

**SUNY Potsdam Athletic Training
Policy and Procedure Manual
2019-2020**

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SUNY Potsdam Athletic Training Philosophy

The SUNY Potsdam Athletic Training Staff is committed to protecting and reducing the risk of injury while providing quality treatment, and rehabilitation of athletic injury to the intercollegiate athletes of the institution. This will be achieved by providing a safe environment and the highest quality of care as outlined by the National Athletic Trainers' Association and the Board of Certification for Athletic Training.

Athletic Training Staff and Staff Responsibilities

The SUNY Potsdam athletic training staff:

Mike Pitts M.ED, ATC- Head Athletic Trainer

Primary sport responsibilities:

- Women's Volleyball
- Men's Volleyball
- Men's Basketball
- Women's Basketball
- Softball

Alexandra Berking, ATC- Assistant Athletic Trainer

Primary sport responsibilities:

- Women's Soccer
- Men's Ice Hockey
- Men's Lacrosse

Kristine Johnson, MS ATC- Assistant Athletic Trainer

Primary sport responsibilities:

- Men's Soccer
- Women's Ice Hockey
- Women's Lacrosse
- Men's and Women's Cross Country
- Men's and Women's Track & Field

The responsibilities of the athletic training staff are to provide medical care for all intercollegiate athletes at SUNY Potsdam. In addition to the direct care of the athletes, the staff will follow the ethical, moral and practice standards set forth by the National Athletic Trainers' Association and the Board of Certification.

The Primary areas of care fall under six domains of practice as outlined below:

A. Prevention of Athletic Injuries

- a. Educate athletes, administrators, parents, coaches and members of the health care team about risks associated with participation and specific activities using effective communication techniques to minimize risk of injury and illness.

- b. Utilize the documented athlete health records in accordance with accepted guidelines to minimize risk of injury and illness.
 - c. Instruct athletes, administrators, parents, coaches and members of the health care team about standard protective equipment using effective communication techniques to minimize risk of injury and illness.
 - d. Application of prophylactic/ protective measures using commercial products or custom- made devices to minimize risk of injury and illness.
 - e. Identify safety hazards associated with activities, activity areas and equipment by following accepted procedures and guidelines in order to make appropriate recommendations and minimize risk of injury and illness.
 - f. Monitor participants and environmental conditions following accepted guidelines to promote safe participation
 - g. Maintain clinical and treatment areas by complying with safety and sanitation standards to minimize risk of injury and illness.
 - h. Facilitate physical conditioning by designing and implementing appropriate programs to minimize risk of injury or illness.
 - i. Facilitate healthy lifestyle behaviors using effective education, communication and interventions to reduce the risk of injury and illness and promote wellness.
- B. Clinical Evaluation and Diagnosis
- a. Obtain a history through observation, interview and/or review of relevant records to assess current or potential injury, illness or condition.
 - b. Inspect the involved area(s) visually to assess the injury, illness, or health related condition.
 - c. Palpate the involved area(s) using standard techniques to assess the injury, illness or health related condition.
 - d. Perform specific tests in accordance with accepted procedures to assess the injury, illness or health related condition.
 - e. Formulate a clinical impression by interpreting the signs, symptoms, and predisposing factors of the injury, illness or condition to determine the appropriate course of action.
 - f. Educate athletes, administrators, parents, coaches and members of the health care team regarding the assessment by communicating information about the current injury, illness or health- related condition to encourage compliance with recommended care.
 - g. Share assessment findings with other health care professionals using effective means of communication to coordinate appropriate care.
- C. Immediate Care
- a. Employ life-saving techniques through the use of standard emergency procedures in order to reduce morbidity and the incidence of mortality.
 - b. Prevent exacerbation of non-life threatening condition(s) through the use of standard procedures in order to reduce morbidity.
 - c. Facilitate the timely transfer of care for conditions beyond the scope of practice of the Athletic Trainer by implementing appropriate referral strategies to stabilize and/or prevent exacerbation of the condition(s).
 - d. Direct athletes in standard immediate care procedures using formal and informal methods to facilitate immediate care.

- e. Execute the established emergency action plan (pg<) using effective communication, and well- practiced techniques to facilitate efficient immediate care.
- D. Treatment, Rehabilitation and Reconditioning of Athletic Injuries
- a. Administer therapeutic and conditioning exercise(s) using standard techniques and procedures in order to facilitate recovery, function, and/or performance.
 - b. Administer therapeutic modalities using standard techniques and procedures in order to facilitate recovery, function and/or performance.
 - c. Apply braces, splints or assistive devices in accordance with appropriate standards and practices in order to facilitate recovery, function, and/or performance.
 - d. Administer treatment for general illness and/ or conditions using standard techniques and procedures to facilitate recovery, function and/ or performance.
 - e. Reassess the status of injuries, illnesses, and/ or conditions using standard techniques and documentation strategies in order to determine appropriate treatment, rehabilitation, and/ or reconditioning and to evaluate readiness to return to a desired level of activity.
 - f. Educate the appropriate patient(s) in the treatment, rehabilitation and reconditioning of injuries, illnesses, and/ or conditions using applicable methods and materials to facilitate recovery, function and/ or performance.
 - g. Provide guidance and/ or counseling for the appropriate patient(s) in the treatment, rehabilitation and reconditioning of injuries, illness and/ or conditions through communication to facilitate recovery, function and/ or performance.
- E. Organization and Administration
- a. Establish action plans for response to injury or illness available resources to provide the required range of healthcare services for patients, athletic activities and events.
 - b. Establish policies and procedures for the delivery of healthcare services following accepted guidelines to promote safe participation, timely care and legal compliance.
 - c. Establish policies and procedures for the management of healthcare facilities and activity areas by referring to accepted guidelines, standards and regulations to promote safety and legal compliance.
 - d. Manage human and fiscal resources by utilizing appropriate leadership, organization and management techniques to provide efficient and effective healthcare service.
 - e. Maintain records using an appropriate system to document services rendered, provide for continuity of care, facilitate communication and meet legal standards.
 - f. Develop professional relationships with appropriate patients and entities by applying effective communication techniques to enhance the delivery of healthcare.
 - g. Correspond with other members of the health care team, both inside and outside university.
- F. Professional Responsibility

- a. Demonstrate appropriate professional conduct by complying with applicable standards and maintaining continuing competence to provide quality athletic training services.
- b. Adhere to statutory and regulatory provisions and other legal responsibilities relating to the practice of Athletic Training by maintaining an understanding of these provisions and responsibilities in order to contribute to the safety and welfare of the public.
- c. Educate athletes and entities about the role and standards of practice of the Athletic Trainer through informal and formal means to improve the ability of athletes and entities to make informed decisions.
- d. Maintain competence through continuing education.
- e. Maintain current NY state athletic training license.
- f. Maintain current credentials require by the certifying body of the Board of Certification (BOC) and National Athletic Trainers' Association (NATA).
- g. Maintain current AED/CPR certification.

SUNY Potsdam intercollegiate athletics works directly with Team Physicians:

- SUNY Potsdam Health Center
- Dr. John Duffy, MD- Physician
- Dr. Robert Cummings, MD- Orthopedist

Work-Study Student Responsibilities

The Athletic Training department employs undergraduate students. These work study student helpers are responsible for the pre-game set up, including filling water and assisting with general athlete preparation. Other daily duties include: cleaning and stocking of athletic training room and other administrative tasks.

Care of Athletic Injuries

Any intercollegiate athlete requiring medical evaluation and/ or treatment for injuries or other medical problems occurring while participating in his/her sport should report this injury or problem to the athletic training staff. When necessary, the Athletic Trainer will refer the athlete to the proper medical provider.

The SUNY Potsdam Head Injury Protocol will be used for athletes who have suffered a concussion or mild traumatic brain injury MTBI. Following evaluation, the Athletic Trainer will provide any treatment deemed appropriate and within the athletic training scope of practice as outlined by the NATA and the State of New York. The form of treatment may be changed whenever the signs and symptoms indicate a need for change.

The Team Physician is the **FINAL AUTHORITY** on determining when an injured athlete may return to practice and/ or competition. If the athlete was under the care of SUNY Potsdam Health Services or any MD or DO, a written consent stating the athlete may return to practice and/ or competition must be presented to the athletic training staff.

Approval for Participation in Intercollegiate Athletics

It will be the **Head Coach's** responsibility and liability if a student participates without having medical clearance through the Athletic Training Department. Head coaches will refer to the Athletic Trainers regarding the medical clearance status of their players.

All intercollegiate student athletes are required to complete all medical pre- participation and insurance forms yearly prior to any team practice or competition. It is also **highly recommended** by the NCAA that every student athlete obtain a physical examination with a physician prior to initial participation in the institution's intercollegiate athletics. It is SUNY Potsdam's policy that all student athletes, from first-years to transfers to returners, get a physical examination each year within 6 months prior to the start of their sport's activity.

If, during the course of the year, an athlete is injured and restricted from participation, the athlete must be re-examined by SUNY Potsdam health services, a DO, or MD ,and be granted clearance to resume ANY activity.

Unless an athlete receives an injury that restricts him/her from play in one particular season, the athlete is cleared to participate in any sport throughout that academic year after his/her initial medical clearance. It must be clearly understood that ALL intercollegiate athletes must receive medical clearance before any participation. The Athletic Training department will present evidence of medical clearance for all athletes to head coach of his/her respective sport(s).

Practice Player and Walk-On Try-Out Player Policy

It is SUNY Potsdam Athletic Training policy that players who practice with a team, but are not officially on the roster, must complete a try-out waiver. This also includes walk-on players who are trying out for the team. This waiver acknowledges that injuries are a possibility of participation and the individual assumes all risks, physically, emotionally, financially, and legally associated with the sport and agree to release and indemnify SUNY Potsdam and their officers, employees, agents and volunteers from and against any present or future claim, loss, or liability for injury to person or property which the individual may suffer, or for which the individual may be liable to any other person, during or as a result of my participation in any athletics-related activities. While this paperwork is necessary to have on file, any injuries "practice players" sustain while practicing with the team must be evaluated and treated by the Health Center, not the athletic training staff. Emergency first aid is all the SUNY Potsdam Athletic Trainers are allowed to provide; all injuries must be referred to the health center or to the hospital if an emergency.

Athletic Injury Policy

Any athlete requiring special attention for injury, illness or other medical problems may be referred to Student Health Services, Canton-Potsdam Hospital, or Dr. John Duffy (physician), and Dr. Robert Cummings (orthopedic surgeon).

Any SUNY Potsdam athlete may see any physician of their choice at any time, but the care of the athlete must be coordinated with the certified Athletic Trainer assigned to his/her team. Any non-emergent athletic injuries are to be evaluated by the Athletic Training staff prior to reporting to Student Health Services or a physician.

All athletes who are seen by a Canton Potsdam Hospital physician or Health Services for any reason (illness or injury) MUST obtain a note that clears them for participation in sport before they can resume team activity. All non- Canton Potsdam Hospital physician visits must be reviewed and cleared by SUNY Potsdam's Team Physician.

The **Emergency Action Plan** must be followed for **ALL** emergency related injuries, illnesses or other medical problems.

Coaches and team staff **DO NOT** have the authority to permit referrals to any other physician without consulting and receiving approval through the Athletic Training department.

NCAA Guidelines to Use during a Serious On- Field Player Injury:

1. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staffs and all available emergency personnel should be established and maintained.
2. Players, parents and non-authorized personnel should be kept a significant distance away from the seriously injured player or players.
3. Players or non-medical personnel should not touch, move or roll an injured player.
4. Players should not try to assist a teammate who is lying on the field (i.e., removing the helmet or chin strap, or attempting to assist breathing by elevating the waist).
5. Players should not pull an injured teammate or opponent from a pile-up.
6. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference.
7. Players and coaches should avoid dictating medical services to the athletic trainers or team physicians or taking up their time to perform such services.

Epi-pens, Inhalers, and Other Emergency Use Prescribed Devices

Any athlete that requires the use of an inhaler, epi-pen, or other emergency prescription device must keep them easily accessible at all times. This includes bringing the device to all practices and games. Prescription devices such as inhalers and epi-pens are to be used only by the individual for which the device was prescribed. Therefore, athletes are not to "share" each other's inhalers, as this practice is illegal and potentially dangerous.

Use of Athletic Training Room Facilities

The Athletic Training facilities are for the use of all SUNY Potsdam intercollegiate athletes competing in NCAA Division III.

SUNY Potsdam club sports teams are not permitted to use the Athletic Training facilities.

SUNY Potsdam Athletic Training facilities are available to visiting teams competing at SUNY Potsdam on a reciprocal, courtesy basis. Visiting teams are requested to provide their own taping supplies.

In case of an emergency situation involving another person outside of the athletic program, first aid will be administered and further medical assistance called for if necessary. No other treatment or diagnosis will be offered other than immediate first aid care.

When the Athletic Training facilities are not in use for intercollegiate sports, the facility will be locked. No individual outside of the Athletic Training staff and team physicians are permitted to utilize the facility without knowledge and approval from the Athletic Training staff.

No athlete will be allowed in the Athletic Training room without supervision and permission.

Therapeutic modalities may only be operated by the certified Athletic Training staff. Therapeutic modalities will not be administered to visiting athletes without the physical presence of a Certified Athletic Trainer from the visiting institution.

Whirlpool Policy

- Athletes must shower prior to use of whirlpools
- Athletes should bring their own towels
- Athletes with any open wounds, cuts, blisters, etc. are NOT permitted to use the whirlpool until told otherwise by the athletic trainer
- No horseplay is allowed.

Athletic Training Room Supplies

Coaches are asked to obtain permission from one of the athletic training staff before using cooler/ ice chest/ water bottles for personal use, or use other than what is provided for practices/ games. This is to help maintain the cleanliness and inventory of the items. If cooler or bottles are used for Gatorade or any substance other than water, please thoroughly wash the items out in a timely manner before returning the items to the training room to prevent mold growth.

Sports camps are not permitted use of athletic training room supplies or facilitates if a staff athletic trainer is not working the camp unless a prior arrangement has been agreed upon.

Athletic Training Room Availability

The Athletic Training room at Maxcy will be open as scheduled. Due to season/ weather changes, particularly during the cross- over period in which multiple teams are practicing at the same time, the schedule might vary day to day. Please email the athletic training staff to determine availability. To schedule an appointment for injury evaluation, athletes are asked to email their team's athletic trainer.

If an Athletic Trainer is not available in the case of emergency, call 911 and refer to the Emergency Action Plan posted in all facilities.

It is the Head Coach's responsibility to submit a copy of their team's practice and game schedule to the Head Athletic Trainer at least one week prior to the event if athletic training coverage is to be requested. It is also the head coach's responsibility to immediately inform the Head Athletic Trainer of any changes in their schedule, with a minimum of 24 hour notice required. Please notify athletic trainers by email if possible.

Failure to inform the Head Athletic Trainer of schedule changes well in advance may result in the inability to supply medical coverage for the event.

Athletic Training Practice Coverage Criteria:

1. High to Low Risk as determined by the NCAA Annual Injury Surveillance Study
2. In- season vs. out- of- season (Non- Traditional)
 - High risk sports:* Men's and Women's Hockey, Men's and Women's Basketball, Men's and Women's Soccer and Men's Lacrosse.
 - Medium risk sports:* Women's Lacrosse, Volleyball, Softball
 - Low risk sports:* Cross- country, Swimming and Diving and Golf

Practice Coverage Policies:

1. A Certified Athletic Trainer will be on campus/ on site will be on site for in season practices.
2. A staff member will be available 1 hour prior to and ½ hour following each practice.

All coaches that wish to change practice after the schedule has come out must provide 24 hour notice of the practice. This is very important to allow proper coverage to your team.

Home Contest Coverage:

A Certified Athletic Trainer will be available for:

- Men's Soccer
- Women's Soccer
- Men's Ice Hockey
- Women's Ice Hockey
- Men's Basketball
- Women's Basketball
- Men's Lacrosse
- Women's Lacrosse
- Men's Volleyball
- Women's Volleyball
- Softball

A Certified Athletic Trainer will be available for:

- Men's and Women's Cross Country
- Men's and Women's Swimming and Diving

During days of multiple contests, the higher risk sport will have the Certified Athletic Trainer (on site).

Travel Contest Coverage

Per NCAA guidelines, a Certified Athletic Trainer will travel with Men's Ice Hockey, Women's Ice Hockey, and Men's Lacrosse. Away coverage for all other teams will be dependent on:

- Home contest activity
- High Risk- Low Risk as determined by the NCAA Annual Injury Surveillance Study

When a Certified athletic Trainer is unable to travel, notice will be made to the host institution to determine coverage and a medical kit will travel with them.

Please refer to the Athletic Training practice and content coverage schedule for coverage information

Injured Visiting Team Athletes

If a visiting athlete is injured participating in an intercollegiate event while on the SUNY Potsdam campus, he/ she will be afforded the same medical care as SUNY Potsdam athlete.

If the visiting team has an Athletic Trainer and/ or team physician, they will be allowed to manage the injury according to their own policies. They will have full use of all SUNY Potsdam facilities and will have the assistance of the SUNY Potsdam Athletic Training staff as required.

Financial accountability for all services rendered will be the responsibility of the injured athlete and/ or their institution.

Medical Information Release Authorization

All student- athletes are protected by federal law in regards to the protection of their personal information. The Health Insurance Portability and Accountability Act (HIPAA) allows any legal adult the rights to their personal medical records at any time. It also protects an individual's medical information from being shared with any unauthorized person. Every student- athlete is required to sign a medical release authorization form as part of their pre-season paperwork. This signature is required to allow the athletic training staff to discuss the student's medical records with the team physicians and other Athletic Training staff in order to provide the best possible care to the athlete. Team coaches will be informed of an athlete's condition for the purpose of roster and playing status.

A student athlete must provide a written request for their information be sent to another party (medical personal, etc.). No information will be shared with parents, other relatives or friends of a student athlete without the athlete being present to give consent or prior written request being signed by the student athlete.

For any student athletes who are under the age of legal consent (18 years), their medical information may be shared with their parent or legal guardian).

Coaching Staff Responsibilities

Coaches play a vital role to the Athletic Training staff and to the welfare of our athletes. Coaches shall:

- Prohibit any student – athlete from participating without medical clearance by the Athletic Training department.
- Protect any student- athletes' health, safety and welfare as number one priority.
- Refer a student- athlete whose health, safety or welfare is in question to the Athletic Training staff immediately.

The Athletic Training staff will manage all injuries at practices and games. Allow the Athletic Trainer to evaluate each case and manage it as they see fit. The coaching staff will be given the athlete's status as soon as possible.

NCAA Drug Testing Policy for Division III Athletes

All Division III athletes may be randomly tested by the NCAA during the playoffs at the sport's respective NCAA tournaments. It is the goal of all the Division III programs at SUNY Potsdam to participate in the NCAA tournament; therefore, all DIII athletes must be aware of the banned substances list and comply accordingly. Any questions regarding the banned substances may be directed to the Head Athletic Trainer or Division III compliance officer.

Club Sport Policy

There is no Athletic Training coverage for any club sports at SUNY Potsdam. Club sport athletes are not permitted to utilize the Athletic Training supplies or facilities.

Sport Camp Policy

It is the policy of SUNY Potsdam that all sports camps at SUNY Potsdam **must** have medical coverage by either a certified athletic trainer or an EMT. IF the medical personnel covering the camp are not part of the SUNY Potsdam staff athletic trainers, then use of the athletic training room supplies (including coolers, ice chests, and water bottles) is not permitted unless an arrangement has already been agreed upon with the Head Athletic Trainer.

AED/ CPR Certification Requirements

It is mandatory that all coaches be certified in CPR/AED..

SUNY Potsdam Concussion Protocol

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury, the following concussion management protocol will be used for SUNY Potsdam student athletes suspected of sustaining a concussion.

A concussion occurs when there is a direct or indirect insult to the brain. As a result, transient impairment of mental functions such as memory, balance/ equilibrium and vision may occur. It is important to recognize that many sport relates concussions *do not* result in loss of consciousness and, therefore, all suspected head injuries should be taken seriously.

Coaches and fellow teammates can be helpful in identifying those who may potentially be trying to hide the injury to stay in the game or practice.

Concussion management begins with pre- season baseline testing and physician clearance. Student- athletes, coaches, team physicians, ATCs, and athletic directors are all provided with the NCAA concussion fact sheets and must sign to acknowledge having read and understood the material.

Every new (first- year or transfer) student- athlete must receive a pre- season baseline assessment for concussion involving a graded system checklist, SCAT Concussion Form (which

includes balance error scoring system, symptom evaluation, cognitive assessment, brain injury and concussion history) and a computerized neuropsychological test (Impact).

The SUNY Potsdam athletic trainers will conduct the impact and NFL Concussion Form/ or SCAT testing and keep these results in the athlete's medical file or accessible only to the athletic trainers in the secured online impact database. In the event of a concussion, the student athlete will be re-assessed and compared to pre- season baseline measures according to the outlined protocol.

Any athlete suspected of sustaining a concussion will be evaluated by the team's Athletic Trainer using: SCAT Concussion Form and Impact. Should the team physician not be present, the Athletic Trainer will notify the team physician to develop an evaluation and treatment plan. Ideally, an assessment of symptoms will be performed at the time of the injury and then serially thereafter, (2-3 hours post injury, 24 hours, 48 hours, etc.). The presence or absence of symptoms will dictate the inclusion of additional neurocognitive and balance testing.

Any student athlete diagnosed with a concussion **shall not return** to activity for the remainder of that day. Medical clearance will be determined by the team physician or combination of team physician and Athletic Trainer involved with management of the concussion.

If requested by the team physician or Athletic Trainer (typically for the purpose of evaluating whether an athlete should return to class, reschedule exams, etc.), testing may be conducted while the athlete is still symptomatic.

If the athlete has not returned to normal functioning compared to baseline scores upon laboratory testing, another appointment will be scheduled at a time deemed appropriate by the team physician or Athletic Trainer. In the rare event that an athlete does not have baseline scores, age-matched normative percentile scored will be used for comparison to post- injury scores.

The team physician and/ or Certified Athletic Trainer will be notified as soon as possible of the test result.

The following assessment and return to play plan will be used for all concussions. Each concussion is different and the following are guidelines suggested by the NCAA and will be tailored to each individual student- athlete for each individual concussion occurrence.

Concussion Assessment

No athlete suspected of having a concussion is permitted to return to play the same day, and no athlete is permitted to return to play while symptomatic following a concussion.

Baseline testing: conducted on each athlete upon entering as a first- year student, transfer, or for those athletes sustaining a concussion the previous season (re-baselines)

- Time of injury: clinical evaluation and symptom checklist
- 1-3 hours post- injury: symptom checklist; referral if necessary
- Next day: follow- up evaluations daily to track symptom recovery

Once athlete becomes asymptomatic, determine where athlete is relative to baseline on the following measures:

- SCAT Concussion Form
- Impact

If the measures listed above are at least 95% of baseline scores and the athlete remains asymptomatic for **1 additional day** following these tests, the physician can instruct the Athletic Trainer to begin a 5- step graduated exertional return to play (RTP) protocol with the athlete to assess for increasing signs and symptoms. Symptoms should be reassessed immediately following exertional activities.

If the athlete remains asymptomatic on the day following the first step(s) of the graduated exertional RTP protocol, the athlete will be reassessed using the measures above and continue with the next step(s) on the graduated exertional RTP protocol.

All scores on the aforementioned assessments of exertional activities below will be recorded on the athlete's medical record by the team's Athletic Trainer.

If at any point during the process the athlete becomes symptomatic the athlete should be re-assessed daily until asymptomatic. Once asymptomatic, the athlete should then follow the steps above.

Recognition and Diagnosis

Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion must be present at all NCAA varsity competitions in the following/ contact/ collision sports: basketball, ice hockey, lacrosse, and soccer. To be present means to be onsite at the campus or arena of competition. Medical personnel may be from either team, or may be independently contracted for the event.

Medical personnel with training in the diagnosis, treatment, and initial management of acute concussion must be available at all NCAA varsity practices in the following contact/ collision sports: basketball, ice hockey, lacrosse, and soccer. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper, or other direct communication means, through which the incidence of concussion (actual or suspected) can be discussed and arrangements for the student- athlete's evaluation can be made.

Signs and Symptoms of Concussion

- Loss of consciousness (LOC)
- Confusion
- Post- traumatic amnesia (also known as anterograde amnesia)
- Retrograde amnesia
- Disorientation
- Delayed verbal and motor response
- Inability to focus
- Headache
- Nausea/ Vomiting
- Excessive drowsiness
- Visual Disturbances

- Photophobia (sensitivity to light)
- Blurry vision or double vision
- Phonophobia (sensitivity to sound)
- Disequilibrium
- Feeling “in a fog” or “zoned out”
- Vacant stare
- More emotional than usual or easily frustrated
- Dizziness/ balance issues
- Slurred/ incoherent speech

Graduated Exertional Return to Play Protocol

The exertional protocol allows a gradual increase in volume and intensity during the return to play process. The athlete is monitored for any concussion- like signs/ symptoms during and after each exertional activity.

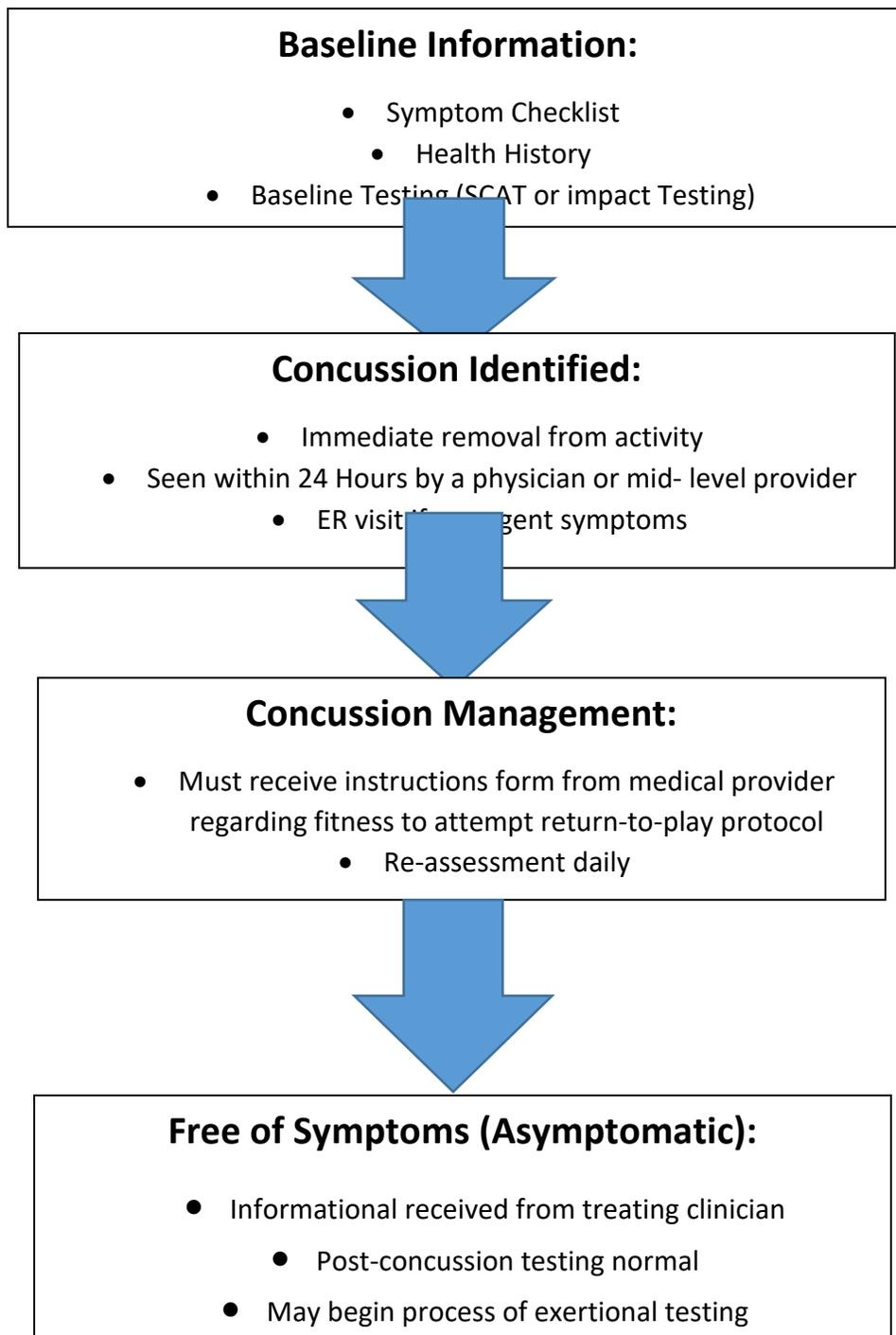
Each phase should occur in a 24 hour period. If symptoms occur, athlete must drop back to previous asymptomatic stage and allowed to return to protocol after a 24 hour rest period.

Stage:	Functional Exercise:	Objective:
1. No Activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate. No resistance training	Increased heart rate
3. Sport-specific Exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add Movement
4. Non-contact training drills	Progression to more complex training drills, e.g. passing drills in football and ice hockey. May start progressive resistance training.	Exercise, coordination, and cognitive load
5. Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Normal Game Play		

Post- concussion management plan includes following the emergency action plan for further medical care of any of the following occur:

- ❖ Glasgow Coma Scale <13
- ❖ Prolonged loss of consciousness
- ❖ Focal neurological deficit suggesting intracranial trauma
- ❖ Repetitive emesis

SUNY Potsdam Concussion Protocol:



SUNY Potsdam Protocol for Return-to-Play after Concussion

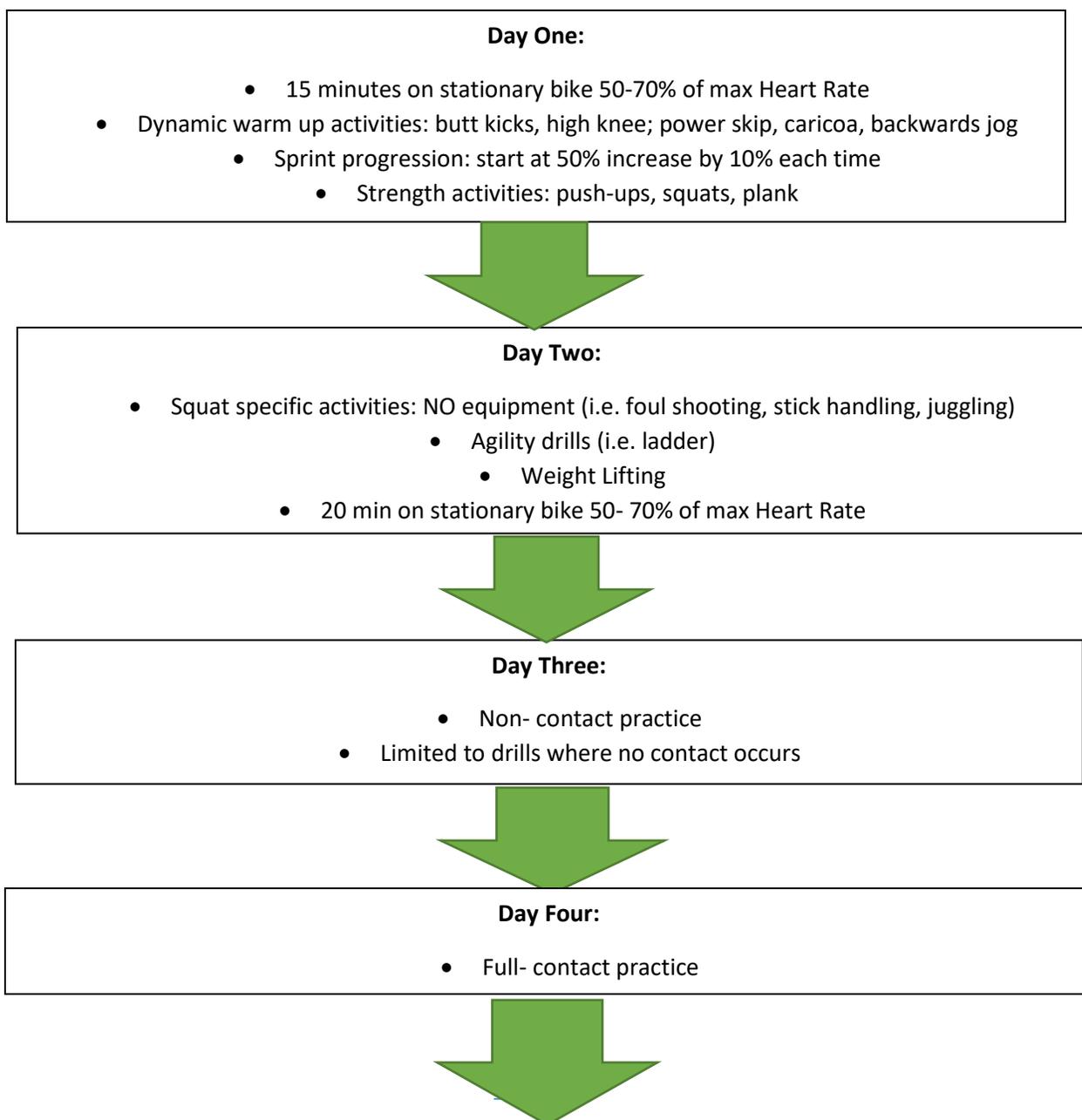
-This protocol may begin when:

- The Athletic Trainer has received the necessary information from the treating clinician.
- The athlete's post- concussion testing is back to baseline
- The athlete's concussion symptoms are completely gone (asymptomatic)

-Each step must be separated by a MINIMUM of one day, and may be longer at the discretion of the treating clinician.

-If symptoms occur at any step the athlete will stop, wait MINIMUM of one day, then re-attempt the same step. The athlete must pass each step consecutively.

- Persistently diminished/ worsening mental status or other neurological signs and symptoms
- Spine Injury



Day Five:

- Normal game play

SUNY Potsdam will require student- athlete to sign a statement in which student-athlete accept the responsibility for reporting their injuries and illnesses to the sports medicine staff, including signs and symptoms of concussions. During the review and signing process student- athletes will be provided educational material on concussions.

SUNY Potsdam will have on file and annually update an emergency action plan for each athletics venue to respond to student-athlete catastrophic injuries and illnesses, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (e.g asthma), and sickle cell trait collapses. All athletics healthcare providers and coaches shall review and practice the plan annually. These sessions will be conducted prior to the start of the sport season. The SUNY Potsdam compliance office will maintain a list of staff that has completed the requirement on file.

SUNY Potsdam sports medicine staff members shall be empowered to determine management and return-to-play of any ill or injured student- athlete, as he or she deems appropriate. Conflicts or concerns will be forwarded to the Head Athletic Trainer and team physicians for remediation.

SUNY Potsdam shall have on file a written team physician-directed concussion management plan that specifically outlines the role of athletics healthcare staff. In addition, the following components have been specifically identified for the collegiate environment:

SUNY Potsdam coaches will receive a copy of the concussion management plan and a fact sheet on concussions in sport. The SUNY Potsdam compliance office will maintain a list of staff that has completed the requirement on file.

SUNY Potsdam sports medicine staff members and other athletics healthcare providers will practice within the standards as established for their professional practice.

SUNY Potsdam shall record a baseline assessment for each student athlete in each of the sports. The same baseline assessment tools should be used post- injury at appropriate time intervals.

The baseline assessment should consist of:

1. Symptom checklist and standardized balance assessment (SCAT)
2. Neuropsychological testing (computerized IMPACT test)

Neuropsychological testing has been shown to be effective in the evaluation and management of concussion. The neuropsychological testing program should be performed in consultation with a neuropsychologist when possible. Post injury neuropsychological test data will be interpreted by a physician prior to return to play.

Neuropsychological testing has proven to be an effective tool in assessing neurocognitive changes following concussion and can serve as an important component of an institution's concussion management plan. However, neurological tests should not be used as a standalone measure to diagnose the presence or absence of a concussion as SUNY Potsdam uses a comprehensive assessment by its Athletic Training staff.

When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete will be removed from practice or competition, by either a member of the coaching staff or Athletic Training staff. If removed by a coaching staff member, the coach will refer the student-athlete for evaluation by a member of the sports medicine staff. During competitions, on the field of play injuries will be under the purview of the official and playing rules of the sport. SUNY Potsdam staff will follow such rules and attend to medical situations as they arise. Visiting sport team members evaluated by SUNY Potsdam Athletic Training staff will be managed in the same manner as SUNY Potsdam student-athletes.

A student-athlete diagnosed with a concussion will be withheld from the competition or practice and not return to activity for the remainder of that day or until they are evaluated properly and cleared to play by physician, athletic trainer, or other qualified medical personnel.

Student-athletes that sustain a concussion outside of their sport will be managed in the same manner as those sustained during sport activity.

The student-athlete will receive serial monitoring for deterioration. Athletes will be provided with written home upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions.

The student-athlete will be monitored for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, watching film, athletic meetings, working on a computer, classroom work, or taking a test. Student Services will be notified if student-athlete is having difficulty concentrating in class/ studying in order to provide faculty and professors the ability to create the accommodations necessary until the student has recovered from the concussion.

The student-athlete will be evaluated by a physician as outlined within the concussion management plan. Evaluation by a physician as outlined within the concussion management plan. Evaluation by a physician for the student-athlete with prolonged recovery is in order to consider additional diagnosis and best management options. Additional diagnoses include, but are not limited:

- Post- concussion syndrome
- Sleep dysfunction
- Migraine or other headache disorders
- Mood disorders such as anxiety and depression
- Ocular or vestibular dysfunction

Once asymptomatic and post-exertion assessments are within normal baseline limits, return to play shall follow a medically supervised graduated exertion process.

As concentration, focus, and memory can all be affected by symptoms of concussion, SUNY Potsdam Accommodative Services can work with student-athletes who might need extra time on

tests and coursework due to those concussion symptoms impairing ability to study. The physician or Health Center should contact Accommodative Services to make them aware of the situation/injury and the difficulty with coursework and/ or concentration they are now experiencing due to the injury. A multidisciplinary team will navigate the more complex cases of prolonged return-to-learn which include:

- Team physician
- ATC
- Psychologist/ counselor
- Neuropsychologist consultant
- Faculty athletic representative
- Academic counselor
- Course instructor(s)
- College administrators
- Office of disability services representatives
- Coaches

Compliance with the ADA is required and should include at least one of the following: learning specialists, office of disability services, and/ or the ADA office. No classroom activity on the same day as concussion occurrence is recommended. Individual initial plan should include remaining at home if student-athlete cannot tolerate light cognitive and gradual return to classroom and studying as tolerated.

Final authority for return-to-play shall reside with the physician who examined the athlete or the team physician's designee as noted in the concussion management plan. Re-evaluation by team physician is needed if concussion symptoms worsen with academic challenges up to two weeks. Modification of academic accommodations for up to two weeks as indicated, with help from the identified person.

Athletics staff, student-athletes, and officials will continue to emphasize that purposeful or flagrant head or neck contact in any sport should not be permitted. Reducing head trauma exposure management plan emphasizing ways to minimize head trauma exposure should include, but not limited to:

- Adherence to Inter-Association Consensus: Independent Medical Care guidelines
- Reducing gratuitous contact during practice
- Taking a 'safety first' approach to sport
- Taking the head out of contact
- Coaching and student-athlete education regarding safe play and proper technique

Sickle Cell Testing Policy

The NCAA requires all student-athletes to either get tested for sickle cell trait and provide documentation **OR** sign a waiver stating they decline to get tested. All student-athletes will provide information regarding sickle cell trait prior to signing waiver, if they should choose not to get tested. The NCAA will reimburse student-athletes up to \$500 of the cost of sickle cell trait test if they should choose to get tested; request for reimbursement

must include receipts for the test, SUNY Potsdam sickle cell trait policy, and must come from the Director or the Head Athletic Trainer.

Disorder Eating, Depression, and Other Issues That Must be Referred Policy

Athletes sometimes suffer depression or other mental illness and athletic trainers, due to their close contact with the athletes, are often the first to notice changes in behaviors. It is a policy of the SUNY Potsdam athletic training staff to refer these students to more qualified and trained individuals in order to get the athlete the help they need. This can include depression (which can occur following serious injury), disordered eating (which can have serious health effects if not caught in time), substance abuse, and other mental illnesses which can manifest in potentially dangerous actions and behaviors. If an athlete confides in a SUNY Potsdam athletic trainer, the SUNY Potsdam athletic trainer needs to refer and thus let the athlete know what about the referral to someone more quipped to help the athlete with the issue. Issues include but are not limited to:

- Student has missed several classes
- Student has informed you or asked for help dealing with issues in their life
- Mental health issue (grieving with the loss of a loved one, depression, anxiety, etc.)
- Physical health issue (chronic medical problems, sleep disorders, eating-related issues, etc.)
- Substance abuse issues (student admits to a substance abuse problem, appears intoxicated in class, etc.)
- Issues relating to sexuality and/ or gender
- Legal issues
- Safety issues (domestic violence issues, behaviors relating to excessive risk- taking, etc.)

Information shared with the Dean of Students Office is not FERPA violation. The Dean of Students is considered a person with a “right to know” about concerns for members of our community under FERPA laws and regulations.

If an emergency situation should occur and the student is a danger to themselves or others, 911 must be called immediately.

SUNY POTSDAM MENTAL HEALTH EMERGENCY ACTION PLAN

Managing a non-emergency mental health issue:

1. Demonstrate Compassion
 - a. Remain calm – maintain calm body language and tone
 - b. Listen to the student-athlete – allow them to express their thoughts; provide them a forum in which they can be heard; it’s ok to have moments of silence between yourself and the athlete
 - c. Avoid judging the student-athlete
 - d. Provide unconditional support – you do not have to solve their problem
 - e. Normalize the student-athlete’s experience – offer hope
2. Gather Information

- a. Ask questions, including those of safety
 - i. Are you thinking of hurting yourself?
 - ii. Are you thinking about suicide?
 - iii. Are you thinking about harming someone else?
- b. If they hesitate or confirm, treat this as an emergency situation (see **Managing an Emergency Mental Health Issue**)

*it is important to note that asking these questions will not plant the ideas in their heads, but you will receive valuable information

3. Make a referral
 - a. If the student is not thinking about suicide or hurting someone else, present the student-athlete with treatment options
 - i. Counseling Center (315-267-2330) 8:30am-4:30pm
 - ii. After Hours Hotline (Reachout – 315-265-2422)
 - iii. University Police (315-267-2222) 24/7. An officer will come over to begin assessment and call a Counseling Center staff member for further assistance.
 - b. If you believe the student-athlete would benefit from mental health services while they are not in crisis:
 - i. Inform the student-athlete matter-of-factly that you believe they would benefit from counseling because _____ (identify specific behaviors and/or emotions that you have noticed and are concerned about).
 - ii. Ask how they are feeling, how their actions are affecting their lives, and if they have done anything about it so far.
 - iii. Leave open the option for the student-athlete to accept or refuse the recommendation & encourage time to think it over, but remember to follow up
 - iv. If the student-athlete refuses to attend counseling right now, leave the issue open for possible reconsideration. If you feel comfortable, you can consider exploring what their resistance is about. If we can provide clarity about the process, they might be more open to seeking counseling.
 - v. If they accept your recommendation, help them make a plan to schedule an appointment and follow up with the student-athlete in a timely manner. They can call the Counseling Center or leave a message after hours to make an appointment (315-267-2330).
 - vi. If you are very concerned, you might consider calling University Police or Reachout afterhours/weekends. They will help determine if the student is in need of an immediate appointment or in active crisis with the for an off-campus emergency evaluation. You can also consider walking them over to the Counseling Center during the week day. They see people on a walk-in basis at any hour.
4. Respect Boundaries and Abilities
 - a. Know what you are comfortable doing and what you are not comfortable doing.
 - b. Do not promise secrecy because you can't always guarantee that
 - i. "It took courage for you to disclose this information to me, and by telling me, it says you want to do something about what is going on. The best

thing we can do is to inform someone else, such as the counseling center, who can give you the care you need.”

Managing an emergency mental health issue:

1. Identify whether there is an immediate threat to safety using the following questions:
 - a. Am I concerned the student-athlete may harm themselves?
 - b. Am I concerned the student-athlete may harm others?
 - c. Did the student-athlete make verbal or physical threats?
 - d. Do I feel threatened or uncomfortable?
 - e. Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
 - f. Does the student-athlete have access to a weapon?
 - g. Is there potential for danger or harm in the future?
2. Manage immediate risks:
 - a. In the case of immediate risks to safety:
 - i. Call University Police immediately (**315-267-2222**) – even if it is to have them stand outside the building/office while you continue to have the conversation
 - ii. Keep yourself safe – do not attempt to intervene
 - iii. Keep others safe – try to keep a safe distance between the student-athlete in distress and others in the area.
 - iv. Get help from colleagues
 - v. If the student-athlete seems volatile or disruptive, alert a co-worker for assistance
 - vi. Do not leave the student-athlete alone, but do not put yourself in harm’s way if they try to leave
 - vii. **If the situation is safe and the individual is under control, call the Counseling Center at 315-267-2330, Mon-Fri 8:30a-4:30p. After hours call University Police (315-267-2222)**
 - viii. **If the situation is not safe or the individual is not under control, and you are on campus, call University Police at 2222.**
 - ix. **If you are not on campus, call 911.**
 - b. If possible, offer a quiet and secure place to talk
 - i. Listen to the student-athlete; maintain a consistent, straightforward and helpful attitude
 - ii. If the student-athlete is expressing suicidal ideations:
 1. Listen
 2. Show your genuine concern
 3. Explain risk to safety
 4. Do not leave the person alone
 - c. How to ask about suicide
 - i. “Are you/have you been thinking about suicide?”
 1. Do you have a plan?
 2. If so, do you have access to means to complete suicide?
 - ii. “Are you/have you been thinking about killing yourself?”
 - d. How not to ask about suicide:
 - i. “You’re not thinking about suicide, are you?”

1. Asking this way tends to give the impression that you might not be able to handle it if they are thinking of suicide and also makes it easier for them to quickly deny it
- ii. “Are you thinking of hurting yourself?”
 1. This implies thoughts of self-harm. You want to be direct that you’re talking about taking their life.

Reporting to athletic training staff:

After the situation has been resolved, please report to the athletic training staff so that they can ensure proper follow up if needed.

Resources for students:

SUNY Potsdam Counseling Center: Monday-Friday 8:30a-4:30p
315-267-2330

Reachout 24-hour Hotline
315-265-2422

SUNY Potsdam University Police:
315-267-2222

Suicide Hotline :
1-800-SUICIDE (1-800-784-2433)
1-800-273TALK (1-800-273-8255)

Renewal House:
315-379-9845

ULifeline:
www.ulifeline.org

Crisis Text Line
Text HOME to 741741

Student Athlete Mental Health Initiative
<http://www.samhi.ca/resources/>

NCAA Pregnant Athlete Policy

The NCAA rules permit a one year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy. Student-athletes should not be forced to terminate a pregnancy because of financial or psychological pressure or fear of losing their institutional grants-in-aid.

The safety of participation in individual sports by a pregnant woman should be dictated by the movements and physical demands required to complete in that sport and the previous activity level of the individual. The American College of Sports Medicine discourages heavy weight lifting or similar activities that require straining or valsalva. Exercise in the supine position after the first trimester may cause venous obstruction and conditioning or training exercises in this position should be avoided.

Sports with increased incidences of bodily contact (basketball, ice hockey, lacrosse, or soccer) or falling are generally considered higher risk after the first trimester because of the potential risk of abdominal trauma. The student athlete's ability to complete may also be compromised due to changes in physiologic capacity and musculoskeletal issues unique to pregnancy. There is also concern that in the setting of intense competition a pregnant athlete will be less likely to respond to internal cues to moderate exercise and may feel pressure not to let down the team.

The American College of Obstetrics and Gynecology states that competitive athletes can remain active during pregnancy but need to modify their activity as References medically indicated and require close supervision.

If a student-athlete chooses to compete while pregnant, she should:

- Be made aware of the potential risks of her particular sport and exercise in general while pregnant
- Be encouraged to discontinue exercise when feeling over-exerted or when any warning signs (see below) are present
- Follow the recommendations of her obstetrical provider in coordination with the team physician
- Take care to remain well hydrated and to avoid over-heating

After delivery or pregnancy termination, medical clearance is recommended to ensure the student- athlete's safe return to athletics.

The physiologic changes of pregnancy persist four to six weeks post-partum, however, there have been no known maternal complications from resumption of training. Care should be taken to individualize return to practice and competition.

Warning Signs to Terminate Exercise While Pregnant:

- Vaginal bleeding
- Shortness of breath before exercise
- Dizziness
- Chest pain
- Calf pain or swelling
- Pre-term labor
- Decreased fetal movement
- Amniotic fluid leakage
- Muscle Weakness

Mouth guard Policy

Some sports are required by the NCAA to wear mouth guards during participation. These sports include: men's ice hockey, women's ice hockey, men's lacrosse, and women's lacrosse. Student-athletes from other sports may also choose to wear mouth guards to prevent dental injury. SUNY Potsdam Athletic Training does not provide mouth guards to students, so it is imperative that the athletes have their own mouth guard that they keep clean and intact.

Lightning Safety Protocol

SUNY Potsdam Athletic Training follows the position statement set by the National Athletic Trainers Association regarding lightning safety.

- Postpone or suspend activity if a thunderstorm appears imminent before or during an activity or contest (regardless of whether lightning is seen or thunder heard) until the hazard has passed. Signs of imminent thunderstorm activity are darkened clouds, high winds, and thunder or lightening activity.
- When lightning is 10 miles away or closer, the outdoor activity must immediately cease and everyone must evacuate to designated safe shelters.
- Designated a safe shelter for each venue, such as inside a residential, office of school building, but not dug outs or under trees or bleachers where lightening can still strike. An alternate emergency safe shelter is a car (solid roof, not convertible) with windows rolled up completely.
- Established a chain of command that identifies who is to make the call to remove individuals from the field.
- Once activities have been suspended, wait at least 30 minutes following the last sound of thunder or lightening flash prior to resuming an activity or returning outdoors.
- Be more wary of the lightening threat than the rain. Lightning or thunder should be the determining factor in postponing or suspending activities- not the amount of rainfall on the playing field. Even a gentle rain can bring lightning.
- Assume the lightning safe position (crouched on the ground, weight on the balls of your feet, feet together, head lowered and ears covered) for individuals who feel their hair stands on end, skin tingle or hear “cracking” noises. Do not lie flat on the ground.
- Observe the following basic first aid procedures in managing victims of a lightning strike:
 - Survey the scene for safety
 - Activate local EMS
 - Lightning victims do not “carry a charge” and are safe to touch.
 - If necessary, move the victim with care to a safer location
 - Evaluate airway, breathing and circulation, and begin CPR if necessary
 - Evaluate and treat for hypothermia, shock, fractures and/ or burns

Cold Weather Policy

Any individual can lose body heat when exposed to cold air, but when the physically active cannot maintain heat, cold exposure can be uncomfortable, impair performance and may be life threatening. A person may exhibit cold stress due to environmental or non- environmental factors.

The NATA position statement (2008) states that injuries from cold exposure are due to a combination of low air or water temperatures and the influence of wind on the body’s ability to maintain a normothermic core temperature, due to localized exposure of extremities to cold air or surface. The variance in the degree, signs and symptoms of cold stress may also be the result of non-environmental factors. These factors are, but not limited to, previous cold weather injury (CWI), race, geological origin, ambient temperature, use of medications, clothing attire, fatigue,

hydration, age, activity, body size/composition, aerobic fitness level, clothing, acclimatization and low caloric intake.

Early recognition of cold stress is important. Shivering, a means for the body to generate heat, serves as an early warning sign. Excessive shivering contributes to fatigue and makes performance of motor skills more difficult. Other signs include numbness and pain in fingers and toes or a burning sensation of the ears, nose or exposed flesh. As cold exposure continues, the core temperature drops. When the cold reaches the brain, a victim may exhibit sluggishness, poor judgement and may appear disoriented. Speech becomes slow and slurred, and movements become clumsy. If the participant wants to lie down and rest, the situation is medical emergency and the emergency action plan should be activated.

Cold injuries can be classified into three categories:

- Freezing of extremities
- Non-freezing of extremities
- Hypothermia

Frostbite

Frostbite is usually a localized response to a cold, dry environment, but in some incidents, moisture may exacerbate the condition.

Frostbite can appear in three distinct phases:

- Frostnip (also known as prefreeze)
- Mild frostbite
- Deep frostbite

Frostnip is a precursor to frostbite and many times occur when skin is in contact with cold surfaces (e.g., sporting implements or liquid). The most characteristic symptom is a loss of sensation.

Frostbite is the actual freezing of skin or body tissues, usually of the face, ears, fingers and toes, and can occur within minutes.

Signs and symptoms include:

- Edema
- Redness or mottled gray skin
- Transient tingling and burning

Hypothermia

Hypothermia is a significant drop in body temperature (below 95 degrees Fahrenheit) as the body's heat loss exceeds its production. The body is unable to maintain a normal core temperature.

Signs and symptoms will vary with each individual and include:

- Changes in motor function (e.g., clumsiness, loss of finger dexterity, slurred speech)

- Cognition (e.g., confusion, memory loss)
- Loss of consciousness (e.g., drop in heart rate, stress on the renal system, hyperventilation, sensation of shivering)

Hypothermia can occur at temperatures above freezing. A wet and windy 30-to-50-degree exposure may be as serious as a subzero exposure. As the Wind-Chill Equivalent Index (WCEI) indicates, wind speed interacts with ambient temperature to significantly increase body cooling. When the body and clothing are wet, whether from sweat, rain, snow or immersion, the cooling is even more pronounced due to evaporation of the water held close to the skin by wet clothing.

Chilblain and Immersion (Trench) Foot

Chilblain is a non-freezing cold injury associated with extended cold and wet exposure and results in an exaggerated or inflammatory response. Chilblain may be observed in exposure to cold, wet conditions extending beyond one hour in endurance and alpine events, and team sports, in which clothing remains wet. The feet and hands are usually affected.

Prevention of Cold Exposure and Cold Stress

Educating all participants in proper prevention is the key to decreasing the possibility of cold exposure injury or illness. Individuals unaccustomed to cold conditions that may place them at risk for cold stress may need to take precautionary measures (e.g., proper clothing, warm-up routines, nutrition, hydration, sleep).

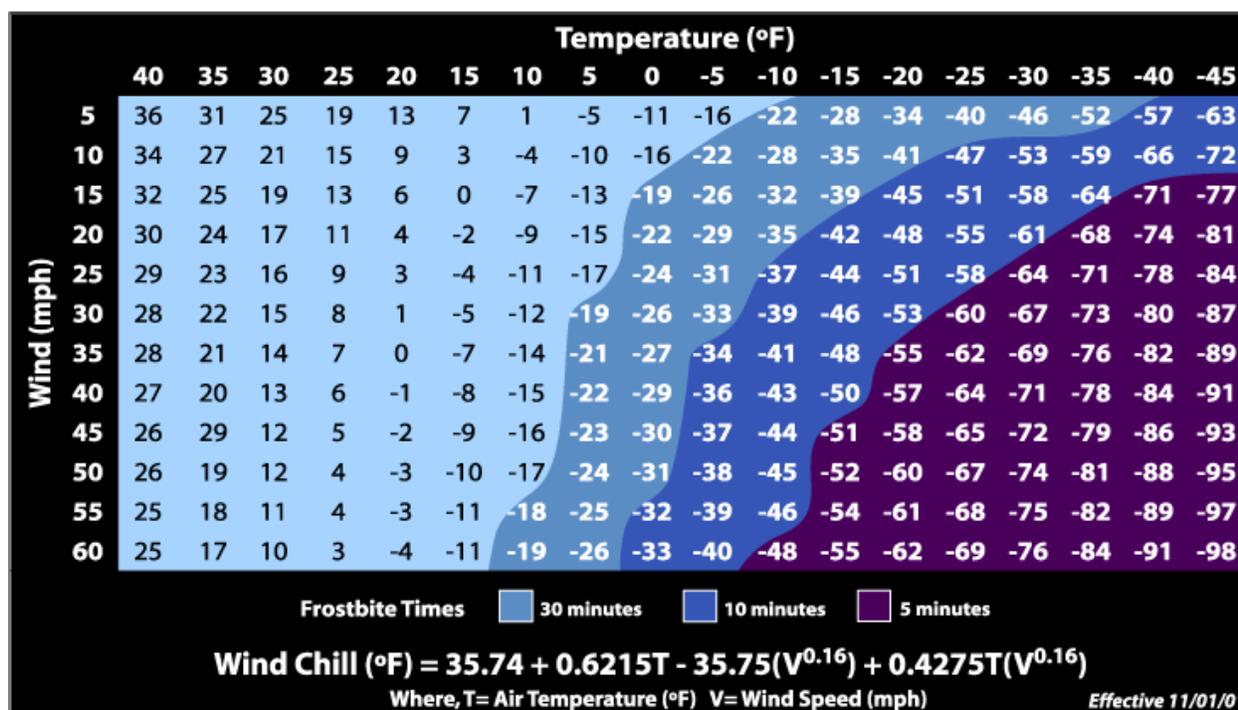
- Clothing
 - Individuals should be advised to dress in layers and try to stay dry.
 - Moisture, whether from perspiration or precipitation, significantly increase body heat loss.
- Energy/Hydration
 - Negative energy balance increases the susceptibility to hypothermia. Stay hydrated, since dehydration affects the body's ability to regulate temperature and increases the risk of frostbite. Fluids are as important in the cold as in the heat. Avoid alcohol, caffeine, nicotine and other drugs that cause water loss, vasodilation or vasoconstriction of skin vessels.
- Fatigue/ Exhaustion
 - Fatigue and exhaustion deplete energy reserves. Exertional fatigue and exhaustion increase the susceptibility to hypothermia, as does sleep loss.
- Warm-up
 - Warm-ups thoroughly and keep warm throughout the practice or competition to prevent a drop in muscle or body temperature.
 - Time the warm-up to lead almost immediately to competition.
 - After competition, add clothing to avoid rapid cooling. Warm extremely cold air with a mask or scarf to prevent bronchospasm.
- Partner
 - Participants should never train alone. An injury or delay in recognizing early cold exposure symptoms could become life threatening if it occurs during a cold-weather workout on an isolated trail.

Cold Weather Practice and Competition Sessions

- ❖ The following guidelines, as outlined in the 2008 NATA position statement, is what will be used to plan activity depending on the wind chill temperature. Conditions should be constantly re-evaluated for change in risk, including the presence of precipitation. SUNY Potsdam Athletic Trainers will use the weather but website and app to determine the current temperature and wind chill.
- ❖ 30 degrees Fahrenheit and below: Be aware of the potential for cold injury and notify appropriate personnel of the potential.
- ❖ 25 degrees Fahrenheit: Provide additional protective clothing; cover as much exposed skin as practical; provide opportunities and facilities for re-warming.
- ❖ 15-10 degrees Fahrenheit: Limited practice to 45 min total. All exposed skin MUST be covered and all athletes MUST be moving at all times.
- ❖ 5 degrees Fahrenheit or below: All practices must be indoors.



Wind Chill Chart



Environmental Conditions

To identify cold stress conditions, regular measurements of environmental conditions are recommended during cold conditions by referring to the Wind-Chill Equivalent Index (WCEI) (revised November 1, 2001). The WCEI is a useful tool to monitor the air temperature index that measures the heat loss from exposed human skin surfaces.

Wind chill is the temperature it “feels like” outside, based on the rate of heat loss from exposed skin caused by the effects of the wind and cold. Wind removes heat from the body in addition to the low ambient temperature.

- **Wind Chill:** Increased wind speeds accelerate heat loss exposed skin, and the wind chill is a measure of this effect. No specific rules exist for determining when wind chill is a measure of this effect. No specific rules exist for determining when wind chill becomes dangerous. As a general guideline, the threshold for potentially dangerous wind chill conditions is about minus -20 degrees Fahrenheit.
- **Wind Chill Advisory:** The National Weather Service issues this product when the wind chill could be life threatening if action is not taken.
- **Wind Chill Factor:** Increased wind speeds accelerate heat loss from exposed skin. No specific rules exist for determining when wind chill becomes dangerous. As a general rule, the threshold for potentially dangerous wind chill conditions is about minus-20 degrees Fahrenheit.
- **Wind Chill Warning:** The National Weather Service’s issues this product when the wind chill is life threatening.

Hydration and Prevention and Treatment of Exertional Heat Illness

SUNY Potsdam Athletic Training follows the position statement set by the National Athletic Trainers’ Association regarding hydration recommendations and prevention of heat illness.

The National Athletic Trainers’ Association (NATA) wants to comment on the findings of the Institute of Medicine’s Report on water and electrolytes. The press release issued by the Institute of Medicine’s Report notes that “The vast majority of healthy people adequately meet their daily hydration needs by letting thirst be their guide.” While this statement is accurate for individuals who have average amounts of daily physical activity, NATA believes that this advice is misleading for athletes and can increase the risk of dehydration and heat illnesses. Research shows that relying on thirst may cause athletes to underestimate fluid needs and replace on average only about 50% of the fluid lost in sweat. Therefore, the NATA recommends athletes drink on a schedule based on their individual sweat rate, regardless of thirst, to ensure that they are replacing sweat losses.

The NATA recently convened an Inter-Association Task Force comprised of 18 sports medicine groups and injury prevention and health professional organizations to release an Exertional Heat Illnesses Consensus Statement.

The Consensus Statement, which applies to activity at all levels of intensity, states:

- **Thirst is not enough:** There is scientific research to support the idea that thirst is not an optimal way to determine when and how much an athlete should drink. By the time an athlete is thirsty they are already somewhat dehydrated and, in most cases, will not drink enough to fully replace the fluids lost in sweat.
- **To be safe, know your thirst rate:** Rather than relying on thirst or simply drinking as much as you can tolerate (which can also be dangerous), knowing how much you sweat is the best way to determine hydration needs. To figure out how much you sweat, weigh

yourself before and after exercise. The weight you lost in ounces represents fluid and that amount is how much should be consumed (in total) before, during and after exercise to adequately replace sweat and keep the body balanced

- **Replaced fluids and electrolytes lost:** Optimal hydration is the replacement of fluids and electrolytes based on individual needs. Drinking a sports drink helps replace the key electrolytes lost in sweat.

Dehydration

When athletes do not replenish lost fluids, they become dehydrated.

- Signs and symptoms:
 - Dry mouth
 - Thirst
 - Being irritable or cranky
 - Headache
 - Seeming bored or disinterested
 - Dizziness
 - Cramps
 - Excessive fatigue
 - Not able to run as fast or play as well as usual
- Treatment:
 - Move athlete to cool environment and rehydrate
 - Maintain normal hydration (as indicated by baseline body weight).
 - Begin exercise sessions properly hydrated. Any fluid deficits should be replaced within 1 to 2 hours after exercise is complete.
 - Hydrate with a sports drink like Gatorade, which contains carbohydrates and electrolytes (sodium and potassium) before and during exercise is optimal to replace losses and provide energy.
 - Hydrate throughout sports practice to minimize dehydration and maximize performance
 - Seek medical attention to replace fluids via an intravenous line if athlete is nauseated or vomiting.
 - Return-to-Play Considerations: If degree of dehydration is minor and the athlete is symptom free, continued participation is acceptable.

Exertional Heat Stroke

A severe illness characterized by central nervous system (CNS) abnormalities and potentially tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.

- Signs and symptoms:
 - Increase in core body temperature, usually above 104°/ 40°C when athlete falls ill
 - Central Nervous System dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity
 - Nausea, vomiting or diarrhea
 - Headache, dizziness or weakness

- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness
- Treatment: Aggressive and immediate whole- body cooling is the key to optimizing treatment. The duration and degree of hypothermia may determine adverse outcomes. Due to superior cooling rates, immediate whole-body cooling (cold water immersion, such as a cold tub) is the best treatment for EHS and should be initiated within minute's post- incident. It is recommended to cool first and transport second if onsite rapid cooling and adequate medical supervision are available. If untreated, hyperthermia-induced physiological changes resulting in fatal consequences may occur within organ systems (muscle, heart, brain, etc.).
- Return-to-Play Considerations: The athlete's physician should devise a careful return-to-play strategy that can be implemented with the assistance of a qualified health care professional.

Heat Exhaustion

Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress.

- Signs and Symptoms:
 - Athlete finds it hard or impossible to keep playing
 - Loss of coordination, dizziness or fainting
 - Dehydration
 - Profuse sweating or pale skin
 - Headache, nausea, vomiting or diarrhea
 - Stomach/ intestinal cramps or persistent muscle cramps
- Treatment:
 - Immediately remove athlete from play and into shaded/ air conditioned area.
 - Removed excess clothing and equipment
 - Cool athlete until rectal temperature is approximately 101°F (38.3°C)
 - Have athlete lie comfortably with legs propped above heart level
 - If athlete is not used to take oral fluids, implement intravenous infusion of normal saline. (MUST BE DONE BY QUALIFIED AND TRAINED INDIVIDUAL)
 - Monitor heart rate, blood pressure, respiratory rate, core temperature and CNS status
 - Transport to an emergency facility if rapid improvement is not noted with prescribed treatment
- Return-to-Play Considerations:
 - Athlete should be symptom free and fully hydrated
 - Recommend physician clearance to rule out underlying condition that predispose athlete for continued problems
 - Avoid intense practice in heat until at least the next day
 -

Warm Weather Policy

NCAA (2002)

Temperature (°F)

	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

Caution
 Extreme Caution
 Danger
 Extreme Danger

Heat Cramps

Muscle cramps are not well understood. Heat cramps are often present in athletes who perform strenuous exercise in the heat. Conversely, cramps also occur in the absence of warm or hot conditions, which is common in ice hockey players.

- Signs and Symptoms:
 - Intense pain (not associated with pulling or straining a muscle)
 - Persistent muscle contractions that continue during and after exercise
- Treatment:
 - Reestablish normal hydration status and replace some sodium losses with a sports drink or water
 - Some additional sodium may be needed (especially in those with a history of heat cramps) earlier in the activity
 - Light stretching, relaxation and massage of the involved muscle may help acute pain of a muscle cramp
- Return-to-Play Considerations:
 - Athletes should be assessed to determine if they can perform at the level needed for successful participation

Exertional Hyponatremia

When an athlete's blood sodium levels decrease, either due to over hydration or inadequate sodium intake, or both, medical complications can result in cerebral and / or pulmonary edema. This tends to occur during warm/hot weather activities.

Hyponatremia may be completely avoided if fluid consumption during activity does not exceed fluid losses.

- Signs and Symptoms:
 - Excessive fluid consumption before, during and after exercising (weight gain during activity)
 - Increase headache
 - Nausea, vomiting (often repetitive)
 - Swelling of extremities (hands and feet)
- Treatment:
 - If blood sodium levels cannot be determined onsite, hold off on rehydrating athlete (may worsen condition) and transport immediately to a medical facility
 - The delivery of sodium, certain diuretics or intravenous solutions may be necessary. All will be monitored in the emergency department to ensure no complications develop.
- Return-to-Play Consideration:
 - Physician clearance is strongly recommended in all cases

Exposure Control Plan for Bloodborne Pathogens

Bloodborne pathogens are microorganisms that are present in human blood and can cause disease in humans. These pathogens include but not are limited to:

- Hepatitis B
- Hepatitis C
- HIV
- Malaria
- Syphilis

Biohazard Materials

Biohazardous materials include blood, blood plasma and serum, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, breast milk, organs, feces and any body fluid visibly contaminated with blood.

All biological materials are to be treated as potential hazard.

The Occupational Safety and health Administration (OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials.

In accordance with the OSHA Bloodborne Pathogens Standard, CFR 1910.1030. The following exposure control plan has been developed:

The following athletics personnel have been identifies as being in the high risk categories for which the immunization practices committee of the Center of Disease Control (CDC).

- Athletic Trainers
- Work study student helpers
- Physicians

- Equipment managers
- Building custodians

Compliance methods

SUNY Potsdam established the following controls to minimize exposure for athletics personnel.

University precautions- barriers (glove, face shields, etc.) will always be used when risk of contact to human blood or bodily fluids is present. Gloves will be removed using aseptic technique and all gloves will be disposed of in biohazard containers.

Hand washing-employees must always wash their hands immediately after removing gloves and in between patients. Employees must use an adequate supply of soap, running water and single use, disposable towels. If these supplies are not available (on-field, etc.), employees may use alcohol based hand sanitizer.

Sinks for hand washing are available in the Maxcy Hall Athletic Training room. Sinks in non-occupationally exposed areas such as kitchens and public restrooms are not used to wash hands or equipment that have been exposed to blood or other bodily fluids.

Sharps Container- needles, scalpels and broken glass are to be disposed of in a sharp container that meets the Bloodborne Pathogen standards of construction and labeling. SUNY Potsdam has an approved sharps container located in the Maxcy Athletic Training Room.

Full sharps containers are sealed according to the manufacturer's instructions and transported to the Canton-Potsdam Hospital for correct disposal.

Contaminated Furniture and Equipment- All contaminated equipment and supplies must be decontaminated before reuse. All accessible surfaces are cleaned with an approved disinfectant (whizzer). Equipment that cannot be decontaminated must have a biohazard sign placed on it in a highly visible area.

Facility Decontamination- the Athletic Training staff are responsible for the daily, routine decontamination of the athletic Training room. Routine housekeeping (floor washing, bathroom maintenance and emptying of waste) is performed by the custodial staff.

Prevention of MRSA and other infectious diseases

Staphylococcus aureus (staph) is frequently carried on the skin or in the nose of healthy people. Some staph are resistant to antibiotics such as methicillin that are commonly used to treat staph infections and thus are called methicillin resistant staph aureus (**MRSA**).

MRSA is spread among persons having close, physical contact with others who are already inflected. MRSA, like other contagious diseases, may also spread through indirect contact such as sharing items like towels, sheets, clothing, and sports equipment.

Symptoms of MRSA include redness, warmth, swelling, tenderness, boils and blisters that increase in size rapidly over a few days. Some people may also have fever and chills.

Members of the Athletic Training staff will educate student athletes on the following:

- Risks and methods of transmission including person-to-person contact, shared towels, etc.

- Signs and Symptoms such as pimples, pustules and boils, which present as red, swollen, painful or have pus or other damage
- Need for proper care and referral to prevent more serious infections such as pneumonia, bloodstream infections or surgical wound infections.
- Preventative actions to limit risk of transmission including:
 - Keep hands clean by washing thoroughly with antibacterial soap and warm water or using alcohol-based hand sanitizer routinely.
 - Showering using an antibacterial soap immediately after practice and games
 - Do not use whirlpools with open wounds, scrapes or scratches
 - Do not share towels, razors or athletic apparel
 - Ensure apparel work during activity is properly cleaned immediately after activity and other equipment that cannot be washed daily (pads, helmets, braces, etc.) are cleaned and allowed to dry thoroughly
 - Maintain clean locker room facilities and equipment
 - Notify sports medicine staff immediately of any open wound and/ or any unusual symptoms
 - Seek proper first aid care for all wounds

SUNY Potsdam**Visiting Team Sports Medicine Information****Hours of operation:**

Varies depending on schedule

Athletic Training room will be open 2 hours prior to events, and ½ hr after events

Services provided to visiting teams:

Certified Athletic Trainer on site

Taping/wrapping as requested*

Hydrocollator heat packs

Ice and water

Emergency equipment/ AED as needed

Please note: Therapeutic modalities will not be administered to visiting athletes without the presence of a Certified Athletic Trainer from the visiting institution.

We are happy to tape/wrap your athletes, but please provide your own taping supplies

SUNY Potsdam Post-Concussion Handout

You have been diagnosed with a concussion by your athletic trainer, a physician, or other qualified healthcare provider. A concussion is any change in neurologic function resulting from a blow to the head or body, and is also known as MTBI or mild traumatic brain injury.

What to Expect:

You may have any of the following symptoms: headache, blurred vision, nausea, vomiting, double vision, wanting to sleep too much, trouble concentrating, ringing in your ears, loss of appetite, sensitivity to light or sound, feeling “in fog”, losing short-term memory or having a gap in your memory. These are the most common symptoms but there may be others.

What do I do now?

- **Physical and mental rest** early on can help your concussion from getting worse or last longer.
- Avoid parties, loud noise, heavy concentration, computer/video games, bright lights, or prolonged reading. Starting at cell phone/ computer screens for an extended time might make symptoms worsen.
- **DO NOT** take any alcohol or mind-altering substances.
- If you are taking any regular prescription medications, continue to do so. If you have any questions, contact your prescribing physician
- **DO NOT** take any aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve) or any other strong pain relievers such as: Codeine, Vicodin, and Percocet. You may take acetaminophen (Tylenol) and use an ice pack to ease your headache
- You do not need to be woken up from sleep through the night, but you do need to have a responsible, reliable adult with you for the first 24 hours to ensure that you are doing OK
- Avoid any activities which cause worsening symptoms: you may need a note for delayed schoolwork if reading or computer time are worsening your symptoms. Notify your athletic trainer is so and a note will be arranged if appropriate.
- Check in with your athletic trainer regularly to update them honestly and accurately about your symptoms

When can I return to sports?

- This is difficult to predict, and depends on how long your symptoms last, how many concussions you have had in the past, and cognitive testing. You will have to be cleared by the athletic Training staff after consulting with a physician

When do I need to go to the Emergency Room?

- Any significant progression of symptoms last 24 hours
- Any slurred speech, increasingly severe headache, severe or persistent vomiting, increased drowsiness or confusion, facial droop, loss of coordination, loss of speech, or seizures warrant immediate medical attention.
- Any concerns or questions about your condition which needs urgent attention

SUNY Potsdam Athletics Try-Out Waiver

Assumption of Risk

I UNDERSTAND THE INHERENT RISKS of participating in an intercollegiate sport try-out may result in serious injury, disability, or serious impairment of future ability to earn a living and general decreased quality of life. In consideration for allowing me to try-out for intercollegiate athletics, I hereby assume all risks, physically, emotionally, financially, and legally associated with the sport, and agree to release and indemnify the State of New York, the State University of New York, the College, and their officers, employees, agents, and volunteers from and against any present or future claim, loss, or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during or as a result of my participation in any athletics-related activities.

Medical Consent

I HEREBY AUTHORIZE the sports medicine staff at the State University of New York at Potsdam, who are under the direction and guidance of the State University of New York at Potsdam Health Services, to render any preventive, first aid, rehabilitative or emergent treatment that they deem reasonably necessary to maintain my health and well-being as a student-athlete engaged in this try-out.

- I HAVE NO KNOWN physical/medical condition(s) that limit my ability to safely participate in tryouts for intercollegiate athletics. Initials ---
- I HAVE A KNOWN physical/medical condition(s) that limit my ability to safely participate in tryouts for intercollegiate athletics and I will provide a physical dated in the last six months to the sports medicine staff prior to participating in tryouts. Initials ---
- I CERTIFY THAT I am not currently using, nor have I used, any substances banned by the NCAA. I understand and accept that the State University of New York at Potsdam Athletic Training Department or its agents may terminate my participate in try-outs at any time for any reason.

In signing this Assumption of Risk and Waiver, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily, that no oral representation, statements or inducements, apart from this written agreement, have been made, that I am at least 18 years of age and fully competent (or if not, my parent/guardian is also signing), consideration, fully intending to be bound by the same.

I, _____, HAVE READ AND AGREE to the above statements.

Signature of Student-Athlete Date

Printed Name of Student-Athlete

I, _____, AS THE PARENT / LEGAL GUARDIAN, HAVE READ AND AGREE to the above statements.

Signature of Parent/Legal Guardian Date

Printed Name of Parent/Legal Guardian

Emergency Action Plans (EAP)

- i. Outdoor Turf Field
- ii. Jerry Welsh Gymnasium
- iii. Ice Rink
- iv. Softball Field
- v. Swimming Pool
- vi. Fieldhouse/ Athletic Training Room
- vii. Shane T. Shaul Fitness Center
- viii. Bear's Athletic Weight Room

1. Outdoor Turf Field EAP

Emergency Personnel:

- On-site athletic trainer
- Maxcy Hall Facilities Staff
- Campus Rescue (if attending competition)
- University Police

Emergency Communication:

- Available cell phones: athletic Trainer or Facility Staff
- Emergency Blue Light Phone: Located on Press Box Side of Field
- Walkie Talkie to ATR

Emergency Equipment:

- AED, Splint Bag and Medical Kit
 - Competition: On-Field with AT or Campus Rescue (if attending)
 - Practice: ATR or Press Box
- Spine Board
 - Competition: Campus Rescue (if attending)
 - Practice: Arrival of Emergency Services
- Crutches: ATR
- Turfer Cart

Protocol:

1. Immediate care of injured athlete
2. Activation of emergency medical system
 - Designated caller MUST contact University Police: (315) 267-2222
 - Specify location as TURF FIELD NEAR MAXCY HALL
 - Specify NUMBER and TYPE of INJURY
3. University Police to provide directions to ambulance
 - Access to field off of Saranac Lake Drive near Maxcy Hall ramp

2. Jerry Welsh Gymnasium EAP

Emergency Personnel:

- On-site athletic trainer
- Maxcy Hall Facilities Staff
- Campus Rescue (if attending competition)
- University Police

Emergency Communication:

- Available cell phones: athletic Trainer or Facility Staff
- Emergency Blue Light Phone: Located on Press Box Side of Field
- Walkie Talkie to ATR

Emergency Equipment:

- AED, Splint Bag and Medical Kit
 - Competition: On-Field with AT or Campus Rescue (if attending)
 - Practice: ATR or Press Box
- Spine Board
 - Competition: Campus Rescue (if attending)
 - Practice: Arrival of Emergency Services
- Crutches: ATR

Protocol:

1. Immediate care of injured athlete
2. Activation of emergency medical system
 - Designated caller MUST contact University Police: (315) 267-2222
 - Specify location as JERRY WELSH GYMNASIUM
 - Specify NUMBER and TYPE of INJURY
3. University Police to provide directions to ambulance
 - Access to gym available off of Saranac Lake Drive
 - Enter building up Maxcy Hall Ramp
 - Follow 2nd floor hallway to gym entrance

3. Ice Rink EAP

Emergency Personnel:

- On-site athletic trainer
- Maxcy Hall Facilities Staff
- Campus Rescue (if attending competition)
- University Police
- Orthopedic Physician (if attending competition)

Emergency Communication:

- Available cell phones: Athletic Trainer or Facilities Staff
- Emergency Red Phone: Right hand side when walking into lower level rink
- Walkie talkie to ATR

Emergency Equipment:

- AED, Splint Bag and Medical Kit
 - Competition: on bench with AT or Campus Rescue (if attending)
 - Practice: ATR (AED available on wall near fieldhouse door)
- Spine Board
 - Competition: Campus Rescue (if attending)
 - Practice: Arrival of Emergency Services
- Crutches: ATR

Protocol:

1. Immediate care of injured athlete
2. Activation of emergency medical system
 - Designed caller MUST contact University Police: (315) 267-2222
 - Specify location as MAXCY HALL ICE RINK
 - Specify NUMBER and TYPE of INJURY
3. University Police to provide directions to ambulance
 - Access to rink available from back Maxcy parking lot of Tupper Lake Drive
 - Enter building through back entrance
 - Follow 1st floor hallway to left to rink entrance on left

4. Softball Field EAP

Emergency Personnel:

- On-site athletic trainer
- Maxcy Hall Facilities Staff
- Campus Rescue (if attending competition)
- University Police

Emergency Communication:

- Available cell phones: athletic Trainer or Facility Staff
- Emergency Blue Light Phone: Located on Press Box Side of Field

Emergency Equipment:

- AED, Splint Bag and Medical Kit
 - Competition: in dugout with AT or Campus Rescue (if attending)
 - Practice: AT
- Spine Board:
 - Competition: Campus Rescue (if attending)
 - Practice: Arrival of Emergency Services
- Crutches: ATR
- Turfer Cart

Protocol:

1. Immediate care of injured athlete
2. Activation of emergency medical system
 - Designated caller MUST contact University Police: (315) 267-2222
 - Specify location as SOFTBALL FIELD
 - Specify NUMBER and TYPE of INJURY
3. University Police to provide directions to ambulance
 - Access to field off of Outer Main Street on access road near outdoor track

5. Swimming Pool EAP

Emergency Personnel:

- On-site athletic trainer
- Lifeguard
- Maxcy Hall Facilities Staff
- Campus Rescue (if attending)
- University Police

Emergency Communication:

- Available cell phones: Athletic Trainer or facilities Staff
- Campus Phone: Located in Swimming Office
- Walkie Talkie to ATR

Emergency Equipment:

- AED, Splint Bag and Medical Kit: ATR (AED available on short wall near diving boards)
- Spine Board
 - Competition: Lifeguard or Campus Rescue (if attending)
 - Practice: Arrival of Emergency Services
- Lifeguard Float: On-site with lifeguard
- Crutches: ATR

Protocol:

1. Immediate care of injured athlete
2. Activation of emergency medical system

- Designated caller MUST contact University Police: (315) 267-2222 or ext. x2222
 - Specify location as MAXCY HALL POOL
 - Specify NUMBER and TYPE of INJURY
3. University Police to provide directions to ambulance
- Access to pool off of Saranac Lake Drive
 - Enter building up Maxcy Hall Ramp
 - Enter Pool area on 2nd floor through double doors on left

OR

- Access to pool deck from Maxcy Hall back parking lot off of Tupper Lake drive
- Enter building through back doors
- Follow hallway to left to Main Men's Locker Room and enter pool deck

6. Fieldhouse/Athletic Training Room EAP

Emergency Personnel:

- On-site athletic trainer
- Maxcy Hall Facilities Staff
- University Police

Emergency Communication:

- Available cell phones: Athletic Trainer or Facilities Staff
- Campus Phone: Located in athletic training room offices
- Emergency Red Phone: Located on wall right in front of back entrance
- Walkie talkie to ATR

Emergency Equipment:

- AED, Splint Bag and Medical Kit: ATR (AED available on wall near fieldhouse door)
- Spine Board: Arrival of Emergency Services
- Crutches: ATR

Protocol:

1. Immediate care of injured athlete
2. Activation of emergency medical system
 - Designated call MUST contact University Police: (315) 267-2222 or ext. x2222
 - Specify location as ATHLETIC TRAINING ROOM or MAXCY HALL FEILDHOUSE
 - Specify NUMBER and TYPE of injury
3. University Police to provide directions to ambulance
 - Access to location available from back Maxcy Hall parking lot of off Tupper Lake Drive
 - Enter building through back entrance
 - Follow 1st floor hallway to left to either location (Fieldhouse on left, ATR on right)

7. Shane T. Shaul Fitness Center EAP

Emergency Personnel:

- Athletic Training staff
- Fitness center Staff
- Maxcy Hall Facilities Staff
- University Police

Emergency Communication:

- Available cell phone: Athletic Trainer or Fitness Center Staff
- Campus Phone: Located at Fitness center Main Desk or Office

Emergency Equipment:

- AED Splint Bag and Medical Kit: ATR (AED available at Main Desk)
- Spine Board: Arrival of Emergency services
- Crutches: ATR

Protocol:

1. Immediate care of injured athlete
2. Activation of emergency medical system
 - Designated caller MUST contact University Police: (315) 267-2222
 - Specify location as SHANE T.SHAUL FITNESS CENTER
 - Specify NUMBER and TYPE of INJURY
3. University Police to provide directions to ambulance
 - Access to Fitness Center from Maxcy Hall back parking lot off of Tupper Lake Drive
 - Enter building up through back entrance
 - Follow hallway to the right to elevator access on left
 - Take elevator to 3rd floor
 - Fitness Center on left

8. Bear's Athletic Weight Room EAP

Emergency Personnel:

- Athletic Training Staff
- Fitness Center Representative
- Maxcy Hall Facilities Staff
- University Police

Emergency Communication:

- Available cell phones: Athletic Trainer or Facilities Staff

Emergency Equipment:

- AED, Splint Bag and Medical Kit: ATR

- Spine Board: Arrival of Emergency Services
- Crutches: ATR

Protocol:

1. Immediate care of injured athlete
2. Activation of emergency medical system
 - Designated caller MUST contact University Police: (315) 267-2222
 - Specify location as MAXCY HALL FREE EXERCISE ROOM SECOND FLOOR
 - Specify NUMBER and TYPE of INJURY
3. University Police to provide directions to ambulance
 - Access to Weight Room from Maxcy Hall back parking lot off of Tupper Lake Drive
 - Enter building up through back entrance
 - Follow hallway to the right to elevator access on left
 - Take elevator to 2nd floor
 - Weight room in hallway on the left