Sports Medicine Policies and Procedures
Revised Summer 2019
# Table of Contents

I. Standing Order of Protocol ................................................................. Pg. 3
II. Medication Distribution Policy .......................................................... Pg. 5
III. Medical Decision Making ............................................................... Pg. 5
IV. Return to Play Policy ................................................................. Pg. 5
V. Athletic Injury Reporting System ...................................................... Pg. 6
VI. Athletic Insurance and Claim Procedure ........................................ Pg. 7
VII. Transportation ........................................................................ Pg. 7
VIII. Threatening Weather Policy ......................................................... Pg. 8
IX. Environmental Monitoring Recommendations and Hydration Policy .... Pg. 9
X. Treatment of Heat Illness ............................................................... Pg. 11
XI. Athletes and Asthma Policy ............................................................ Pg. 12
XII. Head Injury Policy ................................................................ Pg. 12
XIII. Mental Health Policy ................................................................. Pg. 13
XIV. Parent/Guardian Communication Policy ........................................ Pg. 18
XV. Coaching Staff Communication Policy ........................................... Pg. 19
XVI. Coverage Policy ................................................................ Pg. 19
XVII. Pre-Participation Athletic Physicals ............................................. Pg. 21
XVIII. Emergency Response Plan ......................................................... Pg. 23
XIX. Game Conduct Policy ............................................................... Pg. 29
XX. General Medical Referrals ............................................................ Pg. 29
XXI. Standing Training Room Protocols ................................................ Pg. 29
XXII. Orthopedic Injury Protocol ......................................................... Pg. 30

**Appendix A.** ASU Final Medical Review ........................................ Pg. 33

**Appendix B.** ASU Concussion Acknowledgement Form ...................... Pg. 34
Mission
The Angelo State University Sports Medicine Department will strive to provide the most efficient and effective treatments available to help prevent and manage athletic related injuries or illnesses. Treatment of injuries and illnesses will be based on sound medical and rehabilitative principles in conjunction with consideration of personal and team goals.

Philosophy
The Angelo State University Sports Medicine Department is committed to providing you with a dynamic based protocol for recovery that will focus on flexibility, strength, endurance and sport specific based functional activities.

Introduction
The purpose of this manual is to familiarize the staff with the policies and procedures of the Angelo State University Athletic Training Department and to provide guidelines to standardize procedures. The Athletic Training Department will function more effectively and efficiently, and therefore better serve the student athletes; all members of the sports medicine team are expected to follow these guidelines. Situations not covered by this manual should be directed to the Head Athletic Trainer.

Personal Qualities
There are several qualities necessary for a successful career in the profession of athletic training. The first and most important of these is dependability. Being dependable includes: being punctual, following directions, completing tasks as assigned, enforcing the rules of the department, asking for help if needed, showing initiative and most importantly - Giving the athlete quality care and attention. Another important quality is dedication. Athletic Trainers must be dedicated to helping each athlete without needing praise or credit. There will be no tolerance for any member of the sports medicine team caught using or in possession of illegal drugs, nor will there be any consumption of alcoholic beverages while on duty in the athletic training room or while working with athletic teams. Sincerity, honesty, loyalty, and integrity are also critical to success. Legal, ethical, and moral standards must be met.

Confidentiality
All information related to student-athletes, coaches, and sports medicine is confidential and should not be shared with anyone except the Head Athletic Trainer, Head Coach of the sport, or the Athletic Director.

Punctuality
Lateness will not be tolerated. The Athletic Trainer should be early, never late.
Guidelines and Procedures

I. Standing Order of Protocol

A. The appointed team physician(s) will supervise the Texas Licensed Athletic Trainers and/or Certified Athletic Trainer in all matters concerning the management of athletic related injuries and advise on matters regarding the prevention of athletic injuries at Angelo State University.

B. The Licensed Athletic Trainer and/or Certified Athletic Trainer will act in accordance with the Texas Department of Licensing and Regulation.

C. Emergency care is the responsibility of the athletic trainer according to adopted policies and procedures. The athletic trainer on duty will serve as a triage officer to determine which injuries require additional medical evaluation. If there is any question about the nature or seriousness of an injury, the athletic trainer must refer to appropriate medical services immediately. This act is in accordance with the American Red Cross and Emergency Medical Care (American Academy of Orthopedic Surgery).

D. The use of moist heat, ultrasound, electricity, manual therapy, rehabilitative techniques, traction or joint mobilization may be instituted as soon as signs and symptoms indicate that their use is proper, in accordance with sound principles of athletic training.

E. The athletic trainer shall apply at his/her discretion protective and/or preventive taping and/or taping procedures in accordance with the prevailing standard of care. The athletic trainer shall also apply a protective sleeve or support when signs and symptoms indicate. The athletic trainer should instruct the athlete in the use of crutches or canes when ordered by a physician or when symptoms indicate the necessity of their use. In consultation with team physicians, the athletic trainer shall apply protective and/or preventative braces or orthotics (Brace and orthotic is defined by Steadman’s Medical Dictionary).

F. The athletic trainer under a physician’s order may institute treatment procedures that include iontophoresis and phonophoresis. The form of treatment may be changed whenever signs and symptoms indicate a need for change at the discretion of the athletic trainer. These changes will be made under the direction of the physician.

G. Graduate assistant athletic trainers are the responsibility of the Head Athletic Trainer. The full-time Assistant Athletic Trainers will also provide supervision for the graduate assistant athletic trainers in the absence of the Head Athletic Trainer.

H. The Licensed/Certified Athletic Trainers shall help design and supervise reconditioning programs for all athletic teams. No athlete will be permitted to practice for a sport, or participate in a sport, until the Angelo State University
Sports Medicine Staff and its physicians, in accordance with Texas State laws, complete a pre-participation physical examination.

I. The athletic trainer may at his/her discretion return an athlete to competition after a full physical assessment and history is completed and documented and is considered normal. Any athlete under care of a physician, other than an Angelo State University team physician, will under no circumstances be permitted to return to activity until cleared by the treating physician as well as the Angelo State University Team Physician. In the event there is a disagreement on the ability of an athlete to participate, the Angelo State University Team Physician will prevail.

J. Treatment records will be maintained for each athlete receiving assessment, physical modality, corrective exercise, and support for activity. Progress notes and physicians orders will be part of the record. It is the responsibility of the athletic trainer to maintain such records.

K. Athletes may elect to use the services of a private physician instead of the Angelo State University team physician(s). In such cases, the athletic trainer will notify the team physician(s) of this decision by the athlete, and note this decision in the athlete’s chart. No treatment will be rendered or changed by the athletic trainer unless written by the private physician, and this course of action is cleared with the ASU team physician(s).

L. Prescription medication is to be given to an athlete by the team physician(s) and/or attending physician only. See Medication Distribution Policy.

M. Records of evaluations and actions taken by the team physician will be recorded and signed. This record shall be considered privileged information.

N. The release of injury information to the public media is the responsibility of the coach of the sport or the sports information office, not the athletic trainer.

O. The athletic trainer will at all times act in accordance with the standard recognized procedures as published by the American Red Cross, Emergency Care ad Safety Institute, and OSHA.

P. The administrative chain of command for the Sports Medicine Department is as follows in descending order:

President
Athletics Director
Medical Director/Team Physician
Director of Sports Medicine
Assistant Athletic Trainers
Graduate Assistant Athletic Trainers
Q. The medical chain of command of the Sports Medicine Department is as follows in descending order:

Medical Director/Team Physician
Director of Sports Medicine
Assistant Athletic Trainers
Graduate Assistant Athletic Trainers
Student Athletic Trainers

II. Medication Distribution Policy

Prescription Medications:

1. The physician of record will administer all prescription medications during the office visit.

2. Dispensing of medications will be done in accordance with the established state and federal law.

3. The physician should administer medication only. Full disclosure about the medication (i.e. side effects/contraindications) will be given the athlete at the time it is administered.

Non-Prescription Medication

1. All medications will be ordered and dispensed in prepackaged units by full-time staff members only.

2. All non-prescription medications that are dispensed will be logged on the Non-Prescription Medication Log Sheet.

III. Medical Decision Making

All medical decisions will be made in accordance with the established Medical Chain of Command. All decisions regarding a student-athlete’s medical status or ability to return to play are to be made only by an Angelo State University Team Physician or a member of the Sports Medicine Staff. Recommendations by outside physicians will be considered in all situations; however, final decisions regarding participation are the purview of the Angelo State University Head Team Physician.

IV. Return to Play Policy

The Certified/Licensed Athletic Trainer may at his/her discretion return an athlete to competition after a full physical assessment and history is completed and documented and is considered normal unless otherwise ordered by a team physician. Any athlete under the care of a physician, other than an Angelo State University Team Physician, will not be permitted to return to activity unless cleared in writing by that outside physician and the appropriate team physician.
V. Athletic Injury Reporting System

1. All athletes are asked to verify that they are entered in the treatment log (Rank One Injury Tracking Software) as they enter the athletic training room. This treatment log will be the primary means for coaches to determine who has and has not completed designated treatments or rehabilitation. If an athlete’s name does not appear on the treatment log, treatment has not occurred.

2. All athletic injuries are to be recorded in Rank One by the evaluating athletic trainer. Daily Treatments are to be designated by recording the specific treatment in the space for the corresponding day. It is also the responsibility of the treating athletic trainer to make progress notes as necessary in Rank One. The athletic trainer should sign his/her name or initial before each progress note in order to keep track of treatments done by other staff members. All physician referrals and further testing should also be noted on the injury form and any hard copies of that information placed in the athlete’s permanent medical file. If the injury has been resolved or the athlete has not come in for treatment, the athletic trainer should record this in Rank One.

3. A Physician Referral Form will accompany all student-athletes to all medical visits. The form will be returned to the proper staff athletic trainer. This form will be filed in their permanent medical record at the end of the treatment period.

4. Payment of Medical Expenses:

   a. ASU will pay for the cost of treatment for all athletic injuries incurred in official practices, scrimmages, or scheduled competition for a period of twelve (12) months following the date of injury.

   b. ASU will NOT assume any financial responsibility for treatment of injuries incurred while participating in activities not associated with the student-athlete’s sport. This includes, but is NOT limited to recreational activities, intramural activities, summer activities or during the summer, injuries incurred between semesters or semester breaks, or any injury occurring on personal time.

   c. ASU will pay ONLY for medical expenses for injuries that have been reported to, and channeled through the athletic training staff. If a student-athlete does NOT inform the athletic training staff of an injury and goes to a physician, the financial responsibility is incurred by the student-athlete and parent/guardian.

   d. ASU will pay ONLY for physical or occupational therapy services that have been channeled through the athletic training staff and upon written prescription by the ASU team physicians or designated physician. Rehabilitation is to be performed in the ASU athletic training room for ALL athletic injuries incurred during scheduled practices, scrimmages, or competition. If a student-athlete chooses to seek therapy services through a private rehabilitation facility, the financial responsibility is
incurred by the student-athlete and the parent/guardian.

e. ASU will NOT assume any financial responsibility for illnesses unless related to scheduled practices, scrimmages, or competition. The NCAA regulates financial situations for illnesses and restricts payment of such expenses.

VI. Athletic Insurance Claim Procedure

Every student-athlete participating in intercollegiate sports at Angelo State University is covered by the Department of Athletics insurance policy. This policy is a SECONDARY INSURANCE POLICY, consisting of both basic medical coverage and catastrophic injury coverage, which takes effect only when the primary insurance coverage for an injured student-athlete is denied or exhausted. This policy will pay only for athletic related injuries that occurred while participating in Intercollegiate Athletics at Angelo State University. It is recommended that all Angelo State University student-athletes have primary medical coverage not supplied by the Department of Athletics upon entering school. The Sports Medicine Staff is responsible for processing all athletic injury and illness related claims after the claims have been filed with the primary insurance. In order to make the claims process as smooth as possible, please follow these simple steps:

1. The Sports Medicine staff must be notified of all injuries sustained during practice or competition that require further testing and/or surgery prior to that designated treatment. Bills will not be covered without proper pre-visit notification. Follow all PRIMARY INSURANCE PROCEDURES, including securing referrals and pre-certifications for x-rays and MRIs.

2. Upon receiving a bill for services rendered, the bill should be copied and the original sent to the Director of Sports Medicine or appropriate staff athletic trainer.

3. The student-athlete’s primary insurance company will generate an E.O.B (Explanation of Benefits). This E.O.B will explain what the primary insurance company will and will not pay for and the reasoning. Copy the E.O.B and send/give the original to the Director of Sports Medicine for processing. Bills cannot be sent for processing without the E.O.B.

4. The original bill and original E.O.B. will be sent by the Sports Medicine Staff to the Angelo State University athletic insurance carrier for processing or to the Angelo State University Accounts Payable Department for payment. Payment will be made directly by the insurance carrier or Angelo State University.

   All bills must be processed in a timely fashion. The Athletic Department will not process any claim(s) after one year past the date of services.

VII. Transportation

1. Angelo State University Athletic Trainers should not use personal vehicles for any official purposes except for their own transportation to and from fields. The sports medicine vehicle
will be used to transport all water, ice, and equipment to the fields for all contests and in-season practices. It is the coach’s responsibility to inform the medicine staff of practice times and schedules, as well as any changes that occur to those schedules.

2. Angelo State University Athletic Trainers are permitted to transport acutely injured athletes in their personal vehicles. If the injury is not an emergency, the athlete is responsible for his/her own transportation to the physician’s office. If an injury is severe enough to necessitate care beyond the realm of athletic training the athlete should be transported by ambulance only.

3. Transportation to and from doctors appointments, surgeries, etc. is the responsibility of the athlete and or coach, not the responsibility of the sports medicine staff. The sports medicine staff will ensure that the athlete has transportation before making an appointment. The sports medicine staff should NOT transport athletes in their personal vehicles, especially student sports medicine staff.

VIII. Threatening Weather Policy

1. The Angelo State University sports medicine staff will be responsible for monitoring threatening weather conditions. The sports medicine staff will make all decisions on whether a team or individual athletes need to be removed from an event site. Note: in the event that a member of the sports medicine staff is unavailable at a specific site it will become the head coach’s responsibility to make any decisions based on the threatening weather policy.

Monitoring Methods: Local Forecasts
National Weather Service Advisories (NWS)
Weather Sentry (Telvent DTN)

Prior to each practice or competition the sports medicine staff will obtain a weather report in order to alert the staff of any potential threatening weather conditions or NWS advisories. On field monitoring will be accomplished by using the Telvent DTN System. Should the Telvent DTN System send a text warning alert (within 8 miles), the fields will be cleared immediately with all athletes and coaches moving indoors until Telvent DTN System sends the all clear.

2. In the event that the sports medicine staff or a coach decides that the fields need to be cleared, all athletes and spectators should be instructed to proceed to the nearest “safe structure of location.” The following “safe structures of locations” are recommended for their respective areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Safe Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Softball and Soccer Complex</td>
<td>Concessions Building</td>
</tr>
<tr>
<td>Football Practice</td>
<td>Junell Center/Stephens Arena</td>
</tr>
<tr>
<td>Men’s/Women’s Track and Field/CC</td>
<td>Junell Center/Stephens Arena</td>
</tr>
<tr>
<td>Baseball Game/Practice (at ASU)</td>
<td>Baseball Locker Room/Junell Center</td>
</tr>
<tr>
<td>Football Game</td>
<td>Junell Center</td>
</tr>
</tbody>
</table>
In the event that a safe structure cannot be reached, any vehicle with a hard metal roof will provide adequate protection.

In the event that a lighting storm hits before a safe structure can be reached, avoid the following:

Tall individual trees in the area
Light or flagpoles
Any metal objects such as fences or bleachers
Standing pools of water
Open fields

It is recommended that in cases where a safe structure cannot be reached before a lightning strike hits or an individual feels his or her hair stand on end or skin begin to tingle the following position should be assumed. Crouch down low to the ground with only the balls of feet touching the ground, wrap arms around knees and lower head. Minimize contact with the ground because lightning current often enters the victim through the ground. Never lie flat on the ground. Avoid using landline telephones during a lightning storm; a cellular phone is a safe alternative as long as the user is in a safe structure.

3. The athletic event may not proceed until the all clear has been sent from the Telvent DTN System.

IX. Environmental Monitoring Recommendations and Hydration Policy

Heat-related illnesses are always of concern and should be handled with precautions and appropriate actions. The sports medicine staff, team physician, and medical director have recommended the following game and practice modifications.

1. It is expected that all Angelo State University Athletic Teams follow these modifications during practices.
2. During competition, the sports medicine staff will make recommendations to the officials on the number and timing of water breaks based on the wet bulb globe temperature (WBGT) reading.
3. The final number and timing of those breaks as well as the responsibility lies with the head official’s decision whether or not to heed those recommendations.
4. The athletic administrator will also be notified of the situation.

The WBGT reading will be determined by using Weather Sentry DTN. It will automatically send updates to the athletic trainer’s phone. Based upon that reading the following condition(s) will apply:
WBGT Reading | Activity Guidelines and Rest-Break Guidelines
--- | ---
Under 82°F (27.8°C) | Normal activities: provide ≥3 separate rest breaks/h of minimum duration 3 min each during workout.
82–86°F (27.8°C–30°C) | Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide ≥3 separate rest breaks/h of minimum duration 4 min each.
87°F–89°F (30.6°C–31.7°C) | Maximum practice time = 2 h. For football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: provide ≥4 separate rest breaks/h of minimum duration 4 min each.
90–91°F (32.2°C–32.8°C) | Maximum length of practice = 1 h. No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 min of rest breaks provided during the hour of practice.
Over 92°F (33.3°C) | No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading occurs.

Guidelines for hydration and rest breaks:

1. Rest time should involve both unlimited hydration intake (water and/or electrolyte drinks) and rest without any activity involved.
2. There will be water and/or electrolyte drinks easily accessible to students athletes during practices and competitions.
3. For football, helmets should be removed during rest time.
4. Cold-immersion tubs may be available at specific sports facilities for teams. There must be a cold immersion tub available in the athletic training room for practices and games for the benefit of any player showing early signs of heat illness.

The athletes should also follow specific hydration timing pre, during, and post exercise. As well as continuing to hydrate throughout the day. The athlete should also follow guidelines to intake three well-balanced meals along with one 30-60 gram carbohydrate, i.e. protein bar 1 hour prior to practice and after one hour of exertion. These recommendations are to be posted in the locker rooms and other areas around athletic facilities. Those recommendations are as followed:

**Hydration Timing**
The chart below shows fluid intake recommendations before, during, and after practice.*

<table>
<thead>
<tr>
<th>When:</th>
<th>How Much:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Exertion</td>
<td>2 to 3 hours before: 16 ounces</td>
</tr>
<tr>
<td></td>
<td>(about 1 water bottle)</td>
</tr>
<tr>
<td></td>
<td>15 minutes before: 8 ounces</td>
</tr>
<tr>
<td></td>
<td>(4-6 large gulps)</td>
</tr>
<tr>
<td>During Exertion</td>
<td>4 ounces of fluid every 15 to 20 minutes</td>
</tr>
</tbody>
</table>
### Table 1: Fluid and Carbohydrate Recommendations

| After Exertion | 16 to 20 ounces of fluid for every pound lost  
(1 to 1½ water bottles per pound lost) |
|---------------|-----------------------------------------------------------------|
| Nutrition     | Recommended 30-60 gram carbohydrate 1 hour prior to exercise  
Recommended 30-60 gram carbohydrate after 1 hour of exertion |

*You should still drink water and other fluids throughout the day to stay hydrated.  
90-100 ounces a day (about 6 water bottles)*

If any student athlete has heat related issues, they will be placed in a gradual return to play protocol based on physician recommendations on a case-by-case basis.


Evaluate immediate and projected weather information, including air temperature, wind, chance of precipitation or water immersion, and altitude.

Identify activity intensity requirements and clothing requirements for each individual.

Have alternate plans in place for deteriorating conditions and activities that must be adjusted or cancelled.

The following guidelines can be used in planning activity depending on the wind-chill temperature. Conditions should be constantly reevaluated for change in risk, including the presence of precipitation:

- **30°F (-1.11°C) and below:** Be aware of the potential for cold injury and notify appropriate personnel of the potential.
- **25°F (-3.89°C) and below:** Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for rewarming.
- **15°F (-9.44°C) and below:** Consider modifying activity to limit exposure or to allow more frequent chances to rewarm.
- **0°F (-17.78°C) and below:** Consider terminating or rescheduling activity

### X. Treatment of Heat Illness

In response to the 2015 NATA position statement: Exertional Heat Illnesses; Angelo State University Sports Medicine has decided to adopt the following recommendations concerning heat illnesses.

Recognition – Axillary, oral, and tympanic temperatures have been shown to be invalid in individuals participating in hot environments. Therefore, the Angelo State University Sports Medicine Staff will be trained and equipped to assess core temperature via rectal thermometer in any situation involving heat illness.
Treatment – Immediate whole body cooling via cold-water immersion has been shown to be the best treatment for exertional heat stroke (core body temperature above 104 degrees F), and should be initiated within minutes of recognition. Cold-water immersion should be continued until core body temperature reaches 101-102 degrees F; at this time the athlete will be transported to a medical facility.

XI. Angelo State University Asthma Policy

The Angelo State University Sports Medicine Asthma Policy provides those athletes who have a history of asthma and have been medically cleared to participate in sports conditional clearance based on the following criteria:

1. The athlete must undergo an evaluation by the team physician during the pre-participation physical exams

2. The asthmatic athlete’s inhaler(s) must always be present and available during competition or practice. The athlete may also provide the sports medicine staff an additional inhaler(s) to be carried in the medical kit in case the inhaler is unavailable or has run out.

3. The athlete’s must be controlled by the proper medication.
   a) An athlete is considered to be unstable if he/she must resort to using his/her rescue inhaler three or more times in any one exercise period, more than three times in any given week beyond normal preventive use, or has been awakened by asthma more than twice a month.
   b) Once an athlete has been identified with unstable asthma, he/she will be referred to the team physician for evaluation and possible adjustment to medication.

4. The athlete must inform the sports medicine staff about asthma stability. For instance, if the player was up the previous night with an asthma attack, he/she must tell the sports medicine staff so proper decisions can be made about participation on the following day.

5. The athlete must also notify the sports medicine staff of any change in medication protocol that was initiated by a physician other than the Angelo State University Team Physician.

If at any time, during competition or practice, an athlete suffers an asthma attack strong enough to warrant use of the rescue inhaler, that athlete will not be permitted to return to competition or practice on that day until they receive clearance from the team physician.

XII. Head Injury Policy

1. In the event an athlete sustains a head injury and was rendered unconscious for any period of time, EMS should be contacted and the athlete transported to the hospital.

2. Any athlete who has sustained a head injury and demonstrates symptoms consistent with a concussion when assessed by a Certified and/or Licensed Athletic Trainer or physician will be deemed as having a concussion.
Concussion symptoms may include one or more of the following:

Headache, “pressure in head”, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light, sensitivity to noise, feeling slowed down, feeling like “in a fog”, “don’t feel right”, difficulty concentrating, difficulty remembering, fatigue or low energy, confusion, drowsiness, more emotional, irritability, sadness, nervous or anxious, trouble falling asleep.

3. Any athlete deemed to have a concussion would not be permitted to return to activity for that day and until assessed by the Team Physician. An athlete with a concussion cannot be returned to activity without direct orders from the Team Physician.

4. The Certified Athletic Trainer should manage the concussion in the following manner

   a) Evaluate the athlete for any life threatening situations associated with the head injury. **If there are any threats to the athlete’s life, contact EMS and perform Basic Life Support until their arrival.**

   b) If there are no immediate threats to the athlete’s life, the athletic trainer should gather data by which to evaluate the degree of the sustained concussion and a safe return to participation date.

   c) The student athlete may undergo post concussion testing using the C3 Logix Concussion Test. This may occur 24-72 hours after the initial injury or when appropriate depending on the symptoms of the student athlete.

   d) The athletic trainer should contact the team physician immediately upon assessing a head injury believed to involve any loss of consciousness and follow his/her directions. If the Team Physician is unavailable, EMS should be contacted and the athlete transported to the hospital.

5. If there are any questions regarding concussions or management of concussions, please refer to ASU Concussion Safety Protocol.

6. Each student athlete is also responsible for reporting symptoms to athletic training staff (Appendix B). Appendix B will be signed prior to the start of each school year. Each student athlete will receive information on the signs and symptoms of concussions.

XIII. Mental Health Policy

When you think of a student-athlete’s health, we tend to think primarily of the physical and medical condition and what effect the injury will have on athletic performance. A student-athlete’s “mental health” might be viewed as secondary to physical health; however, it is every bit as important. Medical problems often have psychological or emotional consequences. Psychological problems (e.g. eating disorders, substance-related problems) have medical consequences. Given the inter-relationship between the physical and mental, it is helpful to think of student-athletes with mental health problems as “injured” just as you would of a student-athlete who has a physical or medical problem. As with physical injuries, mental health problems may, by their severity, affect athletic
performance and limit or even preclude training and competition until success fully managed and treated. **This policy helps you identify some signs and symptoms of common mental health issues that student-athletes might experience and where and when to seek help. Left untreated, these issues can become debilitating.**

“In 2011, more than 41 million U.S. adults over the age of 18 (about 18 percent) had a mental disorder, and nearly 9 million U.S. adults (4 percent) had a mental illness that greatly affected day-to-day living or resulted in serious functional impairment. Almost three-fourths of those who have been diagnosed with a mental disorder, such as anxiety, mood disorders, etc., have their first onset by age 24.” - *Mind, Body and Sport: Depression and anxiety prevalence in student-athletes*

Research conducted by the National Alliance on Mental Illness on mental health on college campuses shows that:

80% of college students feel overwhelmed with their responsibilities. 25% of college students are dealing with a diagnosable mental illness. 40% of those do not seek help. 10% of college students have thought about or made a plan to commit suicide. On average there are over a 1,000 recorded suicides on U.S College campuses every year. Suicide is the 3rd leading cause of death for ages 15-24.

The athletic department coaches and staff should encourage the student-athletes to seek treatment when necessary and create a supportive environment. It is imperative that the student-athlete’s decision to seek treatment is through a support system with the Athletics and Sports Medicine Department. Some ways that you can create and foster a supportive environment is by expressing confidence in the mental health professionals, be concrete about what counseling is and how it could help, encourage the student-athlete to make an appointment, offer to accompany the student-athlete to their first appointment, and emphasize the confidentiality of mental health care and referral process.

A student-athlete’s membership on the team and their scholarship will not be affected by them seeking help for a mental health problem.

Athletic trainers often develop strong trust relationships with athletes. It is this trust that allows our athletes to share information that others do not need to know. In these instances the athletic trainer may discover a situation that requires further specific medical or mental health care. This can place the athletic trainer in a difficult situation. The following is a guideline to assist the athletic trainer in dealing properly with these situations:

1. Documentation is the most important aspect of these situations. Proper documentation will not only allow better care to be provided to the athlete and will also protect the athletic trainer from any liability. Document every conversation with the athlete and what occurred. Document every attempt to provide continued care and any and every refusal by that individual. Keep notes brief and general about the situation, and make those notes as soon as possible after meeting with the athlete to avoid “forgetting” important issues.
2. Consult the Head Team Physician regarding all psychological issues.

3. Never agree to complete confidentiality with an athlete. An athletic trainer working under the supervision of a physician is obligated to consult with that Team Physician. Also, there are several circumstances in which the athletic trainer is required by law to disclose specific information. Making this clear to the athlete from the beginning will help avoid any breach of trust issues later on.

4. If an athlete reveals information indicating he/she may be a danger to himself/herself or others, athletic trainers are obligated by law to disclose this information to the proper authorities. If information about any kind of abuse, child, elder, or spousal, is provided, athletic trainers are required to report it to the proper authorities.

5. The goal is to get the athlete the care that he/she needs. Information need not be provided to parents/guardians (if the athlete is over 18), coaches, and administrators if the athlete requests that the information be held in confidence. However, the athletic trainer should take the time to stress the importance of informing the parents and request that the athlete do so, since it is in his/her best interest for parents to know.

6. In order for the athlete to get the proper care, he/she must agree to seek the help that the athletic trainer and Head Team Physician believe to be necessary. Encourage the athlete to make and keep appointments. If an athlete refuses to accept referral, the athletic trainer cannot force the athlete to accept the referral and continue to encourage the athlete to make the appointment. If the athlete continues to refuse and the situation seems to be getting worse, consult with the Head Team Physician on the best course of action.

**Signs of Distress:** Below are five categories describing different types of distress that may be exhibited or lead to mental health conditions. This is not a comprehensive list.

- **EMOTIONAL:** Abnormal/excessive elation, unexplained irritability, anger, sadness, crying, anxiety, apathy, frequent emotional outbursts and hopelessness, suicidal comments.
- **COGNITIVE:** Decline in work and academic performance, poor concentration or decision making, loss of motivation, incoherent speech, hearing voices/seeing things that may not be there within (last week), paranoia, currently hearing voices or seeing things that may not be there.
- **BEHAVIORAL:** Marked by increase/decrease in energy, sleeping, eating problems, social withdrawal, increased drug and alcohol use, self-injurious behavior, decline in daily functioning (severely impaired), talk of harm to self/others, immediate threat of harm to self/others with plan, intent, or means.
- **PHYSICAL:** Rapid heart rate, jittery, fatigue, disheveled appearance, weight gain/loss, sleeping/eating problems, self-injurious behavior, increased drug and alcohol use, past trauma, frequent health issues.
• **SITUATIONAL**: Recent loss, academic difficulties, significant life events, significant injury, exhausted eligibility, decreased playing time, recent discharge from a mental health facility, witnessed or experienced significant trauma.

**Levels of Distress:**

You may notice one or a cluster of signs of distress. Early recognition and intervention of level 1 distress could prevent a person from experiencing distress levels of 2 or 3.

**Level 1**: A situation that involves a person in distress that may require a referral to campus resources (Student Health Services, Counseling Center, Student Disability Resources and Services, Behavioral Intervention Team., etc.).

**Example: Change in identity- playing career ends**

A student-athlete has been benched or is nearing graduation and will no longer have the identity as an athlete. The student may display a lack of motivation for all aspects of his/her life, have marked increased sleeping, have unexplained irritability, be withdrawn, or display unexplained emotional outbursts.

This is a good example of a situational stressor that may be helped by talking with the coaching staff. If the presenting conditions persist, coaching staff should recommend the student seek counseling services and be provided with the location and phone number of the Counseling Center.

Level 1 concerns may include visible distress; personal loss or significant life event; academic difficulties; phantom/ unexplained injuries; sleep or eating problems; emotional outbursts; social withdrawal; abnormal or excessive elation; unexplained irritability or any cluster of emotions that seem excessive or abnormal. This is not a conclusive list of possible mental health issues but is intended to serve as an illustration.

*Students should have autonomy as to whether or not they want to seek counseling services. Coaching staff normalizing mental health services and concerns may help the student be more willing to seek services.*

**Level 2**: A situation that involves a person having issues of a more urgent nature that requires getting the person to help. There may be a need to personally escort the person to help.

**Example: Title IX case**

A student-athlete reports to his/her coach that he/she has been the victim of a sexual assault. There are two priority concerns, the mandated Title IX reporting and getting the victim to counseling and other services. There are competing issues inherent in this example. If the student has shared the information with staff, there is a mandated requirement to notify the Title IX coordinator (Michelle Boone) so that a Title IX investigation may begin. UPD will likely be notified. If the athlete contacted the Counseling Center directly, confidentiality is assured and no reporting or investigation will begin unless the student decides to report the incident to either UPD or the Title IX coordinator.
The student should be supported by a staff member who remains with the athlete and accompanies the student to a hospital as needed, to the Counseling Center, or to UPD. The athlete needs support and assurance that the Counseling Center is staffed with experienced counselors who have training in assisting sexual assault victims.

*Other Level 2 situations may be prolonged feelings of hopelessness; suicidal comments; incoherent speech; hearing voices or seeing things that are not present; paranoia; decline in daily functioning; talk of harm to self or others; witnessed or experienced significant trauma; significant weight loss or gain. These situations would be indications that the student not be left alone and should be escorted to the Counseling Center for an assessment.

**Level 3**: A situation that involves emergency services being brought to the scene. Keep in mind to maintain personal safety while getting appropriate help for the person. Mental health emergencies are likely a suicide attempt or a serious break from reality.

**Example: Suicide Attempt**

A student has ingested a large number of prescription medications of unknown type. The student is drifting in and out of consciousness. The athlete’s roommate found a suicide note and the empty container of medication and notified administration. The seriousness of a Level 3 mental health issues requires immediate assistance. Call UPD at 325-942-2071 for medical help. UPD will notify appropriate emergency medical response, including the Counseling Center so that a crisis counselor can respond as appropriate.

Level 3 Mental Health emergencies could include harm to self or others; complete psychotic break; or an incident where grave trauma has occurred or been witnessed by athletes. Contact emergency assistance first and then ascertain that the Counseling Center has been notified.

**If a person(s) are identified in a suicidal situation off campus, the national suicide hotline can be utilized at 800-273-8255.**

In the event of a mental health emergency, steps will be taken to support the person(s) who have experienced or been affected by the emergency at the recommendation of the Counseling Center. Family members of the person(s) affected will be contacted at the discretion of the Counseling Center and administration.

**Important Tips:**

As with any emergency or injury, you should try to remain calm, always maintain personal safety, and respect privacy, during a mental health situation. Remember to note the location/address for emergency response team if necessary. Also, involve the appropriate people. Some situations may require involving the head coach, athletics administration, the sports medicine team, and other campus resources *(If Title IX, event report accordingly as stated in the Title IX Policy and Procedure)*. Remember you are not the expert, when in doubt consult and refer. The counseling service noted is available during normal business hours 8-5. Outside of normal business hours, crisis assessment is done by phone.
**Knowing your limits:** To avoid the person(s) difficulties weighing too heavily on you, you need to know your limits. Be aware of what is reasonable to expect from yourself. You cannot change the person because you have limited control. Your responsibility is to recognize and refer. When you begin to feel undue stress or worry, it is time to take care of yourself and turn the problem over to a certified athletic trainer or licensed professional counselor.

**Confidentiality:** One of the most important aspects of psychological management and treatment involves the issue of confidentiality. Healthcare practitioners are legally and ethically required to maintain the privacy and confidentiality of their patients. They cannot divulge any information about their patients to anyone without the patient’s written consent. Even then, the information is still restricted to what the patient agrees can be released, what is appropriate to be released, the conditions under which the information can be released and to whom.

Sometimes you will be aware of a student-athlete who needs help but has not directly contacted you, via social media, teammate, eavesdropping, physical signs or symptoms. If the student-athlete is in harm, follow the mental health emergency action plan. If the student-athlete is not in harm and you heard it through a third party, sometimes approaching the student-athlete is not the best tactic. However you can keep the student-athlete on your radar and alert the performance team and sports medicine staff. If you talk to the student-athlete, listen to them and remind them of the campus resources available.

**Online Resources:**
- [https://www.nami.org](https://www.nami.org)

**XIV. Parent/Guardian Communication Policy**

Athletes **under** the age of 18: Parents/Guardians will be contacted when an injury has occurred and be made aware of the care that their child is receiving and any need for further testing.

Athletes **over** the age of 18: Parents/Guardians will only be contacted in case of an emergency unless specifically requested by the athlete. It is the responsibility of the athlete to communicate injury information to their parents.

Should an emergency situation requiring immediate and/or specialized care arise, the sports medicine staff may NOT discuss any athlete’s medical situation with a parent or guardian without receiving consent/permission from the athlete.

By direction of the National Athletic Trainer’s Association Bylaws, the Texas Department of Licensing and Regulation Athletic Training Act, and the Health Insurance Portability and Accountability Act (HIPAA) the sports medicine staff may be bound by confidentiality. If an athlete requests specific information to be held in confidence and doing so does not compromise
future care, the sports medicine staff cannot disclose information to coaches, administrators, and/or parents/guardians without consent from that athlete.

Once consent from the athlete is received and documented, the sports medicine staff will be happy to discuss the care that their child is receiving and any need for further testing.

**XV. Coaching Staff Communication Policy**

1. The method of communication most efficient will be established on a sport-to-sport basis by the primary athletic trainer and the head coach and coaching staff. If a method cannot be agreed upon by the two parties, the Head Athletic Trainer will develop a compromise with regard to how injury information will be communicated to the coaching staff.

2. The coaching staff will be notified by already established means of communication of any athletes who have specific limitations or who are completely restricted from participation prior to the development of practice plans for that day.

3. The coaching staff will not be notified of each individual treatment provided to their athletes. If the coaching staff wishes to monitor whether or not an athlete has shown up for treatment/rehabilitation coaches may view the athletic training room treatment log. Athletes are required to verify their name before every treatment in this log for exactly this purpose.

4. The treatment log is the only written documentation that the sports medicine staff is allowed to share with the coaches. Individual athlete’s files are privileged medical records and cannot be shared without written authorization from the athlete.

5. During evaluation and re-evaluation the athletic trainer will often give recommendations to the athlete for modifying practice regimen in order to speed up the healing process or avoid re-injury. It is the responsibility of the sport specific full-time trainer to discuss these modifications with the head coach before holding any athlete out of practice activities.

6. By direction of the National Athletic Trainer’s Association Bylaws and the Texas Athletic Training Act the sports medicine staff may be bound by confidentiality. If an athlete requests specific information to be held in confidence and doing so does not compromise future care, the sports medicine staff cannot disclose information to coaches, administrators, and/or parents/guardians without consent from that athlete.

**XVI. Coverage Policy**

Practice

1. An attempt will be made to provide all traditional season teams with on-site coverage by a Certified Athletic Trainer. If circumstances do not allow for a Certified and/or Licensed Athletic Trainer to be present on-site during practice, communication by walkie-talkie or cellular phone will be in place. During all practice times there will be a Certified and/or Licensed Athletic Trainer available to respond within four minutes of all on campus practice
facilities.

2. Non-traditional season practices will be afforded on-site coverage by a Certified and/or Licensed Athletic Trainer if possible. Access to qualified sports medicine staff will be provided. It is the coach’s responsibility to inform the Head Athletic Trainer of non-traditional season practice schedules. Coverage must be provided as required by the Athletic Director due to liability issues, even on Saturdays and Sundays.

It is the head coach’s responsibility to provide the Head Athletic Trainer with a tentative practice schedule at the beginning of each season, traditional or non-traditional. It is expected that the Head Athletic Trainer or Primary Athletic Trainer will be notified of any change in the practice schedule minimum 6-8 hours prior to that change. Exemptions will be inclement weather or emergency situations.

Competition

1. On-site coverage by a Certified and/or Licensed Athletic Trainer will be provided for all traditional season competitions hosted by Angelo State University. Nontraditional coverage will be provided by a Certified and/or Licensed Athletic Trainer if possible. During all competition times there will be a Certified and/or Licensed Athletic Trainer available to respond within four minutes of all on campus competition sites.

2. A Certified and/or Licensed Athletic Trainer will provide on-site coverage for all away traditional season competitions unless a home athletic event takes priority, with the exception of the following sports: Football

    On-site coverage on overnight trips for the Women’s Volleyball, Baseball, Softball, Soccer, and the Outdoor Track and Field/CC teams will be decided upon on a case-by-case basis. This decision will be based on the following factors; the risk of injury associated with the sport, the nature of the competition (single game, tournament), the level of care provided by the host institution, and the demands of home competitions.

4. An attempt will be made to provide all teams on-site coverage for conference championships. This decision will be based on the following factors; the risk of injury associated with the sport, the nature of the competition (single game, tournament), the level of care provided by the host institution, and the demands of home competitions.

5. Non-traditional season away competitions will not be afforded on-site coverage by an Angelo State University Certified and/or Licensed Athletic Trainer. The host institution will be contacted before each competition for which an Angelo State University Certified and/or Licensed Athletic Trainer will be unable to provide on-site coverage, traditional or non-traditional season. The Angelo State University sports medicine staff will notify the host institution of any athletes that need taping or treatments prior to competition. An adequately stocked medical kit will be provided to any team traveling without an athletic trainer. The host institution will be responsible for providing any on-site care needed.
6. The head coaches of those sports that will have an athletic trainer traveling are responsible for communicating departure times to either the Head Athletic Trainer or the Primary Athletic Trainer.

XVII. Pre-Participation Athletic Physicals

The Department of Intercollegiate Athletics at Angelo State University requires all student-athletes to receive medical approval/certification from the Angelo State University Sports Medicine Department BEFORE a student-athlete is issued equipment and/or permitted to attend any practice, strength and conditioning sessions, and/or compete in any intercollegiate athletic events. An Angelo State University Team Physician and/or his/her designee must administer the pre-participation physical examination. This procedure must be completed on an ANNUAL basis. No member of the Angelo State University Department of Intercollegiate Athletics will permit a student-athlete to participate, nor will Angelo State University provide insurance coverage to any student-athlete who has not completed the pre-participation physical examination procedure.

Incoming Freshman, Transfer Student-Athletes, and Returning Student Athletes:

Every Incoming transfer and freshman student-athletes must have the following materials completed and on file in the Angelo State University Sports Medicine Department in order to be considered for medical clearance:

- Sports Medicine Intake Questionnaire;
- Incoming Student Athlete Health Questionnaire (online);
- Student Athlete Demographics and Insurance Information Form (online);
- Photocopy (front & back) of their Health Insurance Card;
- Medical Examination;
- Student Athlete Pre Registration (online);
- EKG;
- Sickle Cell Test;
- Signed Student Athlete Concussion Acknowledgement Form (online);
- PHQ9 Depression Scale Form (online); and
- HIPAA Release Form (online).

Every incoming transfer and freshman student-athlete must also undergo a Pre-Participation Physical Examination done by an Angelo State University Team Physician and/or his/her designee. The Angelo State University Pre-Participation Physical Examination will include, but is not limited to, the following:

- Medical history review;
- Height and weight;
- Pulse, blood pressure screening examination;
- Medical Physical examination; and
- Orthopedic screening examination.
Returning student-athletes must have the following material completed and on file in the Angelo State University Sports Medicine Department in order to be considered for medical clearance:

- Sports Medicine Health Status Review Form (online);
- Student Athlete Demographics and Insurance Information Form (online);
- Photocopy (front & back) of their Health Insurance Card;
- Signed Student Athlete Concussion Acknowledgement Form (online); and
- HIPAA Release Form (online).

Every incoming transfer and freshman student-athlete must also undergo a Pre-Participation Physical Examination done by an Angelo State University Team Physician and/or his/her designee. The Angelo State University Pre-Participation Physical Examination will include, but is not limited to, the following:

- Medical history review;
- Height and weight;
- Pulse, blood pressure screening examination;

Upon request to discuss current health with the team physician the physical examination for the returning athlete will include, but is not limited to, the following:

- Medical Physical examination; and
- Orthopedic screening examination.

All student athletes that are required to provide their own pre-participation physical examination will need to do so at their own cost and per bylaw 17.1.5; the evaluation must be administered or supervised by a physician (e.g., family physician, team physician.) The examination must also be administered within six months prior to participation in any practice, competition, or out-of-season conditioning activities.

Costs associated with any tests, consultations, and/or medical procedures needed to gain medical approval/certification for participation will be sent to the student-athlete’s primary health insurance for payment.

If, for any reason, the incoming freshman, returning, and/or transfer student-athlete is not medically approved/certified for intercollegiate athletics participation, he/she will be notified by the Angelo State University Team Physician and/or a member of the Angelo State University Sports Medicine Department (after the sports medicine team notifies the head coach) at the end of the pre-participation physical examination.

The Angelo State University Sports Medicine Department reserves the right to refuse medical approval/certification for participation in Angelo State University Intercollegiate Athletics based on the medical opinion of the Angelo State University Team Physician and/or his/her designee.
Under no circumstances may a student-athlete participate until he/she is cleared by one of the Angelo State University approved physicians.

All athletes will be required to fill out a final medical review (Appendix A) during their exit evaluations with their respective coach.

XVIII. Emergency Response Plan

Personnel

The responding personnel will vary from venue to venue based on coverage guidelines established by the sports medicine staff. In order to cover all the venues on the Angelo State University campus that athletes may be present will require cooperation between many groups. All of the following groups are considered an integral part of all or some of the venue specific emergency response plans.

Certified Athletic Trainers, Security Personnel, Coaches, Administrative Staff

The following emergency response plans have been created to make all of the groups aware of their specific roles in a medical emergency.

Communication

Each venue specific emergency response plan identifies several ways in which EMS can be contacted and further help can be summoned. Many of the venues have a fixed telephone line that is easily accessible in case of an emergency, for those locations that do not, a cellular phone or walkie-talkie relay system will be used. Note: In the event that a member of the sports medicine staff is not on site during and emergency due to coverage guidelines it is the coach’s responsibility to initiate the Emergency Response Plan.

Equipment

All equipment necessary to care for an emergency situation will be on site during practice and/or competition.
Emergency Plan: Junell Center/Stephens Arena 2235 S. Jackson St.

Emergency Personnel:  
Certified Athletic Trainer and athletic training students on site for practice and competition;  
additional sports medicine staff accessible from athletic training facility; MD on call for  
competition and practice; paramedic crew on call during competition stationed less than 2 miles  
away at Station No. 7.

Emergency Communication:  
Cell Phone or fixed telephone line with EMS/Police.

Emergency Equipment:  
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in Junell  
Center athletic training facility or on-site.

Role of First Responders:  
1. Immediate Care of the injured or ill student athlete.  
2. Emergency equipment retrieval.  
3. Activation of Emergency Medical System (EMS)  
   a. Call 911 (Provide name, address, telephone number, number of individuals  
      injured, condition of the injured, first aid treatment being provided, specific directions,  
      other information as requested.  
   b. Call University Police at 325-942-2071  
4. Direction of EMS to scene.  
   a. Open appropriate access doors.  
   b. Designate individual to “flag down” EMS and direct to scene.  
   c. Scene control: limit scene to first aid providers and move bystanders away from the area.

Venue Directions:  
Junell Center is located on Jackson Street adjacent to Foster Field. The Junell Center also has  
entrances from Phil George Dr., which is accessible from Dena Drive and University Avenue,  
which are sidestreets from Johnson Street.

Court level Entrance: From Station #7 - Follow Knickerbocker Rd. to Jackson Street. Turn  
Left on Jackson Street and follow street through four (4) way stop and turn Left into East side  
parking area to Junell Center. A sports medicine staff member will meet the paramedics and  
direct them through the appropriate doors and guide them to the arena floor.  
From Station #1 – Travel Southbound on 277 (Bryant Blvd.) until you reach the intersection of  
Ave. N. Turn right on Ave. N, travel west on Ave. N until you reach Jackson St. intersection.  
Turn left on Jackson and then turn right into faculty parking area of Junell Center. A sports  
medicine staff member will meet the paramedics and direct them through the appropriate doors  
and guide them to the arena floor.

Important Numbers:  
911 – Emergency Services                        325-486-6055 – AT Office  
325-942-2071 – University Police              325-942-2264 – AD Office
Emergency Plan: Junell Center/Football Stadium 2235 S. Jackson St.

Emergency Personnel:
Certified Athletic Trainer and athletic training students on site for practice and competition; additional sports medicine staff accessible from ASU athletic training facility; MD on call for competition and practice; paramedic crew on call during competition stationed less than 2 miles away at Station No. 7.

Emergency Communication:
Cell Phone or fixed telephone line with EMS/Police.

Emergency Equipment:
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in Junell Center athletic training facility or on-site.

Role of First Responders:
5. Immediate Care of the injured or ill student athlete.
7. Activation of Emergency Medical System (EMS)
   c. Call 911 (Provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment being provided, specific directions, other information as requested.
   d. Call University Police at 325-942-2071
8. Direction of EMS to scene.
   d. Open appropriate access doors.
   e. Designate individual to “flag down” EMS and direct to scene.
   f. Scene control: limit scene to first aid providers and move bystanders away from the area.

Venue Directions:
Junell Center is located on Jackson Street adjacent to Foster Field. The Junell Center also has entrances from Phil George Dr., which is accessible from Dena Drive and University Avenue, which are sidestreets from Johnson Street.

Field Entrance: From Station #7 - Follow Knickerbocker Rd. to Jackson Street. Turn Left on Jackson Street and follow street through four (4) way stop and turn Left into East side parking area to Junell Center. A sports medicine staff member will meet the paramedics and direct them through the appropriate gate and guide them to the football field.

From Station #1 – Travel Southbound on 277 (Bryant Blvd.) until you reach the intersection of Ave. N. Turn right on Ave. N, travel west on Ave. N until you reach Jackson St. intersection. Turn left on Jackson and then turn right into faculty parking area of Junell Center. A sports medicine staff member will meet the paramedics and direct them through the appropriate gate and guide them to the football field.

Important Numbers:
911 – Emergency Services 325-486-6055 – AT Office
325-942-2071 – University Police 325-942-2264 – AD Office
Emergency Plan: Tennis Courts

Emergency Personnel:
Certified Athletic Trainer and athletic training students on site for practice and competition; additional sports medicine staff accessible from ASU athletic training facility; MD on call for competition and practice; paramedic crew on call during competition stationed less than 2 miles away at Station No. 7.

Emergency Communication:
Cell Phone for contact with EMS/Police.

Emergency Equipment:
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in ASU athletic training facility or on-site.

Role of First Responders:
9. Immediate Care of the injured or ill student athlete.
10. Emergency equipment retrieval.
11. Activation of Emergency Medical System (EMS)
   e. Call 911 (Provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment being provided, specific directions, other information as requested.
   f. Call University Police at 325-942-2071
12. Direction of EMS to scene.
   g. Open appropriate gates/doors to access facility.
   h. Designate individual to “flag down” EMS and direct to scene.
   i. Scene control: limit scene to first aid providers and move bystanders away from the area.

Venue Directions:
Tennis courts are located between Phil George Dr. and Jackson St. The tennis courts have entrances from Phil George Dr., which is accessible from University Avenue, which is a side street from Johnson Street.

Court Entrance (Phil George Dr.): From Station #7 - Follow Knickerbocker Rd. to Johnson Street. Turn Left on Johnson Street and turn right onto University Avenue and Left on Phil George Dr. A sports medicine staff member will meet the paramedics in the parking lot on the right off of Phil George Dr. and direct them through the appropriate gate and guide them to the tennis Court.
From Station #1 – Travel Southbound on 277 (Bryant Blvd.) until you reach the intersection of Ave. N. Turn right on Ave. N, travel west on Ave. N until you reach Johnson St. intersection. Turn left on Johnson St. and then turn left on University Avenue and left on Phil George Dr. A sports medicine staff member will meet the paramedics and direct them through the appropriate gate and guide them to the tennis court.

Important Numbers:
911 – Emergency Services 325-486-6055 – AT Office
325-942-2071 – University Police 325-942-2264 – AD Office
Emergency Plan: Norris Diamond/First Community Field

Emergency Personnel:
Certified/Licensed Athletic Trainer and athletic training students on site for practice and competition; additional sports medicine staff accessible from ASU athletic training facility; MD on call for competition and practice; paramedic crew on call during competition stationed less than 2 miles away at Station No. 7.

Emergency Communication:
Cell Phone or fixed telephone line with EMS/Police.

Emergency Equipment:
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in Junell Center athletic training facility or on-site.

Role of First Responders:
13. Immediate Care of the injured or ill student athlete.
15. Activation of Emergency Medical System (EMS)
   g. Call 911 (Provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment being provided, specific directions, other information as requested.
   h. Call University Police at 325-942-2071
16. Direction of EMS to scene.
   j. Open appropriate gate or outfield fence.
   k. Designate individual to “flag down” EMS and direct to scene.
   l. Scene control: limit scene to first aid providers and move bystanders away from the area.

Venue Directions:
First Community Field is located on Jackson Street adjacent to the Junell Center. First Community Field also has entrances from University Avenue, which is accessible from Knickerbocker Rd. or Jackson St.

Field level Entrance: From Station #7 - Follow Knickerbocker Rd. to Jackson Street. Turn Left on Jackson Street and follow street through four (4) way stop and turn Right into West side parking area of Foster Field. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and guide them to the field/training area.
From Station #1 – Travel Southbound on 277 (Bryant Blvd.) until you reach the intersection of Knickerbocker Rd. Turn right on Knickerbocker Rd. and turn right on University Ave. until you reach Jackson St. intersection. Turn Right on Jackson and then turn right into faculty parking area of Foster Field. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and guide them to the field/training area.

Important Numbers:
911 – Emergency Services 325-486-6055 – AT Office
325-942-2071 – University Police 325-942-2264 – AD Office
Emergency Plan: Soccer/Mayer Softball Complex

Emergency Personnel:
Certified Athletic Trainer and athletic training students on site for practice and competition; additional sports medicine staff accessible from Junell Center athletic training facility; MD on call for competition and practice; paramedic crew on call during competition stationed less than 2 miles away at Station No. 7. If Station 7 has been dispatched, Station #1 will be sent to Angelo State University.

Emergency Communication:
Cell Phone or fixed telephone line to EMS/Police.

Emergency Equipment:
All supplies (Trauma kit, splint kit, spine board, AED, Cervical Collar) maintained in Junell Center athletic training facility or on-site.

Role of First Responders:
17. Immediate Care of the injured or ill student athlete.
18. Emergency equipment retrieval.
19. Activation of Emergency Medical System (EMS)
   i. Call 911 (Provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment being provided, specific directions, other information as requested.
   j. Call University Police at 325-942-2071
20. Direction of EMS to scene.
   m. Open appropriate access gates. (ABUS 700 Key)
   n. Designate individual to “flag down” EMS and direct to scene.
   o. Scene control: limit to first aid providers and move bystanders away from the area.

Venue Directions:
The Soccer/Softball Fields are located on Victory Lane adjacent to Johnson Street Church of Christ and the Junell Center. The Soccer/Softball fields also have entrances from Victory Lane, which is accessible from Dena Drive and University Avenue, which are sidestreets from Johnson Street.

Field/Track Entrance: From Station #7 – Follow Knickerbocker Rd. to Johnson Street. Turn Left on Johnson Street and follow street through stop light and turn Right onto Victory Lane. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and to the track venue.
From Station #1 – Travel Southbound on 277 (Bryant Blvd.) until you reach the intersection of Ave. N. Turn right on Ave. N, travel west on Ave. N until you reach Johnson St. intersection. Turn left on Johnson St. and then turn left onto Victory Lane. A sports medicine staff member will meet the paramedics and direct them through the appropriate gates and to the track venue.

Important Numbers:
911 – Emergency Services 325-486-6055 – AT Office
325-942-2071 – University Police 325-942-2264 – AD Office
XIX. Game Conduct Policy

1. Dress: Game attire for outdoor sports include athletic training game shirt or t-shirt, khaki pants or shorts and tennis shoes (no open toe shoes). Indoor sports; proper dress includes slacks, dress shirt, tie (optional), sport jacket (optional), dress shoes, Sunday dress, and no short skirts. Women should be cognizant of having to treat athletes on the court, which may require them to bend over or squat courtside and should dress accordingly.

2. Location: All athletic training staff members will be located on the bench or in the dugout during the duration of the game or match and should not sit in the stands or visit with friends while on duty. At no time during competition will an athletic training staff member be allowed to leave the area unless there is an emergency. This includes talking to other staff members, athletic training students, student-athletes, or physicians. If at any time the athletic trainer on duty must leave during competition, another staff member should be notified so a replacement is on duty.

3. Availability: As a general rule of thumb, arrive at an event at least one hour before the competition begins or 30 minutes before treatments are scheduled and be prepared to stay until all treatments are complete. Emergencies may arise during the process of the game and require time in the emergency room. Athletic training staff members will need to be flexible.

XX. General Medical Referrals

1. General medical conditions will arise as part of the time spent as a student athlete at Angelo State University. All general medical conditions will be referred through the University Health Clinic located on the campus of Angelo State University or a Shannon Health Clinic in San Angelo. The athlete will be responsible for the payment of non-athletic related illnesses. A medical doctor or nurse practitioner will examine and determine the course of treatment for general medical conditions. If follow up testing is required, the athlete will be responsible for making the necessary arrangements for getting to and from the appointment. The athlete is responsible to give the medical staff of Angelo State University the paperwork needed after their visit with the clinic.

XXI. Standing Athletic Training Room Protocols:

1. Report ALL injuries to a staff athletic trainer immediately.
2. All athletes must remove shoes/footwear before entering the athletic training room.
3. All athletes must shower before receiving treatment.
4. NO food, drink, or tobacco in the athletic training room.
5. NO cell phones
6. Horseplay, loitering, loudness, and foul language will not be tolerated.
7. No taking of supplies without permission from the athletic training staff.
8. Proper attire must be worn at all times.
9. It is the responsibility of the athlete to allow enough time for treatment and still report to practice time.
11. Athletes are not allowed to turn on, off, or adjust any treatment machines.
12. No self-treatment or self-taping by athletes.
13. Treat all sports medicine staff members, student-athletes, and coaches with respect.

**XXII. Orthopedic Injury Protocol:**

Orthopedic injuries are a part of playing sports while in intercollegiate athletics. When an orthopedic injury occurs, the following protocol should be followed in reference to the standard of care:

**Initial Evaluation**
The primary goals of the initial orthopedic evaluation are to 1) determine whether or not a true orthopedic emergency is present, 2) begin appropriate treatment, and 3) determine the mode of transport for emergencies or routine extremity trauma.

Evaluation of neurovascular status is the first step in the initial evaluation. Distal pulse, motor, sensation, and capillary refill (PMSC) should be assessed with any deficiencies and/or changes noted. Visual inspection for deformity and palpation for deformity and point tenderness should be performed, followed by evaluation for gross joint instability. Clinical tests for suspected long bone fractures such as torque, compression and percussion might be utilized as appropriate by the athletic trainer. Application of Initial Evaluation splints for fracture or gross joint instability is the final step prior to transport. If splints are applied to an extremity injury, PMSC should be evaluated both before and after placement of splints.

*Never allow an obvious orthopedic injury to distract from an underlying injury or illness, which may be life threatening.*

**Orthopedic Emergencies**
The increased incidence of bleeding, neurovascular compromise, and treatment complications resulting from infection classify *open fractures and/or dislocations* as a true orthopedic emergency. Open fractures and dislocations should have a sterile compressive dressing applied as rapidly as possible. As with any open wound, direct pressure should be used to control major bleeding. If direct pressure does not slow/stop the flow of blood, arterial pressure points should be used. Tourniquets *should not* be applied to control bleeding. Treatment should then be identical to that of a closed fracture with immediate transport to the closest appropriate emergency facility by ambulance.

The athletic trainer must also be aware of *internal hemorrhage*. Occult hemorrhage into the *pelvis* or *femur fracture* can account for significant blood loss. *Large joint dislocations* (shoulder, elbow, hip, knee and ankle) constitute an orthopedic emergency. Special attention should be given to knee and elbow dislocations as well as dislocations of the sternoclavicular joint. These most commonly result in neurovascular complications, necessitating emergency management.

Delay in treatment of fractures and dislocations with *neurovascular compromise* may lead to disastrous consequences including loss of limb and even death. Immediate reduction or
realignment by a physician should be performed. If a physician or an emergency facility is not readily available, the athletic trainer may attempt these maneuvers to restore circulation as a part of emergency medical care in a potentially life- or limb-threatening situation. This procedure may be performed by athletic training staff who:

1. are emergency medical technician-intermediates (EMT-I) and have large joint dislocation reduction training;

2. who have **verbal orders from the team physician or physician assistant** in regard to joint reduction after consulting regarding patient’s current signs and symptoms and medical history. If, however, in the clinical opinion of the ATC/EMT-I, the athlete is in a life-or limb-threatening situation that would benefit from joint reduction and a MD verbal order is not immediately available then the ATC/EMT-I should call 911 and may attempt to reduce the dislocation. If unable to reduce, the athletic trainer should immobilize the joint in the position found, continue to monitor PMSC, and immediate transport to the closest appropriate emergency facility by ambulance.

Any emergency situations where there is neurovascular compromise should be considered a “**load and go**” situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care for Angelo State Athletics, transportation to one of the utilized medical facilities is based upon the strengths of each facility. **All vascular emergencies are to be transported to San Angelo Community Medical Center or Shannon Medical Center.**

**Splinting Guidelines**

General rules to follow during the application of a splint include:

- Splinting is useful in emergency situations, for decreased pain, and to allow for easier transport.
- Deformity, gross instability, or crepitus is an indication for immediate splinting, and prompt referral of an unstable joint to an orthopedic surgeon is necessary.
- Assess neurovascular status (PMSC) prior to and after the application of a splint;
- Cover all wounds with sterile compressive dressings prior to the application of a splint;
- Pad the splint to prevent local pressure;
- Immobilization of the joint above and below a fracture or dislocation will decrease movement at the injury site;
- Splinting can be performed in the position of deformity but with experience limb alignment may be helpful
- “When in doubt, splint”.

**Splinting of Orthopedic Injuries**

Splints are used to decrease pain, increase ease of transportation, to prevent closed fracture from becoming open, to minimize damage to nerves, muscles and blood vessels, and to prevent movement at fracture sites or in the presence of gross instability. The basic rule of splinting is to splint in the position of function. With experience or in the presence of a physician, limb realignment before the application of a splint is acceptable. There are three basic types of splint: 1) rigid, 2) vacuum, and 3) traction. **Rigid splints** are useful with non-aligned fractures or in the presence of gross instabilities of joints. **Vacuum splints** consist of a fabric or vinyl splint
containing small Styrofoam beads. The splint is placed on the extremity and secured with straps. A pump is attached and the air is drawn from the splint, compressing the beads together and creating a hard splint conformed to the extremity. Vacuum splints are versatile because of their adaptability to the position of the injured extremity. **Traction splints** are most frequently used to treat lower extremity femoral fractures. They exert a steady longitudinal pull on the extremity. Traction splints are not suitable for the upper extremity because of potential damage to neurovascular structures in the axilla.
Appendix A

Angelo State University Final Medical Review

Height __________
Weight __________
Blood Pressure __________
Pulse __________

Athlete’s Name: ____________________________ School Years: __________

Angelo State University Sports Medicine Department Medical Records indicate that the following episodes form ALL athletic activities. Please review them with your athletic trainer and/or team physician and indicate any episodes not listed.

Medical

1. ________________________________

Orthopedic

1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

5. ________________________________

6. ________________________________

7. ________________________________

8. ________________________________

Would you like to speak with a Physician: ☐ Yes ☐ No ________ (initial)

Comments: ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

I, __________________________________, do agree with the above listed illness/injury episodes and further state that there was NO other injuries or illnesses to me related to Angelo State Athletics. By signing this document, I acknowledge that I am injury/illness free and/or have no residual effects from the above listed issues that are not already being addressed and cared for. I DO FURTHER STATE that there are NO injuries or illnesses that I have not made Angelo State University Sports Medicine Department aware of. Having reviewed the above information and having given the opportunity to consult with the Athletic Trainer and/or Team Physician, I hereby release, hold harmless and indemnify the University from any claim, cost, expense responsibility or liability resulting from any injury or illness not set forth above. I also acknowledge that any preventative and/or maintenance care I have been receiving (including any medications) will be my financial responsibility.

_____________________________________________________________________

_____________________________________________________________________

________________________________________ (Player’s Signature and Date)  (Athletic Trainer Signature and Date)

If seen or reviewed by Physician: ___________________________________________
Appendix B

Angelo State University Concussion and Injury Reporting Acknowledgement

Student-Athlete Concussion Statement

After reading the Concussion Fact Sheet For Student-Athletes, I am aware of the following information:
Please initial each statement and sign at the bottom.

______ A concussion is a brain injury, which should be reported immediately to my athletic trainer, team physician.
______ A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and perform in the classroom.
______ A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.
______ I will tell my athletic trainer and/or team physician about my injuries and illnesses.
______ If I think a teammate has a concussion, I am responsible for reporting the injury to the athletic trainer and/or team physician.
______ I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.
______ I will need permission from the athletic trainer and team physician trained in concussion management to return to play or practice after a concussion.
______ According to the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than 1 medical evaluation.
______ I realize that emergency department or urgent care physicians will not provide clearance if the patient is seen right away after the injury.
______ After a concussion, the brain needs time to heal. I understand that I am much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.
______ Sometimes, concussion(s) can cause serious and long-lasting problems. Repeat concussions can cause permanent brain damage, and even death.
______ I have read and understand all of the concussion information, including symptoms on the Concussion Fact Sheet For Student-Athletes. As well as, the concussion safety protocol in the student-athlete policies and procedures manual.

Printed name of Athlete:__________________________________________________________

Signature of Athlete:____________________________________________________________

Sport:__________________________________________________________

Date:______________________________________________________________