

College of Mount Saint
Vincent's Sports
Medicine



2009-2010

*Emergency Action Plan
Policy & Procedure Manual*

INTRODUCTION

PURPOSE

This manual was designed to provide all of the policies, procedures, and recommendations that pertain to the health and safety of our student-athletes in one complete format. It should serve as a resource for basic information as well as allow each coach to review these issues seasonally. If you have any specific questions, please see the Head Certified Athletic Trainer.

CONTACT INFORMATION

Please make a note of the following information and have them with you at all times!

Athletic Department Fax: (718) 405-3765

Steve Macias, Director of Athletics: (718) 405-3417

Athletic Training Room Office: (718) 405-3238

Barima Yeboah, Head Certified Athletic Trainer: barima.yeboah@mountsaintvincent.edu

Nichole Kieltyka, Certified Athletic Trainer: nichole.kieltyka@mountsaintvincent.edu

HEAD CERTIFIED ATHLETIC TRAINER

The Head Certified Athletic Trainer is responsible for the safety, health, and recovery of all student-athletes at The College of Mount Saint Vincent. This includes providing medical care to all teams, coordinating all event coverage, and all administrative duties relating to the Sports Medicine Department.

ASSISTANT CERTIFIED ATHLETIC TRAINER

This person also provides care for student-athletes, coverage of events, and travel as assigned by Head Certified Athletic Trainer.

WORK STUDY ATHLETIC TRAINING STUDENTS

They will assist with Athletic Training Room tasks under the direct supervision of a Certified Athletic Trainer. They also carry Adult CPR, AED Certifications and Blood Borne Pathogen training.

STRENGTH AND CONDITIONING PROGRAMS

If you are interested in continuing or beginning a strength and conditioning program for your team, and would like help, please contact the Head Certified Athletic Trainer as soon as possible.

BEGINNING OF SEASON ITEMS

NECESSARY ITEMS

The following forms have been revised for the 2009-2010 school year. The new forms have a “Rev. 0509” on the bottom right of the page. Please be sure to discard any old forms. Forms are available at the Mount Saint Vincent Athletics website (www.mountsaintvincent.edu). From that page click on the Sports Medicine link, then Athletic Training Forms, then the applicable packet. The packets contain the required forms. (New player packets contain a Medical History, Athletic Physical Examination, Acknowledgement/Waiver/Release, and a Medication Declaration Form. Returning player packets contain all of those except the Medical History Form.) Student-athletes are responsible for submitting all of the forms to the Head Certified Athletic Trainer. Of note, these forms are part of the athlete’s medical records, which are completely confidential. Finally, **each of these forms must be complete, signed, valid, and on-file with the Head Certified Athletic Trainer by Monday, August 10, 2009!**

1. *Medical History Form*

ALL student-athletes at the College of Mount Saint Vincent complete this document ONCE during their career. It is a YES/NO/EXPLAIN survey that summarizes each athlete’s medical past.

2. *Athletic Physical Examination Form*

This is the form that also needs to be completed by a physician. It must be completed, and signed. Forms will not be accepted unless all tests and examinations are preformed with the results noted. Other physical forms are not acceptable. This form is separate and different from the general physical form incoming students must complete for Admissions.

3. *Copy of Insurance Cards*

A copy of the front and back of all applicable insurance cards is required. They must submit copies for each company they are covered under. This copy is required PRIOR to the first activity.

4. *Acknowledgement/Waiver/Release Form*

This is a three-part form, which requires three signatures.

5. *Medication Declaration Form*

This is the form where an athlete is required to list ALL medications (prescriptions or over-the-counter) and supplements s/he takes on a regular basis. This includes allergy medication and birth control pills. Athletes should use the label on the medication to complete the form. This form meets the NCAA requirements and will be used during mandatory drug testing.

Head Coaches are responsible for the following:

❁ *Preliminary Roster*

The Head Coach is responsible for submitting a preliminary roster to the Head Certified Athletic Trainer one (1) week prior to the first practice. This roster should also include athletes who are trying out for the team. This information is necessary for the College's health insurance carrier. A **final roster** of your team is due within two (2) weeks after the first day of practice.

❁ *Emergency Information*

Upon completion of all paperwork, a copy of each athlete's emergency information will be given to the Head Coach. This information will go with the team **every time** it practices, competes, and travels. This will be vital if an athlete needs to be taken to a medical facility for any type of treatment. The Certified Athletic Trainers also keep this information.

EQUIPMENT

Each team is assigned a *medical kit*. Each team is required to have the medical kit present for all activities. A list of supplies provided in the kit can be found on page 8. Please take a minute or two to become familiar with the contents of the kit. If you find you need other supplies, please contact the Head Certified Athletic Trainer. Also, please check the kits weekly especially before you travel, as you are required to provide your own supplies to the venues that you travel to. Any missing or low inventory items will be replenished before departing.

For those teams practicing indoors, up to two water coolers may be assigned. The water cooler(s) should be filled with ice water daily. This can be done in the Athletic Training Room. It is expected that the cooler and kit be part of your team's equipment and treated as such. If either is damaged beyond use, lost or stolen, it will be replaced, and billed to your team's budget. It is expected that both of these items will be returned to the Athletic Training Room at the completion of your season.

COMMUNICATION

As many people in the Hayes Gymnasium revolve their jobs around the Athletic Department, please realize that there is the **absolute necessity** of constant communication. Each coach expects to know where his/her players are everyday they are in season. This is the same for Athletic Training Staff all year round. The Head Certified Athletic Trainer needs to know of all practices/events/days off in advance. You are required to contact the Head Certified Athletic Trainer any time a change occurs. This is only one step that each of you has to take, but it will make the difference between having everything prepared and being unprepared.

Please also utilize that a certified athletic trainer will be responsible for the opening and closing of the Hayes Gymnasium for your team when the building is not otherwise open, (i.e. preseason). This includes all weekend, evening, or early morning events. Therefore, it is critical that s/he is aware of your plans in advance.

TEAM MEDICAL KIT SUPPLY LIST

Taping Supplies:

- 1 can tape adherent
- 2 rolls of prewrap
- 10 heel and lace pads
- 5 rolls of 1 ½" athletic tape
- 2 rolls of 1" athletic tape
- 1 zip cut tape cutter

First Aid Supplies:

- 1 CPR microshield
- 2 pairs of latex gloves (size: large)
- 10 sterile gauze pads
- 10 alcohol prep pads
- 5 packs of antibacterial ointment
- 10 cotton tip applicators
- 10 tongue depressors
- Assorted adhesive bandages
- 10 ice bags (clear)
- 2 instant cold packs
- 2 triangular bandages
- 1 bottle of sterile eye wash
- 1 roller gauze
- 1 bottle hydrogen peroxide
- 1 6" single ace wrap
- 2 4" single ace wrap

Emergency Items:

- Emergency Plan Card
- Concussion Management Card

EMERGENCY ACTIONS PLANS

INTRODUCTION

The number and variety of settings the College of Mount Saint Vincent utilizes for its athletic programs provide a number of logistical obstacles in the case of the emergency. The Emergency Action Plan is a set of instructions devised to guide coaches, administrators, and the Sports Medicine Department. Each member of the Athletic Department is trained annually in emergency actions. Each member of the coaching staff should review this Plan annually; prior to his/her season. The Plan itself is reviewed and updated annually, as is the equipment utilized for emergency management. The Head Certified Athletic Trainer keeps documentation of these training sessions and reviews. Please realize that the initial reaction to an injured athlete can make the difference between a return to play and a lawsuit. The athlete's health and long-term well-being are of primary concern to the College of Mount Saint Vincent and every effort will be made to ensure this. Any questions should be directed to the Head Certified Athletic Trainer.

GENERAL ADVICE

A certified athletic trainer may not be present for all Mount Saint Vincent-sponsored activities. Therefore, all coaches are required to be certified in first aid, cardiopulmonary resuscitation, use of an automated external defibrillator, and prevention of disease transmission. These certifications are available through personnel at the Hayes Gymnasium. Please speak with the Head Certified Athletic Trainer to schedule a training session.

In general, **CALL AN AMBULANCE IF:**

- An athlete is altered or unconscious.
- An athlete has an obvious fracture, dislocation or severe bleeding.
- An athlete has experienced a concussion or other head/neck trauma.
- An athlete is experiencing a related medical condition, including:

Diabetic shock or coma, respiratory distress or unresolving asthma attack, allergic reaction to a bite or sting, vomiting, or passing blood.

In general, **NEVER MOVE AN ATHLETE IF:**

- A head or neck injury is suspected.
- The athlete has no feeling and/or movement in any part of the body.
- The athlete has an open (through the skin) fracture or exposed internal organs.

ALWAYS:

- Contact a certified athletic trainer as soon as possible. The following may be useful to note and should be saved in each coaches cell phone:
 - Athletic Training Room: (718) 405-3238
 - Barima Yeboah, Head ATC: (646) 320-0882
 - Nichole Kieltyka Asst. ATC: (914) 804-4871

- Complete an Accident Report, available in the Athletic Training Room. Return it to the Certified Athletic Trainer within 24 hours of the incident.

A flow chart of what to do in the event of an emergency can be found on page 24. This chart is provided as a guideline when activities are held at sites other than affiliated with College of Mount Saint Vincent.

VENUE SPECIFIC PLANS

These Plans provide specific instructions for all of the sties used by the College of Mount Saint Vincent athletic teams. This Plan should be used regardless of season (in, out, non-traditional) or event (practice, competition, strength and conditioning, etc.). A copy of the venue Plan and General Emergency Plan are provided in each team medical kit.

Cardinal Hayes Gymnasium

Personnel

CERTIFIED ATHLETIC TRAINER (ATC)

It is the responsibility of the certified athletic trainer to assess the severity of an injury, as well as to determine the course of action to be taken. The ATC is SOLELY in charge of the scene and what will occur until EMS arrives. S/he will invoke personnel for assistance as designated below. The ATC will also be responsible for reaching the athlete's emergency contact person and completing the Accident Report.

ATHLETIC DIRECTOR/FACILITIES DIRECTOR

The primary responsibility of the Athletic Director will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or Fire Department Personnel. If the Athletic Director is not present, the head coaches, will assume crowd control.

HEAD COACH

The Head Coach will have the primary responsibility to secure the accident scene of all athletes. All athletes should wait by their respective benches. This is crucial for the injured athlete to receive prompt and proper medical care. Realizing that the coach will be concerned for his/her athlete, it is emphasized that the athlete is in trained medical hands and will be best served if everyone contributes to his/her own responsibilities. His/her secondary responsibility will be crowd control if the Athletic Director is not present.

ASSISTANT COACH

- When instructed by the Certified Athletic Trainer, the Assistant Coach will retrieve the emergency equipment and provide it to the Certified Athletic Trainer.
- When instructed by the Certified Athletic Trainer, the Assistant Coach will call campus security who will then call an Ambulance. This coach will have to stay calm and relay the following information:
 - Caller's name, location, and telephone number
 - The type of accident or injury
 - The number of people involved
 - The status and current aid being rendered to the current athlete
 - The exact location of the athlete including room. Be prepared to provide directions: The College of Mount Saint Vincent is located at 6301 Riverdale Avenue, on the intersection of 263rd and Riverdale Avenue. EMS should enter college through main entrance.
 - Instruct EMS to enter the building from the rear (West Facing) doors.
- The Assistant Coach will then await the ambulance at the west facing doors and direct them to the accident scene.
- A representative of the College will travel with the ambulance, or follow behind. This will probably have to be an Assistant Coach or an Athletic Director. Be sure to take the athlete's medical information, from the team medical kit, with you.

SECURITY

- When radioed by the assistant coach, a campus security member will report to the Hayes Gymnasium.

Equipment

- During the competition, all emergency equipment will be on the sideline. Emergency equipment includes: splints, immobilizers, crutches, medical kit, and ice. An automated defibrillator is available behind the front desk of Hayes Gymnasium.
- During a practice or out-of-season session, all of the equipment will be located in the Athletic Training Room.

Marillac Lawn

Personnel

CERTIFIED ATHLETIC TRAINER (ATC)

It is the responsibility of the certified athletic trainer to assess the severity of an injury, as well as to determine the course of action to be taken. The ATC is SOLELY in charge of the scene and what will occur until EMS arrives. S/he will invoke personnel for assistance as designated below. The ATC will also be responsible for reaching the athlete's emergency contact person and completing the Accident Report.

ATHLETIC DIRECTOR/FACILITIES DIRECTOR

The primary responsibility of the Athletic Director will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or Fire Department Personnel. If the Athletic Director is not present, the head coaches, will assume crowd control.

HEAD COACH

The Head Coach will have the primary responsibility to secure the accident scene of all athletes. All athletes should wait by their respective benches. This is crucial for the injured athlete to receive prompt and proper medical care. Realizing that the coach will be concerned for his/her athlete, it is emphasized that the athlete is in trained medical hands and will be best served if everyone contributes to his/her own responsibilities. His/her secondary responsibility will be crowd control if the Athletic Director is not present.

ASSISTANT COACH

- When instructed by the Certified Athletic Trainer, the Assistant Coach will retrieve the emergency equipment and provide it to the Certified Athletic Trainer.
- When instructed by the Certified Athletic Trainer, the Assistant Coach will call campus security who will then call an Ambulance. This coach will have to stay calm and relay the following information:
 - Caller's name, location, and telephone number
 - The type of accident or injury
 - The number of people involved
 - The status and current aid being rendered to the current athlete
 - The exact location of the athlete including room. Be prepared to provide directions: The College of Mount Saint Vincent is located at 6301 Riverdale Avenue, on the intersection of 263rd and Riverdale Avenue. EMS should enter college through main entrance.
- A representative of the College will travel with the ambulance, or follow behind. This will probably have to be an Assistant Coach or an Athletic Director. Be sure to take the athlete's medical information, from the team medical kit, with you.

SECURITY

- When radioed by the assistant coach, a campus security member will report to the Marillac Lawn directing ambulance to field as well.

Equipment

- During the competition, all emergency equipment will be on the sideline. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit, and ice.
- During a practice or out-of-season session, all of the equipment will be located in the Athletic Training Room.

Fay Field

(softball)

55 Depeyster Street

Yonkers, NY

Personnel

CERTIFIED ATHLETIC TRAINER (ATC)

It is the responsibility of the certified athletic trainer to assess the severity of an injury, as well as to determine the course of action to be taken. The ATC is SOLELY in charge of the scene and what will occur until EMS arrives. S/he will invoke personnel for assistance as designated below. The ATC will also be responsible for reaching the athlete's emergency contact person and completing the Accident Report.

ATHLETIC DIRECTOR/FACILITIES DIRECTOR

The primary responsibility of the Athletic Director will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or Fire Department Personnel. If the Athletic Director is not present, the head coaches, will assume crowd control.

HEAD COACH

The Head Coach will have the primary responsibility to secure the accident scene of all athletes. All athletes should wait by their respective benches. This is crucial for the injured athlete to receive prompt and proper medical care. Realizing that the coach will be concerned for his/her athlete, it is emphasized that the athlete is in trained medical hands and will be best served if everyone contributes to his/her own responsibilities. His/her secondary responsibility will be crowd control if the Athletic Director is not present.

ASSISTANT COACH

- When instructed by the Certified Athletic Trainer, the Assistant Coach will retrieve the emergency equipment and provide it to the Certified Athletic Trainer.
- When instructed by the Certified Athletic Trainer, the Assistant Coach will call campus security who will then call an Ambulance. This coach will have to stay calm and relay the following information:
 - Caller's name, location, and telephone number
 - The type of accident or injury
 - The number of people involved
 - The status and current aid being rendered to the current athlete
 - The exact location of the field 55 Depeyster Street off of Hawthorn Avenue; across from Leak and Watts.
 - Assistant coach will meet EMS as main gate and instruct them to the softball field.
- A representative of the College will travel with the ambulance, or follow behind. This will probably have to be an Assistant Coach or an Athletic Director. Be sure to take the athlete's medical information, from the team medical kit, with you.

Equipment

- During the competition, all emergency equipment will be on the sideline. Emergency equipment includes: splints, immobilizers, crutches, medical kit, and ice. An automated defibrillator is available with ATC.
- During a practice or out-of-season session, all of the equipment will be located in the Athletic Training Room.

Tibbett's Brook Park

(Soccer, Lacrosse, Tennis)

Personnel

CERTIFIED ATHLETIC TRAINER (ATC)

It is the responsibility of the certified athletic trainer to assess the severity of an injury, as well as to determine the course of action to be taken. The ATC is SOLELY in charge of the scene and what will occur until EMS arrives. S/he will invoke personnel for assistance as designated below. The ATC will also be responsible for reaching the athlete's emergency contact person and completing the Accident Report.

ATHLETIC DIRECTOR

The primary responsibility of the Athletic Director will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or Fire Department Personnel. If the Athletic Director is not present, the head coaches, will assume crowd control.

HEAD COACH

The Head Coach will have the primary responsibility to secure the accident scene of all athletes. All athletes should wait by their respective benches. This is crucial for the injured athlete to receive prompt and proper medical care. Realizing that the coach will be concerned for his/her athlete, it is emphasized that the athlete is in trained medical hands and will be best served if everyone contributes to his/her own responsibilities. His/her secondary responsibility will be crowd control if the Athletic Director is not present.

ASSISTANT COACH/FACILITIES DIRECTOR

- When instructed by the Certified Athletic Trainer, the Assistant Coach will retrieve the emergency equipment and provide it to the Certified Athletic Trainer.
- When instructed by the Certified Athletic Trainer, the Assistant Coach will call campus security who will then call an Ambulance. This coach will have to stay calm and relay the following information:
 - Caller's name, location, and telephone number
 - The type of accident or injury
 - The number of people involved
 - The status and current aid being rendered to the current athlete
 - Be prepared to provide directions: Go to school website and get directions to venue
- The Assistant Coach will then await the ambulance at the gate to the fields and direct them to the accident scene.
- A representative of the College will travel with the ambulance, or follow behind. This will probably have to be an Assistant Coach or an Athletic Director. Be sure to take the athlete's medical information, from the team medical kit, with you.

Equipment

- During the competition, all emergency equipment will be on the sideline or on the team bench. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit, and ice.

Purchase College

(Soccer, Lacrosse)

Personnel

CERTIFIED ATHLETIC TRAINER (ATC)

It is the responsibility of the certified athletic trainer to assess the severity of an injury, as well as to determine the course of action to be taken. The ATC is SOLELY in charge of the scene and what will occur until EMS arrives. S/he will invoke personnel for assistance as designated below. The ATC will also be responsible for reaching the athlete's emergency contact person and completing the Accident Report.

ATHLETIC DIRECTOR

The primary responsibility of the Athletic Director will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or Fire Department Personnel. If the Athletic Director is not present, the head coaches, will assume crowd control.

HEAD COACH

The Head Coach will have the primary responsibility to secure the accident scene of all athletes. All athletes should wait by their respective benches. This is crucial for the injured athlete to receive prompt and proper medical care. Realizing that the coach will be concerned for his/her athlete, it is emphasized that the athlete is in trained medical hands and will be best served if everyone contributes to his/her own responsibilities. His/her secondary responsibility will be crowd control if the Athletic Director is not present.

ASSISTANT COACH/FACILITIES DIRECTOR

- When instructed by the Certified Athletic Trainer, the Assistant Coach will retrieve the emergency equipment and provide it to the Certified Athletic Trainer.
- When instructed by the Certified Athletic Trainer, the Assistant Coach will call campus security who will then call an Ambulance. This coach will have to stay calm and relay the following information:
 - Caller's name, location, and telephone number
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 - The number of people involved
 - The status and current aid being rendered to the current athlete
 - Be prepared to provide directions: Go to school website and get directions to venue
- The Assistant Coach will then await the ambulance at the gate to the fields and direct them to the accident scene.
- A representative of the College will travel with the ambulance, or follow behind. This will probably have to be an Assistant Coach or an Athletic Director. Be sure to take the athlete's medical information, from the team medical kit, with you.

Equipment

- During the competition, all emergency equipment will be on the sideline or on the team bench. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit, and ice.

EMERGENCY ACTION PLAN

BAKER FIELD ATHLETICS COMPLEX

533 West 218th Street (Corner of 218th Street and Park Terrace East), New York, NY 10034

MEDICAL EMERGENCY

A

DO NOT MOVE THE INJURED PERSON

Summon for **HELP**
or instruct someone else to



B

Make Telephone Calls
IMMEDIATELY



1st CALL

**NEW YORK CITY
EMERGENCY MEDICAL SERVICES
911**



2nd CALL

**COLUMBIA
MEDICAL CENTER SECURITY
212-305-8100**



C

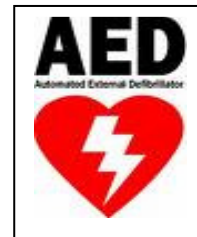
Send Someone to the
Main Gate to Direct the Ambulance

On the 911 Telephone Call:

1. Give your **NAME**
2. Give your **LOCATION**:

Columbia University
Baker Field Athletics Complex
533 West 218th Street
218th Street & Park Terrace East Ave
3. Briefly describe the **NATURE & EXTENT** of Emergency:
 - Gender & Age of Victim
 - Type of Injury or Illness
 - Extent of Injury or Illness
4. **STAY ON THE TELEPHONE** until the dispatcher hangs up

Automated External Defibrillator (AED)



Location:

1st Floor Chrystie Field House Lobby next to the Men's Restroom

BLOOD HANDLING POLICY AND SUGGESTED GUIDELINES

All athletes and coaches take an assumed risk when participating in athletics. Part of this risk is not only injury to one's self, but contamination from others. This contamination may be in the form of germs from shared fluid containers, sneezes, coughs, vomit, and also blood.

Blood is the carrier for many diseases, including Hepatitis and HIV, the virus that cause AIDS. The Organization for Safety and Health Administration (OSHA) has developed guidelines for handling blood, blood contaminated items, and other bodily fluids. The NCAA and the College of Mount Saint Vincent have adopted these guidelines, which are outlined below. If you have any questions or concerns, please see the Head Certified Athletic Trainer for assistance.

1. Assume that everyone is a carrier for disease.

- ✿ Of course this is not necessarily true, but it forces you to protect yourself in **ALL** situations, not just the ones you **MAY** think are dangerous.

2. Automatically use an effective barrier device when you may come in contact with blood or other bodily fluids.

- ✿ This means you should wear a pair of latex gloves before coming into contact with blood or other bodily fluids. Even if the person has not begun to bleed, vomit, etc., but you suspect that s/he might, be prepared and put gloves on.
- ✿ You should not hesitate to help an injured athlete, just be sure to protect yourself first. You can have him/her apply pressure to the open wound with their own hand while you apply the gloves. Once the gloves are on, you can then take over care.

- ☀ Latex gloves are provided in every medical kit. If they are not the proper size, if you are allergic to latex, etc., please see the Head Certified Athletic Trainer as soon as possible for assistance.
- ☀ Remember that the barrier works two ways. It protects you from the injured person and also protects the injured person from you. This may be helpful to point out if the victim is apprehensive about you donning the gloves.

3. Keep all items soiled with blood or other bodily fluids stored in a red biohazardous waste bag.

- ☀ Be sure to put all the gauze, bandages, soiled clothing, and the used gloves into the red bag when you have finished treating the victim.
- ☀ A red bag is provided in every medical kit. Do NOT allow this bag to be used otherwise.
- ☀ Be sure to securely close the bag when you are finished. It can be tied or taped shut.
- ☀ Clothing that can be laundered (not disposed of) should be stored separately and brought to the Equipment Manager for cleaning.

4. Return the sealed red bag to the athletic training room ASAP.

- ☀ Once the red bag has been used, bring it to the Athletic Training Room, Room 121 in the Hayes Gymnasium, for proper disposal.
- ☀ Do NOT throw the bag in regular waste cans.
- ☀ Do NOT leave the bag sitting anywhere.
- ☀ Once the waste is disposed of, the Head Certified Athletic Trainer will re-supply your medical kit with the necessary items.

5. Wash your hands thoroughly after dealing with blood or other bodily fluids.

- ☀ Use an antibacterial soap, gel, or hand wash product.
- ☀ Use very warm to hot running water to rinse.
- ☀ Do not touch accessory items until hands are cleansed.

HEAD INJURIES

Introduction

The following will serve as College wide guidelines for all students who compete in either intercollegiate or intramural athletics for the College of Mount Saint Vincent. Enclosed is a description of common head injuries, their signs and symptoms, the appropriate first aid, return to activity, and removal from activity guidelines. Due to the responsibility of long-term brain damage and permanent disability, ANY athlete exhibiting signs or symptoms of a head injury MUST be reported to the Certified Athletic Trainer ASAP. DO NOT GUESS OR HOPE that everything will be fine if you ignore what your athlete is saying or doing, have him or her examined.

Please note that all head injuries require clearance from a medical professional, usually a physician, in order for the athlete to resume participation. Additionally, these are guidelines ONLY. Each athlete is an individual and will be treated as such. This policy may seem inconvenient or unnecessary at times, but is critical for the prolonged safety of our student athletes. This policy is not negotiable.

DEFINITIONS, SIGNS, SYMPTOMS, AND FIRST AID

A. *Cerebral Concussion*

- A concussion is defined as a decrease in cognitive (thinking), motor (movement), and/or reflex (involuntary) activity due to a direct or indirect force to the head or neck regions.
- A concussion is usually characterized by immediate and transient impairment or neutral function.
- Below are descriptions for three classifications of concussions. Realize that this format is not fixed, but flexible.
- The signs and symptoms listed are the most common, but other may present themselves. One should not assume that every person will experience all of those listed or that any two athletes will react in the same manner. Knowing the athlete is very helpful in assessing head injuries.
- First aid should always be preformed with utmost caution.

1. GRADE 1 (FIRST DEGREE) CONCUSSION

a.) *Description*

This is the mildest of all concussions, but still warrants caution.

b.) *Signs and Symptoms*

- ✿ NO loss of consciousness
- ✿ Slight, brief mental confusion
- ✿ Mild dizziness
- ✿ May feel “out of it”; not normal self
- ✿ Brief visual disturbance
- ✿ Athlete generally recovers quickly
- ✿ Mild nausea
- ✿ Headache
- ✿ Mild ringing in the ear

c.) *First Aid*

- ✿ Recognize the situation for what it is and do NOT underestimate the condition.
- ✿ Activate Emergency Action Plan
- ✿ Meanwhile, monitor motor skills (can athlete walk? Talk?), mental ability (can athlete remember before and after the event? Can athlete do basic math?) every 2-3 minutes
- ✿ Do NOT provide or allow athlete to take anything orally (medication, food, liquid).
- ✿ Receive clearance from the Head Certified Athletic Trainer before allowing athlete to return to activity.

2. GRADE II (SECOND DEGREE) CONCUSSION

a.) *Description*

- ✿ This level includes a wide array of signs and symptoms, in varying degrees of severity.
- ✿ First aid and treatment for a Grade II concussion should be carried out by a medical professional (ATC, EMT, Physician)

b.) *Signs and Symptoms*

- ✿ **NO to BRIEF (<1 minute) LOSS OF CONSCIOUSNESS**
- ✿ Amnesia for less than 15 minutes. There are two types of amnesia:
 - Anterograde Amnesia: the athlete does not remember anything *after* the traumatic event
 - Retrograde Amnesia: the athlete does not remember anything *before* the traumatic event
- ✿ Moderate dizziness, which the athlete is unable to shake off.
- ✿ Nausea and possible vomiting.
- ✿ Increased severity of Grade I signs and symptoms.

c.) *First Aid*

- ✿ Activate Emergency Action Plan IMMEDIATELY!
- ✿ If the athlete is unconscious, do NOT MOVE, SHAKE, SLAP or otherwise disturb the athlete. NEVER use ammonia capsules. If the athlete regains consciousness, encourage him/her to remain still until medical staff arrives.
 - If the athlete is unconscious for more than 2 or 3 seconds, or his/her condition deteriorates, an ambulance must be called!
 - Monitor and record the athlete's mental, physical, and vital signs every 5 minutes.
- ✿ Do NOT provide or allow athlete to take anything orally (medication, food, liquid).
- ✿ The athlete MUST be seen by a physician.
 - Depending on the severity of symptoms and previous history of head injuries, advanced diagnostic testing may be necessary to determine the true extent of damage.
- ✿ The athlete will NOT return to ANY activity for a minimum of two weeks, of which one week must be completely symptom free. At this point, the athlete may begin reconditioning, UNDER THE

SUPERVISION OF THE ATC. Return to full activity will depend on performance in conditioning and gaining physician's clearance.

3. GRADE III (THIRD DEGREE) CONCUSSION

a.) *Description*

- ✿ This is the most severe type of concussion. It is potentially life-threatening!
- ✿ These may be associated with serious or progressive brain damage, such as a hematoma.

b.) *Signs and Symptoms*

- ✿ LOSS OF CONSCIOUSNESS for **greater than one minute**.
- ✿ SEVERE confusion, ringing in the ear, dizziness.
- ✿ The athlete has both retrograde and anterograde amnesia for greater than 15 minutes.
- ✿ Pupils are of unequal size, may react slower or not at all to light.

c.) *First Aid*

- ✿ Activate the Emergency Active Plan IMMEDIATELY!
- ✿ Monitor and record the athlete's mental, physical, and vital signs every 5 minutes.
- ✿ Do NOT provide or allow athlete to take anything orally (medication, food, liquid).
- ✿ If the athlete is unconscious, do NOT MOVE, SHAKE, SLAP or otherwise disturb the athlete. **NEVER** use ammonia capsules. If the athlete regains consciousness, encourage him/her to remain still until medical staff arrives.
- ✿ The athlete must not be cleared by a physician before being cleared to return to participation. Advanced diagnostic testing is strongly recommended, especially if that athlete has a previous history of one or more head injuries.

- ✿ The athlete will NOT return to activity until s/he is symptom free for a minimum of thirty days and has clearance from a physician.

B. CEREBRAL HEMATOMA

- A cerebral hematoma is defined as bleeding that occurs within the skull.
- There are two types of hematomas, which are defined by their location and the type of bleeding involved.

1. EPIDURAL HEMATOMA

a.) Description

- ✿ This involves the tearing and bleeding of a small artery as a result of a severe blow to the head. It may be associated with a skull fracture.

b.) Signs and Symptoms

- ✿ Athlete receives a blow to the head and may lose consciousness temporarily.
- ✿ Athlete recovers, is lucid for a short period of time (10 minutes to 2 hours.)
- ✿ Athlete then becomes lethargic and rapidly deteriorates into unconsciousness.
- ✿ This is a TRUE, LIFE-THREATENING EMERGENCY!

c.) First Aid

- ✿ Activate Emergency Action Plan IMMEDIATELY!
- ✿ Monitor and record the athlete's mental, physical, and vital signs every 5 minutes.
- ✿ Athlete requires surgery to stop intracranial bleeding

2. SUBDURAL HEMATOMA

a.) Description

- ✿ This involves tearing and bleeding a vein, usually opposite to the injured site. Because the damage is to a vein, the bleeding is slower, so the signs and symptoms may be delayed for a longer period of time.

b.) *Signs and Symptoms*

- ✿ The athlete may or may not lose consciousness.
- ✿ The athlete may or may not complain of typical concussive signs or symptoms.
- ✿ Any athlete who receives cumulative blows to the head should be noted and these should serve as a warning sign of this condition.
- ✿ The athlete will deteriorate slowly and may show some or all of the following:
 - Drowsiness
 - Headache
 - Vision difficulties
 - Inability to concentrate
 - Mood changes

c.) *First Aid*

- ✿ Activate Emergency Action Plan IMMEDIATELY!
- ✿ Monitor and record the athlete's mental, physical, and vital signs every 5 minutes.
- ✿ Report any history of head injuries, recent illnesses, and all signs and symptoms.

C. SECOND IMPACT SYNDROME

- Second Impact Syndrome (SIS) is a rare, but usually fatal, consequence of returning a concussed player to activity before all signs and symptoms have fully resolved.
- The center for Disease Control and Prevention (CDC) defines SIS as “an acute and usually fatal swelling of the brain that occurs when a second concussion is sustained before the symptoms of a previous concussion have fully cleared.”
- The magnitude of impact is less of a factor than the type of impact.
- Damage is worse when the head is suddenly jerked, or rotates after impact.
- This causes the brain to accelerate rapidly then decelerate and slam into the opposite side of the skull.

- This second blow can result in a decrease in the brain's ability to regulate blood supply, leading to swelling and increased pressure to the brain. This leads to brain stem failure, which causes respiratory failure and the pupils too quickly to dilate. This entire chain of events takes only two to five minutes from time of impact.

b.) *Signs and Symptoms*

- ✿ Originally conscious
- ✿ Stunned
- ✿ Collapse
- ✿ Semi-conscious with rapidly dilated pupils
- ✿ Loss of eye movement
- ✿ Evidence of respiratory failure (difficulty breathing, deteriorating to loss of respiration and circulation)
- ✿ THIS IS TRUE A LIFE THREATENING EMERGENCY!

c.) *First Aid*

- ✿ Activate Emergency Action Plan IMMEDIATELY!
- ✿ Monitor and record the athlete's mental, physical, and vital signs every 5 minutes.

RETURN TO PLAY GUIDELINES

- **ANY** athlete who has been assessed with a concussion **MUST** be **symptom free**, not just diminished, before being cleared to return to activity. Realize that the final decision is left to the Certified Athletic Trainer. S/he knows the athlete, his/her history and reaction to injuries.
- **ALL** athletes suffering a Grade II or Grade III concussion **MUST** be seen by a physician and released by that physician.
- **ALL** athletes suffering multiple concussions (history of more than one) **MUST** be seen by a physician and released by that physician.
- It is **strongly recommended** that any athlete suffering from more than one concussion in a single season, a Grade II, or Grade III concussion have his/her physician perform appropriate neuroimaging prior to being allowed to return to activity.

Note: Clearance from a physician MUST be in WRITING. A list of diagnostic tests MUST be included. If none were performed, this MUST be noted.

REMOVAL FROM ACTIVITY GUIDELINES

- **NO** athlete who has lost consciousness, had amnesia for greater than 15 minutes, vomits, has prolonged decreased mental status, decreased neurological function, decreased blood pressure or increased heart rate will be allowed to return to activity until seen by a medical professional.
- **ANY** athlete who has suffered two Grade I concussions, a Grade II, or a Grade III concussion will **NOT** return to activity until seen by a physician.
- **ANY** athlete who experiences two Grade II concussions is **OUT FOR THE SEASON**.
- **ANY** athlete who experiences three Grade II and/or Grade III concussions will be removed from the sport permanently.

**HYDRATION PROTOCOL
AND
PREVENTION OF
HEAT ILLNESSES**

INTRODUCTION

The body accommodates heat in a number of ways:

Gains Heat

Absorbed from the environment

Muscle Activity

Metabolism

Loses Heat

Evaporation

Respiration

Conduction

Radiation

Convection

Evaporation (sweating) is the primary means the exercising athlete has for dissipating heat. However, if adequate fluids are not consumed to match those lost, dehydration occurs. Dehydration affects every system in the body, thereby, decreasing performance and increasing the risk of a heat illness.

Heat illnesses can occur at almost any time, even in cooler temperatures, as they are related to air temperature, the percentage of humidity, the amount of wind, the conditioning level of the athlete, the amount of clothing and equipment s/he wears, his/her history of heat illness, use of supplements, drugs (over-the-counter, prescription, recreational), and alcohol. Therefore, the key to these injuries is prevention.

HYDRATION PROTOCOL

Using the following guidelines can minimize the risk of a heat illness.

1. **Coaches, athletes, and parents should be aware of the importance of proper hydration.**

- A proper, balanced diet, fluids, and rest are critical to sound fitness.
- Everyone should be aware that thirst is triggered once the athlete has already lost 1-2% of his/her body weight. At this point, performance, strength, and power have already decreased.
- Athletes should know how to check their hydration level (urine color should be clear to light yellow) and how to calculate their sweat rate ($= \text{change in body weight} - \text{urine volume} + \text{fluids consumed} / \text{time}$) in order to match losses with fluid intake.

2. **Discourage dehydration as a means of weight loss.**

- Items such as rubber suits or excessive clothing should not be worn in order to increase sweating and lose weight.
- Saunas, steam rooms, etc. also should not be used for this purpose.

3. **Have athletes completely hydrated before beginning activity and be aware of how they can rehydrate adequately after activity.**

- Athletes can use the following for general advice. Handouts are available in the Athletic Training Room and on pages 36-37. If an athlete needs assistance, a Certified Athletic Trainer can develop an individualized program.
- 17-20 ounces (500mL) of fluid should be consumed 2 hours before exercise (practice or competition) in a hot and/or humid environment.
- 7-10 ounces (200-300mL) of fluid should be consumed 10-20 minutes before exercise.
- Based on his/her sweat rate, cool fluid should be consumed every 20-30 minutes of exercise. In events less than one hour, water is preferred. In events longer than one hour of continued activity (marathon race, etc.) a carbohydrate solution (Gatorade, PowerAde) is preferred.
- Athletes should restore fluid deficits within 1-2 hours after exercise.
- 125-150% of losses should be regained over 4-6 hours after exercise.

- ☀ Include carbohydrates (granola bars, pretzels, pasta, breads, etc.) in post exercise snack or meal.
 - ☀ Athletes should consume a well-balanced diet, which includes:
 - 4 servings of fruit per day
 - 5 servings of vegetables per day
 - 60-65% of total calories from carbohydrates
 - 15% of total calories from protein
 - Less than 20% of total calories from fat
 - ☀ Athletes should avoid caffeine, alcohol, and carbonated beverages. Fruit juice is not a preferred fluid for rehydration. Water and/or sports drinks are better choices.
4. **Acclimatize athletes to hot and/or humid weather gradually over 10-14 days.**
- ☀ Fitness should be gained first.
 - ☀ Practices should include mixed intensities during this period.
 - ☀ A chart indicating the relationship between temperature and relative humidity can be found on page 38. Note the zones of heat stress that these factors create.
 - ☀ Practices may need to be adjusted based on the heat stress level for that day. A Certified Athletic Trainer will advise the Head Coach when this situation arises.
 - ☀ Athletes should wear loose-fitting, light-colored clothing for each session.
 - ☀ On the third consecutive day of high heat stress, mandatory team weigh-ins and weigh-outs will be conducted in order to monitor fluid loss and rehydration status.
5. **Recognize an at-risk athlete, as well as the signs and symptoms of various heat related conditions.**

a.) ***DEHYDRATION***

- The athlete may or may not complain of thirst
- S/he may appear sluggish or lethargic, or complain of having no energy.
- See a Certified Athletic Trainer. S/he will enact an individualized hydration program, monitor body weight to ensure adequate rehydration, and evaluate the athlete's urine specific gravity.

b.) ***HEAT CRAMPS***

- The muscles in the calves and/or abdominal region begin to forcefully and painfully contract.
- The body is overheated, sweating profusely, and quickly losing electrolytes.
- Simple stretching may relieve the symptoms briefly, but the athlete needs to be moved to a cool place and rehydrated thoroughly. S/he will usually be able to resume activity later that day.

c.) ***HEAT EXHAUSTION***

- The dehydration that has set in is now leading to loss of water from the blood, which makes circulation harder, therefore, not enough oxygen gets to the body (including the brain) and the body is unable to cool down.
- This is a more serious condition and requires aggressive treatment.
- The athlete's skin is now pale in color, continues to sweat profusely, and s/he may seem subdued or "out of it".
- It is imperative that the athlete be removed to a cool place, treated for shock, and aggressively cooled.
- Adequate rehydration will take 1-2 days. Therefore, activity status may need to be modified.

d.) ***HEAT STROKE***

- This is the most dangerous condition and is LIFE-THREATENING! The body is no longer able to cool itself and begins to literally cook its own cells.
- The athlete presents with skin that is red and flushed, but no longer sweating, and may even feel dry. Their core body temperature has risen and s/he is behaving in erratic manner. Heart rate is elevated to 110-120 beats per minute.
- Emergency medical treatment must be administered IMMEDIATELY! This involves activating the Emergency Action Plan, removing all clothing and beginning cooling the body by hosing it with cool water or placing the athlete in a tub or pool of cool water. If none of these options are available, pack the armpits, back of the neck, back of the knees and ankles with ice packs. His/her vital signs must be monitored and recorded every 5 minutes.

HYDRATION PLAN

This worksheet is designed to give general advice. If you have a specific condition or concern, or are unsure how to improve your eating habits, please see a Certified Athletic Trainer. Please be aware that the term “fluids” means water or sports drink.

PRE EVENT MEAL:

- You should eat a well-balanced meal 2-3 hours before your activity.

PRE EVENT FLUIDS:

- 17-20 ounces (500mL) of fluid should be consumed 2 hours before exercise (practice or competition) in a hot and/or humid environment.
- 7-10 ounces (200-300mL) of fluid should be consumed 10-20 minutes before exercise.
- Note: Cups at MSV are 8oz.

DURING YOUR EVENT:

- Based on his/her sweat rate, cool fluid should be consumed every 20-30 minutes of exercise. In events less than one hour, water is preferred. In events longer than one hour of continued activity (marathon race, etc.) a carbohydrate solution (Gatorade, PowerAde) is preferred.

AFTER YOUR EVENT:

- Athletes should restore fluid deficits within 1-2 hours after exercise.
- 125-150% of losses should be regained over 4-6 hours after exercise.
- Include carbohydrates (granola bars, pretzels, pasta, breads, etc.) in post exercise snack or meal.

IN GENERAL:

- Athletes should consume a well-balanced diet, which includes:
 - 4 servings of fruit per day
 - 5 servings of vegetables per day
 - 60-65% of total calories from carbohydrates
 - 15% of total calories from protein
 - Less than 20% of total calories from fat
- Athletes should avoid caffeine, alcohol, and carbonated beverages. Fruit juice is not a preferred fluid for rehydration. Water and/or sports drinks are better choices.

WHAT TO BRING FOR A WEEKEND-LONG EVENT

Your goal is to maintain proper nutrition and hydration throughout your weekend-long event. In order to do so, we suggest you bring the following items with you. You may not actually consume everything on the list, but it will help you be prepared.

- ◇ Bring 1 liter (33.8 ounces) of a sports drink for each competition.
 - *Be sure that you have tried this particular brand of sports drink before the day of the tournament.
 - Label the bottle with your name and do not share.

- ◇ Bring a 1 liter (33.8 ounces) water bottle.

- ◇ Bring an energy bar for each day of competition.
 - *Be sure that you have eaten this type and flavor before the day of the tournament.
 - It should have less than 30% of its total calories from protein.

- ◇ Bring snacks: assorted fruits, pretzels, granola bars, and trail mix are good choices.
 - *Lower calorie energy bars (Balance 100, etc.) are also good choices.

- ◇ Meal: If you are concerned about a good pre-game or post-game meal, bring along a light sandwich, yogurt, dry whole grain cereal and fruits.

LIGHTNING POLICY

BACKGROUND

While the overall number of people struck by lightning in the United States is relatively low, the dangers that lightning presents demands respect. Lightning strikes are most frequent in the eastern half of the United States. They tend to occur from late spring to mid-autumn and from mid-afternoon to late evening. For these reasons, and because injury and death from lightning strikes can be prevented, it is important to review and act upon the procedures listed below.

Also, everyone should be aware of the following items. First, it does not need to be raining for lightning to strike. In fact, lightning strikes can occur up to ten miles in front of the rain shaft. Second, if someone is struck by lightning it is imperative that emergency care be given to that person. The victim does NOT carry an electrical charge, making CPR safe for the responder. Also, after a lightning strike, the victim may present as deceased, however prompt care can actually restore the victim and save his/her life. Finally, do not use the telephone unless there is an emergency, as the caller can be struck and killed using a landline telephone.

PROCEDURES

1. Check local weather reports.

- ◇ The Head Certified Athletic Trainer (ATC) will disseminate weather warning and present reports to the coaching staff.
- ◇ A storm watch indicates that conditions are plausible for a storm to occur.
- ◇ A storm warning means that a storm has been reported in the area.

2. Watch of signs of thunderstorm development.

- ◇ These include: the presence of thunder and lightning, the direction, and speed the storm is moving and the direction you are in relation to the lightning flashes.

3. Locate safer shelter closest to your site.

- ◇ Safe shelter is defined by the NCAA as:
 - a. “Any building normally occupied or frequently used by people, i.e., a building with plumbing and/or electrical wiring that acts to electrically ground the structure.

Avoid using shower or plumbing facilities and contact with electrical appliances during a thunderstorm.

b. Small covered shelters are not safe from lightning. Dugout, rain shelters, golf shelters, and picnic shelters, even if they are properly grounded for structural safety, are usually not properly grounded from the effects of lightning and side flashes to people. They are usually very unsafe and may actually increase the risk of lightning injury. Other dangerous locations include areas connected to, or near light poles, towers and fences that can carry a nearby strike to people. Also dangerous is any location that makes the person the highest point in the area.

c. In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (neither a convertible nor a golf cart) with windows shut provides a measure of safety. The hard metal frame and roof, not the rubber tires is what protect occupants by dissipating lightning current around the vehicle and not through the occupants. It is important not to touch the metal framework of the vehicle.”

- ◇ Calculate how long it will take for your team and spectators to evacuate the athletic site and reach safe shelter.
- ◇ A list of safe shelters for each of Mount Saint Vincent’s teams are listed below:
 - HAYES GYMNASIUM should be used by: Basketball (Men’s and Women’s), Dance Team, on-campus Soccer (Men’s and Women’s), Swimming and Volleyball.
 - SAFE STUDENT VEHICLES should be used for: Cross Country, Softball, Tennis (Men’s and Women’s), off-campus Soccer (Men’s and Women’s), Baseball, Lacrosse (Men’s and Women’s)

4. Determine when to leave an athletic site and report to safe shelter.

- ◇ Clear skies can still be dangerous, as lightning may be present ahead of the rain shaft.
- ◇ The predominant way of doing so is to use the Flash-To-Bang Method.
- ◇ Count the time (in seconds) between the flash of lightning and the clap of thunder. Divide this number by 5 to determine how far away the storm is (in miles).
- ◇ Example: flash to bang time is 30 seconds.
- ◇ Divide this by 5 and the storm is 6 miles away.

- ◇ For **Cross Country** practices and competition held on a designated course, all personnel should evacuate the area and proceed directly to safe shelter on the **first flash of lightning**.
- ◇ For **all other events**, monitor the flash-to-bang time. As it approaches 30 seconds, prepare to delay activity and evacuate the athletic site.
- ◇ ALL ACTIVITY MUST CEASE AND ALL PERSONNEL MUST REPORT TO SAFE SHELTER WHEN EITHER:
 - A. The flash-to-bang time is rapidly decreasing and the storm is approaching your location

OR

- ◇ B. The flash-to-bang time is less than or equal to 30 seconds.
- * Individuals have the right to leave the field or event site if they feel they are in danger of any lightning activity.

5. The decision to clear the field is made by the senior medical staff person.

* In the event that a Certified Athletic Trainer is not at a Mount Saint Vincent sponsored event, the responsibility to clear the athletic site belongs to the Head Coach.

* Prior to a competition, it may be prudent to discuss evacuation timing, location, and return to play guidelines with the officials and the opposing head coach. By doing so, everyone will know when and where to go without undue conflict.

6. What to do in the event safe shelter cannot be reached.

- ◇ You do not want to be the tallest object in a field.
- ◇ Do NOT take shelter under a single tall tree.
- ◇ Everyone should avoid tall or individual trees, lone objects (such as light or flagpoles), metal objects (such as bleachers or fences), standing pools of water, and open fields.
- ◇ If you are caught outdoors during a storm, try to find a dry ditch. Crouch down in one of those areas, but DO NOT lie flat!
- ◇ A crouched position is one in which only your feet are in contact with the ground. Keep your feet close together, wrap your arms around your knees, and lower your head to minimize your body's surface area.

- ◇ If you feel your hair stand on end, your skin tingle or hear crackling noises, immediately assume the crouched position.

7. When is it safe to resume activity?

- ◇ Allow 30 minutes to pass after the **last** sound of thunder or flash of lightning before resuming practice or competition.

PREGNANCY POLICY

BACKGROUND

The NCAA acknowledges pregnancy as a medical condition, and allows a one-year extension to the 5-year eligibility rule for female athletes who are pregnant. Proper documentation is required. Contact the Director of Athletics for more information. If the pregnant student-athlete wishes to participate in athletics, training, and exercise can have a positive effect. Benefits of exercise during pregnancy include: reduced heart rate, decreased exertion rates, increased carbohydrates metabolism, increased oxygen uptake, and even a possible decreased need for medical intervention during labor (i.e. forceps, c-section). However, because of the minimal research on pregnancy in competitive athletics, the athlete needs to follow certain guidelines.

- ◇ In order to participate the athlete must have:
 - Clearance from the obstetrician most familiar with her case
 - Clearance from the Team Physician
 - Clearance from the Head Certified Athletic Trainer
 - Completed a risk acknowledgement/ informed consent form
- Athletes will NOT be cleared if they incur the following:
 - Poorly controlled diabetes
 - Poorly controlled hypertension
 - Multiple gestations (twins, etc.)
 - Pre-eclampsia (swelling from high blood pressure)
 - Cervical defects
 - Inactivity prior to becoming pregnant (athlete may be cleared for exercise in the 2nd trimester)
- The athlete should avoid the following things during physical activity:
 - Exercise while in the “face up” position (i.e. bench press, backstroke)
 - Excessive abdominal exercise
 - Strenuous exercise two days in a row
 - Exercise in severe environmental conditions

- Dehydration (extra fluids and water breaks are necessary)
- The athlete should STOP exercise IMMEDIATELY if one of the following occur:
 - Vaginal bleeding or spotting
 - Dizziness
 - Chest pain
 - Calf pain or swelling
 - Pre-term labor
 - Decreased bowel movements
 - Short of breath prior to exercise
 - Amniotic fluid leakage
 - Muscle weakness

Finally, the athlete must make monthly visits to her obstetrician to check the status of the fetus and the athlete. The athlete must have **written** clearance from the doctor after each visit; *there will be no exceptions!*

**PROCEDURES FOR
OUTSIDE
MEDICAL SERVICES**

- If an accident or injury occurs during a sponsored event:
 - Report to the Certified Athletic Trainer covering the event.
 - The student-athlete will be evaluated; an Injury Report completed and then is provided with the secondary accident insurance plan.
- If an injury requires additional medical attention:
 - Athletes have the option to see the physician of their choice. The College of Mount Saint Vincent is currently affiliated with Hudson Valley Bone and Joint Surgeons. This provides the athletes direct, timely access to these health care providers, which may decrease time lost from participation.
 - Once someone has provided health care outside the College of Mount Saint Vincent, it is the athlete's responsibility to return proper verification of his/her status. Returning a completed Medical Referral Form (available in the Athletic Training Room) will do this.
- If an injury or illness occurs outside of participation in a sponsored event:
 - The same procedures apply.
 - The Athletic Training staff will make every attempt to aid in the athlete's recovery.
 - However, the College of Mount Saint Vincent will not be responsible for medical charges incurred.
 - The athlete is still responsible for returning the appropriate paperwork.
 - This may be either a completed Medical Referral Form (available in the Athletic Training Room) or a note from the attending medical professional, which includes the following information:
 - The findings of the medical professional.
 - Treatment recommendations.
 - Activity status for the athlete.

- Signature, date, and office stamp of attending medical professional.
- **No athlete will be permitted to return to activity until the Head Certified Athletic Trainer processes all necessary information.**

HEALTH INSURANCE INFORMATION

The College of Mount Saint Vincent does not provide illness health insurance to its students. Anyone without primary insurance should consider purchasing health insurance. There are two plans to choose from and both are available at very reasonable rates. Policy information and enrollment forms are available on the Mount Saint Vincent website, or in the Athletic Training Room. It is highly recommended that all students have some form of primary insurance to protect themselves from unexpected medical bills.

As full-time, matriculated students at the College of Mount Saint Vincent, all athletes are provided for by the College's secondary health insurance policy. This is not an all-expense-paid visit to any physician, but it does allow students access to advanced medical care.

A summary of the policy follows. Realize that the policy is secondary to any health insurance the student has and that only reasonable and customary charges will be paid. Also, the company will reimburse the student for any out-of-pocket expenses, such as a co-payments or an unmet deductible. Please contact the Head Certified Athletic Trainer with any specific questions.

In order to receive the benefits of this medical program, the student is required to do the following:

- 1. Report the injury to a Certified Athletic Trainer.**
- 2. File a claim with their primary (family) health insurance.**
 - Most doctors' offices will do this for them at the time of his/her visit.
- 3. Complete a Claim Form for the College's insurance company.**
 - a. These are available from the Head Certified Athletic Trainer.
 - b. Be sure to fill out the **ENTIRE** form, both front and back.

- c. Be sure to **SIGN** the form, both front and back.
- d. Return the completed form to the Head Certified Athletic Trainer promptly.
- 4. Bring copies of any bills and all Explanation of Benefits statements from the primary insurance company to the Head Athletic Trainer promptly.**
 - The College's insurance company will not pay a claim until they have verification that all other insurance providers have processed the claim.
- 5. Please realize that this process may take longer than you anticipate.**
 - Please be patient.

If the student has any other questions or concerns, please refer them to the Head Certified Athletic Trainer.