FLORIDA STATE UNIVERSITY

SPORTS MEDICINE

Policies and Procedures Manual

Compiled by
Julie Kruessel, MS, ATC, LAT
Jeronimo Boche, MS, ATC, LAT
Gwendolyn Davis, MHRD, ATC, LAT
Jake Pfeil, MS, ATC, LAT

July 2014
# Index

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of Approval</td>
<td>4</td>
</tr>
<tr>
<td>Scope of Practice</td>
<td>5</td>
</tr>
<tr>
<td>Mission Statement</td>
<td>6</td>
</tr>
<tr>
<td><strong>Administrative Policies</strong></td>
<td>7-42</td>
</tr>
<tr>
<td>Sports Medicine Department Personnel</td>
<td>8-9</td>
</tr>
<tr>
<td>Organizational Chart</td>
<td>10</td>
</tr>
<tr>
<td>Staff Relations</td>
<td>11-12</td>
</tr>
<tr>
<td>Athletic Training Room Policies</td>
<td>13-14</td>
</tr>
<tr>
<td>Approval for Participation in Intercollegiate Athletics</td>
<td>15</td>
</tr>
<tr>
<td>On-Site Evaluations for Men’s Basketball</td>
<td>16</td>
</tr>
<tr>
<td>Exit Interview</td>
<td>17-21</td>
</tr>
<tr>
<td>Medical Hardship/Disqualification</td>
<td>22</td>
</tr>
<tr>
<td>Medical Services</td>
<td>23-25</td>
</tr>
<tr>
<td>Procedures for the Care of Athletic Injuries/Illnesses</td>
<td>26-28</td>
</tr>
<tr>
<td>Purchase of Athletic Training Supplies</td>
<td>29</td>
</tr>
<tr>
<td>Confidentiality and Privacy Policy</td>
<td>30</td>
</tr>
<tr>
<td>Transportation</td>
<td>31</td>
</tr>
<tr>
<td>Substance Abuse Program</td>
<td>32</td>
</tr>
<tr>
<td>Dietary Supplements and Banned Substances</td>
<td>33</td>
</tr>
<tr>
<td>Body Composition</td>
<td>34</td>
</tr>
<tr>
<td>Nutrition</td>
<td>35</td>
</tr>
<tr>
<td>Sport Coverage</td>
<td>36</td>
</tr>
<tr>
<td>Visiting Team Procedures</td>
<td>37</td>
</tr>
<tr>
<td>OSHA Regulations</td>
<td>38-42</td>
</tr>
<tr>
<td><strong>Emergency Management Plan</strong></td>
<td>43-127</td>
</tr>
<tr>
<td>Emergency Telephone Number List</td>
<td>44-47</td>
</tr>
<tr>
<td>Event Planning Checklist</td>
<td>48-52</td>
</tr>
<tr>
<td>Severe Weather Protocols</td>
<td>53-59</td>
</tr>
<tr>
<td>Lightning</td>
<td>54-56</td>
</tr>
<tr>
<td>Tornado</td>
<td>57</td>
</tr>
<tr>
<td>Hurricane</td>
<td>58</td>
</tr>
<tr>
<td>Utility Failure</td>
<td>59</td>
</tr>
<tr>
<td>Emergency Management Protocols</td>
<td>60-72</td>
</tr>
<tr>
<td>Emergency Management Protocol</td>
<td>61</td>
</tr>
<tr>
<td>Emergency Referral</td>
<td>62</td>
</tr>
<tr>
<td>Life Threatening Situation</td>
<td>63</td>
</tr>
<tr>
<td>Primary Survey</td>
<td>64</td>
</tr>
<tr>
<td>Secondary Survey</td>
<td>65-66</td>
</tr>
<tr>
<td>Catastrophic Incident Plan</td>
<td>67-72</td>
</tr>
<tr>
<td><strong>Venue Plans</strong></td>
<td>73-127</td>
</tr>
<tr>
<td>Alumni Village Hammer Throw Area- Track and Field</td>
<td>74-75</td>
</tr>
<tr>
<td>Apalachee Regional Park- Cross Country</td>
<td>76-77</td>
</tr>
<tr>
<td>Basketball Training Center- Men’s Basketball</td>
<td>78-79</td>
</tr>
<tr>
<td>Basketball Training Center- Women’s Basketball</td>
<td>80-81</td>
</tr>
<tr>
<td>Bobby Leach Student Recreation Center Aquatics- Swimming and Diving</td>
<td>82-83</td>
</tr>
<tr>
<td>Dick Howser Stadium- Baseball</td>
<td>84-85</td>
</tr>
<tr>
<td>Doak Campbell Stadium- Football</td>
<td>86-87</td>
</tr>
<tr>
<td>Football Practice Field- Football</td>
<td>88-89</td>
</tr>
<tr>
<td>Athletic Training Center</td>
<td>90-91</td>
</tr>
<tr>
<td>Leon County Civic Center- Men’s Basketball</td>
<td>92-93</td>
</tr>
<tr>
<td>Leon County Civic Center- Women’s Basketball</td>
<td>94-95</td>
</tr>
<tr>
<td>Miccosukee Greenway- Cross Country</td>
<td>96-97</td>
</tr>
<tr>
<td>Mike Long Track- Track and Field</td>
<td>98-99</td>
</tr>
<tr>
<td>Moore Athletic Center</td>
<td>100-101</td>
</tr>
<tr>
<td>Morcom Aquatics Center- Swimming and Diving</td>
<td>102-103</td>
</tr>
</tbody>
</table>
Scott Speicher Tennis Complex- Men’s Tennis .......................... 104-105
Scott Speicher Tennis Complex- Women’s Tennis ....................... 106-107
Indoor Tennis Facility- Men’s Tennis .................................... 108-109
Indoor Tennis Facility- Women’s Tennis .................................. 110-111
Seminole Golf Course- Men’s Golf ........................................... 112-113
Seminole Golf Course- Women’s Golf ...................................... 114-115
Seminole Golf Course- Cross Country ..................................... 116-117
Lady Seminole Softball Complex ............................................. 118-119
Lady Seminole Soccer Complex .............................................. 120-121
Tully Gymnasium- Volleyball .................................................. 122-123
Tully Gymnasium- Weight Room ............................................. 124-125
Sand Volleyball Courts- Sand Volleyball ................................. 126-127

Medical Situations/Conditions ..................................................... 128-183

Cold Stress and Cold Exposure ................................................. 129
Heat Illnesses .................................................................... 130-131
Rehydration ........................................................................ 132-133
Eating Disorders ................................................................. 134-136
Gender Specific Issues .......................................................... 137
Skin Disorders ....................................................................... 138
Mental Health Issues ............................................................ 139-140
Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder ................................................................ 141-145
Concussion or Mild Traumatic Brain Injury .............................. 146-169
Sickle Cell Trait ..................................................................... 170-174
Conditions of Impairment ...................................................... 175
Pregnancy .............................................................................. 176-177
Type I Diabetes ................................................................. 178-179
Asthma ................................................................................. 180-181
STATEMENT OF APPROVAL

The Florida State University Sports Medicine Policies and Procedures Manual was developed by the staff athletic trainers while in collaboration with the team physicians. The primary team physicians have carefully reviewed and approved the manual in its entirety. Signed review and approval of the manual by each primary team physician shall be kept on file with the Director of Sports Medicine.

(Print Name- Dr. Kris Stowers)  (Signature)  (Date)

(Print Name- Dr. William Thompson)  (Signature)  (Date)

(Print Name- Dr. Steve Jordan)  (Signature)  (Date)
SCOPE OF PRACTICE

"Athletic training" means the form of health care that includes the practice of preventing, recognizing, assessing, managing, treating, disposing of, and reconditioning athletic injuries under the direction of a physician licensed in this state or another qualified, licensed health professional who is authorized to refer for health care services within the scope of the person's license.

The Florida State University Sports Medicine Staff shall be licensed under the State of Florida Department of Health Division of Medical Quality Service. With this license, all staff athletic trainers shall practice under the direction of a Florida licensed team physician.
MISSION STATEMENT

The Florida State University Sports Medicine Department strives to provide the intercollegiate student-athletes with the utmost quality health care. In doing so, the Sports Medicine staff is devoted to the care, prevention, treatment, and rehabilitation of injuries and illnesses while maximizing athletic performance. The Sports Medicine Department is dedicated to providing the FSU student-athletes with the latest in sports medicine research and technology, and to create an environment that promotes the total wellness of the student, the athlete, and the person.
ADMINISTRATIVE POLICIES AND PROCEDURES
Sports Medicine Department Personnel

The Athletic Training Staff consists of a Director of Sports Medicine, three associate directors of sports medicine, seven assistant athletic trainers, one athletic insurance coordinator, eight graduate assistant athletic trainers, and one intern athletic trainer. All athletic training staff members are certified by the National Athletic Trainers’ Association and licensed by the State of Florida.

Certified Athletic Training Staff:
Robin Gibson  Director of Sports Medicine
Jake Pfeil    Senior Associate Director of Sports Medicine (Head Football)
Sam Lunt     Associate Director of Sports Medicine (Men’s Basketball)
Jerry Latimer Associate Director of Sports Medicine (Coordinator of Rehabilitation Services)
Jeronimo Boche Athletic Trainer (Football)
Julie Kruessel Athletic Trainer (Football)
Gwendolyn Davis Athletic Trainer (Men’s and Women’s Cross Country and Track and Field)
Emily Hutcherson Athletic Trainer (Women’s Basketball)
Cheryl Pfeil  Athletic Trainer (Coordinator of Athletic Training Services)
Nick Pappas   Athletic Trainer (Athletic Insurance Coordinator)
Brandon Stone Athletic Trainer (Baseball, Men’s Golf)
Brian Baldwin Intern Athletic Trainers (M/W Swimming/Diving)
Jason Williams Intern Athletic Trainer (Football)

Certified Graduate Assistant Athletic Trainers:
Jordan Bellomy Graduate Assistant (Women’s Tennis)
Natalie Fontela Graduate Assistant (M/W Cross Country and Track and Field)
Remington Gantt Graduate Assistant (Football)
Julia Giampaolo Graduate Assistant (Men’s Tennis)
Miguel Motolongo Graduate Assistant (Soccer)
Amanda Robinson Graduate Assistant (Volleyball)
Kathryn Zirpoli Graduate Assistant (Sand Volleyball)

All graduate assistant athletic trainers will be on full academic scholarship while at Florida State University.

Athletic Training Students
Athletic Training Students must be accepted into the Athletic Training/Sport Medicine Curriculum and must complete the following steps in order to be eligible for admission into the didactic, clinical, and field components of the program:

1. A minimum GPA of 2.5

2. Successful completion of PET 1638 and admittance into PET 1941

3. Student must meet all technical standards for admission.

Athletic training students will be selected by a committee which consists of the Curriculum Director, the Assistant Curriculum Director, the Director of Sports Medicine, the Associate Director of Sports Medicine, and several staff athletic trainers. Upon admission, each student will be assigned a primary sport responsibility and work under the supervision of a certified athletic trainer. During their second year in the athletic training education program, athletic training students may apply for the Jason Evans Memorial Scholarship. One male
and one female athletic training student will be selected to receive the scholarship, which will be applied to their third year in the program.
STAFF RELATIONS

Physicians and Medical Advisors
The Athletic Training Staff will cooperate completely with the team physician and any other medical advisors working with the Athletic Training Department. The medical advisory staff for the Department of Athletics, at this time, includes two highly qualified Orthopedic Surgeons, one Family Practitioner and numerous Medical Consultants.

Visiting Athletic Trainers
Members of the Athletic Training Staff will conduct themselves according to the manner outlined in the NATA Code of Ethics. Athletic Trainers of visiting teams are to be extended every courtesy during their visit to Florida State University.

Coaches
Coaches will be kept fully informed as to the health status of student-athletes throughout the season. This will occur either by personal conversation or by a written report delivered directly to the coach. All coaches, graduate assistant coaches, and volunteer coaches, must be CPR/First Aid/AED certified and act as a first responder in the absence of a Certified Athletic Trainer. This certification must be completed within 3 months of hiring and recertification must occur every other year.

Nutritionists
The athletic nutritionists will work closely with the Athletic Training Staff in assessing the nutritional needs of the athlete as well as planning weight gain/loss diets, pre-event meals and road meals.

ATHLETIC TRAINING STAFF / COACHING STAFF RELATIONSHIP
A. Injuries take variable amounts of time to heal properly. Understand that the team physician and the athletic training staff will return a student-athlete to participation when the time is appropriate and safe for the student-athlete.

B. Purchase or distribution of any nutritional supplements and/or ergogenic aids by coaches is strictly prohibited by the NCAA and the Florida State University Athletic Department. If a student-athlete is taking supplements and/or ergogenic aids, they must disclose this information in the pre-participation physical exam. The athletic training staff and/or the nutritionist will then research these substances to ensure the student-athletes safety and compliance with NCAA standards.

C. It is the expectation of the athletic training staff that coaches will not attempt to evaluate, treat, or rehabilitate athletic injuries/illnesses.

D. In the event of injury or illness, the head coach or the coach in charge of a specific group will be given the student-athlete’s status as soon as possible.

E. If a coach is not satisfied with the care being rendered to his/her student-athletes by a certified athletic trainer, he/she should direct his or her concerns to the Director of Sports Medicine, then the Director of Athletics, in that order.

F. Athletic training students are under the direct supervision of a certified athletic trainer. If a coach has concerns regarding an athletic training student he/she should notify the supervising certified athletic trainer.

G. In the event a certified athletic trainer is tending to other student-athletes or momentarily unavailable, the athletic training student will act as a first-responder.

H. Athletes should have ample time between practices/competitions and meetings/meals to receive treatment and care for any injuries or illness they may have.
SEXUAL HARRASSMENT
The Florida State University Sports Medicine Department operates in accordance with the policies and procedures set by the university, including the Florida State University Student Code of Conduct. If you are the victim of sexual harassment, go to the following Human Resources website, http://compliance.hr.fsu.edu/index.cfm?page=sexual_harassment, and follow the recommended steps.
ATHLETIC TRAINING ROOM POLICIES

DON FAULS ATHLETIC TRAINING ROOM SCHEDULE
Generally, the Don Fauls athletic training room is open Monday through Friday, 7:30am to 6:00 pm. However, during the summer and holiday season, the Don Fauls athletic training room hours will be adjusted and posted. Special scheduling arrangements will be made for athletic teams that hold practice or competition on designated state holidays. Athletic training facilities are open for designated periods of time so that all Florida State University athletic teams have the opportunity to use the facilities both prior to and after practices, workouts, and competition.

SATELLITE ATHLETIC TRAINING ROOM COVERAGE
The Satellite Athletic Training Rooms will be open Monday through Friday from 1 pm-5pm during the regular competitive season, or until all practices are finished and post-practice treatments have concluded. On weekends the satellite athletic training rooms will be open only during practice/competition times. On days of home competition, the athletic training room will be open sufficiently early so that all student-athletes have ample time to prepare for practices or competitions. It is the dual responsibility of the head coach and the certified athletic trainer to determine the amount of time necessary to prepare the student-athletes for practice or competition.

ATHLETIC TRAINING ROOM RULES
The use of all athletic training facilities and the conduct of the athletic training staff, athletic training students, and student-athletes will be governed by the athletic training room rules as set forth by the Director of Sports Medicine and his staff. In general, these rules shall include the following:

1. No rough-housing or horse-play.
2. No abusive language or cursing.
3. No eating or drinking in the Athletic Training Room.
4. No cleats or muddy shoes into the Athletic Training Room.
5. Do not bring athletic equipment into the Athletic Training Room.
6. In order to receive post-practice treatment all student-athletes must first shower and change out of practice clothes.
7. Student-athletes should be sure that they are completely dry when entering the athletic training room from showers or whirlpools.
8. Do not treat yourself. An athletic trainer will assist you.
9. Return loaned items to the Athletic Training Room. If items are not returned, the student-athletes registration may be held until the item is returned. If the item is not returned, the athletic training department may be reimbursed directly from the student-athletes scholarship funds.
10. No student-athletes are permitted to be in the storage area or in the athletic training offices without permission.
11. Athletic training room telephones, fax machines, and computers are off-limits for all student-athletes.
12. Treatments are given only upon doctor's or athletic trainer's approval. The medical staff will decide what care each injury will receive.
13. Treatments are to be continued until the medical staff indicates that treatments may be terminated.
14. No supplies are to be removed from the athletic training room without the permission of a staff athletic trainer.
15. Never touch the modality equipment. It is dangerous and can cause harm to student-athletes should they be used improperly.
16. Ice is for athletic training room use only. Contamination of ice machines by hands or items other than ice scoops is prohibited.
17. Student-athletes need to allow ample time to receive treatment or rehabilitation prior to practice.
18. All student-athletes must dress appropriately for treatment and rehabilitation (i.e. gym shorts, t-shirt, etc.)
REHABILITATION/PHYSICAL THERAPY POLICY
The staff physical therapist will be primarily used for student-athletes in need of post-operative and/or long-term rehabilitation. A physical therapy referral must be coordinated and provided by the certified athletic trainer with the respective team before the student-athlete can be evaluated by the physical therapist.
APPROVAL FOR PARTICIPATION IN INTERCOLLEGIATE ATHLETICS

The NCAA requires that student-athletes have a full pre-participation physical examination prior to the first year of athletic competition. The NCAA requires that all student-athletes receive a medical recheck screening annually thereafter. If an annual physical examination is required for conference participation, then an annual physical examination will be performed. University Health Services will NOT accept any physical performed by an outside provider. All physical examinations must contain all required tests mandated by the Athletics Department and must be administered using Florida State University Sports Medicine paperwork. All pre-participation exams must be submitted to and approved by Florida State University Team Physicians along with University Health Services.

No student-athlete at Florida State University may participate in Intercollegiate Athletics without a FULL, ANNUAL pre-participation physical examination. The initial pre-participation physical examination for all incoming athletes must be completed, and all areas cleared by University Health Services and a Florida State University team physician, before the student-athlete may participate in workouts, practices, or competition. All annual physical examinations thereafter must be concluded, and all areas cleared by University Health Services (as needed) and a Florida State University team physician, within a year of the previous annual physical exam.

Each head coach is required to submit their roster of scholarship and non-scholarship student-athletes to their assigned certified athletic trainer a minimum of 30 days prior to the start of their pre-season workouts. The Athletic Training Department will make the necessary arrangements for the pre-participation physical examinations for the student-athletes.

The coach will be informed of the date and time that pre-participation physical exams have been scheduled. It is the head coach’s responsibility to see that his/her student-athletes attend their scheduled pre-participation physical exam. If a student-athlete fails to attend his/her pre-participation physical examination, the student-athlete will remain ineligible until the pre-participation physical examination is completed.

It must be clearly understood that all student-athletes must receive medical clearance before participating in Intercollegiate Athletics. Failure to receive medical authorization to participate in Intercollegiate Athletics shall immediately disqualify any athlete from all competition.

In conjunction with the pre-participation physical examination, the student-athlete will also disclose his/her previous injury or illness record, past medical history, and family history. Failure to disclose any injury or illness, past or present, relieves the Athletics Department of all liability in the event the athlete sustains a subsequent injury or re-injury to the affected part. NOTE: It will be the coach's responsibility regarding liability if a student-athlete participates without having had a pre-participation physical examination.
ON-CAMPUS EVALUATIONS FOR MEN’S BASKETBALL

The NCAA passed legislation on March 14, 2012 allowing coaches to conduct on-campus evaluations on prospective student-athletes, both from high school and junior college at the conclusion of their respective playing seasons. These on-campus evaluations can only be performed if the student-athlete has exhausted their high school, prep school, or junior college eligibility and only during the athlete’s unofficial or official campus visit.

The NCAA has recommended that prior to this on-campus evaluation each prospective student-athlete must undergo a medical examination by a licensed physician. Each medical examination shall include a sickle cell solubility test unless documented results of a prior test are provided to the university or the prospective student-athlete declines the test and signs a written release. The examination must be administered within the prior six months of the athlete’s initial participation in practice, competition or out of season conditioning activities during their prior season.

It is the position of the Florida State University Sports Medicine Department that each prospective student-athlete MUST complete and pass the same comprehensive physical examination as the enrolled student-athletes undergo prior to participation in intercollegiate athletics at FSU. The FSU minimum requirements on the physical examination are as follows:

- Sickle Cell Solubility Test
- Electrocardiogram (with cardiologist over read)
- Medical Examination by licensed practitioner

The prospective student-athlete may undergo this physical examination at home if they choose, but it must be within six months of their on-campus evaluation. It must include ALL items as required by the Florida State University Athletic Department and the prospective student-athlete must bring the written results with them before they are permitted to participate in their on-campus evaluation. The physical exam paperwork and all diagnostic lab work MUST be signed by a licensed physician. The prospective student-athlete must also show proof of billable health insurance in order to perform in an on-campus try-out.

The prospective student-athletes may elect to have the medical evaluation performed at Florida State University at the Thagard Student Health Center. It will take approximately two days to “clear” an athlete for competition pending results of the Sickle Cell Solubility Test and the EKG over read by the team cardiologist. Any/all charges related to this on-campus medical evaluation will be filed with the prospective student-athlete’s insurance carrier as primary coverage. Expenses not covered by a student-athletes insurance company will be paid by the Florida State University Athletic Department. Coaches are encouraged to inform all prospective on-campus student-athletes of this and to make arrangements accordingly. Coaches are also strongly encouraged to communicate with the Sports Medicine Staff prior to bringing prospective student-athletes for an on-campus evaluation so any necessary medical appointments may be arranged in advance.
EXIT INTERVIEW

EXIT INTERVIEW
This process is done at the end of the student-athletes’ eligibility to evaluate the need for subsequent treatment of unresolved injuries, and to make sure no new or unreported injuries have occurred to the student-athlete while playing a sport at Florida State University. All student-athletes must meet with the FSU Athletics Department Student Services staff to address any additional needs. Failure to do so could lead to forfeit of further medical care.

FURTHER EVALUATION
The sports medicine portion of the exit interview shall be done by the certified athletic trainer with the respective team. All findings must be documented on the Medical Exit Interview form (see next page) and placed in the student-athletes’ medical file. The student-athlete or athletic trainer may request an examination by a team physician to determine the status of a previous or current injury. If surgery or further treatment of an athletic-related injury is required, it must be performed as soon as possible, once team eligibility has expired. This treatment time frame is to not exceed 6 months post-eligibility unless approved and documented by the Director of Sports Medicine. No procedure will be paid for unless coordinated through the Florida State University Sports Medicine Staff. The Florida State Athletic Department will not be responsible for any injury or condition that is not documented in the athlete’s permanent medical file.
FLORIDA STATE UNIVERSITY SPORTS MEDICINE
EXIT INJURY STATEMENT

The purpose of today’s meeting is to discuss any current and ongoing injury that you the student-athlete may have incurred as a result of participating in intercollegiate athletics for Florida State University. Should you have a current injury, you will meet with an FSU team physician as soon as possible to discuss the treatment plan for this injury after your last competitive event. Should you sustain a new injury during your last competitive event, another evaluation will be necessary and amendments to this form will be made. Should any injury new or previous require diagnostic testing (MRI, x-ray, etc.) these tests must be performed in Tallahassee and must be ordered and scheduled by the FSU Sports Medicine Staff. Any testing performed outside of Tallahassee or ordered or scheduled by medical personnel other than the FSU Sports Medicine Staff will be the financial responsibility of the student-athlete, unless special circumstances arise that are agreed upon by the FSU Sports Medicine Staff prior to the procedure. Continued treatment and/or physical therapy for any previous or current injury that is a result of participation in football for FSU will be made available and administered by the FSU Sports Medicine Staff. Any treatment and/or physical therapy performed outside of the FSU Sports Medicine Staff will be the financial responsibility of the student-athlete, unless special circumstances arise that are agreed upon by the FSU Sports Medicine Staff prior to the treatment.

By signing below you attest that you have read and understand the previous statement.

Student-Athlete Printed Name: ____________________________________

Student-Athlete Signature: ____________________________________

Today’s Date: ____________________________________
Florida State University Sports Medicine  
Exit Interview/Physical

Student-Athlete: ________________________________  DOB: _____________

Athletic Trainer: ______________________________

The following injuries and illnesses are medically documented as having occurred as a direct result of participation in intercollegiate athletics at Florida State University:

<table>
<thead>
<tr>
<th>Body Area</th>
<th>Condition</th>
<th>Resolved</th>
<th>Unresolved- Refer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/Forearm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist / Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip / Groin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle / Foot</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any injuries or illnesses that occurred this season that are not listed above? __________

If so, please explain? __________________________________________________________________

____________________________________________________________________________________

___________________________________________   __________________
Student-Athlete Signature      Date

___________________________________________   __________________
Athletic Trainer Signature      Date
# Completed by FSU Team Physician

## Orthopedic Examination:

<table>
<thead>
<tr>
<th>Upper Extremity Exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lower Extremity Exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## FSU Team Physician Recommendations:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

FSU Team Physician Signature                      Date

# Completed by FSU Student-Athlete

After completion of the last competition it will be the student-athlete’s responsibility to discuss with the FSU Sports Medicine Staff if there is any follow-up care needed for any injury that may occur in the final competition. You will have 2 weeks (14 days) to complete this after the final competition.

By signing below you attest that you understand the recommendations of the examining FSU Team Physician for continued care, if necessary. You also understand that you have 14 days to meet with the FSU Sports Medicine Staff to resolve or make plans of care any injury that may occur in the last competitive event.

Student-Athlete Print Name

Student-Athlete Signature                      Date
Florida State University Sports Medicine
Injury Declaration for Professional & Amateur Athletic Organizations

The following previous and/or current injuries are what will be submitted to the
____________________________________, or any other professional ____________ league, per their request:

By signing below you attest that you have reviewed the injury history that will be submitted to the
____________________________________, or any other professional ____________ league, per their request:

Student-Athlete Printed Name: ____________________________________

Student-Athlete Signature: ____________________________________

Today’s Date: ____________________________________
MEDICAL HARDSHIP / DISQUALIFICATION

POLICY
Risk is inherent to intercollegiate athletics and whether due to injury, illness or pregnancy, participation may be limited or even terminated depending on the risks of the medical condition. The NCAA has set forth specific rules dealing with these medical cases and Florida State University will follow the rules of the NCAA. The athletic trainers and team physicians providing care for student-athletes must be well versed in these bylaws that govern participation in intercollegiate athletics. Medical hardships, medical extensions and a medical disqualification, also known as a medical non-counter, are types of these waivers that the sports medicine staff may have to file for a student-athlete. All of these waivers will have to be submitted to the Atlantic Coast Conference (ACC) for review and approval or denial.

Medical Hardships
May be submitted to the ACC if the following criteria are met:

- The injury/illness occurred during the senior year of HS or during one of the 4 seasons of intercollegiate competition
- The injury/illness occurred during the first half of the playing season
- The injury/illness occurred and limited participation in 2 or 20% of the scheduled contests (whichever is greater)

Medical Extensions
May also be submitted to the ACC if the following criteria are met:

- All of the criteria of a “Medical Hardship” apply
- This seeks to extend the student-athlete’s career from 5 to 6 years
- 2 out of the 5 years must have been lost due to circumstances beyond the student-athlete’s control

Medical Disqualification
This is very different from the previous two waivers. This is usually a last resort and it usually follows a recommendation by the medical community that this student-athlete halt all intercollegiate competition and participation. The risk is too large for whatever the reward of participation may be.

Therefore, it is a recommendation that the career of the student-athlete involved be terminated at this level of intercollegiate athletics, and that he/she no longer participate at Florida State University.

The staff athletic trainer and the team physician will work together to make sure that every avenue is explored and that a proper diagnosis has been reached. Medical disqualification is ultimately up to the team physician or the team physician’s designate who may have more experience with the medical condition at hand.

Documentation
Contemporaneous medical documentation will be provided to Florida State University Athletic Compliance office for their submittal to the ACC. Documentation should include but not limited to:

- Diagnosis or description of student-athlete’s malady by team physician
- Any and all lab work pertaining to the illness/injury
- Diagnostic test reports (X-rays, US, MRI, CT-scans, bone scans, etc.)
- Any documentation that shows the debilitating effects of the illness/injury (treatment logs, rehabilitation logs, etc.)

The university cannot be held responsible if medical information is withheld from the Florida State University Sports Medicine department. Individuals will undergo thorough pre-participation physical examinations annually. Student-athletes will fill out a thorough medical history form every year, and it is the responsibility of the student-athlete to notify Florida State University of any possible injuries or illnesses that may be exacerbated by participation in intercollegiate athletics so that FSU can look into them more closely.
MEDICAL SERVICES

Injuries must be anticipated in any type of athletic activity. Almost without exception, every sport assumes some degree of risk. Therefore, when an injury does occur to a student-athlete participating in the intercollegiate athletics program, the following care, supervision, payment and medical services are available:

FINANCIAL COVERAGE OF MEDICAL CARE
It is extremely important that Department of Athletics policies and procedures related to insurance and financial responsibility be understood by and communicated to all athletes as well as their respective parent(s) and/or guardian(s). There is a mutual responsibility shared by all parties to adhere to these policies and procedures to ensure the proper processing and prompt payment of expenses related the care and treatment of illness and injury. The following section outlines the rights and responsibilities of student-athletes regarding athletic health care. It is imperative that the athlete read and understand this information so that they know what to expect and what is expected of them in the event they suffer an injury or illness. This information will be shared with athletes at the beginning of each semester.

MEDICAL REFERRAL POLICIES
A. Except in emergencies, a staff athletic trainer MUST screen all conditions prior to referral to a team physician or other consultant. This policy assures proper and immediate care, close follow-up treatment and smooth injury management for the student-athlete and the Florida State University Department of Athletics Sports Medicine Staff.

B. The Sports Medicine Staff will make all referral appointments. Transportation to medical facilities/offices located off-campus will be provided by the Sports Medicine Staff ONLY if the student-athlete is unable to arrange personal transportation.

C. Medical care and treatment of all student-athletes will be done through team physicians, consultants and healthcare resources associated with Florida State University Sports Medicine team as approved by the Director of Sports Medicine.

D. If a student-athlete desires a second opinion, the student-athlete is required to request such through their respective Staff Athletic Trainer for approval by the Director or Associate Director of Sports Medicine before the physician’s visit or procedure is allowed. Expenses related to care or treatment without following this policy will not be the responsibility of Florida State University Department of Athletics. The student-athlete and/or parent(s) and/or guardian(s) must provide for a release of information from the healthcare provider to the Florida State Sports Medicine Staff.

E. A consultation between the parent(s) and/or guardian(s) of any student-athlete and the Florida State University Department of Athletics Sports Medicine Staff will be arranged whenever requested. All decisions regarding medical approval or disqualification in the intercollegiate athletics program will be made solely by the Florida State University Department of Athletics Team Physician and/or associated consultants.

F. The Florida State University Department of Athletics Sports Medicine Staff reserves the right to require referral to an outside medical agency for the evaluation, treatment and/or rehabilitation of any problem not related to athletics.

G. Any student-athlete incurring an illness at a time outside the dates of traditional or non-traditional seasons may be required to report to the Florida State University Health Services for treatment.

MEDICAL EXPENSE PAYMENT POLICIES
A. All partial and non-scholarship student-athletes are required to provide proof of existing medical insurance in conjunction with having their initial or annual physical examination. This policy should provide benefits for
athletic related injury. A front and back copy of the participant’s primary insurance card must be on file with the Florida State University Department of Athletics before the student-athlete will be allowed to participate in any practice or competition. A fax transmission of insurance information or policyholder’s signature may be accepted if properly authorized.

B. The Florida State University Department of Athletics will ONLY be financially responsible for injuries occurring while a student-athlete is representing the university in formal intercollegiate activity. Illnesses or injuries outside official practices, formal workouts, or scheduled games are not covered by the Florida State University Department of Athletics. Such incidents are the financial responsibility of the student-athlete and/or respective parents and/or guardians. Care for illnesses such as colds, flu, etc. will only be covered during a sport season in which the student-athlete is engaged in formal full-team workouts and enrolled in classes on campus.

C. The Department of Athletics will not financially support any injuries or illnesses sustained by student-athletes not directly related to participation in Intercollegiate Athletics. Such injuries and illness include, but are not limited to, accidents as a result of automobiles (i.e. cars, motorcycles, scooters, etc.), skateboards, and bicycles. As such, all student-athletes are encouraged to obtain the Health and Accident Insurance Plan for Students from the University Health Service. This plan protects the student 24-hours a day, except when participating in Intercollegiate Athletics. The athlete may choose to obtain coverage through a private carrier.

D. The Florida State University Department of Athletics requires that bills or claims be submitted first to the primary health insurance company of the student-athlete and/or of his/her parent(s) and/or guardian(s). The Florida State University Department of Athletics retains a secondary excess policy. This secondary policy will pay ONLY AFTER primary insurance has been engaged and only for athletic-related injuries or illnesses.

E. Payments or reimbursement checks, which are sent to policyholders by insurance carriers and intended for payment of medical expenses, are funds which are the responsibility of the policyholder to apply fully to payment of such expenses by the policyholder. The Florida State University Department of Athletics will not be responsible for charges not paid by the policyholder in these circumstances.

F. Student-athletes and/or parents or guardians should review the details of their insurance plan to make sure it provides adequate coverage for injuries and illnesses, understand their insurance company’s claim filing procedures and what must be done if injuries or illnesses occur while away from home. Student-athletes should carry their insurance ID card (and prescription card, if one exists) on their person.

G. It is the responsibility of the student-athlete and/or parents or guardians to inform the Sports Medicine Staff of any peculiarities and changes in his/her medical insurance coverage (i.e. HMO, PPO). If services are rendered while there is a lapse in coverage, the student-athlete and/or parent(s) and/or guardian(s) may be responsible for all charges incurred during this lapse. Please let the Sports Medicine Staff know of any questions that may arise concerning the medical coverage of an athlete.

H. All requests made by insurance carriers for applicable information will be handled in the most expedient and timely manner possible. Student-athletes and parent(s) and/or guardian(s) have the responsibility to immediately notify the Department of Athletics Coordinator of Insurance and Risk Management with all requests, letters, claims or billing related to insurance for care and treatment received by the student-athlete from healthcare providers and insurance companies. This policy will ensure timely handling of all matters.

I. Arrangements for follow-up care with a physician for injuries incurred during athletic activity must be completed within a 14 day period after completion of the competitive season, eligibility or termination from the team. After said period, Florida State University Department of Athletics is no longer financially responsible for any expenses incurred as a result of said injury unless other arrangements have been made with the Sports Medicine Staff.
SPECIAL CIRCUMSTANCES
Special circumstances which may arise that are not covered by these policies will be reviewed on a case by case basis and a final decision will be rendered by the Director of Sports Medicine on any action and disposition.
PROCEDURES FOR THE CARE OF ATHLETIC INJURIES / ILLNESSES

POLICY
Any student-athlete who has suffered an injury or illness should make it known to the Sports Medicine Staff.

Any student-athlete requiring medical diagnosis or treatment for injuries or other related medical problems while participating in their Intercollegiate Athletic Program should report this injury or problem to the athletic trainer assigned to his/her sport. The athletic trainer will then administer first aid and make arrangements for consultation, if needed.

If the Team Physician is on the site or is called for consultation and diagnosis, he/she will prescribe treatment. If the prescribed treatment is available in the athletic training room, the student-athlete is required to be treated in the athletic training room under the supervision of the Sports Medicine Staff.

If the Team Physician believes the injury is of the nature or severity that requires the consultation of another medical specialist, referrals will be made as soon as possible by the Team Physician or a member of the Athletic Training Staff.

If the student-athlete is not satisfied with his/her injury diagnosis or recovery progress, he/she should notify the Director of Sports Medicine or Team Physician. Necessary arrangements will be made for a second opinion and the Department of Athletics will cover the expenses in the usual manner. However, the Department of Athletics will not cover the expenses of other physicians, hospital bills, etc., when the student-athlete has not been referred by the Athletic Training Staff or the Team Physician.

Medical records are maintained in the Athletic Training Rooms for all student-athletes participating in the Intercollegiate Athletic Program. The Athletic Training Staff and the Team Physician, when needed, are the final authority on when an injured or ill student-athlete may return to practice or competition. FERPA guidelines are strictly enforced.

Athletic Injuries and Illness Procedure
If a student-athlete is injured or ill and is restricted from athletic participation, he/she must be granted clearance by the certified athletic trainer or team physician to resume physical activity.

All injuries and illnesses should be reported to the Athletic Training Staff. All student-athletes needing medical attention for illnesses at the University Health Services will be referred by the Sports Medicine Staff. Any student-athlete that reports to the University Health Services or emergency room without prior approval from athletic training staff, except in the case of extreme emergency, will be responsible for the financial obligation for treatment received.

Coaches are not permitted to refer student-athletes to the University Health Services, any medical facility or physician except in the case of extreme illness or injury when a member of the Sports Medicine Staff is not available. All athletic injuries and illnesses will be handled by the Sports Medicine Staff without interference from the coaching staff.

If a student-athlete is injured during a practice session, workout session or contest, the Sports Medicine Staff will aid him/her as quickly as possible, evaluate the student-athlete and proceed with the appropriate, immediate care. The coach will be informed as quickly as possible regarding the student-athlete's injury and availability for that particular practice, workout or contest.

All therapeutic treatment, if necessary and available, will be administered by the Athletic Training Staff.

In the case of an emergency, the Athletic Training Staff will administer the necessary emergency care until EMS (Emergency Management Services) or a team physician arrives. COACHES SHOULD NOT UNDER ANY CIRCUMSTANCES REQUEST THE REMOVAL OF A STUDENT-ATHLETE OR ATTEMPT TO MOVE
If a student-athlete refers himself/herself without obtaining prior approval from the Sports Medicine Department, the student-athlete shall assume medical and financial responsibility for such outside visit and medical attention. Coaches do not have the authority to arrange medical referrals to any physician or outside medical service without consulting and receiving prior approval through the Sports Medicine Department.

Prescriptions
The Department of Athletics may pay for prescription medications at anytime for an enrolled student-athlete during the year, as long as it filled in Tallahassee or on a scheduled road trip with a team and is necessary for athletic participation.

Dental Care
The Department of Athletics will assume financial responsibility for the payment of dental injuries that are incurred while participating in an official team practice or contest. All dental injuries associated with athletic participation must be reported to a member of the Athletic Training Staff. The Team Dentist will perform all dental repairs whenever possible. The cost of any dental procedure that is not pre-approved by the Director or Sports Medicine will be incurred by the student-athlete.

The Sports Medicine Department shall not be responsible for the payment of normal dental care such as cavities, cleaning, gum infections, or any other regular dental problems/procedures not related to athletics. There must be prior approval for any other dental work (root canals, wisdom teeth extractions, etc.) by the Director of Sports Medicine.

Corrective Lenses
Each student-athlete will receive an eye examination during the pre-participation physical examination. Should it be determined that a SCHOLARSHIP student-athlete needs vision correction, the Sports Medicine Department will incur the cost of vision correction contact lenses. The student-athlete must seek prior approval for such visual aid from a member of the athletic training staff. If the student-athlete is NOT on scholarship, the cost of contact lenses will be incurred by the student-athlete. Contact lenses which are lost or misplaced, other than in athletic participation, will be replaced by the student-athlete at his/her own expense. Corrective glasses are NOT the financial responsibility of the Sports Medicine Department.

If a student-athlete is in need of corrective glasses, the Staff Athletic Trainer will consult with the Office of Student Services to determine Student Assistance Fund (SAF) eligibility. The Staff Athletic Trainer will make the appointment for the student-athlete (at which time an estimate is requested) and forward a completed SAF application to the Office of Student Services. Each situation will be assessed on an individual basis and will follow in accordance with the policies and procedures set by the Office of Student Services.
**Massage Therapy**

**A. Massage therapy service during the REGULAR SEASON:**

During the regular season, the Florida State University team physician will determine if therapeutic massage is needed for the medical benefit of the student-athlete. Massage therapy services that are provided during the regular season will be paid for by the Sports Medicine Department budget. Currently, we have medical contracts with several local Licensed Massage Therapists (LMT’s) for massage therapy services for the student-athletes. Once a team physician has approved the massage therapy for a student-athlete, the team’s certified athletic trainer will set up the massage therapy appointment for the student-athlete.

**B. Massage therapy service during the POST-SEASON:**

During the post-season (ACC Tournaments and/or NCAA tournaments), the team certified athletic trainer, the Director of Sports Medicine and the team physician will determine if therapeutic massage is needed for the team. If so determined, the team may contract the services with one of the local Licensed Massage Therapists prior to the start of the post-season tournament(s) and the costs will be incurred by the Sports Medicine Department budget. If the coaches would rather their team obtain massages at the competition site, they may either travel with a local massage therapist or contract the services of a Licensed Massage Therapist in the host city. This cost will be incurred by that team’s budget. Administrative approval must be obtained prior to travel.

**C. Student-athletes/coaches who set up appointments with a licensed massage therapist WITHOUT team physician referral or administrative approval will be personally responsible for incurring the cost of the massage therapy services.**
PURCHASE OF ATHLETIC TRAINING SUPPLIES

The Sports Medicine Department is the only department authorized to purchase medical supplies, modalities and athletic training equipment. The Sports Medicine Department will maintain a current inventory of all medical supplies and equipment and order medical supplies and equipment in accordance with the procedures of the Department of Athletics. The Sports Medicine Department will also be responsible for maintaining, using and issuing medical supplies and equipment in a competent manner.

All purchases made using an open (blanket) purchase order for the Sports Medicine Department must have prior approval by the Director of Sports Medicine.

Payment for prescriptions given to a student-athlete by a team physician, an approved consultant physician, or the Student Health Service, must be approved by the Sports Medicine Department. Student-athletes must obtain a payment slip for prescriptions from a certified athletic trainer prior to having the prescription filled.
CONFIDENTIALITY AND PRIVACY POLICY

Medical Records
The Sports Medicine Department will keep a record of all injuries, illnesses and surgical procedures along with daily injury records and daily treatment records. All medical records will be secured under double-locked conditions as per FERPA regulations. All computer records will be password protected per FERPA regulations.

Release of Medical Information
All of the information gathered and kept private by the Sports Medicine Department is highly confidential and is protected by the Federal Right to Privacy Act. A student-athlete must sign a waiver for release of any information to any family member, media source, health care professional or professional scout.

In order to ensure validity and consistency of information, all questions from the news and/or social media regarding the medical condition(s) of a student-athlete will be referred to the Sports Information staff of the sport involved. The Sports Information staff must get approval from the Sports Medicine staff representative before any medical information is released to the news and/or social media. The Sports Medicine staff representative is the head athletic trainer or staff oversight for the respective sport. The Sports Information staff is not permitted to speak with the Florida State University team physicians regarding any student-athletes medical condition(s). In addition, the student-athlete will not answer any questioning regarding their medical condition(s) unless it is cleared by the Sports Medicine staff.

In the case of sporting events, there will be no information released to the news and/or social media during the event by anyone on the Sports Medicine staff until it is determined that the student-athlete in question will not return to the game. At that time, the Sports Medicine staff representative will notify the Sports Information staff of the situation.

Every effort will and should be made to educate the student-athlete and his/her family regarding the sharing of their medical information on social media networks. Sharing of such information by the Sports Medicine and Sports Information staff, including their families, is prohibited. This includes team physicians, staff athletic trainers, graduate assistant athletic trainers, and athletic training students. The Florida State University Athletic Department staff will make every effort to respect the privacy of our student-athletes and their families.
TRANSPORTATION

Individual Transportation
If a student-athlete has a personal vehicle available to get them to and from class, academic obligations, and medical appointments; then they are to use such transportation if an injury/illness does not prevent them from doing so.

Athletic Training Transportation
In the event a student-athlete does not have a personal vehicle (i.e. car) to get them to and from medical appointments, then a staff athletic trainer may take the student-athlete in his/her personal vehicle. Graduate assistant athletic trainers will use a registered Florida State University Department of Athletics vehicle for transporting student-athletes. If a student-athlete has a lower body injury, the staff athletic trainer may help coordinate transportation for the student-athlete to get to and from medical appointments on time. If a student-athlete is unable to obtain personal transportation to get to and from class and other academic obligations, they must contact their athletics academic advisor to coordinate transportation assistance. The student-athlete shall be responsible for any other transportation.
SUBSTANCE ABUSE PROGRAM

*See Section 207 of the Florida State University Department of Athletics Policies and Procedures Manual*
Dietary Supplementation and Banned Substances

Dietary Supplements
Dietary supplements are frequently marketed to student-athletes by outside sources to improve performance, recovery time, and muscle-building capability. Such supplements (i.e. multi-vitamins, protein powders, etc.) are not regulated by the Federal Drug Administration (FDA) and are available to be purchased through a variety of sources.

It is required that student-athletes seek the guidance of a Designated Supplements Advisor within the Department of Athletics prior to considering using any type of supplement not already provided by the Florida State University Department of Athletics. The Designated Supplements Advisors include the Sports Dietitian, the Director of Sports Medicine, the Associate Director of Sports Medicine, and the Director of Sports Science for Football. If a student-athlete consumes a dietary supplement without such approval, they assume all responsibility for risk of a positive drug test and the resulting consequences.

Banned Substances
All student-athletes are subject to the policies and procedures of the Florida State University Department of Athletics Substance Abuse Program. A current list of the NCAA banned substances is located on the NCAA website or may be obtained from the NCAA office. The list is subject to revision and student-athletes shall be held accountable for all banned drug classes on the current list. Please refer to the “Substance Abuse Program” section for details.
BODY COMPOSITION

POLICY
Assessment of Body Composition
The purpose of body composition assessment is to determine the student athlete’s distribution of lean (muscle) mass and fat mass. The key to body composition assessment is the establishment of an acceptable range of lean and fat mass over regular time intervals to assure stability or growth of lean mass and a proportional maintenance or reduction of fat mass. Attention should be given to changes in lean mass (both in weight of lean mass and proportion of lean mass) versus the attention traditionally given to body fat percent.

PROCEDURE
Methods of Assessment
At Florida State University, the most common method used to assess body composition in student-athletes is Bod Pod Body Composition Testing, administered by the department sports dietitian. Other means of body composition assessment are available as needed, including skinfold calipers and DEXA.

Concerns with Body Composition Assessment
Coaches should be made aware that the weighing and assessment of body composition in athletes is not a benign action and, in fact, can encourage the development of unhealthy eating behavior/lifestyle. The assessment of body composition should be taken in a way that enhances the student-athlete’s well-being and the following concerns should be recognized:

a. Weight should not be used as a marker of body composition – increase muscle mass may increase weight but should be viewed as a positive change.

b. Do not compare body composition values with other athletes – differences in height, age, gender, genetic factors, and sport event/position are likely to result in differences in body composition.

c. Do not seek an arbitrarily low level of body fat – arbitrarily low body fat can increase the frequency of illness, increase risk of injury, reduce performance, and increase risk of an eating disorder.

d. Frequency of Body Composition Assessment – measurement frequency should be determined on an individual basis by the team physician, certified athletic trainer, sports dietitian, and strength and conditioning staff. Body composition assessment will typically be conducted in conjunction with performance testing at the beginning and conclusion of a semester or season.

Recommendations
It is recommended that the assessment of body composition be performed by the sports dietitian or sports medicine staff when deemed appropriate. This information should remain confidential and help educate student-athletes of changes occurring as a result of training and nutritional factors. Coaches are not permitted to know the weight or body composition results of student-athlete unless the student-athlete chooses to share the information with them on their own. The certified athletic trainer, the sports dietitian, the strength and conditioning coach, and the student-athlete will typically be the only people who will be aware of the data.
NUTRITION

Sports Nutrition
Nutrition plays an integral role in promoting athletic success. Proper nutritional habits help student-athletes stay healthy and optimally fueled so they can maximize training, conditioning, and recovery. Good nutrition habits can equate to greater gains in lean body mass, minimize fatigue related to poor hydration and under-fueling, enhance recovery, and injury prevention and rehabilitation, which supports all future training and competition. To accomplish these goals, the student-athletes must get appropriate calories and nutrients essential for fueling the body throughout the day.

Nutrition Education
Student-athletes are encouraged to work with the Florida State University Department of Athletics Sports Dietician to work toward their nutrition goals through nutrition coaching, counseling or meal planning. All nutrition advice and educational material shall be in accordance with NCAA guidelines. If a student-athlete has a medical condition that may need the attention of the sports dietitian (i.e. diabetes, sickle cell anemia, celiac disease, etc.), the certified athletic trainer will refer the student-athlete to the sports dietician for an initial assessment. If the student-athlete is in need of outside nutrition counseling, they shall be referred by their team physician, staff athletic trainer, or sports dietitian.
SPORT COVERAGE

Practices
For all contact sports, a certified athletic trainer is required to be in attendance for in season workouts, out of season workouts and skill sessions. Contact sports include:

- Football
- Women’s Basketball
- Softball
- Women’s Volleyball
- Men’s Basketball
- Women’s Soccer
- Baseball
- Women’s Sand Volleyball

For non-contact sports either a certified athletic trainer, professional rescuer, a team coach or strength and conditioning coach who is certified in CPR, First Aid, and AED usage will be present during in season workouts, out of season workouts, weight lifting sessions, and skill sessions. Non-contact sports include:

- Men’s Golf
- Men’s Tennis
- Men’s Track and Field
- Men’s Cross Country
- Men’s Swimming and Diving
- Cheerleading
- Stunt
- Women’s Golf
- Women’s Tennis
- Women’s Track and Field
- Women’s Cross Country
- Women’s Swimming and Diving
- Dance

Events
The Florida State University Athletic Department requires that a staff athletic trainer and/or team physician be present at all home athletic events. A minimum of one certified athletic training staff member will travel with the following sports:

- Football
- Women's Basketball
- Softball
- Men’s Track and Field
- Men's Cross Country
- Men's Tennis
- Men's Swimming and Diving
- Women Volleyball
- Men's Basketball
- Baseball
- Women's Soccer
- Women's Track and Field
- Women's Cross Country
- Women's Tennis
- Women's Swimming and Diving
- Women's Sand Volleyball

In the event that a non-contact athletics team should travel without a certified athletic trainer prior arrangement will be made to ensure that the student-athletes will have appropriate medical care and supervision. Head coaches will also be given emergency information regarding insurance policies and payment of medical bills, should they be incurred by student-athletes while competing off campus. It is the responsibility of the head coach to contact a certified staff athletic trainer immediately if medical attention is required for a student-athlete.
VISITING TEAM PROCEDURES

INJURY TO THE VISITING TEAM
Any visiting student-athlete who is injured while practicing or competing at Florida State University in Intercollegiate Athletics will be afforded the same care as a Florida State University student-athlete. If the visiting team has a team physician and/or a certified athletic trainer traveling with them, they will be allowed to handle the injury according to their own policies. If the visiting team does not have a team physician and/or a certified athletic trainer traveling with them, a member of the Florida State University Sports Medicine Staff will handle the case as if it were one of his/her own athletes. Any medical expenses incurred by visiting student-athletes are the responsibility of their athletics department. Payment arrangements will be made accordingly.

USE OF THE ATHLETIC TRAINING ROOM FACILITIES
The Athletic Training Room facilities are primarily for the student-athletes participating in the Florida State University athletics programs and for the evaluation, treatment, and rehabilitation of athletic injuries. These facilities are also available to visiting teams on a reciprocal, courtesy basis. Other athletics department staff and university personnel will be permitted to use the athletic training facilities with the authorization of the Sports Medicine Staff, subject to the priorities of the athletics program.

Emergency Management Services (EMS) and the Florida State University Police Department (FSUPD) will be activated for any emergency situation not involving athletics department personnel or visiting athletic teams.

When the athletic training rooms are not in use for Intercollegiate Athletics, the facilities will be locked. These facilities are under the direct supervision of the Director of Sports Medicine and his/her staff and are unavailable for use by outside staff members. All therapeutic modalities must be operated by the personnel of the Sports Medicine Staff due to their potential danger.
OSHA REGULATIONS

POLICY
In an effort to help all staff who might be risk reduce or prevent exposure to blood or other potential infectious materials, the Occupational Safety and Health Administration (OSHA) has issued standards governing occupational exposure to bloodborne pathogens (NATA News., 1993).

OSHA has the following description of potential infectious materials:

Fluids that have been recognized by the Centers for Disease Control as directly linked to the transmission of HBV and/or HIV are: blood, blood products, semen, vaginal secretions, cerebro-spinal fluid, synovial fluid, pericardial fluid, amniotic fluid, concentrated hepatitis B virus and human immunodeficiency virus, and saliva in dental settings.

In compliance with OSHA standards, the Florida State University Sports Medicine Staff will implement a prevention plan as addressed in the following pages. The following guidelines were developed as per the U.S. Department of Labor Occupational Safety and Health Administration compliance assistance guidelines.

Who is covered?
OSHA does not list the professions covered by the standard, but Athletic Trainers at FSU are anticipated to come in contact with blood or other infectious materials while performing their duties. The potential for exposure not only exists in the athletic training rooms but also on the practice or competition fields.

Key Provisions
1. Tasks and procedures when occupational exposure to blood or bodily fluids occur- the possibility for exposure exists for all sports medicine staff.
   - wound cleaning
   - whirlpool procedures
   - towel and equipment sanitation
   - emergency protocols for injury situations
   - urine screening
   - initial evaluations
   - rehydration techniques
   - ambulatory aid techniques
   - care and treatment of heat illness

2. Universal precautions- these precautions refer to method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious for HIV and HBV.

3. Engineering Controls- an engineering control is the use of available technology and devices to isolate or remove hazards from the athletic trainer. These control methods eliminate or minimize athletic trainer exposure to blood or other potentially infectious materials.
   At FSU engineering controls include:
   - puncture resistant sharps containers
   - splash guards

4. Work Practice Controls- are alterations in the manner in which a task is performed in an effort to reduce the likelihood of an athletic trainer's exposure to blood or other potentially infectious materials.
   - Hands shall be washed after removing gloves or as soon as possible after contact with body fluids.
   - All personal protective equipment should be removed immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated container for storage, washing, decontamination or disposal.
   - Used needles and other sharps shall not be sheared, bent, broken, recapped or resheathed by hand.
• All procedures involving blood or potential infectious materials shall be performed in such a manner as to minimize splashing and spraying.

5. Personal Protective Equipment- is specialized clothing or equipment used by athletic trainers to protect themselves from direct exposure to blood or other potentially infectious materials.
• FSU shall provide and assure athletic trainer use of appropriate personal protective equipment such as; gloves, gowns, laboratory coats, fluid resistant aprons, head and foot coverings, face shields and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices when there is potential for exposure to blood or other potentially infectious materials.
• FSU shall assure that appropriate personal protective equipment is available in a variety of sizes and readily accessible.
• FSU shall provide for the cleaning, laundering, or disposal of personal protective equipment.
• FSU shall repair or replace required personal protective equipment as needed to maintain its effectiveness.
• Surgical or examination gloves shall be replaced when visibly soiled, torn, punctured, or when their integrity is comprised. They shall not be washed or disinfected for reuse.
• Utility gloves may be washed or disinfected for re-use if they show no signs of deterioration.
• HBV vaccination-shall be offered (at no cost) to all athletic trainers whose jobs involve the risk of directly contacting blood or other potentially infectious materials. Vaccinations shall be given according to recommendations for standard medical practice.

6. Post Exposure evaluation and follow-up
• Following a report of an exposure incident, the FSU staff shall make available to the student a confidential medical evaluation and follow-up of the incident.
• The FSU staff shall document the route of exposure, HBV and HIV status of the source patient(s), if known, and the circumstances under which the exposure occurred.
• The staff shall notify the source patient(s) of the incident and attempt to obtain consent to collect and test the source's blood to determine the presence of HIV and/or HBV infection.
• The staff shall offer to collect a blood sample from the exposed athletic trainer as soon as possible after the exposure incident for determination of HIV and/or HBV status.
• The staff shall offer repeat HIV testing to exposed athletic trainers six weeks post-exposure and on a periodic basis thereafter (12 weeks and six months after exposure.)
• Follow-up of the exposed athletic trainer shall include counseling, medical evaluation of any acute illness that occurs within twelve weeks post-exposure, and use of safe and effective post-exposure measures according to recommendations for standard medical practice.

7. Infectious Waste Disposal
• Disposal of all infectious waste shall be in accordance with applicable Federal, State, and local regulations.
• All infectious waste shall be placed in closable, leak proof containers or bags that are color-coded, labeled, or tagged.
• Disposable syringes, needles, scalpel blades and other sharp items shall be placed in puncture-resistant containers for disposal.
• Puncture-resistant sharp containers shall be easily accessible to workers and located in areas where they are commonly used.
• Double-bagging prior to handling, storing, and/or transporting infectious waste is necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.
• Lab specimens of body fluids shall be transported in a container that will prevent leaking and disposed of in accordance with institutional policies and regulatory requirements.
8. Tags, Labels, and Bags-
- Tags that comply with 29 CFR 1910.145(f) shall be used to identify the presence of an actual or potential biological hazard.
- Tags shall contain the word "BIOHAZARD" or the biological hazard symbol shown above and state the specific hazardous condition or the instructions to be communicated to athletic trainers.
- The word and message must be understandable to all athletic trainers who may be exposed to the identified hazard.
- Label/tags may be an integral part of the container or affixed as close as safely possible to their respective hazards by string, wire, or adhesive to prevent their loss or unintentional removal.
- Red bags or red containers may be substituted for labels on containers of infectious waste.
- All athletic trainers shall be informed of the meaning of various labels, tags, and color-coding system.

9. Housekeeping Practices
- The staff shall assure that the worksite is maintained in a clean and sanitary condition.
- The staff shall determine and implement an appropriate cleaning schedule for rooms where body fluids are present. Schedules shall be as frequent as necessary depending on the area of the institution, the type of surface to be cleaned, and the amount and type of soil present.
- The staff shall ensure that athletic trainers wear appropriate PPE including general-purpose utility gloves during all cleaning of blood or other potentially infectious materials and during other decontaminating procedures.
- Initial clean-up of blood or other potentially infectious materials shall be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 5.25 percent sodium hypochlorite (bleach) diluted between 1:10 and 1:100 with water.
- Equipment contaminated with blood or other potentially infectious materials shall be checked routinely and decontaminated if possible prior to servicing or shipping.

10. Laundry Services
- The staff shall ensure that athletic trainers wear protective gloves and other appropriate personal protective equipment to prevent exposure to blood and other potentially infectious materials during handling and sorting of linen.
- Laundry that is contaminated with blood or other potentially infectious materials or that may contain contaminated needles or sharps shall be treated as if it were HBV/HIV infected and handled as little as possible with a minimum of agitation.
- Contaminated laundry shall be bagged at the location where it was used and shall not be sorted or rinsed in patient areas.
- Contaminated laundry shall be placed and transported in bags that are labeled or color coded and that prevent liquid seepage if such a potential exists.
- Laundry personal must have proper protection when handling contaminated material.

11. Training and Education of Athletic Trainers
- The employer shall ensure that all employees with exposure to blood or other potentially infectious materials participate in a training and education program.
- Material appropriate in content and vocabulary to educational level, literacy, and, language background if staff shall be used.
- The training program shall contain the following elements:
  - A general explanation of the modes of transmission of HBV and HIV
  - An explanation of the employer's infection control program.
  - An explanation of the use and limitations of methods of control that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and personal protective equipment.
  - Information on the HBV vaccine, including its effectiveness, safety, and benefits of being vaccinated.
  - An explanation of the procedure to follow if an exposure incident occurs, method or reporting the
incident, and the medical follow-up that will be made available.
-An explanation of the signs, labels, tags and/or color coding used to denote biohazard.

-All the above information must be read and explained prior each fall season.


Compliance Statement

I have read and understand the Florida State University Athletic Training Room Regulations in accordance with OSHA Standards.

I agree to comply with these guidelines in my work in the FSU Athletic Training Room.

Signed________________________________
Date__________________________________
Witness________________________________
Date___________________________________
EMERGENCY MANAGEMENT PLAN
EMERGENCY TELEPHONE NUMBER LIST
EMERGENCY MANAGEMENT PLAN

TELEPHONE NUMBER LIST

STAFF ATHLETIC TRAINERS

Robin Gibson ................................................................. (c) 544-1746
  Director of Sports Medicine
  (o) 644-2139
Jerry Latimer .............................................................. (c) 228-5738
  Associate Director of Sports Medicine
Sam Lunt ................................................................. (c) 228-6850
  Associate Director of Sports Medicine
  (o) 644-6223
Jake Pfeil ................................................................. (c) 694-0989
  Executive Associate Director of Sports Medicine
  (o) 644-7038
Jeronimo Boche .......................................................... (c) 694-3091
  Athletic Trainer
Gwendolyn Davis ....................................................... (c) 228-3410
  Athletic Trainer
Eunice Hernandez ...................................................... (c) 694-2086
  Athletic Trainer
Emily Hutcherson .................................................... (c) 728-4931
  Athletic Trainer
Julie Kruessel ........................................................... (c) 806-252-6171
  Athletic Trainer
Nick Pappas ............................................................. (c) 615-828-8852
  Insurance Coordinator
  (o) 645-2700
Cheryl Pfeil ............................................................ (c) 694-0130
  Athletic Trainer
  (o) 644-1206
Brandon Stone .......................................................... (c) 728-5002
  Athletic Trainer
  (o) 644-9943

INTERN AND GRADUATE ASSISTANT ATHLETIC TRAINERS

Brian Baldwin ........................................................... (c) 728-4955
Jason Williams .......................................................... (c) 228-9428
Jordan Bellomy ........................................................ (c) 728-6657
Natalie Fontela .......................................................... (c) 228-6654
Julia Giampaolo ........................................................ (c) 228-5021
Remington Gantt ........................................................ (c) 228-3570
Miguel Motolongo .................................................... (c) 228-8465
Amanda Robinson ....................................................... (c) 228-9326
Kathyrn Zirpoli .......................................................... (c) 728-4967

TEAM PHYSICIANS

Kris Stowers, M.D ....................................................... (c) 591-1449
  Family Practice / Sports Medicine
  (o) 877-8174
  (h) 942-4454
Bill Thompson, M.D .................................................. (c) 933-0783
  Orthopedic Surgeon
  (o) 877-8174
  (h) 385-5113
Steve Jordan, M.D .................................................... (c) 528-3819
  Orthopedic Surgeon
  (o) 877-8174
Hector Mejia, M.D .................................................... (c) 228-3621
  Orthopedic Surgeon
  (o) 877-8174
SPECIALISTS
Matthew Lee, M.D. ...................................................... (o) 877-8174 ext. 2135
  Cervical, Thoracic, and Lumbar  
  (c) 570-4269
Burt Chandler, M.D. ...................................................... (o) 877-8174 ext. 2178
  Pain Management  
  sewell87@aol.com
Scott Burkhart, PsyD ...................................................... (o) 877-8174
  Neuropsychologist  
  (c) 503-327-3772
John Van Tassel, D.C. ..................................................... (o) 385-5113
  Chiropractor
Robert Orsillo, O.D. ...................................................... (o) 877-2027
  Optometrist
Darrh Bryant, DMD ...................................................... (c) 491-0730
  Dentist  
  (o) 656-5600

VENUE SITES
Basketball Training Center .......................................... 644-1461 (men’s)
  Men’s and Women’s Basketball  
  644-3641 (women’s)
Bobby Leach Student Recreation Center Pool ................. 644-0547 (main)
  Men’s and Women’s Swimming and Diving  
  644-0556 (pool)
Dick Howser Stadium .................................................. 644-5431 (dugout)
  Baseball  
  644-1553 (press box)
Doak Campbell Stadium/Moore Athletic Center ................. SEE MOORE AT OFFICES
  Football, Weight Room, Administration
  Men’s and Women’s Basketball
Leon County Civic Center ........................................... 644-1271 (press row)
  Men’s and Women’s Basketball  
  *check annually
Morcom Aquatics Center ........................................... 644-7665 (main)
  Men’s and Women’s Swimming and Diving
Mike Long Track ......................................................... 644-5550 (main)
  Men’s and Women’s Track and Field
Football Practice Field ............................................... 644-2419 (PFTR)
  Football Practice
Tully Gymnasium ......................................................... SEE TULLY AT’S
  Volleyball
Lady Seminole Soccer/Softball Complex ......................... 645-3203 (medical prep)
  Soccer  
  644-1738 (soccer)
  Softball  
  644-1092 (softball)
Scott Speicher Tennis Complex ................................... 644-3364 (equipment room)
  Men’s and Women’s Tennis
Seminole Golf Course .................................................. 644-2582 (pro shop/clubhouse)
  Men’s and Women’s Golf and Cross Country

EMERGENCY
Ambulance-Police-Fire ................................................ 911
FSU Campus Police ..................................................... 644-1234
Tallahassee Memorial Hospital ................................. 681-1155 (Info)/681-5422 (ER)
Capital Regional Medical Center ......................... 656-5000 (Info)/656-5092 (ER)
Poison Control Center ............................................. 800-282-3137
ADDITIONAL LOCAL EMERGENCY AND NON-EMERGENCY PHONE NUMBERS

University Health Services………………………………………………... 644-4567
   2nd Floor Information 644-2026
   X-Ray 644-5540
   Trauma Clinic 644-5838
   Pharmacy 644-3517
   Fax 644-4251

Walgreens (Ocala Road)………………………………………………………... 580-1899

Mahan Medical- 1705 East Mahan…………………………………………… 877-7164
   (Open 7 days/week)
Physician Care- 3401 Capital Circle NE……………………………………. 386-2266
   (M-F 8-8, S & S 9am-6pm)

American Red Cross…………………………………………………………… 878-6080
Florida Division of Emergency Management……………………………. 413-9969
Tallahassee EMS (non-emergency)………………………………………. 921-0900
Tallahassee Fire Department (non-emergency)………………………….. 891-6600
Tallahassee Police Department (non-emergency)……………………….. 891-4200

National Weather Service………………………………………………….. 813-645-2323
National Suicide Prevention Lifeline……………………………………… 1-800-273-8255
FSU 24-hour Crisis Help Line……………………………………………… 1-877-211-7005
FSU Campus Police Department…………………………………………. 644-1234
FSU Fire Marshall…………………………………………………………….. 413-3603
FLORIDA STATE UNIVERSITY
EVENT PLANNING CHECKLIST

EVENT: ____________________________________________

(LIST OFFICIAL NAME OF EVENT; I.E. 2003 SOUTHEASTERN BASEBALL REGIONAL)

DATES AND TIMES:

____________________________________________________________________________________

(LIST DATE, DAYS, AND TIMES FOR EACH DAY)

LOCATION:

____________________________________________________________________________________

ADDITIONAL VENUES:

____________________________________________________________________________________

____________________________________________________________________________________

(LIST ALL VENUES AND EVENTS AT EACH VENUE, COORDINATE ALL TIMES AND PERSONNEL)

NUMBER OF PARTICIPANTS: ____________ AGES/DEMOGRAPHICS: ______M/F/B

BUDGET:

(IS THERE $ AVAILABLE FOR DEDICATED AMBULANCE, ATHLETIC TRAINING STUDENT MEALS IF OVER A HOLIDAY PERIOD, SUPPLIES IF IT IS NOT FSU EVENT, IF A TOURNAMENT HOW TO PAY FOR MISC. EXPENSES, IS THERE ANY SPONSORSHIP OF EVENT? CHECK TO SEE IF MEALS ARE PROVIDED FOR, FOR WORKING PERSONNEL. IS ANY $ AVAILABLE FOR DRUG TESTING SUPPLIES IF NECESSARY?)

DRUG TESTING: YES / NO

ORGANIZATION TESTING: FSU / NCAA / USOC

NUMBER OF ATHLETES TO BE TESTED: ______MALES ______FEMALES

(ARE FLUIDS PROVIDED OR MUST THEY BE PURCHASED?)

AMBULANCE:

DEDICATED OR NON-DEDICATED SERVICE

(ARRANGE BY CALLING TMRMC DIRECTOR OF AMBULANCE SERVICES AT 681-5592, GIVE LOCATION OF VENUE, TIMES AMBULANCE IS NEEDED, AND ANY SPECIAL CONSIDERATIONS- I.E. ANY HIGH RISK EVENTS AND GIVE ALL ACCESS INFORMATION FOR VENUE SITE.)

PHYSICIANS:

_______________________________________________________________________________________________

________________________________________________________________________

(NAMES AND TELEPHONE NUMBERS OF ALL PHYSICIANS COVERING THE EVENT OR ARE ON CALL)

MISCELLANEOUS

EMERGENCY PHONE NUMBER LIST:

(LIST ALL EMERGENCY NUMBERS, HOSPITALS, PHYSICIANS, AND POST THEM PROMINENTLY)

GOLF CARTS:

(CHECK AT SEMINOLE GOLF COURSE 644-2582. ON CAMPUS: MAKE SURE OURS ARE SERVICED)

WALKIE-TALKIES:

(CHECK WITH FACILITIES/EVENT MANAGEMENT)

CREDENTIALS:

(CHECK WITH EVENT MANAGER, IF ANY ARE NECESSARY FOR MEDICAL STAFF)

UNIFORM:

(MAKE SURE EVERYONE WEARS THE SAME, PROFESSIONAL, AND IDENTIFIABLE ATTIRE)

CONTACT VISITING TEAMS:

(CONTACT VISITING TEAMS WITH MEDICAL INFO BY LETTER, E-MAIL, FAX, OR REGISTRATION PACKET)

COOLERS: ______10 GAL ______5GAL ______ICE CHESTS ______POWERADE

(LIST TOTAL NUMBER OF CONTAINERS NEEDED, AS WELL AS ANY DRINK PRODUCT)

CUPS: ______12oz ______16oz ______WATER BOTTLES ______ICE TOWELS

(LIST TOTAL NUMBER NEEDED <2500 PER CASE>)

CHECK VENUE FOR HAZARDS: __________________________________________________________________
LOGISTICS/SPECIAL CONSIDERATIONS

WEATHER:
(WILL RAiNSUiTS OR COLD WEATHER GEAR BE NEEDED OR HOT WEATHER EQUIPMENT
ICE BUCKETS, ICE BATH, MORE COOLeRS/ICE ETC.?)

TENT:
(IS THERE ACCESS TO ELECTRICiTY, WATER?)

ICE MACHINE:
(WILL IT BE NECESSARY TO RENT iCE CONTAINER? WHERE WILL iCE BE OBTAINED/STORED?)

VENUE DIAGRAM/COURSE MAPS:

AMBUlANCE ACCESS:
(KNOW WHERE AMBUlANCE CAN ACCESS VENUE, CHECK GATE LOCKS & WHO HAS KEYS)

COMMUNICATIONS:
(DETERMINE HOW TO COMMUNiCATE BETWEEN VENUES AND WITHIN VENUE)

EQUIPMENT/SUPPLIES:

EMERGENCY:
(EACH VENUE MUST HAVE THE FOLLOWING EMERGENCY SUPPLIES: SPINEBOARD, STRETCHER,
SPLINTS, CRUTCHES/CAiNE, OTOSCOPE, BP CUFF/STETHOSCOPE, AND BIOHAZARD EQUIPMENT)

EXPENDABLE:
(DIVIDE ALL SUPPLIES BETWEEN ALL TRAINING FACILITIES, I.E. TAPE, BLANKETS, KITS, CUPS,
COOLeRS, 1ST AID KITS, ETC.)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
STAFFING: (DEVELOP FEASIBLE SHIFT SCHEDULE AND WORK ROTATION)

CERTIFIED
1. _______________ 5. _______________
2. _______________ 6. _______________
3. _______________ 7. _______________
4. _______________ 8. _______________

STUDENTS
1. _______________ 9. _______________
2. _______________ 10. _______________
3. _______________ 11. _______________
4. _______________ 12. _______________
5. _______________ 13. _______________
6. _______________ 14. _______________
7. _______________ 15. _______________
8. _______________ 16. _______________

PHYSICIANS
1. _______________ 
2. _______________ 
3. _______________ 
4. _______________
EMERGENCY MANAGEMENT PLAN

1. WHO WILL BE IN CHARGE OF THE SITUATION? ______________________________.

   ASSIGN PERSONNEL TO:
   
   A. MAKE EMERGENCY PHONE CALL IF AMBULANCE IS NOT ON SITE
   B. GUIDE THE AMBULANCE TO ACCIDENT SCENE.
   C. DECIDE WHO WILL ACCOMPANY ATHLETE TO HOSPITAL.

2. ARE ATHLETES MEDICAL AND INSURANCE RECORDS READILY AVAILABLE?

3. COORDINATE ALL EMERGENCY PLANS WITH APPROPRIATE PERSONNEL.

4. BE FAMILIAR WITH EMP FOR EACH VENUE AND REVIEW INDIVIDUAL INJURY MANAGEMENT PROCEDURES.

5. ATTACH MAP AND LAYOUT OF EACH VENUE
   (DESIGNATE PERSONNEL PLACEMENT, IDENTIFY AMBULANCE ACCESS/STATION)
SEVERE WEATHER PROTOCOLS
LIGHTNING

POLICY
FSU Athletics is responsible for implementing policies and procedures to protect athletes, coaches, support staff and spectators during practice and during home athletic competitions. Personal safety should not be comprised under any circumstances and staff will always err on the side of caution when making decisions regarding safety during severe weather.

The Athletic Department’s primary lightning information source is AccuWeather Enterprise Solutions (1-316-265-9127) and is supplemented by Telvent DTN MX Vision WeatherSentry Online (http://weather.dtn.com). Additional sources are the National Weather Service (942-8833), local television stations (ABC: 893-1313, CBS: 893-666), the Weather Channels 17 and 24, as well as multiple internet weather sites.

It is imperative that all FSU Athletic Department personnel become familiar with the attached NCAA Guideline for Lightning Safety that addresses competitive safeguards and medical aspects of sports pertaining to lightning safety. To assist you in this important task, the following standard operating instructions are provided for FSU Athletics Department staff, in particular sport medicine and event management staff, on those occasions when lightning weather hazards exist.

• **Practice:** During practice the staff athletic trainer is responsible for making decisions pertaining to lightning weather hazard.
  1. The staff athletic trainer or his/her designee will monitor threatening weather via the above lightning information sources, and determine whether to remove a team or individuals from an athletic site or event.
  2. Monitor local weather reports each day before any practice or event. Be aware of potential thunderstorms.
  3. Be informed of National Weather Service (NWS) issued thunderstorm “watches” or “warnings”, and the warning signs of developing thunderstorms in the area.
  4. Know where the closest safe structure or location is to the field or playing area, such as:
     - Any building normally occupied or frequently used by people
     - A hard all-metal vehicle (non-convertible)
  5. If outside, with no time to reach a safe building or automobile,
     - Do not stand beneath a natural lightning rod, such as an isolated tree
     - Avoid projecting above the surrounding landscape
     - Get out of and away from open water
     - Get away from tractors and other metal farm equipment
     - Get off and away from motorcycles, scooters, golf carts, bicycles, golf clubs, etc.
     - Stay away from wire fences, clothes lines, metal pipes, rails, and other metallic parts which can carry lightning to you from a distance away.
     - Avoid standing in small, isolated sheds or small structures in open areas
     - In a forest, seek shelter in a low area under a thick grown of small trees. In open areas, go to a place such as a ravine or valley.
  6. We will use information provided by the above lightning information sources to determine when to postpone or cancel activity due to the threat of lightning.

• **Home Events:** When there is a threat of hazardous weather on an event day, the following procedures will take place:
  1. The event manager will maintain continuous contact with weather detection and prediction sources to obtain as much information as possible. This information will be shared with the head official, umpire-in-chief, referee, and/or meet director upon their arrival. The event manager will also ensure that there is a clear understanding of the evacuation procedure during a Weather Warning. Information will also be shared with the sport oversight (if present) and with the sport head coach.
  2. Until such time as the head official, umpire-in-chief, referee and/or meet director assumes on-site responsibility as prescribed in the NCAA rules, the home event manager is responsible for making the determination if it is safe to begin on-field practice for competition. Information will continue to be
shared with the sport oversight (if present) and with the sport head coach.
3. The head official, umpire-in-chief, referee or meet director will have responsibility for lightning hazard safety from the time they assume on-site responsibility until such time as they leave the site of competition as prescribed in NCAA rules. He or she has discretionary power to suspend the game whenever such action is deemed necessary due to hazardous weather. The home event manager will continue to monitor all weather sources and will regularly share this information with the officials and the sport oversight (if present) to ensure both players and spectators remain in a safe environment. Coaches will be kept informed but will not be a part of the decision process to suspend or terminate competition.
4. FSU Athletics also has an obligation to warn spectators of hazardous weather conditions. The home event manager, in conjunction with Sports Information, will ensure that spectators are kept informed of suspensions using the stadium’s public address system. Spectators will be directed to evacuate the stands and to seek shelter in a safe location when severe weather conditions exist.
5. Overall, personal safety must remain paramount and staff will always err on the side of caution when making lightning hazard decisions.

PROCEDURE
AccuWeather Enterprise Solutions (AccuWeather) is the Athletic Department’s primary severe weather prediction and warning system. Athletic trainers and event managers will have in their possession the AccuWeather pager or cell phone whenever they are at practice or at a home event. When possible, athletic trainers and event managers will use the computer based Telvent DTN MxVision WeatherSentry Online software to supplement AccuWeather.

- **Weather Advisory**: A weather advisory will be issued by AccuWeather when the existing conditions reflect that a lightning strike could occur or has occurred within 15 miles of the event site.
  - **Practice**: The athletic trainer will immediately inform the senior coach present that an advisory is in effect and that practice is subject to suspension if a warning is subsequently issued. Preliminary steps will be initiated to prepare for a suspension and evacuation.
  - **Competition**: The event manager will immediately inform the head official, umpire-in-chief, referee or meet director that an advisory is in effect and that the event is subject to suspension if a warning is subsequently issued. Additionally, both head coaches and the sport oversight (if present) will be notified. Preliminary steps will be initiated to prepare for suspension and evacuation. Public address announcements will be made and updated after the head official, umpire-in-chief, referee or meet director and head coaches have been notified.

- **Weather Warning**: A weather warning will be issued by AccuWeather when the existing conditions reflect that a lightning strike could occur or has occurred within eight miles of the event site.
  - **Practice**: The athletic trainer will immediately inform the senior coach present that a warning is in effect and that practice is to be immediately suspended and all personnel are to seek protection. Practice will remain suspended until such time as the warning has been canceled or until 30 minutes after the last strike has occurred within the eight mile circle as shown on Telvent DTN MxVision WeatherSentry Online.
  - **Competition**: The event manager will immediately inform the head official, umpire-in-chief, referee or meet director that a warning is in effect and that the event is to be immediately suspended and all personnel are to seek protection. The event will remain suspended until such time as the warning has been canceled or until 30 minutes after the last strike has occurred within the eight mile circle as shown on Telvent DTN MxVision WeatherSentry Online. Additionally, both head coaches and the sport oversight (if present) will be notified and kept informed of the weather posture as it develops. Public address announcements will be made and updated after the head official, umpire-in-chief, referee or meet director and head coaches have been notified.
  - **Venue Protection**: Athletic Department personnel are permitted to take venue protection actions, i.e., installing a tarp at baseball or softball, as long as the personnel have completed their actions and are in a place of safety by the time lightning is expected to occur or has occurred within six miles of the athletics venue. If lightning strikes within six miles, all actions will cease and personnel will immediately take shelter.
  - **Dugouts**: As stated in the NCAA Guideline for Lightning Safety, dugouts are usually not properly
grounded from the effects of lightning and side flashes to people. They are usually very unsafe and may actually increase the risk of lightning injury. Accordingly, whenever a Weather Warning has been announced all personnel will evacuate dugouts and seek shelter inside the closest building that is frequently used by people (i.e. a building with plumbing and/or electrical wiring that acts to electrically ground the structure). Personnel will remain in this location until such time as the Weather Warning has been canceled or until 30 minutes after the last strike has occurred within the eight mile circle as shown on Telvent DTN MxVision WeatherSentry Online.

-Indoor Hitting Cages: The indoor hitting cages provide an ideal inclement weather location for batting practice during rain conditions and when the infield is being otherwise used. Players, coaches and staff movement to and from the hitting cages poses an unacceptable risk as these personnel are fully exposed to possible lightning strikes. Accordingly, during a Weather Warning all personnel in the baseball and softball hitting cages are to remain in the hitting cages, and personnel not in the hitting cages will not attempt to enter the hitting cages, until such time as the warning has been canceled or until 30 minutes after the last strike has occurred within the eight mile circle as shown on Telvent DTN MxVision WeatherSentry Online.
TORNADO

POLICY
FSU Athletics is responsible for the personal safety of all athletes, coaches, support staff and spectators, which should not be comprised under any circumstances and staff will always err on the side of caution when making decisions regarding safety during severe weather.

The Athletic Department’s primary weather information source, AccuWeather Enterprise Solutions (1-316-265-9127) and Telvent DTN Mx Vision WeatherSentry Online (http://weather.dtn.com), will be utilized in all situations of possible severe weather. Additional sources are the National Weather Service (942-8833), local television stations (ABC: 893-1313, CBS: 893-666), the Weather Channels 17 and 24, as well as multiple internet weather sites.

PROCEDURE
AccuWeather Enterprise Solutions (AccuWeather) is the Athletic Department’s primary severe weather prediction and warning system. Athletic trainers and event managers will have in their possession the AccuWeather pager or cell phone whenever they are at practice or at a home event. When possible, athletic trainers and event managers will use the computer based Telvent DTN MxVision WeatherSentry Online software to supplement AccuWeather.

In the event of inclement severe weather, the following steps should be taken along with all guidelines stated in the lightning policy and procedure:
1. Utilize the AccuWeather or the Telvent DTN MxVision WeatherSentry to monitor approaching weather and its severity. Other weather sources that may issue important alerts include radio, television, and telephone.
2. If the National Weather Service issues a severe weather or tornado warning for The City of Tallahasee or Leon County, warn all members of the Coaching staff, Equipment staff, Video staff and Sports Medicine staff in the immediate area.
   - TORNADO WATCH – means weather conditions are favorable for the formation of a tornado
   - TORNADO WARNING – means a tornado has been sighted in your area
3. Close all external doors and stay away from windows.
4. Move all individuals to a pre-planned emergency shelter in your immediate area
   - The best areas for shelter are: __________________, inside walls opposite of corridor from which storm is approaching, a restroom without windows, or any interior hallway on the lowest ground floor.
5. Remain in the shelter until an all clear is given.
6. Areas to avoid during these situations are:
   - Lobbies of buildings with glass windows, walkways, atriums, rooms with large roof spans (such as auditoriums, end rooms in a one-story building, rooms with large glass areas, and or hallways that could become a “wind tunnel”.

REMINDER: If you are in a car, do not attempt to drive out of the path of the tornado or the storm. Tornadoes are very unpredictable in their movement. Get out of the car and seek shelter in a sturdy building or structure. If no structure is available, lie flat in the nearest ditch, ravine, or low area, face down with hands protecting the back of your neck and head.
HURRICANE

POLICY
FSU Athletics is responsible for the personal safety of all athletes, coaches, support staff and spectators, which should not be comprised under any circumstances and staff will always err on the side of caution when making decisions regarding safety during severe weather.

The Athletic Department’s primary weather information source, AccuWeather Enterprise Solutions (1-316-265-9127) and Telvent DTN Mx Vision WeatherSentry Online (http://weather.dtn.com), will be utilized in all situations of possible severe weather. Additional sources are the National Weather Service (942-8833), local television stations (ABC: 893-1313, CBS: 893-666), the Weather Channels 17 and 24, as well as multiple internet weather sites.

The Athletics Department will abide by all orders set by the state of Florida and other sanctioned entities. In the event of a potential hurricane, all sport-related activity will adhere to the recommendations set by the National Weather Service and Leon County. All activity will not resume until declared safe by the National Weather Service and Leon County.

PROCEDURE
The procedure(s) for a potential hurricane in Leon County will vary depending on the circumstances. Florida State University administrative personnel will provide directions on an individual basis.
UTILITY FAILURE

POLICY
Due to the unpredictability of mechanical problems within FSU Athletics facilities, it is the primary responsibility of the FSU Athletic Department Facilities and Events staff to respond to and coordinate any mechanical problems within the athletics facilities. The FSU Sports Medicine staff and students are required to report any facility mechanical problem to the facilities and events staff in order to prevent further damage and ensure timely repairs.

PROCEDURE
In the event of mechanical/utility failure, the following steps should be taken:

- **Electrical Power Loss**
  1. Contact the Florida State Athletic Department Facilities at 850-644-4502
  2. After 5 p.m., call Laurie Swiger at 850-443-7078
  3. Find the nearest flashlight to aid in the evacuation if necessary.
  4. Turn off ALL electrical equipment (some equipment could be damaged when power is restored).

- **Water**
  1. Contact the Florida State Athletic Department Facilities at 850-644-4502
  2. After 5 p.m., call Laurie Swiger at 850-443-7078
  3. Turn off all water faucets and water fountains.
  4. Do not use the toilets in your facility until water is restored.

- **Heating, Ventilation and Air Conditioning**
  1. Contact the Florida State Athletic Department Facilities at 850-644-4502
  2. After 5 p.m., Call Laurie Swiger at 850-443-7078

- **Telephone**
  1. For normal disruption of telephone services, contact the Florida State Telephone Service at 850-644-4357

Chemical Spills
In the Florida State University Educational Facilities, it is the responsibility of the faculty/instructors to know characteristics of the chemicals they work with and to take precautions to protect themselves and students in containing chemical spills that occur.

In the Florida State Athletic Training Facilities, it is the responsibility of the staff athletic trainer to know the characteristics of the chemicals they work with and to take precautions to protect themselves and students in containing spills that occur.

In the event of a chemical spill, the following steps should be taken:

1. First Aid is your first priority! Any spill that results in personnel exposure should be treated IMMEDIATELY.
2. Eye/Skin contact – Flush the eyes or affected skin areas with water. If the chemical is solid, brush the chemical off gently first.
3. Inhalation – Get individual to fresh air as soon as possible and perform rescue breathing and CPR, if necessary.
4. Contact Florida State Police Department. 850-644-1234
5. Call Ambulance, if needed. (911)
6. When necessary, evacuate all individuals from the immediate area.
7. Identify the chemical spill, the quantity, and location of the spill.
8. Report the information to the Florida State Police Department 850-644-1234 and the Florida State University Environmental Health and Safety Office 850-644-6895.
EMERGENCY MANAGEMENT PROTOCOLS
EMERGENCY MANAGEMENT PROTOCOL

Emergency Medical Services:
CALL FROM YOUR CELL PHONE  911
CALL FROM FLORIDA STATE CAMPUS  9-911
Florida State Campus Police    644-1234

Emergency Situation Protocol:
Highest ranking medical personnel takes charge (i.e. doctor, certified athletic trainer, athletic training student, etc.)
Initial assessment is completed and duties are delegated by ranking official:
• athletic training student calls for assistance
• athletic training student, manager or coach meets the ambulance
• athletic training student, manager, or coach works crowd control

1. The person that calls for help should follow this order (example):
   - First call 911 to activate Emergency Medical Services.
     a. Identify yourself- "I'm an athletic trainer at Florida State."
     b. Identify the problem- "We have an emergency, please send an ambulance immediately." (i.e) unconscious, possible spinal cord injury, etc.
     c. Identify location & nearest arrival site- (i.e. Doak Campbell Stadium- south end zone gate)
     d. Hang up last!!
     e. Report back to medical personnel

2. Emergency equipment retrieval

3. Direct EMS to scene (if not on site for event)
   a. Open appropriate gates (i.e- south end zone gate)
   b. Designate individuals to meet EMS and direct to the scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area

4. Contact Staff Athletic Trainer if not on-site already
   a. Staff Athletic Trainer will contact the Director of Sports Medicine

6. Athletic training student, or Staff Athletic Trainer will accompany athlete to the hospital

7. Notify ambulance of hospital preference (i.e. TMH)

8. Bring athlete’s medical information (i.e. demographics, insurance, etc.) and athlete referral form

9. Contact Staff Athletic Trainer of athlete's condition
   a. Staff Athletic Trainer will contact athlete's parents, coaching staff, and Director of Sports Medicine

10. Document all information on injury, management, and transportation

11. Return all Florida State equipment, spine board, etc…
EMERGENCY MANAGEMENT PLAN

EMERGENCY REFERRAL

EMERGENCY CONDITIONS TO BE REFERRED TO THE NEAREST TRAUMA CENTER OR PHYSICIAN.

Medical emergencies that require the activation of the EMS (911).

1. Respiratory arrest or any irregularity in breathing.
2. Severe chest or abdominal pains that may indicate heart attack, cardiac arrest, or internal hemorrhage.
3. Excessive bleeding from a major artery or loss of a significant amount of blood.
4. Suspected spinal injury resulting in back pain, paralysis, or inability to move any body part.
5. Open or multiple fractures and/or fractures involving the femur, pelvis, and several ribs.
6. Joint fracture or dislocation with no distal pulse.
7. Severe signs of shock or possible internal hemorrhage.

Injuries that require immediate referral to a physician.

1. Eye injuries.
2. Dental injuries where a tooth has been knocked out or knocked loose.
3. Minor or simple fractures.
4. Lacerations that may require suturing.
5. Injuries where a functional deficit is noticeable.
6. Loss of normal sensation, diminished or absent reflexes that may indicate a nerve root injury.
7. Noticeable muscular weakness in the extremities that may indicate peripheral nerve damage.
8. Any injury, if you may have doubts about its severity or nature.
EMERGENCY MANAGEMENT PLAN
LIFE THREATENING SITUATION

POLICY
The following delineation of authority will determine who will be in charge of a life-threatening situation:

1. Physician (when available)
2. Certified Athletic Trainer (when available)
3. EMT (when available) - CERTIFIED TRAINER WILL WORK WITH EMT'S IF BOTH ARE PRESENT
4. First Responder (ATS) - must be CPR/AED certified, NOTIFY ATHLETIC TRAINING ROOM AFTER 911 IS ACTIVATED
5. Coach (must be CPR certified) - NOTIFY ATHLETIC TRAINING ROOM AFTER 911 IS ACTIVATED

This person will conduct primary injury survey (see flow chart) and determine whether EMS (Emergency Medical Service) should be activated. Another person, if available will call 911 to activate EMS. The caller will be a person who is pre-assigned to this task. If EMS is activated, they will maintain situation and provide necessary first aid measures until EMS arrives. The caller or another pre-assigned individual will also make sure the assigned ambulance access route is clear, all gates and/or doors are unlocked, and will guide the ambulance to the site of the incident. The person in charge will then conduct a secondary injury survey (see flow chart). Another person who is pre-assigned will located and secure the victim’s medical records, insurance information and emergency telephone numbers, and parental consent forms. All victims who are minors must have signed parental consent forms that are readily attainable.

The following persons must be notified in case of life-threatening injury:

1. Victim's parents (preferably by someone they know, i.e. victim's coach)
2. Staff Athletic Trainer (if not present)
3. Team Physicians (if not present)

The person in charge will accompany the victim to the hospital, unless the victims condition is stable, then a pre-assigned person may accompany them. If on the road, an administrator or assistant coach should accompany the victim when only one athletic trainer is available to cover team, unless several athletic trainers are available. The person accompanying the victim should take all pertinent paperwork with them.
EMERGENCY MANAGEMENT PLAN
PRIMARY SURVEY

PROCEDURE

Athlete w/ Life-Threatening Injury/Condition

- SUSPECT A SPINAL INJURY UNLESS RULED OUT
- IMMobilize HEAD
- ESTABLISH UNRESPONSIVENESS
- OPEN THE AIRWAY
- ESTABLISH BREATHING (LOOK, LISTEN, FEEL)

No Breathing
- ACTIVATE EMS
- GIVE TWO BREATHS
- LOOK, LISTEN, FEEL
- CHECK CIRCULATION (CAROTID ARTERY)

If Talking and Responding
- INITIATE SECONDARY SURVEY
- TREAT SHOCK
- ACTIVATE EMS IF NECESSARY
- MONITOR VITAL SIGNS

Breathing
- MAINTAIN AIRWAY
- INITIATE SECONDARY SURVEY
- TREAT FOR SHOCK
- ACTIVATE EMS

Pulse Present
- INITIATE / MAINTAIN RESCUE BREATHING
- MONITOR PULSE UNTIL EMS ARRIVES
- TREAT FOR SHOCK

No Pulse Present
- LOCATE PROPER HAND POSITION
- INITIATE CPR 15 COMPRESSIONS: TWO VENTILATIONS
- REASSESS PULSE AFTER 1 MINUTE
- IF NO PULSE: CONTINUE CPR UNTIL EMS ARRIVES
EMERGENCY MANAGEMENT PLAN
SECONDARY SURVEY

PROCEDURE
The secondary survey is performed after the primary survey to determine the extent of the injury. It is a detailed hands-on, head-to-toe assessment to detect conditions that may not in themselves pose an immediate threat to life, unless left unrecognized and untreated. The person in charge of the emergency situation performs the secondary survey. The secondary survey should include: taking victims vital signs, a thorough history, observation and inspection, palpation, and any special tests, all which help to determine the nature and extent of the victim’s injuries. **Always** suspect a spinal injury. **Do not** move individual until a spinal injury is ruled out.

- **Vital signs:** include pulse, respiration, blood pressure, skin temperature and color, pupillary response to light and eye movement. They may be taken as part of the observation and inspection, but they must be repeated every two to five minutes to update the victim’s status.

- **History:** the history of the injury can be taken by asking the conscious victim or by asking a witness if the victim is unconscious. If conscious, ask: What happened? Did you hear any sounds or unusual sensations when the injury occurred? Where is the pain? Can you point to the area? How would you rate the pain on a scale of 1 to 10? Are you taking any medications? Are you allergic to anything? Any multitude of questions may be asked to determine the nature and severity of the injury.

  If unconscious, first try to call their name and gently tap the sternum to elicit a response if there is no response and the primary survey (A, B, C’s) are adequate, then ask a bystander: What happened? Did you see them get hit or did they just collapse? How long have they been unconscious? If it was gradual, did anyone talk to the individual? What did the person say? Was it coherent? Did they moan, groan, or mumble? Has this ever happened to them before?

- **Observation and inspection:** as you approach the victim, observe the body position for any noticeable deformities that may indicate a fracture or dislocation. Are they breathing normally or is it labored? Are they responsive to commands or are they lethargic? Are the pupils normal or dilated? Is there any discoloration in the facial area or behind the ears? Is there a clear fluid or bloody discharge from the nose or ears? The pulse may be taken and recorded.

- **Palpation:** Continue to stabilize the head and neck until a spinal injury is ruled out. Palpate the scalp and facial area for lacerations, deformities, or depressions. Discoloration over the mastoid process behind the ear or around the eyes or the presence of blood or cerebrospinal fluid from the ears or nose.

  Check the eyes for any injury, presence of contact lenses, pupil size, equality, and pupillary response to light. Check the mouth for a mouth guard, dentures, broken teeth, or blood that may be causing an airway obstruction. Check breath odor, such as fruity smell (diabetic coma) or alcohol.

  Palpate the cervical spine for any point tenderness or obvious deformity. Inspect and palpate the chest for possible wounds, discoloration, deformities, and chest expansion upon breathing. Use sternal or lateral rib compression to determine the possibility of fracture. Inspect and palpate the abdomen for tenderness, rigidity, distention, spasms, or pulsations.

  Inspect and palpate the upper extremities for deformity, point tenderness, swelling, muscle spasm, and discoloration. Is there bilateral grip strength? Take a radial pulse and check skin temperature. Can they move fingers?

  Inspect and palpate the pelvis and lower extremities for deformity, point tenderness, swelling, muscle spasms, and discoloration. Take the distal pulse at both the medial ankle and dorsum of the foot. Can they wiggle their toes? Feel for skin temperature.
• **Special tests:** any special tests can be performed during palpation. These include any muscle tests, such as finger or toe movement, sensation tests such as pin prick, checking for neurological deficit.

Recheck vital signs every two to five minutes until the ambulance arrives.
Remember: Do not harm the individual. If in doubt, assume the worst and treat accordingly.
CATASTROPHIC INCIDENT PLAN

POLICY
A catastrophic incident is defined as a sudden death or disabling injury by any cause of a student-athlete, coach or staff member. In the event of a catastrophic incident involving Florida State student-athlete, staff or support personnel, a number of steps should be followed to provide optimum care for all involved. Advance preparation and knowledge is critical in this process. Individuals involved in the management of catastrophic incidents should be aware of their roles and responsibilities.

PROCEDURE
The catastrophic incident plan for Florida State University Sports Medicine Department with regards to a student-athlete, staff or support personnel who has sustained a catastrophic injury shall be as follows:

- **Home Events (Student-Athlete)**
  1. The Sports Medicine Department Emergency Management Plan with regards to a home practice / game will be followed.
  2. A staff athletic trainer or his/her designee will accompany the injured student-athlete to the medical facility.
  3. Once at the medical facility, the designated individual will contact the head coach and the Director of Sports Medicine with medical updates from the attending physician (if applicable).
  4. The Director of Sports Medicine will then contact the following individuals:
     A. Team Physician
     B. Director of Athletics
     - The Director of Athletics will contact other Athletics department and University administrative personnel as deemed necessary.
  5. The Director of Sports Medicine, the team physician, the Director of Athletics and/or a designee, and the head coach will immediately proceed to the medical facility (if applicable).
  6. Once the student-athlete has been stabilized at the medical facility, the Director of Sports Medicine, in consultation with the team physician, head coach, and Director of Athletics will make every effort to notify the injured student-athlete’s family of the emergency situation.
     - The Staff Athletic Trainer will continue to communicate with the injured student-athlete’s family, and will provide medical updates as available.
  7. After receiving consent from the student-athlete’s family, the staff athletic trainer, the Director of Sports Medicine, team physician, head coach, and Director of Athletics, in consultation with the Florida State University Media Relations Department, may release an official statement to the media.
     - The Media Relations Department may not release a statement until the student-athlete or his/her family has given their consent, and the team physician and Director of Athletics have approved and authorized the statement.
  8. The staff athletic trainer and coaching staff will be responsible for assembling the athletic team as soon as possible for a briefing on the emergency situation.
  9. The athletic team will be addressed by the head coach, staff athletic trainer, team physician, and/or Director of Athletics regarding the student-athlete and the emergency situation, and will be advised not to speak to any members of the media and refrain from using any social media.
 10. The Director of Sports Medicine will also be responsible for contacting the Florida State University counseling services and authorities at the medical facility for the purpose of arranging psychologists, grief counselors, etc. for the use of all team and athletics department personnel.
 11. The staff athletic trainer and/or a designee will be responsible for collecting all equipment and materials involved and secure in a locked area. Also, the completion of documentation concerning the events and everyone involved will be completed by the Director of Sports Medicine.

- **Away Events (Student-Athlete)**
  1. Staff athletic trainer or his/her designee will accompany the injured student-athlete to the medical facility.
  2. Immediately notify Director of Athletics and Director of Sports Medicine of crisis.
3. Once at the medical facility, the designated individual will contact the head coach and the Director of Sports Medicine with medical updates from the attending physician (if applicable).
4. The Director of Sports Medicine will then contact the following individuals:
   a. Team Physician
   b. Director of Athletics
      - The athletic director will contact other Athletics department and University administrative personnel as deemed necessary.
5. Once the student-athlete has been stabilized at the medical facility, the staff athletic trainer, head coach, and/or Director of Athletics will make every effort to notify the injured student-athlete’s family of the emergency situation.
      - Staff athletic trainer will continue to communicate with the injured student-athlete's family, and will provide medical updates as available.
6. Follow steps 6-11 for “Home Events”.
7. Based on individual circumstances, a sport coach and/or administrator may additionally need to remain on site.

- **Non-Athletic Related Events- Coaches, Administrators, and Staff Members**
  1. Immediately notify Director of Athletics and Director of Sports Medicine of crisis.
  2. Work with the local hospitals, sports medicine staff, or police to assist in process and gather information to update the Director of Athletics and/or Director of Sports Medicine.
  3. The sport staff athletic trainer or designated individual may remain on site to coordinate communication and arrangements with Florida State University Administration. A plan will be established by the Florida State University representative, the physician, and the patient (or his/her health care agent if incapacitated).
  4. Based on individual circumstances, a Florida State University representative may additionally need to remain on site.
  5. After receiving consent from the staff member or his/her family, the Director of Sports Medicine, head coach (if pertinent), and Director of Athletics, in consultation with the Florida State University Media Relations Department, may release an official statement to the media.
     - The Media Relations Department may not release a statement until the staff member or his/her family has given their consent, and the Director of Sports Medicine and Director of Athletics have approved and authorized the statement.
  6. The staff athletic trainer and coaching staff and will be responsible for assembling the athletic team as soon as possible for a briefing on the emergency situation (if pertinent). The athletic team will be addressed by the head coach, staff athletic trainer, Director of Sports Medicine, and/or Director of Athletics regarding the staff member and the emergency situation, and will be advised not to speak to any members of the media and refrain from using any social media.
  7. The Director of Sports Medicine will also be responsible for contacting the Florida State University counseling services and authorities at the medical facility for the purpose of arranging psychologists, grief counselors, etc. for the use of all team and athletics department personnel.

**Contact Information**

**Administration**
- Director of Athletics: Stan Wilcox 644-1079
- Senior Executive Associate AD: Monk Bonasorte 644-2648
- Senior Associate AD Compliance: Jim Curry 644-7926
- Senior Associate AD SWA: Vanessa Fuchs 644-7926
- Associate AD / Facilities & Events: Bernie Waxman 644-9940
- Assistant AD / Academics: Greg Beaumont 644-5938
- Assistant AD / Media Relations: Elliot Finebloom 644-1065
- Deputy Athletics Director / Administration: Cindy Hartmann 645-2368
- Deputy Athletic Director / External Operations: Karl Hicks 645-2014

**Sports Medicine Sport / Staff Assignments**
- Director of Sports Medicine / Soccer: Robin Gibson (c) 544-1746
-Men’s Basketball: Sam Lunt (c) 228-6850
-Head Football: Jake Pfeil (c) 694-0989
-Assistant Football: Jeronimo Boche (c) 694-3091
-Assistant Football: Julie Kruessel (c) 806-252-6171
-Baseball / Men’s Golf: Brandon Stone (c) 728-5002
-Men’s and Women’s Track and Field/Cross Country: Gwen Davis (c) 228-3410
-Softball / Women’s Golf: Eunice Hernandez (c) 694-2086
-Women’s Basketball: Emily Hutcherson (c) 728-4931

Florida State University Counseling Services 850-644-2003
- Director of Counseling

NCAA Catastrophic Injury Service Line 800-245-2744
CATASTROPHIC INCIDENT PHONE TREE

CATASTROPHIC INCIDENT

Certified Athletic Trainer (if staff not present)

Staff Athletic Trainer

Director of Sports Medicine

Head Coach

Team Physician

Student-Athlete Family

Director of Athletics

Athletics Department Administers

Media Relations Department

Athletics Team

Psychological Counseling Services

Director of Athletics

Athletics Department Administers
Florida State University Sports Medicine
Catastrophic Injury / Emergency Notification Form

Emergency Description:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Outcome / Follow Up:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature:___________________________ Print:_________________________ Date:____________
Signature:___________________________ Print:_________________________ Date:____________
Signature:___________________________ Print:_________________________ Date:____________
Signature:___________________________ Print:_________________________ Date:____________
Signature:___________________________ Print:_________________________ Date:____________
Florida State University Sports Medicine
Catastrophic Injury / Emergency Notification Contact Form

Date: _________ Time: _________ Place: ________________________________________________

Athletic Training Staff Contact(s): ______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Emergency Transport: ________________________________________________________________
Emergency Transport Personnel: _______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Hospital: ____________________________________________________

Attending Physician(s): _______________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Family Emergency Contact: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Notes:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Florida State University Department of Athletics
VENUE PLANS
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
ALUMNI VILLAGE HAMMER THROW AREA
Track and Field

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Check with coaches about keys to main gate (located on Pennell Circle)

Address:
Levy Avenue (Alumni Village) - SEE MAP OF VILLAGE HAMMER THROW AREA

Venue Directions:
From Gaines Street/Stadium Drive Area-
Lake Bradford Road to Levy Avenue, make a left on Pennell Circle at Alumni Village.
Immediately after turning left, jump the curb on the right and proceed to the front gate.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Braman- head coach</td>
<td>N/A</td>
<td>645-1250</td>
</tr>
<tr>
<td>Ken Harnden- associate coach</td>
<td>510-1280</td>
<td>N/A</td>
</tr>
<tr>
<td>Gwendolyn Davis- head ATC</td>
<td>228-3410</td>
<td>N/A</td>
</tr>
<tr>
<td>Natalie Fontela- GA ATC</td>
<td>228-6654</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Monk Bonasorte- administrator</td>
<td>N/A</td>
<td>644-2648</td>
</tr>
<tr>
<td>Bernie Waxman- administrator</td>
<td>N/A</td>
<td>644-9940</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check reception first

Emergency Equipment:
Located in the medical area: AED, splints, crutches/cane, biohazard supplies. Equipment will be brought to hammer area by the certified athletic trainer.
MAP
ALUMNI VILLAGE HAMMER THROW AREA
Track and Field

Medical Area:
- AED
- Splints
- Crutches/canes
- Biohazard supplies

N

LEVY AVENUE

AMBULANCE ENTRANCE

LAKE BRADFORD ROAD

PENNELL CIRCLE

GATE

GATE

MEDICAL AREA
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
APALACHEE REGIONAL PARK
Cross Country

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   -Follow the Emergency Management Protocol

Address:
7550 Apalachee Pkwy, Tallahassee, FL 32311- SEE MAP OF GREENWAY

Venue Directions:
Take Apalachee Road past Capital Circle. Entrance will be on the left, just before the soccer, baseball, and football fields.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Braman- head TF coach</td>
<td>N/A</td>
<td>645-1250</td>
</tr>
<tr>
<td>Karen Harvey- head CC coach</td>
<td>N/A</td>
<td>556-2018</td>
</tr>
<tr>
<td>Gwendolyn Davis- head ATC</td>
<td>228-3410</td>
<td>N/A</td>
</tr>
<tr>
<td>Natalie Fontela- GA ATC</td>
<td>228-6654</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Monk Bonasorte- administrator</td>
<td>N/A</td>
<td>644-2648</td>
</tr>
<tr>
<td>Bernie Waxman- administrator</td>
<td>N/A</td>
<td>644-9940</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in athletic training tent during meet: AED, spineboard, splints, crutches/cane, biohazard supplies.
MAP
APALACHEE REGIONAL PARK
Cross Country

Medical Tent:
AED
Splints
Crutches/canes
Biohazard supplies

MEDICAL TENT
FINISH LINE

AMBULANCE PARKING
TEAM TENTS

FIELD #1
START

FIELD #2

PRIVATE LAND

COUNTY LAND

APALACHEE PARKWAY

BUS PARKING

AMBULANCE ENTRANCE

TEAM TENTS

APALACHEE PARKWAY

N
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
BASKETBALL TRAINING CENTER
Men’s Basketball

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Back parking lot entrance: use FSU ID swipe card
   - West Madison Street entrance: check master keys in Men’s Basketball office

Address:
520 West Madison Street- SEE MAP OF BASKETBALL TRAINING CENTER

Venue Directions:
Madison Street to SW Corner of BTC or
Pensacola Street to Macomb Street, take right to W Madison St. to SW Corner of BTC.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-2641 ; 644-4716

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leonard Hamilton- head coach</td>
<td>N/A</td>
<td>644-5229 ext. 7190</td>
</tr>
<tr>
<td>Stan Jones- associate head coach</td>
<td>N/A</td>
<td>644-1405</td>
</tr>
<tr>
<td>Jacob Ridenhour- director of ops</td>
<td>N/A</td>
<td>644-4613</td>
</tr>
<tr>
<td>Sam Lunt- head ATC</td>
<td>228-6850</td>
<td>644-6223</td>
</tr>
<tr>
<td>Dr. Thompson- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Karl Hicks- administrator</td>
<td>N/A</td>
<td>645-2014</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in the athletic training room closet: AED, spineboard, splints, crutches/cane, biohazard supplies.
MAP
BASKETBALL TRAINING CENTER
Men’s Basketball

PRACTICE COURTS

STAIRWAY EXIT
Elevator
STAIRWAY EXIT

Athletic Training Room

Meeting Room

Weight Room

AED
In closet:
Spineboard
Splints
Crutches/canes
Biohazard supplies

CIVIC CENTER

CIVIC CENTER / BTC
PARKING LONG

MADISON STREET

STREET

AMBULANCE ENTRANCE
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
BASKETBALL TRAINING CENTER
Women’s Basketball

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Back parking lot entrance: use FSU ID swipe card
   - West Madison Street entrance: check master keys in Women’s Basketball office

Address:
520 West Madison Street- SEE MAP OF BASKETBALL TRAINING CENTER

Venue Directions:
Madison Street to SW Corner of BTC or
Pensacola Street to Macomb Street, take right to W Madison St. to SW Corner of BTC.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-2641 ; 644-4716

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Semrau- head coach</td>
<td>N/A</td>
<td>644-8100</td>
</tr>
<tr>
<td>Melissa Bruner- director of ops</td>
<td>N/A</td>
<td>644-6959</td>
</tr>
<tr>
<td>Emily Hutcherson- head ATC</td>
<td>728-4931</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Mejia- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Vanessa Fuchs- administrator</td>
<td>N/A</td>
<td>644-4933</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in the athletic training room closet: AED, spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
BOBBY LEACH STUDENT RECREATION CENTER AQUATICS
Swimming and Diving

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   -Follow the Emergency Management Protocol
   -Check with coaches about keys to the door at the west end of the building

Address:
210 Bobby E. Leach Center- SEE MAP OF BOBBY LEACH STUDENT CENTER AQUATICS

Venue Directions:
Pensacola Street to Chieftain Way to West Door (#17) of Bobby Leach Center, nearest to Tully Gym by the loading dock

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Tully Gym Athletic Training Room or the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-0556 (Swimming Pool) ; 644-0547 (Info Desk)

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Bradley- head SW coach</td>
<td>N/A</td>
<td>228-7451</td>
</tr>
<tr>
<td>Patrick Jeffrey- head DV coach</td>
<td>N/A</td>
<td>264-4528</td>
</tr>
<tr>
<td>Coleman Weibley- director of ops</td>
<td>N/A</td>
<td>644-5946</td>
</tr>
<tr>
<td>Eunice Hernandez- staff ATC</td>
<td>694-2086</td>
<td>N/A</td>
</tr>
<tr>
<td>Brian Baldwin- Intern ATC</td>
<td>728-4955</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Cindy Hartmann- administrator</td>
<td>N/A</td>
<td>645-2368</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located on the pool deck- spineboard and biohazard supplies.
MAP
BOBBY LEACH STUDENT RECREATION CENTER AQUATICS
Swimming and Diving

On Pool Deck:
AED
Spineboard
Biohazard supplies
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
DICK HOWSER STADIUM
Baseball

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Main Gate: check with ticket personnel to open
   - Field Gate: check with ground crew

Address:
Chieftan Way- SEE MAP OF DICK HOWSER STADIUM

Venue Directions:
Pensacola Street to Chieftain Way to gate at center field wall. Athletic Trainer or grounds crew will let ambulance in.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-5431 (Dugout/Clubhouse); 644-1553 (Press box)

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Martin Sr.- head coach</td>
<td>N/A</td>
<td>644-1073</td>
</tr>
<tr>
<td>Chip Baker- director of ops</td>
<td>N/A</td>
<td>644-1071</td>
</tr>
<tr>
<td>Brandon Stone- head ATC</td>
<td>728-5002</td>
<td>645-1968</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>John Lata- administrator</td>
<td>N/A</td>
<td>644-8986</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in the home team dugout or in adjacent hallway: AED, spineboard, splints, crutches/cane, and biohazard supplies.
MAP
DICK HOWSER STADIUM
Baseball

MOORE ATHLETIC CENTER

FOOTBALL PRACTICE FIELDS

Home Dugout or Adjacent Hallway:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies

PLAZA

TICKET OFFICE

BATTING CAGES

BULL PEN

VISITORS

FLORIDA STATE

PARKING LOT

AMBULANCE ENTRANCE
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
DOAK CAMPBELL STADIUM
Football

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Gates: keys are kept by grounds crew and equipment manager
   - Field Entry: south gate during construction period

Address:
403 Stadium Drive West- SEE MAP OF DOAK CAMPBELL STADIUM

Venue Directions:
Stadium Drive or Pensacola Street to Champions Way. Enter stadium through North East End Zone-Gate M.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for workouts, practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-2419

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jimbo Fisher- head coach</td>
<td>N/A</td>
<td>644-7038</td>
</tr>
<tr>
<td>Mark Robinson- director of ops</td>
<td>N/A</td>
<td>644-1409</td>
</tr>
<tr>
<td>Jake Pfeil- head ATC</td>
<td>694-0989</td>
<td>644-7038</td>
</tr>
<tr>
<td>Jeronimo Boche- assistant AT</td>
<td>694-3091</td>
<td>N/A</td>
</tr>
<tr>
<td>Julie Kruessel- assistant AT</td>
<td>806-252-6171</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Monk Bonasorte- administrator</td>
<td>N/A</td>
<td>644-2648</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located on home team sidelines: AED, spineboard, splints, crutches/cane, and biohazard supplies.
MAP
DOAK CAMPBELL STADIUM
Football

Moore Athletic Center

Home Sideline:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies

NORTH END ZONE

SOUTH END ZONE

ALT. ERNATE
AMBULANCE
ENTRANCE

North Parking Lot

EAST PARKING LOT

SOUTH PARKING LOT

DIck HowsEr
Stadium

PRACTICE
FIELDS

Practice Fields

Main Ambulance Entrance

Main Ambulance Entrance

East Parking Lot

Florida State University Department of Athletics
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
FOOTBALL PRACTICE FIELDS
Football

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Main Gate: check with equipment manager for keys

Address:
403 Stadium Drive West- SEE MAP OF BASEBALL COMPLEX/PRACTICE FIELDS

Venue Directions:
Stadium Drive to Champions Way past “Sportsmanship Statue”, follow around into parking lot between Moore Athletic Center (UCC “D”) and football practice fields. Proceed to gate by practice field, directly across from Moore Center.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for workouts, practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jimbo Fisher- head coach</td>
<td>N/A</td>
<td>644-7038</td>
</tr>
<tr>
<td>Mark Robinson- director of ops</td>
<td>N/A</td>
<td>644-1409</td>
</tr>
<tr>
<td>Jake Pfeil- head ATC</td>
<td>694-0989</td>
<td>644-7038</td>
</tr>
<tr>
<td>Jeronimo Boche- assistant AT</td>
<td>694-3091</td>
<td>N/A</td>
</tr>
<tr>
<td>Julie Kruessel- assistant AT</td>
<td>806-252-6171</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Monk Bonasorte- administrator</td>
<td>N/A</td>
<td>644-2648</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available- check with facilities

Emergency Equipment:
Located in the practice field training room: AED, spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
Athletic Training Center
Football

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Main Gate: check with equipment manager for keys

Address:
403 Stadium Drive West- SEE MAP OF ATHLETIC TRAINING CENTER

Venue Directions:
Stadium Drive to Champions Way past “Sportsmanship Statue”, follow around into parking lot in front of the football practice fields. Proceed to gate at the end of the practice fields, right before the Athletic Training Center building.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for workouts, practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jimbo Fisher- head coach</td>
<td>N/A</td>
<td>644-7038</td>
</tr>
<tr>
<td>Mark Robinson- director of ops</td>
<td>N/A</td>
<td>644-1409</td>
</tr>
<tr>
<td>Jake Pfeil- head ATC</td>
<td>694-0989</td>
<td>644-7038</td>
</tr>
<tr>
<td>Jeronimo Boche- assistant AT</td>
<td>694-3091</td>
<td>N/A</td>
</tr>
<tr>
<td>Julie Kruessel- assistant AT</td>
<td>806-252-6171</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Monk Bonasorte- administrator</td>
<td>N/A</td>
<td>644-2648</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available- check with facilities

Emergency Equipment:
Located in the practice field training room: AED, spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
LEON COUNTY CIVIC CENTER
Men’s Basketball

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Check with staff athletic trainer about keys to the loading dock entrance

Address:
505 West Pensacola Street - SEE MAP OF LEON COUNTY CIVIC CENTER

Venue Directions:
Madison Street to back parking lot of Civic Center, to elephant doors by TV trucks or Pensacola Street to
Macomb Street take left to Madison Street to rear entrance of Civic Center.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-1271

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leonard Hamilton- head coach</td>
<td>N/A</td>
<td>644-5229 ext. 7190</td>
</tr>
<tr>
<td>Stan Jones- associate head coach</td>
<td>N/A</td>
<td>644-1405</td>
</tr>
<tr>
<td>Jacob Ridenhour- director of ops</td>
<td>N/A</td>
<td>644-4613</td>
</tr>
<tr>
<td>Sam Lunt- head ATC</td>
<td>228-6850</td>
<td>644-6223</td>
</tr>
<tr>
<td>Dr. Thompson- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Karl Hicks- administrator</td>
<td>N/A</td>
<td>645-2014</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in home team locker room or home team tunnel: AED, spineboard, splints, crutches/cane,
biohazard supplies.
MAP
LEON COUNTY CIVIC CENTER
Men’s Basketball

MARTIN LUTHER KING BLVD

In home tunnel:
spineboard
splints
crutches/canes
biohazard
supplies

AED

AMBULANCE ENTRANCE

LOADING DOCK ENTRANCE / EXIT

MACOMB STREET PARKING LOT

CIVIC CENTER/BTC PARKING LOT

PENSACOLA STREET PARKING

MACOMB STREET PARKING LOT

MADISON STREET

Florida State University Department of Athletics
EMERGENCY MANAGEMENT PLAN  
VENUE PLAN  
LEON COUNTY CIVIC CENTER  
Women’s Basketball

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Check with staff athletic trainer about keys to the loading dock entrance

Address:
505 West Pensacola Street- SEE MAP OF LEON COUNTY CIVIC CENTER

Venue Directions:
Madison Street to back parking lot of Civic Center, to elephant doors by TV trucks or Pensacola Street to Macomb Street take left to Madison Street to rear entrance of Civic Center.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-1271

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Semrau- head coach</td>
<td>N/A</td>
<td>644-8100</td>
</tr>
<tr>
<td>Melissa Bruner- director of ops</td>
<td>N/A</td>
<td>644-6959</td>
</tr>
<tr>
<td>Emily Hutcherson- head ATC</td>
<td>728-4931</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Mejia- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Vanessa Fuchs- administrator</td>
<td>N/A</td>
<td>644-2526</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in home team locker room or home team tunnel: AED, spineboard, splints, crutches/cane, biohazard supplies.
MAP
LEON COUNTY CIVIC CENTER
Women’s Basketball

In home tunnel:
spineboard
splints
crutches/canes
biohazard
supplies

AED

AMBULANCE ENTRANCE

LOADING DOCK
ENTRANCE / EXIT
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
MICCOSUKEE GREENWAY
Cross Country

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   -Follow the Emergency Management Protocol

Address:
- SEE MAP OF GREENWAY

Venue Directions:
Miccosukee Road to Miccosukee Greenway at intersection of Miccosukee Road and Edenfield Road

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Braman- head TF coach</td>
<td>N/A</td>
<td>645-1250</td>
</tr>
<tr>
<td>Karen Harvey- head CC coach</td>
<td>N/A</td>
<td>556-2018</td>
</tr>
<tr>
<td>Gwendolyn Davis- head ATC</td>
<td>228-3410</td>
<td>N/A</td>
</tr>
<tr>
<td>Natalie Fontela- GA ATC</td>
<td>228-6654</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Bernie Waxman- administrator</td>
<td>N/A</td>
<td>644-9940</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in athletic training tent during meet: AED, spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
MIKE LONG TRACK
Track and Field

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Main Gate: check with coaches about keys (located at south end of track)

Address:
1104 Spirit Way - SEE MAP OF MIKE LONG TRACK

Venue Directions:
Pensacola Street to Chieftain Way to south end of track, left turn onto Spirit Way, right to gate at SW corner of track by the track building. Or Stadium Drive to Spirit Way left to gate At SW corner of track.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Braman- head coach</td>
<td>N/A</td>
<td>645-1250</td>
</tr>
<tr>
<td>Ken Hamden- coach</td>
<td>N/A</td>
<td>510-1280</td>
</tr>
<tr>
<td>Jennifer Santiago- director of operations</td>
<td>N/A</td>
<td>645-5550</td>
</tr>
<tr>
<td>Gwendolyn Davis- head ATC</td>
<td>228-3410</td>
<td>N/A</td>
</tr>
<tr>
<td>Natalie Fontela- GA ATC</td>
<td>228-6654</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Bernie Waxman- administrator</td>
<td>N/A</td>
<td>644-9940</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check reception first

Emergency Equipment:
Located in the garage area at south end of track during home meets, and the track athletic training room storage room during practice: AED, spineboard, splints, crutches/cane, biohazard supplies. Equipment will be brought to hammer area by the first responder.
In garage during meets / ATR during practice:
AED
Spineboard
Splints
Crutches/canes
Biohazard Supplies
EMERGENCY MANAGEMENT PLAN

VENUE PLAN

MOORE ATHLETIC CENTER
Weight Room, Turf Room, Athletic Training Room, Locker Rooms, Administrative Offices

Role of First Responders:
1. Immediate care of the injured or ill student-athlete / athletics department staff
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Secured Entrances: use personnel code

Address:
403 Stadium Drive West- SEE MAP OF MOORE CENTER AND PARKING LOT

Venue Directions:
Stadium Drive to Champions Way past “Sportsmanship Statue”, go around through parking lot past front of Moore Center and Bobby Bowden Statue to loading dock and doors by Gate M or to front doors for other areas of building.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) are available in the Moore Center Athletic Training Room during the regular hours of operation. A certified athletic trainer will be available during any mandatory athletic workouts.

Emergency Communication:
Land Line Telephones- 644-2419

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan Schaefer- director of strength and conditioning</td>
<td>N/A</td>
<td>644-6881</td>
</tr>
<tr>
<td>Vic Viloria- head FB SC coach</td>
<td>N/A</td>
<td>644-2108</td>
</tr>
<tr>
<td>Robin Gibson- director of sports medicine</td>
<td>544-1746</td>
<td>644-2139</td>
</tr>
<tr>
<td>Jake Pfeil- head FB ATC</td>
<td>544-1757</td>
<td>644-7038</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Stan Wilcox- director of athletics</td>
<td>N/A</td>
<td>644-1079</td>
</tr>
<tr>
<td>Monk Bonasorte- administrator</td>
<td>N/A</td>
<td>644-2648</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in the Moore Center Athletic Training Room: AED, spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
MORCOM AQUATICS CENTER
Swimming and Diving

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - ALL WATER RESCUES WILL BE COORDINATED WITH LIFEGUARD STAFF

Address:
2550 Pottsdamer Street, Tallahassee, FL 32310- SEE MAP OF MORCOM AQUATICS CENTER

Venue Directions:
Orange Avenue to Pottsdamer Street to aquatic center on left, designated personnel will guide ambulance to accident site.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Tully Gym Athletic Training Room or the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-7665 (lifeguard office)

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Bradley- head SW coach</td>
<td>N/A</td>
<td>228-7451</td>
</tr>
<tr>
<td>John Proctor- head DV coach</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Patrick Blom- director of ops</td>
<td>N/A</td>
<td>644-5946</td>
</tr>
<tr>
<td>Eunice Hernandez- staff ATC</td>
<td>694-2086</td>
<td>N/A</td>
</tr>
<tr>
<td>Brian Baldwin- Intern ATC</td>
<td>728-4955</td>
<td>N/A</td>
</tr>
<tr>
<td>Cindy Hartmann- administrator</td>
<td>N/A</td>
<td>645-2368</td>
</tr>
</tbody>
</table>

Walkie-Talkies: All lifeguards are equipped with walkie-talkies.

Emergency Equipment:
During open hours emergency equipment is on pool deck by lifeguard stand. During closed hours equipment is lifeguard storage area.
MAP
MORCOM AQUATICS CENTER
Men’s & Women’s Swimming and Diving

POTTDAMER STREET

AMBULANCE ENTRANCE

PARKING LOT

MORCOM AQUATICS CENTER

DIVING POOL

HOT TUB

LAP POOL

On Pool Deck: Spineboard Biohazard supplies
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
SCOTT SPEICHER TENNIS COMPLEX
Men’s Tennis

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - End Gates: Check with the coaches about keys (located at east and west ends of complex)

Address:
121 Chieftan Way- SEE MAP OF TENNIS COMPLEX

Venue Directions:
Pensacola Street to Chieftain Way, past Bobby Leach Center to West End of Tennis Complex OR
Varsity Drive to Wildwood Avenue to access road past Bobby Leach Center and Tully Gym to East End
of Tennis Complex.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Tully Gym Athletic Training Room or the Moore
Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-3364, 644-1738, 644-1092, 644-1099

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwayne Hultquist- head coach</td>
<td>N/A</td>
<td>644-1738</td>
</tr>
<tr>
<td>Nick Crowell- assistant coach</td>
<td>N/A</td>
<td>644-1739</td>
</tr>
<tr>
<td>Cheryl Pfeil- staff ATC</td>
<td>694-0130</td>
<td>644-1206</td>
</tr>
<tr>
<td>Julia Giampaolo- GA ATC</td>
<td>228-5021</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Dan Schaefer- administrator</td>
<td>N/A</td>
<td>644-6881</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in tennis equipment storage area during matches and in the Tully Gym Athletic Training Room
during practices: AED, spineboard, splints, crutches/cane, biohazard supplies.
MAP
SCOTT SPEICHER TENNIS COMPLEX
Men’s Tennis

Tully Gym during practices:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies

Tennis storage during matches:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies

TULLY GYM
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
SCOTT SPEICHER TENNIS COMPLEX
Women’s Tennis

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - End Gates: Check with the coaches about keys (located at east and west ends of complex)

Address:
121 Chieftan Way- SEE MAP OF TENNIS COMPLEX

Venue Directions:
Pensacola Street to Chieftain Way, past Bobby Leach Center to West End of Tennis Complex OR
Varsity Drive to Wildwood Avenue to access road past Bobby Leach Center and Tully Gym to East End of Tennis Complex.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Tully Gym Athletic Training Room or the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-3364, 644-1738, 644-1092, 644-1099

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Hyde- head coach</td>
<td>N/A</td>
<td>644-1092</td>
</tr>
<tr>
<td>Cheryl Pfeil- staff ATC</td>
<td>694-0130</td>
<td>644-1206</td>
</tr>
<tr>
<td>Jordan Bellomy- GA ATC</td>
<td>728-6657</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Dan Schaefer- administrator</td>
<td>N/A</td>
<td>644-6881</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in tennis equipment storage area during matches, and the Tully Gym Athletic Training Room during practices: AED, spineboard, splints, crutches/cane, biohazard supplies.
TULLY GYM

Tully Gym during practices:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies

Tennis storage during matches:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies

AMBULANCE ENTRANCE

CHIEFTAN WAY

N

AMBULANCE ENTRANCE

MAP
SCOTT SPEICHER TENNIS COMPLEX
Women’s Tennis

WILDWOOD DRIVE

107
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
INDOOR TENNIS FACILITY
Men’s Tennis

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - End doors: Check with the coaches about keys

Address:
2566 Pottsdamer St.- SEE MAP OF INDOOR TENNIS FACILITY

Venue Directions:
Orange Avenue to Pottsdamer Street to indoor tennis facility on left, designated personnel will guide ambulance to accident site.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Tully Gym Athletic Training Room or the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-3364, 644-1738, 644-1092, 644-1099

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwayne Hultquist- head coach</td>
<td>N/A</td>
<td>644-1738</td>
</tr>
<tr>
<td>Nick Crowell- assistant coach</td>
<td>N/A</td>
<td>644-1739</td>
</tr>
<tr>
<td>Cheryl Pfeil- ATC</td>
<td>694-0130</td>
<td>644-1206</td>
</tr>
<tr>
<td>Julia Giampaolo- GA ATC</td>
<td>228-5021</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Dan Schaefer- administrator</td>
<td>N/A</td>
<td>644-6881</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in tennis training room during practices and matches during practices: AED, spineboard, splints, crutches/cane, biohazard supplies.
MAP
INDOOR TENNIS FACILITY
Men’s Tennis

Training room during matches:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies

Conference Room
Office
Storage
AMBULANCE ENTRANCE

Lake Bradford
Pottsdamer Rd.

Indoor Tennis Facility
Morcom Pool
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
INDOOR TENNIS FACILITY
Women’s Tennis

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - End doors: Check with the coaches about keys

Address:
2566 Pottsdamer St.- SEE MAP OF INDOOR TENNIS FACILITY

Venue Directions:
Orange Avenue to Pottsdamer Street to indoor tennis facility on left, designated personnel will guide ambulance to accident site.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Tully Gym Athletic Training Room or the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-3364, 644-1738, 644-1092, 644-1099

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Hyde- head coach</td>
<td>N/A</td>
<td>644-1092</td>
</tr>
<tr>
<td>Cheryl Pfeil- staff ATC</td>
<td>694-0130</td>
<td>644-1206</td>
</tr>
<tr>
<td>Jordan Bellomy- GA ATC</td>
<td>728-6657</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Dan Schaefer- administrator</td>
<td>N/A</td>
<td>644-6881</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in tennis training room during practices and matches during practices: AED, spineboard, splints, crutches/cane, biohazard supplies.
MAP
INDOOR TENNIS FACILITY
Women’s Tennis

Training room during matches:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
SEMINOLE GOLF COURSE
Men’s Golf

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol

Address:
2550 Pottsdamer Street, Tallahassee, FL 32310- SEE MAP OF GOLF COURSE

Venue Directions:
Orange Avenue to Pottsdamer Street to clubhouse on left. If victim is on course, pass golf clubhouse; an
athletic trainer will guide ambulance to accident site.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-2582 (Clubhouse / Pro Shop)

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trey Jones- head coach</td>
<td>N/A</td>
<td>644-7289</td>
</tr>
<tr>
<td>Robert Duck- assistant coach</td>
<td>228-9670</td>
<td>644-1120</td>
</tr>
<tr>
<td>Brandon Stone- head ATC</td>
<td>728-5002</td>
<td>645-1968</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Bernie Waxman- administrator</td>
<td>N/A</td>
<td>644-9940</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in medical tent during tournaments and in the clubhouse / pro shop during practices: AED,
spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
SEMINOLE GOLF COURSE
Women’s Golf

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol

Address:
2550 Pottsdamer Street, Tallahassee, FL 32310- SEE MAP OF GOLF COURSE

Venue Directions:
Orange Avenue to Pottsdamer Street to clubhouse on left. If victim is on course, pass golf clubhouse; an
athletic trainer will guide ambulance to accident site.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-2582 (Clubhouse / Pro Shop)

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Bond- head coach</td>
<td>N/A</td>
<td>644-7290</td>
</tr>
<tr>
<td>Robert Duck- assistant coach</td>
<td>228-9670</td>
<td>644-1120</td>
</tr>
<tr>
<td>Matt Savage- assistant coach</td>
<td>228-6357</td>
<td>644-1120</td>
</tr>
<tr>
<td>Eunice Hernandez- head ATC</td>
<td>694-2086</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Bernie Waxman- administrator</td>
<td>N/A</td>
<td>644-9940</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in medical tent during tournaments and in the clubhouse / pro shop during practices: AED, spineboard, splints, crutches/cane, biohazard supplies.
MAP
SEMINOLE GOLF COURSE
Women’s Golf

Tent during games/Club House during practice:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies

GOLF CLUB HOUSE/PRO SHOP

AMBULANCE ENTRANCE

PAUL DIRAC DR.

JACKSON BLUFF ROAD

ORANGE AVENUE

PAUL DIRAC DRIVE

PAUL DIRAC DRIVE

POTTSDAMER ST.

N. LAKE BRADFORD RD

LAKE BRADFORD RD

Stadium Drive
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
SEMINOLE GOLF COURSE
Cross Country

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol

Address:
2550 Pottsdamer Street, Tallahassee, FL 32310- SEE MAP OF GOLF COURSE

Venue Directions:
Orange Avenue to Pottsdamer Street to clubhouse on left. If victim is on course, pass golf clubhouse; an athletic trainer will guide ambulance to accident site.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-2582 (Clubhouse / Pro Shop)

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Braman- head TF coach</td>
<td>N/A</td>
<td>645-1250</td>
</tr>
<tr>
<td>Karen Harvey- head CC coach</td>
<td>N/A</td>
<td>556-2018</td>
</tr>
<tr>
<td>Gwendolyn Davis- head ATC</td>
<td>228-3410</td>
<td>N/A</td>
</tr>
<tr>
<td>Natalie Fontela- GA ATC</td>
<td>228-6654</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Bernie Waxman- administrator</td>
<td>N/A</td>
<td>644-9940</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in medical tent during meets and in the clubhouse / pro shop during practices: AED, spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
LADY SEMINOLE SOFTBALL COMPLEX
Softball

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Gates: check with softball coaches and/or grounds crew

Address:
1119 Spirit Way - SEE MAP OF SOFTBALL COMPLEX

Venue Directions:
Pensacola Street to Chieftain Way to parking lot just past baseball field on left, enter lot and head straight to softball complex (for field and/or medical prep area) or continue to Spirit Way between softball complex and track, make left and proceed to front of the Complex, Stadium Drive to Spirit Way and proceed to front of Complex (for fans). Ambulance will enter at the right field gate.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Tully Gym Athletic Training Room or the Moore Center Athletic Training Room.

Emergency Communication:

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lonnie Alameda- head coach</td>
<td>N/A</td>
<td>644-9594</td>
</tr>
<tr>
<td>Travis Wilson- assistant coach</td>
<td>N/A</td>
<td>644-9594</td>
</tr>
<tr>
<td>Craig Snider- assistant coach</td>
<td>N/A</td>
<td>644-9594</td>
</tr>
<tr>
<td>Eunice Hernandez- head ATC</td>
<td>694-2086</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Bernie Waxman- administrator</td>
<td>N/A</td>
<td>644-9940</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in soccer/softball complex prep room and in first base dugout with the other athletic training supplies: AED, spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
LADY SEMINOLE SOCCER COMPLEX
Soccer

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Gates: check with softball coaches and/or grounds crew

Address:
1119 Spirit Way - SEE MAP OF SOCCER COMPLEX

Venue Directions:
Pensacola Street to Chieftain Way to parking lot just past baseball field on left, enter lot and head straight
to soccer complex (for field and/or medical prep area) or continue to Spirit Way between soccer
Complex and track, make left and proceed to front of the Complex, Stadium Drive to Spirit Way and
proceed to front of Complex (for fans). Ambulance will enter at the north gate.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition.
Additional sports medicine staff are available at the Tully Gym Athletic Training Room or the Moore
Center Athletic Training Room.

Emergency Communication:

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Krikorian- head coach</td>
<td>N/A</td>
<td>644-7724</td>
</tr>
<tr>
<td>Mike Bristol- assistant coach</td>
<td>N/A</td>
<td>644-7725</td>
</tr>
<tr>
<td>Robin Gibson- head ATC</td>
<td>544-1746</td>
<td>644-2139</td>
</tr>
<tr>
<td>Miguel Motolongo- GA ATC</td>
<td>228-8645</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Monk Bonasorte- administrator</td>
<td>N/A</td>
<td>644-2648</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in soccer/softball complex prep room and on sideline with the other athletic training supplies:
AED, spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
TULLY GYMNASIUM
Volleyball

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Doors: check with staff athletic trainers or maintenance for door keys

Address:
139 Chieftan Way- SEE MAP OF TULLY GYMNASIUM

Venue Directions:
Pensacola Street to Chieftain Way to West doors of Tully Gym OR Varsity Drive to Wildwood Avenue to access road leading to Bobby Leach Center to East Doors of Tully Gym.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-2139 (athletic training room) ; 644-1091 (switchboard)

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Poole- head coach</td>
<td>N/A</td>
<td>644-3796</td>
</tr>
<tr>
<td>Ryan McGuyre- associate head coach</td>
<td>N/A</td>
<td>644-1895</td>
</tr>
<tr>
<td>Anna Khrystenko- assistant coach</td>
<td>N/A</td>
<td>644-1896</td>
</tr>
<tr>
<td>Emily Hutcherson- Staff ATC</td>
<td>728-4931</td>
<td>N/A</td>
</tr>
<tr>
<td>Amanda Robinson- GA ATC</td>
<td>228-9326</td>
<td>645-1939</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Vanessa Fuchs- administrator</td>
<td>N/A</td>
<td>644-2648</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in the Tully Gym Athletic Training Room and on gym floor: AED, spineboard, splints, crutches/cane, biohazard supplies.
Florida State University Department of Athletics

MAP
TULLY GYMNASIUM
Volleyball

LEACH RECREATION CENTER

STAIRWELL TO ATR

Home Sideline for games / Tully ATR for practices:
AED
Spineboard
Splints
Crutches/canes
Biohazard supplies

MAIN ENTRANCE TO GYM/HALLWAY

TENNIS COURTS

AMBULANCE ENTRANCE

AMBULANCE ENTRANCE

CHIEFTAN WAY

123
EMERGENCY MANAGEMENT PLAN

VENUE PLAN

TULLY GYMNASIUM

Weight Room

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Doors: check with staff athletic trainers or maintenance for door keys

Address:
139 Chieftan Way- SEE MAP OF TULLY GYMNASIUM

Venue Directions:
Pensacola Street to Chieftain Way to West doors of Tully Gym OR Varsity Drive to Wildwood Avenue to access road leading to Bobby Leach Center to East Doors of Tully Gym.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Moore Center Athletic Training Room.

Emergency Communication:
Land Line Telephones- 644-2139 (athletic training room) ; 644-1091 (switchboard)

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan Schaefer- director of strength and conditioning</td>
<td>N/A</td>
<td>644-6881</td>
</tr>
<tr>
<td>Caitlin Quinn- SC coach</td>
<td>N/A</td>
<td>274-8789</td>
</tr>
<tr>
<td>Kathryn Zirpoli- SVB GA ATC</td>
<td>728-4967</td>
<td>N/A</td>
</tr>
<tr>
<td>Amanda Robinson- VB GA ATC</td>
<td>228-9326</td>
<td>N/A</td>
</tr>
<tr>
<td>Julia Giampaolo- MTN GA ATC</td>
<td>228-5021</td>
<td>N/A</td>
</tr>
<tr>
<td>Jordan Bellomy- WTN GA ATC</td>
<td>728-6657</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check with event management

Emergency Equipment:
Located in the Tully Gym Athletic Training Room and on gym floor: AED, spineboard, splints, crutches/cane, biohazard supplies.
EMERGENCY MANAGEMENT PLAN
VENUE PLAN
SAND VOLLEYBALL COURTS
Sand Volleyball

Role of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activate the emergency medical system (EMS) or communicate with on-site paramedics
   - Follow the Emergency Management Protocol
   - Gates: check with sand volleyball coaches and/or grounds crew

Address:
Directly next to 1104 Spirit Way- SEE MAP OF SAND VOLLEYBALL COURTS

Venue Directions:
Pensacola Street to Chieftain Way to Spirit Way take left, courts are on right side across from softball/soccer complex and next to track OR from Stadium Drive turn on Spirit Way and proceed to front of Complex.

Emergency Personnel:
Certified athletic trainers and athletic training student(s) should be on site for practice and competition. Additional sports medicine staff are available at the Tully Gym Athletic Training Room and the Moore Center Athletic Training Room.

Emergency Communication:

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>CELL</th>
<th>OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danalee Corso- head coach</td>
<td>N/A</td>
<td>228-8160</td>
</tr>
<tr>
<td>Tyler Berry- assistant coach</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Emily Hutcherson- staff ATC</td>
<td>728-4931</td>
<td>N/A</td>
</tr>
<tr>
<td>Kathryn Zirpoli- GA ATC</td>
<td>728-4967</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr. Stowers- team physician</td>
<td>N/A</td>
<td>877-8174</td>
</tr>
<tr>
<td>Vanessa Fuchs- administrator</td>
<td>N/A</td>
<td>644-4933</td>
</tr>
</tbody>
</table>

Walkie-Talkies: If available for event- check reception first

Emergency Equipment:
Located in the prep room and under the medical tent at the sand volleyball courts with other athletic training supplies: spineboard, splints, crutches/cane, biohazard supplies.
MEDICAL SITUATIONS/CONDITIONS
COLD STRESS AND COLD EXPOSURE

POLICY
The Florida State University Sport Medicine department aligns itself with the position statement published by the National Athletic Trainer's Association in 2008. The position statement makes it clear that it is the exposure to cold environments and physical activity that lead to cold temperature injuries. It is the low air or low water temperatures mixed with wind that really decreases the body's ability to maintain homeostatic body temperatures.

PROCEDURE
Recommendations
The Sports Medicine Staff, coaches and student-athletes should:
- Will be educated in the recognition and treatment of cold stress and cold exposure
- Wear proper layered clothing around the core
- Wear pants and sleeves designed to insulate and break the wind
- Gloves, ear protection, and face protection are also to be worn
- Socks should wick moisture away.

Recognition of Cold Stress
Sports Medicine Staff, coaches, and student-athletes need to be educated and recognize environmental factors:
- Windchill
- Frostbite
- Hypothermia

Signs
Sports Medicine Staff, coaches, and student-athletes must also recognize SIGNS of cold stress:
- Shivering
- Numbness
- Tingling
- Burning sensation of exposed flesh
- Fatigue
- Confusion
- Slurred speech
- Red or painful extremities
- Swollen extremities
- Clumsy movements

Guidelines for Cold Temperature Participation:
- 30°F and below: potential for cold stress injuries
- 15°F or windchill: limit outside exposure
- 0°F or windchill: Terminate outside activities
HEAT ILLNESSES

POLICY
In 2002 the National Athletic Trainer’s Association published its Heat Illness position statement, it states that athletic participation in hot and/or humid climates increases the likelihood of student-athletes suffering a heat illness. The Florida State University Sports Medicine Department follows the NATA’s position statement and guidelines in education of parties involved, identification of those predisposed to heat illness, acclimatization, and education on rehydration and recovery between exercise bouts of student-athletes.

PROCEDURE
Guidelines for Participation in Heat & Humidity
Wet-bulb globe temperature (WBGT) higher than 75°F or humidity above 90% may be dangerous. Above 82°F indicates that preventative measures should be applied. Preparticipation physical exam medical histories should give insight as to which individuals will be predisposed to heat illness. Including factors like the following:

- Previous history of heat illness
- Poor physical conditioning
- Obesity
- Unacclimatized individuals
- Prescription drugs or supplements being used

Acclimatization period should be 10-14 days in length: intensity & duration increasing gradually over that period of time. Rehydration should be encouraged during practices and between practice sessions; coaches and student-athletes should be encouraged to replenish their fluids and also be educated on the rehydration policy.

Signs of Heat Illness
Signs of heat illness are visible changes that may occur to a student-athlete who is suffering from heat illness.

- Muscle cramping
- Decreased performance
- Unsteadiness
- Confusion
- Vomiting
- Irritability
- Pale or flushed skin
- Rapid weak pulse

Symptoms of Heat Illness
Symptoms of heat illness are physical changes that the student-athlete may describe. They are characterized as being feelings more than anything else. The Sports Medicine Staff should educate the coaches and student-athletes in them so they can recognize when a student-athlete is in trouble.

- High Body temp
- Nausea
- Headache
- Dizziness
- Unusual fatigue
- Lack of sweat
- Blurred vision/blacking out
- Fainting

Treatment of Heat Illness
Heat cramps, heat syncope, heat exhaustion, heat stroke and exertional hyponatremia are some of the more severe kinds of heat illness. Several of these conditions have signs and symptoms that are very similar and it is often that one condition progresses into the next. This is the reason why identification of heat illnesses early in their onset is critical. Heat exhaustion is often a precursor to the more severe heat stroke. Heat exhaustion is
characterized by symptoms like weakness, dizziness and nausea. It will present with signs like syncope, muscle cramps, profuse sweating and cool, clammy skin. The treatment rendered should include removal from participation to a cool shaded area, preferably indoors. Oral fluids should be pushed in order to replenish electrolytes lost. The team physician will be notified by the team athletic trainer and he shall determine if further medical care is needed. The student-athlete suffering from heat exhaustion is not to return to practice that day.

Heat stroke is a medical emergency and should be treated as such. Emergency medical personnel should be summoned at once by following the emergency action plan for the venue. Individual suffering from heat stroke will present with very high body temperatures, usually hot, dry skin that has ceased sweating. While waiting for EMS the goal should be to lower the core body temperature of the individual. Acceptable ways of doing this include cold water immersion, wetting the body with running cold water and fanning vigorously, and by using ice. The team physician will also be notified of this medical emergency. Additional notification should be followed as per the Emergency Action Plan (pages 59-61).
REHYDRATION

POLICY
In 2000, the National Athletic Trainer's Association (NATA) released its position statement in regards to dehydration and the proper actions to take in the prevention of dehydration. The Florida State University Sports Medicine Department understands that Florida poses several environmental challenges to the physically active outdoors. It is with this understanding and careful planning that we look to prevent dehydration of student-athletes. Education of all parties involved (coaches, strength and conditioning staff and athletic training students), careful monitoring of environmental factors, practice dynamics, monitoring of student-athletes are some key issues that will be targeted. Each FSU sports team has its own rehydration policy which takes into account exercise intensity, frequency, duration, and climate.

PROCEDURE
It has been shown that a fluid loss of 1-2% of body weight is enough to alter physiological function and adversely affect performance. Preventing dehydration is key in the prevention of heat illnesses like heat cramps, heat exhaustion and heat stroke.

Symptoms of Dehydration:
- Thirst
- General discomfort and complaints
- Weariness
- Apathy
- Dizziness
- Headache
- Nausea

Signs of Dehydration:
- Flushed skin
- Cramps
- Vomiting
- Chills
- Decreased performance
- Decreased urine output

Recommendations for Decreasing Weight Loss during Participation
FSU student-athletes participating outside in the hot and humid environment are to be monitored for body weight loss. They are to be weighed-in pre and post activity, including practice and competitions. The aim of this practice is to monitor those who are very productive sweaters and may become at risk of dehydration which may lead to heat illness.

Guidelines for Weigh-Ins:
- Entire team must weigh-in
- Student-athletes are to weigh-in before and post-practice wearing the same amount of clothing
- Weigh-ins and weigh-outs must be monitored to make sure that student-athletes write in correct values
- Percentage of body weight lost during practice is then to be calculated
- This calculation will factor in on the decision to allow student-athletes to participate on the following practice bout
- The staff athletic trainer will make note of any body weight loss of \( \geq 2\% \) or more and monitor that student-athlete for signs and symptoms of dehydration
- Recommendation: Any student-athlete who undergoes a body weight loss of \( \geq 3\% \) shall not be allowed to return to play until proper fluid replacement has taken place
Guidelines for Rehydration

Student-athletes are encouraged to drink before, during and after each practice bout and competition. They are to drink prior to activity in order to be well hydrated at the start of activity. Student-athletes should drink early and often during activity in order to combat the amounts of water and electrolytes lost in their sweat. Student-athletes should replace fluids lost in sweat within 2-hours of the cessation of activity. For every pound of body weight lost 20-24oz of fluids should be ingested. Student-athletes are encouraged to drink water as their main beverage to replace fluids lost. Student-athletes are encouraged to drink sports drinks containing no more than 8% carbohydrates to replace the electrolytes (Na, K, Cl, Mg, Ca) lost in sweat.
EATING DISORDERS

POLICY
The Department of Athletics is dedicated to ensuring the safety and good health of each and every student-athlete at Florida State University. Since eating disorders are a serious health risk which requires prompt medical attention, a plan has been developed to educate staff in recognizing signs and symptoms of eating disorders to enable staff to respond to at risk individuals. A treatment plan is in place for intervention and referral for a student-athlete who displays signs or symptoms of disordered eating behavior. Florida State University has established a multidisciplinary team to recommend intervention and treatment of disordered eating. This team will also consider requests for body or weight modification.

Education
All Department of Athletics staff will be required to notify the member(s) of the Multidisciplinary team of any at risk individuals that may come in contact with on a daily basis.

Team weigh-ins or body composition measurements performed by coaching or training staff will be performed for reasons of safety, hydration or other medical reasons deemed necessary by the multidisciplinary team. Confidentiality concerning a student-athlete’s body weight, body composition and eating behaviors must be maintained. Comments concerning body weight, body composition or diet of a student-athlete will be avoided.

All incoming freshmen will receive education, information and referral sources for eating disorders.

Identification
Student-athletes should be referred to the Sports Nutritionist(s) for an assessment if one or more of the following symptoms of disordered eating are present:

- Body weight below 85% IBW, BMI under 18.5 and/or % body fat under 18% (females only)
- Amennorhea or oligomenorrhea
- Stress fracture, repeated stress fractures or multiple stress fractures
- Slow healing time for injuries, repetitive injuries
- Physical signs and symptoms including: obvious decrease in body weight or body fat, extremely low body weight, thinning of hair, dental problems, swollen glands, etc.
- Admits to bingeing, purging (excessive exercise, laxatives, vomiting) using diet pills or diuretics, strict dieting, restrictive eating, vegetarian, chewing and spitting out food or other unusual dieting practices.
- Participating in additional exercise, in addition to regular workouts or practices, not heeding advice from coach or trainer concerning injury, recovery time, etc
- Unwilling to meet with Sports Nutritionist or other health professional for body weight or nutrition concerns
- Non-compliant during consultation sessions with medical staff or nutritionist (Refusing to be weighed, refusing to allow help/assistance, etc)
- Appears depressed and unwilling to participate in social events, team dinners, etc.
- Distorted body image, makes comments concerning body weight, body fat, etc.
- Weighing frequently, denying hunger, preoccupied with food, calories, nutrition or cooking

Student-athletes who have shown concerns for developing or having an eating disorder will be referred to a multidisciplinary eating disorder treatment team.

PROCEDURE
1. The student-athlete is referred to the multidisciplinary team by a certified athletic trainer, the coach, the sports dietitian, psychologist, counselor, and other sports medicine staff or by the student-athlete (or teammate).
   a. The person who refers the student-athlete should gather specific information regarding their behavior, eating habits, etc. and then make the referral.
b. Also, the person who wants to make the referral can contact any member of the team to talk about the concerns of the student-athlete who is suspected of disordered eating behavior.

2. If an eating disorder is identified or suspected, the student-athlete may be referred further to:
   a. Department of Athletics Counseling Service
   b. Sports Dietitian
   c. In-patient hospitalization

3. The multidisciplinary treatment team will be utilized in the evaluation and management of student-athletes with eating disorders.

**Diagnosis and Treatment**

A sports medicine multidisciplinary team including the Director of Sports Medicine, team physician, sports dietitian, clinical psychologist, Director of Strength and Conditioning- Olympic Sports, and psychological services coordinator will consider requests for body or weight modification of a student-athlete. An administrator will be an ex-officio member of the team as well. The team will meet monthly to review cases.

The athletic trainer, sports nutritionist, team physician, psychologist or administrator will arrange to meet with the student-athlete to discuss the concerns raised regarding his/her disordered eating behavior. The following steps may be taken:

1. Monitor, with no direct intervention
2. Refer for psychological counseling
3. Refer for nutrition counseling
4. Request that the team physician evaluate the student-athlete for full physical including blood work, EKG and DEXA (if necessary)
5. Require student-athlete maintain minimal bodyweight as determined by physician (dropping below recommended body weight will result in dismissal from participation for one week)

Each member of the team is potentially the starting point for any referral and then the student-athlete will be referred to each member of the team.

The team physician may warrant further intervention or medical clearance for the student-athlete to return to full participation in intercollegiate athletics. If medical clearance is recommended for the student-athlete the staff athletic trainer will be notified immediately by the team physician.

If further intervention is necessary, the team physician in conjunction with the staff athletic trainer, sports dietitian and the psychologist will devise a treatment plan for the student-athlete. Treatment of at least individual therapy consultations, individual nutrition consultations and periodic medical evaluations will be provided to the student-athlete with an eating disorder. Appropriate referrals will be made for individual counseling and in cases where more intense treatment is deemed necessary. The team physician, staff athletic trainer and other staff shall act in the best interest of the student-athlete.

The student-athlete may or may not be cleared for athletic participation following review from the sports medicine team. All decisions related to athletic participation are made by the team physician.

The plan and compliance contract developed by the sports medicine team will include a process for determining the student-athlete’s compliance with the contract and the consequences if the student-athlete should not keep the contract. The plan and compliance contract will be developed on an individual basis and will require approval of the Director of Sports Medicine and the team physician prior to discussion with the student-athlete.

**Waivers**

All student-athletes sign a waiver at the beginning of each year when they have their physicals done and this allows us to release information to any member of the sports medicine team. Confidentiality is maintained within the athletic medicine team. Also, a release must be signed by the student-athlete to allow the release of
information to those outside the team, such as a coach or a parent. Coaches are informed of medical restriction/clearance by the team physician.
GENDER SPECIFIC ISSUES

POLICY
Florida State University will not be financially responsible for women's wellness exams. Any female student athlete who is experiencing menstrual dysfunction should contact her athletic trainer or the team physician. Dysfunction that can be attributed to training will be investigated by the Sports Medicine Staff and appropriately taken care of. Forms of birth control will be prescribed and covered only if the team physician deems that a student-athlete requires the method to participate.

Any expenses incurred from the diagnosis of any sexually transmitted infection (STI) will be at the student-athlete's expense. Florida State University does not cover the diagnosis of any STI or maintenance medications. Prescriptions for these medications can, however, be written by the team physician. Any STI that poses a threat of transmission to other student athletes or a possible limitation of athletic participation must be disclosed to either the team physician or the athletic trainer. The athlete must sign a release of information from the health center in order for results to be given to the athletic trainer and team physician. A diagnosis of a STI does not immediately disqualify a student athlete from participating.

PROCEDURE
If a student-athlete has questions about birth control or menstrual cycle dysfunction, she should contact her athletic trainer as soon as possible. The student-athlete will be referred to the team physician or University Health Services women's clinic for examination.

If a student-athlete would like to get a women's wellness examine, she will be referred to the University Health Services women's clinic for examination. Their insurance will be applied and any residual expense will be at the athlete's expense.

A student-athlete who suspects they have contracted an STI may be referred to University Health Services or the team physician. Any expenses incurred will be the student-athletes’ responsibility.
SKIN DISORDERS

POLICY

The Florida State University Athletics Department has taken many steps to help prevent the spread of contagious skin disorders.

The Sports Medicine Department will encourage following NCAA recommendations:
A. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based sanitizer routinely
B. Encourage good hygiene
   • Immediate showering after activity
   • Ensure availability of adequate soap and water
   • Pump soap dispensers are preferred over bar soap
C. Avoid whirlpools or common tubs
   • Individuals with active infections, open wounds, scrapes or scratches could infect others or become infected in this environment
D. Avoid sharing towels, razors, and daily athletic gear
   • Avoid contact with other people’s wounds or material contaminated from wounds
E. Maintain clean facilities and equipment
   • Wash athletic gear and towels after each use
   • Establish routine cleaning schedules for shared equipment
F. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy
   • Train student-athletes and coaches to recognize potentially infected wounds and seek first aid
   • Encourage coaches and sports medicine staff to assess regularly for skin lesions
   • Encourage health care personnel to seek bacterial cultures to establish a diagnosis
G. Care and cover skin lesions appropriately before participation
   • Keep properly covered with a proper dressing until healed
   • “properly covered” means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the sport activity
   • If wounds can be properly covered, good hygiene measures should be stressed to the student athlete such as performing hand hygiene before and after changing bandages and throwing used bandages in the trash
   • If wound cannot be properly covered, consider excluding players with potentially infectious skin lesions from practice and/or competition until lesions are healed or can be covered adequately

PROCEDURE

In order to aide in this, student-athletes are asked to immediately report any suspicious skin conditions to their team athletic trainer. If deemed appropriate, the team physician will be notified and will take appropriate steps to assure that the condition is treated promptly and appropriately. In addition, all common areas may require cleaning and disinfection in order to control the spread of the condition.
MENTAL HEALTH ISSUES

POLICY
Florida State University has two classifications for mental health: acute and chronic. Acute emergencies are defined as sudden changes in mental conditions i.e. perceived suicide attempt or changes in mental status; these conditions often require hospitalization. Chronic conditions include: depression, anxiety disorders, or other previously diagnosed mental conditions.

A psychiatrist is a medical doctor who can prescribe medications, along with the treatment of mental disorders. A psychologist can do similar treatments but cannot prescribe medications. Psychologists can make suggestions regarding the medications that would help a condition but any prescriptions must be written by a licensed physician. In both cases, insurance will be applied initially and any subsequent bills or copays will be evaluated on a case-by-case basis.

If a student-athlete needs a medication in order to perform, and the student-athlete is receiving scholarship funding, and the student-athlete complies with all mandated counseling the Sports Medicine Department will cover the costs of these medications. If it is determined that the student-athlete is not continuing with the suggested counseling schedule, the Sports Medicine Department reserves the right to suspend payment of medications.

PROCEDURE
In the event of a chronic mental health condition (i.e. depression, bipolar disorder, anxiety), a student-athlete may request or be referred to a mental health professional if deemed necessary by the appropriate Sports Medicine Staff.

The Director of Sports Medicine and staff athletic trainer will be notified of any student-athlete whom is under the care of the team psychologist or psychiatrist. Other personal will be told if deemed necessary by the Director of Sports Medicine.

If a certified athletic trainer is concerned about a student-athlete and believes that their life or someone else's life might be in danger due to a mental health issue, they are directed to attempt to answer the “Safety Plan Questions” (see the following page) and immediately contact the on-call psychologist designated at that time. The psychologist will provide the certified athletic trainer with further directions from there.

In the event of an acute emergency (i.e. threat or perceived suicide attempt, changes in mental status, or other destructive behaviors) Director of Sports Medicine, team psychologist, sport administrator and Director of Athletics will be notified immediately. The student-athlete will be directed to either an emergency facility or to the team psychologists’ office for diagnosis and initial treatment. The team psychologist will coordinate further treatment, and along the team physician and Director of Sports Medicine, they will determine proper return to athletic participation.
Safety Plan Questions
For Sports Medicine Staff and Coaches in case of an emergency involving a Student-Athlete

1. Name of Student-Athlete: ________________________________________________________

2. Are you safe? _________________________________________________________________

3. Where are you? ________________________________________________________________
   (Get address or approximate place, i.e. fraternity/sorority house, apartment complex, etc.)

4. If we are cut off, how can I reach you? _____________________________________________
   (Get number, even if already on caller ID)

5. Are you thinking about making a choice that might impact your future? _________________
   ______________________________________________________________________________

6. Are you thinking about harming yourself or someone else? _____________________________
   ______________________________________________________________________________

7. Do you need someone to pick you up or come be with you? _____________________________
   ______________________________________________________________________________
ATTENTION DEFICIT DISORDER / ATTENTION DEFICIT HYPERACTIVITY DISORDER

POLICY
Attention Deficit/Hyperactivity Disorder is one of the most common neurobehavioral disorders of childhood and can persist through adolescence and into adulthood. For this reason, the NCAA has published its guidelines for the regulation of stimulant medications to treat ADD/ADHD in student-athletes (SA). The Florida State University Sport Medicine Department adheres to those guidelines published by the NCAA in March 2008. The aim is to follow the guidelines set forth by the NCAA so that the student-athletes are capable of competing, and more importantly, use the medications needed to support their academics, general health, and well-being.

PROCEDURE
Reporting of ADD/ADHD Medications
Each student-athlete will undergo a pre-participation physical (PPE) upon arrival at FSU prior to beginning their athletic career. Included in the PPE will be a medical history form that asks for all current medications. The student-athlete is encouraged to list all stimulants or pharmacological agents used in the treating of an attention deficit disorder. Previously diagnosed individuals must present the Sports Medicine Department with the following documentation:

• Description of evaluation process that identifies assessment tools utilized
• Statement of diagnosis with date of confirmation
• History of ADD/ADHD treatment (previous/ongoing)
• Statement that non-banned ADD/ADHD alternatives were considered if the current medication prescribed is a stimulant
• A copy of recent prescription
• Written documentation of annual follow-up by prescribing physician should be available if needed

If a student-athlete has been undergoing treatment for ADD/ADHD prior to their arrival at FSU but was never tested and has no documentation available to justify the usage of the stimulant medication, then the student-athlete must undergo proper testing that will meet all the criteria listed above.

Testing
Student-athletes may undergo testing for ADD/ADHD upon arrival at FSU if any of the following occur:

• Admissions officer in compliance sees trends in academic progress that hints at an attention deficit disorder
• Discrepancies between GPA and standardized test scores
• Academic advisors or tutors see signs of attention deficit disorders
• A coach may request for a student-athlete to be tested

Test Verification
The Sports Medicine Department and the Student Academic Support Services (SASS) will work together to verify proper diagnosis and to make sure that both departments know and understand who is to be taking medication for their ADD/ADHD. This should be communicated between the Staff Athletic Trainer and the learning specialist in charge of working with the student-athlete.

ADD/ADHD Education of Student-Athlete
When a student-athlete is diagnosed with ADD/ADHD they will meet with the team physician and the Staff Athletic Trainer to discuss the plan of care. The team physician will provide the student-athlete with the “ADD/ADHD information sheet” and provide answers to any questions the student –athlete may have. The team physician will explain some of the possible side effects of taking stimulants for the treatment of ADD/ADHD. They include but not limited to:

• Dizziness
• Hyper
• Nervousness
• Feeling like your heart is racing
• Shakiness
• Difficulty sleeping
• Lack of appetite

Mental Health Professional
Once the student-athlete has met with the team physician, an appointment will be made with a licensed psychologist for ADD/ADHD coaching in regards to the diagnosis of the student-athlete. Together, the student-athlete and the psychologist will devise a plan based on the need for follow-up care. At the discretion of the student-athlete, the psychologist will provide feedback to the Staff Athletic Trainer regarding medication, academics, athletic performance, etc.

Follow-up
The Staff Athletic Trainer is in charge of requesting any medical documentation in regards to treatment of the student-athletes' condition from previous physicians. The student-athlete will follow-up with the team physician when a prescription needs to be refilled. The student-athletes' weight, blood pressure, and pulse should be monitored and recorded at the time of each medication refill to be reviewed by the team physician. This will allow the physician and the student-athlete to discuss how the medication is working and if either party feels the need to make adjustments to the dosage or frequency.

Documentation
The Staff Athletic Trainer will keep records of ADD/ADHD diagnostic test performed, results of those tests, prescriptions written and filled, and records regarding follow-up and monitoring visits. All these documents must be kept confidential in student-athletes’ chart.
Florida State University Athletics
ADHD Identification Plan

Previously Diagnosed
Incoming Student-Athlete

Incoming student-athlete (SA) is identified by athletic trainer or academic advisor as taking stimulant medication.

Team physician or athletic trainer checks whether SA has documentation to support the use of medication per NCAA standards.

SA has proper documentation.

Documentation is placed in medical file and a copy given to the Learning Specialist (LS). The LS will check w/ SA regarding registration for academic accommodations.

The athletic trainer will set-up an ADHD coaching appointment for the SA with the designated psychologist/counseling center/SDRC. The SA must attend AT LEAST ONE ADHD coaching appointment.

SA has some documentation, but needs to take the Connor’s test to supplement.

FSU medical staff contacts LS, who administers the Connor’s test to satisfy NCAA documentation requirements.

The athletic trainer will set-up an appointment with the SA and the FSU team physician to discuss treatment options, along with a copy of the psychologist’s report and Connor’s test results to be kept in their medical file.

Incoming Student-Athlete
No Diagnosis

LS administers the Connor’s screening to SA upon arrival at FSU.

Results do not support referral

Proceed with normal academic plan.

Not approved

The athletic trainer will set-up an ADHD coaching appointment for the SA with the designated psychologist/counseling center/SDRC. The SA must attend AT LEAST ONE ADHD coaching appointment.

Current Student-Athlete
No Diagnosis

Athletic trainer, academic advisor, or coach is concerned the student-athlete (SA) is having attention problems.

They make a referral for SA to meet with FSU medical staff.

Athletic trainer conducts an ADHD prescreening interview*. If further testing is warranted, the Learning Specialist (LS) will receive a copy of the interview.

LS administers the Connor’s screening to SA.

Results support referral

Approved

LS administers the testing payment approval form to the respective sport oversight.

LS or athletic trainer has a credible source fill out the Observer form. LS refers SA to FSU psychologist for meeting. Copies of the Connor’s test results, observer form, prescreening interview*, transcripts, current grades, previous testing, and current medications are provided.

The LS will coordinate a follow-up appointment for the SA with the FSU psychologist to discuss the results of the testing.

Incoming Student-Athlete
No Diagnosis

LS administers the Connor’s screening to SA upon arrival at FSU.

Results do not support referral

They make a referral for SA to meet with FSU medical staff.

LS administers the Connor’s screening to SA.

Not approved

LS submits a testing payment approval form to the respective sport oversight.

Approved

LS or athletic trainer has a credible source fill out the Observer form. LS refers SA to FSU psychologist for meeting. Copies of the Connor’s test results, observer form, prescreening interview*, transcripts, current grades, previous testing, and current medications are provided.

The LS will coordinate a follow-up appointment for the SA with the FSU psychologist to discuss the results of the testing.

Non-scholarship student-athletes are responsible for the payment of their medication and the cost of ADHD coaching.

*Prescreening interview will be conducted by Cheryl or Julie unless designated otherwise.
ADD/ ADHD Information Sheet

You have been prescribed ________________ as medication to aid in the control of your ADD/ADHD diagnosis.

Dosage of this medication is mainly perfected through trial and error, so it is important that you are patient until you and your doctor can find the correct solution.

DIRECTIONS:

Take ONE pill in the morning and ONE pill at lunch for THREE days.

If you don’t feel different,

Take TWO pills in the morning and TWO pills at lunch for THREE days.

If you don’t feel different,

Take THREE pills in the morning and THREE pills at lunch for THREE days.

This medication can cause you to feel dizzy, feel like your heart is beating fast, hyper, nervous, and shaky, or cause you to have trouble sleeping, or not want to eat. If you notice any of these symptoms, DO NOT stop taking your medicine, but go back to your previous dosage.

It is important to take your medicine daily as part of your routine to get the best results.

You will be scheduled to see Dr. Isabel Alfonso in order to do some baseline counseling regarding your diagnosis. Together, you will determine the need for follow-up care.

If have any questions regarding dosage or side effects, please see your athletic trainer or come back to see Dr. Stowers.
ADD/ADHD Medication Acknowledgement Form

I, _____________________________, understand that I am solely responsible for my ADD/ADHD medication and that it is a controlled substance. I have agreed to and understand the following:

- I will take my medication as directed by the FSU team physician.
- I cannot get a refill of my medication earlier than specified by medication directions.
- FSU is NOT responsible for the refill of my medication if it is lost, stolen, or damaged before the refill date.
- FSU is NOT financially responsible for my medication during times when I am not in school.
- I will follow-up with the doctor as directed by my staff athletic trainer.
- I will NOT give my medication to anyone other than myself.
- If I chose to give my medication to someone other than myself, I will lose ALL privileges to be seen by FSU team physicians for my ADD/ADHD, along with the payment of my medication by the FSU Sports Medicine Department. I will also be subject to further disciplinary action by the FSU Athletics Administration.

__________________________________   _______________________
STUDENT-ATHLETE SIGNATURE     DATE

__________________________________   _______________________
WITNESS       DATE
Florida State University-Sports Medicine

Concussion and Mild Traumatic Brain Injury (mTBI) Management Plan

Last Updated: June, 2014

Overview

1. Intended Audience
2. Introduction
3. Pre-Season Plan & Procedures
4. Post-Injury Plan & Procedures
5. References
6. Appendices

Intended Audience

The Florida State University-Sports Medicine Concussion and Mild Traumatic Brain Injury (mTBI) Management Plan exists for the use of Florida State University Athletic Trainers, Student Athletic Trainers, and Team Physicians. A hard copy and electronic version of the Florida State University-Sports Medicine Concussion and Mild Traumatic Brain Injury (mTBI) Management Plan will be provided to all Florida State University Athletic Trainers. The Florida State University-Sports Medicine Concussion and Mild Traumatic Brain Injury (mTBI) Management Plan will also be available online for Florida State University Student Athletic Trainers to access at their convenience. A hard copy or electronic version of the Florida State University-Sports Medicine Concussion and Mild Traumatic Brain Injury (mTBI) Management Plan will be made available to any member of the Florida State University Coaching Staff at their request. Any questions regarding the Florida State University-Sports Medicine Concussion and Mild Traumatic Brain Injury (mTBI) Management Plan should be directed to Jeronimo Boche, ATC Assistant Athletic Trainer (Football). This document will serve as the official concussion management plan for the Florida State University-Sports Medicine department and will be transmitted to the required/designated organizations for compliance with NCAA concussion management policies and procedures.
Introduction

Policy

This document is intended to provide a stepwise process to evaluate and manage a sports-related head injury or concussion from an athletic trainer and team physician perspective. The Florida State University-Sports Medicine Concussion and Mild Traumatic Brain Injury (mTBI) Management Plan is designated for implementation with Florida State University sanctioned intercollegiate sports.

Rationale

The Florida State University is committed to the identification, evaluation, management, and treatment of concussions sustained by student-athletes. All concussion management and treatment procedures will be in compliance with the NCAA Concussion Management Plan, set forth by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS).

Definition of Concussion

The Zurich 2012 Consensus Statement provides the following definition of concussion. Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. Several common features that incorporate clinical, pathophysiologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:

1. Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours.
3. Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies (CT/MRI).
4. Concussion results in a set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course. However, it is important to note that in some cases symptoms may be prolonged [1].

Further, a concussion results in a complex neurometabolic cascade involving ionic, metabolic and physiologic events. This results in an increased demand for glucose; and a decrease in cerebral blood flow and metabolic rate for oxygen [2]. Given the neurometabolic cascade mentioned above, it is believed a concussion occurs more on a cellular rather than structural level. During this initial period following the concussion the student-athlete may develop cerebral edema or excess accumulation of fluid in the intra-cellular and extracellular spaces of the brain. However, the brain’s auto-regulatory mechanisms often compensate for the mechanical and physiological stress to protect against massive brain swelling.

Second Impact Syndrome (SIS)

Further injury or stress while neurons are injured may result in cell death or serious cell damage. Continued trauma after cell dysfunction has occurred may even result in Second Impact Syndrome, a serious condition in which a second traumatic event occurs while the brain is attempting to heal from the initial injury. During the second event, the brain loses its ability to auto-regulate resulting in possible cerebral edema, brain herniation, and even death. Death has been reported to occur in a matter of 2-5 minutes following the second trauma, usually without time to stabilize or transport a student-athlete from the playing field to the ED. It should be noted that this process can occur far more rapidly than the progression of a subdural hematoma or subarachnoid hemorrhage.

Recognition and knowledge of the signs and symptoms of acute concussion can be helpful in identifying student-athletes who have sustained a concussion.
Signs of Acute Concussion

The diagnosis of acute concussion involves the assessment of multiple domains including physical signs. Common acute signs of concussion may include but are not limited to the student-athlete appearing; dazed or confused, moving clumsily, changes in behavioral or emotional functioning, difficulty remembering plays or assignments, changes in balance, vomiting, loss of memory for events before or after the trauma, seizure or “fencing” response, and loss of consciousness.

Symptoms of Acute Concussion

Clinical symptoms may also be present in acute concussion. Acute symptoms may be somatic, cognitive, emotional, or sleep related in nature. Student-athletes may or may not be reticent to divulge symptoms of concussion, as a result subjective symptoms based on student-athlete self-report provides a single component of a comprehensive evaluation of acute concussion. Common symptoms of acute concussion may include but are not limited to; headache, fatigue, drowsiness, visual changes (blurry, double vision), migraine symptoms (visual aura, light sensitivity, noise sensitivity, nausea), dizziness, fogginess, balance problems, difficulty with thinking (attention, concentration, memory), and feeling slowed down [3].

Post-Concussion Syndrome (PCS)

Previous research regarding recovery and collegiate athletes suggests the majority of concussions (80%-90%) resolve in a short period of time (7-10 days) [4]. The FSU Sports Medicine Department recognizes that recovery from concussion differs on a case by case basis. Recovery time may be longer in some cases resulting in symptoms of post-concussion syndrome (PCS). While a lack of consistency exists in the literature regarding the timeline and transition from acute concussion to PCS, it is possible student-athletes who sustain a concussion may continue to experience symptoms beyond 7-10 days. Symptoms of PCS include, but are not limited to; loss of intellectual capacity, poor recent memory, difficulty with multitasking, slowness of thought, fogginess, mood changes, personality changes, sleep changes, headache, migraine symptoms, dizziness, and irritability [5].

Individual Recovery from Concussion

Individual recovery following concussion can vary significantly among collegiate student-athletes. Previous studies have suggested recovery time for concussion ranges from 1-7 days for total cognitive resolution, and 3-7 days for total symptom resolution [6-8]. While previous research supports resolution in the majority of collegiate student-athletes, the FSU Sports Medicine Concussion Team recognizes some student-athletes may experience lingering symptoms beyond 7-10 days that may qualify as post-concussion syndrome. Concussion recovery among the FSU Sports Medicine Concussion Team staff is understood as existing on an individual basis. No two student-athletes are the same in terms of concussion recovery.

Underreporting of Concussion Symptoms

Previous research supports that many student-athletes often do not report symptoms of concussion. In a collegiate football sample, 47% of football players did not report their symptoms and fail to do so due to the belief that the injury doesn’t warrant reporting [9]. The FSU Sports Medicine Concussion Team recognizes student-athletes may not be likely to report symptoms of concussion and as a result must rely on objective measures to aid in concussion diagnosis. These objective measures are discussed later in relation to sideline, locker-room, and follow-up evaluations. While some student-athletes may be reticent to report symptoms of concussion due to a belief that the injury doesn’t warrant reporting, the FSU Sports Medicine Concussion Team recognizes that some student-athletes may lack a general education or context for concussion injuries. As a result, the FSU Sports Medicine Team is dedicated to expanding the education, knowledge, and awareness of concussions in collegiate athletics to all FSU student-athletes.
Risk Factors for Concussion in Sports

A number of risk factors exist in relation to concussion. First and foremost, a history of concussion is associated with a 2-5.8 times higher risk of sustaining another concussion [8, 10-12]. A prior history of learning disability such as ADD or ADHD has been shown to be associated with prolonged recovery and increased cognitive dysfunction [13]. A history of pre-existing migraine headaches may be a risk factor for concussion as well as being associated with prolonged recovery [14]. Previous studies of professional football players have shown specific playing styles (aggressive) may be at greater risk for concussion [15]. Other risk factors such as a history of mood disorders, gender, age, and even genetic factors (APOE G-219T) have been examined. It is possible following a concussion, student-athletes may experience an exacerbation of previous risk factors mentioned above. Similarly, these risk factors may become more pronounced during the recovery period and even contribute to prolonged recovery in some cases.

Collecting a detailed medical, academic, and psychological history is critical to proper concussion management. An awareness of the risk factors mentioned above on an individual student-athlete basis can aid in the treatment of individuals who sustain a concussion. The FSU Sports Medicine Concussion Team medical history form which covers risk factors for concussion is provided in “Appendix A”.

Preseason Plan & Procedures

Preseason Plan Overview

Preparation for the care of a concussed student-athlete begins prior to any practice or competition with a pre-participation examination. The following procedures are included in The Florida State University pre-participation examination for concussion management. Pre-participation procedures for Florida State University student-athletes include the following;

- Preseason risk factor screening to assess risk and provide historical data as a reference in case a concussive injury is sustained by the student-athlete (Appendix A).
- Baseline neurocognitive testing provides comparison data for student-athletes in case a concussive injury is sustained. Baseline neurocognitive data may be more important in high risk athletes and in sports with a higher incidence of concussion injuries.
- Baseline testing using a sideline concussion evaluation provides data for comparison, increased clarity when diagnosing concussion, and improved removal from play decisions. Baseline testing using a sideline evaluation tool may be more important in high risk athletes and in sports with a higher incidence of concussion (Appendix B).
- Preseason concussion education for student-athletes, coaches, and graduate assistant coaches provides documentation that all student-athletes, coaches, and graduate assistant coaches have been provided with concussion education in accordance with NCAA requirements. Preseason concussion education and documentation will serve as a written acknowledgement that student-athletes, coaches, and graduate assistant coaches have received concussion education prior to participation in any practice or competition (Appendices C-F).

Preseason Risk Factor Screening

Individual student-athletes vary widely with respect to medical, psychological, and academic history. A detailed history that highlights risk factors commonly associated with concussion can serve as a valuable component to proper concussion treatment and management. Risk factors for concussion in sports are provided in the previous section. A summary of common risk factors for concussion include; migraines, motion sickness, psychiatric diagnoses, academic difficulties, prior concussions, and ADD/ADHD.
Risk Factor Screening Procedures

1. Each incoming student-athlete will complete the Concussion Risk Factors form provided in “Appendix A” prior to the beginning of their eligibility at Florida State University.
2. Current student-athletes who have not completed the Concussion Risk Factors form will be requested to complete the form prior to their participation in Florida State University sanctioned athletics.
3. All Concussion Risk Factor form results will be given to the respective athletic trainer in charge of the designated sport. Concussion Risk Factor form data will be compiled into an excel spreadsheet and scanned into Injury Zone software.

Baseline Neurocognitive Testing

Computer-based neurocognitive assessment programs such as the ImPACT test are commonly used to document neurocognitive performance for comparison with post-concussion testing. The ImPACT test battery has been demonstrated to serve as a reliable measure of baseline neurocognitive functioning that is difficult to intentionally perform poorly without detection [16-19]. Baseline neurocognitive testing may be helpful to add useful information to the overall interpretation of neurocognitive testing. It also provides an additional educational component to discuss the significance of a concussive injury with the student-athlete.

Preseason baseline neurocognitive testing requires an honest and forthright effort on the part of the athlete. Computerized neurocognitive testing requires adequate resources and a quiet environment for best results, but can be performed in large groups [20].

Baseline Neurocognitive Testing Procedures

1. Each incoming student-athlete will undergo baseline neurocognitive testing prior to the beginning of their eligibility at Florida State University.
2. Invalid baseline neurocognitive tests will be repeated in a reasonable timeframe (<7 days) to assure a valid baseline exists for every student-athlete prior to the beginning of their eligibility at Florida State University.
3. The tool utilized by the Florida State University-Sports Medicine Department to assess neurocognitive functioning will be the ImPACT test (ImPACT Applications, Inc. Pittsburgh, PA).
4. All baseline neurocognitive results will be available to the respective athletic trainer in charge of the designated sport. Baseline neurocognitive testing results are maintained online through the ImPACT website and accessible by each respective athletic trainer in charge of the designated sport.

Baseline Sideline Concussion Evaluation Protocol

The immediate (sideline, on-field, locker room, etc.) evaluation of concussion has been described as a challenge given the variability of concussion presentation, difficulty in making a timely diagnosis, poor specificity and sensitivity of current assessment measures, and an over-reliance on subjective symptom reporting from the student-athlete [21]. Measures such as the SCAT 3, SAC, and King-Devick test have all been utilized as an acute sideline concussion evaluation, however all three of these measures have inherent weaknesses. Given the collegiate athletic demands for a brief and accurate sideline concussion measure, The Florida State University-Sports Medicine Department have implemented a sideline concussion evaluation tool provided in Appendix B. Baseline sideline evaluation testing will provide a comparison on an individual student-athlete basis following a suspected injury. The tool will serve as brief measure to determine whether or not a student-athlete has sustained a concussion.
Baseline Sideline Concussion Evaluation Procedures

1. Each incoming student-athlete will undergo baseline evaluation with the sideline concussion evaluation prior to the beginning of their eligibility at Florida State University.
2. The tool utilized by The Florida State University-Sports Medicine Department to assess for concussion will be the sideline concussion evaluation provided in Appendix B.
3. All baseline results will be given to the respective athletic trainer in charge of the designated sport. Baseline sideline concussion evaluation results are to be kept on file as well as in a travel folder for away competition. If possible, baseline data will be entered into injury tracking software.

Preseason Concussion Education

Student-athletes, coaches, and graduate assistant coaches will be provided multiple options for concussion education prior to participation in any practice or competition. Decisions may be made on a team-by-team basis at the discretion of the coaching staff of the designated sports and athletic trainer responsible for the designated sport. Preseason concussion education options may include one or more of the following; attending an educational seminar conducted by a medical provider with specific knowledge of concussion (diagnosis, assessment, treatment, and management), reviewing the NCAA Concussion Fact Sheet, and/or attending a viewing of an NCAA approved film on concussion awareness. All student-athletes, coaches, and graduate assistant coaches will be provided one or more of the previous options listed to satisfy the NCAA requirements for preseason concussion education.

Preseason Concussion Education Procedures (Student-Athlete)

1. Each student-athlete will be provided an opportunity to attend an educational seminar on concussion or view a concussion education film.
2. Each year every student athlete will be educated with the NCAA “Concussion Fact Sheet for Student Athletes” provided in Appendix C.
3. Each student-athlete will read the fact sheet and sign a statement provided in Appendix D confirming they accept the responsibility for reporting their injuries and illnesses to The Florida State University medical staff, including signs and symptoms of concussions.

Preseason Concussion Education Procedures (Coaches/Graduate Assistant Coaches)

1. Each year every coach and graduate assistant coach will be provided an opportunity to attend an educational seminar on concussion or view a concussion education film.
2. Each year every coach and graduate assistant coach will be educated with the NCAA “Concussion Fact Sheet for Student Athletes” provided in Appendix E.
3. Each coach and graduate assistant coach will read the fact sheet and will sign a statement provided in Appendix F confirming that the information on concussions was presented and they understand their role in these policies and procedures.

Post-Injury Plan & Procedures

On-Field Management

On-field management related to head and cervical injuries should always be directed by a Florida State University team physician when present. Certified athletic trainers, emergency medical staff (EMTs), and other team medical designees should defer to medical management directives provided by designated Florida State University team physicians. In the case of a Florida State University team physician being absent, the certified athletic trainer responsible for the injured student-athlete should direct injury management with the assistance of emergency medical staff when present.
On-Field Management Procedures

1. The initial step in the management of a collapsed student-athlete should be an assessment of the student-athlete’s airway, breathing, and heart function (circulation).
2. This should be followed by a physical examination to rule out a cervical spine injury.
   a. If a cervical spine injury cannot be ruled out, neck immobilization and immediate transfer to an emergency department capable of advanced neuroimaging and management of cervical trauma should occur.
3. This should be followed by a physical examination to rule out more severe brain injury.
   a. If more severe brain injury cannot be ruled out, emergency transfer to an emergency department should also occur. Signs of more severe brain injury include: deteriorating mental status, focal neurological findings, abnormal or unequal pupil reaction, abnormalities with extra-ocular movements (upbeat nystagmus), and/or worsening of symptoms.
4. If a cervical spine injury and/or more severe brain injury can be ruled out with a physical examination, then an on-site evaluation may be initiated.

On-Site Evaluation and Management

Any student-athlete suspected of having sustained a concussion should be immediately removed from play and evaluated by a licensed medical provider trained in the diagnosis and management of concussion. It is important to utilize a standardized approach which takes into account cognition, signs of concussion, symptoms of concussion, and vestibular–ocular functioning.

On-Site Evaluation and Management Procedures

1. If a student-athlete is suspected of having sustained a concussion following signs of concussion or reporting symptoms of concussion, they will be removed from practice/competition as early as feasible with safety to the student-athlete in mind. The student-athlete will be escorted to a safe location (sideline, locker room, or other on-site facility) by an ATC, team physician, and/or designee for further evaluation.
2. The student-athlete will undergo a concussion evaluation by the ATC, team physician, and/or designee utilizing cognitive, vestibular, and ocular screening measures.
3. The student-athlete’s performance on evaluation measures will be compared with baseline data (if available) to provide increased accuracy in concussion diagnosis.
4. A collaborative decision will be made by the ATC, team physician, and/or designee regarding the diagnosis of concussion and whether a removal from play decision will be made. If a disagreement exists between the ATC, team physician, and/or designee, all final decisions will be made by the team physician.
   a. In the event that the ATC and/or designee believe that the student-athlete has sustained a concussion and the team physician does not believe the student-athlete has sustained a concussion, an open discussion should occur with all parties reviewing concussion related data including; risk factors, immediate signs, immediate symptoms, Sideline Concussion Evaluation results, and any other pertinent information related to the suspected injury. After this discussion has occurred, the diagnosis of concussion remains a medical decision and the determination of whether a student-athlete has or has not sustained a concussion will be made by the team physician.
   b. In the event that the team physician believes the student-athlete has sustained a concussion and the ATC and/or designee does not believe the student-athlete has sustained a concussion, an open discussion and review of the data mentioned above should occur. After this discussion has occurred, the diagnosis of concussion remains a medical decision and the determination of whether a student-athlete has or has not sustained a concussion will be made by the team physician.
      i. If the ATC, team physician, and/or designee determine the student-athlete has not sustained a concussion following evaluation and a concussion has not been diagnosed by the team physician, the student-athlete will be permitted to return to play.
ii. If the ATC, team physician, and/or designee determine the student-athlete has sustained a concussion following evaluation, the student-athlete will be diagnosed with a concussion and not permitted to return to play or competition on the same day that the initial injury was sustained.

5. The ATC responsible for the student-athlete will be responsible for informing the coaching staff that the student-athlete has sustained a concussion and will not be permitted to return to play as soon as possible.

6. After removal from play has occurred, the student-athlete will be monitored by the ATC, team physician, and/or designee to assess any changes in presentation or functioning and determine if further interventions are necessary.

7. The student-athlete and an individual that lives with the student-athlete will be given specific instructions in the care of the student-athlete's injury. If the student-athlete lives alone, there will be a staff ATC, graduate assistant ATC, and/or another teammate assigned to monitor the student-athlete's status overnight. The person responsible for the student-athlete will be given a concussion take home sheet provided in Appendix G with directions to follow.

Follow-Up Procedures

1. Within 72 hours following the injury, the student-athlete will undergo a clinical evaluation by the team physician and/or designee. The clinical concussion evaluation may consist of any or all of the following: cognitive testing (ImPACT), symptom assessment, vestibular-ocular functioning, balance, and/or any other assessment measures deemed necessary by the team physician and/or designee.

2. The team physician and/or designee will provide the athlete and ATC responsible for the student-athlete with a treatment plan consisting of physical exertion tolerance, academic/cognitive tolerance, medications (if necessary), physical therapy recommendations, a future evaluation timeline, and/or any other interventions deemed necessary by the team physician and/or designee.

3. The ATC assigned responsible for the student-athlete will be responsible for contacting “Student Academic Services” and notifying them that the student-athlete may have academic difficulties following concussion. A recommendation from the team physician and/or designee to the ATC responsible for the student-athlete will be made regarding class attendance.

4. The team physician and/or designee will provide recommendations to the ATC responsible for the student-athlete regarding a physical exertion progression and allotted physical exertion that the student-athlete will be able to tolerate. The Florida State University-Sports Medicine Concussion Exertion Program is provided in Appendix H.

Post-Injury General Guidelines

- All of the steps provided in the Post-Injury Plan and Procedures need to be properly documented and stored into Injury Zone.
- All papers need to be signed by the student-athlete and the certified ATC responsible for the injured student-athlete.
- Guidelines and clinical experience with concussion by the ATC, team physician, and/or designee will be considered when making a concussion:
  - Diagnosis
  - Removal from play decision
  - Return to play decision
  - Clinical recommendations (medication, physical therapy, etc.)
  - Physical exertion progression
  - Academic/cognitive exertion progression
- The goal in managing student-athletes that have sustained a concussion is to prevent a catastrophic outcome and to return the student-athlete to competition in a manner that minimizes both, the possibility of second-impact syndrome (SIS) or more severe head injury, while minimizing the amount of time lost from competition.
References

# Appendix A

## Florida State University-Sports Medicine Department

### Concussion Risk Factors Questionnaire

#### Demographics

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Relevant History

<table>
<thead>
<tr>
<th>Question</th>
<th>Y=Yes</th>
<th>N=No</th>
<th>DK=Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever been diagnosed with a concussion?</td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>If no, skip to Question 5</td>
<td></td>
<td></td>
<td>DK</td>
</tr>
<tr>
<td>2. If yes to Question 1, how many times?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. If yes to Question 1, how many times did you lose consciousness?</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. If yes to Question 1, how many times did you have memory problems following a concussion?</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>5. Do you have a history of migraine headaches?</td>
<td>Y</td>
<td>N</td>
<td>DK</td>
</tr>
<tr>
<td>6. Does anyone in your family have a history of migraine headaches?</td>
<td>Y</td>
<td>N</td>
<td>DK</td>
</tr>
<tr>
<td>7. Do you have a history of car sickness or motion sickness?</td>
<td>Y</td>
<td>N</td>
<td>DK</td>
</tr>
<tr>
<td>8. Does anyone in your family have a history of motion sickness?</td>
<td>Y</td>
<td>N</td>
<td>DK</td>
</tr>
<tr>
<td>9. Do you have a history of seizures or epilepsy?</td>
<td>Y</td>
<td>N</td>
<td>DK</td>
</tr>
<tr>
<td>10. Does anyone in your family have a history of seizures or epilepsy?</td>
<td>Y</td>
<td>N</td>
<td>DK</td>
</tr>
</tbody>
</table>
### Appendix A

**Florida State University-Sports Medicine Department**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Do you have a history of lazy eye or cross eye?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Does anyone in your family have a history of lazy eye or cross eye?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Do you have a history of ADD or ADHD?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Did you ever take medication for ADD or ADHD?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Are you currently taking medication for ADD or ADHD?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Does anyone in your family have a history of ADD or ADHD?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Were you ever placed on an IEP or 504 Plan in school for a diagnosed learning disability?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Has anyone in your family ever been placed on an IEP or 504 Plan in school for a diagnosed learning disability?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Have you ever been diagnosed with a psychological condition (Anxiety, etc.)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Did you ever take medication for a psychological condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Are you currently taking medication for a psychological condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Has anyone in your family ever been diagnosed with a psychological condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sideline Concussion Evaluation (SCE)

General On-Field Management Guidelines

1. The initial step in the management of a collapsed athlete should be an assessment of the athlete’s airway, breathing, and cardiac functioning (circulation).
2. This should be followed by a physical examination to rule out any severe cervical spine injury. 
   a. If a cervical spine injury cannot be ruled out, neck immobilization and immediate transfer to an emergency department capable of advanced neuroimaging and management of cervical trauma should occur.
3. This should be followed by a physical examination to rule out more severe brain injury. 
   a. If more severe brain injury cannot be ruled out, emergency transfer to an emergency department should also occur. Signs of more severe brain injury include: deteriorating mental status, focal neurological findings, abnormal or unequal pupil reaction, abnormalities with extra-ocular movements (upbeat nystagmus), and/or worsening of symptoms.
4. If a cervical spine injury and/or more severe brain injury can be ruled out with a physical examination, then an on-site evaluation of concussion may be initiated.
5. Any athlete suspected of having sustained a concussion should be immediately removed from play as early as feasible with the safety of the athlete in mind, and evaluated by a licensed medical provider trained in the diagnosis and management of concussions.

Definition of Concussion

The Zurich 2012 Consensus Statement provides the following definition of concussion. Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. Several common features that incorporate clinical, pathophysiologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:

1. Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours.
3. Concussion may result in neural-pathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies (CT/MRI).
4. Concussion results in a set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course. However, it is important to note that in some cases symptoms may be prolonged [1].

Further, a concussion results in a complex neural-metabolic cascade involving ionic, metabolic and physiologic events. This results in an increased demand for glucose; and a decrease in cerebral blood flow and metabolic rate for oxygen [2]. This metabolic dysfunction results in an energy crisis on a cellular level rather than presenting as a structural injury often visible on standard imaging such as CT or MRI.

Challenges of Sideline Concussion Assessment

The immediate (sideline, on-field, locker room, etc.) evaluation of concussion has been described as a challenge given the variability of concussion presentation, difficulty in making a timely diagnosis, poor specificity and
sensitivity of current assessment measures, and an over-reliance on subjective symptom reporting from the student-athlete [3].

**Current Sideline Concussion Assessment Measures Available**

Abbreviated testing measures are intended for quick and accurate concussion screening for on-site use following a suspected concussion and are not intended to replace a comprehensive clinical evaluation. On-site measures for concussion screening should also not be used as a stand-alone tool for the continued management of sports concussion.

<table>
<thead>
<tr>
<th>Domains Tested</th>
<th>Duration</th>
<th>Administrator</th>
<th>Recommended for Baseline</th>
<th>Recommended for Post-Injury Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NFL Sideline Tool</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs/symptoms, neuro/cervical, orientation, memory, concentration, &amp; BESS</td>
<td>10-12 minutes</td>
<td>ATC &amp; MD</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>SCAT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms, GCS, orientation, memory, BESS, cervical, coordination</td>
<td>12-15 minutes</td>
<td>ATC, MD, Neuropsych, &amp; Coach</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>SAC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation, memory, exertion maneuvers, neuro exam, &amp; concentration</td>
<td>5-7 minutes</td>
<td>ATC, MD, Neuropsych, &amp; Coach</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>King-Devick</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saccadic tracking, attention, &amp; language</td>
<td>2 minutes</td>
<td>ATC, MD, Neuropsych Parent, &amp; Coach</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>BESS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>5 minutes</td>
<td>ATC &amp; MD</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Limitations of Current Sideline Measures Available**

Orientation questions (date, place, time, etc.) have shown to be unreliable in the sports setting when compared to memory assessment [4, 5]. Balance testing and modified BESS scoring is a specific indicator of balance disturbance and possible indicator of concussion, but lacks sensitivity and inter-relator reliability [6]. The King-Devick test has been utilized as a sideline evaluation of concussion to monitor changes in eye tracking from baseline functioning [7-12]. However, the King-Devick test is an assessment of eye tracking and saccadic eye movement and may not be a comprehensive assessment of concussion. Athlete symptom reporting following a concussion may not be a reliable source of information given as few as 30% of athletes report their symptoms after sustaining a concussion resulting in a large number of undiagnosed concussions [13].

**Benefits of Current Sideline Measures Available**

Brief neuropsychological test batteries to assess cognitive domains such as; attention, concentration, and memory have been shown to be practical and effective in concussion evaluation. These tests include the SCAT 3 [14] and SAC [15-17]. Military studies have suggested the need to implement the assessment of saccadic eye tracking and eye pursuit movements with soldiers who sustain blast and non-blast related TBI [18] similar to domains assessed with the King-Devick Test.
Vestibular-Ocular Dysfunction Post-Concussion

Some dizziness following a concussion may be due to labyrinth causes (vertigo/BPPV) and non-labyrinth causes. Non-labyrinth causes may be the result of structural or micro structural central nervous system injury or more complicated interactions between migraine and anxiety [19]. Military studies of blast related mTBI have encouraged the assessment of; near point convergence, saccades, and eye pursuit movements [18]. When gaze stability testing, vestibular-ocular reflex testing, and convergence testing are combined, results indicate 89% accuracy of identifying patients with concussion [20]. Vestibular-ocular motor screening (VOMS) assessment may be a complimentary tool to balance testing [20]. Provocation of symptoms during VOMS assessment may represent useful cut-offs in the assessment of concussion [20].

A Case for Something New

The ideal sideline concussion measure should include; attention, concentration, memory, vestibular, and ocular assessment. Further, symptom reporting associated with sideline concussion assessment may be beneficial when based on clinically significant cut-offs and specific to provocation or increase during sideline assessment. An ideal sideline concussion assessment tool should have baseline utility, acute (sideline) utility, and be clinically relevant to follow-up treatment and injury management.

Sideline Concussion Evaluation (SCE)

The SCE was created as a brief (under 5 minutes), comprehensive, and accurate evaluation for on-site and sideline assessment of concussion in sport. The SCE integrates cognitive, vestibular, and ocular (including saccadic eye movement) testing. More specifically, the following domains of functioning are assessed; concentration, attention, immediate memory, saccadic eye functioning, gaze stability testing, vestibular ocular reflex cancellation, convergence, and recall memory. Symptoms reported are specific to clinically significant cut-off scores that have been empirically validated.

The SCE has utility as a baseline measure, acute (sideline) measure, and is based on assessment measures consistent with a comprehensive clinical concussion evaluation. The SCE utilizes vestibular and ocular motor screening measures that have been validated to differentiate from healthy controls. Further, vestibular and ocular motor screening included in the SCE is an objective clinical test and relatively devoid of athlete manipulation. The SCE has been created for the utilization of ATCs, MDs, and medical personnel affiliated with collegiate and professional sports teams who have undergone specific training on how to properly use the SCE.
References

## Appendix B: Sideline Concussion Evaluation

1. **Concentration**
   - Repeat the months of the year backwards starting with the current month. (Dec, Nov, Oct, Sep, Aug, Jul, Jun, May, Apr, Mar, Feb, Jan)

2. **Attention** (Say the digits, ideally one digit per second. Ask the student-athlete to wait to repeat the digits until you have completed the entire sequence of digits. Then have the student-repeat the digits back to you. All 4 trials of forwards digits, then all 4 backward digits)

<table>
<thead>
<tr>
<th>Forwards</th>
<th>2-7</th>
<th>3-9-4</th>
<th>8-1-6-2</th>
<th>5-9-7-4-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backwards</td>
<td>5.9 (9.5)</td>
<td>8.3-6 (8.3-6)</td>
<td>1.4-9-7 (1.4.7)</td>
<td></td>
</tr>
</tbody>
</table>

3. **Immediate Memory** (Choose one of the lines, say each of the words once, then have the student-athlete repeat the list back to you)

<table>
<thead>
<tr>
<th>List 1</th>
<th>Tractor</th>
<th>Carrot</th>
<th>Necklace</th>
</tr>
</thead>
<tbody>
<tr>
<td>List 2</td>
<td>Airplane</td>
<td>Onion</td>
<td>Pendant</td>
</tr>
</tbody>
</table>

4. **Vestibular Functioning**

   **Gaze Stability [Horizontal]**
   - Eyes fixed on the thumb, move the head back and forth as if the student athlete is saying “no”, continue for 15 seconds.
   - Upon completion of the exercise, ask the student-athlete if they are feeling any increase in dizziness or fogginess. [Rate 0-10]

   **Gaze Stability [Vertical]**
   - Eyes fixed on the thumb, move the head up and down as if the student athlete is saying yes, continue for 15 seconds.
   - Upon completion of the exercise, ask the student-athlete if they are feeling any increase in dizziness or fogginess. [Rate 0-10]

   **Vestibular Ocular Reflex Cancellation**
   - Arm extended, thumb up, rotate the upper body 180 degrees keeping the eyes focused on the thumb.
   - Look for observable difficulty tracking the thumb as the student-athlete rotates their upper body. [Rate 0-10]

5. **Ocular Functioning**

   **H-Test**
   - Fixation stick, focus on the red dot, head still. ATC moves the stick in an "H" pattern as the student-athlete follows.
   - Look for provoked nystagmus or shaking of the eyes. The student-athlete may squint/rub eyes upon completion of the task.

   **Saccades [Horizontal]**
   - ATC holds both index fingers laterally, shoulder width apart. Head still, student-athlete moves eyes back and forth for 10 seconds.
   - Look for provoked nystagmus or shaking of the eyes. The student-athlete may squint/rub eyes upon completion of the task. Count the number of times the target is hit in 10 seconds.

   **Saccades [Vertical]**
   - ATC holds both index fingers vertically, shoulder width apart. Head still, student-athlete moves eyes back and forth for 10 seconds.
   - Look for provoked nystagmus or shaking of the eyes. The student-athlete may squint/rub eyes upon completion of the task. Count the number of times the target is hit in 10 seconds.

   **Convergence**
   - Fixation stick, focus on the white dot, ask the student-athlete to report when they see 2 white dots.
   - Look for an exophoria (one eye deviating away from the nose) or esophoria (one eye deviating towards the nose) when the student-athlete sees 2 dots. [Anything over 1cm is abnormal]

6. **Delayed Memory** (Ask the student-athlete to recall all words from the designated list from Immediate Memory task)

---

**ANY POSITIVE FINDINGS OR INCORRECT RESPONSE IS INDICATIVE OF CONCUSSION AND PRECLUDES RETURN TO PLAY.**
Appendix B: Sideline Concussion Evaluation

Loss of Consciousness (LOC): LOC may be an indicator of severity of injury. LOC for a few seconds to a few minutes is likely indicative of concussion/mTBI. Prolonged LOC which occurs for several minutes to hours is likely indicative of more severe traumatic brain injury and should receive immediate emergency medical attention.

Seek immediate emergency medical attention if the following signs are observed:

<table>
<thead>
<tr>
<th>Repeated Vomiting</th>
<th>Severe Disorientation/Confusion</th>
<th>One Large Pupil/One Small Pupil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slurred Speech</td>
<td>Combative/Unusual Behavior</td>
<td>Loss of Coordination</td>
</tr>
<tr>
<td>Clear Fluid Draining from Ears/Nose</td>
<td>Convulsions/Seizures</td>
<td>Weakness/Numbness in Fingers/Toes</td>
</tr>
</tbody>
</table>

Common Observable Signs of Concussion:

<table>
<thead>
<tr>
<th>Appears Dazed/Stunned</th>
<th>Confusion About Plays/Assignments</th>
<th>Loss of Consciousness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgets Events Before the Trauma</td>
<td>Forgets Events After the Trauma</td>
<td>&quot;Fencing&quot;/Seizure Response</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Moves Clumsily</td>
<td>Loses Balance</td>
</tr>
<tr>
<td>Eye Rubbing/Squinting/Attempts to Clear Vision</td>
<td>Holding of the Head Following Trauma</td>
<td>Makes Uncharacteristic Mistakes</td>
</tr>
<tr>
<td>Shaking of the Head to Clear Vision</td>
<td>Appears Foggy/In a Haze</td>
<td>Behavior/Personality Change</td>
</tr>
</tbody>
</table>

Common Symptoms of Concussion:

<table>
<thead>
<tr>
<th>Pressure Base Headache</th>
<th>Sensitivity to Light</th>
<th>Sensitivity to Noise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>Dizziness</td>
<td>Visual Aura (sees different colors)</td>
</tr>
<tr>
<td>Blurry Vision</td>
<td>Double Vision</td>
<td>Black/White Vision</td>
</tr>
<tr>
<td>Fogginess</td>
<td>Feeling &quot;Slowed Down&quot;</td>
<td>Not feeling &quot;Right&quot;/&quot;Off&quot;</td>
</tr>
<tr>
<td>Problems Concentrating</td>
<td>Problems Remembering</td>
<td>Balance Problems</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Drowsiness</td>
<td>Feeling &quot;More Emotional&quot;</td>
</tr>
<tr>
<td>Irritability</td>
<td>Numbness or Tingling</td>
<td>Sadness/Nervousness</td>
</tr>
</tbody>
</table>

General Concussion Management Guidelines:

1. Any positive findings during the Sideline Concussion Evaluation (SCE) are indicative of a concussion diagnosis and the student-athlete should immediately be removed from play and not return to activity until evaluated by a team physician or designated medical professional trained in concussion treatment and management.

2. Any student-athlete diagnosed with a concussion is not to return to competition on the same day.

3. Observable signs of concussion witnessed by a member of the Florida State University Sports Medicine Staff should be interpreted as a possible concussion and the student-athlete should be evaluated using the Sideline Concussion Evaluation (SCE) as soon as feasible.

ANY POSITIVE FINDINGS OR INCORRECT RESPONSE IS INDICATIVE OF CONCUSSION AND PRECLUDES RETURN TO PLAY.
CONCUSSION
A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
- Is caused by a blow to the head or body.
  - From contact with another player, hitting a hard surface such
    as the ground, ice or floor, or being hit by a piece of equipment
    such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?
Basic steps you can take to protect yourself from concussion:
- Do not initiate contact with your head or helmet. You can still get
  a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying
  elbows, stepping on a head, checking an unprotected opponent,
  and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of
  the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can't see a concussion, but you might notice some of the symptoms
right away. Other symptoms can show up hours or days after the injury.
Concussion symptoms include:
- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts,
  meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as
studying, working on the computer, or playing video games may cause
concussion symptoms (such as headache or tiredness) to reappear or
get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
Don’t hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also,
tell your athletic trainer and coach if one of your teammates might have a concussion.
Sports have injury timeouts and player substitutions so that you can get checked out.
Report it. Do not return to participation in a game, practice or other activity with
symptoms. The sooner you get checked out, the sooner you may be able to return to play.
Get checked out. Your team physician, athletic trainer, or health care professional
can tell you if you have had a concussion and when you are cleared to return to play.
A concussion can affect your ability to perform everyday activities, your reaction time,
balance, sleep and classroom performance.
Take time to recover. If you have had a concussion, your brain needs time to heal. While
your brain is still healing, you are much more likely to have a repeat concussion. In rare
cases, repeat concussions can cause permanent brain damage, and even death. Severe
brain injury can change your whole life.

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.
For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.

Reference to any commercial entity or product or service on this page should not be construed
as an endorsement by the Government of the company or its products or services.
Appendix D
Florida State University-Sports Medicine Department
Student-Athlete Concussion Statement

Please initial at each line after reading.

1. I have read and understand the NCAA Concussion Fact Sheet.

2. I understand that it is my responsibility to report all signs and symptoms of a possible concussion to my athletic trainer and/or team physician.

After reading the NCAA Concussion Fact Sheet, I am aware of the following information:

3. A concussion is a brain injury, which I am responsible for reporting all signs and symptoms of a possible concussion to my athletic trainer and/or team physician.

4. A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

5. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

6. If I suspect a teammate has a concussion, I am responsible for reporting the injury to my athletic trainer and/or team physician.

7. I will not return to competition or practice if I have sustained a blow to the head or body that results in concussion-related symptoms.

8. Following a concussion, the brain needs time to heal. You are more likely to have a repeat concussion if you return to play before your symptoms resolve.

9. In rare cases, repeat concussions can cause permanent brain damage and even death.


__________________________        ____________________________
Student-Athlete Signature            Date

__________________________
Printed Student-Athlete Name
CONCUSSION
A FACT SHEET FOR COACHES

THE FACTS
- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur in any sport.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.
- Athletes may not report their symptoms for fear of losing playing time.
- Athletes can still get a concussion even if they are wearing a helmet.
- Data from the NCAA Injury Surveillance System suggests that concussions represent 5 to 18 percent of all reported injuries, depending on the sport.

WHAT IS A CONCUSSION?
A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice or floor, from players colliding with each other or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.

RECOGNIZING A POSSIBLE CONCUSSION
To help recognize a concussion, watch for the following two events among your student-athletes during both games and practices:
1. A forceful blow to the head or body that results in rapid movement of the head;
   -AND-
2. Any change in the student-athlete's behavior, thinking or physical functioning (see signs and symptoms).

SIGNS AND SYMPTOMS
Signs Observed By Coaching Staff
- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes.
- Can’t recall events before hit or fall.
- Can’t recall events after hit or fall.

Symptoms Reported By Student-Athlete
- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling sluggish, hazy, foggy or groggy.
- Concentration or memory problems.
- Confusion.
- Does not “feel right.”
PREVENTION AND PREPARATION
As a coach, you play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your student-athletes:

- Educate student-athletes and coaching staff about concussion. Explain your concerns about concussion and your expectations of safe play to student-athletes, athletics staff and assistant coaches. Create an environment that supports reporting, access to proper evaluation and conservative return-to-play.
  - Review and practice your emergency action plan for your facility.
  - Know when you will have sideline medical care and when you will not, both at home and away.
  - Emphasize that protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
  - Review the Concussion Fact Sheet for Student-Athletes with your team to help them recognize the signs of a concussion.
  - Review with your athletics staff the NCAA Sports Medicine Handbook guideline: Concussion or Mild Traumatic Brain Injury (mTBI) in the Athlete.
- Insist that safety comes first.
  - Teach student-athletes safe-play techniques and encourage them to follow the rules of play.
  - Encourage student-athletes to practice good sportsmanship at all times.
  - Encourage student-athletes to immediately report symptoms of concussion.
- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

IF YOU THINK YOUR STUDENT-ATHLETE HAS SUSTAINED A CONCUSSION:
Take him/her out of play immediately and allow adequate time for evaluation by a health care professional experienced in evaluating for concussion.

An athlete who exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or during exertion, should be removed immediately from practice or competition and should not return to play until cleared by an appropriate health care professional. Sports have injury timeouts and player substitutions so that student-athletes can get checked out.

IF A CONCUSSION IS SUSPECTED:
1. Remove the student-athlete from play. Look for the signs and symptoms of concussion if your student-athlete has experienced a blow to the head. Do not allow the student-athlete to just "shake it off." Each individual athlete will respond to concussions differently.
2. Ensure that the student-athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Immediately refer the student-athlete to the appropriate athletics medical staff, such as a certified athletic trainer, team physician or health care professional experienced in concussion evaluation and management.
3. Allow the student-athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. Allow athletics medical staff to rely on their clinical skills and protocols in evaluating the athlete to establish the appropriate time to return to play. A return-to-play progression should occur in an individualized, step-wise fashion with gradual increments in physical exertion and risk of contact.
4. Develop a game plan. Student-athletes should not return to play until all symptoms have resolved, both at rest and during exertion. Many times, that means they will be out for the remainder of that day. In fact, as concussion management continues to evolve with new science, the care is becoming more conservative and return-to-play time frames are getting longer. Coaches should have a game plan that accounts for this change.

IT'S BETTER THEY MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, SIT THEM OUT.
For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.
Appendix F
Florida State University-Sports Medicine Department
Coach/Graduate Assistant Coach Concussion Statement

Please initial at each line after reading.

1. I have read and understand the NCAA Concussion Fact Sheet.

2. I understand that it is my responsibility to report all signs and symptoms of a possible concussion that occurs to any of my student-athletes to my athletic trainer and/or team physician.

After reading the NCAA Concussion Fact Sheet, I am aware of the following information:

3. A concussion is a brain injury, which I am responsible for reporting all signs and symptoms of a possible concussion that occurs to my student-athletes to my student-athlete’s athletic trainer and/or team physician.

4. A concussion can affect my student-athlete’s ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

5. I cannot see a concussion, but I may notice some of the symptoms that affect my student-athlete right away. Other symptoms can show up in my student-athlete hours or days after the injury and I will report them to the athletic trainer and/or team physician immediately as they appear.

6. If I suspect that any of my student-athletes has a concussion, I am responsible for reporting the injury to my athletic trainer and/or team physician.

7. I will not return my student-athlete to competition or practice if they have sustained a blow to the head or body that results in concussion-related symptoms until they are cleared medically.

8. Following a concussion, the brain needs time to heal. A student-athlete can be more likely to have a repeat concussion if they return to play before their symptoms resolve. Resolution of these symptoms may take days or even weeks.

9. In rare cases, repeat concussions can cause permanent brain damage and even death.

__________________________  ______________________
Student-Athlete Signature   Date

__________________________
Printed Student-Athlete Name
Appendix G
Florida State University – Sports Medicine Department
Care of Patient Not Requiring Hospitalization

General Information

1. Any head injury is potentially dangerous, whether or not the injured person becomes unconscious.
2. The presence or absence of swelling at the site of injury has no bearing on its seriousness. For example, there may be a concussion, but no external positive imaging findings.
3. The real extent of injury can be determined only after careful examination and observation of the patient over a period of time. The first week, especially the first 24-48 hours following the injury are the most important.

Important Points

1. During this period of time it is important that a responsible person be in close contact with the patient and watch carefully for the appearance of possible serious symptoms.
2. _______ is responsible for watching the patient and reporting to the doctor if any of the following symptoms appear. Any sign or symptom noted below should result in the immediate transport of the patient to the emergency room.
   a. Inability to awaken or arouse the patient or a change in the level of consciousness or personality (most important).
   b. Repetitive vomiting
   c. Mental confusion and/or significant disorientation
   d. Severe headache (e.g. 15/10 headache complaint) that does not go away
   e. Temperature above 100 degrees Fahrenheit, with or without a stiff neck
   f. Clear drainage from the ears or nose
   g. Inability to move arms and legs equally well on both sides, or lack of bilateral strength with fine or gross motor movements
   h. Convulsions or seizure activity

Instructions

1. Do not give any medication unless cleared by the doctor as this can alter the level of consciousness!!!
2. An ice pack may be placed on the neck to reduce swelling. You may use an ice pack for 24-48 hours for 15-20 minutes at a time.
3. The patient should eat lightly for a day or two. If the patient eats heavily or eats something that doesn’t agree the patient might vomit which could be mistaken as a head injury symptom.
4. The patient is not to take narcotics, drink alcohol or use mind-altering substances for several days as this will change the level of consciousness.
5. No loud music, headphones, or loud venues
6. Limit bright lights or extended periods of time in bright sunshine
7. Limited television or video game exposure
8. Limit telephone/computer work use as much as possible
9. No activities that require focus and concentration (e.g. team meetings, watching film, reading)
10. The team physician or designee will use his/her expertise and knowledge in order to excuse the student-athlete from class.
### Appendix H

#### Florida State University-Sports Medicine Department

**Concussion Physical Exertion Progression**

<table>
<thead>
<tr>
<th>Rehabilitation Stage</th>
<th>Rehabilitation Program: Target HR</th>
<th>Rehabilitation Program: Vestibular/Ocular Dysfunction</th>
</tr>
</thead>
</table>
| **Stage 1**  
**Recommendations:** Exercise in a quiet environment, non-contact, limit head/neck movement and position change, limit cognitive demand. | **Target HR:** 30-40% of maximum exertion (Max HR-Rest. HR x 30) + Rest. HR | Stationary bike (15-20 min.).  
Stationary balance activities.  
Weight machines, squats, & lunges.  
Core exercises, no head/neck movement. |
| **Stage 2**  
**Recommendations:** Exercise in normal gym environment, allow for minor positional changes and head/neck movements, minor cognitive demand (counting exertion reps). | **Target HR:** 40-60% of maximum exertion (Max HR-Rest. HR x 40) + Rest. HR | Elliptical, treadmill walking/jogging.  
Stationary balance with head movements.  
Resistance with head movements (lateral squats with head movement).  
Low level sports specific activity.  
Core exercises with head movements (side planks, bicycles, twists). |
| **Stage 3**  
**Recommendations:** Indoor/Outdoor training, initiate strength/conditioning, and dynamic balance exercises. Increased cognitive demand (visual demand). | **Target HR:** 60-80% of maximum exertion (Max HR-Rest. HR x 60) + Rest. HR | Moderate aerobic exercise, (intervals, stairs).  
Dynamic movements/positional changes.  
Increased sport specific activity. |
| **Stage 4**  
**Recommendations:** Return to sport specific practice/training, non-contact | **Target HR:** 80% of maximum exertion with non-contact sports specific activities. |  |
| **Stage 5**  
**Recommendations:** Simulated contact in practice training settings with full activity. | **Target HR:** 100% of maximum exertion with contact (Max HR-Rest. HR x 1) + Rest HR | Full practice/training activity with contact. |
SICKLE CELL TRAIT

POLICY
The sickle cell trait is present in individuals who only carry one chromosome of the disease. This is identified so that the student-athlete is aware that if they were to have a child with another individual with the trait the child would carry the disease. The disease occurs when an individual has both chromosomes. In compliance with the NCAA sickle cell policy, the Florida State University Department of Athletics will test each student athlete for the sickle cell trait. A blood sample will be taken during the pre-participation physical and tested to determine every student-athlete’s status regardless of ethnicity.

PROCEDURE
In the event a student-athlete tests positive for the trait or disease, the student-athlete will meet with the team physician and their staff athletic trainer. The meeting and education will be properly documented. They will be educated on their condition and will sign an acknowledgement letter. The student-athlete will be provided with the NCAA Sickle Cell Trait Fact Sheet for Student-Athletes. All coaches and staff athletic trainer(s) will be notified of a student-athlete who tests positive for either the trait or disease. All coaches and Sports Medicine Staff have received education on how to manage student-athletes with either condition. The coaches will be provided the NCAA Sickle Cell Trait Fact Sheet for Coaches. No student-athlete will be disqualified from participating as long as their condition is well controlled.

According to the NCAA, student-athletes with sickle cell trait are suggested to take the following precautions:

- Set his/her own pace.
- Engage in a slow and gradual preseason conditioning regimen to be prepared for sports-specific performance testing and the rigors of competitive intercollegiate athletics.
- Build up slowly while training (e.g., paced progressions).
- Use adequate rest and recovery between repetitions, especially intense drills.
- Not be urged to perform all-out exertion of any kind beyond two to three minutes without a breather.
- Be excused from performance tests such as serial sprints or timed mile runs, especially if these are not normal sport activities.
- Stop activity immediately upon struggling or experiencing symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Access supplemental oxygen at altitude as needed.
- Seek prompt medical care when experiencing unusual distress.
A FACT SHEET FOR COACHES

SICKLE CELL TRAIT

DO YOU KNOW THE FACTS?

▶ Student-athletes with sickle cell trait should not be excluded from athletics participation.
▶ The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.
▶ Between 2000–09, a reported seven football student-athletes with sickle cell trait died during conditioning activities. Other causes of sudden death include cardiovascular conditions, heat illness and respiratory distress (asthma).
▶ Complications associated with sickle cell trait are not limited to football. Other levels of competitive sports have documented cases in distance, and during “suicide sprints” on the court, laps on a track, or a long training run.
▶ Unlike heat-related or cardiac conditions, athletes with sickle cell trait may present as being fatigued and can often talk, but may be experiencing ischemic pain and weakness in their muscles. Pushing the athlete to continue beyond this point for “toughness” or discipline can lead to a fatal collapse.

WHAT IS SICKLE CELL TRAIT?

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease.

▶ During intense exercise, red blood cells containing sickle hemoglobin can change shape from round to quarter-moon, or “sickle.”
▶ Sickle red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
▶ During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.
▶ Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.
▶ Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing them to thrive in sport.
An important note to head coaches and their staff is that the incidents of sudden death in athletes with sickle cell trait have been exclusive to conditioning sessions rather than game or skill practice situations. While the definite cause of collapse among sickle cell trait athletes is not yet known, one hypothesis about what may be happening is that exercise intensity is a leading factor for sudden collapse, rather than the medical condition itself. Coaches should conduct appropriate sport-specific conditioning based on sound scientific principles and be ready to intervene when student-athletes show signs of distress.

Student-athletes can begin to experience symptoms after only one to three minutes of sprinting, or in any other full exertion of sustained effort, thus quickly increasing the risk of complications. Many times, these complications occur when athletes are being pushed beyond their physiological limit while in an already-compromised position.

Provide an environment in which the following precautions can be activated. In general, student-athletes with sickle cell trait should:

- Slowly build up their intensity while training.
- Have their fitness tests scheduled later in the training program. Use a progressive, periodized program and evaluate their performance once they are acclimated to the stress about to be placed upon them.
- Be allowed to set their own pace while conditioning.
- Implement a slow and gradual preseason conditioning regimen that prepares them for the rigors of the sport.
- Be provided adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- Be given alternatives for performance testing, rather than serial sprints or timed mile runs, especially if these activities are not specific to the sport.
- Stop activity immediately upon struggling or experiencing symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Refrain from consuming high-caffeine energy drinks and supplements, or other stimulants, as they may contribute to dehydration.

Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify training and have supplemental oxygen available.
- Seek prompt medical care when experiencing unusual physical distress.

Ensure student-athlete well-being comes first

Planned emergency response and prompt access to medical care are critical components to ensure adequate response to an athlete who collapses or is in distress. Knowledge of a student-athlete’s sickle cell trait status should facilitate prompt and appropriate medical care during a medical emergency. Institutions should have an emergency action plan in place that is reviewed and rehearsed at least annually with all athletics personnel. All coaches and the strength and conditioning staff should be certified in first aid and CPR.

For more information and resources, visit www.ncaa.org/health-safety
A FACT SHEET FOR STUDENT-ATHLETES

SICKLE CELL TRAIT

WHAT IS SICKLE CELL TRAIT?

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

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

DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?

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

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

HOW CAN I PREVENT A COLLAPSE?

- Know your sickle cell trait status.
- Engage in a slow and gradual preseason conditioning regimen.
- Build up your intensity slowly while training.
- Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.
- Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit www.NCAA.org/health-safety
I, _________________________, understand that I am sickle cell trait positive and have been instructed on the proper management of this condition. I have read and understand the “Sickle Cell Trait Educational Information Sheet” provided by the Florida State University Sports Medicine Staff. I have also met with a team physician and a certified athletic trainer regarding my sickle cell trait, and I agree to comply with the plan and guidelines set during this consultation.

Signed________________________________

Date__________________________________

Witness________________________________

Date___________________________________
CONDITIONS OF IMPAIRMENT

POLICY
A student-athlete with impairment is defined as a person who only has one organ that was originally a pair, i.e. lungs, eyes, kidney, etc. A person with a pre-existing loss of a paired organ is an individual whom lost said organ prior to becoming a student-athlete at Florida State University. Both, individuals whom have pre-existing impairment and an impairment that was sustained while participating in intercollegiate athletics will have to sign a letter of acknowledgement stating that they understand the risk of competing with only one organ.

PROCEDURE
Any student-athlete choosing to participate in Florida State University's intercollegiate athletics whom has lost or incurs a loss of any paired organ (eye, kidney, etc.) must meet with the team physician to determine the appropriate plan. Each situation will be handled on an individual basis. If a student-athlete is permitted to participate in their designated athletics program, a waiver will be drafted and approved by the Florida State University Department of Athletics legal counsel.
PREGNANCY

POLICY
If a student-athlete suspects she is pregnant and she contacts her athletic trainer, coach, or department personnel, diagnostic testing must be done to confirm or rule out a pregnancy. The student-athlete must sign a release of information from the health center in order for results to be given to the staff athletic trainer and team physician. Florida State University will pay for diagnostic testing. All further medical costs due to pregnancy will be incurred by the student-athlete. Each female student-athlete must comply with Florida State University rules and regulations regarding the occurrence of a pregnancy.

Once a pregnancy is confirmed, the student-athlete must have a gynecological exam and a determination must be made as to the stage of the pregnancy. This information will be given to the team physician so that a determination can be made of the student-athlete’s ability to continue their sport. The Director of Sports Medicine will also be notified.

PROCEDURE
If the student-athlete states that she believes she is pregnant or the athletic trainer believes the student-athlete is pregnant due to signs and symptoms (and the coaching staff is unaware), the student-athlete must have a pregnancy test at University Health Services or the Mahan Medical Clinic. Student-athletes with confirmed pregnancy will be encouraged to let her coach know about the situation. If the student-athlete declines to allow information to be released to their coach, any withholding from practice will be explained as an undisclosed illness. The Director of Sports Medicine and team physician will be given information regarding the pregnancy and the future course of action. The team physician will then make a decision regarding the student-athlete’s ability to continue play, weighing the risk for both the student-athlete’s health and ability to maintain the pregnancy. If a student-athlete is permitted to participate in their designated athletics program, a waiver will be drafted and approved by the Florida State University Department of Athletics legal counsel. The team physician will also make any decisions regarding activity status during pregnancy and return to activity following pregnancy outcomes on an individual basis.

Student-athletes participating in athletics during pregnancy can be medically disqualified by their obstetrician and team physician due to the risk of sport participation for the student-athlete and the integrity of the pregnancy. Student-athletes may return to full-activity post-delivery.

It is the policy of the NCAA and Florida State University that no student-athlete’s scholarship status be affected by pregnancy.

Our referring obstetricians:

Gynecology and Obstetrics Associates
Dr. Jana Foresthofel
1402 Centerville Rd.
Suite 4200 Professional Office Building
(850)877-3549

University Health Services- Women’s Clinic
960 Learning Way
Florida State University
Tallahassee, FL 32306-4178
(850)644-4567
Student-Athlete Pregnancy Policy

Student-Athlete Acknowledgement Signature
(to be turned in and kept on file in the athletic training room)

If a student-athlete suspects she is pregnant and she contacts her athletic trainer, coach, or department personnel, diagnostic testing must be done to confirm or rule out a pregnancy. The student-athlete must sign a release of information from the health center in order for results to be given to the staff athletic trainer and team physician. Florida State University will pay for diagnostic testing. All further medical costs due to pregnancy will be incurred by the student-athlete. Each female student-athlete must comply with Florida State University rules and regulations regarding the occurrence of a pregnancy.

Once a pregnancy is confirmed, the student-athlete must have a gynecological exam and a determination must be made as to the stage of the pregnancy. This information will be given to the team physician so that a determination can be made of the student-athlete’s ability to continue their sport. The Director of Sports Medicine will also be notified.

If the student-athlete states that she believes she is pregnant or the athletic trainer believes the student-athlete is pregnant due to signs and symptoms (and the coaching staff is unaware), the student-athlete must have a pregnancy test at University Health Services or the Mahan Medical Clinic. Student-athletes with confirmed pregnancy will be encouraged to let her coach know about the situation. If the student-athlete declines to allow information to be released to their coach, any withholding from practice will be explained as an undisclosed illness. The Director of Sports Medicine and team physician will be given information regarding the pregnancy and the future course of action. The team physician will then make a decision regarding the student-athlete’s ability to continue play, weighing the risk for both the student-athlete’s health and ability to maintain the pregnancy. If a student-athlete is permitted to participate in their designated athletics program, a waiver will be drafted and approved by the Florida State University Department of Athletics legal counsel. The team physician will also make any decisions regarding activity status during pregnancy and return to activity following pregnancy outcomes on an individual basis.

Student-athletes participating in athletics during pregnancy can be medically disqualified by their obstetrician and team physician due to the risk of sport participation for the student-athlete and the integrity of the pregnancy. Student-athletes may return to full-activity post-delivery.

It is the policy of the NCAA and Florida State University that no student-athlete’s scholarship status be affected by pregnancy.

Our referring obstetrician:

Gynecology and Obstetrics Associates
Dr. Jana Forethofel
1402 Centerville Rd.
Suite 4200 Professional Office Building
(850)877-3549

University Health Services- Women’s Clinic
960 Learning Way
Florida State University
Tallahassee, FL 32306-4178
(850)644-4567

I, _____________________________ have read, understand and will abide by the above pregnancy policy.

_____________________________________    __________________
Student-Athlete Signature      Date
TYPE 1 DIABETES

POLICY
The Florida State University will act in accordance with the position statement published by the National Athletic Trainer’s Association (NATA) in 2007. The goal we hope to achieve in the treatment of Type I Diabetes is to maintain blood-glucose levels within a normal range without inducing an unnecessary hypoglycemic event.

PROCEDURE
Preparticipation Physical Exam
Prior to beginning their athletic careers at Florida State University, all student-athletes will undergo a thorough physical exam with a team physician.

- If a student-athlete exhibits signs or symptoms of diabetes he/she will be required to follow the instructions of the team physician and/or Staff Athletic Trainer.
- The team physician and the Staff Athletic Trainer will develop a plan for the treatment of care. The plan may include referral to an endocrinologist, the sports dietician; additional testing deemed necessary, practice limitations and possible nutritional restrictions.
- If the incoming student-athlete has previously been diagnosed with Type I diabetes, the Staff Athletic Trainer will gather previous medical records to present to the team physician for their evaluation. At this time, the team physician may develop a plan of how often they are going to meet with the student-athlete for follow-up.

Diabetic Plan of Care
Upon successful completion of the preparticipation physical, each student-athlete diagnosed with Type I diabetes will have a plan of care devised for practice, home, and away competitions. This plan of care will have input from the team physician, the Staff Athletic Trainer and the sports dietician. The plan will encompass but not limited to the following:

- Glucose monitoring guidelines and recommendations
- Insulin therapy guidelines
- A thorough understanding of any other medications that aid in glycemic control.
- A thorough understanding of signs and symptoms of hyper-/hypo-glycemia for all involved with the student-athlete (i.e., coaches, athletic training students, strength and conditioning staff, etc.)
- Emergency contact information
- It is recommended that a medical alert tag be worn at all times

Athletic Training Kits
The student-athlete is responsible for providing his/her athletic trainer all the necessary supplies to treat a diabetic emergency. The supplies are to be present at each practice and competition. The supplies should include all but are not limited to the following:

- Plan of care
- Blood monitoring equipment and supplies (glucose meter, testing strips and insulin)
- Supplies to treat hypoglycemia (i.e. orange juice, non-diet soda, glucose tablets, etc.)
- Sharps container to discard lancelets or syringes adequately
- Extra batteries for glucose meter or insulin pump

Recognition, Treatment, and Prevention of Hyperglycemic Events
The team athletic trainer and the athletic training students responsible for the care of the student-athlete with Type I diabetes shall be aware and have the responsibility and ability to prevent, recognize and treat episodes of hyperglycemia and hypoglycemia. If exercise or any other activity is seen to elevate the risk or frequency of hyperglycemic events it is recommended that the student-athlete follow-up with the team physician.
Athletic Injury and Glycemic Control

Athletic injuries are an inherent risk to sport. The body responds to such injuries by secreting stress hormones to aid in the healing process. Some of these hormones are the culprits of hyperglycemic states. For student-athletes with Type I diabetes, this can actually hinder the healing process because their hyperglycemic response is an exaggerated one. Diabetic student-athletes should strive to maintain normal glucose levels by constant monitoring and adequate insulin administration. When a student-athlete with Type I diabetes suffers an injury, he/she and the Staff Athletic Trainer should develop a plan for the care of the injury which includes glucose level monitoring.
ASTHMA

POLICY
Asthma is a disorder of the airway characterized by chronic hyper-responsiveness of the bronchi. According to the CDC, 24.6 million Americans or 8.2% of them suffer from Asthma in 2009. In 2007 the World Health Organization reported that 300 million people suffer from asthma worldwide and 250 thousand deaths had been attributed to asthma. The Florida State University Sports Medicine Department aligns itself with the position statement published by the National Athletic Trainer’s Association (NATA) in 2005 in regards to the identification, treatment and follow-up care of student-athletes with asthma.

If a student-athlete has been diagnosed as an asthmatic prior to their arrival at Florida State University, further medical exams will be performed if necessary to make sure that the symptoms are under control and that the medication is correct for that student-athlete. All first-year student-athletes will undergo a thorough pre-participation exam. If signs or symptoms of asthma are found, a more in-depth work-up will be performed to find out the extent of asthma symptoms. Every student-athlete will undergo a physical exam with the team physician on each year of participation. If signs or symptoms of asthma become evident during the academic year, the Staff Athletic Trainer will refer the student-athlete to the team physician for follow-up.

Signs and Symptoms:
• Chest tightness (or chest pain in children)
• Coughing
• Prolonged shortness of breath (dyspnea)
• Wheezing (especially after exercise bouts)
• Performance affected by breathing difficulty
• Use of accessory muscles to breathe
• Dyspnea when exposed to allergens or irritants
• Exercise-induced symptoms
• A well-conditioned athlete who has trouble completing tasks
• Family history of asthma
• Personal history of atopic dermatitis/eczema or hay fever

PROCEDURE
Treatment
After a student-athlete is diagnosed as an asthmatic, an individualized plan of care will be developed by the team physician, Staff Athletic Trainer and student-athlete. The plan should include preventative components and asthmatic episode treatment protocols. The treatment plan should also include the following:
• Scheduled pulmonary spirometry testing
• Periodic pulmonary function test (as needed)
• List of prescriptions used by student-athlete
• Directions for each prescription for asthma
• Plan that takes into account practice dynamics and how to prevent asthmatic episodes during practice and competition
• Plan of attack should an emergency arise

Education
Each student-athlete who is diagnosed with asthma will be educated on the extent of their condition and have an opportunity to ask questions in regard to the condition. The Staff Athletic Trainer and the team physician will educate the student athlete in the proper usage of any medication that is prescribed to them for the control of asthma and how they may interact with other prescriptions they may be on.
Follow-up
Student-athletes that are diagnosed with asthma, and it is being managed properly with infrequent, minor episodes shall follow-up with the team physician at least once a year during the annual pre-participation physical exam. Any student-athlete whose asthma is not under control, having frequent episodes or worsening signs and symptoms shall be referred to the team physician for further examination as soon as possible.