

**University of Minnesota Duluth
Department of Intercollegiate Athletics**



ATHLETIC TRAINING

POLICIES & PROCEDURES

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CHAPTER 1

INTRODUCTION

1.1 Purpose of Athletic Training at UMD

The Athletic Trainers at the University of Minnesota Duluth (UMD) provide healthcare services to all student-athletes participating in sponsored UMD varsity athletics. The UMD Athletic Training Staff are expected to provide the highest level of both sports medicine care and event coverage for student-athletes who compete in intercollegiate athletics. Each member of the Athletic Training staff will do their share to provide this service.

The Athletic Training Staff will operate within the guidelines outlined in the UMD Athletic Training Department Policies and Procedures Manual, the NCAA Sports Medicine Handbook, and the NCAA Manual.

This manual has been compiled to inform UMD faculty, staff, and students of the policies and procedures of the Athletic Training services provided to varsity athletics. The intent of this manual is to aid in the efficient and effective operation of the program, and thus, to provide a higher quality of injury care and management to the varsity student-athlete. Successful operation of the program depends on individuals properly carrying out these policies and procedures. For comments regarding this manual, please contact the Director of Sports Medicine and Performance.

1.2 What is an Athletic Trainer?

Athletic Trainers (ATs) are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. The NATA Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training.

Athletic Trainers are sometimes confused with personal trainers. There is, however, a large difference in the education, skillset, job duties and patients of an athletic trainer and a personal trainer. The athletic training academic curriculum and clinical training follows the medical model. Athletic trainers must graduate from an accredited baccalaureate or master's program, and 70% of ATs have a master's degree.

Athletic Training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resource Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied healthcare profession.

An Athletic Trainer is a qualified allied health care professional educated and experienced in the management of health care problems associated with sports participation. In cooperation with physicians and other allied health care personnel, the athletic trainer functions as an integral member of the athletic health care team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics and other athletic health care settings. The athletic trainer functions in cooperation with medical personnel, athletic administrators, coaches, and parents in the

development and coordination of efficient and responsive athletic health care delivery systems.”

The athletic trainer’s professional preparation is directed toward the development of specified competencies in the following domains:

- Evidence-based practice
- Prevention and health promotion
- Clinical examination and diagnosis
- Acute care of injury and illness
- Therapeutic interventions
- Psychosocial strategies and referral
- Health care administration
- Professional development and responsibility

1.3

Vision Statement (Department of Intercollegiate Athletics)

The University of Minnesota Duluth intercollegiate athletic program is centered around the total development of the student-athlete. This is evident through a fierce commitment to providing high quality coaching, sport science, and academic support services. These services, combined with the highest level of competitive opportunities and outstanding facilities, enable each student-athlete to fulfill their full personal, academic, and athletic potential. Realizing this vision requires effective and timely decision-making, fiscal vigilance and responsibility, and innovative approaches to securing required resources.

Our vision consists of the following:

- **Integrity:** We strive to always do the right thing and uphold strong moral values.
- **Community:** We create a strong community bond through our commitment to service and the desire to give back to a community that has given us so much.
- **Excellence:** We do not rest on accomplishments, but demand more of ourselves to exceed expectations in all aspects: classroom, competition and community.
- **Sportsmanship:** We uphold our reputation as role models by competing in a fair and respectful manner and showing respect toward opponents, coaches, referees and spectators.
- **Teamwork:** We are effective in creating strong relationships, demonstrating respect, and sharing accomplishments all while learning from others.
- **Leadership:** We are defined by our vision to inspire and motivate others.
- **Bulldog Family:** Bulldog Country is a growing community of athletes, students, coaches, faculty, alumni, and fans who are proud to represent a competitive and well-respected program.

1.4

Mission Statement (Department of Intercollegiate Athletics)

Our mission as the University of Minnesota-Duluth athletic program is to create a strong sense of pride amongst Bulldog Country through academic superiority, strength in community and competitive excellence.

We represent the Three C's:

- *Classroom*
- *Community*
- *Competition*

1.5

Mission Statement (Sports Performance)

The mission of the Sports Performance domain is to serve the student athlete, through the provision of education, research and services in strength & conditioning. It is recognized that sport performance is a multidisciplinary field involving many facets of the science and health care community.

1.6

Mission Statement (Athletic Training)

The Athletic Training program is predicated upon the belief that all athletes regardless of age, race, gender, or sport affiliation will be treated equally. They have the right to pursue their sport(s) in a safe manner. We intend to provide an environment which is conducive to both mental and physical well being of the University of Minnesota Duluth's intercollegiate student-athletes. In doing so, we will strive to deliver the highest quality of care to the student-athlete. This care will consist of athletic injury prevention, evaluation, first aid and treatment, appropriate medical referral and orthopedic rehabilitation. Athletic Training functions as a coordinating entity to help other disciplines provide education, research, and service in both health care as well as human performance.

1.7 Athletic Training Services Objectives

1. Create a comfortable and caring environment to ensure all student-athletes have the best opportunity to participate in intercollegiate athletics in a physically and mentally healthy environment
2. Health care will be provided to all intercollegiate student-athletes regardless of age, race, sport, gender identity, gender expression, or sex variation.
3. Assure each intern, student, physician, and staff member, associated with the Athletic Training services maintains a pleasant, caring, and professional demeanor
4. Schedule and organize medical referrals when appropriate (i.e. physicians, dentist, optometrist, chiropractors, counselors, dieticians, etc.)

5. Maintain and operate our Athletic Training facilities in an organized, professional, and efficient manner
6. Ensure the Athletic Training Facilities meet current OSHA guidelines
7. Maintain the most current emergency procedures, thus assuring safe, efficient, and expedient care
8. Communicate with each student-athlete in a professional and proper way regarding their injury or illness and explain options when appropriate

1.8 National Athletic Trainers Association (NATA)

NATA Mission Statement

The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by Certified Athletic Trainers and to advance the Athletic Training profession.

1.9 NATA Code of Ethics

Preamble

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principal and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

1. MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS

1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

2. MEMBERS SHALL COMPLY WITH THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF ATHLETIC TRAINING, NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS

2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.

2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.

2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.

2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.

2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

3. MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES

3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.

3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

4. MEMBERS SHALL NOT ENGAGE IN CONDUCT THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT'S HEALTH AND WELL-BEING.

4.1. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2. All NATA members, whether current or past, shall not use the NATA logo or AT logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3. Members shall not place financial gain above the patient's well-being and shall not participate in any arrangement that exploits the patient.

4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

CHAPTER 2

STAFF

2.1 Sports Medicine Team & Staff Assignments

The following is a list of Essentia's Sports Medicine physicians and UMD's Certified Athletic Trainers. Although an Athletic Trainer can provide care to any student-athlete, each sport is assigned to a specific Athletic Trainer to be the primary caregiver and the lead on communication with the coaches of each specific team.

Team Physicians

Dr. Ben Nelson (Medical Director)
Dr. Ann Sudoh
Dr. Brad Kuzel

Team Responsibilities

All UMD Sports
All UMD Sports
All UMD Sports

Team Surgeons

Dr. Brad Kuzel
Dr. Phillip Thomas
Dr. Sam Hoxie

Team Responsibilities

All UMD Sports
All UMD Sports
All UMD Sports

Team General Practitioner

Dr. David Whorley

UMD Health Service

Team Mental Health Consultant

?
Dr. Steve Sutherland

UMD Health Service
Essentia Health

Team Chiropractor

Dr. David Fisher

Fisher Chiropractic

Team Dentist

Piedmont Dental and Associates

Athletic Training Staff

Dr. Susan Hoppe, EdD ATC
Charla Buxbaum, MS, ATC
Jessica Schlafke, MS, ATC
Samantha Woolson, MS, ATC
Rachel Swichtenberg, ATC
Cassidy Pierce, MS ATC
New women's resident, MS, ATC
Megan Petrilla, MS, ATC

M & W Hockey
W Basketball/CC/Track
Football/Track
Volleyball/M Basketball
Soccer/Softball
M Hockey Resident
W Hockey Resident
Football/Baseball

2.2 Staff Responsibilities

Assistant Athletic Director for Sports Medicine and Performance

1. Administration & coordination of Athletic Training services to UMD Athletics
2. Administrative oversight of Sports Performance for UMD varsity student-athletes
3. Selection and coordination of sports medicine physicians & allied health personnel
4. Prevention, evaluation, treatment, referral & rehabilitation of UMD varsity student-athletes
5. Clinical instruction/supervision of athletic training students when appropriate
6. Management of the Sports Medicine Residency Program
7. Chief administrator of Sports Medicine budget
8. Coordination of purchasing
9. Chief administrator of insurance claims with athletic business office
10. Liaison with Essentia Revenue Services
11. Hiring and evaluation of Athletic Training and sports performance staffs
12. Oversee Policies & Procedures Manual
13. HIPAA Privacy Officer
14. Oversight of inventory & organization of all Athletic Training resources
15. Liaison with NExTT Solutions
16. Coordinate 3rd party reimbursement
17. Liaison with Mayo Ambulance Services and Essentia Health Ambulance Services
18. Liaison with Hydroworx
19. Athletics representative for the UMD Sustainability Committee
20. Athletics representative for the Sexual Assault Committee
21. Athletics representative for the Alcohol and other Drug Abuse Committee

Assistant Director of Sports Medicine and Performance

1. Assist with the administration & coordination of Athletic Training services to UMD Athletics
2. Manage day-to day operations of athletic training facilities at UMD
3. Prevention, evaluation, treatment, referral & rehabilitation of UMD varsity student-athletes
4. Clinical instruction/supervision of athletic training students when appropriate
5. Site Coordinator NCAA Drug Testing
6. Coordinate pre-season health screenings and physicals for all UMD varsity student-athletes
7. Director of Sports Medicine Internship program
8. Liaison with UMD Counseling Services
9. Coordination of mental health services and programs
10. Coordinate all medical record organization and maintenance
11. Coordinate the collection of Accurate Rosters for all Athletic Teams

Athletic Trainer

1. Prevention, evaluation, treatment, referral & rehabilitation of UMD varsity student-athletes
2. Clinical instruction/supervision of athletic training students when appropriate
3. Coordinate Emergency services for Home Football
4. Manage Medical Eligibility process
5. Update Weekly ATR Hours of Operation
6. Manage yearly CPR training for Coaches
7. Coordinate Pre-Season Screenings

Athletic Trainer

1. Prevention, evaluation, treatment, referral & rehabilitation of UMD varsity student-athletes
2. Clinical instruction/supervision of athletic training students when appropriate
3. Coordinate social media for sports medicine
4. Supervise periodic biohazard disposal
5. Coordinate Sports Nutritional Education Counseling for UMD varsity student-athletes
6. Manage contact list for Sports Medicine
7. Supervise the distribution of visiting team information
8. Supervise SpHC 25 Athletic Training Room Cleaning & Maintenance
9. Maintain master athletic event schedule

Athletic Trainer

1. Prevention, evaluation, treatment, referral & rehabilitation of UMD varsity athletes
2. Clinical supervision of VB, Baseball
3. Clinical care for indoor and outdoor track
4. Coordinate Sports Medicine Community out-reach
5. Coordinate CPR training for coaches
6. Supervise modality calibration
7. Assist with inventory organization
8. Coordinate community service opportunity

Athletic Trainer

1. Prevention, evaluation, treatment, referral & rehabilitation of UMD varsity student-athletes
2. Assist Site Coordinator NCAA Drug Testing
3. Creation and Maintenance of Athletic Training Bulletin Boards (educational center)
4. Coordinate summer camp coverage

2.3 Expectations of Athletic Training Students and Undergraduate Interns:

1. Be on time for all clinical experiences including, but not limited to: practices, games and departures.
2. Act professionally at all times and in accordance with the NATA Code of Professional Conduct.
3. Keep the Athletic Training room clean and follow OSHA guidelines.
4. Honor and help enforce Athletic Training room rules.
5. When in doubt, always ask your preceptor or another Certified Athletic Trainer.
6. Familiarize yourself with UMD's Emergency Care Procedures.
7. Assist with daily treatments under proper supervision and within expertise.
8. Wash, dry, and fold towels and wraps. Always keep them well stocked.
9. Do not experiment with new methods unless authorized.
10. Treat and regard all information as confidential medical information. Do not provide the information to anyone unless approved by a Certified Athletic Trainer.
11. Welcome Athletic Trainers from visiting teams and familiarize them with the facilities
12. Maintain first aid kits and emergency equipment to ensure they are well-stocked and in orderly fashion for practice, game, and travel
13. Be sure all necessary medical equipment is readily available and in its proper place prior to practices and competitions. Return them to their proper place for storage when practice or competition is completed.
14. Above all, athletic training students and exercise science interns are expected to learn, take initiative, and ask questions when you do not understand.

2.4 ATS/Interns Relationships to others at UMD Athletic Training

In order for our staff to be productive and achieve maximum efficiency, an excellent rapport must be kept between fellow athletic training students. Petty arguments, misuse of authority, or any attitudes non-conducive to learning and productivity will not be tolerated. Any grievances in this regard should be directed to a staff Athletic Trainer and will be filed and dealt with appropriately. Senior and junior student athletic trainers are expected to devote a certain percentage of their time to instruction of the less experienced members of the student athletic training staff.

To the Certified Athletic Trainer:

The Certified Athletic Trainer is your immediate supervisor and you will be responsible to them at all times. Feel free to discuss anything with him/her. Do not allow little things to grow into major issues. Seek out the staff members and gain from their knowledge; it will make you a better athletic trainer.

To the Team Physicians:

Athletic training students must have a close working relationship with the physicians which care for the student-athletes at UMD. The Athletic Training staff coordinates health care with Essentia Health for orthopedic injuries as well as other injuries and illnesses. Team physicians have the final authority of deciding who is medically eligible and who is not. They are all considered team physicians to the varsity athletic teams and will evaluate any of the student-athletes at UMD.

These physicians are experts in the medical field and are more than willing to share information with the Athletic Training staff. You can learn a great deal just by observing them work and listening to them discuss injuries. Feel free to ask questions, but try not to interfere with them while they are providing care. Physicians are on site for football and men's and women's home hockey games. In the absence of the team physician, the Athletic Trainer will make the final decision whether a student-athlete may participate or not. All treatments, medications, care, and rehabilitation protocols must be administered according to the prescription of the team physicians.

To Coach or Athletic Administrators:

Respect, courtesy, and cooperation should characterize your relationship with all department personnel. You are not a coach; do not concern yourself with "coaching", "second-guessing", or "cheerleading". It is imperative that a good athletic trainer-coach relationship is established on the team for which you are responsible.

To Student-Athletes:

Treat ALL student-athletes with integrity, respect, and courtesy. Combine friendliness with professionalism. You should make sincere attempts to gain the respect and confidence of all student-athletes. Respect can be gained most readily by exhibiting proficiency in Athletic Training skills and a basic knowledge of athletic injuries. Expression of sincere interest in the student-athletes' welfare will also help to gain their respect and cooperation. Show concern, but do not overprotect.

In time, you will gradually learn the attitudes, temperaments, and peculiarities of individual student-athletes. Use this insight to foster your professional relationship with them. We are here to help the student-athlete, in every way possible, to pursue an injury-free career. In the same token, the student-athletes are to adhere to the rules and regulations in the Athletic Training room or when under the direction of any staff Athletic Trainer. Violations should be dealt with in a sensible, courteous, but firm manner. Do not let the student-athlete dictate as to what he or she wants done, or how to do it. Work closely with him or her concerning an injury, but you will decide the final course of action.

To Salespersons:

At various times, salespeople from various athletic training supply companies may visit the Athletic Training room. You should be well-behaved and courteous at all times, just as you should be to all visitors. However, you should remember that under no circumstances are you to accept gifts or free samples from salespeople. Instruct them to see a full-time Certified Athletic Trainer.

To Visiting Teams:

Always be professional, courteous, and respectful when dealing with members of an opposing team. We want to be extremely helpful in any way we can to all visiting teams. This includes sharing the spectrum of services available to our own Athletic Training staff with all visiting teams and Athletic Trainers. Always remember, we might need some of their services on a trip to their campus. Introduce yourself to the visiting Athletic Trainer so he/she knows who you are, and is able to make contact with you if necessary. Always tell the visiting Athletic Trainers what services are available at each practice and event should they be in need of anything.

Other:

- Do not discuss a student-athlete's injury with another student-athlete or someone other than the Athletic Training staff unless otherwise permitted.
- Do not estimate a student-athlete's time of return following an injury.
- Do not do things for a student-athlete which are against staff policy or NCAA rules.
- Do not give special privileges to anyone.
- Treat all student-athletes with respect. If a student-athlete is not being respectful, report any offensive behavior from a student-athlete to a staff member.

2.5 Team Travel

The following are basic guidelines for all Athletic Trainers traveling with a team. Any specific questions an athletic training student/intern may have should be addressed with the Certified Athletic Trainer assigned traveling with the team.

The Athletic Trainer traveling should be aware of the schedule for each particular trip. The expectation is the Athletic Trainer and coaching staff will communicate departure times and travel plans.

The Athletic Trainer traveling should be aware of the team dress code for travel and dress accordingly. Always dress professionally. Remember you are representing yourself, the team, the University, and the profession of Athletic Training.

Upon arriving at the away site, seek out the host Certified Athletic Trainer, introduce yourself, find out where they will be during the event in case you need them, and whether there will be a physician and/or EMS in attendance. Seek out the location of the AED at the event location if you did not travel with one.

Make sure you complete all documentation as soon as possible with regard to an injury. Should a student-athlete have any diagnostic tests, such as x-rays, please bring documentation back so our team physicians may also review. This will help expedite the student-athlete's treatment.

Whenever traveling on overnight trips where treatments may be provided in a hotel, first ask for a neutral site to perform these treatments (i.e. meeting room, conference room, etc.). If a neutral site at the hotel is not possible, make sure you are not conducting treatments alone with a student-athlete in your hotel room whenever possible. Ask the student-athlete to bring another student-athlete along or have another staff member be present. If none of these options are available, the door to the hotel room must be propped open.

Upon return to UMD return all supplies, kits, crutches, etc. to the Athletic Training room as soon as possible as you are responsible for these items.

CHAPTER 3

ATHLETIC TRAINING CENTER POLICIES

3.1 Facility Utilization Policy

The Athletic Training rooms are considered a medical facility; therefore, unauthorized access will not be permitted.

Process:

As a medical facility, the following considerations must apply to its security:

1. The security of confidential medical records will be given top priority due to legal and ethical implications. Access to the electronic medical record system containing student-athletes' medical information is protected and has limited access.
2. Use of the Athletic Training room, other than normal hours is prohibited, unless scheduled with a Certified Athletic Trainer.
3. Any use of the Athletic Training room without the direct supervision of a Certified Athletic Trainer compromises the quality of care, medical equipment, and supply inventories.
4. Use of any therapeutic modalities by individuals not registered with the State Board of Medical Practice (i.e. coaches, student-athletes) is against the law, and therefore, prohibited.
5. The Athletic Training room is for the use of members of the University of Minnesota Duluth's sponsored varsity athletic teams (and opponents) under the direct supervision of a Certified Athletic Trainer of the University Minnesota Duluth.

3.2 Facility Rules & Regulations

In order for the Athletic Training room to operate efficiently, certain rules must be adhered to at all times. These rules will ensure all student-athletes receive optimal care in the most expedient way possible.

1. Athletic Training room hours are 10:00 A.M. to 6:30 P.M., Monday – Friday or by appointment.
2. The Athletic Training room is a medical facility and must be treated as such.
3. After any physical activity, student-athletes must shower before entering the Athletic Training room other than in the case of an emergency situation.
4. Student-athletes must wear shorts, shirts, or other appropriate clothing when receiving treatment and care. (Apparel from other universities will not be allowed.)
5. Student-athletes receiving treatment should be documented in their electronic medical record.

6. Supplies or equipment should not be removed without permission of the Athletic Training staff.
7. No athletic equipment or grass shoes/spikes/cleats are allowed in the Athletic Training room.
8. No food, drink, or tobacco products are permitted in the Athletic Training room.
9. The use of photography or video is prohibited within the Athletic Training room for confidentiality reasons. If there is a specific reason for a photograph or video to be taken, it must be under the supervision of a Certified Athletic Trainer.

3.3 Hours of Operation

The Athletic Training Facilities are open according to the needs of the sports in season. The main facility located in Room 25 of the Sports & Health Center will be open weekdays from 10:00 am to 6:30 pm in addition to special events or game days. The schedule of operation for weekends, nights, and holidays is dependent solely on scheduled athletic events. All UMD Athletic Training rooms will generally be open one hour prior and one hour after an athletic event. All facilities both on campus and at Amsoil Arena are to be locked at all times when not in use. Access to the facility is restricted to the Sports Medicine Staff only or when specific permission is granted to other Athletics staff members.

3.4 Services UMD Athletic Training Staff will Provide

The expectations of today's Athletic Trainer are varied and complex. The prevention, evaluation, treatment, and rehabilitation of athletic injuries must be entrusted only to those who have adequate preparation. The following will be provided by the Athletic Training staff:

- On-site practice and event coverage for UMD student-athletes as well as visiting student-athletes
- On-site coverage of practice during normal Athletic Training Room hours unless arrangements have been made with the team's Certified Athletic Trainer. Coverage will be provided to the best of our ability when unforeseeable events occur (such as inclement weather)
- Prevention, evaluation, treatment, and rehabilitation of athletic injuries will be provided during practices, events, and during normal Athletic Training Room hours (10:00 A.M. – 6:30 P.M. Monday – Friday or by appointment).
- Water, ice, and athletic training supplies will be provided for NCAA in-season, on-site practices and competitions.
- Student-athletes will be prepared (taped, padded, bandaged, stretched) for practice and competition during the traditional season, as well as practice and competition during the non-traditional season as deemed necessary by the Athletic Training staff. Out-of-season student-athletes are responsible for

providing their own brace, tape, or other supportive devices. Athletic Training staff may provide advisory assistance with these purchases.

3.5 Athletic Training Room Procedures

In order for the Athletic Trainers to efficiently and effectively deliver health care to the student-athletes of UMD, certain procedural steps must be taken. These steps will enable us to provide expedient and appropriate care:

1. Prior to a student-athlete receiving treatment for a specific injury, a Certified Athletic Trainer must evaluate the student-athlete. This ensures proper documentation takes place and an injury does not go mistreated.
2. All medical referrals must go through a Certified Athletic Trainer whenever possible.
3. Routine evaluations, treatment, and rehabilitation procedures will be performed only after proper documentation and must be authorized by a Certified Athletic Trainer. No self-treatments will be allowed. In the case of an emergency, the student-athlete will be given treatment first with proper documentation to follow.
4. Medical equipment (i.e. therapeutic modalities) can only be used by a Certified Athletic Trainer or an athletic training student under the direct supervision of a Certified Athletic Trainer who has been given authorization from a licensed, medical physician.
5. There will be no dispensing of over-the-counter medications unless a Certified Athletic Trainer has evaluated the student-athlete. Athletic Training Students or exercise science interns will not be permitted to dispense over-the-counter medications.

3.6 Daily Closing Procedures

1. Clean and disinfect all taping and treatment tables in both rooms
2. Clean and disinfect all counter tops
3. Organize the rehabilitation room
4. Organize and restock supplies on center island
5. Make sure all coolers have been cleaned and disinfected before storing.
6. Put away ALL kits, splints, crutches, pillows, hydroc packs, etc.
7. Restock ice cups.
8. Clean and return all modalities to the proper place.
9. Check the hydrocollators water level, fill if needed.
10. Vacuum carpeted area.
11. Wipe down hydrotherapy area
11. Take all the dirty towels to the laundry room. Start a load and leave the hamper there.
12. Check with staff CERTIFIED ATHLETIC TRAINER to see if anything else needs to be done.

3.7 Hosting an Athletic Event

A member of the UMD Athletic Training Staff shall be present at every NCAA allowable, traditional, in-season, home athletic event. A Certified Athletic Trainer will travel with the UMD varsity athletic teams whenever possible, but in case of conflicts, a Certified Athletic Trainer will contact the Athletic Trainer of the other university and ask for assistance whenever necessary.

3.8 Visiting Teams and Student-Athletes

If a visiting team student-athlete is injured at UMD while in competition, this student-athlete shall be extended the same medical care as one of our own student-athletes.

If the visiting team is traveling with either a team physician or a Certified Athletic Trainer, they will be allowed to handle the injury according to their policies, and the UMD Athletic Training staff shall be available to assist as needed.

If a visiting team is traveling with neither a physician nor a Certified Athletic Trainer, the UMD Athletic Training Staff then becomes responsible for providing first aid care and will advise the visiting head coach regarding the status of the injured student-athlete.

A visiting team Athletic Trainer shall be extended the courtesy of using the UMD Athletic Training Room as necessary.

CHAPTER 4
ATHLETE HEALTH CARE
POLICIES

4.1 Medical Eligibility Policy

Pre-Screening Procedures:

Prior to the onset of any practice or competition, all varsity student-athletes must complete the medical eligibility process annually. This process is reviewed by a Certified Athletic Trainer and will inform necessary parties (student-athletes, coaches, compliance officer, etc.) when each student-athlete has met the requirements to be able to participate.

INCOMING and TRANSFER student-athletes to UMD need to go to the UMD Athletic Training forms website, print and complete the following forms, and return the forms to a designated UMD Athletic Trainer. The information will then be transferred into their electronic health record.

- **Parent Information/Insurance form**
- **Physical [form](#) (Can only be completed by an MD, PA, NP, or DO)**
- **A current copy (front and back) of their insurance card (ensure it is correct and current)**

ALL (returning and incoming) UMD student-athletes must log into ARMS Software to complete all required medical eligibility forms:

- **Assumption of Risk/Consent for Treatment form**
- **HIPAA**
- **Sickle Cell Testing documentation**
- **Insurance Information; inclusions/exclusions**
- **Assignment of Benefits**
- **Concussion verification**

Any student-athlete who fails to complete the requested information will not be allowed to participate in any practice session or compete against outside competition until all forms have been submitted and the individual has been cleared by the Athletic Training Staff.

All student-athletes must have a physical screening consisting of a health history and an orthopedic screening, performed by the UMD Athletic Training Staff prior to participating in any UMD sponsored practice or competition. This is to be completed annually. In addition, for incoming freshmen and transfers, a medical examination, supervised by a licensed health care provider (MD, DO, NP or PA), must have been administered within 6 months prior (or by April 1 of the incoming year) to participate in any tryout practice, competition, or out-of-season conditioning activities.

4.2 Pre-Screening Process:

For protection of the University and preservation of optimal health of the student-athlete, the following steps must be taken:

1. Prior to the start of season, the team's respective coach is to submit a team roster containing the names of those student-athletes expected at the first practice and dates indicating the beginning and ending of the regular season to the Director of Compliance. Ideally, this would be completed by June 1.
2. Rosters generated and gathered by the Director of Compliance will be the only official roster utilized for the medical eligibility process.
3. Prior to any practice or competition, a student-athlete, not previously associated with a University of Minnesota Duluth varsity athletic team, must receive an initial physical examination and submit the approved physical examination form obtained from UMD Athletic Trainers or the Athletic Training [forms](#) website.
4. All student-athletes must complete a physical screening consisting of a health history and an orthopedic screen, performed by the Athletic Training Staff, prior to participating in any UMD sponsored practice or competition. This is completed annually.
5. All student-athletes must complete the appropriate forms prior to any practice or competition (see section 4.1 for specific forms).
6. The Certified Athletic Trainer responsible for each team will schedule appointments to complete the physical screening completed by UMD's Athletic Training staff. Pre-participation screenings will be scheduled individually or in groups prior to the beginning of the sport season.
7. All returning student-athletes must provide proof of insurance to the UMD Athletic Training staff prior to participating in any UMD sponsored practice or competition. This is required annually. This insurance will be used as the primary source of coverage for expenses from injuries which occur as a direct result of participating in a UMD intercollegiate sponsored activity. Primary insurance coverage is reviewed quarterly within our electronic medical record system.

4.3 Athletic Training Coverage Policy

The Athletic Training staff will provide direct practice and event coverage. This direct coverage is based on the NATA guidelines regarding direct coverage as well as the NCAA Injury Surveillance statistics and the potential for catastrophic injuries.

Traditional Seasons

1. Due to the high potential for catastrophic/serious injuries in **Football, Men's Hockey, Women's Hockey, and Men's Basketball**, a Certified Athletic Trainer will provide direct coverage for all practices and competitions, home and away.
2. A Certified Athletic Trainer will provide direct coverage for all home events of moderate risk sports **Volleyball, Soccer, and Women's Basketball**.
3. A Certified Athletic Trainer will be on-site (*within a 3-5 minute response time*) for low risk sports, **Men's Cross Country and Track & Field, Women's Cross Country and Track & Field, Baseball, and Softball** practice but may not provide direct coverage. Cross Country running off-site are responsible for running at their own risk.
4. Certified Athletic Trainers will travel with baseball and softball whenever possible. Some travel will be provided for Men's Cross Country and Track & Field and Women's Cross Country and Track & Field.

"Non-Traditional Seasons" as defined by the NCAA.

1. A Certified Athletic Trainer will provide direct coverage for spring football practices.
2. A Certified Athletic Trainer will be located in the Athletic Training Room (10:00 A.M. – 6:30 P.M.) Monday – Friday, during the academic year. Direct coverage will be provided for other non-traditional seasons whenever possible.
3. There will be no guaranteed direct coverage by a UMD Certified Athletic Trainer for events away from UMD during the non-traditional season. It is up to the availability of a Certified Athletic Trainer.

Conditioning / Off-Season / Out-of-Season

1. No direct Athletic Training coverage will be provided.
2. Athletic Trainers will be available in the Athletic Training room during normal operational hours (10:00 A.M. – 6:30 P.M.) Monday – Friday, during the academic year and will provide consultation to injured varsity student-athletes.
3. All those leading strength and conditioning sessions will be certified in CPR, first aid, and the use of an AED.

4.4 Reporting of Injuries

All injuries sustained during a scheduled practice or competition must be reported to the Certified Athletic Trainer responsible for a given sport within 48 hours of the injury. The Athletic Trainer will then communicate the findings with the coaching staff and in some cases with a team physician. The following list of procedures is for the student-athletes and coaches to clarify measures needed to take place in reporting an injury to the Athletic Trainer:

The Athlete's Role in Athletic Injury Treatment

- Inform the Athletic Trainer of all injuries which occur during the season, whether or not they happened while participating in an athletic related event, within 48 hours of the injury.
- Inform the Athletic Trainer of all physician visits if the nature of the visit will impact student-athlete's participation status or performance.
- Injured student-athletes shall report to the Athletic Trainer prior to and after an athletic event to determine level of participation for that day.

The Coaches' Role in Athletic Injury Treatment

- Inform the Athletic Trainer of all injuries which occur during an athletic event.
- If the participation status of an athlete is questionable, check with the Athletic Trainer.
- Verify the student-athlete has been cleared by the Athletic Trainer before returning the student-athlete to participation after an injury.
- Inform the Athletic Trainer in advance regarding changes in the scheduling of practices and games.
- In case of emergencies where the Athletic Trainer is not available, refer to the section on "Emergency Action Plans" and treat the student-athlete accordingly.

Physician's Restrictions

- If a student-athlete has been restricted from participation by a physician who is not a current UMD team physician, coordination of health care should occur in order to release the student-athlete back to UMD's Team Physicians for clearance.
- Final medical clearance is decided by UMD's Team Physician.
- If a student-athlete participates without receiving medical clearance from a UMD Certified Athletic Trainer and/or UMD's team physician the student-athlete is responsible for all medical expenses which occur while participating.

4.5 Lightning Policy

Procedures:

- 1) During a practice or pre-game the Certified Athletic Trainer providing coverage for that event will decide when to suspend play.
- 2) Once the competition has begun the official/umpire has final authority to suspend play.
- 3) The Certified Athletic Trainer is also the designated weather watcher. This person will actively look for the signs of threatening weather and notify the coaches and/or referees when the weather becomes dangerous.
- 4) When the Athletic Trainers believe threatening weather is a possibility, they should check Weather Sentry (WxSentry).
- 5) Weather Sentry will show when lightning strikes are within a dangerous range. Advisory range should be set to 30 miles, caution range set to 15 miles, and warning range set to 10 miles.
- 6) UMD will use the "Flash-to-Bang"* count to determine what is appropriately safe for play if Weather Sentry is not working. If the flash-to-bang count determines the lightning is less than 10 miles away, the Athletic Trainer will notify the head coach and/or referee it is not safe to continue outdoor activity and practice or competition will be suspended.
- 7) When the decision has been made to delay participation, teams will report to their assigned Safe Structure. A safe structure is defined as "any building normally occupied or frequently used by people, i.e., a building with plumbing and or electrical wiring that acts to electrically ground the structure"
- 8) Teams will remain within these structures until thirty minutes after the last bolt of lightning has passed. Safe Structures will be assigned as follows:
Football/Soccer/Baseball/Track & Field - Ward Wells Fieldhouse
Softball - Ward Wells Fieldhouse or Griggs Hall (depending on playing site)

*To use the flash-to-bang method, the observer begins counting when a lightning flash is sighted. Counting is stopped when the associated bang (thunder) is heard. Divide this count by 5 to determine the distance to the lightning flash (in miles).

4.6 Try-Out Policy

For protection of the University of Minnesota Duluth, it is required that all individuals undergoing a supervised tryout, prior to being on an official roster, the process below must be completed. The coach of the respective team should inform the Director of Compliance of the tryout who will be in charge of collecting these forms once completed.

1. Prior to a tryout, the potential student-athlete must have a completed physical on the designated physical form approved by the Medical Director.
2. Prior to a tryout, physical on our form and copy of health insurance
3. Sickle cell test results
4. The forms are available [online](#). It is the responsibility of the coach holding the tryout to obtain the form and administer its completion prior to allowing the individual to participate in the tryout.
5. If an individual is under the age of 18, they will be required to have a parent/guardian sign the tryout form.
6. The person trying out is responsible for ALL medical expenditures which may result from the tryout.
7. If a decision is made that the athlete will be placed on a roster, they then will be required to follow the completed medical eligibility policy found in Chapter 4, section 4.1 of this manual.

CHAPTER 5

INSURANCE COVERAGE

5.1 Coverage Policy

Medical insurance is required for all students in the University of Minnesota system. All student-athletes are required to submit a completed "Insurance Information Form" prior to the first practice of their athletic preseason. This form is part of the medical eligibility process and is completed online.

The Athletic department may pay for medical bills which were generated as a direct result of the student-athlete's involvement in either a supervised practice or competition of a NCAA sanctioned activity and only after the athlete's primary insurance has paid the maximum allowable amount. At no time will the University of Minnesota Duluth or its Athletic Department be the primary payer of medical bills.

5.2 Claims Process

All medical bills of varsity student-athletes for services conducted outside of UMD, will be sent directly to the permanent address of the person who owns the medical insurance policy or if the student-athlete has chosen to receive the bills electronically then the bills will show in their MyChart for Essentia. The Athletic Department may get a copy of the bill, but in no case will the Athletic Department be the primary place for the bill to be sent.

- a. Essentia will submit all bills to your private insurance company. The insurance company will do one of the following:
 1. Honor the claim by paying a portion or the entire bill
 2. Not honor the claim and send you a letter of denial
- b. If a balance remains after the student-athlete's private insurance company or health plan has responded to the claim and it is deemed an athletic related bill as defined in this chapter, the student-athlete should send the bill, together with any Explanation of Benefits (EOB) from his/her private insurer, to:

Dr. Susan Hoppe
Assistant Athletic Director for Sports Medicine and Performance
University of Minnesota Duluth
1216 Ordean Court
Duluth, MN 55812

or email to: sbritton@d.umn.edu

5.3 UMD Sports Medicine billing for services

5.4 Inclusions

University of Minnesota Duluth Athletic Department may pay for medical expenses for athletes that are currently Medically Eligible (*as defined in chapter 4 section 4.1 of this manual*). However UMD will not provide secondary insurance coverage or payment from UMD unless **all** of the following inclusions are met.

1. The injury was sustained as a direct involvement in a NCAA countable practice/competition or related activity which is supervised by an athletic staff member
2. Only expenses incurred in excess of the student-athlete's primary insurance coverage (This means any family insurance must first contribute its maximum before UMD pays anything.)
3. Injuries which occurred between the beginning of the first NCAA allowable fall practice and the last day of competition in the spring. *Ex. (August 1 – May 15)*
4. Expenses which were authorized and the student-athlete was referred by a UMD Certified Athletic Trainer
5. Injury is reported to a UMD Certified Athletic Trainer within 7 days of the date of injury (However, it is encouraged for all student-athletes to report injuries as soon as possible to ensure their treatment is not delayed or compromised.)
6. Expenses which occurred within 104 weeks of the date of injury. (Provided the student-athlete is not actively engaged in athletic competition in professional sports, international games, or any other form of organized athletics)

5.4 Exclusions

The UMD Athletic Department will not be responsible for payment of **any** of the following:

1. Pre-existing Conditions – those conditions, illnesses or injuries, which have occurred prior to the athlete completing the UMD medical eligibility process for the first time.
2. Dental coverage other than emergency procedures needed as a direct result of athletic participation.
3. Non-referrals from either UMD Certified Athletic Trainers or UMD team physicians.
4. General illness – conditions not related to injury caused by participation in a varsity sport.
5. Non-athletic related injuries – the University is only responsible for those injuries that occur during an in-season varsity athletic practice or competitive event. According to NCAA Bylaw 16.4.2. (c), the UMD Department of Intercollegiate Athletics will not be responsible for medical or hospital expenses incurred as the result of an injury while going to or from class, or while participating in a classroom requirement.
6. Chiropractic care – that was not referred by UMD's team physician and is considered necessary by the team physician to allow a student-athlete to participate.
7. Prescription medications – UMD will not pay for any prescription medications for its NCAA Division II athletes. UMD will provide partial payment of prescription medications for the Division I athletes if the medication is prescribed by UMD's team physician and the medication is needed to correct a problem/injury which was a direct result of participation in a practice or competition.
8. If you are a member of an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organizations), you must use the authorized medical vendors from the list. If you choose not to use the authorized medical vendors of the plan, be aware that our coverage will not be able to pay the bills incurred which would have been honored had they used the proper medical vendors.
9. During the course of the academic year, should an athlete's insurance coverage change, the Athletic Training Staff must be notified immediately. Failure to do so will terminate financial responsibility toward any incurred medical expenses.
10. The NCAA disallows UMD to assist in payment of injuries / illness not sustained or aggravated by participation of student-athletes in a UMD supervised practice or competition. Including but not limited to:
 - a) Seasonal allergy shot
 - b) Tooth cavities and extractions
 - c) Eyeglasses or contacts
 - d) Skin illness, e.g., acne
 - e) Internal diseases, e.g. appendicitis, cancer, heart ailments, and tonsillectomy
 - f) Detection of or treatment for sexually transmitted diseases
 - g) Injuries sustained in personal automobile accidents

CHAPTER 6

EMERGENCY ACTION PLAN (EAP)

6.1 Purpose of Emergency Action Plans

The purpose of the Emergency Action Plan (EAP) is to guide athletic personnel, emergency medical services, and University Police in responding to emergency situations when they occur. Emergency situations may arise at any time during athletic practices and competitions. Expedient action must be taken in order to provide the best possible care to the athletes in emergency and/or life threatening conditions. It is essential that the Athletic Department have a developed emergency plan of action which identifies the roles of each member of the emergency response team. It is also imperative this plan identifies proper emergency communications, necessary emergency equipment and the specific protocol for each sporting venue. This will help individuals determine when to get help, how to get help, and what to do until help arrives. Ideally, all athletic department personnel should be certified in cardiopulmonary resuscitation and first aid. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required by the NCAA at the Division II level for all athletics personnel associated with practices, competitions, skill instructions, and strength and conditioning training. Ideally, all athletics personnel should be familiar with the use of CPR and an AED.

6.2 Identifying an Emergency Situation

Life Threatening Injury

A life-threatening injury is one which requires immediate hospitalization in order to save the patient's life or to provide optimal medical care. There is little or no time to consult with a physician before taking action. Examples:

- ☐ Unconscious patient
- ☐ Breathing emergencies
 - Obstructed airway
 - Stoppage of breathing
 - Abnormal breathing
- ☐ Lack of heartbeat
- ☐ Possible serious back or neck injury
- ☐ Serious head injury
- ☐ Severe heat illness
- ☐ Severe bleeding
- ☐ Severe fracture
 - Open fracture
 - Fractured skull / femur / vertebrae / pelvis
- ☐ Severe dislocation
 - Dislocated vertebrae / elbow / hip / knee / ankle

- ☐ Severe allergic reaction
- ☐ Shock

Non-Life Threatening Injury

A non-life threatening injury can be very serious, but the immediate life of the student-athlete is not in jeopardy. The injury will still require medical attention, but is not of the type demanding immediate attention of an emergency vehicle. Examples:

- ☐ Lacerations, which will require suturing
- ☐ Possible closed fractures
- ☐ Orthopedic injuries that will require referral to orthopedic surgeon
- ☐ Sickness

If expedient treatment is not given to the non-life threatening injury the potential to become life threatening is high.

6.3 Emergency Plan Personnel

With varsity athletic practice and competitions, the first responder to an emergency situation is typically a member of the Athletic Training staff, most commonly a Certified Athletic Trainer. At no time will the team physician act as the first responder. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competitions. Football and hockey will have a Certified Athletic Trainer on site at all times for NCAA traditional practices and competitions. In the case of a practice or competition not covered by the sports medicine staff, the coach or other institutional personnel will serve as the first responder. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required by the NCAA at the Division II level for all athletics personnel associated with practices, competitions, skill instructions, and strength and conditioning training.

Our emergency team consists of Certified Athletic Trainers, team physicians, athletic training students/interns (trained in CPR and standard first aid), emergency medical technicians (EMT's) and paramedics who work for Mayo Ambulance Services or Essentia Health Ambulance Services. Our Medical Director is Dr. Ben Nelson, but his main role in the immediate treatment of an emergency is administrative. Dr. Nelson, or another physician from Essentia Health, will be on site for home football, home men's and women's hockey games, and other events as needed.

6.4 Roles Within the Emergency Team

Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the potential of injury in different sports, the athletic venue itself, or the preference of the Certified Athletic Trainer covering that sport. There are four basic roles within the emergency team.

- The **first** and most important role is immediate care of the student-athlete. The most qualified individual on the scene should provide acute care in an emergency situation. This will be the first person on the scene. When a Certified Athletic Trainer is present they will serve this role. If a Certified Athletic Trainer is not present, another trained person (i.e. athletic training student, coach, etc.) will serve this role until the Certified Athletic Trainer arrives. Individuals with lower credentials should yield to those with more appropriate training.
- The **second** role, equipment retrieval (i.e. AED), may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Athletic training students, managers, and coaches will be called upon to serve this role. Often this will be an athletic training student/intern who is serving as the second responder.
- The **third** role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating EMS may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location, layout, and address of the sporting event.
- The **fourth** role on the emergency team should be directing the EMS to the scene. One member of the team will be responsible for meeting emergency medical personnel as they arrive at the site of the contest. Depending on ease of access, this person should have keys to any locked gates or doors which may slow the arrival of medical personnel. This will be either the second or third responder's responsibility.

6.5 Activating the Emergency Medical System (EMS)

The single most important component of an Emergency Action Plan is time. It is imperative in a life-threatening situation the injured person receives advanced life support as soon as possible.

In advance of a practice or competition, one of the responders will be given the responsibility of calling in case of emergency. Medical personnel should review the EAP prior to the start of each season and again prior to each competition. In most cases a cell phone will be used, but should service not be available, medical personnel should know where a landline is available. One thing to note is when calling from a campus landline, you must dial a "9" to get an outside line.

Making the Call

- Dial **911** from a cellular phone or **9-911** from a campus phone.
- Talk to the dispatcher in a calm and controlled voice. You will need to tell them:
 - ☐ Your name and title
 - ☐ Exact location of the patient
 - ☐ Telephone number from which you are calling
 - ☐ Gate or door closest to the scene
 - ☐ What happened
 - ☐ How many people were involved
 - ☐ Condition of the injured
 - Ex. 21 year-old male*
 - Unconsciousness*
 - Open femur fracture*
 - Severe Bleeding*
 - Inability to move limbs*
 - Etc.*
 - ☐ What help (first aid) has been given
 - ☐ Indicate where you want the injured patient taken (St. Mary's Hospital)
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the injured patient.
- Return to the scene (if not able to stay directly next to the patient) and continue to assist the first responder in providing care for the injured patient.

6.6 Emergency Communication

Communication is the key to quick delivery of emergency care in athletic trauma situations. It is the responsibility of the Certified Athletic Trainer to communicate with EMS prior to events to establish boundaries and to build rapport between both entities. When emergency medical transportation is not available on-site, the Certified Athletic Trainer will utilize their cellular phone to have direct communication to the EMS system.

Cellular Phones: Certified Athletic Trainers will carry cellular phones at all times.

Two-Way Radios: Athletic training students/interns may have radios to communicate with the other athletic training students, the Certified Athletic Trainers, and the Athletic Training Room.

On-Campus Telephones: Can be utilized when EMS needs to be implemented and cellular service is not available.

Emergency Communication Hand Signals

Certified Athletic Trainers, athletic training students, physicians, and EMT's should all be familiar with the following hand signals.

"touch body part"	indicates the injured body part
"raised fist"	Certified Athletic Trainer/MD is needed
"scuba OK" (pat top of head)	Certified Athletic Trainer /MD is not needed
"overhead circular"	activate EMS immediately
"baseball safe signal"	spine board/stretchers is needed
"hand pumping motion"	splints are needed
"steering wheel motion"	cart/motorized transportation is needed
"fist pound on heart"	automated external defibrillator (AED) is needed

6.7 Emergency Equipment

The following emergency equipment will be on site and easily accessible. The Athletic Training kits will be labeled for easy identification. The contents of the kits will be reviewed daily and be adequately stocked. All athletic trainers responsible for covering an athletic practice or competition will be trained in the use of the following equipment annually.

I. Practices

A. Athletic Training Kit

1. Sam splints
2. Vacuums Splints
3. Arm Slings
4. Ace wraps
5. Wound care materials
6. Biohazard bags
7. Facemask removal (pruning shears or Trainers Angel)
8. Scissors (for equipment removal when necessary)

B. AED

C. Ice

D. Motorized vehicle for injured patient (at outdoor events)

II. **Games**

A. Athletic Training Kit

1. Sam splints
2. Arm Slings
3. Ace wraps
4. Wound care materials
5. Biohazard bags
6. Facemask removal (pruning shears or Trainers Angel)
7. Scissors (for equipment removal when necessary)

B. AED

C. Ice

D. Crutches

E. Motorized vehicle for injured patient (at outdoor events)

6.8 **Transportation**

Emphasis is placed on having EMS services available at collision sports (Football & Men's and Women's Hockey). Therefore, there will be an ambulance staffed with EMS at all football and men's and women's hockey home games. This will allow for the quickest response time possible when EMS is needed.

Life Threatening Injury

- All life threatening injuries will be transported to St Mary's Hospital Emergency Room in Duluth via ambulance whenever possible. The ambulance services primarily being utilized in Duluth are Mayo Ambulance Services and Essentia Ambulance Services.

Non-Life Threatening Injury

- All non-life threatening injuries, yet requiring medical attention deemed by the Sports Medicine Staff, will be transported to a health care facility by a non-emergency vehicle (ideally to Essentia Health).
- Transporting a non-ambulatory injury, which is deemed non-life threatening, will utilize a motorized vehicle whenever possible to remove the student-athlete from practice or the competition site.

6.9 **Telephone Numbers**

ATHLETIC TRAINERS

Dr. Susan Hoppe, Ed.D, ATC
Charla Buxbaum, MS, ATC
Jessica Schlafke, MS, ATC
Samantha Woolson, MS, ATC
Rachel Swichtenberg, ATC
Cassidy Pierce, MS ATC
Kristin Sondys, MS, ATC

OFFICE

218-726-8709
218-726-8637
218-726-
218-726-
218-726-
218-726-8709
218-726-

CELL:

218-391-9263
218-591-2123

ATHLETIC DEPARTMENT

218-726-8168

PHYSICIANS

218-786-8364

Dr. Ben Nelson, MD
Dr. Heather Grothe, MD
Dr. Brad Kuzel, MD

MEDICAL FACILITIES

Athletic Training Room-Campus	218-726-8717
Athletic Training Room-Amsoil	218-726-8709
UMD Student Health Center	218-726-8155
Essentia Health Duluth Clinic	218-786-8364

St. Luke's Hospital

Emergency Room	218-727-5616
Urgent Care	218-725-6095

Essentia Health System

St. Mary's Emergency Room.	218-786-4357
Urgent Care	218-786-2500
Essentia Health-Duluth Clinic Orthopedics	218-786-3232

CHAPTER 7

EAP SPECIFIC to VARSITY SPORT VENUE



University of Minnesota Duluth EMERGENCY ACTION PLAN Griggs Field



ADDRESS: 1336 University Drive, Duluth, MN 55812

VENUE DIRECTIONS: Griggs field is located in Malosky Stadium on the East side of UMD's main campus.



Emergency Access:

Griggs Field at Malosky Stadium:

- From Woodland Ave turn onto W ELIZABETH STREET
- From W St. Marie Street turn onto UNIVERSITY DRIVE
- From W College Street turn onto UNIVERSITY DRIVE

Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones.

EMERGENCY EQUIPMENT:

Emergency supplies (AED and splint bag) are maintained in the UMD Athletic Training Room (SpHC #25) and will be present on-field at all official team practices and competition.

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room. Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

EMERGENCY ACTION PLAN

Ward Wells Field House



ADDRESS: 1228 University Drive, Duluth, MN 55812

VENUE DIRECTIONS: Ward Wells Field House is located on the East side of UMD's main campus SOUTH of Griggs Field



Emergency Access:

Ward Wells Field House:

- From W St. Marie Street turn onto UNIVERSITY DRIVE
- Turn EAST down loading ramp
- From W College Street turn onto UNIVERSITY DRIVE
- From Woodland Ave turn onto W GRIGGS PLACE

Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones.

EMERGENCY EQUIPMENT:

An AED is on the wall on the WEST corner of the facility. Other emergency supplies (AED and splint bag) are maintained in the UMD Athletic Training Room (SpHC #25) and will be present on-field at all official team practices and competition.

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

EMERGENCY ACTION PLAN

Tennis Courts, Soccer (Field 1)



ADDRESS: 1218 University Drive, Duluth, MN 55812

VENUE DIRECTIONS: Tennis courts and Field 1 are located off University Drive on the East side of UMD's main campus.



Emergency Access:

- Tennis Courts
 - From W St. Marie Street turn onto UNIVERSITY DRIVE
 - From W College Street turn onto UNIVERSITY DRIVE
- Field 1
 - Off UNIVERSITY DRIVE
 - Enter through gate in fence
- Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones.

EMERGENCY EQUIPMENT:

Emergency supplies (AED and splint bag) are maintained in the UMD Athletic Training Room (SpHC #25)

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

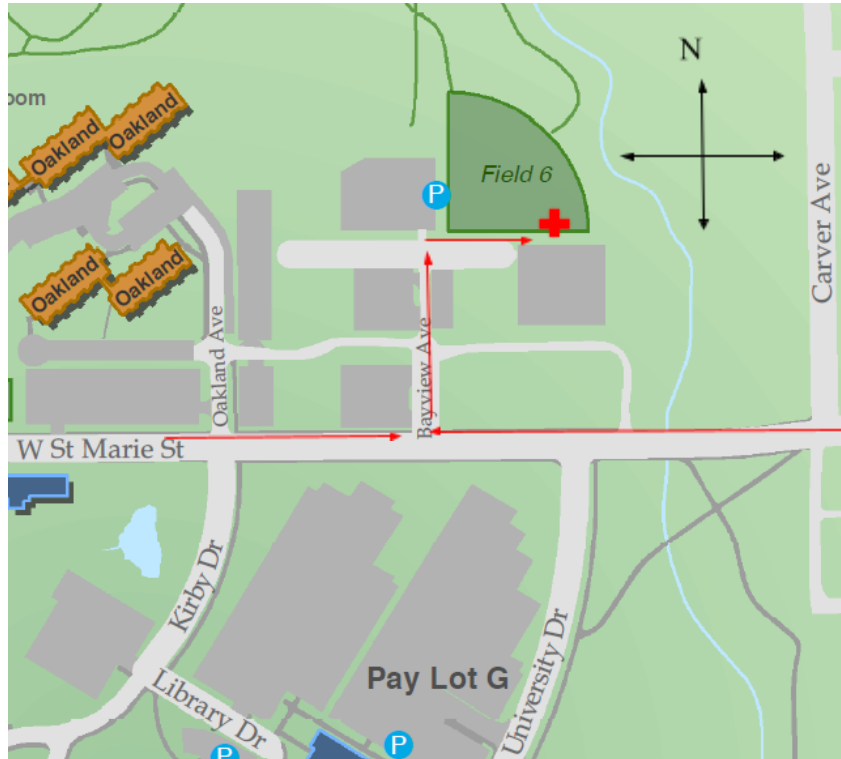
EMERGENCY ACTION PLAN

Field #6 - Throws



ADDRESS: St. Marie Street and Bayview Avenue

VENUE DIRECTIONS: Field #6 is located North of W St. Marie Street via Bayview Ave



Emergency Access:

Field #6:

- From Woodland Ave turn WEST onto W St. Marie Street
 - From W St. Marie Street turn NORTH onto Bayview Ave
 - Field 6 will be on the RIGHT
- Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones.

EMERGENCY EQUIPMENT:

Emergency supplies (AED and splint bag) are maintained in the UMD Athletic Training Room (SpHC #25)

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

EMERGENCY ACTION PLAN

Bulldog Park (Field 7)



ADDRESS: 1220 University Drive, Duluth, MN 55812

VENUE DIRECTIONS: Field 7, Field 1 and Tennis courts are located off University Drive on the East side of UMD's main campus.



Emergency Access:

Field 7:

- From W St. Marie Street turn onto UNIVERSITY DRIVE
- From W College Street turn onto UNIVERSITY DRIVE
- Turn EAST onto pedestrian sidewalk

Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones.

EMERGENCY EQUIPMENT:

Emergency supplies (AED and splint bag) are maintained in the UMD Athletic Training Room (SpHC #25) and will be present on-field at all official team practices and competition.

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St., Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

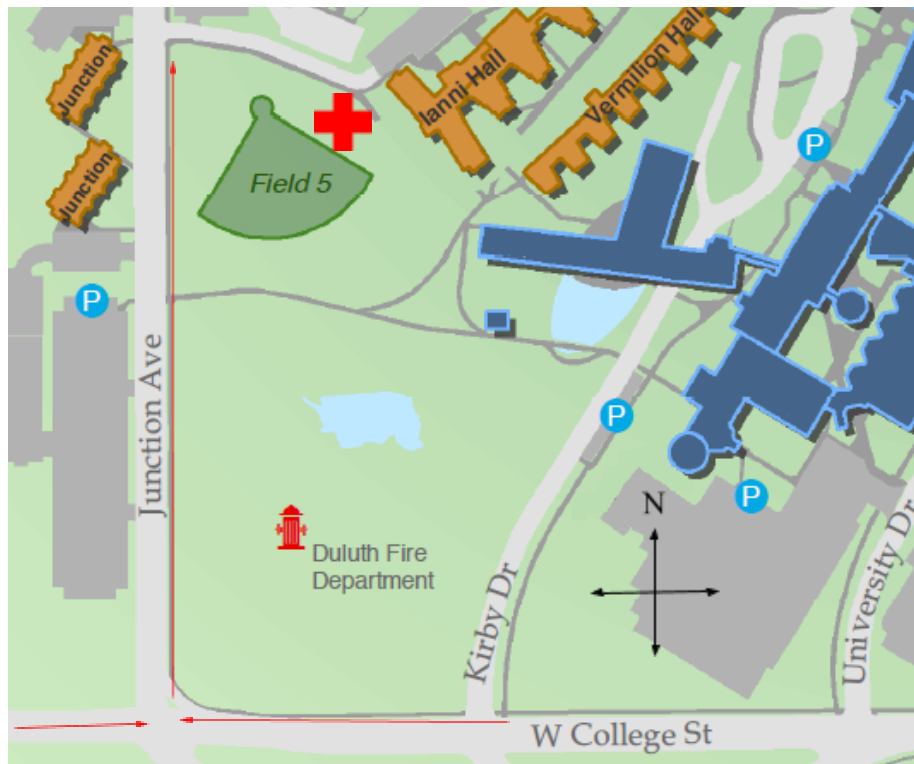
EMERGENCY ACTION PLAN

Junction Softball Field (Field 5)



ADDRESS: 1128 Junction Ave, Duluth, MN 55812

VENUE DIRECTIONS: Junction Softball Field is located on the South West corner of UMD's main campus on the East side of Junction Ave.



Emergency Access:

Junction Softball Field:

- From W COLLEGE ST turn North onto JUNCTION AVE
- Field is located on the East side of the street

Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones.

EMERGENCY EQUIPMENT:

Emergency supplies (AED and splint bag) will only be present on-field at all official team practices and competition.

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	

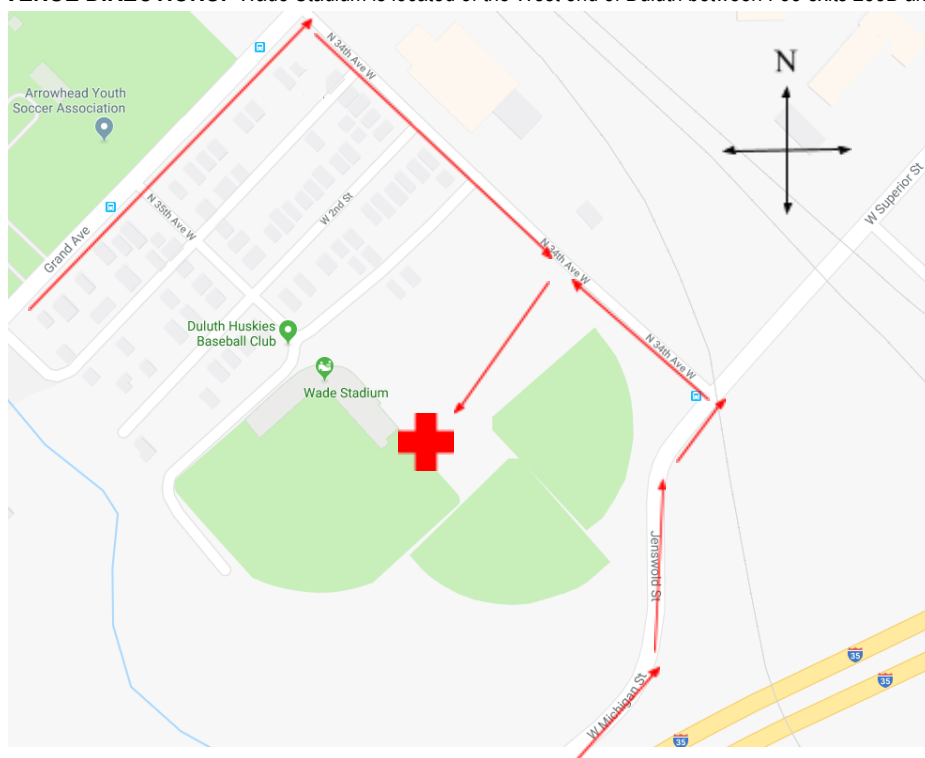


University of Minnesota Duluth EMERGENCY ACTION PLAN Wade Stadium



ADDRESS: 101 N 35th Ave W, Duluth, MN 55807

VENUE DIRECTIONS: Wade Stadium is located at the West end of Duluth between I-35 exits 253B and 254



Emergency Access:

Wade Stadium:

- From GRAND AVE turn SE on N 34th AVE W
- Turn SOUTH into dirt parking lot
- From W MICHIGAN ST/W SUPERIOR ST turn NW on N 34th AVE W
- Field access located on the NE side of the facility

Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones.

EMERGENCY EQUIPMENT:

Emergency supplies (AED and splint bag) will ONLY be present on-field at all official team practices and competition.

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

EMERGENCY ACTION PLAN

Athletic Training Room



ADDRESS: Sports and Health Center building (Room 25):

VENUE DIRECTIONS: The UMD athletic training room is located on the ground level in the Sports and Health Center in Room 25 on the East side of UMD's main campus.



Emergency Access:

- UMD Athletic Training Room:
 - From W St. Marie Street turn onto UNIVERSITY DRIVE
 - From W College Street turn onto UNIVERSITY DRIVE
 - Follow UNIVERSITY DRIVE to doors on the NE side of the SpHC building
 - Directly across the street from 1218 UNIVERSITY DRIVE
- Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones. A landline is located in SpHC #25 and can be used to make emergency phone calls.

EMERGENCY EQUIPMENT:

Emergency supplies (AED and splint bag) are maintained in the UMD Athletic Training Room (SpHC #25)

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

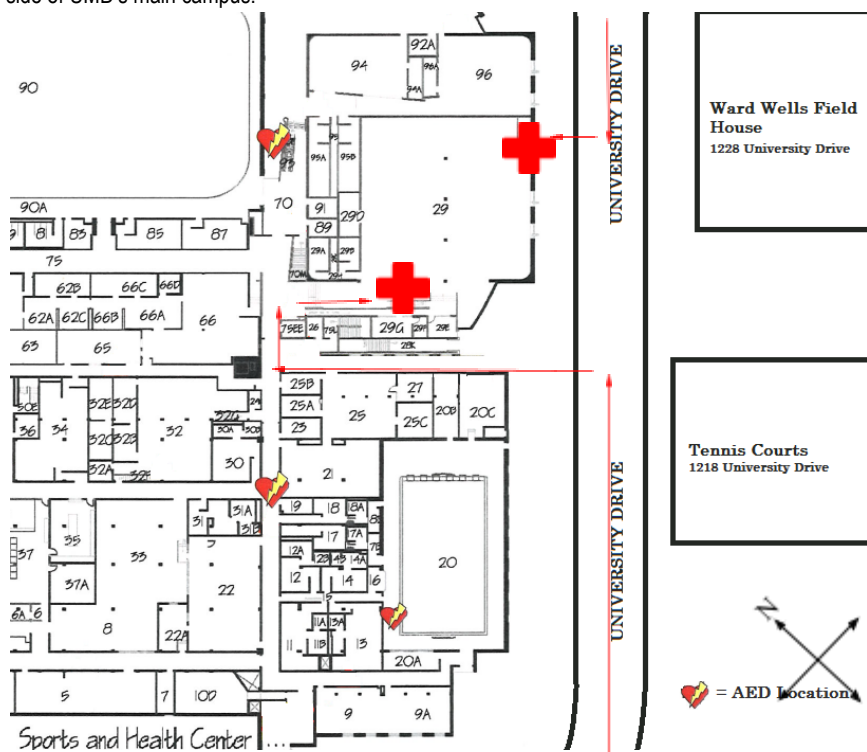
EMERGENCY ACTION PLAN

Varsity Weight Room



ADDRESS: Sports and Health Center building (Room 29):

VENUE DIRECTIONS: The UMD varsity weight room is located on the ground level in the Sports and Health Center in Room 29 on the East side of UMD's main campus.



Emergency Access:

- UMD Athletic Training Room:
 - From W St. Marie Street turn onto UNIVERSITY DRIVE
 - From W College Street turn onto UNIVERSITY DRIVE
 - Follow UNIVERSITY DRIVE to doors on the NE side of the SpHC building
 - Directly across the street from 1228 UNIVERSITY DRIVE
- Enter facilities through the points marked with a big red cross on map
- **Send someone to meet the ambulance if possible.**

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones. A landline is located in SpHC #29 and can be used to make emergency phone calls.

EMERGENCY EQUIPMENT:

Emergency supplies (AED and splint bag) are maintained in the UMD Athletic Training Room (SpHC #25)

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room. Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

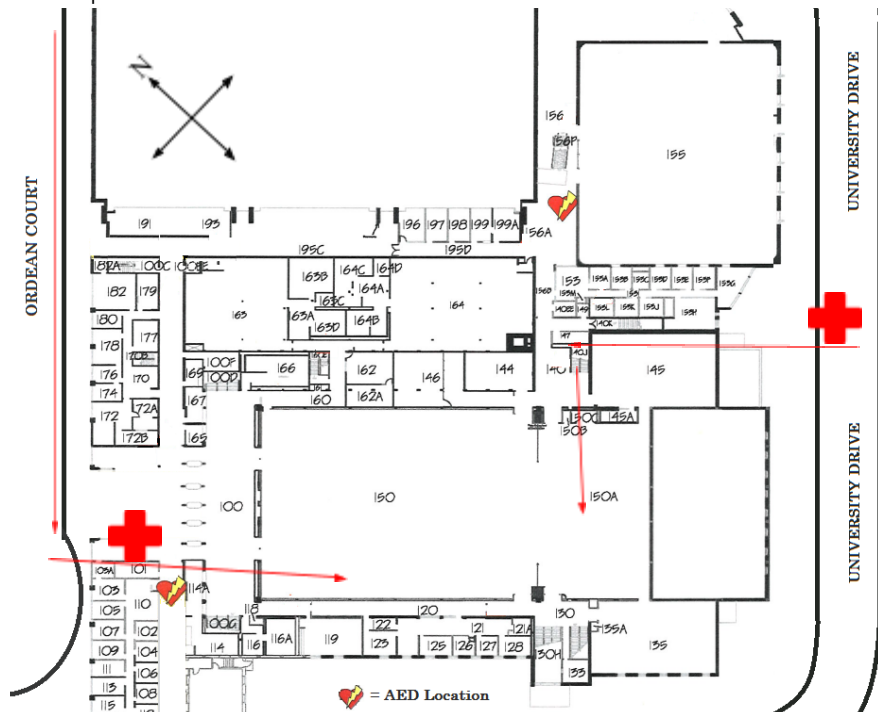
EMERGENCY ACTION PLAN

Romano Gym



ADDRESS: 1216 Ordean Court, Duluth MN 55812

VENUE DIRECTIONS: Romano Gym is located in the first level of the Sports and Health Center in Room 150 on the East side of UMD's main campus.



Emergency Access:

Romano Gym:

- From W St. Marie Street turn onto UNIVERSITY DRIVE
- Then SW of ORDEAN CT
- From W College Street turn onto UNIVERSITY DRIVE
- Follow UNIVERSITY DRIVE to doors on the NE side of the SpHC building
- Directly across the street from 1228 UNIVERSITY DRIVE
- Take stairs or elevator to FIRST LEVEL

Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones.

EMERGENCY EQUIPMENT:

An AED is located on the EAST wall in the hallway out beyond the trophy cases. Additional emergency supplies (AED and splint bag) are maintained in the UMD Athletic Training Room (SpHC #25)

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

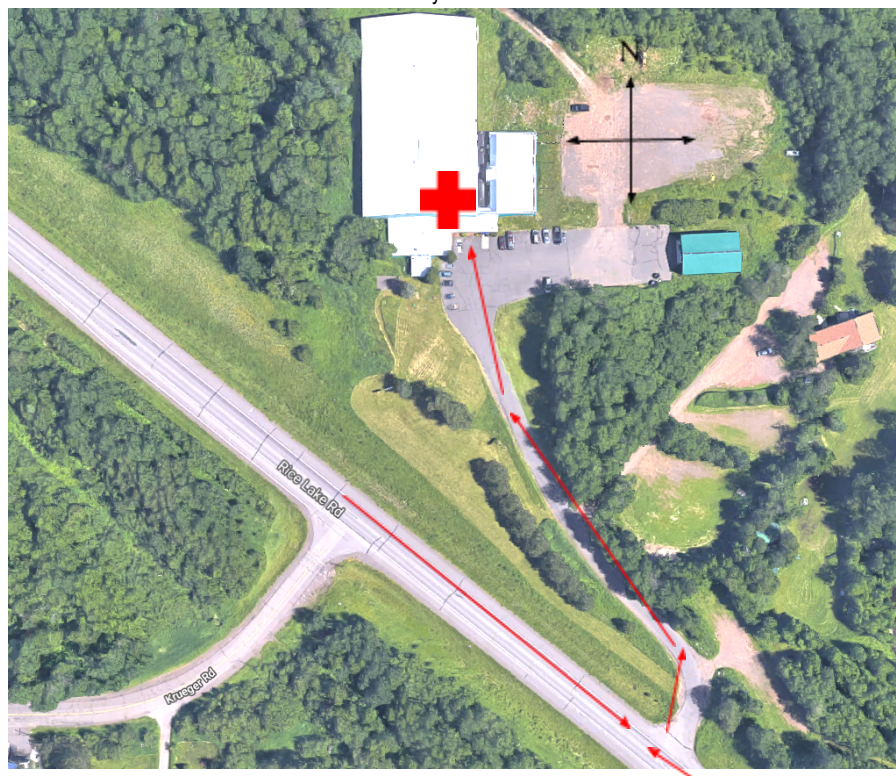
EMERGENCY ACTION PLAN

Duluth Indoor Sport Center (DISC)



ADDRESS: 4402 Rice Lake Rd, Duluth, MN 55811

VENUE DIRECTIONS: The DISC was formerly known as ARROWHEAD TENNIS. It is located on the NE side of Duluth on Rice Lake Road



Emergency Access:

DISC:

- From W ARROWHEAD RD turn NW on RICE LAKE RD
- Turn NE into driveway on N side of road
- Follow drive UP and to the LEFT
- Enter through front glass door

Enter facilities through the points marked with a big red cross on map

Send someone to meet the ambulance if possible.

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones. There is a landline at the reception desk which can be used for emergency phone calls.

EMERGENCY EQUIPMENT:

An AED is located at the reception desk. Emergency supplies (splint bag) will ONLY be present at all official team competitions.

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 407 E 3rd St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Charla Buxbaum	(218) 726-8637	(218) 591-2123
Jessa Schlafke	(218) 726-8415	(715) 340-8461
Sami Woolson	(218) 726-6624	(612) 845-0175
Rachel Swichtenberg	(218) 726-8133	(920) 205-8378
CAMPUS POLICE	911 or (281)726-7000	



University of Minnesota Duluth

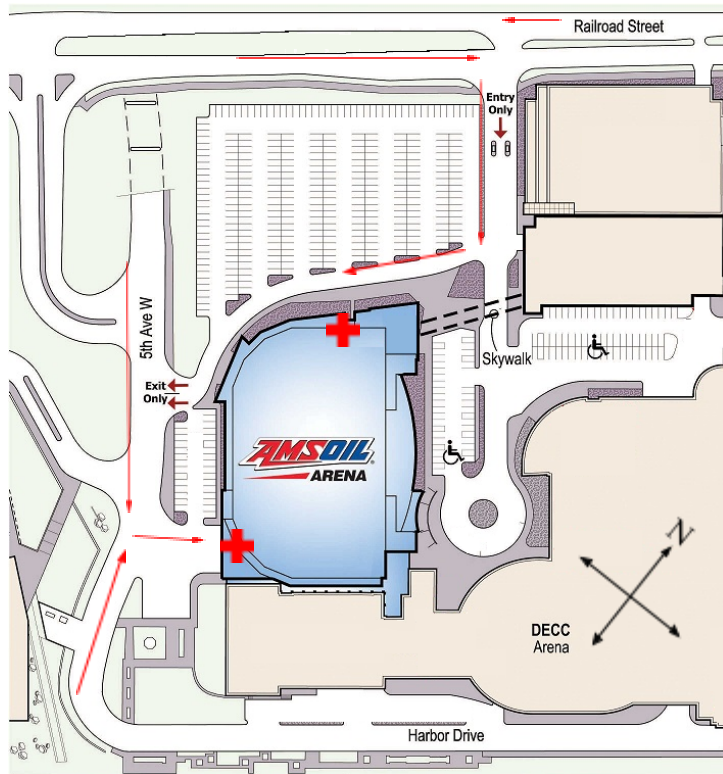
EMERGENCY ACTION PLAN

Amsoil Ice Arena



ADDRESS: 350 Harbor Drive, Duluth, MN 55802

VENUE DIRECTIONS: Amsoil Ice Arena is located in downtown Duluth SOUTHEAST of Interstate 35. It is a component of the Duluth Entertainment and Convention Center



Emergency Access:

- Amsoil Arena Ice Sheet:
 - From I-35 take Exit 256B
 - Turn SE onto 5th Ave W
 - Turn NE into garage bay 12 or 14
 - Amsoil Weight room:
 - From Railroad St enter parking area from the NW
 - Follow along building to the NW set of double doors
 - Enter facilities through the points marked with a big red cross on map
- Send someone to meet the ambulance if possible.**

EMERGENCY PERSONNEL:

Certified athletic trainer and coaches on site for practice and competition; additional sports medicine staff accessible for competition.

EMERGENCY COMMUNICATION:

Coaches and certified athletic trainers carry cell phones. 2 Landlines are located in the men's and women's athletic training rooms behind the home team bench.

EMERGENCY EQUIPMENT:

Emergency supplies (AED and splint bag) are maintained in the men's and women's athletic training rooms behind the home team bench and will be present on-bench at all official team competitions. Additional AED located outside Zamboni garage door to the LEFT

ROLES OF FIRST RESPONDERS:

1. Immediate assessment and care of the injured or ill student-athlete.
2. **Activate Emergency Medical System (EMS)**
 - a. **911 Call** (provide name, address, telephone number, number of individuals injured; condition of injured; first aid treatment; specific directions to the injured/ill person, including which EMS entrance to use when entering from the facility).
3. Emergency equipment retrieval.
4. Direct EMS to the scene.
 - a. Opening of appropriate doors.
 - b. Designate individuals to "flag down" EMS and direct them to the scene.
 - c. Scene control; limit scene to first aid providers and move bystanders away from the area.

If the injured student-athlete is taken by ambulance to the hospital, an Intercollegiate Athletics staff member should accompany them to the emergency room.

Emergency transport preference: Essentia Health-St. Mary's Medical Center, 401 E 1st St, Duluth MN 55805 • Emergency Room (218)786-4000.

Contact a UMD Certified Athletic Trainer **IMMEDIATELY**.

Certified Athletic Trainers	Office Number	Cell Number
Suz Hoppe	(218) 726-8709	(218) 391-9263

CHAPTER 8

CONCUSSION MANAGEMENT

8.1. Introduction

The University of Minnesota Duluth (UMD) is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. To this end, and in accordance with NCAA legislation, UMD has adopted the following Concussion Safety Protocol for all NCAA student-athletes. This protocol identifies expectations for institutional concussion management practices as they relate to (1) the definition of sport-related concussion*, (2) independent medical care*, (3) preseason education, (4) pre-participation assessment, (5) recognition and diagnosis, (6) initial suspected concussion evaluation, (7) post-concussion management, (8) return-to-learn management, (9) return-to-sport management, (10) reducing head exposure, (11) written certificate of compliance signed by the health care administrator.

8.2 Definition of Sport-related Concussions:

According to the *Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport - Amsterdam, October 2022*:

Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.

No abnormality is seen on standard structural neuroimaging studies (computed tomography or magnetic resonance imaging T1- and T2-weighted images), but in the research setting, abnormalities may be present on functional, blood flow or metabolic imaging studies. Sport-related concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness. The clinical symptoms and signs of concussion cannot be explained solely by (but may occur concomitantly with) drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction) or other comorbidities (such as psychological factors or coexisting medical conditions).

8.3 Independent Medical Care

As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decisions, including those pertaining to concussion and head trauma injuries, for all student-athletes.

8.4 Pre-season Education

All NCAA student-athletes, coaches, team physicians, athletic trainers, Director of Athletics and other senior athletics staff members will be provided with and allowed an opportunity to discuss concussion educational material or other applicable material and be required to sign an acknowledgement, on an annual basis, that they have been provided, reviewed and understood the concussion education material.

- A. Student-athletes
 - a. Prior to the beginning of each sports season, student-athletes will receive the NCAA concussion fact sheets.
 - b. The Athletic Trainer for each team will review the topic of concussions at a team meeting prior to the start of the season.
 - c. Each student-athlete will sign a document annually stating they have read and understood the concussion material.
- B. Coaches
 - a. Each coach annually will receive the NCAA fact sheets on concussions.
 - b. Each coach will sign a document annually stating they have read and understood the concussion material.
- C. Team Physicians
 - a. The UMD Athletic Training concussion protocol will be discussed annually with the team physicians from Essentia.
 - b. The Medical Director will approve any updates or changes as necessary.
- D. Athletic Trainers
 - a. The UMD Athletic Training concussion protocol will be discussed annually prior to the start of sports seasons.
 - b. Each Certified Athletic Trainer will sign a document annually stating they have read and understood the concussion material.
- E. Director of Athletics and Senior staff members
 - a. The Director of Sports Medicine will provide concussion education materials to each Senior Staff member.
 - b. Each Senior Staff member will sign a document annually stating they have read and understood the concussion materials.

8.5 Pre-participation Assessment

All UMD student-athletes will undergo a pre-participation baseline concussion assessment. This assessment assumes individualized medical care, which means: Each student-athlete and each injury are different. Depending on the severity of prior injuries, the number of concussions, other individual concerns and based on the developing state of science, the team physician/PCP should review each student-athlete's history and consider discussing with the student-athlete concerns about concussion and repetitive head impact as warranted, including potential risks and benefits from playing sport. Such discussion allows the student-athlete to make an informed decision about their participation in sport.

- A. Brain injury and concussion history
 - a. Annually each student-athlete is asked concussion related questions as part of their annual pre-participation screening on UMD campus.
- B. Symptom evaluation
 - a. Symptoms are evaluated through the initial screening utilizing the Sway Medical (Sway) concussion testing platform.
 - b. Additional symptoms may be assessed by the Athletic Trainer as part of the student-athlete's annual pre-participation screening if deemed necessary.
- C. Cognitive assessment
 - a. Cognitive assessment is evaluated through the initial screening utilizing a Sway baseline assessment.
 - b. Additional testing and/or referral is conducted if the Athletic Trainer deems necessary.
- D. Balance evaluation
 - a. Balance is evaluated through the initial screening utilizing a Sway baseline assessment.
 - b. Additional testing and/or referral is conducted if the Athletic Trainer deems necessary.
- E. Team physician clearance or need for additional testing
 - a. The Medical Director or Team Physician will determine pre-participation clearance.
 - b. The Medical Director or Team Physician will determine the need for additional testing for any student-athlete with a history of concussions.

8.6 Recognition and Diagnosis of Concussion

8.7 Initial Suspected Concussion Evaluation and Post Concussion Management

- A. After the initial concussion evaluation, the Certified Athletic Trainer will follow the existing protocol for concussion evaluation including:
- Remove the student-athlete from competition immediately and do not allow him or her to resume play for the remainder of the game.
 - If able, the student-athlete completes a full Sway assessment which includes recording the severity of all symptoms.
 - Monitor for worsening of symptoms and/or focal neurologic deficits, including weakness and sensory change, every 15 to 30 minutes during the hour after injury.
 - If symptoms worsen, the student-athlete should be transported to an emergency department for further evaluation, because changes may suggest an injury more serious than a concussion, such as intracranial hemorrhage. (see specifics listed below)
 - If symptoms remain stable or improve, the student-athlete can be sent home if an adult caregiver is present. The caregiver is given a list of symptoms to be aware of that would warrant going to an emergency department, and the student-athlete is not allowed to drive. (see attached form)
 - Place the student-athlete on physical (no sports, running, jumping, or weightlifting, for example) and cognitive (no video games, or screen time) rest to minimize stress on the brain.
 - Team physicians are notified of all diagnosed concussions.
- B. If at any time any of the following occur, the Emergency Action Plan will be initiated and the student-athlete will be referred to the Emergency Room:
- Glasgow Coma Scale of < 13
 - Prolonged loss of consciousness
 - Focal neurological deficit suggesting intracranial trauma
 - Persistently diminished/worsening mental status or other neurological signs/symptoms
 - Spine injury

Glasgow Coma Scale		
Response	Scale	Score
Eye Opening Response	Eyes open spontaneously	4 Points
	Eyes open to verbal command, speech, or shout	3 Points
	Eyes open to pain (not applied to face)	2 Points
	No eye opening	1 Point
Verbal Response	Oriented	5 Points
	Confused conversation, but able to answer questions	4 Points
	Inappropriate responses, words discernible	3 Points
	Incomprehensible sounds or speech	2 Points
	No verbal response	1 Point
Motor Response	Obeys commands for movement	6 Points
	Purposeful movement to painful stimulus	5 Points
	Withdraws from pain	4 Points
	Abnormal (spastic) flexion, decorticate posture	3 Points
	Extensor (rigid) response, decerebrate posture	2 Points
	No motor response	1 Point
Minor Brain Injury = 13-15 points; Moderate Brain Injury = 9-12 points; Severe Brain Injury = 3-8 points		

8.8 Return-to-Sport Management

- a. Concussion assessment techniques are performed (Sway, cranial nerve assessment, etc.)
- b. Once a student-athlete is asymptomatic and has normal neuropsychological measures, they can begin a functional return-to-play process. This process involves gradually increasing cognitive and physical challenges in a systematic, stepwise fashion. If the student-athlete has symptoms at any time, they rest again until the symptoms subside. Then the student-athlete can resume the protocol on the level at which they were symptom-free.

Note-

The Mild Traumatic Brain Injury Evaluation Form will be repeated every day until the student-athlete Self-Reports Asymptomatic (SRA), at which time the student-athlete will begin with Day 1 SRA Procedures.

Student athletes will NOT be permitted to participate in any practices or competition while they have symptoms. There is NO timeline set for this phase. It might be days, weeks, or months.

c. Day 1 after Self-Report Asymptomatic (SRA)

- a. Sway retest
- b. Cardiovascular exercise in controlled setting-
 1. Mode, duration and intensity dependent upon sport
 2. Monitor symptoms
 - o ***If student-athlete becomes symptomatic, return the student-athlete to the concussed state procedures until they Self-Report Asymptomatic (SRA)***
- c. Weight Training (under the direction of a Certified Athletic Trainer)-
 1. Mode, duration and intensity dependent upon sport
 2. If Day 2 does not fall within the student-athlete's scheduled weight lifting schedule, the student-athlete should still perform weight training exercises under the direction of a Certified Athletic Trainer.
 3. Monitor symptoms

Factors which may affect progression-

- If the student-athlete is symptomatic during and/or after any of the tests, return him/her to the concussed state / procedures until SRA and consult with the Team Physician for further evaluation.
- If the student-athlete is asymptomatic with all activity, consult with the Team Physician for return to play clearance

d. **Day 2 after Self-Report Asymptomatic (SRA) – with no return of symptoms**

- i. Exertional Functional Activity without contact
 - 1. Mode, duration and intensity dependent upon sport
 - 2. Monitor symptoms
 - o ***If student-athlete becomes symptomatic, return the student-athlete to the concussed state procedures until they Self-Report Asymptomatic (SRA)***

e. **Day 3 after Self-Report Asymptomatic (SRA) – with no return of symptoms**

- i. RETURN to FULL ACTIVITY

8.9 Return-to-Learn Management

- a. The UMD Athletics Academic Coordinator may serve as the liaison between all parties involved in a student-athlete's return-to-learn program.
- b. A multi-disciplinary team will be involved in making the best and most appropriate decisions with a student-athlete after a diagnosed concussion:
 - i. Team Physician
 - 1. The Team Physicians will provide a letter to each student-athlete sustaining a concussion to present to their Instructors/Professors and to the Office of Disability Services if accommodations are necessary regarding the student-athlete's learning.
 - ii. Certified Athletic Trainer
 - 1. The Certified Athletic Trainer will continually monitor the daily progress of the student-athlete and refer when necessary to the Team Physician, Office of Disability Services, the Academic Coordinator, and/or the Faculty Athletic Representative.
 - iii. Faculty Athletic Representative
 - 1. The Faculty Athletic Representative may serve as a liaison between the student-athlete, Instructors and Professors whenever necessary.
 - iv. Academic Coordinator
 - 1. The Academic Coordinator will serve as a liaison between the student-athlete, Instructors and Professors whenever necessary.
 - v. Course Instructors/Professors
 - 1. The Office of Disability Services will work with the Instructors/Professors in order to insure the most appropriate plan and accommodations for learning if necessary.
 - vi. College Administrators

1. The Director of Athletics will be notified if a student-athlete sustains a concussion that requires accommodations for learning.
- vii. Office of Disability Services
 1. The Office of Disability Services will be notified if a student-athlete sustains a concussion which requires accommodations for learning in order to assist the student-athlete with any accommodations they may need.
- viii. Coaches
 1. The Head Coach will be notified if a student-athlete sustains a concussion that requires accommodations for learning or practice and competition.
- c. Additional Points regarding Return-to-Learn
 - i. Protocol is not time/day dependent but rather dictated by patients' symptoms.
 - ii. No classroom activity the day of the concussion.
 - iii. The student-athlete will return to the classroom or study as tolerated.
 - iv. If the student-athlete cannot tolerate light cognitive activity (because symptoms worsen) the student-athlete will be instructed to stay at home or in their dorm and be instructed to "check-in" with their Certified Athletic Trainer for follow-up and referrals as necessary.
 - v. If academic challenges persist or concussion symptoms worsen with additional academic work, a re-evaluation by the Team Physician will occur.
 - vi. Team Physician will provide a written letter to disability services at UMD for appropriate academic accommodations. (see attached)

8.10 Reducing Exposure to Head Trauma

- A. In the interest of the health and welfare of all collegiate student-athletes the athletic trainer, not the coach, has clear authority of all student-athlete health care. This is part of our "safety first" approach to sport.
 - vii. Physical welfare of the student-athlete is always the highest priority and contact will be monitored by an athletic trainer.
 - viii. All sports medicine personnel practices in a manner which integrates the best current research evidence available.
 - ix. Decisions which affect the current or future health status of a student-athlete who has an injury is made by a properly credentialed health care provider affiliated with UMD Athletics.
- B. UMD Athletics is committed to protecting the health of and providing a safe environment for each of its participating student-athletes
 - x. Coaches are not allowed to impose demands which are not consistent with guidelines recommended by the *Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletics and Consensus*

statement on concussion in sport: the 6th International Conference on Concussion in Sports

- xi. The Athletic Trainer for each team will review the topic of concussions at a team meeting prior to the start of the season.

Additional Points of Emphasis

- d. Concussion Take-Home Instructions
- e. Initial Head Injury Evaluation and Symptom Checklist
- f. Example letter from Essentia Team Physician

CHAPTER 9
BLOOD BORNE PATHOGEN
EXPOSURE CONTROL

9.1 Policy

The University of Minnesota Duluth (UMD) is committed to providing a safe and healthful work environment for its students, faculty and staff. The UMD's Athletic Trainers and Sports Medicine Staff will adhere to the regulations set forth by the University's Environmental Health and Safety Office and the NCAA. In pursuit of this endeavor, an Exposure Control Plan (ECP) is provided by the Environmental Health and Safety Office of the university to eliminate or minimize occupational exposure to needle sticks, bloodborne and other pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist UMD departments in implementing and ensuring compliance with the Standard, thereby protecting their employees. This ECP includes:

- I. Determination of employee exposure
- II. Methods of Implementation:
Various methods of exposure controls will be used, including
 1. Universal precautions
 2. Engineering and work practice controls
 3. Personal protective equipment
 4. Housekeeping
 5. Hepatitis B vaccination
 - All athletic trainers, Sports Medicine staff and athletic training students should have the Hepatitis B vaccination series.
 - Any person who declines the vaccination may sign a declination statement, only after receiving appropriate training regarding bloodborne pathogens.
 6. Post-exposure evaluation and follow-up
 7. Communication of hazards to employees and training
 8. Recordkeeping
 9. Procedures for evaluating circumstances surrounding an exposure incident

9.2 NCAA Regulations

See attached information from [NCAA Sports Medicine Handbook 2018-2019](#).

9.3 Exposure Determination

All University of Minnesota Duluth employees who, as a result of performing their job duties, may come in contact with blood, blood products, body fluids, sharps items or other potentially infectious materials and/or agents are considered to have occupational exposure to bloodborne and other pathogens.

All employees must take necessary precautions to avoid direct contact with blood, body fluids, and other potentially infectious materials and items such as sharps,

contaminated equipment, except when absolutely necessary for the performance of their duties.

9.4 Laundry procedures

- ❖ Laundry is done at the end of the day.
- ❖ Gloves are to be worn when handling soiled towels, ace wraps and Hydrocollator covers. Gloves are located in the laundry room.
- ❖ What is considered infectious waste?

Laundry that is saturated with bodily fluids, (ex. blood, vomit)

Laundry that is considered infectious waste should be disposed of in the proper container.

9.5 Location and Disposal of Biohazard Containers

- ❖ Infectious Waste Containers are located at the UMD athletic training facility, one at each end of the treatment area.
- ❖ Infectious Waste Container is located in each of the Amsoil athletic training rooms.
- ❖ Sharps Container is located in all 3 of the athletic training facilities.
- ❖ When infectious waste containers are full please contact Jessa Schlafke in the campus ATR.
- ❖ All containers are emptied annually or when needed by notifying Environmental Health at UMD.

9.6 Training and Information Sessions

- ❖ Any Athletic Trainer, athletic training student or member of UMD Sports Medicine Staff working in a UMD Athletic Training facility is required to take part in the Bloodborne Pathogen Training. This training is through the Environmental Health and Safety Office at the University of Minnesota Duluth.
- ❖ Training will be required annually.

CHAPTER 10

MENTAL HEALTH BEST PRACTICES

1. Create healthy environments that support mental health and promote well-being
 - a. Written plan that is developed in collaboration with a licensed mental health care provider
 - b. Includes programming for:
 - i. individual student-athletes
 - ii. teams and personnel
 - iii. athletics department
 - iv. campus culture and policy
 - v. community, state and federal culture and policy
 - c. train and support coaches about mental health and their role in mental health promotion.
 - i. mental health first aid
 - ii. mental health literacy
 - iii. trauma-informed coaching
 - iv. cultural sensitivity
 - v. empathic listening
 - vi. resources
 - d. annual education about the importance of sleep for health and performance and strategies for improving sleep hygiene
2. Procedures for identification of student-athletes with mental health symptoms and disorders, including mental health screening tools
3. Mental health action plans that outline referral pathways of student-athletes to qualified providers.
4. Licensure of providers who oversee and manage student-athlete mental health care