Cornell University
Athletic Training
&
Sports Medicine
Policies and Procedures Manual

Including
Individual Site
Emergency Action Plans

Revised 08/2015
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Cornell University Department of Athletics and Physical Education
Mission Statement

The Department of Athletics and Physical Education strives to provide students with powerful and meaningful participatory experiences that forge enduring bonds with Cornell, and to provide for the well-being of the members of the faculty, staff, and community.

We offer a diverse program of physical and outdoor education, recreational services, and intercollegiate competition, equitably administered with special attention to the needs of women and members of the under-represented minority groups. We foster the values of physical fitness, total well-being, and enduring participation in athletics; teach leadership skills, teamwork, responsibility, and accountability; and administer programs that can be critical to the educational and personal development of students in keeping with the high standards of Cornell, the Ivy League, and the National Collegiate Athletic Association.

The department promotes pride and unity within the university community and promotes opportunities to develop, strengthen, and maintain ties to external audiences such as alumni, friends, and the educational community, and the general public by attracting interest, recognition, and support.

National Athletic Trainers’ Association
Mission Statement

The mission of the National Athletic Trainers’ Association is to enhance the quality of health care for the physically active through education and research in prevention, evaluation, management and rehabilitation of injuries.

Cornell University Athletic Training & Sports Medicine Department
Mission Statement

The Cornell University Sports Medicine Department is dedicated to protecting and enhancing the health, safety, and welfare of the student-athletes of Cornell University by providing a safe environment and the best possible and most expedient healthcare. This will be accomplished through the six domains of athletic training as established by the National Athletic Training Association, these include:

1. Prevention
2. Recognition, Evaluation, and Assessment
3. Immediate Care
4. Treatment, Rehabilitation, and Reconditioning
5. Organization and Administration
6. Professional Development and Responsibility
Section 1: Administrative Issues
Sports Medicine Administration
The following section is taken from the 2014-2015 NCAA Sports Medicine Handbook with certain adaptations for the Cornell University setting. The following components of a safe athletics program are an important part of injury prevention. They should serve both as a checklist and as a guideline for use by athletic administrators in the development of safe programs.

1. Pre-Participation Medical Exam
   All athletes are initially required to have a complete physical examination by a physician, nurse practitioner, or physician assistant clearing them for participation in intercollegiate athletics. This evaluation should be completed within six months before the freshmen/transfer entry to Cornell University. The Health questionnaire must be itemized and completed in its entirety by the personal physician. In addition all freshmen, transfer students, and returning athletes must complete the Cornell University Sports Clearance form prior to clearance for participation in intercollegiate sports for the current school year. Also all incoming first year eligible student athletes must have a Cornell University (NCAA) Mandatory Sickle Cell Trait blood test done and on file before the sports clearance process is completed. (See NCAA Sickle Cell Fact Sheet Page 9)

   All physical forms including Sickle Cell Trait test must be mailed, faxed, e-mailed, or hand delivered to Gannett: Cornell University Gannett Student Health Services before the established scheduled athletic clearance date in the early fall. The Cornell University Sports Medicine Staff will review all medical forms before clearing an athlete to participate. The Chief of Sports Medicine and/or a Team Physician will then evaluate any athlete that needs additional clearance.

   All athletes who have had surgery prior to the season must be cleared for participation by the physician who performed the surgery. Additionally, a copy of the treatment summary, surgical notes, and clearance notes must be mailed, faxed, or hand delivered to Gannett: Cornell University Gannett Student Health Services, to be added to the athletes’ permanent medical file.

   The Cornell University Chief of Sports Medicine/Team Physician has the final responsibility to determine when a student-athlete is medically cleared for participation. No athlete will be allowed to participate until the physical and all medical forms are on file in the Sports Medicine Department. Clearance status is updated on Cornell’s Athletic Compliance rosters. Coaches should regularly refer to their rosters for updates in an athlete’s status.

   If an athlete has not been cleared by the Cornell University Sports Medicine Department they will not be allowed to participate in any activity, including strength and condition sessions, individual skills instruction, or team workouts.

2. Outside Medical Referrals
   All medical evaluations, treatments, and rehabilitation programs will be administered by Cornell University Sports Medicine staff (Athletic Trainers, Physicians, and Orthopedic surgeons). Outside medical referrals will be granted for those medical specialists’ not on staff. The Chief of Sports Medicine and/or supervising Team Physician will make arrangements for needed appointments.
3. Second Opinions for Medical Treatments
If a second opinion is desired, the Chief of Sports Medicine or Supervising Athletic Trainer should be notified prior to the appointment. This will insure consistent follow-up care and appropriate communication between athletes, Physicians, athletic trainers, coaches, insurance providers, and medical billing.

4. Health Insurance Requirements
It is Cornell University policy that students will be enrolled automatically in the Student Health Insurance Plan (SHIP), unless you can demonstrate that your private health insurance meets Cornell’s requirements. Athletic Injury Insurance applies only when injuries are direct results of participation in intercollegiate sports at Cornell. Even then, Athletic Injury insurance is secondary to your private health insurance. You first submit medical bills to your private health insurance company. Only after getting an Explanation of Benefits (EOB) from your private insurance, can the remainder of the bills and the EOB be submitted to the Athletic injury insurance carrier for consideration for payment. For Students who do not have SHIP, a new annual health fee, will give all students regardless of their insurance, equitable access to comprehensive care through Gannett Health Services.

5. Preseason Participation
The student-athlete should be protected from premature exposure to the full rigors of sports. Preseason conditioning supervised by the strength and conditioning staff should provide the student-athlete with the optimal readiness by the first practice.

6. Acceptance of Risk
Any informed consent or waiver by student-athletes and their parents should be based on an awareness of the risk of participating in intercollegiate sports. In addition, student-athletes must sign a statement in which they accept the responsibility for reporting their injuries and illness to the institutional medical staff, including signs and symptoms of concussion (Student-athlete Fact Sheet pg 25).

7. Liability
Liability must be a concern of responsible athletic administrators and coaches. Those who sponsor and govern athletic programs should accept the responsibility and do the best possible to provide a safe environment.

8. Equitable Medical Care
Cornell University neither practices nor condones discrimination on the basis of race, creed, national origin, sex, age, handicap, disease entity, social status, financial status, sexual orientation or religious affiliation within the sports medicine program. Furthermore, school-based decisions on availability and qualification of medical personnel including certified athletic trainers and quality of weight training and conditioning equipment and facilities should be based on accepted medical criteria (e.g. rates of injury) and not on the basis of gender or sport. Cornell University should
not ask the athletic training staff to compromise their medical code of ethics by having them provide inequitable treatment based on gender or other criteria.

9. **Blood-Borne Pathogens**
   In 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to minimizing or eliminating occupational exposure to blood-borne pathogens. Cornell University and the Sports Medicine Department will comply with all OSHA standards as set forth in New York State regulations.

10. **Emergency Care**
   Reasonable attention to all possible prevention measures will not eliminate sports injuries. Each scheduled practice or contest of a Cornell University sponsored intercollegiate athletic event, as well as nontraditional practices, individual skills sessions, and strength and conditioning sessions should include the following:
   A. The presence of a person qualified and delegated to render emergency care to a stricken participant.
   B. The planned access to a physician for prompt medical evaluation of the situation, when warranted.
   C. The planned access to a medical facility, including a plan for communication and transportation between the athletic site and the medical facility for prompt medical services, when warranted. Additionally, access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured.
   D. All necessary emergency equipment should be at the site or quickly accessible. Equipment should be in good operating condition and personnel must be trained in advance to use it properly. Additionally, emergency information about the student-athlete should be available at Cornell University Gannett Student Health Services or the Athletic Training Room for use by appropriate medical personnel.
   E. An inclement weather policy that includes provisions for decision-making and evacuation plans (See Lighting Safety pg 22)
   F. A thorough understanding by all parties, including the leadership of the visiting teams, of the personnel and procedures associated with the emergency-care plan.
   G. Certification in cardio-pulmonary resuscitation (CPR) techniques, Automatic External Defibrillator (AED) usage, first aid, and prevention of disease transmission (as outlined by OSHA guidelines) are recommended for all athletic personnel associated with practices, competitions, skills instruction, and strength and conditioning. All certified athletic trainers and student athletic trainers are required to be first aid/CPR certified, AED certified and current with prevention of disease transmission guidelines.
   H. A member of the institution’s sports medicine staff should be empowered to have the unchallengeable authority to cancel or modify a workout for health and safety reasons (i.e. environmental changes), as he or she deems appropriate.

**Medical Records**
All athletes have a responsibility to report any change in their health to the Sports Medicine Department. All changes in medical insurance coverage must also be reported to insure
timely payment of medical bills. All medical records concerning the status of the athlete will be maintained in athletes electronic health record (EHR) at Gannett Health Services. Athletic trainers have access to and document in the HER. Records are maintained by Gannett’s Medical record department.

**Dispensing Medication**

In following Federal and State guidelines, Cornell University Athletic Trainers’ cannot give out more than a 24-hour supply of an over the counter medication. We can only **recommend** to an athlete to take a pre-package medication for minor symptoms like headache, body aches, or cold/allergy symptoms. If an athlete needs more or requires prescription medications they will be referred to Cornell University Gannett Student Health Services or their attending physician.

**Nutritional Supplements/Ergogenic Aids**

The Department of Athletics and the University Administration in conjunction with the NCAA have established regulations governing the use of nutritional supplements by student athletes. Our department is proactive in following the NCAA Sports Medicine Handbook regarding this issue. The Sports Medicine Staff and Strength and Conditioning Staff will not distribute or endorse any “nutritional” supplements to our student athletes that are not consistent with NCAA Bylaw 16.5.2.

Many substances obtained from health distributors or via mail order are not subject to regulations set forth by the United States Food and Drug Administration. Also, nutritional supplements may contain NCAA banned substances not included on the label. Therefore, before taking any nutritional supplement the athlete should consult with Clint Wattenberg, RD as well as the Sports Medicine Staff and/or the Strength and Conditioning Staff.
**Sickle Cell Trait**

**WHAT IS SICKLE CELL TRAIT?**

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a lifelong condition that will not change over time.

**DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?**

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

**HOW CAN I PREVENT A COLLAPSE?**

- Know your sickle cell trait status.
- Engage in a slow and gradual preseason conditioning regimen.
- Build up your intensity slowly while training.
- Set your own pace. Use adequate rest and recovery between repetitions, especially during "gasparas" and intense station or "met" drills.
- Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.

- During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or "sickle."
- Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
- During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
- Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
- Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

- Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.
- Most U.S. states test at birth, but most athletes with sickle cell trait don’t know they have it.
- The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.
- Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

**FOR MORE INFORMATION AND RESOURCES, VISIT WWW.NCAA.ORG/HEALTH-SAFETY**
Section 2: Personnel
Chief of Sports Medicine (C.S.M.)

1. Serves a dual role as Team Physician supervising the sports medicine program and functioning as a Gannett Student Health Services physician.
2. C.S.M. is responsible for supervising the entire sports medicine program including clinical oversight of the physical therapist and the athletic trainers.
3. Provide consult support for other professional staff as needed.
4. Directly supervise other physicians regarding their involvement in caring for athletes and physicians assigned to cover events.
5. Provide the athletic trainers, and coaches when necessary, with information concerning the medical condition of an athlete.
6. Responsible for pre-season health screening of student athletes.
7. Comply with confidentiality requirements as prescribed by Federal law (HIPPA), New York State/Tompkins county regulations, and the physicians’ code of ethics.
8. Arrange Team Physician coverage for football, ice hockey, lacrosse games and as needed for special events (ECAC/NCAA tournaments)
9. Determine need for and supervise Team Physicians and Team Orthopedists
10. Work with athletic training staff to create a safe and healthful environment for all athletes.

Team Physician

1. Designated primary care clinician to assigned teams, primary care management, acute care, and sports related care coordination.
2. Provide student-centered, team based and integrated health care for optimal health and wellbeing of the student athlete
3. Coordinate and consult with other members of the healthcare team as needed to assist in management and treatment.
4. provide game coverage-ensuring the health and safety of team(s)
5. Assessment, management and coordinate care of game-day injuries/illnesses
6. Active involvement in return to play (RTP) decisions
7. Active involvement in pre-participation screening and sports clearances
8. Comply with confidentiality requirements as prescribed by Federal law (HIPPA), New York State/Tompkins county regulations, and the physicians’ code of ethics
9. Timely documentation of care, treatment, etc. in EHR
10. Work with athletic training staff to create a safe and healthful environment for all athletes

Athletic Trainers (ATs)

1. Establish office hours to be kept as posted at each athletic training facility. (Each facility will be available as necessary for athletic competition)
2. Be the liaison between the physicians, the coaches, the parents, and the Athletic Administration regarding the medical condition of the athletes.
3. Maintain records of athletic training room visits and treatments.
4. Inform coaches of all injuries through proper documentation.
5. Comply with confidentiality requirements as prescribed by Federal law (HIPPA), New York State/Tompkins County regulations, and the National Athletic Trainers’ Association Code of Ethics.

6. Determine which student-athletes are eligible for athletic participation based on pre-participation physical examinations.

7. In conjunction with the Chief of Sports Medicine, determine when athletes are to be removed from competition due to injury and when they may return.

8. Any injury incurred during practice, strength and conditioning, or competition representing Cornell University is the responsibility of the Athletic Training Department and should be reported immediately.

9. All physician appointments for injured athletes must be made by the Athletic Training staff and not by the respective coaching staff.

Athletic Training Job Descriptions

Head Athletic Trainer

The Head Athletic Trainer is responsible for the prevention, treatment, rehabilitation, and daily health care for all of the student-athletes of Cornell University.

The Head Athletic Trainer also coordinates services provided by other healthcare professionals and directs the daily administrative requirements of the athletic training program. This includes, but is not limited to, budget control, medical record keeping, and supervision of the athletic training facilities. The Head Athletic Trainer also supervises the athletic training staff and oversees the continuing education plan for the assistant athletic trainers and student athletic trainers. The Head Athletic Trainer is supervised by the Athletic Director and the Chief of Sports Medicine.

Associate Head Athletic Trainer

The Associate Head Athletic Trainer is responsible for prevention, treatment, rehabilitation, and daily health care for all of the student-athletes at Cornell University.

The Associate Head Athletic Trainer is supervised by the Head Athletic Trainer and also helps coordinate services provided by other healthcare professionals and helps direct the daily administrative requirements of the athletic training program. This includes but is not limited to, liaison with Cornell University Gannett Student Health Services, medical record keeping, supervision of the athletic training facilities, medical supplies inventory, medical supplies ordering, and budget control. Event coverage will primarily be focused on the teams assigned by the Head Athletic Trainer, as well as liaison responsibilities to other programs.

The Associate Head Athletic Trainer also supervises the athletic training staff and shares in the planning of continuing education.
Assistant Athletic Trainer(s)

The Assistant Athletic Trainer is responsible for the prevention, treatment, rehabilitation, and daily health care for all the student-athletes of Cornell University. Event coverage will primarily be focused on the teams assigned to each individual, as well as liaison responsibilities to other programs.

The Assistant Athletic Trainers are supervised by the Head Athletic Trainer and the Associate Head Athletic Trainer and assist in coordination of services provided by other healthcare professionals. The Assistant Athletic Trainer shares in the direction of the daily administrative requirements of the athletic training program. This includes, but is not limited to, budget control, medical record keeping, and supervision of the athletic training facilities. The Assistant Athletic Trainer also shares in their continuing education planning and that of the student athletic trainers working in the athletic training program.

Graduate Assistant Athletic Trainer(s)

The Graduate Assistant Athletic Trainer is responsible for the prevention, treatment, rehabilitation, and daily health care for all the student-athletes of Cornell University. Event coverage will primarily be focused on the teams assigned to each individual.

The Graduate Athletic Assistant Trainers are supervised by the Head Athletic Trainer, the Associate Head Athletic Trainer and Assistant Athletic Trainer and assist in coordination of services provided by other healthcare professionals. The Graduate Athletic Trainer shares in the direction of the daily administrative requirements of the athletic training program. This includes, but is not limited to, medical record keeping, and supervision of the athletic training facilities. The Assistant Athletic Trainer supervises student athletic trainers working in the athletic training program.

Coaches Responsibilities to the Athletic Training Staff

Coaches play a vital role in Athletic Training and shall:

1. Provide the Athletic Administration, Athletic Training staff and Sports Medicine Department with a team roster in advance of medical clearances and notify all of any changes or additions as soon as possible.
2. Prohibit any student-athlete from participating without medical clearance by the Sports Medicine Department. The coach will be liable if the student-athlete is allowed to participate without full medical clearance.
3. Protect the student-athletes’ health, safety, and welfare as the number one priority.
4. Refer a student-athlete whose health, safety, or welfare is in question to the Athletic Training staff immediately. All in-season contact with physicians, other than preseason physicals and routine checkups, must be on a referral basis from the Athletic Training Department and staff.
5. Encourage injured athletes to adhere to scheduled Athletic Training Room and physician appointments for consultation, follow-ups, treatments, and rehabilitation in a timely fashion.
6. Not refer student-athletes to external physicians for consultation. (The Athletic Training Staff must make all physician referrals)
7. Comply with confidentiality requirements as per Federal, New York State, and Tompkins County regulations.
Cornell University Sports Medicine Operations Protocol

This protocol concerns the following certified athletic trainers and physicians:

1. **Athletic Trainers**
   - Bernard F. DePalma, PT, LAT, ATC-Head Athletic Trainer
   - James G. Case, LAT, ATC-Associate Head Athletic Trainer
   - Linda Hoisington, LAT, ATC-Assistant Athletic Trainer
   - Edward R. Kelly, LAT, ATC-Assistant Athletic Trainer
   - Marc W. Chamberlain, LAT, ATC-Assistant Athletic Trainer
   - Chris Scarlata, LAT, ATC-Assistant Athletic Trainer
   - Jocelyn Stark, LAT, ATC-Assistant Athletic Trainer
   - Mandi Breigle, LAT, ATC-Assistant Athletic Trainer
   - Kathryn J. Harris, LAT, ATC-Assistant Athletic Trainer
   - Jennifer Petruzzo, LAT, ATC-Assistant Athletic Trainer
   - Janine Glass, LAT, ATC-Assistant Athletic Trainer
   - Megan Wagenet, PT, LAT, ATC-Assistant Athletic Trainer
     - Schoellkopf Hall
     - Campus Rd
     - Ithaca, NY 14853

2. **Chief of Sports Medicine**
   - David C. Wentzel, DO, Board Certified in Family Medicine, CAQ Sports Medicine.
     - Gannett Health Center
     - Ho Plaza, Cornell University
     - Ithaca, NY 14853-3101

3. **Primary Care Team Physicians**
   - Ed Koppel, MD
   - Jada Hamilton, M.D

4. **Orthopedic Consultants**
   - Orthopedic Services of CMA
     - 1301 Trumansburg Rd.
     - Ithaca, NY 14850

     - Bruce Green, MD, Orthopedic Surgeon
       - Warren Road Medical Complex
       - Ithaca, NY 14850

     - Matt Scuderi, MD, Orthopedic Surgeon
       - 6620 Fly Road
       - East Syracuse, NY 13057
2. This protocol is only in effect for athletes participating in intercollegiate athletics at Cornell University.

3. All injuries will be documented in the students’ electronic health record. In case of an emergency, the athlete will be taken to the emergency room and referred to a physician the next day.

4. The certified athletic trainers employed by Cornell University will evaluate all injuries. All evaluations and treatments will be performed within the scope of practice for athletic trainers as defined by the National Athletic Trainers Association and the State of New York. Any injury that meets the criteria that is outlined in this protocol shall be referred to a physician for diagnosis. The physician will determine the appropriate course of action.

5. In accordance with New York State law, a registered certified athletic trainer shall apply the following principles, methods, and procedures within the scope of the athletic trainers practice.
   A. Injury Prevention
   B. Injury Recognition and Evaluation
   C. First Aid
   D. Emergency Care
   E. Injury Management, Treatment, and Rehabilitation
   F. Rehabilitation through the use of safe and appropriate physical rehabilitation practices, including those techniques and procedures following injury and recovery that restore normal function status
   G. Conditioning
   H. Performing tests and measurements to prevent, evaluate, and monitor acute and chronic injuries
   I. Selection of preventive and supportive devices, temporary splinting and bracing, protective equipment, strapping, and other immobilization devices and techniques to protect an injured structure, facilitate ambulation and restore normal functioning
   J. Organization and administration of facilities within the scope of the profession
   K. Education and counseling for the public regarding the care and prevention of injury within the scope of the profession

6. For the treatment and rehabilitation of musculoskeletal injuries the athletic trainer may administer the following:
   A. Therapeutic Devices
   B. Massage
   C. Mechanical Devices
   D. Cryotherapy (e.g. ice, cold packs, cold water immersion)
   E. Thermotherapy (e.g. moist heat packs, paraffin bath)
F. Other therapeutic agents with properties of water (e.g. whirlpool); electricity (e.g. electrical stimulation), or sound (e.g. ultrasound)

G. The athletic trainer may apply topical prescription medication (e.g. nonsteroidal anti-inflammatory in preparation for phonophoresis or iontophoresis) only at the direction of a physician.

7. All of the above may be initiated by the certified athletic trainer. In the following instances athletes must be referred to the Team Physician.
   A. All injuries with concussion like symptoms.
   B. All illnesses that require prescriptions or other involved medical treatments.
   C. All suspected fractures.
   D. Any injuries which include significant impairment of function
   E. Any injury, which does not respond to traditional athletic training treatments.
   F. Any obvious displaced fractures will be immobilized and, if necessary, transported by EMS.

8. Guidelines for EMS Transport of Head and Neck Injuries
   A. Glasgow Coma Scale < 13. (pg 29)
   B. Prolonged loss of consciousness.
   C. Focal neurological deficit suggesting intracranial trauma
   D. Repetitive vomiting.
   E. Persistently diminished/worsening mental status or other neurological signs/symptoms.
   F. Spine injury.

10. Guidelines for Dislocations and Fractures
    A. All dislocations will be splinted and referred to a physician. The distal pulse to be determined and noted before transport.
    B. All fractures will be splinted and referred to a physician. The distal pulse to be determined and noted before transport.
    C. All dislocations and fractures not seen by a physician will be transported to the emergency room and then referred to the Team Physician for follow-up care.
Section 3: Medical Issues
Prevention of Heat Illness

Practice or competition in hot and/or humid environmental conditions poses special problems for the student-athlete. Heat stress and resulting heat illness is a primary concern in these conditions. This is a situation that primarily affects those athletes practicing outdoors in these conditions, but can also seriously affect those athletes practicing indoors with poor air circulation. Because it is not practical to suspend practice or competition every time the temperature is above 90 degrees and humidity is above 70%, prevention must become the primary objective (2014-2015 NCAA Sports Medicine Handbook pg. 39).

Heat illness is when the body is unable to efficiently reduce the core body temperature. The body is most effectively cooled by sweating, allowing outside air to evaporate the sweat, and thus cooling the body. The moist air that results from high humidity inhibits evaporation and cooling which causes the body’s core temperature to rise. Heat emergencies are progressive conditions that arise from this increasing core body temperature.

There are six keys to prevention of heat illness:

1. **Complete Health History.** A pre-participation screening should be done before practice begins, history of previous heat illness, sickle cell trait, excess body fat, or other specific health issues can pre-dispose an athlete to possible heat illness problems during intense pre-season practices.

2. **Heat Acclimatization.** A gradual acclimatization to the environmental conditions of heat and humidity should be followed. This allows the athlete to adjust to the conditions before high intensity exercise/practices are started in hot/humid conditions. It can take 10-14 days of gradual increases for the body to completely acclimate to high intensity exercise in extreme environmental conditions.

3. **Education.** It is vital to understand and remember that the body is less able to cool itself in hot/humid environments. It is advised to moderate participation when possible. Areas that can be moderated include length of practice, time of day, and the intensity of practice. It is essential that all coaches and student-athletes are educated to the risk factors for heat stress syndromes; elevated core temperature, extreme weakness, muscle cramping, rapid/weak pulse, pale/flushed skin, nausea, disturbance of vision, or mental confusion. Coaches and athletes should be encouraged to be aware of and report any of these signs or symptoms when appropriate.
Prevention of Heat Illness

4. **Clothing.** Clothing and equipment add insulation to the body and reduce the amount of skin surface area for evaporation. When clothing becomes soaked with sweat, evaporation cannot occur and the clothes will retain body heat. The head is a key area for the release of body heat; therefore hats and helmets will retain heat. When possible, encourage the frequent changing of sweat soaked clothing, and in especially hot situations consider limiting the amount of equipment (i.e. shirts, shorts, helmets, no pads). No rubberized clothing should be worn to increase these conditions.

5. **Hydration.** Progressive dehydration reduces sweating and leads to an increase in body heat. It is essential to keep well hydrated before, during, and after participation in the heat. Water breaks should be given at least every 15-20 minutes and more frequently when participating in two-a-day practices. Water should also be made available to athletes at all times between water breaks. Encourage fluid consumption and provide choices like water, juices, and/or sports drinks. Athletes should drink two cups of water/sports drink in the hour leading up to practice, and 16/24 oz. of fluid after activity for every pound loss during exercise session. Avoid any beverage containing caffeine including soda, coffee, and tea. Caffeine acts as a diuretic, which can lead to dehydration in hot environments. Also be aware that some over-the-counter medication and nutritional supplements can contain some form of a diuretic. Urine volume and output is a simple way to self-monitor one’s hydration status. If output is plentiful and pale yellow in color the athlete is well hydrated but as output decreases and the color darkens the athlete is heading into a dehydrated status.

6. **Fitness.** Physical training and heat acclimation increases the body’s ability to maintain a normal body temperature. Athletes with poor physical condition, those with excess body fat, those who regularly push themselves to capacity, those with a history of heat illness, and those with circulatory and respiratory problems are most often affected. It is important that a period of acclimatation be incorporated into a team’s practice schedule.
BEAT THE HEAT

Summer's high temperatures put student athletes at increased risk of heat illness. There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although heat illnesses can be fatal, death is preventable if they're quickly recognized and properly treated.

DEHYDRATION AND HEAT ILLNESSES

As a rule-of-thumb, most athletes should consume 200 to 300 milliliters of fluid every 15 minutes of exercise.

It takes only 30 minutes for cell damage to occur with a core body temperature of 105 degrees.

Currently, 13 states have heat-acclimatization policies, for secondary school athletes with New Jersey being the first.

Exertional heat stroke is one of the top three killers of athletes and soldiers in training.

- From 2010-15, 20 athletic heat stroke fatalities were reported.
- It takes seven to 14 days for a body to adapt to exercising in the heat.
- Dehydration at levels of 3 to 4 percent body mass loss can reduce muscle strength by an estimated 2 percent.

SAFETY TIPS

- Have sports drinks on hand for workout sessions lasting longer than an hour.
- Keep beverages cold - cold beverages are consumed 50 percent more than warm beverages.
- Hydrate before, during and after activity.
- Remove unnecessary equipment, such as helmets and padding, when environmental conditions become extreme.

Signs of Exertional Heat Stroke

- Signs of nervous system dysfunction, such as confusion, aggression and loss of consciousness
- Low blood pressure
- Rapid breathing
- Increased heart rate
- Seizures
- Core body temperature of more than 105 degrees

Clothing worn by athletes should be light colored, lightweight and protect against the sun.

Sources: Korey Stringer Institute, American Medical Society for Sports Medicine, NASA

Infographic courtesy of the National Athletic Trainers' Association, www.nata.org
Identification and Treatment of Heat Illness

There are three categories of heat stress syndromes.

1. **Heat cramps.** These are the least severe, but the most painful. They are caused by dehydration. They generally begin in the stomach and calves, and then progress to other areas of the body. If not treated they can progress into either heat exhaustion or heat stroke.

2. **Heat Exhaustion.** Athletes will exhibit fatigue; dizziness; profuse sweating; cool, clammy, pale skin; nausea; rapid respiration and pulse, but a **core temperature below 104 degrees Fahrenheit**.

3. **Heat Stroke.** Athletes will exhibit diminished or loss of consciousness; dangerously high **core temperature of over 104 degrees Fahrenheit** and (often as high as 106 degrees); red, dry skin; rapid pulse; vomiting. Heat stroke is a life threatening illness and emergency help must be sought immediately.

The basic care for all of these conditions is the same. The goal is to reduce body temperature. Follow these steps.

1. Move the athlete to a cool place and check core temperature (via rectal thermometer) and vital signs. A core temperature less than 104 degrees denotes **Heat Exhaustion** cool the body and monitor, a core temperature over 104 degrees denotes **Heat Stroke, activate Emergency Action Plan and start cooling the athlete (to 102.5 if possible) while waiting for transport.**

2. Loosen or remove as much clothing as possible.

3. Start aggressive cooling of the body by cold water immersion, if not available apply cool wet cloths to the skin, or help athlete take cool shower.

4. Fan the athlete, or place in front of a fan, to aid evaporation.

5. If conscious, give cool water to drink, sip small amounts over time.

If the athlete has a core temperature over 104 degrees, refuses water, vomits, or starts to lose consciousness.

1. **Activate EMS (Emergency Action Plan)**
   - From any 253-, 254-, and 255- prefix campus phone call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

2. Place the athlete on his/her side.

3. Continue to cool the athlete by using cold water immersion or cold packs on the wrist, ankles, groin, neck, and in the armpits. You may use a whirlpool, tub, hose, or shower.

4. Continue to check breathing and pulse.

5. Notify Team Physician if athlete is transported; refer to Team Physician if athlete does not require EMS or if they have recurring milder symptoms.
Lighting Safety

The National Weather Service research indicates that lightning is the number two cause of death by weather phenomenon, accounting for more than 60 deaths and hundreds of injuries annually in the United States.

The following policy has been established regarding thunder and lightning.

1. The NATA suggests that “when thunder is heard or lightning is seen, all people should vacate immediately to a previously identified safe location”. The flash-to-bang method as outlined in the NCAA guidelines may also be used by onsite athletic trainers when appropriate. (Count the seconds from the time the lightning is seen to when the clap of thunder is heard. Divide this number by five to determine how far away (in miles) the lightning has occurred. The Cornell Athletic Training Department and Athletic Administration have adopted a standard 30-second-flash-to-bang count as per NCAA guidelines. When the count reaches 30 seconds or less, all outside athletic activity must cease as lightning can strike from up to 6 miles away.)

2. Safe locations are identified as “structures with 4 substantial walls, a solid roof, plumbing, and electric wiring”. Structures identified as unsafe are dugouts; picnic, golf or rain shelters; tents; and storage sheds. Avoid using shower facilities for safe shelter and do not use the showers or plumbing facilities during a thunderstorm. Busses and cars that are fully enclosed (not a convertible, or golf cart, or Gator), have windows that are completely rolled up, and metal roofs can also be safe places during a lightning storm. If the vehicle is struck, do not touch the sides of the vehicle.

3. In situations where no thunder or lightning is present and you feel your skin tingle and/or your hair stand on end, you should assume the following position: Drop low to the ground, do not lie flat, bend forward and put your hands on your knees (curl up in a ball). Stay on the balls of your feet. The tingling and/or hair standing on end are a sign that you are about to be struck by lightning. Do not lie flat, as this will increase the surface area of your body exposed to the current if lightning strikes the ground near you. Be aware that lightning can travel up to 25 feet in standing water.

4. People should remain entirely inside a safe location until at least 30 minutes have passed since the last lightning was seen and the last sound of thunder.

5. If an athletic trainer is present, they will make the decision regarding shelter. No coach may continue activity after the athletic trainer makes the decision to clear the field. If this is not adhered to, the administration will be notified and the incident will be documented. During competition, game officials are the authority on making the final decision with respect to their governing associations established rules and regulations. If an athletic trainer is not present it is the coaches’ responsibility to follow above mentioned guidelines to prevent injuries to their athletes and avoid being held liable.
Concussion Management Protocol

As stated by the National Collegiate Athletic Association:
“Institutions shall have a concussion management plan on file such that a student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be removed from practice or competition and evaluated by an athletics healthcare provider with experience in the evaluation and management of concussion. Student-athletes experiencing concussion like symptoms shall not return to activity for the remainder of that day. Medical clearance shall be determined by the team physician or their designee according to the concussion management plan. In addition, student-athletes must sign a statement in which they accept the responsibility for reporting their injuries and illness to the institutional medical staff, including signs and symptoms of concussion. During the review and signing process student-athletes should be presented with educational material on concussion”. The signed statement is done during the NCAA eligibility paperwork process (Concussion Fact Sheet and student-athlete statement on pg 27).

Recently published evidence-based definition of Concussion is:

A change in brain function following a force to the head, which may be accompanied by temporary loss of consciousness, but is identified in awake individuals, with measures of neurologic and cognitive dysfunction.

Pre-Season Education:

- Student-athletes.
  Watch a video from the NCAA on concussion, and are given a concussion fact sheet (Appendix C) annually to ensure they are educated about the signs and symptoms of concussion and the consequences of not reporting concussion symptoms.

- Coaches.
  Watch concussion video, and are given an update on new policies and procedures annually at the first coaches meeting of the year. They are also given an updated policies and procedures manual they can refer to at any time. Coaches should report any suspected concussion to the Sports Medicine Staff. (Fact Sheet for Coaches-Appendix D)

- Team physicians.
  Chief of Sports Medicine will review concussion policy and procedures at the first medical staff meeting each year if there are any substantial changes. Team physicians will review policies and procedures manual annually.
• Athletic Trainers (ATs)
  Annual review on policies and procedures at the first staff meeting of the year. Each athletic trainer is responsible on staying current on the latest information on concussion management.

• Directors of athletics.(ADs)
  Annual review on policies and procedures at the first mandatory coaches meeting, as well as are given an updated policies and procedures manual each year to refer to.

Each party provides a signed acknowledgement of having read and understood the concussion material and the coaches, ATs, Team Physicians, and ADs signatures will be kept in the U drive along with the policies and procedures manual. The student-athletes sign an acknowledgement and that is kept with their compliance paperwork.

**Pre-Participation Assessment:**

• All varsity athletes must go through a pre-participation clearance process which will incorporate: Brain Injury and Concussion History.
  - Athletes in the *high risk category will also include:
    - Neurocognitive baseline (ImPACT-Immediate Post concussion Assessment and Cognitive Test)
    - Symptom and Balance evaluation (SCAT 3- Sport Concussion Assessment Tool)

• Team Physician determines pre-participation clearance and/or the need for additional consultation or testing

*High risk sports include Varsity Football, Sprint Football, Volleyball, M/W Soccer, Field Hockey, M/W Ice Hockey, M/W Basketball, Gymnastics, Wrestling, M/W Polo, Equestrian, M/W Pole Vaulting, M/W Diving, M/W Lacrosse, Baseball, Softball, and Sailing.

Freshmen/Transfers athletes from other sports will be tested at the recommendation of the team physician if there is a history of past concussions to establish a Baseline of Norms to compare if needed.
I AGREE By checking “I Agree,” you acknowledge that you have read and understand the information about concussion injuries in this document. You also accept responsibility for reporting injuries and illness to institutional medical staff, including signs and symptoms of concussion.
**Concussion Signs and Symptoms:**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Emotional</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Headache</td>
<td>• Feeling mentally &quot;foggy&quot;</td>
<td>• Irritable</td>
<td>• Drowsiness</td>
</tr>
<tr>
<td>• Nausea</td>
<td>• Feeling slowed down</td>
<td>• Sad</td>
<td>• Sleeping more</td>
</tr>
<tr>
<td>• Vomiting</td>
<td>• Difficulty concentrating</td>
<td>• More emotional</td>
<td>than usual</td>
</tr>
<tr>
<td>• Balance Problems</td>
<td>• Difficulty remembering</td>
<td>• Nervous</td>
<td>• Sleeping less</td>
</tr>
<tr>
<td>• Fatigue</td>
<td>• Forgetful of recent information and</td>
<td>• Anxious</td>
<td>than usual</td>
</tr>
<tr>
<td>• Sensitivity to</td>
<td>conversations</td>
<td></td>
<td>• Difficulty falling</td>
</tr>
<tr>
<td>light</td>
<td>• Confused about recent events</td>
<td></td>
<td>asleep</td>
</tr>
<tr>
<td>• Sensitivity to</td>
<td>• Answers questions slowly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>noise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Numbness/tingling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ringing in the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ears</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dazed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Stunned</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Initial Concussion Evaluation:**

- Clinical assessment and evaluation should be done for cervical spine trauma, skull fracture and intracranial bleed.

- Emergency action plan (EAP) will be activated, including transportation for further medical care, for any of the following:
  - Glasgow Coma Scale < 13 (Can be found on the following page)
  - Prolonged loss of consciousness.
  - Focal neurological deficit suggesting intracranial trauma
  - Repetitive emesis.
  - Persistently diminished/worsening mental status or other neurological signs/symptoms.
  - Spine injury.
Glasgow Coma Scale

<table>
<thead>
<tr>
<th>Best eye response (E)</th>
<th>Spontaneous—open with blinking at baseline</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Opens to verbal command, speech, or shout</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Opens to pain, not applied to face</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best verbal response (V)</th>
<th>Oriented</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Confused conversation, but able to answer questions</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Inappropriate responses, words discernible</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Incomprehensible speech</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best motor response (M)</th>
<th>Obeyss commands for movement</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Purposeful movement to painful stimulus</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Withdraws from pain</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Abnormal (spastic) flexion, decorticate posture</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Extensor (rigit) response, decerebrate posture</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

- Stabilize athlete using precautionary cervical spine immobilization techniques if needed. Continue to monitor airway, breathing, circulation (ABC’S) till EMS assumes care for injured athlete and transports athlete to Medical Facility. If athlete is transported to Medical Facility, designate someone to go with athlete. Notify Team Physician of injury and establish appointments for further evaluation of the concussed athlete with Team Physician.

- Documentation in the student athlete’s electronic medical record of oral and/or written care to both student-athlete and another responsible adult (may be parent or roommate).
EMERGENCY ACTION PLAN (EAP)

Activate EMS (Emergency Action Plan)
- From any 253-, 254-, and 255- prefix campus phone call 911.
- From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
- From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

The dispatcher will ask for:
1. What’s the address of the emergency?
2. What’s the telephone number you’re calling from?
3. What’s the problem, tell them exactly what happen.
4. How old is the injured person.
5. Is the injured person conscious?
6. Is the injured person breathing?
7. Provide other information as requested.
   Stay on the phone until told to hang up.

Non-Emergency Concussion Event:
- Any student-athlete with signs/symptoms/behaviors consistent with concussion:
  - Must be removed from practice or competition.
  - Must be evaluated by an athletic trainer and/or supervising team physician with concussion experience.
  - A Sport Concussion Assessment Tool (SCAT 3) will be used for initial assessment, at end of contest, and during continued follow-up care by athletic trainers and/or the supervising Physician.
  - Continue to monitor athlete during remainder of contest or practice. The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
  - Must be removed from practice/play for that calendar day if concussion is confirmed.
  - If symptoms resolve or are mild the athlete and teammate or roommate can be sent home for evening with oral and written instructions concerning follow-up, continued monitoring, and self-care.
  - The player should be medically evaluated following the concussion by the team Physician. See (NATA guidelines for same day referrals page 31) if needed.
The athletic trainer and/or team physician should document the concussion all aspects event in the student athletes’ electronic medical record, including starting a concussion flow sheet.

- The athletic trainer should have daily communication with the student-athlete until symptom free.
- Documentation of the athletes’ symptoms should be done at a minimum 3x a week.
- Post Injury ImPACT should be done within 24-48 hours of the concussion (if symptoms are severe this can wait, as well as if the student athlete is on an away trip)

**NATA Same Day-of-injury referral Recommendations**

1. Loss of consciousness on the field
2. Amnesia lasting longer than 15 min
3. **Deterioration of neurologic function***
4. **Decreasing level of consciousness***
5. **Unequal, dilated, or unreactive pupils***
6. **Abnormalities with extraocular movements***
7. **Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding***
8. **Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation***
9. **Seizure activity***
10. Vomiting
11. **Motor deficits subsequent to initial on-field assessment***
12. **Sensory deficits subsequent to initial on-field assessment***
13. Balance deficits subsequent to initial on-field assessment
14. **Emergency transfer should also occur if there are signs of a more serious brain injury such a deteriorating mental status, focal neurological findings (abnormal or unequal pupil reaction, abnormalities with extra-ocular movements, abnormalities on a screening motor/sensory exam) or worsening symptoms.***

*Requires that the athlete be transported immediately to the nearest emergency department.*
Post-Concussion Management:

- Evaluation by a physician for student-athlete with prolonged recovery in order to consider additional diagnosis* and best management options.

*Additional diagnoses include, but are not limited to:

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

Multidisciplinary Team:

- Identification of a multi-disciplinary team* that will navigate more complex cases of prolonged return-to-learn/return to play:

*Multi-disciplinary team may include, but not be limited to:

- Team physician.
- Athletic trainer.
- Physical Therapist/Occupational Therapist
- Psychiatrist/Psychologist/counselor.
- Neuropsychologist consultant.
- Faculty athletic representative.
- Academic counselor.
- Course instructor(s).
- College administrators.
- Office of disability services representatives.
- Coaches.
Return-to-Learn:

- Students services will help navigate return-to-learn with the student-athlete.

- Compliance with ADAAA.

- No classroom activity on same day as concussion.

- Individualized initial plan that includes:
  
  - Remaining at home/dorm if student-athlete cannot tolerate light cognitive activity.

  - Gradual return to classroom/studying as tolerated.

- Re-evaluation by team physician if concussion symptoms worsen with academic challenge. Team Physician will send a letter to the student-athlete’s Dean if needed.

- Modification of schedule/academic accommodations for up to two weeks, as indicated, with help from the identified point-person.

- Re-evaluation by team physician and members of the multi-disciplinary team, as appropriate, for student-athlete with symptoms > two weeks.

- Engaging campus resources for cases that cannot be managed through schedule modification/academic accommodations.
  
  - Such campus resources must be consistent with ADAAA, and include at least one of the following:

    - Learning specialists.
    - Office of disability services.
    - ADAAA office.

*Student-Athlete should return to classes before returning to their sport*
Return to Play:

In most concussions, an athlete suffers an injury that progressively resolves without complication over 1 to 10 days. During this period of recovery in the first few days following an injury, it is important to emphasize to the athlete that physical and cognitive rest is required. Activities that require concentration and attention may exacerbate the symptoms and as a result delay recovery. Return to play following a concussion follows a stepwise process; athlete must be asymptomatic at each stage before being progressed to the next step. If symptoms return during progression, return to previous asymptomatic level and try again after 24 hours.

- Final determination of return-to-play is from the Team Physician or medically qualified physician designee.
- Once athlete is asymptomatic the Team Physician will gradually progress the athlete to return to their sport.
- Post Injury ImPACT must be within the Reliable Change Index (RCI) of their baseline scores to proceed to exercise.
- Each student-athlete with concussion must undergo a supervised stepwise progression management plan by a health care provider with expertise in concussion that specifies:
  - Student-athlete has limited physical and cognitive activity until he/she has returned to their baseline ImPACT score or compared the norms, then progresses with each step below without worsening or new symptoms:
    - Light aerobic exercise without resistance training.
      - Walking, stationary cycling (no weight lifting/resistance training).
    - Sport-specific exercise and activity without head impact.
      - (e.g., skating in hockey, running in soccer); progressive addition of weight lifting/resistance training.
    - Non-contact practice with progressive resistance training.
    - Final ImPACT test, if scores are within the RCI of baseline proceed to the next step (This ImPACT will be used as their new baseline)
    - Unrestricted training after medical clearance
    - Return-to-competition
Neck Injury Protocol

The following guidelines will be followed to determine EMS transport of suspected spinal injuries. An athlete presenting with one or more of the following will be transported using full spinal precautions.

1. Abnormal level of consciousness or progressive loss of consciousness.
2. Obvious swelling or deformity of the spine.
3. Spinal pain or tenderness.
4. Neurologic signs or symptoms.
5. Pain, stiffness, or neurologic symptoms with active range of motion.
6. Any doubt concerning injury.

The athletic training staff will act in accordance with the guidelines regarding transport and equipment removal established by the Inter-Association Spine Task Force for the Appropriate care of a spinal-injured Athlete (National Athletic Trainers Association website).

General Guidelines

7. Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.
8. The athlete’s airway, breathing, circulation, neurological status, and level of consciousness should be assessed.
9. The athlete should not be moved unless absolutely essential to maintain airway, breathing, and circulation.
10. If the athlete must be moved to maintain airway, breathing, and circulation, the athlete should be placed in the supine position while maintaining spinal immobilization.
11. When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit. One accepted technique is to manually splint the head to the trunk.
12. The Emergency Medical System should be activated.

Face Mask Removal

1. The facemask should be removed prior to transportation, regardless of the current respiratory status.
2. Those involved in the pre-hospital care of injured players of sports that wear helmets/facemasks should have the tools for facemask removal readily available.
Football Helmet Removal

The athletic helmet and chinstrap should only be removed:
   a. If the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head.
   b. If the design of the helmet and chin strap is such that even after the removal of the facemask the airway can not be controlled, or ventilation be provided.
   c. If the facemask cannot be removed after a reasonable period of time.
   d. If the helmet prevents immobilization for transportation in an appropriate position.

Helmet Removal

1. Spinal immobilization must be maintained while removing the helmet.
2. Helmet removal should be frequently practiced under proper supervision.
3. It may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.

Equipment

1. Appropriate spinal alignment must be maintained.
2. There needs to be a realization that helmet and shoulder pads elevate an athlete’s trunk when in the supine position.
3. If a helmet is to be removed, the shoulder pads must be removed and spinal stabilization must be maintained.
4. The front of the shoulder pads can be opened to allow access for CPR.
Policy for Blood-borne Pathogens

This relates to the handling of any bodily fluids, including saliva and blood products. It relates to the potential for blood-borne pathogens in any of these fluids, and how it is to be handled. Any contact with these fluids is to be handled as a potential blood-borne pathogen. Universal precautions are detailed as follows:

1. Any time the athletic trainer is aware there will be contact with bodily fluids; he/she must wear clean gloves and utilize gauze pads (when available) for initial contact on the wound.

2. All bandages, gloves, and all other paper products coming in contact with the wounds/bodily fluids should be disposed of in red biomedical waste bags and properly disposed of via biomedical waste disposal procedures.

3. Any clothes stained with blood, or blood products, should be immediately washed/scrubbed prior to further use. When possible a replacement clothing item should be utilized with the contaminate clothing bagged until cleansing can occur.

4. Bandages should be applied to wounds such that exposure to other players is avoided.

5. With any contact with wound or bodily fluid, the athletic trainer should immediately clean his/her hands with warm soapy water or anti-bacterial solution as soon as possible after the event. This applies even if gloves were worn during treatment.

6. These rules apply to coaches in those situations for which an athletic trainer is not present.
Mental Health

Cornell has a shared commitment to developing and supporting mental health and well-being.

Coaches, athletic trainers, team physicians, strength and conditioning staff, academic support staff, equipment managers and administrators are in position to observe and interact with student-athletes on a daily basis. In most cases, athletic department personnel have the trust of the student-athlete and are someone that the student-athletes turns to in difficult times or personal crisis.

A referral should be made to a licensed mental health professional when coaches or sports medicine staff members witness any of the following with their student-athletes:

- Reported Suicidal thoughts
- Multiple depressive symptoms
- A few depressive symptoms that persist for several weeks.
- Depressive symptoms that lead to more severe symptoms or destructive behavior.
- Alcohol and drug abuse as an attempt at self-treatment.
- Overtraining or burnout, since depression has many of the same symptoms.
- Manic-type symptoms.

Please refer to the next page for a Quick Guide for Managing Distress. If you are ever concerned with the health and well-being of a student-athlete do not hesitate to initiate the Emergency Action Plan.

EMERGENCY ACTION PLAN (EAP)

Activate EMS (Emergency Action Plan)

- From any 253-, 254-, and 255- prefix campus phone call 911.
- From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
- From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

The dispatcher will ask for:
1. What’s the **address** of the emergency?
2. What’s the **telephone number** you’re calling from?
3. What’s the **problem**, tell them **exactly** what happen.
4. How **old** is the person.
5. Provide other information as requested.

Stay on the phone until told to hang up.
QUICK GUIDE: Managing Distress
What to notice, how to respond

When someone appears or behaves in a way that makes you concerned about their psychological or emotional well-being, consult this guide to action.

**Signs of Distress** You might notice one serious sign or a cluster of less worrisome signs from different categories.

- **EMOTIONAL** Irritability, anger; sadness, crying, anxiety; showing extreme reactions; expressions of disinterest, apathy, or hopelessness; suicidal comments
- **COGNITIVE** Decline in work or academic performance; poor concentration or decision-making; out of touch with reality; odd speech
- **PHYSICAL** Frequent health issues; problems with sleep or eating; rapid heartbeat/jittery; disheveled appearance; social withdrawal; increased drinking or drug use

**Levels of Distress**
- **CONCERN** Visible distress; personal loss; or significant life event, academic difficulties, sleep or eating problems, emotional outbursts; social withdrawal
- **URGENT** Expressions of hopelessness; talk of suicide; being out-of-touch with reality.
- **EMERGENCY** Immediate threat of harm to self/others.

**Response Options** Keep the appropriate individual or office informed.

- **CONCERN** Talk to person directly and/or consult with a supervisor or administrator.
- **URGENT** Get immediate assistance 24/7:
  - For a student, call Gannett/CAPS (315-3155)
  - For a staff or faculty member, call FIAP (1-800-327-2255) and press 1
- **EMERGENCY** Dial 911 or call CU Police @ 255-1111

More information: www.gannett.cornell.edu/assist

General 11/00
Cornell University Injury Response Protocol

Athlete is Injured

Athlete or coach notifies Athletic Trainer

Athletic Trainer not on site, athlete or coach can report to, or call Schoellkopf Hall Athletic Training Room, 255-4237

Athletic Trainer assesses injury

Serious Injury
Head/neck injury or other life threatening injury

Minor injury
Provide First Aide

Activate EMS
If on campus call Campus Police 255-1111
If off campus call 911

Injury is reported in injury file system

Notify Head Athletic Trainer
Office-255-4237
Cell-607-227-5944

If catastrophic injury notify Chief of Sports Medicine, Athletic Director & Crisis management team

Athlete needs follow-up care to recover from injury, refer to appropriate medical specialist

Athlete has recovered from injury through conservative treatment and rehabilitation

Athlete is cleared to return to participation

Athletic Trainer provides appropriate follow-up medical treatment, referral, and rehabilitation
Emergency Action Plan
Teams Practicing/ Competing On Campus

1. In an athletic emergency situation, the athletic trainer is in charge. If the athletic trainer is not present, notify them immediately, Cornell Athletic Training Office Phone 607-255-4237. The head coach should remain with the athlete and will remain in charge until the athletic trainer arrives.

2. The person in charge should perform primary assessment and perform necessary first aid. The following vital signs should be monitor:
   * ABC’s * State of consciousness * Temperature
   * Pupils * Movement * Skin color
   * Abnormal nerve response (numbness/tingling)

3. *If the athlete is unconscious you must assume there is a neck injury.*
   **Stabilize athlete and activate EMS**
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for:
   1. What’s the **address** of the emergency?
   2. What’s the **telephone number** you’re calling from?
   3. What’s the **problem**, tell them **exactly** what happen.
   4. How **old** is the injured person.
   5. Is the injured person **conscious**?
   6. Is the injured person **breathing**?
   7. Provide other information as requested.

   b. Stay on the phone until told to hang up.

   Give the address and location (Building Name) of the injured athlete, there are at least 20 different athletic venues on or off campus that Cornell University Athletic uses, know the nearest intersection and access to **your practice/competition area**.

   **The Appendix of this document list site plans for ALL Cornell University Athletic Competition sites.**

4. The individual in charge should designate people for the following responsibilities
   A. **Activate EMS**. This person must have a cell phone or access to a public phone.
   B. **Meet the ambulance and direct EMS personnel to the location of the injured athlete.**
   C. **Notification of parent/guardian** if they are not in attendance.
   D. **If athlete is transported by EMS**, a designated individual will accompany the athlete to the hospital.
5. The Athletic Training Department must be notified as soon as possible if the athlete is transported to the hospital. Voice mail messages are acceptable.

   Weekdays 8am-8:00pm call Schoellkopf Athletic Training Room
   607-255-4237
   Weekends and after 8:00pm call Head Athletic Trainer cell # 607-227-5944

6. All events must be documented concerning the emergency situation. The person in charge of the situation will need to meet with an Athletic Trainer to fill out an injury report.
Emergency Action Plan
Teams Practicing/Competing Off Campus

1. In case of an emergency that occurs without an athletic trainer present, the head coach is in charge of the situation. The person in charge should never leave the athlete. If you are traveling without an athletic trainer, please inform the host team athletic trainer. In an emergency the host athletic trainer will be able to assist you.

2. The person in charge should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:
   * ABC’s
   * State of consciousness
   * Temperature
   * Pupils
   * Movement
   * Skin color
   * Abnormal nerve response (numbness/tingling)

3. **If the athlete is unconscious you must assume there is a neck injury**
   Stabilize the athlete and Activate EMS
   - Call 911.
   - A 911 call from any pay phone is free of charge.

NOTE: It is important to know the name of the building or site where you are located; this should include a street address and location within the building/site where you and the injured athlete are located.

4. The following information should be given to dispatcher:
   1. Your name and phone number from where you are calling.
   2. Describe the injury-mechanism, signs and symptoms, first aid given, current condition of the athlete.
   3. Give the address and location of the injured athlete.
   4. Have someone guide EMS to the injured athlete on site.
   5. Let the operator hang up first, then report back to the accident scene.

5. The individual in charge should designate people for the following responsibilities
   1. Activate EMS. This person must have a cell phone or access to a public phone.
   2. Meet the ambulance and direct EMS personnel to the location of the injured athlete.
   3. Notification of parent/guardian if they are not in attendance.
   4. If athlete is transported by EMS, a designated individual will accompany the athlete to the hospital.

6. The Athletic Training Department must be notified as soon as possible if the athlete is transported to the hospital. Voice mail messages are acceptable.

   Weekdays 8am-8:00pm call Schoellkopf Athletic Training Room
   607-255-4237
   Weekends and after 8:00pm call Head Athletic Trainer cell # 607-227-5944.

7. All coaches practicing off-campus or traveling without an athletic trainer will be given a stocked kit with necessary supplies for first aid.
*All events must be documented concerning the emergency situation*
The coach in charge of the team will need to meet with an athletic trainer to fill out an injury report after the team returns home from the competition/practice.

**Emergency Phone Numbers**

- Cornell Police (emergency situations from a campus phone) 911
- Cornell Police (emergency situations from cell phone) 607-255-1111
- Athletic Training Room Schoellkopf Hall 607-255-4237
- Athletic Training Room Bartels Hall 607-255-2547
- Athletic Training Room Friedman Wrestling Center 607-254-1524
- Cayuga Medical Center-Emergency Room 607-274-4411
- Tompkins County Emergency Dispatch (off campus sites) 911

Stay on the phone until the dispatcher takes all the information that you can give them and they tell you to hang up. Your information will be transferred to the appropriate personnel and the appropriate actions will be taken. Also stay off the phone that you used to make the call because you may receive a call back to check or confirm the emergency call that you made.
Section 4: Coverage of Practice and Events
Coaches Responsibility

It is the coaches’ responsibility to provide the athletic training staff with a copy of their team’s practice and competition schedule. It is also important to immediately inform the athletic training staff of any changes in this schedule. Failure to inform the athletic training staff of changes well enough in advance may result in the inability to cover the event.

Cornell University is compliant with NCAA Sports Medicine Handbook Guideline 1a.

Equitable Medical Care

Member institutions should neither practice nor condone illegal discrimination on the basis of race, creed, national origin, sex, age, disability, social status, financial status, sexual orientation, or religious affiliation within their sports medicine programs.

Availability and accessibility to medical resources should be based on established medical criteria (e.g., injury rates, rehabilitation) rather than the sport itself.

Member institutions should not place their sports medicine staff in compromising situations by having them provide inequitable treatment in violation of their medical code of ethics.

If the athletic training staff is unable to cover multiple events on the same day priority will be given in the order of risk of injury. Conflicts will be determined on a case-by-case basis.
Appendix & Maps
Individual Site Emergency Action Plans
Emergency Action Plan
Alumni Practice Fields
Site Address; Behind Bartels Hall
554 Campus Road, Ithaca, NY.

Emergency Personnel: Certified athletic trainers’ and student athletic trainers’ on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by athletic trainer covering event. Additional emergency communication available by Blue Light Phone located in Tower Rd parking lot at Northwest corner of Alumni Fields & available by Emergency Pull phone @ inside entrance to Ramin Turf room.

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Bartels Hall athletic training room, in basement of Bartels Hall (255-2547).

AED’s located in wall cabinets with automatic rescue call for building;

a. Entrance foyer across from Cornell University ticket office widows.
b. Hallway between Freedman S & C Center and Ramin Turf Room.
c. Basement hallway across from equipment issue room.

Roles of First Responders

➢ Immediate care of the injured or ill student-athlete.

➢ Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help.

➢ Activate EMS (Emergency Action Plan)

➢ From any 253-, 254-, and 255 prefix campus phone, call 911.
➢ From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
➢ From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

a. The dispatcher will ask for;
   1. What is the address of the emergency?
   2. What is the telephone number you are calling from?
   3. What is the problem, tell them exactly what happen.
   4. How old is the injured person.
   5. Is the injured person conscious?
   6. Is the injured person breathing?
   7. Provide other information as requested.

b. Stay on the phone until told to hang up.
3. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   c. Designate individual to assist EMS personnel to scene.
   d. Scene control: limit scene to first aid providers and move bystanders away from site.
   e. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Alumni Practice Fields entrance is located at back of Bartels Hall Metered Parking lot, at east end of building, parking lot is off Campus Rd. (See Site Map 1)
Emergency Action Plan
Bartels Hall
Site Address; 554 Campus Road, Ithaca, NY.

Emergency Personnel: Certified athletic trainer and/or student athletic trainer on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by athletic trainer covering event. Additional emergency communication available by Emergency Pull phone @ inside entrance to Ramin Turf room, and in elevator in front foyer will connect you to Campus Security. There is an emergency phone @ the top of the stairs in the Friedman Center.

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Bartels Hall athletic training room, in basement of Bartels Hall (255-2547). AED’s located in wall cabinets with automatic rescue call for building;
   a. Entrance foyer across from Cornell University ticket office widows.
   b. Hallway between Friedman S & C Center and Ramin Turf Room.
   c. Basement hallway across from equipment issue room.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   a. From any 253-, 254-, and 255 prefix campus phone, call 911.
   b. From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   c. From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.
   a. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.
   b. Stay on the phone until told to hang up.

4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
c. Designate individual to assist EMS personnel to scene.
d. Scene control: limit scene to first aid providers and move bystanders away from site.
e. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

Venue Directions: Bartels Hall main entrance is located on south face of building adjacent to Campus Rd. There are parking spaces in front of building (See Site Map 1) There are four different venues inside Bartels Hall;

1. Newman Basketball Arena, enter front of building from Campus Rd and across foyer to double doors next to stairs.
2. Ramin Turf room, enter front of building, turn right and proceed to far end of hallway and enter the set of double door on left.
3. Friedman Strength and Conditioning Center, enter front of building, turn right and proceed to far end of hallway and go through middle set of double doors and then through any of the four doors straight ahead.
4. Stifel Fencing Salle, enter front of building and go to elevator in middle of foyer, go down to basement. Exit elevator and turn left around into hallway, proceed to far end of hallway, and enter Stifel Fencing Salle on the right.
Emergency Action Plan
Barton Hall
Site Address; 117 Statler Drive, Ithaca, NY.

Emergency Personnel: Certified athletic trainer or coach on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall 255-4237 (Across Campus Rd. @ Schoellkopf Football stadium).

Emergency Communication: Cell phone carried by athletic trainer or coach covering practice or event. Additional emergency communication available by Blue light phone @ corner of Garden Ave and Campus Rd. just to the right of the main entrance (Check site map 1). There is an emergency phone mounted on the wall of the Naval ROTC Blockhouse in the hallway leading to the Southside emergency exit. There is also a phone @ monitor’s desk just inside Barton Halls main entrance from Garden Ave, Cornell Police Communication office is downstairs @ the exit closest to Statler Hotel.

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Schoellkopf training room. (255-4237).

AED’s located;
- a. Downstairs on North wall next to Cornell Police Communications and Reception Hallway.
- b. Main level South wall next to throwing Cage and Fire pull box.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.
b. Stay on the phone until told to hang up.

4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Barton Hall main entrance is located on Garden Ave, just beyond the corner of Campus Rd. and Garden Ave. Ambulance can pull right up to main entrance and park. (See Site Map 1)
Emergency Action Plan
Friedman Wrestling Center
Site Address; 610 Campus Road, Ithaca, NY.

Emergency Personnel: Certified athletic trainer and student athletic trainer on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement on Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by athletic trainer covering event or the phone in the athletic training room. Additional emergency communication is available by Blue light phone @ corner of Campus Rd. and Wing Dr.

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Friedman Wrestling Center athletic training room. AED located on the North wall of the foyer by Fire Alarm Control Panel.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   ➢ From any 253-, 254-, and 255 prefix campus phone, call 911.
   ➢ From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   ➢ From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the **address** of the emergency?
      2. What is the **telephone number** you are calling from?
      3. What is the **problem**, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person **conscious**?
      6. Is the injured person **breathing**?
      7. Provide other information as requested.
   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Friedman Wrestling Center main entrance is located off Campus Rd. at the back of the parking lot across from the Wilson Synchrotron Laboratory (See Site Map 1)
Emergency Action Plan
Hoy Baseball Field
Site Address; 109 Hoy Road, Ithaca, NY.

Emergency Personnel: Certified athletic trainer and student athletic trainer on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237) Access by going up the stairs by the North end of parking deck.

Emergency Communication: Cell phone carried by athletic trainer covering event. Additional emergency communication available by Blue light phone @ corner of Hoy Rd. and Campus Rd. (See site map)

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Schoellkopf training room. (255-4237). AED located in Schoellkopf Athletic Training Room or with on-site athletic trainer in Bright Yellow Pelican Case.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

a. The dispatcher will ask for;
   1. What is the address of the emergency?
   2. What is the telephone number you are calling from?
   3. What is the problem, tell them exactly what happen.
   4. How old is the injured person.
   5. Is the injured person conscious?
   6. Is the injured person breathing?
   7. Provide other information as requested.

b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene  
   a. Open appropriate gates and doors.  
   b. Designate individual to assist EMS personnel to scene.  
   c. Scene control: limit scene to first aid providers and move bystanders away from site.  
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.  

**Venue Directions:** Hoy Field entrance is located at the corner of Hoy Rd. and Campus Rd. Parking lot road leads to press box and backside of dugouts (See Site Map 1).
Emergency Action Plan
Jessup Fields & Tobin Field House
Site Address; 108 Jessup Road, Ithaca, NY.

Emergency Personnel: Certified athletic trainers’ and student athletic trainers’ on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by athletic trainer covering event. Additional emergency communication available by Blue Light Phone located on the corner of Triphammer Rd and George Jessup Rd which is the southeast corner of Jessup Fields.

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Bartels Hall athletic training room, in the basement of Bartels Hall. (255-4237). AED carried by Athletic Trainer covering fields.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   ➢ From any 253-, 254-, and 255 prefix campus phone, call 911.
   ➢ From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   ➢ From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.

   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Jessup Fields are located on George Jessup Road between Triphammer Road and Pleasant Grove Road. (See Site Map 2)
Emergency Action Plan
John L. Collyer & Doris B. Robison Rowing Facilities
Site Address; 685 Third Street, Ithaca, NY.

Emergency Personnel: If emergency personal are needed call 911, additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by coach covering event, additional emergency communication available by phone in Coaches offices of the boathouse.

Emergency Equipment: First aid equipment maintained by coaches covering event; additional emergency equipment (e.g. Back board & neck supports) available in Schoellkopf training room. (255-4237). AED located to the right of the entrance into the foyer of Collyer Boathouse.

Roles of First Responders

5. Immediate care of the injured or ill student-athlete.

6. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

7. Activate EMS (Emergency Action Plan)
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   e. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.

   f. Stay on the phone until told to hang up.
8. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   g. Scene control: limit scene to first aid providers and move bystanders away from site.
   h. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

Venue Directions: Boathouse is located on the Cayuga Lake Inlet and is accessible from Route 13 and west Third Street. At Route 13 red light, turn on to west Third Street heading towards the Ithaca water treatment facility. Cross over the railroad tracks and turn left on black top road across from Ithaca water treatment facility. Follow black top road past oil tanks and the John Collyer Boathouse is the first building on the right and the Doris Robison Shell House is the second building on the right. (See Site Map 2)
Emergency Action Plan
Lynah Skating Rink
Site Address; 536 Campus Road, Ithaca, NY.

Emergency Personnel: Certified athletic trainer and student athletic trainer on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement on Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by athletic trainer covering event. Additional emergency communication available by phone in rink office, Blue light phone @ main gate of Schoellkopf Crescent, or Blue light phone @ west end of Alumni fields, behind Lynah Ice rink.

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Lynah Ice Rink athletic training room (255-1761). AED mounted on wall just to the left of the laundry room door and on home bench during games.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   ➢ From any 253-, 254-, and 255 prefix campus phone, call 911.
   ➢ From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   ➢ From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.

   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Lynah Skating Rink emergency entrance is located on the west end of the building in the parking lot off Campus Rd. between Lynah Skating Rink and Teagle Hall. (See Site Map 1)
Emergency Action Plan
McGovern Athletic Practice Fields
Site Address; 126 Game Farm Road, Ithaca, NY.

Emergency Personnel: Certified athletic trainer and student athletic trainer on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement in Bartels Hall (255-2547).

Emergency Communication: Cell phone carried by athletic trainer covering event or Blue light phone @ North End of Support Building. Additional emergency communication is available by cell phone of coaching staff.

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in McGovern Athletic Practice Fields Athletic Training Room. AED located in wall cabinet between Fire Control panel and Athletic Training Room in hallway leading to parking lot.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   ➢ From any 253-, 254-, and 255 prefix campus phone, call 911.
   ➢ From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   ➢ From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.

b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene  
   a. Open appropriate gates and doors.  
   b. Designate individual to assist EMS personnel to scene.  
   c. Scene control: limit scene to first aid providers and move bystanders away from site.  
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Soccer complex located at 126 Game Farm Road, on the right coming from Route 366 just after passing rail trail and clearing tree line above trail. Complex can also be accessed from Ellis Hollow Road, turn left on to Game Farm Road and complex can be seen on left side of road just before getting to tree line above rail trail.  
(See Site Map 2)
Emergency Action Plan
Merrill Family Sailing Center
Site Address; 1000 East Shore Drive, Ithaca, NY.

Emergency Personnel: If emergency personal are needed call 911, additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by coach covering event, additional emergency communication available by phone in Coaches offices of the boathouse.

Emergency Equipment: First aid equipment maintained by coaches covering event; additional emergency equipment (e.g. Back board & neck supports) available in Schoellkopf training room. (255-4237). AED located to the right of the entrance into the foyer of Sailing Center next to the Fire Control Panel as well as on the boat.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help.

3. Activate EMS (Emergency Action Plan)
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for:
      1. What’s the address of the emergency?
      2. What’s the telephone number you’re calling from?
      3. What’s the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.

   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Merrill Family Sailing Center is located at 1000 East Shore Drive, is also State Route 34 North going towards Lansing.
Emergency Action Plan
Niemand-Robison Field
Site Address: 240 Pine Tree Road, Ithaca, NY.

Emergency Personnel: Certified athletic trainer and/or student athletic trainer on site for practice and competition, additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by athletic trainer covering event, additional emergency communication available by phone at reception desk a front entrance of Tennis Center and a emergency phone next to the AED cabinet on the right wall as you enter the building.

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Schoellkopf training room. (255-4237). AED is located in equipment shed behind home plate; to the left as you enter the building in a Bright Yellow Pelican Case.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.

   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Niemand-Robison Field is located off of Pine Tree Rd.; ¼ mile passed East Hill Plaza. Turn right into access road and then turn right once on access road. Reis Tennis Center is the tan building in front of Niemand-Robison Field. Access road to the field is at the far right corner of the parking lot for Reis Tennis Center. Drive around right corner of tennis center and back to field, can park behind dugout.
(See Site Map 2)
Emergency Action Plan
Oxley Equestrian Center
Site Address; 220 Pine Tree Road, Ithaca, NY.

Emergency Personnel: If emergency personal are needed call 911, additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by coach covering event, additional emergency communication available by phone in Coaches offices at front left corner of Oxley Equestrian Center.

Emergency Equipment: First aid equipment maintained by coaches covering event; additional emergency equipment (e.g. Back board & neck supports) available in Schoellkopf training room. (255-4237). AED located to the right of the main entrance, next to the Fire Control Panel.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.
   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Oxley Equestrian Center in located off of Pine Tree Rd.; ¼ mile passed East Hill Plaza. Turn right into access road and then turn left once on access road. Oxley Equestrian Center is the yellow building on the left, can park in front of main entrance of Oxley Equestrian Center or pull into riding arena on north end of building. (See Site Map 2)
Emergency Action Plan
Reis Tennis Center
Belkin International Squash Courts
Site Address; 230 Pine Tree Road, Ithaca, NY.

Emergency Personnel: If emergency personal are needed during a practice session call 911. During events an athletic trainer will be available @ the event, additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by coach/athletic trainer covering event, additional emergency communication available by phone at reception desk at front entrance of Tennis Center and a emergency phone next to the AED cabinet on the right wall as you enter the building.

Emergency Equipment: First aid equipment maintained by coaches/athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Schoellkopf training room. (255-4237). AED is located to the right of the main desk as you enter the building from the parking lot.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for:
      1. What is the **address** of the emergency?
      2. What is the **telephone number** you are calling from?
      3. What is the **problem**, tell them **exactly** what happen.
      4. How **old** is the injured person.
      5. Is the injured person **conscious**?
      6. Is the injured person **breathing**?
      7. Provide other information as requested.
   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Reis Tennis Center is located off of Pine Tree Rd.; ¼ mile passed East Hill Plaza. Turn right into access road and then turn right once on access road. Reis Tennis Center is the tan building on the right, can park in front of main entrance of Reis Tennis Center. (See Site Map 2)
Emergency Action Plan
Robert J. Kane Sports Complex
Site Address; Behind Friedman Wrestling Center
610 Campus Road, Ithaca, NY.

**Emergency Personnel:** Certified athletic trainer or coach on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

**Emergency Communication:** Cell phone carried by athletic trainer or coach covering event. Additional emergency communication available by Blue light phone @ corner of Campus Rd. and Wing Dr.

**Emergency Equipment:** First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Bartels Hall athletic training room, in basement of Bartels Hall (255-2547). **AED located in Friedman Wrestling Center; on the North wall of the foyer.**

**Roles of First Responders**

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help.

3. **Activate EMS (Emergency Action Plan)**
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the **address** of the emergency?
      2. What is the **telephone number** you are calling from?
      3. What is the **problem**, tell them **exactly** what happen.
      4. How **old** is the injured person.
      5. Is the injured person **conscious**?
      6. Is the injured person **breathing**?
      7. Provide other information as requested.

   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Robert J. Kane Sports Complex main entrance is located off Campus Rd. at the back of the parking lot next to Friedman Wrestling Center (See Site Map 1)
Emergency Action Plan
Robert Trent Jones Golf Course
Site Address; 213 Warren Road, Ithaca, NY.

Emergency Personnel: If emergency personal are needed call 911, additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by coach covering event, additional emergency communication available by phone in Pro Shop of golf course.

Emergency Equipment: First aid equipment maintained by coaches/athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Schoellkopf training room. (255-4237). AED located in Moakley House; inside main entrance to the right, next to the Fire Control Panel.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help.

3. Activate EMS (Emergency Action Plan)
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.

   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** The golf course is located on Warren Road between Hanshaw Road and Forest Home. (See Site Map 2)
Emergency Action Plan
Schoellkopf Field
Site Address; 513 Campus Road, Ithaca, NY.

**Emergency Personnel:** Certified athletic trainers’ and student athletic trainer on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

**Emergency Communication:** Cell phone carried by athletic trainer covering event. Additional emergency communication available by Blue light phone @ stair well of the parking deck, west of field, and @ front entrance of crescent on Campus Rd, north of field.

**Emergency Equipment:** First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board, neck supports) available in Schoellkopf training room (255-4237). AED mounted on left wall next to exit to football field.

**Roles of First Responders**

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help.

3. **Activate EMS (Emergency Action Plan)**
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the **address** of the emergency?
      2. What is the **telephone number** you are calling from?
      3. What is the **problem**, tell them **exactly** what happen.
      4. How **old** is the injured person.
      5. Is the injured person **conscious**?
      6. Is the injured person **breathing**?
      7. Provide other information as requested.

   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

**Venue Directions:** Schoellkopf Field entrance is located off Campus Rd at the entrance to the Parking Garage, press box, and backside of student bleachers. There is also an access road behind Schoellkopf Crescent; it starts at back end of Crescent parking lot east of field (See Site Map 1)
Emergency Action Plan
Teagle Hall
Site Address; 512 Campus Road, Ithaca, NY.

Emergency Personnel: Certified athletic trainer or coach on site for practice and competition; additional sports medicine staff accessible from athletic training room in basement of Schoellkopf Hall (255-4237).

Emergency Communication: Cell phone carried by athletic trainer or coach event. Additional emergency communication available by Blue light phone @ front of Barton Hall on corner of Campus Rd and Garden Avenue, Blue light phone @ front entrance of Schoellkopf Crescent on Campus Rd, and Emergency phone in office of pool area. During Gymnastic practices and competitions there is a phone accessible in the Gymnastics office adjacent to the Gymnastic area.

Emergency Equipment: First aid equipment maintained by athletic trainer covering event; additional emergency equipment (e.g. Back board & neck supports) available in Schoellkopf training room (255-4237).

AED’s located;
   a) In pool office
   b) In wall cabinet outside of the door into the fitness center.
   c) In wall cabinet in hallway leading into gymnastic training area.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete.

2. Emergency equipment retrieval if there is more than one responder. One responder stay with the injured student/athlete and the second responder retrieve the equipment needed. If alone call for help

3. Activate EMS (Emergency Action Plan)
   - From any 253-, 254-, and 255 prefix campus phone, call 911.
   - From any cell phone call 911, it will be answered by Tompkins County Emergency Dispatch Center.
   - From a Blue Light or Campus Emergency Phone, lift the receiver or press the button.

   a. The dispatcher will ask for;
      1. What is the address of the emergency?
      2. What is the telephone number you are calling from?
      3. What is the problem, tell them exactly what happen.
      4. How old is the injured person.
      5. Is the injured person conscious?
      6. Is the injured person breathing?
      7. Provide other information as requested.

   b. Stay on the phone until told to hang up.
4. Assist in directing EMS personnel to scene
   a. Open appropriate gates and doors.
   b. Designate individual to assist EMS personnel to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from site.
   d. If athlete is transported by EMS, designate individual to accompany athlete to the hospital.

Venue Directions: Teagle Hall is on Campus Rd; the east side entrance is located off Campus Rd in the parking lot between Lynah Skating Rink and Teagle Hall (See Site Map 1) There are two different venues accessible from the east side of Teagle Hall:

1. Gymnastic Room, enter the east side entrance and go up the stairs just to the right, at the top of the stairs the double doors to the right go into the gymnastics room.
2. Pool, enter the east side entrance and turn left, go through the archway and down the hall to the first door on the right, go through that door and continue straight through the locker room till you pass five shower areas on the right and then you come to the pool door on your right.

Venue Directions (continued): Teagle Hall is on Campus Rd: the west side entrance is located off of Garden Avenue. There is one venue accessible from the west entrance.

1. Crew Tanks, there is a small parking space at the bottom of the stairs on Garden Avenue, go up the stairs and in the west side entrance. The crew tanks are to the left through the double doors into the crew office area.