design discrimmination paradigm. There are five different forms of this task.

C. Module 3 (X's and O's)

Evaluates visual working memory as well as visual processing speed and consists of a memory paradigm with a distractor task. For each administration of ImPact, there are 4 trials.

D. Module 4 (Symbol Matching)

Evaluates visual processing speed, learning, and memory. The module provides an average reaction time and a score for the memory condition.

E. Module 5 (Color Match)

Represents a choice reaction time task and measures impulse control/response inhibition. A reaction time and error score are provided.

F. Module 6 (Three Letters)

Measures working memory and visual-motor response speed. Five trials of this task ae presented for each administration of the test. This module yeilds a memory score and a score for average number of correctly clicked numbers pere trial from the distractor test.

II. <u>Baseline Testing</u>

Athletes at the College of Idaho that are involved in "high impact" sports are required to take a Baseline Impact Test at the beginning of the school year as a part of their athletic physical examination, and required every other year while they are participants in a high impact sports. The athletic training staff will supervise baseline testing when possible.

High impact sports or high risk sports for head trauma are defined by the National Collegiate Association of Athletics (NCAA), the National Association of Intercollegiate Athletics (NAIA), and the National Athletic Trainers Association (NATA).

Those sports sanctioned by the NAIA at the College of Idaho are:

- 1. Men's and Women's Soccer Teams
- 2. Men's and Women's Basketball Teams
- 3. Men's and Women's Alpine Ski Teams

Not all athlete's are given baseline tests, however if an athlete is diagnosed by a physician with a concussion or MTBI, he or she will still be tested with the ImPact Test. While a baseline test is more precise for comparison of cognitive functions, The ImPact Concussion Testing Program still has "normative" data in cognitive functioning that have been established for athletes.

III. Post Concussion Testing

The ImPact Symptom Scale has become a standard for professional and amateur athletics and emphasizes the degree of the severity of symptoms that occur in concussions and MTBI. This scale is used by the team physician and athletic training staff at The College of Idaho to establish a possible concussion as well as monitor the athlete's recovery. It is also an important education tool for the athletic staff, parents, and athletes regarding post concussion symptoms.

Symptom	None	Mi	nor	Mod	erate	Sev	ere
Headache	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Trouble Falling Asleep	0	1	2	3	4	5	6
Sleeping More Than Usual	0	1	2	3	4	5	6
Sleeping Less Than Usual	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6

Nervousness	0	1	2	3	4	5	6
Feeling More Emotional	0	1	2	3	4	5	6
Numbness or Tingling	0	1	2	3	4	5	6
Feeling Slowed Down	0	1	2	3	4	5	6
Feeling Mentally "Foggy"	0	1	2	3	4	5	6
Difficulty Concentrating	0	1	2	3	4	5	6
Difficulty Remembering	0	1	2	3	4	5	6
Visual Problems	0	1	2	3	4	5	6

Adapted from Lovell and Collins, Journal of Head Trauma and Rehabilitation 1998;13:9-26.

These are often transient and short in duration, however, studies indicate that the length of time an athlete experiences post conconssion symptoms is more significant in the overall prognosis and recovery from a concussion than the initial symptoms an athlete may experience following MTBI. Athletes that sustain a potnetial MTBI and who demonstrate post concussion symptoms will not be allowed to particiapte in any physical activity until they are cleared by a physician. An athlete will normally be administered post conconssion ImPact test(s) once the athlete's symptoms have improved. Athletes with concussions are treated on an individual basis, and timing of post concussion ImPact testing will be determined by the team physician. Test scores are generated in the ImPact Test Results Center and will only be accessed by the team physician and athletic training staff.

IV. On-The-Field Evaluation

There are several evaluation tests, testing procedures, and guidelines for management of athletes with possible MTBI that are considered appropriate by qualified medical organizations. The guidelines listed have been adopted by Intermountain Orthopaedics and the College of Idaho Athletic Training Staff and represent many of those guidelines and recommendations. Athletes will not return to play the same day of the injury episode.

Field Testing

- 1. Level of Consciousness (LOC)- Glascow Coma Scale for Adults
- 2. Memory testing pre/post traumatic amnesia
- 3. Pupil Reaction/Visual Tracking
- 4. Peripheral Vision Testing
- 5. Finger-to-nose testing
- 6. Balance testing Rhomberg's, heel-to-toe walking, etc.

After field testing, it is the certified athletic trainer's responsibility to decide if immediate referral to an emergency medical facility for an athlete with signs and symptoms of head trauma is necessary, since the team physician may not be on site. The athletic training staff at The College f Idaho will immediately refer an athlete to an emergency medical facility if there is any doubt as to the potential severity of a MTBI or concussion. For the athlete with mild symptoms of a concussion or MTBI, he or she will be given a copy of the Concussion Management Guidelines, which is a standard form summarizing signs and symptoms of a concussion. It also emphasizes increasing symptoms that may warrant immediate evaluation by a physician.

V. Concussion Return to Play Protocol

There are several management guidelines for concussions and MTBI from several different medical organizations. It is a gradual progression for a return to full activity. The following is the set of guidelines developed by Intermountain Orthopaedics and has been adopted by the College of Idaho Athletic Training Department as it's return to play protool for athletes who sustain a concussion or MTBI.

- 1. Post concussion Neurocognitive testing testing 24-72 hrs. post injury (timing of this test is at the discretion of the team physician)
- 2. Rest until asymptomatic (physical and mental rest)
- 3. Light aerobic activity (e.g. statinary cycle and walking)
- 4. Sport specific activity (e.g. running, skating)
- 5. Non-contact training drills (start light resistance training)
- 6. Repeat Neurocognitive test, if back to baseline or predicted baseline proceed with stepwise progression
- 7. Full contact training after medical clearance
- 8. Full return to competition (game play)

This progression is based on the athlete remaining asymptomatic and returning to his or her ImPact Baseline Test Scores. However, the team physician is the final authority as to whether the athlete can return to full activity. If the athlete developes post concussion symptoms in any portion of the progression, he r she will repeat the progression again, beginning with the first initial stages of the guidelines.

VI. Academic Implications

There are MTBI and concussions that result in significant cognitive impairment which can affect the student's academic performance. The team physician can intervene on behalf of the student athlete to inform faculty of cognitive impairment in these cases. A formal letter from the team physician will be submitted to the student athlete's professors, informing them of the athlete's condition and cognitive impairment. A formal plan for academic intervention by the athlete's professors and Dean of Students can be developed to assist the athlete to complete his or her course work during this time. This plan is dependent on the severity of the concussion or MTBI and the affect it has on the athlete's cognitive functions. This is a subjective process and each case will vary depending on the severity of the injury and individual recovery rates.

For more information about concussions and neurocognitive testing please visit the web at http://www.intermountainortho.com and click on the link for the ImPACT website.

3/3/10



Cascade Collegiate Conference Inclement Weather Guidelines

The Cascade Collegiate Conference recognizes the importance of a safe environment for all participants. This is especially the case for outdoor athletic events. The certified athletic trainers of the Cascade Collegiate Conference have developed general guidelines and a chain of command for suspending outdoor athletic events in cases of inclement weather, specifically thunder and lightning, but is not limited to other environmental conditions that may be dangerous for spectators and athletic participants. Conditions such as high winds (<30 miles/hour), hail, and tornado activity are also life threatening conditions where athletic activity should be suspended. Inclement weather may include one or all of these conditions. The following document includes pertinent information from the NAIA Inclement Weather Guidelines as well as policies and procedures from the Cascade Collegiate Conference Certified Athletic Trainers for its member institutions to follow in inclement weather situations.

NAIA Inclement Weather Guidelines

I. Monitoring of Weather Conditions: Be Ready to Activate the Chain of Command When thunder or lightening is observed, suspend activities with a Flash to Bang count Of 30 seconds or less. (The storm is 6 miles away)

To use this method, count the seconds from the time the lightening is sighted to when the clap of thunder is heard. Divide this number by five to determine how far was (in miles) the lightening occurring

Example: 20 second count = 4 mile distance, 25 second count = 5 mile distance, etc.

II. Leave the athletic fields and seek SAFE shelter areas – IMMEDIATELY!

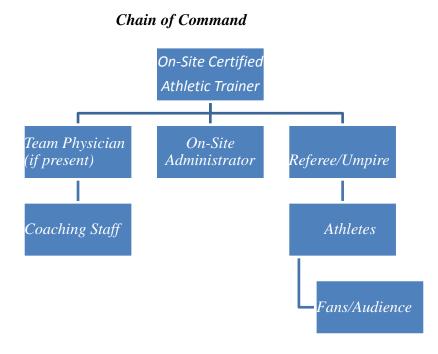
- enclosed buildings
- fully enclosed metal vehicles with windows up
- low ground areas (bottom of a hill, lumps of bushes, etc.) as a last resort

Each institution must determine SAFE areas that are accessible near playing fields they utilize. These areas will be determined by the on-site certified athletic trainer at each school.

Individual institutions will incorporate their own policies relating specific safe areas, areas to avoid, and unsafe areas.

III. Resume activity 30 minutes from the last sighting and sound of thunder.

VI. Activate the Emergency Action Plan if someone is struck by lightening.



On-Site Certified Athletic Trainer

It is the responsibility of the on-site certified athletic trainer to design and implement the Inclement Weather Guidelines for their respective institutions. He or she must educate the coaching staff of these guidelines and implications involved in implementing them prior to the start of the season. Safe areas must also be determined by the certified athletic trainer prior to the start of the school year.

If inclement weather is forecasted by the National Weather Service, the on-site certified athletic trainer can inform the coaching staff and referees or umpires of the conference guidelines and the procedures for implementation. If inclement weather is fast approaching, the on-site certified athletic trainer will inform the on-site administrator, coaching staff, and referees or umpires. Activity must be suspended if the **Flash-to-Bang ratio is 30 seconds or less**.

Team Physician (if present)

The team physician and on-site certified athletic trainer will work together to implement these guidelines prior to the start of the school year. The team physician will be aware of the specific procedures to be followed in case of implement weather. If present, he or she can assist the on-site certified athletic trainer to implement the procedures involved in getting athletes, coaching staff, game personnel, and fans to safety.

Referees/Umpires

The responsibility of referees and umpires is follow the Inclement Weather Guidelines and suspend all activity when the on-site certified athletic trainer informs them the Flash-to-Bang ratio is 30 seconds or less. This means the lightening is six miles away or less.

On-Site Administrator and Coaching Staff

On-Site Administrator and coaching staff can assist the on-site certified athletic trainer to inform athletes and fans of the inclement weather and assist them in getting to an area of safety.

Athletes

Athletes will follow the direction of the on-site certified athletic trainer, on-site administrator, and coaching staff and go to the designated areas of safety.

Fans/Audience

Those fans observing the competition can be at risk for inclement weather. If the school has a public address system, they can be informed and told where to seek shelter should inclement weather be a possibility. This should be done prior to the start of the competition.