ST. JOSEPH’S COLLEGE
SPORTS MEDICINE

2019-2020

POLICY AND PROCEDURE MANuaL
TABLE OF CONTENTS

INTRODUCTION ........................................................................................................................................... 4
PURPOSE ......................................................................................................................................................... 4
CONTACT INFORMATION ............................................................................................................................. 4
HEAD TEAM PHYSICIAN .............................................................................................................................. 4
TRAVEL WITH INTERCOLLEGiate TEAMS ................................................................................................. 5
ACADEMIC ACCOMMODATIONS ................................................................................................................ 5
BEGINNING OF SEASON ITEMS ............................................................................................................... 6
  REQUIREMENTS FROM THE STUDENT-ATHLETE ................................................................................ 6
  REQUIREMENTS OF THE HEAD COACH ................................................................................................. 8
  ATHLETIC PHYSICALS ............................................................................................................................... 8
TEAM MEDICAL KIT SUPPLY LIST ............................................................................................................ 10
PROCEDURES FOR OUTSIDE MEDICAL SERVICES ............................................................................. 11
HEALTH INSURANCE INFORMATION ....................................................................................................... 12
CATASTROPHIC INCIDENTS AND INTERCOLLEGiate ATHLETICS .................................................... 13
  CATASTROPHIC INCIDENT MANAGEMENT PLAN FOR SJC – LONG ISLAND ..................................... 14
EMERGENCY ACTION PLANS .................................................................................................................... 16
  GENERAL EMERGENCY PLAN ................................................................................................................. 18
  DANZI ATHLETIC CENTER ....................................................................................................................... 19
  ON CAMPUS ATHLETic FIELD ................................................................................................................ 20
  OUTDOOR FIELD COMPLEX - DANZI STADIUM .............................................................................. 21
  OUTDOOR FIELD COMPLEX - ALFANO BASEBALL FIELD ................................................................. 22
  OUTDOOR FIELD COMPLEX - SOFTBALL FIELD .............................................................................. 23
  OUTDOOR FIELD COMPLEX - TENNIS COURTS .............................................................................. 24
  ALL PRO SPORTS INDOOR FACILITY .................................................................................................... 25
  ALL STAR ARENA .................................................................................................................................. 26
  BAYPORT-BLUE POINT HIGH SCHOOL ............................................................................................... 27
  BETHPAGE STATE PARK - Competition ............................................................................................... 28
  BROADWAY AVENUE PARK - Competition ........................................................................................ 29
  BROADWAY AVENUE PARK – Practice situations ........................................................................... 30
  EASTERN ATHLETic CLUB ..................................................................................................................... 31
  ST. ANTHONY’S HIGH SCHOOL - Competition .................................................................................. 32
  SUFFOLK COUNTY COMMUNITY COLLEGE .................................................................................... 33
  SUNKEN MEADOW STATE PARK – Competition .............................................................................. 34
HEAD INJURIES ............................................................................................................................................ 35
  CONCUSSION MANAGEMENT POLICY ............................................................................................... 38
  CONCUSSION ACTION PLAN FOR COACHES, ADMINISTRATORS AND STAFF ............................. 39
MENTAL HEALTH CARE AND INTERCOLLEGiate ATHLETICS ...................................................... 41
  MENTAL HEALTH EMERGENCY ACTION PLAN ............................................................................... 45
BLOOD HANDLING POLICY AND GUIDELINES .................................................................................... 46
SICKLE CELL AND ATHLETICS ................................................................................................................ 48
  SICKLE CELL TRAIT POLICY ............................................................................................................... 50
AIR QUALITY POLICY .................................................................................................................................. 52
  AQI MODIFICATION GUIDELINES ...................................................................................................... 52
INTRODUCTION

PURPOSE
This manual is designed to provide a complete format of all of the policies, procedures, and recommendations, which pertain to the health, and safety of our student-athletes. It should serve as a resource for basic information and be reviewed by all members of the Athletic Department annually. If you require a hard copy of this manual, or if you have any specific questions, please contact the Head certified athletic trainer.

CONTACT INFORMATION
Please make a note of the following information and have them with you at all times!
Shantey Hill - Director of Athletics: 631.687.1445
Danzi Center Athletic Training Facility Office: 631.687.1454
Danzi Center Athletic Training Facility Fax: 631.687.1453
Outdoor Complex Athletic Training Facility Office: 631.687.5127
Lisa Komnik - Head certified athletic trainer: 631.294.2583, lkomnik@sjcny.edu
Kevin Brandt – Associate certified athletic trainer: 631.687.1454, kbrandt2@sjcny.edu
Taylor Kulak – Assistant certified athletic trainer: 631.687.1454, tkulak@sjcny.edu
Andre Venner – Assistant certified athletic trainer: 631.687.1454, avenner@sjcny.edu

HEAD TEAM PHYSICIAN
Dr. Stuart Cherney of Stony Brook Orthopedics serves as the team physician for St. Joseph’s College - Long Island. He oversees the healthcare services for the student-athletes. He works in conjunction with the staff certified athletic trainers to develop policies, procedures and ensures the safety and well-being of the student-athletes. The staff certified athletic trainers serve as his designees when appropriate.

ATHLETICS HEALTHCARE ADMINISTRATOR
Kevin Brandt will serve as the Athletics Healthcare Administrator. The NCAA has required the designation of a person to “oversee the institution’s athletic health care administration and delivery”. Kevin will serve as the contact person for NCAA’s Sports Science Institute (SSI). The SSI provides health and safety legislation, guidelines and best practices to member institutions. Kevin will forward that information and related educational material to all applicable parties.
CERTIFIED ATHLETIC TRAINERS

The certified athletic trainers are New York State licensed healthcare providers who are responsible for the safety, health and recovery of all student-athletes at St. Joseph’s College - Long Island. This includes, but is not limited to, providing medical care to all team members, coordinating all event coverage, traveling with teams as needed and administrative duties relating to the Sports Medicine Department.

ATHLETIC TRAINING STUDENT(S)

These students come from a CAATE-accredited program to gain practical experience. They will assist with coverage of our teams under the direct supervision of a certified athletic trainer. They carry all emergency certifications.

WORK STUDY ATHLETIC TRAINING STUDENTS

These St. Joseph’s College students assist with Athletic Training Facilities tasks under the direct supervision of a certified athletic trainer. They also carry First Aid, Adult CPR, AED certifications and Blood Borne Pathogen training.

STRENGTH AND CONDITIONING PROGRAMS

If a team is interested in continuing or beginning a strength and conditioning program, and would like help, please contact the Head certified athletic trainer.

TRAVEL WITH INTERCOLLEGIATE TEAMS

A certified athletic trainer will travel with Men’s Lacrosse; any high risk team when they are involved in consecutive days of competition; and for post-season tournament play as required by the Skyline Conference and the NCAA.

ACADEMIC ACCOMMODATIONS

The Office of Accessibility Services works with all students to assist in meeting their needs. This includes academic accommodations for students with learning disabilities, physical impairments or those who may need temporary assistance as they recover from an injury or prolonged illness (Ex: concussion, mental health situation, surgery, etc.).

In order to receive this assistance, the student-athlete must contact their professors, the Assistant Director of Athletics for Compliance and the Head certified athletic trainer. These staff members will then coordinate with the Office of Accessibility Services to develop a plan to assist the student-athlete.
BEGINNING OF SEASON ITEMS

REQUIREMENTS FROM THE STUDENT-ATHLETE

All of the required forms are compiled into New and Returning Player Packets. These forms have been revised for the current school year and are available on the Sports Medicine page of the St. Joseph’s College - Long Island athletic web site at www.sjcgoldeneagles.com/Sports_Medicine. The New Player Packet contains the Athletic Medical History form, Orthopedic Medical History form, Athletic Physical form, Acknowledgement/Waiver/Release form, HIPAA form, the Medication Declaration form, the Sickle Cell Trait testing consent form. The Returning Player’s packets contain the Athletic Physical form, Acknowledgement/Waiver/Release form, HIPAA form, and the Medication Declaration form. Student-athletes are responsible for submitting all of the forms to the Head certified athletic trainer. These forms are part of the athlete’s confidential medical records. The easiest way for an athlete to complete his/her Player Packet is for her/him to attend Athletic Physicals (see page 8).

- **Athletic General Medical History Form**
  All student-athletes at St. Joseph’s College – Long Island complete this document once during their career. It is a YES/NO/EXPLAIN survey that summarizes your overall medical past. Please complete this form BEFORE arriving at the Danzi Athletic Center for Athletic Physicals. This form provides us vital information about each individual we will work with and be responsible for. We encourage you to consult with your parent or guardian when completing this form in order to provide the most accurate information.

- **Orthopedic Medical History Form**
  All student-athletes at St. Joseph’s College – Long Island complete this document once during their career. It is a YES/NO/EXPLAIN survey that summarizes his/her orthopedic medical past. This form will serve as the foundation for the Orthopedic Screening you will receive.

- **Orthopedic Screening**
  All student-athletes at St. Joseph’s College - Long Island will have an orthopedic screening performed by a certified athletic trainer. Any findings will be reviewed with the student-athlete and a pre-habilitative program will be created. For convenience, this testing is included in Athletic Physicals.

- **Sickle Cell Trait status verification**
  The NCAA requires that we verify and document each athlete’s Sickle Cell Trait status. Information about Sickle Cell Disease, Anemia and Trait can be found on our web page (www.sjcgoldeneagles.com/Sports_Medicine). No form of Sickle Cell Disease, Anemia or Trait will exclude an athlete from intercollegiate athletics at St. Joseph’s College.

  The athlete may already have acceptable documentation of his/her Sickle Cell Trait status, as New York State mandates testing at birth. If s/he is able to locate this documentation, s/he will need to provide it.
Proper documentation is based on the results of either a Hemoglobin Solubility test or Hemoglobin Electrophoresis test. A total hemoglobin test is NOT sufficient. The results must be a lab report or a letter from the physician who ordered the test, on the physician’s letterhead, dated and with his or her original signature. Stamps and faxes will NOT be accepted.

If the athlete has not been tested or cannot locate proper documentation (as listed above), s/he will have to report to his/her primary care physician and request a Sickle Cell Trait screening. The test must be either a Hemoglobin Solubility test or Hemoglobin Electrophoresis test. A total hemoglobin test will not be sufficient. S/he will have to get the test done and then submit a copy of the lab report. Please realize that this option may take time and that no athlete will be permitted to practice or compete until Sickle Cell Trait status documentation is on file.

- **Sickle Cell Trait Testing Procedure And Consent**
  This form is the athlete’s consent to have the Sickle Cell Trait testing performed at St. Joseph’s College - Long Island during Athletic Physicals. The athlete is asked to read the Sickle Cell Trait screening informational sheet prior to signing. If s/he is under 18 years of age on the day of testing, a parent or guardian must cosign the form.

  If the athlete has acceptable documentation of her/his Sickle Cell Trait status (see Sickle Cell in Athletics, page 48), or will have the testing performed elsewhere, s/he does not need this form. However, please remember that an athlete will NOT be cleared for any activity until acceptable, documented status is received.

- **Baseline Concussion Testing**
  Every athlete will complete Baseline Concussion Testing with a staff certified athletic trainer prior to being medically cleared to begin participation. For convenience, this testing is included in Athletic Physicals. For more information about head injuries in general and concussions specifically, see the Head Injuries policy on page 34.

- **Athletic Physical Form**
  There are six sections on the form. The student-athlete must complete the Athlete Information (both pages), Emergency Information and Insurance Information sections. His or her physician will complete the Physical Exam and Overall Physical Exam Results sections. A separate orthopedic exam is only necessary if s/he is returning from an injury. Only when all sections are complete and the form is signed and stamped will the Athletic Physical Form be considered complete and valid. Please note that all sections MUST be completed. Blanks and “n/a” are not acceptable. All physicals must be completed after July 1 of the current year.

- **Medication Declaration Form**
  This form is where you should list ALL medications you use (over-the-counter and prescription, including birth control, any inhalers or Epi-pens) as well as any supplements you are taking. A certified athletic trainer will be present to answer any specific questions you may have. This form meets the NCAA requirements for medication documentation and will be used if you have a positive drug test.

  We ask that student-athletes provide the Sports Medicine Department with any rescue device s/he uses (inhaler and/or epinephrine injector). This device will be placed in your team’s medical kit for use in case of emergency.

  For additional information, refer to the Medications, Supplements and Banned Substances policy on page 64.
• **Acknowledgement/Waiver/Release Form**
  By signing this form, the athlete is acknowledging the inherent risk of sport and voluntarily assuming that risk; s/he is agreeing to participate in his/her healthcare; s/he understands the limitations of the secondary insurance accident policy; and is allowing the Sports Medicine Department at St. Joseph’s College to treat him/her.
  If an athlete is under 18 years of age, a parent or guardian must co-sign the form.

• **Health Insurance Portability and Accountability Act (HIPAA) Form**
  This form allows the Sports Medicine Department to access and share medical information about the athlete with treating and billing entities for the purpose of care and bill payment only. This form also ensures the confidentiality of all of the athlete’s medical records at St. Joseph’s College - Long Island. If an athlete is under 18 years of age, a parent or guardian must co-sign the form.

• **Copy of Insurance Cards**
  Each athlete must have and must provide a copy of the front and back of his/her primary insurance card(s). If s/he has coverage through more than one person, copies of each card must be provided. St. Joseph’s College requires all students to have primary health insurance. Please see Health Insurance Information, page 12 or contact the Office of the Vice President of Student Life at 631.687.4595 with any additional questions.

**REQUIREMENTS OF THE HEAD COACH**

• **Preliminary Roster**
  The Head coach is responsible for submitting a preliminary roster to the Head certified athletic trainer by the third Friday in June each year. This roster should include the names, preferred email, or mailing address if no email address is available, of any returning, recruited or try-out athletes. This information is necessary for our annual contact regarding Athletic Physicals. A final roster of your team is due within two days of the first official practice. No additions may be made to the roster after one third of your competition schedule has been completed. See the Athletic Department Manual for more information.

• **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.

**ATHLETIC PHYSICALS**

The Sports Medicine Department provides FREE Athletic Physicals each August. The specific dates are provided to the entire Athletic Department in March. We request athlete contact information from the Head coach in June, and then email all athletes with his/her specific team time in July. This notice should allow for coaches and athletes to plan ahead and to attend them.
The Athletic Physicals date also includes the NCAA Compliance seminars, hosted by the Assistant Athletic Director for Compliance. This means that all required paperwork and testing can be completed in one afternoon for the majority of student-athletes. Therefore, it is expected that coaches will require all athletes to attend.

In the event that a student-athlete cannot attend their scheduled date and/or time, have him/her contact the Head certified athletic trainer directly. Contact information is on the Athletics web page, the Sports Medicine web page, page 4 of this manual and on the contact letter we send to each rostered athlete.

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 10. 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, but 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.

It is expected that the medical kit be part of your team’s equipment and treated as such. If it is damaged beyond use, lost or stolen, it will be replaced, and billed to your team’s budget. It is to be returned to an Athletic Training Facility at the completion of your season.

COMMUNICATION

Please realize that there is an absolute necessity for constant and accurate communication.

All game schedules are to be submitted to the Director of Athletics. Practice schedules are to be submitted to the Assistant Director of Athletics for Sport Programs. A schedule of due dates is provided in the Athletic Department manual. Once schedules are submitted, they are considered absolute. Changes to competitions are to be submitted and approved by the Director of Athletics. Changes to practices will only be permitted due to weather or an extreme unforeseeable situation. The Head coach is responsible for contacting the Head certified athletic trainer via text or phone call as soon as possible with any issues.

Please realize that a certified athletic trainer will be responsible for the opening and closing of the Danzi Athletic Center and Outdoor Field Complex for your team when they are not otherwise open. 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
- 1 roll pre-wrap
- 10 heel and lace pads
- 5 rolls 1 ½” athletic tape
- 2 rolls 1” athletic tape
- 1 Zip cut tape cutter

**EMERGENCY ITEMS**

- Emergency Action Plan(s)
- Concussion Management card
- Concussion Action Plan
- Catastrophic Incident Management Plan
- Mental Health Emergency Action Plan

**FIRST AID SUPPLIES**

- 1 CPR microshield
- 2 pairs of latex gloves- size large
- 10 sterile gauze pads
- 10 alcohol prep pads
- 1 bottle sterile eyewash
- 10 packets of antibacterial ointment
- 1 roller gauze
- 10 sterile cotton tip applicators
- 10 tongue depressors
- Assorted adhesive bandages
- 1 pack of steristrips

- 10 ice (clear) bags
- 1 biohazard (red) bag
- 1 instant cold pack
- 2 triangular bandages
- 1 bottle of hand wash
- 1 roll Flexi Wrap
PROCEDURES FOR OUTSIDE MEDICAL SERVICES

- If an accident or injury occurs during a sponsored event:
  - The student-athlete must report to the certified athletic trainer covering the event.
  - S/he will be evaluated and have an Injury Report completed.

- If an injury requires additional medical attention:
  - Injuries that result from Intercollegiate Athletic participation will be afforded secondary insurance coverage through St. Joseph’s College. See Health Insurance Information on page 12.
  - Athletes have the option to see the physician of their choice. St. Joseph’s College - Long Island is currently affiliated with a very large number of physicians of all specialties, from Manhattan throughout Long Island. This provides the athletes direct, timely access to these health care providers, which may decrease time lost from participation.
  - A Physician Referral or Medical Practitioner Form will be provided to the athlete. This form is to be taken to the appointment, completed by the provider and returned to the staff certified athletic trainer. It is the athlete’s responsibility to return this form. Without proper verification of diagnosis, treatment plan and activity status, no athlete will be medically cleared for participation.

- If an injury or illness occurs outside of participation in a sponsored event:
  - The same procedures apply.
  - The Sports Medicine staff will make every attempt to aid in the athlete’s recovery.
  - However, St. Joseph’s College will not be financially responsible for medical charges incurred.
  - The athlete is still responsible for informing a staff certified athletic trainer prior to the appointment and returning the appropriate paperwork.

No athlete will be permitted to return to activity until the Head certified athletic trainer processes all necessary information.
HEALTH INSURANCE INFORMATION

St. Joseph’s College requires all students to have primary health insurance. All student-athletes must provide proof of their coverage by completing the Insurance Information section on page two of the Athletic Physical form and providing a copy of the front and reverse of all insurance cards.

For full-time, matriculated students, St. Joseph’s College provides a secondary accident health insurance policy. Realize that the policy is secondary to the health insurance the student has and that only reasonable and customary charges will be paid. Students will be responsible for any charges that exceed usual and customary. The plan will reimburse the student for any out-of-pocket expenses, such as prescriptions, a co-payments or an unmet deductible.

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

1. Report the injury to a staff certified athletic trainer.
2. File a claim with their primary (family) health insurance.
   - Most doctors’ offices will do this at the time of the visit.
3. Complete a Claim Form for the College’s insurance company.
   - These are available from the Head certified athletic trainer.
   - Be sure to fill out the ENTIRE form, including signing the bottom as per the attached instructions.
   - 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 certified 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.

If the student has any questions or concerns, please refer them to the Head certified athletic trainer.
CATASTROPHIC INCIDENTS AND INTERCOLLEGIATE ATHLETICS

A catastrophic incident involves the sudden death, the disabling, or loss of quality of life of a student, coach or staff member under any circumstances. These events continue to occur regardless of the amount of preparation and prevention enacted. A plan has been adopted in order to guide those involved.

CATASTROPHIC INCIDENT MANAGEMENT TEAM

The Catastrophic Incident Management (CIM) team will be the only ones to speak to the family and media initially. They are able to clear others to speak on behalf of the college. The CIM team is comprised of:

- Primary members: President, Director of Athletics, Head certified athletic trainer, Vice President for Marketing and Communications, Risk management/legal counsel, Vice President for Student Life, and the Director of Security.
- Secondary members: Team physician, Office of Student Health, Wellness and Counseling, religious advisors, NCAA faculty representative.

The responsibilities of the Catastrophic Incident Management team include:

1. Respecting the dignity of the person(s) involved.
2. Gathering the facts of the event – including compiling a time line of events.
3. Asking that the incident not be discussed, but allow all information to proceed through the CIM team.
4. Consider the need for a criminal investigation. The Director of Security will coordinate with local law enforcement. However, the scene of the event will be secured.

Routine tasks that are to be taken by the CIM team include:

1. Disseminate the Catastrophic Incident plan to all CIM team members and Athletic Department staff members.
2. Develop, update and maintain the CIM team phone chain, including the NCAA catastrophic injury reporting telephone number.
3. Practice the plan annually.
4. Update the plan as needed to ensure it complies with all NCAA, Skyline Conference and St. Joseph’s College legislation.
CATASTROPHIC INCIDENT MANAGEMENT PLAN FOR SJC – LONG ISLAND

When an event occurs at a home facility:

1. Activate the Emergency Action Plan for that site.
   - All Athletic Department staff members are provided with Emergency Actions plans (EAP) via the Sports Medicine Policy and Procedure Manual, on the Sports Medicine web page (www.sjcgoldeneagles.com/Sports_Medicine) and in the team’s medical kit.
   - EAPs are updated annually and provided by the Head certified athletic trainer.

2. Use emergency skills as needed.

3. The Head coach will contact the Head certified athletic trainer, who will contact the Director of Athletics, who will notify the remainder of the Catastrophic Incident Management (CIM) team.

4. If necessary, local police will conduct their investigation.

5. If a student is involved in the catastrophic event, and when appropriate, the Director of Athletics will contact the parents of the student directly.

6. The Director of Athletics, Head certified athletic trainer and Head coach will meet with the team to relay current and accurate information. The emphasis will be on the need to respect the involved party’s family and the person’s privacy by not discussing the situation or spreading rumors.

7. All public information will be disseminated by the College’s Marketing and Communications team.

8. The Director of Athletics will contact the Director of Athletics of the visiting team, if applicable.

9. The Director of Athletics and the Head certified athletic trainer will coordinate with counseling and religious services to provide counseling and support to those collaterally affected by the event.

10. The Director of Security, the Head certified athletic trainer, local police, the venue supervisor and the Director of Physical Plant will determine when it is safe to return to the site.

11. The Head certified athletic trainer will be responsible for the insurance claim processing procedures, including reporting the injury to the NCAA for catastrophic injury insurance program as indicated.

12. The Executive Director of Human Resources will handle the insurance claim processing procedures for employees.

13. The CIM team will meet promptly after the event to finalize the time line, generate printouts of AEDs, and complete required documentation. A review of the actions taken and improvements to the plan will be made.

14. The Director of Athletics, Head certified athletic trainer and Head coach will decide when the team will return to activity.
CATASTROPHIC INCIDENT MANAGEMENT PLAN FOR SJC – LONG ISLAND

When an event occurs at an away competition:

1. Care will be organized and implemented by the host school. Follow the instructions you are given.

2. The Head coach will contact the Head certified athletic trainer, who will contact the Director of Athletics, who will notify the remainder of the Catastrophic Incident Management (CIM) team. This will include the Director of Security, who will act as a liaison to the local police.

3. Designate a person to stay at the location to act as a college representative. Ideally, this should be a member of the coaching staff.

4. If a student is involved in the catastrophic event, and when appropriate, the Director of Athletics will contact the parents of the student directly.

5. The Director of Athletics, Head certified athletic trainer and Head coach will meet with the team to relay current and accurate information. The emphasis will be on the need to respect the involved party’s family and the person’s privacy by not discussing the situation or spreading rumors.

6. All public information will be disseminated by Marketing and Communications team.

7. The Director of Athletics and the Head certified athletic trainer will coordinate with counseling and religious services to provide counseling and support to those collaterally affected by the event.

8. The Head certified athletic trainer will be responsible for the insurance claim processing procedures, including reporting the injury to the NCAA for catastrophic injury insurance program as indicated.

9. The Executive Director of Human Resources will handle the insurance claim processing procedures for employees.

10. The CIM team will meet promptly after the event to finalize the timeline, generate printouts of AEDs, and complete required documentation. A review of the actions taken and improvements to the plan will be made.

11. The Director of Athletics, Head certified athletic trainer and Head coach will decide when the team will return to activity.
EMERGENCY ACTION PLANS

INTRODUCTION
An Emergency Action Plan is a set of instructions devised to guide coaches, administrators, and the Sports Medicine department in the event of any emergency. Training is provided to each member of the Athletic Department annually. 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. Each member of the coaching staff should review this plan again prior to his/her season. Please realize that the initial reaction to an injured athlete can have a significant impact on everything from liability to the athlete’s return to activity. The athlete’s health and long-term well-being are of primary concern to St. Joseph’s College and every effort will be made to ensure this. Any questions should be directed to the Head certified athletic trainer.

In the event that the accident or illness is catastrophic in nature, the Catastrophic Incident Management Plan will be enacted. Please see page 14 and review this policy.

GENERAL ADVICE
A certified athletic trainer may not be on-site for all St. Joseph’s College - Long Island sponsored activities. Therefore, certification in first aid, adult cardiopulmonary resuscitation, use of an automated external defibrillator, and prevention of disease transmission is required for all coaches and Athletic Department staff. These certifications are available through personnel at the Danzi Athletic Center. Every member of the staff is notified of the class schedules in May and records of current certifications are maintained by the Head certified athletic trainer.
In general, **CALL 911 IF A CERTIFIED ATHLETIC TRAINER IS NOT PRESENT AND:**

- An athlete has an altered mental state or is unconscious.
- An athlete has experienced head or neck trauma resulting in loss of sensation or movement.
- An athlete has an obvious fracture, dislocation or severe bleeding.
- An athlete is experiencing a related medical condition, such as: diabetic shock or coma, respiratory distress or unresolving asthma attack, allergic reaction to a bite or sting, vomiting or passing blood.

Unless danger is imminent, **DO NOT 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 coach’s cell phone:
  - Danzi Center Athletic Training Facility 631.687.1454
  - Outdoor Facility Athletic Training Facility 631.687.5127
  - Lisa Komnik, Head certified athletic trainer 631.294.2583
- Security will complete an Accident Report.

**GENERAL ACTION PLAN**

A flow chart of what to do in the event of an emergency can be found on page 18. This chart is provided as a guideline when activities are held at sites other than those affiliated with St. Joseph’s College - Long Island.

**VENUE SPECIFIC PLANS**

These plans provide specific instructions for all of the sites used by St. Joseph’s College - Long Island 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(s) and/or the General Emergency Plan are provided in each team medical kit. Plans are located on pages 19-34.
GENERAL EMERGENCY PLAN

IS THE SITUATION CATASTROPHIC OR LIFE THREATENING?

YES

CALL 911

Follow instructions as given

Do not move athlete, unless danger is imminent

Use emergency skills as needed

Call a certified athletic trainer

NO

Call a certified athletic trainer

Follow instructions as given

Use First Aid skills as needed

The AT will activate the CIM plan, as needed
Personnel

CERTIFIED ATHLETIC TRAINER

- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

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 best be served if everyone contributes to his/her own responsibilities.
- His/her secondary responsibility will be crowd control, if the Building Supervisor 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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete, including room. Be prepared to provide directions:
    - St. Joseph’s College - LI is located at 155 West Roe Boulevard, on the southeast corner of Waverly Avenue and Sunrise Highway. EMS should enter the College campus from the eastbound side of the Sunrise Highway service road. Proceed through the parking lot to the rear of the John A. Danzi Athletic Center.
      - Instruct EMS to enter the building from the rear (west facing) doors.
    - The assistant coach will have the Front Desk worker verbally notify the Building Supervisor.
    - The assistant coach will contact campus security via handheld radio at the front desk of the Danzi Athletic Center or by dialing #3 from a St. Joseph’s College – Long Island landline phone.
    - The assistant coach will then await the ambulance at the west facing doors and direct them to the accident scene.
    - An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete's medical information from the team medical kit.

BUILDING SUPERVISOR

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

SECURITY

- When contacted by the assistant coach, a campus security member will report to the Danzi Athletic Center and disarm the building alarm for the rear (west facing) doors.
- Security will then assist in directing the ambulance through the parking lot to the rear (west facing) doors.

Equipment

- During a competition, all emergency equipment will be on the sideline. Emergency equipment includes: 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 Facility.
ON CAMPUS ATHLETIC FIELD

Personnel

CERTIFIED ATHLETIC TRAINER
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

HEAD COACH
- The head coach will have the primary responsibility to secure the accident scene of all athletes. 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 best be served if everyone contributes to his/her own responsibilities.

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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete, including room
  - Be prepared to provide directions:
    - St. Joseph’s College – LI is located at 155 West Roe Boulevard, on the southeast corner of Waverly Avenue and Sunrise Highway. EMS should enter the College campus from the eastbound side of the Sunrise Highway service road. Proceed to the field’s west entrance.
    - The assistant coach will then contact campus security via the handheld radio at the front desk of the Danzi Athletic Center or by dialing #3 from a St. Joseph’s College – Long Island landline telephone.
    - An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

SECURITY
- When contacted by the assistant coach, a campus security member will unlock the gait, and await the ambulance at the west entrance and direct them to the accident scene.

Equipment
- During a practice, all emergency equipment will be with the certified athletic trainer. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit and ice.
- During an out-of-season session, all of the equipment will be located in the Athletic Training Facility.
OUTDOOR FIELD COMPLEX - DANZI STADIUM

Personnel

CERTIFIED ATHLETIC TRAINER
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

HEAD COACH
- The head coach will have the primary responsibility to secure the accident scene of all athletes. During a game, 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 best be served if everyone contributes to his/her own responsibilities.
- His/her secondary responsibility will be crowd control, if the Assistant Facility Manager 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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete
  - Be prepared to provide directions:
    St. Joseph’s College - LI Outdoor Field Complex is located at 246 South Service Road, Sunrise Highway. It is located off of exit 53, on south side of Sunrise Highway in between Route 112 and Hospital Road. Upon entering the complex, EMS should proceed to south east corner of parking lot and enter the Danzi Stadium.
- The assistant coach will call the Assistant Facility Manager via the certified athletic trainer’s cell phone.
- The assistant coach will call Security via the certified athletic trainer’s cell phone.
- The assistant coach will use the certified athletic trainer’s keys to open the gate on the north end of the Danzi Stadium. S/he will await the ambulance at the gate entrance and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

ASSISTANT FACILITY MANAGER
- The primary responsibility of the Assistant Facility Manager will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or Fire Department personnel.
- If the Assistant Facility Manager is not present, the head coach(es) will assume crowd control.

SECURITY
- When contacted by the assistant coach, a campus security member will report to the Outdoor Field Complex.
- Security will assist in directing the ambulance through the parking lot to the stadium.

Equipment
- During a practice, an automated external defibrillator, medical kit and ice will be on the sideline. Additional emergency equipment will be in the Athletic Training Facility.
- During a competition, all emergency equipment will be on the sideline. Emergency equipment includes: automated external defibrillator, splints, immobilizers, crutches, medical kit and ice.
OUTDOOR FIELD COMPLEX - ALFANO BASEBALL FIELD

Personnel

CERTIFIED ATHLETIC TRAINER
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

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 best be served if everyone contributes to his/her own responsibilities.
- His/her secondary responsibility will be crowd control, if the Assistant Facility Manager 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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete
  - Be prepared to provide directions:
    St. Joseph’s College - LI Outdoor Field Complex is located at 246 South Service Road, Sunrise Highway. It is located off of exit 53, on south side of Sunrise Highway in between Route 112 and Hospital Road. Upon entering the complex, EMS should proceed into the traffic circle to access the path between the tennis courts and baseball field.
- The assistant coach will call the Assistant Facility Manager via the certified athletic trainer’s cell phone.
- The assistant coach will call Security via the certified athletic trainer’s cell phone.
- The assistant coach will use the certified athletic trainer’s keys to open the gate in the right outfield fence. The assistant coach will remove the pillars in the traffic circle. S/he will await the ambulance at the traffic circle and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

ASSISTANT FACILITY MANAGER
- The primary responsibility of the Assistant Facility Manager will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or Fire Department personnel.
- If the Assistant Facility Manager is not present, the head coach(es) will assume crowd control.

SECURITY
- When contacted by the assistant coach, a campus security member will report to the Outdoor Field Complex.
- Security will assist in directing the ambulance through the parking lot to the Alfano baseball field.

Equipment
- During a practice, an automated external defibrillator, medical kit and ice will be in the home dugout. Additional emergency equipment will be in the Athletic Training Facility.
- During a competition, all emergency equipment will be in the home dugout. Emergency equipment includes: automated external defibrillator, splints, immobilizers, crutches, medical kit and ice.
OUTDOOR FIELD COMPLEX - SOFTBALL FIELD

Personnel

CERTIFIED ATHLETIC TRAINER
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

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 best be served if everyone contributes to his/her own responsibilities.
- His/her secondary responsibility will be crowd control, if the Assistant Facility Manager 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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete
  - Be prepared to provide directions:
    - St. Joseph’s College - LI Outdoor Field Complex is located at 246 South Service Road, Sunrise Highway. It is located off of exit 53, on south side of Sunrise Highway in between Route 112 and Hospital Road. Upon entering the complex, EMS should proceed into the traffic circle to access the path between the tennis courts and baseball field.
- The assistant coach will call the Assistant Facility Manager via the certified athletic trainer’s cell phone.
- The assistant coach will call Security via the certified athletic trainer’s cell phone.
- The assistant coach will use the certified athletic trainer’s keys to open the gate in the left outfield fence. The assistant coach will remove the pillars in the traffic circle. S/he will await the ambulance at the traffic circle and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

ASSISTANT FACILITY MANAGER
- The primary responsibility of the Assistant Facility Manager will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or Fire Department personnel.
- If the Assistant Facility Manager is not present, the head coach(es) will assume crowd control.

SECURITY
- When contacted by the assistant coach, a campus security member will report to the Outdoor Field Complex.
- Security will assist in directing the ambulance through the parking lot to the softball field.

Equipment
- During an in season practice an automated external defibrillator, medical kit and ice will be in the home dugout. Additional emergency equipment will be in the Athletic Training Facility.
- During a competition, all emergency equipment will be in the home dugout. Emergency equipment includes: automated external defibrillator, splints, immobilizers, crutches, medical kit and ice.
OUTDOOR FIELD COMPLEX - TENNIS COURTS

Personnel

CERTIFIED ATHLETIC TRAINER
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

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 best be served if everyone contributes to his/her own responsibilities.
- His/her secondary responsibility will be crowd control, if the Assistant Facility Manager 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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete
  - Be prepared to provide directions:
    St. Joseph’s College - LI Outdoor Field Complex is located at 246 South Service Road, Sunrise Highway. It is located off of exit 53, on the south side of Sunrise Highway in between Route 112 and Hospital Road. Upon entering the complex, EMS should proceed around the traffic circle, and access the tennis courts from the southwest corner of the field house.
- The assistant coach will call the Assistant Facility Manager via the certified athletic trainer’s cell phone.
- The assistant coach will call Security via the certified athletic trainer’s cell phone.
- The assistant coach will await the ambulance at the traffic circle and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete's medical information from the team medical kit.

ASSISTANT FACILITY MANAGER
- The primary responsibility of the Assistant Facility Manager will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or Fire Department personnel.
- If the Assistant Facility Manager is not present, the head coach(es) will assume crowd control.

SECURITY
- When contacted by the assistant coach, a campus security member will report to the Outdoor Field Complex.
- Security will assist in directing the ambulance into the traffic circle and to the tennis courts.

Equipment
- During an in season practice an automated external defibrillator, medical kit and ice will be on the sideline. Additional emergency equipment will be in the Athletic Training Facility.
- During a competition, all emergency equipment will be on the sideline. Emergency equipment includes: automated external defibrillator, splints, immobilizers, crutches, medical kit and ice.
Personnel

CERTIFIED ATHLETIC TRAINER

- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

HEAD COACH

- The head coach will have the primary responsibility to secure the accident scene of all athletes. 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 best be served if everyone contributes to his/her own responsibilities.

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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete, including room.
  - Be prepared to provide directions:
    - The facility is located at 990 Station Road, Bellport.
    - If an ambulance is called, the assistant coach will notify a facility staff member about the situation.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

Equipment

- All emergency equipment will be with the certified athletic trainer. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit, and ice.
**ALL STAR ARENA**

**Personnel**

**CERTIFIED ATHLETIC TRAINER**
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

**HEAD COACH**
- The head coach will have the primary responsibility to secure the accident scene of all athletes. All athletes should wait by the brick wall. 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 best be served if everyone contributes to his/her own responsibilities.

**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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete
  - Be prepared to provide directions:
    - All Star Arena is located at 635 Middle Country Road, Selden on the northeast corner of County Road 83 (North Ocean Avenue) and NY 25 (Middle Country Road).
    - EMS is to enter the parking lot through the entrance located on Middle Country Road between County Road 83 and Lobel Street.
    - They will enter the facility through the double doors on the left hand side when facing the building.
- The assistant coach will then await the ambulance at the parking area and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

**Equipment**
- All emergency equipment will be with the certified athletic trainer. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit, and ice.
**BAYPORT-BLUE POINT HIGH SCHOOL**

**Personnel**

**CERTIFIED ATHLETIC TRAINER**
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

**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 best be served if everyone contributes to his/her own responsibilities.

**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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete
  - Be prepared to provide directions:
    - The Tennis Courts are located across from Bayport-Blue Point High School off of Academy Street between April Lane and Snedecor Avenue.
    - The gymnasium is located at the rear of the building. It can be accessed via Academy Street, just west of Snedecor Avenue.
    - Outdoor turf fields are located off of and accessible via Academy Street.
- The assistant coach will then await the ambulance at the parking area and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

**Equipment**
- First aid and basic emergency equipment are contained in the team medical kit.
- Team will bring an automated external defibrillator and ice with them to the facility.
BETHPAGE STATE PARK - Competition

Personnel

CERTIFIED ATHLETIC TRAINER
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

HEAD COACHES
- The head coaches will have the primary responsibility to secure the accident scene of all athletes. 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 best be served if everyone contributes to his/her own responsibilities.
- Their secondary responsibility will be crowd control.

ASSISTANT COACH
- When instructed by the head coach, the assistant coach will retrieve the emergency equipment and provide it to the head coach.
- When instructed by the certified athletic trainer, the assistant coach will report to the State Park office building at the west end of the parking area.
  - Have a State Park Ranger call 911 using the landline telephone. The following is provided for convenience:
    - 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 athlete
    - The exact location of the athlete
    - Directions:
      - From NORTH:
        - Bethpage Picnic area and Polo fields can be accessed via Route 135. Take Exit 8 (Powell Ave/Bethpage State Park. Make left onto Powell Ave, take first left into park using Bethpage State Park Picnic Polo Rd. There is a WHITE sign that says PICNIC AREA/POLO FIELDS.
      - From SOUTH:
        - Bethpage Picnic area and Polo fields can be accessed via Bethpage State Parkway off of Southern State Parkway at Exit 31. At the traffic circle, take the 2nd exit onto Plainview Road. Turn right onto Bethpage State Park Picnic Polo Rd.
      - GPS Address: Bethpage Polo at the Park
  - Direct the State Park Ranger to the accident scene.
- The assistant coach will then await the ambulance at the parking area and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

Equipment
- All emergency equipment will be located with the certified athletic trainer. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit and ice.
Personnel

CERTIFIED ATHLETIC TRAINER
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

HEAD COACHES
- The head coaches will have the primary responsibility to secure the accident scene of all athletes. 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 best be served if everyone contributes to his/her own responsibilities.
- Their secondary responsibility will be crowd control.

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 an ambulance (911) from a cellular telephone. 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 athlete
  - The exact location of the athlete
  - Directions:
    Broadway Avenue Park is located on Broadway Avenue between Main Street and Lilac Lane, in Sayville.
- The assistant coach will then await the ambulance and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

Equipment
- All emergency equipment will be located with the certified athletic trainer. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit and ice.
**BROADWAY AVENUE PARK – Practice situations**

**Personnel**

**HEAD COACH**

- The head coach should determine if the situation is life-threatening or not.
- **If the injury is life-threatening:**
  - Instruct the assistant coach to activate EMS (call 911) and then call a certified athletic trainer.
  - Stay with the athlete and apply first aid.
  - Do not move the athlete, unless danger is imminent.
  - Use emergency skills as needed
  - Designate a responsible team member to clear the scene of teammates.
- **If the injury is not life-threatening, contact a certified athletic trainer**
  - Danzi Athletic Training Facility 631.687.1454
  - Outdoor Complex Athletic Training Facility 631.687.5127
  - Lisa Komnik, Head certified athletic trainer 631.294.2583
- Follow his/her instructions.
- The head coach will file an Accident Report within 24 hours.

**ASSISTANT COACH**

- When instructed by the head coach, the assistant coach will retrieve the emergency equipment and provide it to the head coach.
- **When instructed by the head coach,** the assistant coach will call for an ambulance (911) from a cellular telephone. 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 athlete
  - The exact location of the athlete, including room.
  - Be prepared to provide directions:
    - Broadway Ave Park is located on Broadway Ave between Main Street and Lilac Lane. Take Sunrise Highway to Broadway Avenue in Sayville.
- The assistant coach will then call a certified athletic trainer (see above telephone numbers).
- The assistant coach will then await the ambulance at the parking area and direct them to the accident scene.
- The assistant coach will travel with the ambulance, or follow behind. Be sure to take the athlete’s medical information, available in the team medical kit, with you.

**Equipment**

First aid and basic emergency equipment are contained in the team medical kit.
**EASTERN ATHLETIC CLUB**

**Personnel**

**HEAD COACH**
- The head coach should determine if the situation is life-threatening or not.
- If the injury is life-threatening:
  - Instruct the assistant coach to call 911 and follow the instructions given.
  - Do not move the athlete, unless danger is imminent.
  - Use emergency skills as needed.
  - Designate a responsible team member to clear the scene of teammates.
- If the injury is not life-threatening, contact a certified athletic trainer
  - Danzi Athletic Training Facility: 631.687.1454
  - Outdoor Complex Athletic Training Facility: 631.687.5127
  - Lisa Komnik, Head certified athletic trainer: 631.294.2583
    - Follow his/her instructions.
    - Use First Aid skills as needed.
- The head coach will file an Accident Report within 24 hours.

**ASSISTANT COACH**
- When instructed by the head coach, the assistant coach will retrieve the emergency equipment and provide it to the head coach.
- When instructed by the head coach, the assistant coach will call 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete, including room.
  - Be prepared to provide directions: Eastern Athletic Club is located at 9A Montauk Highway in Blue Point. It is on the northeast corner of Nicolls Road and Montauk Highway.
- The assistant coach will then inform the Eastern Athletic Club personnel of the situation. The Eastern Athletic Club should open the emergency doors located on either side of the tennis courts.
- The assistant coach will then call a certified athletic trainer (see above telephone numbers).
- The assistant coach will then await the ambulance at the parking area and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

**Equipment**
- First aid and basic emergency equipment are contained in the team medical kit.
**ST. ANTHONY’S HIGH SCHOOL - Competition**

**Personnel**

**CERTIFIED ATHLETIC TRAINER**
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

**HEAD COACHES**
- The head coaches will have the primary responsibility to secure the accident scene of all athletes. 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 best be served if everyone contributes to his/her own responsibilities.
- Their secondary responsibility will be crowd control.

**ASSISTANT COACH**
- When instructed by the certified athletic trainer, the assistant coach from St. Joseph’s College will retrieve the emergency equipment and provide it to the certified athletic trainer.
- When instructed by the certified athletic trainer, the assistant coach will notify the St. Anthony’s High School security officer, who will call for 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 athlete
  - The exact location of the athlete
  - Directions:
    - St. Anthony’s High School is located at 275 Wolf Hill Road, South Huntington. The ambulance should enter via the northeast entrance of the back parking lot and proceed to the northwest entrance of the student center.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

**ST. ANTHONY’S HIGH SCHOOL SECURITY**
- This person will call for the ambulance.
- This person will await the ambulance and direct them to the accident scene.

**Equipment**
- All emergency equipment will be located with the certified athletic trainer. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit and ice.
Personnel

CERTIFIED ATHLETIC TRAINER
- 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 certified athletic trainer 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 certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

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 best be served if everyone contributes to his/her own responsibilities.

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 911 from a cellular telephone. 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 athlete
  - The exact location of the athlete
- Be prepared to provide directions:
  - Enter SCCC through entrance on Nicholls Road.
  - Take the first exit (right) out of the traffic circle into Parking Lot 2.
  - Walk up the ramp and enter the Brookhaven Gymnasium through the main doors of the building which face north.
  - Proceed straight from the front doors back into the gym.
- The assistant coach will then await the ambulance at the parking area and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

Equipment
- First aid and basic emergency equipment are contained in the team medical kit.
- Team will bring an automated external defibrillator and ice with them to the facility.
SUNKEN MEADOW STATE PARK - Competition

Personnel

CERTIFIED ATHLETIC TRAINER
- 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 certified athletic trainer is SOLELY in charge of the scene and what will occur until EMS arrives.
- S/he will invoke personnel as designated below.
- The certified athletic trainer will also be responsible for reaching the athlete’s emergency contact person and completing the Accident Report.

HEAD COACHES
- The head coaches will have the primary responsibility to secure the accident scene of all athletes. 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 best be served if everyone contributes to his/her own responsibilities.
- Their secondary responsibility will be crowd control.

ASSISTANT COACH
- When instructed by the head coach, the assistant coach will retrieve the emergency equipment and provide it to the head coach.
- When instructed by the certified athletic trainer, the assistant coach will report to the State Park office building at the west end of the parking area.
  - Have a State Park Ranger call 911 using the landline telephone. The following is provided for convenience:
    o Caller’s name, location, and telephone number
    o The type of accident or injury
    o The number of people involved
    o The status and current aid being rendered to the athlete
    o The exact location of the athlete
    o Directions:
      Sunken Meadow State Park can be accessed via Sunken Meadow Parkway. You will arrive at a large parking lot. Further directions will vary depending on the athlete’s location on the course.
  - Direct the State Park Ranger to the accident scene.
- The assistant coach will then await the ambulance at the parking area and direct them to the accident scene.
- An assistant coach will travel with the ambulance, or follow behind. S/he will take the athlete’s medical information from the team medical kit.

Equipment
- All emergency equipment will be located with the certified athletic trainer. Emergency equipment includes: an automated external defibrillator, splints, immobilizers, crutches, medical kit and ice.
INTRODUCTION

The topic of head injuries includes a number of diagnoses, none of which a coach is to make. However, your awareness of the signs and symptoms and how to respond to a head injury is crucial. The following section will serve as basic information related to cerebral hematomas, concussions and Second Impact Syndrome. The Concussion Management Policy and Concussion Action Plan can be found on pages 38-39.

CEREBRAL HEMATOMA

A cerebral hematoma is defined as bleeding that occurs within the skull. This type of injury usually occurs after a direct blow to the head. There are two types of hematomas, which are defined by their location and the type of bleeding involved.

1. EPIDURAL HEMATOMA
   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.
   a. Signs and Symptoms
      • This is a TRUE, LIFE-THREATENING EMERGENCY!
      • 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.
   b. First Aid
      • Activate Emergency Action Plan IMMEDIATELY!
      • Monitor and record the athlete’s mental, physical, and vital signs every 5 minutes.
      • The athlete will require surgery to stop intracranial bleeding.

2. SUBDURAL HEMATOMA
   This involves tearing and bleeding of 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.
   a. 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:
        o Drowsiness, headache, inability to concentrate
        o Vision difficulties
        o Mood changes
   b. 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 to EMS.
CEREBRAL CONCUSSION

The 5th international conference on concussion in sport defines concussion as follows:

Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include:

- SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
- SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
- SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.
- The clinical signs and symptoms cannot be explained by drug, alcohol or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc.) or other comorbidities (e.g., psychological factors or coexisting medical conditions).

The signs and symptoms listed below are the most common, but others 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.

The long term effects of concussions (both single large events and several small events) are unknown. One effect of returning to activity before a concussion has fully resolved is Second Impact Syndrome. This topic is discussed next.
a. Signs and Symptoms of Concussion

Remember that a concussion is the result of trauma to the brain. Therefore, the symptoms are related to brain processes and vary between athletes. Generally, an athlete will have one or more of the following symptoms:

- Mental confusion
- Amnesia or other memory problems
- Dizziness
- May feel “out of it”; not normal self
- Visual disturbance, blurred vision
- Nausea
- Headache
- Ringing in the ears
- Sensitivity to light and/or noise
- Fatigue
- Disturbance in normal sleep patterns (more or less than usual)
- Inappropriate emotions
- Changes in personality

b. First Aid

- If an athlete, teammate, coach, official or member of medical staff identifies signs, symptoms or behaviors consistent with concussion:
  - Remove the athlete from activity
  - Contact the staff certified athletic trainer
  - If a concussion is suspected or assessed, the athlete will not return to activity that day.

A copy of the NCAA compliant Concussion Safety Protocol can be found in Appendix A, on page 70.
CONCUSSION MANAGEMENT POLICY

Background

The NCAA put forth that member institutions are to have a concussion management plan on file such that a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion are removed from athletics activities and evaluated by a medical staff member with experience in the evaluation and management of concussion. Student-athletes diagnosed with a concussion will not return to activity and/or class for the remainder of that day. Medical clearance shall be determined by the team physician or their designee according to the concussion management plan.

At St. Joseph’s College - Long Island, a certified athletic trainer will be present or available at all scheduled, official home activities in order to perform the evaluation and work in conjunction with the team physician to determine return to learn and return to play for the concussed athlete.

Athlete Responsibilities
- Athletes are the first step in managing any injury, but especially concussions. Education is provided to each athlete before and during Athletic Physicals, is available at both Athletic Training Facilities and on our web page, www.sjcgoldeneagles.com/Sports_Medicine.
- The NCAA requires all student-athletes to sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. This statement is included on the Acknowledgment Form in the Player Packets.
- Also, each athlete is required to complete Concussion Baseline Testing in order to be medically cleared for activity. This testing is included in Athletic Physicals.
- Finally, all student-athletes must record and update all medications on his/her Medication Declaration Form.

Coaches’ Responsibilities
- Be aware of the NCAA guideline involving concussions.
- By signing the Acknowledgement of Sports Medicine Policy and Procedures Manual document, each coach is acknowledging receipt of the Concussion Management Plan and stating that s/he has reviewed the Emergency Action Plan(s) for the venue(s) his/her team uses.
- Be cognizant of the common mechanisms of injury for concussion (ex: direct or indirect trauma to head, face and neck).
- Be cognizant of the common signs and symptoms of concussion (ex: mental, balance and recall deficits).
- Encourage athletes to immediately report symptoms of concussion.
- Immediately execute the Concussion Action Plan whenever an athlete reports or exhibits signs of a head injury.  
  o If you are in doubt as to whether the athlete sustained a concussion, SIT THE ATHLETE OUT!
- Remember that an athlete with a concussion will not return to activity that day. Be prepared.
CONCUSSION ACTION PLAN FOR COACHES, ADMINISTRATORS AND STAFF

1. All athletes will receive concussion education and acknowledge responsibility for reporting any injury or illness to the St. Joseph’s College – Long Island Sports Medicine staff.

2. All athletes will complete Concussion Baseline Testing, with a St. Joseph’s College - Long Island staff certified athletic trainer prior to their first day of activity. For convenience, the Concussion Baseline Testing is included in Athletic Physicals.

3. When an athlete sustains a head injury, the certified athletic trainer will enact the Emergency Action Plan (as indicated) for that venue as well as the Concussion Management Plan.

4. When an athlete sustains a head injury and a certified athletic trainer is not on-site, the coaching staff should act cautiously and remove the athlete from activity. When in doubt, sit them out!
   - If the injury is life-threatening (the athlete has loss of consciousness, loss of sensation and movement, has a fracture, or is deteriorating), the head coach should activate the Emergency Action Plan for the venue.
   - If the injury is not life-threatening:
     i. Remove the athlete from activity.
     ii. Contact a certified athletic trainer immediately to arrange for prompt evaluation of the athlete.

   o The Danzi Athletic Center Athletic Training Facility: 631.687.1454
   o Outdoor Complex Athletic Training Facility: 631.687.5127
   o Lisa Komnik, Head certified athletic trainer, cell phone: 631.294.2583

5. Transportation home will be arranged for the athlete. No athlete diagnosed with a concussion will be permitted to drive at least for the day of injury.

6. A home care letter with instructions will be sent with the athlete.
   - If the event occurs at an away contest, the host certified athletic trainer will provide the evaluation and have the definitive determination of the injury.
   - Skyline Conference members will also provide home care instructions.

7. The athlete will contact a staff certified athletic trainer in order to set an appointment for follow up evaluation and treatment.

8. Treatment will involve physical and mental rest, daily monitoring of symptoms, a gradual return to learn, and a return to activity.

9. Referral to a team physician or specialist for additional evaluation and/or testing may be necessary and will be organized by the certified athletic trainer treating the athlete.

10. No athlete may return to any level of activity without permission from a staff certified athletic trainer.
SECOND IMPACT SYNDROME

Second Impact Syndrome (SIS) is a rare and potentially fatal consequence of returning a concussed player to activity before all signs and symptoms have fully resolved. The magnitude of impact is less of a factor than the type of impact. Damage may be worst when the head is suddenly jerked, or rotates after impact. This causes the brain to accelerate rapidly and then decelerate suddenly when it slams 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 brainstem failure, which causes respiratory failure and rapid pupil dilation. This entire chain of events takes only 2 to 5 minutes from time of impact.

a. Signs and Symptoms
   • This is a TRUE, LIFE-THREATENING EMERGENCY!
   • Athlete will originally be conscious
   • Athlete may appear or act stunned
   • Athlete may collapse
   • Semiconscious with rapidly dilating pupils
   • Loss of eye movement
   • Evidence of respiratory failure (difficulty breathing, deteriorating to loss of respiration and circulation)

b. First Aid
   • Activate Emergency Action Plan IMMEDIATELY!
   • Monitor and record the athlete’s mental, physical, and vital signs every 5 minutes.
MENTAL HEALTH CARE
AND INTERCOLLEGIATE ATHLETICS

BACKGROUND
Mental and physical health, while not usually thought of as a single entity, are inextricably linked. Mind and body are inseparable, as exemplified by a medical issue having psychological or emotional effects - for example: an athlete may suffer from depression after an injury and vice versa, an athlete who is using alcohol excessively may become injured or have a decrease in performance.

Approximately 30% of 18-25 year olds, according to a 2012 survey by the U.S Substance Abuse and Mental Health Service administration, will experience mental illness. According to the NCAA, “1 in 5 adults experiences mental illness in a given year, and this rate tends to be highest among young adults.” This may be related to the large number of developmental changes that this age group undergoes (transition away from home, to a (new) college, loss of significant relationships, the commonality of mental illnesses in this population (eating disorders, substance-related disorders) and the pressures of being a student-athlete.

Members of the Athletic Department may be best able to recognize changes in a student-athlete due to our proximity, daily interactions and the trust that we develop with them. As such, all members of the department (coaches, certified athletic trainers and other athletes) are in a prime position to identify students who are struggling early and help refer them for assistance. The purpose of this policy to help aid staff in identifying students in need, to be aware of the numerous resources available to the student-athlete and to understand that these are conditions that should be managed only by professionally licensed practitioners. No member of the department is to act as a counselor or provide mental health care.

There are a several circumstances that alone, or in combination, may negatively affect a student’s mental health: injury, concussion, behavior disorders (ADD/ADHD), eating disorders, family or relationship changes (divorce, death, loss of significant other). In these times, it is important to be cognizant of these stressors and their impact on the student.
SIGNS AND SYMPTOMS

As with physical injury, mental health issues also can be recognized by various signs and symptoms. Often times, these symptoms are wide-ranging and in isolation, may not raise concerns, but the combination of a significant number of them should elevate concern.

Signs and symptoms will vary based on the mental health issue, the athlete, his/her past medical and mental health history, and how s/he is attempting to manage these issues. Below is a sample of some of the indicators that may be expressed.

- Behavioral symptoms
  - Social withdrawal, decreased interest in things that s/he has enjoyed
  - Taking up risky behavior
  - Legal issues, fighting, difficulty with authority
  - Irresponsibility or lying
  - Substance use
  - Gambling issues

- Cognitive symptoms
  - Talking about death, dying or “going away”
  - Problems with concentration, focus or remembering
  - Confusion or difficulty making decisions
  - Obsessive thoughts
  - All-or-nothing thinking
  - Negative self-talk

- Emotional or psychological symptoms
  - Feeling out of control
  - Mood swings
  - Loss of emotion or sudden changes of emotion within a short period of time
  - Excessive worry or fear
  - Agitation, irritability or difficulty managing his/her anger
  - Low self-esteem
  - Low motivation

- Physical or medical symptoms
  - Changes in appetite, eating and sleeping habits (too much or too little)
  - Unexplained weight loss or gain
  - Fatigue, tiredness or weakness
  - Frequent complaints of illness, overuse injuries, unresolved injuries or continually being injured
  - Shaking or trembling
  - Gastrointestinal complaints or headaches
  - Unexplained wounds or deliberate self-harm
MENTAL HEALTH CARE REFERRAL GUIDELINES

THE EMERGENT CASE

- **Recognition**
  These are situations and times when a student is in crisis and requires emergency assistance. This includes, but is not limited to, when a student is:
  - Demonstrating or voicing an acute threat to themselves, others or property;
  - A victim of sexual assault;
  - Suffering from acute psychosis or paranoia. S/he may be having delusions and/or hallucinations;
  - Deliriousness;
  - Acutely intoxicated or in a drug overdose.

A member of the Athletic Department staff may be the person to identify the student in crisis, or may be contacted by another individual. In either case, this situation should be treated as an emergency and the General Emergency Action Plan (found on page 18) should be followed.

Of note, if the student is suicidal, CALL 1-800-273-8255, the National Suicide Prevention Hotline

They may advise you to contact the student directly. If s/he is unreachable, they may advise that you contact the student’s emergency contact. If they are unavailable and/or if you feel that the student is a danger to themselves or others, please contact your local police. Local authorities are able to conduct a wellness visit and determine the appropriate course of action.

You should then contact the Head certified athletic trainer. S/he will notify additional staff as needed. Please remember that the student’s privacy is to be maintained. No staff member should provide information about the person or persons involved to outside persons. In the event of a catastrophic incident, the Catastrophic Incident Management Plan will be initiated and the Marketing and Communications department will determine who can speak on behalf of the College.

- **Follow up care**
  The student will receive care by licensed mental health care providers. If the student is admitted to an in-patient facility for treatment, the student-athlete will be required to attend one counseling session with on-campus counselors, then follow the same procedures as s/he would for return to activity from a physical injury. The athlete will receive assistance with transition back to campus via the Counseling and Wellness Center, Accommodations office and Sports Medicine Department.
MENTAL HEALTH CARE REFERRAL GUIDELINES CONTINUED

THE NON EMERGENT CASE

• Recognition
There are other times when a student may exhibit less than emergent signs and/or symptoms of mental health distress. Individuals such as coaches, teammates or friends may recognize this and look for assistance. In these cases, the person contacted should encourage the student to seek the assistance of those most qualified to help them. Ideally, the student in need should be referred to the Counseling and Wellness Office (319 West Roe Boulevard, phone: 631.687.1262).

If the student is uncomfortable or nervous about utilizing our on-campus resource, you should assure them that all services are confidential and non-judgmental. Additionally, and with the student’s permission, you can contact a staff certified athletic trainer. S/he will be able to assist the student-athlete and ensure that the student receives proper care.

If you become aware of or have a concern regarding an athlete’s mental health, contact a staff certified athletic trainer for guidance.

• Follow Up Care
The student will be treated by licensed practitioners. Additional referrals may be made as necessary.
MENTAL HEALTH EMERGENCY ACTION PLAN

A STUDENT ATHLETE IS IN DISTRESS

DO YOU KNOW THE ATHLETE?

YES

IS THE SITUATION EMERGENT OR LIFE THREATENING?

YES

Call 911 and enact the general EAP. Follow directions given.

If suicidal, call the National Suicide Prevention Hotline: 1-800-273-8255.


Stay with athlete until help arrives.

NO

NO

Involve a staff member who has an existing relationship with student athlete.

Call Lisa Komnik, Head AT: 631-294-2583.

Follow directions given.

Offer to schedule a referral to the Campus Counseling and Wellness Office: 631-687-1262.
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 personal items (towels, razors), fluid containers, sneezes, coughs, vomit, and also blood.

Blood is the carrier for many diseases, including Hepatitis and HIV, the virus that causes 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 St. Joseph’s College - Long Island have adopted these guidelines, which are outlined below. If you have any questions or concerns, please see the Head certified athletic trainer for assistance.

Please see the section Skin Infections on page 68 for information related to the management and treatment of infections which may occur after exposure.
BLOOD AND BODILY FLUID HANDLING PROCEDURES

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 person, 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 or have other concerns, please see a staff certified athletic trainer as soon as possible for assistance.
   • Additional universal protection equipment including goggles and spill pack are available in each Athletic Training Facility.

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 Danzi Athletic Center for cleaning.

4. Return the sealed red bag to an Athletic Training Facility ASAP.
   • Once the red bag has been used, bring it to either Athletic Training Facility 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, a staff 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.
BACKGROUND

All Sickle Cell conditions are inherited and affect the type and shape of red blood cells (hemoglobin) produced in the body. Sickle Cell Disease or Disorder is the most serious and occurs when one parent produces hemoglobin S and the other produces some other, abnormal type of hemoglobin. Parents should be aware of their Sickle Cell status and understand the chances of passing the disease onto their offspring. Testing for Sickle Cell Disease can be done prenatally or soon after birth. Sickle Cell Trait occurs when an individual has inherited one gene for normal hemoglobin (A) and one gene for sickle hemoglobin (S). It is a condition of inheritance versus race. Its incidence rate is 8 to 10% of African Americans, but is also found in those of Mediterranean, Middle Eastern, Indian, Caribbean, South and Central American descent.

This has led to a requirement for all newborns in the United States to be tested at birth. However, in practice, only infants whose parents report their status or request testing are actually screened. Therefore, many people may not have ever been tested or know their individual status.

Sickle Cell Trait itself, under normal circumstances, generally does not produce signs or symptoms of illness. However, it is linked to a number of disease states, which when combined with other factors, can lead to sudden athlete death. It is estimated that the risk of exercise-related death for an athlete with Sickle Cell Trait is 28 times greater than an athlete without Sickle Cell Trait. Death usually occurs when an athlete with Sickle Cell Trait:

- performs intense physical exertion,
- and/or trains at altitude (even at lower exertional levels),
- and/or becomes dehydrated,
- and/or experiences a heat illness,
- and/or has asthma.
Under these conditions, sickle red blood cells will change from a round shape to a half-moon or sickle shape. This change of shape causes the red blood cells to “log jam” within the blood vessels. This log jam leads to rhabdomyolysis (the rapid breakdown of muscle, causing shock and/or kidney damage) and/or sudden cardiac arrhythmia, which can cause death.

Prevention is the key. The first step is for each athlete to know his/her Sickle Cell Trait status, the second is for athletes, coaches and medical staff to be aware of activities that may trigger a Sickle Cell event and the third step is modification of workouts for any athlete with Sickle Cell Trait.

**SICKLE CELL TRAIT STATUS DOCUMENTATION**

The NCAA states “…schools must confirm the sickle cell trait status of incoming student-athletes before participation in intercollegiate athletics…” The National Athletic Trainers Association (NATA) has also previously released a Consensus Statement and Fact Sheet regarding Sickle Cell Trait. Both of these groups note that a questionnaire regarding this topic is insufficient. These documents are available in the Athletic Training Facilities and are the foundation of the policy that St. Joseph’s College - Long Island has enacted.
SICKLE CELL TRAIT POLICY

The focus of this policy is prevention, namely the prevention of the sudden death of an athlete. Therefore, all St. Joseph’s College - Long Island student-athletes are required to provide documentation verifying his/her Sickle Cell Trait status. Documentation must be the test results from either a Hemoglobin Solubility test or Hemoglobin Electrophoresis test. A total hemoglobin test is insufficient to screen for Sickle Cell Trait and therefore its results will not be accepted as documentation. If the student-athlete was tested at birth, a note from his/her primary care physician (PCP) attesting to the results of a Hemoglobin Solubility test or Hemoglobin Electrophoresis test on his/her letterhead, dated with an original signature will be accepted. Stamps and faxes will not be accepted. For convenience, this testing is included at the annual, on-campus Athletic Physicals.

Be aware that Sickle Cell Trait will not exclude an athlete from participation in Intercollegiate Athletics at St. Joseph’s College - Long Island. However, modifications and precautions will be taken. Activity may be modified in any of the following ways:

- proper warm up
- adequate hydration
- establishing good control of asthma
- close monitoring of the athlete during repeated, high intensity drills.

Athletes will be taught the following precautions:

- encourage to participate in year round periodized strength and conditioning programs
- build up slowly in training with paced progressions
- allow longer periods of rest and recovery between repetitions
- adjust work to rest cycles for environmental heat stress
- control asthma
- do not work out if ill
- report any symptoms of sickling immediately and stop all activity
RECOGNITION OF SICKLING COLLAPSE

- Sickling is a medical emergency.
- Sickling usually occurs within 2 to 3 minutes of all out, intense activity, early in the event, especially if the athlete is not prepared for the intensity of the activity, is at altitude or the activity is repetitious.
  - Ex: Sprints, hill running, or stadium step running
- As sickling can occur with other conditions (i.e. heat illness), it may appear that the athlete is suffering from heat cramps; therefore, careful assessment is required.
- The athlete will experience severe fatigue, and may report that they feel like they just cannot go on.
- The athlete will slump with muscle weakness, lie fairly still, and not yell.
- The athlete will have difficulty breathing.
- There is no muscle cramping; muscles will look and feel normal.

FIRST AID

- If a certified athletic trainer is not present, activate the Emergency Action Plan for your site.
- Obtain the nearest Automated External Defibrillator (AED), even if the athlete has a pulse and is breathing.
- Monitor and record the athlete’s respirations and pulse every 2 minutes. Temperature and blood pressure can be monitored by a certified athletic trainer.
- Cool the athlete utilizing the water and ice at the venue.
AIR QUALITY POLICY

BACKGROUND
Air pollution is the presence of substances in the air that can cause harmful or poisonous effects. If air pollution is high, individuals who are outside are at risk and can experience symptoms. During exercise or activity, breathing rate increases, which raises the rate at which pollutants are inhaled. This air is being inhaled through the mouth, bypassing the body’s natural filtration system in the nasal passages. As exercise and activity continue, breathing becomes more labored pulling inhaled pollutants deeper into the lungs and may diffuse into the blood quicker. Symptoms can include coughing, wheezing, difficulty breathing, and chest tightness. This can make those with predisposing respiratory conditions, such as asthma, more sensitive to triggers and cause worse symptoms.

An important and standardized national air quality resource is the National Weather Service’s (NWS) Air Quality Forecast System. This system provides ozone, particulate matter and other pollutant forecasts with enough accuracy and advance notice to take action to prevent or reduce adverse effects.

The NWS Air Quality Index (AQI) provides real-time monitoring and alerts in response to changing air quality levels. The AQI provides a single number presented on a scale of 0-500, where 0 indicates no air pollution and 500 indicates the most hazardous levels of air pollution. When threatening or dangerous air quality levels are present the AQI increases, and the National Weather Service (NWS) issues a corresponding air quality alert. Those alerts and their corresponding modification recommendations for particle pollution can be found at https://www.airnow.gov.

As a point of reference, Suffolk County averages 3.4 days per year with an AQI over 150 across the last 10 years.

AQI MODIFICATION GUIDELINES
Attentive monitoring of local AQI and associated air quality alerts, especially during times of extreme environmental conditions, is recommended. This monitoring is best performed by certified athletic trainers (ATs) who can identify adverse impacts on athlete health and safety. St. Joseph’s College administration will consider modifying outdoor athletic events in accordance with AQI guidance. ATs will monitor all athletes, especially those at higher risk, and provide suggestions for modifications for athletes with predisposing conditions.

Consistent with this information, St. Joseph’s College has adopted the NCAA’s Committee on Competitive Safeguards and Medical Aspects of Sports general guidelines to make decisions about the appropriateness of practice or competition in degrading air quality situations:

- **AQL of 100 or higher**
  - consider removing sensitive athletes from outdoor practice or competition venues
  - closely monitor all athletes for respiratory difficulty

- **AQLs of over 150**
  - outdoor activities should be shortened
  - exertion should be minimized by decreasing the intensity of activity
  - sensitive athletes should be moved indoors

- **AQLs of 200 or above**
  - serious consideration should be given to rescheduling the activity or moving it indoors
  - prolonged exposure and heavy exertion should be avoided
  - avoid all outdoor physical activity for all athletes

- **At AQLs of 300 or above**
  - SJC administration will meet to considering rescheduling outdoor activity
INTRODUCTION

The body accommodates heat in a number of ways:

<table>
<thead>
<tr>
<th>GAINS HEAT</th>
<th>LOSES HEAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorbed from the environment</td>
<td>Evaporation</td>
</tr>
<tr>
<td>Muscle activity</td>
<td>Respiration</td>
</tr>
<tr>
<td>Metabolism</td>
<td>Conduction</td>
</tr>
<tr>
<td></td>
<td>Radiation</td>
</tr>
<tr>
<td></td>
<td>Convection</td>
</tr>
</tbody>
</table>

Evaporation (sweating) is the primary means by which the exercising athlete dissipates heat. However, if 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.

In order to measure the environmental stress, St. Joseph’s College – Long Island utilizes a Wet Bulb Globe Temperature (WBGT) monitoring device. This tool measures the air temperature, relative humidity, wind speed and radiation. This device will be used when the heat index exceeds 80°F. The WBGT calculation will be used to modify activity as necessary. The Modification of Outdoor Activity for Heat plan is found on page 55.
RECOGNITION OF HEAT ILLNESSES
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 RELATED CRAMPING
   • Most commonly, 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.

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 require days to complete. Therefore, activity status may 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’s core body temperature has risen above 104ºF, is suffering from an altered mental state, may have skin that is red and flushed, but no longer sweating, and may even feel dry.
   • Emergency medical treatment must be administered IMMEDIATELY! The priority action is to cool the athlete rapidly. Ideally, this should involve immersion into temperate to cool, circulating water with or without the removal of equipment or clothing. If a tub is not available, use a hose or pack the armpits, back of the neck, back of the knees and ankles with ice packs. The second step is to activate the Emergency Action Plan for the site. The athlete’s vital signs should be monitored and recorded every 5 minutes.
WARM WEATHER PLAN

STEP 1: PREVENTION

- Acclimatize athletes to hot and/or humid weather gradually over 10-14 days.
- Fitness should be gained first.
- Practices during the preseason should be conducted during the cooler times of day (prior to 10 am and after 2 pm) and should include mixed intensities during this period.
- Athletes should wear loose-fitting, light-colored, synthetic material clothing for each session.
- Prevention of heat illnesses begins with awareness of the current environmental conditions. A staff certified athletic trainer will inform the coaching staff if weather conditions will impact their planned outdoor activity.
- On the third consecutive day of high heat stress (over a WBGT of 87.0), mandatory team weigh-ins and weigh-outs will be conducted in order to monitor fluid loss and rehydration status.

STEP 2: HYDRATION PROTOCOL

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 (= change in body weight – urine volume + fluids consumed/time) in order to match losses with fluid intake.
2. Discourage dehydration as a means of weight loss.
   - Rubber suits have been banned by the NCAA nor should excessive clothing be worn.
   - Saunas, steam rooms, etc. also should not be used for this purpose.
3. Athletes should be thoroughly 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 at [www.sjcgoldeneagles.com/Sports_Medicine](http://www.sjcgoldeneagles.com/Sports_Medicine) and in the Athletic Training Facilities. 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.
   - As a reference, all cups at St. Joseph’s College - Long Island are 8 ounces.
   - Athletes should restore fluid deficits within 1-2 hours after exercise.
   - 125-150% of losses should be regained over 4-6 hours after exercise. An easy way to estimate this is to drink 8 ounces (~250mL) of fluid for every 15 minutes of activity.
   - Athletes should include carbohydrates and a small amount of protein in post exercise snack or meal. Examples include: granola bars, peanut butter on a half a bagel, half an egg sandwich, or a glass of chocolate whole milk.
   - 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, energy drinks, alcohol, and carbonated beverages. Fruit juice is not a preferred fluid for rehydration. Water and/or sports drinks are better choices.
### STEP 3: MODIFICATION OF OUTDOOR ACTIVITY FOR HEAT

<table>
<thead>
<tr>
<th>WBGT:</th>
<th>82.0 to 86.9</th>
<th>87.0 to 89.5</th>
<th>89.6 to 92.0</th>
<th>Above 92.1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For Practices</strong></td>
<td>Discretion should be used for intense or prolonged exercise. ATs will monitor athletes who are at increased risk for heat illnesses.</td>
<td>ATs monitor all athletes. Team members should have access to shade.</td>
<td>ATs monitor all athletes. Team members should have access to shade.</td>
<td>No outdoor activity permitted until cooler WBGT reading. Practices can be held in air conditioned venues.</td>
</tr>
<tr>
<td><strong>Water and rest breaks</strong></td>
<td>Should be held every 15-20 minutes and last 4 minutes.</td>
<td>Should be held every 10-15 minutes and last for 4 minutes.</td>
<td>Should be held every 5-10 minutes and last for 4 minutes.</td>
<td>Helmets should be removed for breaks and conditioning drills.</td>
</tr>
<tr>
<td><strong>For Competitions</strong></td>
<td>ATs will monitor athletes at increased risk.</td>
<td>ATs monitor all athletes. Teams should have access to shade.</td>
<td>Minimize introductions and consider extending half time to allow athletes to cool.</td>
<td>SJC administration will meet prior to event to discuss possibility of rescheduling the event.</td>
</tr>
<tr>
<td><strong>Water and rest breaks</strong></td>
<td>During natural competition breaks</td>
<td>During natural competition breaks</td>
<td>*Can be implemented as described below</td>
<td>*Water and rest breaks for competitions will be implemented based on sport.</td>
</tr>
</tbody>
</table>

*Water and rest breaks for competitions will be implemented based on sport.*

- For Baseball and Softball: water and rest breaks will occur between innings and after the first game of double headers. Time between double headers may be extended to allow athletes to cool.
- For Men’s and Women’s Lacrosse: water and rest breaks will occur at the natural breaks in the game (end of quarter, half and regulation).
- For Men’s and Women’s Soccer: Administration, officials, coaches and medical staff can discuss implementing a water and rest break of 2 minutes at the 30 and 75 minute mark. This can be in addition to half time, end of regulation, after each round of overtime and penalty kicks.
- For Men’s and Women’s Tennis: water and rest breaks will occur between games and sets, utilizing the ITA prescribed time allotment.
INTRODUCTION

The body’s ability to regulate and maintain a normal body temperature is influenced by a number of factors, both environmental and non-environmental. The two largest environmental factors are air and/or water temperature and wind speed. Non-environmental factors include an athlete’s previous history of cold injury, race, gender, body size and composition, low caloric intake, dehydration and fatigue, use of stimulants, aerobic fitness, and clothing.

Exposure to cold, wet, and especially, windy conditions will quickly move an athlete from being uncomfortable, to decreasing athletic performance, to causing injury.

Prevention of cold injuries begins with awareness of the current environmental conditions. A staff certified athletic trainer will inform the coaching staff if weather conditions will impact their planned outdoor activity. The Cold Weather Plan follows.

When participating in a cold, or wet and/or windy environment, it is necessary to be aware of the signs and symptoms of common cold injuries.

1. FROSTBITE
   - There are three levels of frost bite.
   - Frostbite usually occurs in cold and dry conditions, but exposure to moisture can exacerbate the condition.
     a. FROST NIP
        - This is an injury to the most superficial and distal (furthest from the core) tissues.
        - It is a precursor to frostbite.
        - Loss of sensation is the most common symptom.
     b. MILD TO DEEP FROSTBITE
        - Frost bite occurs when the skin and tissues freeze. This usually occurs in the face, ears, fingers and toes.
        - In cases of mild frostbite, the skin may appear red or mottled gray, be swollen, have tingling and burning.
        - Deep frostbite presents with white, gray, black or purple skin; limited movement with pain, burning and tingling to the affected area.
        - The athlete should report to a warm place for removal of any wet clothing and gradual rewarming. Rewarming should occur at or slightly above body temperature (98.6°F to 104°F).
2. **HYPOTHERMIA**
   - Hypothermia is defined as a core body temperature below 95°F.
   - Hypothermia can occur in temperatures above 32°F, therefore monitoring wind speed and the resulting wind chill is important.
   - There are multiple levels of hypothermia, but identification and prompt treatment are key in preventing the condition from becoming severe.
   - The athlete presents with systemic changes. This includes decreases in mental (confusion or memory loss), motor (loss of coordination, clumsiness) and cardiovascular (decrease in heart rate, excessive shivering, hyperventilation) capacities.
   - The athlete must be transported to a warm, dry environment for removal of any wet clothing, changing into dry clothing and gradual rewarming while being monitored for any decline in condition.

**COLD WEATHER PLAN**

**PREVENTION**

1. Coaches and certified athletic trainers must work together to identify and monitor those athletes who may be at increased risk for a cold environment injury. Athletes at increased risk include those who:
   - Have sustained a previous cold injury
   - Have a condition such as Raynaud’s, which are exacerbated by the cold
   - Are of certain races or of other geographic locations
   - Are female
   - Have a low body mass index
   - Are metabolically compromised
   - Use nicotine, caffeine or alcohol
   - Are lacking aerobic fitness
2. Appropriate clothing must be worn for activity in cold weather. Athletes need to dress in layers and stay dry.
   - Wear fabrics that wick moisture away from the skin as a base layer. This includes polypropylene (Ex: Nike Dri Fit) or wool for socks, base shirts and pants.
   - Light weight pile or wool should be worn for warmth above the base layers.
   - Wind blocking garments should be worn on top.
   - Extremities should be covered. This includes a hat to cover the ears and head, gloves or, better yet, mittens for hands and fingers.
   - Scarves or face masks can be used to warm the air being inhaled. This may be more important for athletes with a history of bronchospasm or other respiratory conditions.
3. Athletes need to maintain proper nutrition and hydration status. If s/he is unsure of her/his needs, please speak with a staff certified athletic trainer.
4. Athletes also need to get adequate rest and prevent exhaustion. Use of stimulants to minimize fatigue will only increase her/his risk of developing hypothermia. The use of nicotine, alcohol, and excessive caffeine intake should be discouraged.
5. A proper warm up must be completed, but the timing of it should lead directly to activity. Once warm, athletes should avoid cooling off and should apply additional layers during period of rest to avoid a rapid drop in body temperature.
6. Athletes should not participate in cold weather activity alone. A partner should always be present.
7. Athletes will have access to indoor facilities in order to rewarm as needed. Rewarming means increasing his/her core body temperature. Changing out of wet clothing may also be advised.
### MODIFICATION OF OUTDOOR ACTIVITY FOR COLD

#### FOR BASEBALL AND SOFTBALL:

<table>
<thead>
<tr>
<th>WIND CHILL:</th>
<th>Above 40°F</th>
<th>40°F to 32 ºF</th>
<th>Below 32°F</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Practices</td>
<td>Layered appropriate clothing; cover all extremities; avoid wearing wet clothing while outdoors.</td>
<td>Layered appropriate clothing; cover all extremities; avoid wearing wet clothing while outdoors.</td>
<td>Layered appropriate clothing; cover all extremities; avoid wearing wet clothing while outdoors.</td>
</tr>
<tr>
<td>Athletes may rewarm as needed.</td>
<td>Athletes will rewarm as needed.</td>
<td>Athletes will rewarm as needed.</td>
<td></td>
</tr>
<tr>
<td>Consider alternative practice locations or times to minimize exposure.</td>
<td>Consider alternative practice locations or times to minimize exposure.</td>
<td>Strongly recommend practices be moved to indoor, heated facility.</td>
<td></td>
</tr>
<tr>
<td>For Competitions</td>
<td>Teams will have unlimited access to rewarming.</td>
<td>Minimize pregame warm up and introductions. Teams have unlimited access to rewarming. Time between games may be extended to allow teams to rewarm.</td>
<td>SJC administration will meet prior to event to discuss possible rescheduling of event.</td>
</tr>
</tbody>
</table>

#### FOR ALL SPORTS:

<table>
<thead>
<tr>
<th>WIND CHILL:</th>
<th>Above 25°F</th>
<th>15°F to 25°F</th>
<th>0°F to 15°F</th>
<th>Below 0°F</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Practices</td>
<td>Layered appropriate clothing; cover all extremities; avoid wearing wet clothing while outdoors.</td>
<td>Layered appropriate clothing; cover all extremities; avoid wearing wet clothing while outdoors.</td>
<td>Layered appropriate clothing; cover all extremities; avoid wearing wet clothing while outdoors.</td>
<td>No outdoor activity permitted.</td>
</tr>
<tr>
<td>Athletes may rewarm as needed.</td>
<td>Athletes must rewarm for 10 minutes every 45 minutes</td>
<td>Athletes will rewarm after their maximum exposure time</td>
<td>Maximum of 0.5 hour total exposure time</td>
<td></td>
</tr>
<tr>
<td>Maximum of 2 hours total exposure time</td>
<td>Maximum of 1 hour total exposure time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Competitions</td>
<td>Consider timing warm up to end as close to start time as possible.</td>
<td>Minimize introductions and extend half time to allow athletes to stay or rewarm.</td>
<td>SJC administration will meet prior to event to discuss possible rescheduling of event.</td>
<td>No outdoor activity permitted.</td>
</tr>
</tbody>
</table>

NOTE: Additional restrictions may be imposed based on field and road conditions.
### NWS Windchill Chart

#### Temperature (°F)

<table>
<thead>
<tr>
<th>Wind (mph)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>30</td>
</tr>
<tr>
<td>35</td>
</tr>
<tr>
<td>40</td>
</tr>
<tr>
<td>50</td>
</tr>
</tbody>
</table>

**Wind Chill (°F) = 35.74 + 0.6215T + 35.75(V^{0.16}) + 0.4275T(V^{0.16})**

Where, T= Air Temperature (°F)  V= Wind Speed (mph)

**Effective 11/01/01**
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.

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 appear to be deceased, however prompt care can actually restore the victim and save his/her life. Finally, do not use a landline telephone unless there is an emergency, as the caller can be struck and killed.

PROCEDURES

1. Check local weather reports.
   - A staff certified athletic trainer will disseminate weather warning and watch reports to the coaching staff.
   - A storm watch indicates that conditions are plausible for a storm to occur.
   - A storm warning means that a severe weather has been reported in the area.

2. Watch for 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.**

- A safer shelter is defined by the NCAA as:
  
  “a. Any fully enclosed building normally occupied or frequently used by people, with plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid using the shower, plumbing facilities, and electrical appliances and stay away from open windows/doorways during a thunderstorm.

  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, are what protects 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 to evacuate the athletic site and to reach safe shelter.

- A list of safe shelters for each of St. Joseph’s College - Long Island’s teams is listed below:
  
  o John Danzi Athletic Center
  o Outdoor Field Complex building
  o Safe student vehicles should be used for: Cross Country and Golf

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 competitions, all personnel should evacuate the area and proceed directly to safe shelter on the **first sound of thunder**.

- 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 a field or event site if they feel that 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 St. Joseph’s College - Long Island sponsored event, the responsibility to clear the athletic site belongs to the Head coach.
   - Prior to a competition, the certified athletic trainer will 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?
   - 30 minutes must pass after the last sound of thunder or flash of lightning before resuming practice or competition.
   - A certified athletic trainer will inform the coach(es) when it is safe to resume activity.
MEDICATIONS, SUPPLEMENTS AND BANNED SUBSTANCES

MEDICATIONS
As participants in their own healthcare, student-athletes are required to complete the Medication Declaration form contained in the Player Packet, and to notify the St. Joseph’s College – Long Island staff certified athletic trainers of any injury or illness that occurs, regardless of how, when, or the time of year that it occurs. Their medical records will be updated, the secondary health insurance plan can be accessed (as applicable), and their Medication Declaration form will be updated. This form will serve to verify the necessity and validity of these medications should the student-athlete undergo an NCAA-sponsored drug test.

By keeping the Sports Medicine staff up-to-date on all of his/her medications and supplements, we can properly document prescriptions and advise student-athletes regarding the risks of nutritional supplements.

NUTRITIONAL SUPPLEMENTS
A balanced and nutritionally sound diet is the foundation for general health as well as sports performance. The certified athletic trainers on staff can assist student-athletes in developing a nutritionally sound eating plan, strategies to overcome challenges regarding his/her schedule and specific goals. We can also refer student-athletes to a registered dietician as needed.

Despite this, student-athletes may elect to utilize nutritional or dietary supplements in an attempt to achieve personal goals. It is important for them to understand that these products (vitamins, minerals, and protein products) are an unregulated industry, meaning that these items are not subject to any testing or standards by the US FDA. Therefore, the labeling and contents of these items are often not accurate and may contain harmful and/or banned substances. Thus, the NCAA does not support or endorse ANY product – despite claims made by retailers and advertising.
Instead, the NCAA provides the following warning to all student-athletes:

- Before consuming any nutritional/dietary supplement product, review the product with a certified athletic trainer!
- Dietary supplements are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.
- Additional information regarding supplements is available via the Resource Exchange Center (REC) at https://dfsaxis.com, where the organization is NCAA III and the password is ncaa3.
- A list of banned substance classes can be found at www.ncaa.org/drugtesting.

**BANNED SUBSTANCES**

The NCAA bans the following classes of drugs:

- **Stimulants** – examples are amphetamines (contained in Adderall), caffeine (if greater than 15mcg/mL, ex: 2 Grande coffees at Starbucks) and cocaine. Any athlete prescribed a stimulant for the treatment of ADHD, ADD or similar condition, must file for a Medical Exception. This will be done by the Head certified athletic trainer in coordination with the Assistant Director of Athletics for Compliance.
- **Anabolic agents** – are those substances that artificially stimulate muscle growth, such as testosterone and androstenedione.
- **Diuretics and other masking agents** – diuretics are water pills (an example is Midol Complete), but this class includes anything that alters a urine sample.
- **Peptide hormones and analogues** – examples are hGH, hCG and EPO.
- **Hormone and metabolic modulators** – can be legitimately used when treating cancer, but are often used illegally in conjunction with anabolic agents.
- **Beta-2 agonists** – are commonly used as rescuer inhalers for people with asthma and are permitted with a valid prescription and inhalation only.
- **Alcohol** – will not improve athletic performance and is banned during competition and while representing any St. Joseph’s College activity.
- **Street drugs** of any kind (examples include: marijuana, CBD, narcotics, heroin, THC) are banned by the NCAA as well as St. Joseph’s College Athletics Department.

*Note: any substance chemically related to these classes is also banned.

The NCAA automatically completes random drug testing at all Championships. No team or athlete will be informed ahead of time. A urine sample will be collected and tested for all classes of drugs (including street drugs).
INELIGIBILITY FOR USE OF BANNED SUBSTANCES

Per the NCAA: A student-athlete who is found to have used a substance on the list of banned drugs shall be declared ineligible for further participation in postseason and regular-season competition in accordance with the ineligibility. See Bylaws 31.2.3.1, 18.4.1.5.1 and 14.1.1.1.

St. Joseph’s College is required to notify the NCAA and Vice President for Student Life, in writing, regarding a student-athlete’s disclosure of a previous positive test from an outside organization.

Questions regarding eligibility should be directed to the Assistant Director of Athletics for Compliance.
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 Assistant Athletic Director for Compliance for more information regarding eligibility. If the pregnant student-athlete wishes to participate in athletics, training and exercise can have positive effects. Benefits of exercise during pregnancy include: reduced heart rate, decreased exertion rates, increased carbohydrate 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 any of the following:
  - Poorly controlled diabetes
  - Poorly controlled hypertension
  - Multiple gestations (ex: twins)
  - Pre-eclampsia (swelling from high blood pressure)
  - Cervical defects
  - Inactivity prior to becoming pregnant or any other circumstances which may place the athlete in danger

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 and seek emergency medical treatment if one of the following occur: vaginal bleeding or spotting, dizziness, chest pain, calf pain or swelling, muscle weakness, shortness of breath prior to exercise, decreased bowel movements, pre-term labor, amniotic fluid leakage.

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. See Procedures for Outside Medical Services on page 11.
BACKGROUND
Due to the nature of athletics, an athlete may contract an infection of the skin. There are four different categories of skin infections: bacterial, parasitic, viral, and fungal. Skin infections can be transmitted person to person or surface to person.

PERSONAL PRACTICES
There are basic steps that can be taken to minimize the risks associated with athletic participation and the use of athletic facilities:

- Keep hands clean by routinely washing with soap and warm water or using an alcohol based hand sanitizer.
  - There is soap and hand sanitizer available in the Athletic Training Facilities, bathrooms and locker rooms.
  - There are stations of hand sanitizer throughout the Danzi Athletic Center and field house of the Outdoor Field Complex.
  - There is hand sanitizer in all of the medical kits.
- Practice good hygiene, including showering after activity with antimicrobial soap.
- Avoid sharing fluid containers, towels, razors, and daily athletic gear.
- Wash practice gear daily.

FACILITY PRACTICES

- The Facility Managers are responsible for overseeing the cleanliness of the Danzi Athletic Center and Outdoor Field Complex.
- The Head certified athletic trainer oversees the Athletic Training Facilities for additional levels of maintenance, for cleanliness, and ensures OSHA standards are met.
RECOGNITION AND TREATMENT

If an infection occurs, the following steps should be taken:

1. All athletes should be aware of the signs and symptoms of a skin infection. These include: redness, warmth, swelling, pus, and pain at sites where the skin has sores, abrasions, or cuts. Sometimes these infections can be confused with insect bites.
   - Infections can also occur at sites covered by body hair or where uniforms or equipment cause skin irritation or increased rubbing.
   - Do not encourage or allow the athlete to pick or pop the sore.

2. If an athlete identifies a suspicious area, report to an Athletic Training Facility for assessment by a certified athletic trainer.
   - Athletes with infections will not be permitted to use the whirlpools.
   - Infected areas will be treated and home care instructions will be provided.
     - Infected areas will require covering for all athletic activities.
     - Infections that are suspicious in appearance may be referred to a physician for culture and treatment.

METHICILLIN-RESISTANT STAPHYLOCOCCUS (MRSA)

*Staphylococcus aureus*, often called "staph", is a type of bacteria commonly found on the skin or in the nose of healthy people. Approximately 30% of people have staph in their noses and do not have any symptoms. MRSA, which stands for Methicillin-Resistant *Staphylococcus aureus*, is staph that is resistant to commonly used antibiotics. In the past, MRSA was found only in healthcare facilities and caused infection in people who were sick. More recently, MRSA has emerged in the community and can cause infections in otherwise healthy people. An athlete with a confirmed diagnosis of MRSA will require treatment by a physician.
CONCUSSION SAFETY PROTOCOL

INTRODUCTION

- St. Joseph's College is committed to ensuring the health and safety of its student-athletes. To this end, and in accordance with NCAA legislation Constitution 3.2.4.16, St. Joseph's College has adopted the following Concussion Safety Protocol for all student-athletes.

- This protocol establishes and/or identifies: (1) a sport-related concussion definition; (2) concussion safety protocol personnel; (3) independent medical care; (4) preseason education; (5) pre-participation assessment; (6) recognition and diagnosis of concussion; (7) concussion management; (8) return to activity, including both return-to-learn and return-to-play; (9) reducing exposure to head trauma; and (10) written certificate of compliance signed by the athletics health care administrator.

PRESEASON EDUCATION

- The 5th international conference on concussion in sport defines concussion as follows: Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces.

- A concussion is a brain injury that results in a decrease in cognitive (thinking), motor (movement), sensory and/or reflex (involuntary) activity due to a direct or indirect force to the head, face or neck regions.

- A concussion is usually characterized by immediate and transient impairment of neural function.

- Most concussions will resolve spontaneously, within a short amount of time, with rest.

- Educate athletes annually
  - Athletes are provided the NCAA Concussion Fact Sheet prior to athletic physicals.
  - Additional information is also available at athletic physicals, on our website, and in the Sports Medicine Policy and Procedure Manual.
  - Athletes acknowledge having received this information in the Risk Acknowledgement form in their physical packet.

- Educate coaches and administration annually
  - Coaches are emailed the NCAA Concussion Fact Sheet.
  - Coaches are trained annually on the definition, mechanism, identification and requirement for assessment of sports related concussion.
  - Coaches are educated on techniques and strategies to reduce exposure to sports related concussions.
  - Coaches and Athletic Department Staff acknowledge this information and training by signing the Acknowledgement of Sports Medicine Policies and Procedures form.
PRE-PARTICPATION

- A thorough history is taken via the General Medical History and Orthopedic History Forms. Items of note include, but are not limited to:
  - Past medical history of injuries to the head, neck, face, and cervical spine
  - Past medical history of migraines and/or seizures
  - All reported past concussions
  - If the athlete has or had used any special equipment to the head or neck regions
  - If the athlete has a history of symptoms or diagnosis of depression, anxiety, ADHD or learning disabilities
  - Diagnosed heart rate and/or blood pressure outside of normal range
- Risk factors are noted
- Modifiers that will influence the course of events if an athlete sustains a concussion are noted

<table>
<thead>
<tr>
<th>Factor</th>
<th>Modifier*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>number, duration of greater than 10 days, and severity</td>
</tr>
<tr>
<td>Signs</td>
<td>greater than 1 minute of loss of consciousness, amnesia</td>
</tr>
<tr>
<td>Sequelae</td>
<td>concussive convulsions</td>
</tr>
<tr>
<td>Temporal</td>
<td>frequency (repeated concussions over time), timing (injuries close together in time), “recency” (recent concussion or traumatic brain injury)</td>
</tr>
<tr>
<td>Threshold</td>
<td>repeated concussions occurring with progressively less impact force or slower recovery after each successive concussion</td>
</tr>
<tr>
<td>Age</td>
<td>under 18 years of age</td>
</tr>
<tr>
<td>Co- and pre-morbidities</td>
<td>migraine, depression or other mental health disorders, ADHD, learning disabilities or sleep disorders</td>
</tr>
<tr>
<td>Medication</td>
<td>psychoactive drugs, anticoagulants</td>
</tr>
<tr>
<td>Behavior</td>
<td>dangerous style of play</td>
</tr>
<tr>
<td>Sport</td>
<td>high risk activity, contact and collision sport, high sporting level</td>
</tr>
</tbody>
</table>
- The Medication Declaration form is reviewed for items that may influence the course of events if an athlete sustains a concussion
- The Baseline Concussion test is completed on all new student-athletes prior to their first day of activity
  - This includes the Graded Symptom Check Sheet, the Standard Assessment of Concussion, and the Balance Error Scoring System.
  - Any athlete who sustains a concussion will repeat baseline testing prior to the start of their next athletic season.
RECOGNITION, DIAGNOSIS AND MANAGEMENT

- A St. Joseph’s College- Long Island certified athletic trainer will be present at all home competitions and away competitions for Men’s Lacrosse.
- A St. Joseph’s College- Long Island certified athletic trainer will be available for all practices.
- The host team will staff away competitions for St. Joseph’s College - Long Island athletics.
- A certified athletic trainer will complete the on field evaluation to rule out differential diagnosis (skull fracture, cervical spine injury, etc.) and to take appropriate actions (ex: activate the site’s Emergency Action Plan or remove to sideline for further evaluation).
  - The Emergency Action Plan will be activated if the athlete has:
    - A Glasgow Coma Scale <13
    - Any loss of consciousness
    - Focal or neurological deficit
    - Repetitive emesis
    - Mental, cognitive or physical deterioration
    - Spinal injury (Any athlete with neck pain will be treated as if a cervical spine injury is present.)
- Once a concussion is suspected, a certified athletic trainer will complete a full sideline evaluation in as quiet and private an area as possible.
  - This will include symptom list and severity, physical and neurological examination, cognitive evaluation and balance assessment.
  - The testing will be repeated 1 – 3 hours post injury, if possible.
- No athlete will return to activity or class the same day if a concussion is determined by the certified athletic trainer.
- Vital signs and mental status will be monitored regularly. If the athlete begins to deteriorate or has an increase in symptoms, active the site’s Emergency Action Plan.
- Transportation home will be arranged. A concussed athlete is not permitted to drive on the day of injury.
- The Head Injury Home Instruction letter will be provided and reviewed with a responsible person.
  - A specific follow up appointment will be established.
- Injury documentation will include mechanism of injury, initial signs and symptoms, state of consciousness, findings of physical and neurological examinations, and who home care instructions were provided to.
- The athlete will be educated about the injury continually.
- The athlete will be evaluated and documented daily. Including the time of day testing is performed, with consideration for being consistent across days.
- The athlete will be referred to a team physician or specialist if s/he: deteriorates; has increase in symptoms; shows signs of depression, personality changes, and/or other neurological symptoms; cannot achieve baseline scores; symptomology is present for more than 7 days post date of injury.
- An individualized plan will be developed by the team of medical providers and counselors.
RETURN TO PLAY

- Consideration for return to play (RTP) may begin once:
  - The athlete is asymptomatic without medications at rest (using physical examination and GSC).
  - The athlete has achieved his/her Baseline Concussion Testing score or better.
- Return to play will occur in a stepwise pattern, with 24 hours between steps.
- If the athlete is unable to complete a step appropriately, the testing ends and may not be reattempted for 24 hours. Once the athlete has begun the RTP sequence, if s/he becomes symptomatic at a step, s/he will begin the protocol at step 1 the following day.
- Gradual RTP protocol:

<table>
<thead>
<tr>
<th>Rehab stage</th>
<th>Functional exercise</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No activity</td>
<td>Complete physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>Walking, swimming, stationary cycling</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td></td>
<td>&lt;70% predicted max heart rate for at least 15 minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No resistance training</td>
<td></td>
</tr>
<tr>
<td>3. Mode, duration and Intensity-dependent exercise</td>
<td>Sport based aerobic exercise</td>
<td>Simulate sport cardio demands</td>
</tr>
<tr>
<td>4. Sport specific exercise</td>
<td>No head impact activities</td>
<td>Adding movement</td>
</tr>
<tr>
<td></td>
<td>Can be interval training, BW circuit training</td>
<td></td>
</tr>
<tr>
<td>5. Non-contact training drills</td>
<td>Progression to more complex training drills</td>
<td>Exercise, coordination and cognitive load</td>
</tr>
<tr>
<td></td>
<td>May begin progressive resistance training</td>
<td></td>
</tr>
<tr>
<td>6. Full contact practice</td>
<td>Following medical clearance, May participate in normal training</td>
<td>Restore confidence and assess functional skills</td>
</tr>
<tr>
<td>7. Return to play</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>

- The goal of the return to play protocol is to gradually increase activity, while monitoring signs and symptoms. The aerobic function should be challenging enough to recreate practice intensity, then competition intensity.
  - The athlete should be assessed before and after the functional exercise.
RETURN TO LEARN

- No athlete will return to activity or class the same day as the concussion.
- Return to learn is a parallel concept to return to play.
- If it is determined that academic assistance is needed, the Head certified athletic trainer will coordinate this.
  - This will engage a wide-range of on and off campus-based support.
  - It will include medical providers, Accessibility Services, counselors, academic advisors, course instructors, college administrators and/or coaches as needed.
- Keeping in mind that each individual concussion is different, an individualized plan will be made based on the student athletes symptoms.
  - The Return to Learn team will adjust and modify academic schedule, assignments, etc. as needed.
  - The athlete will be reassessed every 2 weeks by the Return to Learn team to adjust, modify or discontinue the modifications.

MULTIPLE CONCUSSIONS IN THE SAME YEAR

- Multiple concussions within consecutive seasons of play will be automatically referred to the Head Team Physician for further evaluation.
- Referrals to other physicians for further testing will be made as needed per each case.

ACKNOWLEDGMENT

By signing and dating this form, you acknowledge, on behalf of your institution, that for the 2019-20 academic year:

1. The Concussion Management Plan fulfills the requirements of NCAA Concussion Management Legislation Division III Constitution 3.2.4.16.
2. The Concussion Safety Protocol is consistent with Inter-Association Consensus: Diagnosis and Management of Sport-Related Concussion Best Practices.

_______________________________________  ___________________  __________
Signature of Director of Athletics          Printed name              Date

_______________________________________  ___________________  __________
Signature of Athletics Health Care Administrator  Printed name              Date

_______________________________________  ___________________  __________
Signature of Head Athletic Trainer          Printed name              Date