



Sports Medicine Handbook

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1-Sports Medicine Staff

1.1 GENERAL INFORMATION

The Sports Medicine care at Indiana University Purdue University Indianapolis falls under the direct supervision of the team physician and the lead athletic trainer. Certified athletic trainers and graduate student athletic trainers will evaluate injured student-athletes and provide student-athletes with the basic health care needs and direct them to the team physician, nurse practitioner, etc., as necessary.

The role of the athletic trainers is to implement prevention of injury programs, provide immediate care and treatment, and follow rehabilitation procedures for the injured student-athlete as directed by the team physician.

QUICK REFERENCE

A directory located in the Appendix provides contact information for the sports medicine staff, team physicians, and administration, etc.

1.1.1 Facilities

The athletic department primary sports medicine facility is in the following location:

Natatorium Room 105 (Concourse level-south end)

This facility is provided with the professional staff and equipment necessary to provide our student-athletes with the opportunity to receive sports medicine services at the highest possible level.

1.1.2 Hours of Operation

During the **academic year**, the hours of operation of sports medicine facilities are determined on a seasonal basis; generally hours of operation are **9 a.m. to 3 p.m.** Contact the athletic trainer for each sport for information on hours of operation.

During the **summer months**, hours of operation are normally **9 a.m. to 12:00 p.m.**

The Sports Medicine staff will arrive 15 minutes prior to the doors opening to prepare the athletic training room for daily operation (e.g. ice, whirlpool, towels, turning on machines, etc.).

1.1.3 Use of Sports Medicine Facility

Athletic department sports medicine facility is intended for the use of current student-athletes.

1.1.4 Certified Athletic Trainer Assignments

The lead athletic trainer assigns athletic trainers to sports. Assignments are made based on the demands of the sport, seasons of the sport (in-season or out-of-season), catastrophic potential and injury rate, number of student-athletes, and the familiarity of the athletic trainer with the needs of the sport. Ideally, the athletic trainer will have an equal load of in-season and out-of-season sports assignments. The lead athletic trainer will also assign and delegate job duties such as calendar, SIMS, inventory, Dr. visits, daily cleaning checklist, budget, etc. to the Sports Medicine staff and graduate student athletic trainers as deemed necessary.

Graduate student athletic trainers are assigned to sports cooperatively by the associate athletic director and the lead athletic trainer. Assignments are made based on where assistance is most needed. Graduate student athletic trainers generally are Certified Athletic Trainers assigned to a sport throughout the entire sports season.

1.1.5 Sports Medicine Staff Certification/Licensure

The team physician is board certified as a family practice and fellowship trained sports medicine physician and is licensed in the State of Indiana. All professional Sports Medicine Staff members are national ATC (athletic training certified), LAT (licensed athletic trainer in the state of Indiana), professional healthcare provider certified by the American Heart Association, which includes CPR (cardio-pulmonary resuscitation), and AED (automated external defibrillation), and oxygen administration and airway management competencies. All Sports Medicine Staff and graduate student athletic trainers, yearly review updated information regarding OSHA requirements of Blood Pathogens and Other Potentially Infectious Material.

Graduate student athletic trainers are, at the very least, CPR and AED certified. The graduate student athletic trainers will need to sit and pass the national ATC test, BOC, and apply for Indiana State licensure.

All Sports Medicine staff and graduate student athletic trainers will need to have current NATA, CPR, and AED certification, and maintain Indiana State Licensure.

1.2 GOALS AND OBJECTIVES

1. To assure the availability of high quality referrals within a preferred provider system.
2. To assure the availability of comprehensive medical care for all participants in the athletics program.
3. To protect the interests of all parties by assuring that the health status of student-athletes is such that they may practice and compete safely.
4. To provide medical guidance in determining strength and conditioning activities.
5. To maintain a comprehensive health record for each athlete.
6. To be a model sports medicine setting to provide educational experiences for athletic trainers, nurses, medical students, athletic training students, etc.
7. To provide the most current therapeutic/treatment techniques and rehabilitation exercise programs to student-athletes.
8. To provide and review emergency action plans for student athletes at various practice and competition venues.
9. To initiate and develop medical expense cost savings and revenue generation for the athletic department.
10. To provide outreach service to the community and integration with campus.

1.3 STUDENT-ATHLETE SAFETY

The athletic department is committed to providing a safe environment in all athletic facilities in which student-athletes train, practice or compete. Each staff member who is assigned supervisory duties must exhibit a “safety first” commitment by taking the necessary proactive steps when working with student-athletes in athletic facilities.

The following pertinent points regarding safety should be noted:

1. All equipment used by student-athletes for training, practice, or competition must be checked on a regular basis to ensure a high level of safety for the participant(s).

2. Coaches and/or support staff, including the ATC, must provide supervision to their respective student-athletes during all organized and countable (per NCAA rules) activities.
3. If there is a facility issue, which needs to be addressed, coaches and/or support staff, including the ATC, immediately should contact the athletic administrator or facility manager who oversees the facilities.
4. All training, practice, and competition facilities should be secured by coaches and/or support staff, including the ATC, immediately upon completion of use of the facility.
5. All treatment in the athletic training room should be administered by the ATC. **No athlete should be touching or adjusting the machines.**

1.4 PHYSICAL EXAMINATIONS/CLEARANCES FOR ELIGIBILITY CERTIFICATION

To be certified, eligible to practice and compete (including weight training and conditioning activities), all student-athletes must complete a three-part process: academic clearance, compliance clearance, and medical clearance. In order to be medically cleared for eligibility certification, student-athletes must have the following on file in the sports medicine office: a medical history questionnaire, an approved physical examination, a signed authorization for disclosure of health information form, and health insurance information including a copy of their insurance card if applicable. Approval for participation is based on a thorough review of the student athlete's health status.

1.4.1 Scholarship Student-Athletes

Each incoming scholarship student-athlete must arrange a physical examination with the IUPUI Sports Medicine staff and be cleared for participation by the IUPUI physician. The IUPUI athletics department will also request permission to utilize parents' health insurance as primary insurance and have the athlete sign an authorization for disclosure of health information and insurance forms. Before the first practice/competition the athlete will need to take a preseason baseline test with our Immediate Post Concussion Assessment & Cognitive Testing Program (ImPACT).

1.4.2 Recruited Student - Athletes (Non-Tendered)

The recruited student- athlete is non-tendered but was invited to the IUPUI campus on an officially paid visit. If the Office of Compliance can verify this, the Sports Medicine staff will conduct the student athlete's pre-participation physical exam (PPE) with the IUPUI physician. The Health History Questionnaire, authorization for disclosure of health information and insurance forms must be reviewed and on file before the actual physical exam and sport

participation. Before the first practice/competition the athlete will need to take a preseason baseline test with our Immediate Post Concussion Assessment & Cognitive Testing Program (ImPACT).

1.4.3 Walk-On Student Athletes

Each incoming walk-on student-athlete must show proof of physical examination (on the forms provided by the Sports Medicine staff and at the walk-on's own expense) and medical insurance to the IUPUI Sports Medicine staff and be cleared for participation. If the athlete is invited onto the team, then the athlete will need to schedule a pre-participation physical exam (PPE) with the IUPUI physician through the Sports Medicine staff and sign an authorization for disclosure of health information and insurance forms before being released for full participation. Before the first practice/competition the athlete will need to take a preseason baseline test with our Immediate Post Concussion Assessment & Cognitive Testing Program (ImPACT).

1.4.4 Returning Student-Athletes

Each returning student-athlete must complete an annual health review with the IUPUI Sports Medicine staff.

The final decision on physical qualification or reason for rejection shall be the responsibility of the team physician.

The team physician shall have final authority regarding a student athlete's participation in practice and competition following an injury or illness.

1.4.5 Medical Exams for Prospects

The Sports Medicine staff can administer medical exams at any time for prospects who have either signed an NLI or have been officially accepted for enrollment in a regular full-time program of studies at IUPUI provided the exams occur: 1) during an official visit, 2) attendance at summer school, 3) before or after (but not during) a prospect's attendance at orientation, or 4) an unofficial visit to IUPUI (at the prospect's own expense).

1.4.6 Medical Exams for Drug Testing

While it is permissible to conduct medical exams on student-athletes before they sign compliance forms, student-athletes must sign drug testing consent forms prior to being drug tested. Therefore, any incoming student-athletes (freshman, transfers) cannot be tested until they have signed the NCAA, Summit, and institutional drug test consent forms.

1.5 MEDICAL INSURANCE

As permitted by NCAA regulations, IUPUI provides medical coverage for all injuries or illnesses sustained as a result of IUPUI intercollegiate athletics directed practices, competitions, conditioning sessions and team travel. Coordination of benefits will utilize the parent's or student-athlete's own health insurance as the primary insurance coverage (with permission of the parents). IUPUI's coverage is secondary and becomes primary when a student-athlete has no coverage or the student-athlete's coverage is denied. The athletic department will not pay for treatment that has not been pre-authorized by the IUPUI Sports Medicine staff.

Every student-athlete's insurance information must be on file in the athletic training room prior to the student-athlete's participation in any practice (including weight training and conditioning) or competition.

Student-athletes on scholarship are asked to submit proof of insurance (a photocopy of the front and back of the insurance card). While scholarship student-athletes are not required to have or to maintain medical insurance to be eligible for participation, it is strongly suggested that they have and maintain medical insurance. When student-athletes do not have medical insurance, they are encouraged to enroll in the voluntary health coverage plan that is offered by Indiana University Purdue University Indianapolis. This plan would provide coverage of potential non-athletic problems.

Non-scholarship student-athletes must have medical insurance and maintain proof of this insurance coverage to be eligible for intercollegiate athletics participation at Indiana University Purdue University Indianapolis. Proof of insurance (a photocopy of the front and back of the insurance card) must be submitted to the Sports Medicine staff, for that sport prior to any practice (including weight training and conditioning activities) or competition.

IUPUI does not cover medical bills that are for conditions, which are not a direct result of athletic competition participation or voluntary activities to prepare the student-athlete for practice or competition. The athletic department may provide coverage for some diagnostic procedures to determine the safety of participation but will not pay for treatment of non-athletically related injuries or illnesses.

1.6 REPORTING OF INJURIES AND ILLNESSES BY STUDENT-ATHLETES

All illnesses and injuries (including dental injuries) resulting from athletically related participation, which includes athletic department directed practices, competitions, conditioning/weight training sessions and team travel, must be reported as soon as possible to the Sports Medicine staff. Non-athletically related injuries and illnesses should also be reported to the Sports Medicine staff, since the injury or illness may affect future treatment(s) for athletic injuries and/or the student-athlete's ability to participate.

1.7 MEDICAL CARE DURING THE PLAYING SEASON (TRADITIONAL AND NON-TRADITIONAL)

All student-athletes eligible for practice and/or competition at IUPUI are eligible to receive medical care. All injuries, cuts, abrasions, etc. must be reported immediately after practice or competition during the student-athlete's traditional as well as non-traditional seasons. The athletic trainer responsible for the sport will make an evaluation and take the appropriate action of treatment or referral. In the case of illness, student-athletes should inform their respective athletic trainer and let him/her evaluate the problem and refer to the appropriate physician or medical services provider. Appointments should be made through the Sports Medicine staff that provides primary coverage for their respective sports.

1.8 MEDICAL CARE OUTSIDE OF THE PLAYING SEASON

Outside of the playing season (the playing season includes both the traditional and non-traditional segments), the Sports Medicine staff is available for consultation about personal problems and will provide treatment and rehabilitation for injuries, which occurred during the in-season. While student-athletes may consult with the team physician and/or athletic trainer outside of the playing season, the athletic department will provide expenses for medical treatment incurred by a student-athlete only as a result of an athletically related injury (coach supervised practice or competition) or while participating in voluntary physical activities designed to prepare the student-athlete for competition during the academic year.

Outside of the playing season, the Indiana University Family Medicine at OneAmerica Tower, Indiana University Purdue University Indianapolis Health Services Center, Indiana University Hospital, Methodist Hospital or Wishard Memorial Hospital is the source of medical service. Any costs or fees incurred outside of the playing season are the responsibility of the student-athlete.

1.9 MEDICAL CARE OF INELIGIBLE STUDENT-ATHLETES

Student-athletes who are on the team roster but are not practicing or competing due to academic ineligibility and student-athletes who have exhausted their athletic eligibility but are still enrolled at IUPUI may consult with IUPUI Sports Medicine staff. Any medical costs, including but not limited to office visits, prescription medicines, diagnostic work, etc., are the responsibility of the student-athlete unless related to an injury/illness sustained from previous intercollegiate athletics directed sports participation at IUPUI. Non-qualifiers can be seen and treated by the Sports Medicine staff and costs for medical treatments are covered as long as the athlete was injured while preparing for participation in IUPUI athletics.

1.10 MEDICAL CARE OF STUDENT-ATHLETE UPON END OF ATHLETICS PARTICIPATION AT IUPUI

Student-athletes, who have ended their participation in intercollegiate athletics at IUPUI, must schedule exit physical reviews from a Sports Medicine staff member to identify any existing medical injuries or problems. Student-athletes with continuing athletically related medical problem would receive care for up to one year after completion of athletic participation at IUPUI (e.g., surgery, rehabilitation, etc.). Any such care must be coordinated through the IUPUI team physician and athletic trainer of that sport. Otherwise, the athletic department will not be responsible for any charges incurred.

If an injured student-athlete transfers to another institution and participates in athletics or if the student-athlete begins a professional athletic career, IUPUI will, at the time of such participation, be released from any financial responsibility for prior athletically related injuries or illnesses to that student-athlete.

1.11 MEDICAL CARE FOR VISITING STUDENT-ATHLETES

There is an IUPUI Sports Medicine staff on-site at all scheduled intercollegiate events. If a visiting student-athlete is injured or becomes ill while participating in an intercollegiate athletics event, he/she will be afforded the same medical care as any IUPUI student-athlete.

If a team physician or athletic trainer accompanies the injured/ill student-athlete from the visiting institution, then the IUPUI Sports Medicine staff will serve on an “as needed” basis.

If a visiting student-athlete needs treatment while at IUPUI for an athletic event, the IUPUI Sports Medicine staff will provide the treatment with a written note from the student-athlete’s athletic trainer.

1.12 PROVISION OF PRESCRIPTION AND NON-PRESCRIPTION DRUGS TO STUDENT-ATHLETES

The team physician may provide prescription medications to student-athletes only. Over-the-counter (OTC) medications may be provided to student-athletes by any Sports Medicine staff.

If medications provided to a student-athlete are related to athletic participation, the cost of the medication will be submitted to the student-athlete’s insurance company for payment and/or covered by the athletic department.

1.13 REFERRALS AND CONSULTANTS

The athletic department uses a number of medical providers for the care of student-athlete injuries and illnesses. Student-athletes requiring consultation and/or care from a specialist will be referred by the team physician or athletic trainer to an appropriate medical provider. If a student-athlete chooses to go to a medical provider without a referral, the student-athlete assumes full responsibility for all medical costs incurred.

1.14 EMERGENCY ROOM/URGENT CARE FOR STUDENT-ATHLETES

In cases of life threatening illness or injury, student-athletes should call 911 or proceed directly to a hospital or emergency care facility. If the Sports Medicine staff cannot be reached, the student-athlete should proceed to the emergency facility and inform the athletic trainer as soon as possible. In cases of non-life threatening situations, student-athletes should contact the Sports Medicine staff that may then refer the student-athlete to an appropriate medical care provider.

If the student-athlete's condition is not related to athletic participation, all costs incurred are the full responsibility of the student-athlete and/or their own insurance carrier.

1.15 TRANSPORTATION OF STUDENT-ATHLETES TO MEDICAL APPOINTMENTS

Student-athletes with out-of-town medical appointments will be transported to the appointment by the Sports Medicine staff. (Parents may provide this transportation if desired.)

Student-athletes with local medical appointments are responsible for their own transportation unless there are circumstances in which the presence of an athletic trainer is necessary, in which case the athletic trainer may provide transportation for the student-athlete.

The student-athlete will relay all pertinent information back to the athletic trainer after the medical appointment. The athletic trainer may need to call the doctor for more information.

1.16 ON-CAMPUS TRANSPORTATION FOR INJURED STUDENT-ATHLETES

When student-athletes are hindered in their ability to get to class, due to injury, they must assume responsibility to contact the Office of Diversity, Equity & Inclusion in Taylor Hall, room 137 (telephone: 274-3241). Injured student-athletes may purchase temporary on-campus parking permit from the IUPUI Parking Services in the Vermont Garage (274-4232), when they present a note of authorization from the appropriate athletic staff member.

1.17 ADDITIONAL HEALTH CARE SERVICES FOR STUDENT-ATHLETES

1.17.1 Dental Care

The athletic department will be responsible for all dental problems caused by injury while participating in an authorized practice or intercollegiate contest. All dental injuries are to be reported to the Sports Medicine staff assigned to that particular sport during that practice or contest, or immediately thereafter. Routine dental care such as routine examinations, dental cavities, wisdom teeth extractions, etc., is the responsibility of each individual athlete.

1.17.2 Ocular Care

Corrective lenses worn for general use are the responsibility of student-athletes. Corrective lenses will be purchased only for those student-athletes who, in the opinion of the Sports Medicine staff, are in need of visual correction in order to participate in intercollegiate athletics. Eyeglasses worn by student-athletes during training, practice and competition must be safety glasses with shatterproof lenses and frames. Replacement cost of lost or damaged corrective lenses will be furnished by the athletic department only if they are lost or damaged during practice or a game. The loss or breakage of lenses must be reported immediately.

1.17.3 Nutritional Care

Nutritional counseling will be provided to student-athletes on an as- needed basis. Student-athletes may discuss their issues and concerns with their Sports Medicine staff or appointments can be scheduled to see a nutrition/dietician specialist. If a referral to an outside provider is necessary, the athletic department covers the cost incurred.

1.17.4 Psychological Care

Student-athletes in need of emotional and/or psychological services will be referred to appropriate individuals by the Sports Medicine staff or team physician. If a referral to an outside provider is necessary, the athletic department covers the cost incurred.

1.17.5 Birth Control

The athletic department will not cover the cost of birth control pills. The athletic department will also not cover the cost of birth control pills for student-athletes when they have been prescribed by a family physician before the student-athlete enters Indiana University Purdue University Indianapolis (and approved by the team physician), and are prescribed for medical reasons such as menstrual dysfunction or hormonal imbalance.

1.18 SCIENTIFIC STUDIES INVOLVING STUDENT-ATHLETES

The Sports Medicine staff will provide injury data whenever possible for legitimate injury surveys and studies, especially those of the Summit League, NCAA and those conducted by IUPUI.

The Sports Medicine staff will not provide permission to anyone requesting participation of IUPUI student-athletes in any study or research project. Anyone making such a request should follow the normal university procedures for use of human subjects for research purposes. Information on these procedures can be requested from the Human Subjects Compliance Services, Union Building, Room 618 (phone: 274-8288).

Coaches or other athletic department staff members are not to unilaterally agree to allow their student-athletes to participate in any type of study or research project.

1.19 SPORTS MEDICINE STAFF COVERAGE OF ATHLETIC TEAMS AND EVENTS

The lead athletic trainer assigns an athletic trainer and/or a graduate student athletic trainer to athletic teams and events. Home athletic events will be covered as they appear on the season schedule for each sport. The athletic trainer for that sport should be immediately notified by a coach of any changes in the practice and/or competition schedule.

1.19.1 Home Events/Practices

All scheduled home events have an athletic trainer and/or Sports Medicine Doctor/Fellow on site. All practices of traveling sports are covered by a member of the Sports Medicine staff. Practices of non-traveling sports are supervised by the head coach, who reports back to the Sports Medicine staff.

1.19.2 Traveling Sports

The Sports Medicine staff traveling with the team will have medical insurance information, a medical services pre-authorization form available for all student-athletes who are members of the team travel party, and their travel medical kit.

1.19.3 Non-Traveling Sports

The Head Coach traveling with the team will have medical insurance information, a medical services pre-authorization form available for all student-athletes who are members of the team travel party, and a travel medical kit with general supplies (see Appendix). (Medication will NOT be supplied in traveling medical kits)

1.19.4 Conditioning

All conditioning is supervised by Certified Strength and Conditioning Coaches, who work in conjunction with the Sports Medicine Staff with injured athletes.

1.19.5 Summer Workouts

All summer conditioning/workouts will only receive coverage if permitted by NCAA rules and if there is a Certified Strength and Conditioning Coach present for supervision.

1.20 STUDENT-ATHLETE MEDICAL RECORDS

Medical records are kept on all student-athletes. Student-athlete injuries and illnesses are recorded by the Sports Medicine staff and/or graduate student athletic trainers on a daily basis in the Sports Injury Management System (SIMS) computer program. All entries into this system should be contemporaneous.

Student-athlete medical records are stored in the medical file room and are kept for seven years following the completion of the student-athlete's participation in intercollegiate athletics at IUPUI.

Student-athlete medical records will be released only upon receipt of a written authorization form signed by the student-athlete. Records will not be released to administrators, investigators, and professional athletic team representatives, scouting representatives or any other non-medical personnel without the written permission of the student-athlete.

1.21 STUDENT-ATHLETE MEDICAL DOCUMENTATION

The Sports Medicine staff and graduate student athletic trainers will document every injury/problem, treatment, rehabilitation program, progress notes, physician visits, game, practice, weights, scrimmage, open gym, shoot around, etc. for all sports and athletes using Sports Injury Management System (SIMS).

1.21.1 Injury/Problem Report

Every injury/problem will be documented in a full report in SIMS. In the "Description of onset" the report will follow in a SOAP Note or HIPSFLN format, to assist other members of the Sports Medicine team in identifying the athlete's injury history. After the report is complete, the athletic trainer will print and place the copy in the athlete's medical file. (e.g. in Appendix)

1.21.2 Progress Notes

After an injury/problem report is made, the athletic trainer will track the athlete's progress. At least once a week the athletic trainer will update the athlete's status with a progress note stating the date, athlete's progress or lack of progress, and initial. (e.g. in Appendix)

1.21.3 Coach's Report

Everyday a Coach's Report will be sent to all coaches, including the Strength and Conditioning coaches (unless told otherwise by Head Coach) in an email. The report simply states the athlete's status, injury, and any comments specific for conditioning/practice/game. The report should be delivered in an adequate amount of time before practice to allow coaches to make changes, 1 ½ to 2 hours before practice. A phone call should also follow to the appropriate coach to make sure there are no questions. (e.g. in Appendix)

1.21.4 Rehabilitation and Rehabilitation Log

Any rehabilitation done for an injury/problem will be documented daily in SIMS, Injury Maintenance. A rehabilitation log can be made up for the athlete and placed in the first drawer of the two-drawer filing cabinet in his/her respected sports folder. The athlete will fill in the date, check (and/or add comments) for completed exercises, and have an athletic trainer initial for each day. After the athlete has returned to participation or the log is full the rehabilitation log will be placed in the athlete's medical file. (e.g. in Appendix)

1.21.5 Sign-In/Treatment Log

Each athlete is required to sign in and out of the athletic training room for treatment, tape, rehabilitation, etc. The log requires: date, sign-in time and sign-out time, athlete's name, body part, and treatment. (e.g. in Appendix)

At the end of the day the *Treatment Log* will be entered into SIMS; each Sports Medicine staff and graduate student athletic trainer is responsible for their respected sports and will initial next to log indicating the treatment has been entered into SIMS. (The treatments are entered into SIMS to track when, how many times, and what the athlete has been doing for an injury/problem.)

1.21.6 OTC Medication Log

When dispensing OTC medications to athletes or in ATC's travel kit, the Sports Medicine staff will need to log the exchange. The log requires the ATC to report: athlete's name, date, time, sport, OTC drug, amount, and ATC initials. (e.g. in Appendix)

The Sports Medicine staff needs to identify all medicines the athlete is taking, make sure there are no interactions and inform the athlete of all side effects.

NO medications will be provided in the travel medical kits for teams.

1.21.7 Equipment Log

Each Sports Medicine staff or graduate student athletic trainer will need to sign equipment out and in. The log requires: athlete's name, equipment being borrowed, date signed out with ATC initials, and date signed back in with ATC initials. (e.g. in Appendix)

The *Equipment Log* will be revisited at the end of each sport season (fall, winter, spring) to make sure all equipment is returned.

1.21.8 Monthly Athletics Calendar

Each Sports Medicine Staff and graduate student athletic trainer will need to get each month's calendar of practices/games/strength and conditioning/etc. for their respected sports at the beginning of the month and/or season and give a copy to the Sports Medicine staff in charge of putting together the Sports Medicine Monthly Athletic Calendar.

Each athletic trainer is in charge of updating the calendar or providing the changes to the Sports Medicine Staff in charge.

The Sports Medicine Staff and graduate student athletic trainer are responsible for logging their respected sport's practices, games, strength and conditioning, film, etc. in the SIMS calendar each day.

1.22 ATHLETIC TRAINING ROOM PHYSICIAN VISITS

During the school year, the Sports Medicine Fellows will hold office hours in the athletic training room. A member of the Sports Medicine staff will be present and supervising.

If an athlete needs to see the Sports Medicine fellow, he/she will need to talk to their respected ATC to be placed on the list and appropriate information filled out. (e.g. in Appendix)

The Sports Medicine Fellow will fill out a Physician Report (e.g. in Appendix). The supervising Sports Medicine staff will give the report(s) to the respected ATC of the athlete. After the respected ATC has read the report, the report is filled in the athlete's medical file.

1.23 STUDENT-ATHLETE ALCOHOL USE

The student-athlete who consumes alcohol will be accountable for any alcohol-related incident in which he/she is involved. In alcohol-related incidents, the student-athlete is subject to university, athletic department and/or team disciplinary action, as well as any applicable legal actions.

The following policy regarding the use of alcohol is in effect for all student-athletes:

1. The consumption or possession of an alcoholic beverage, in violation of applicable law, on university property, or in the course of a university activity, or student organization activity is prohibited.
2. Consumption of an alcoholic beverage within 48 hours prior to any intercollegiate athletic contest is prohibited.
3. Consumption or possession of an alcoholic beverage during an athletic road trip is prohibited.
4. Consumption or possession of an alcoholic beverage in the presence of a recruited prospective student-athlete during a campus visit is prohibited.
5. Consumption of an alcoholic beverage by a student-athlete is prohibited where the student-athlete serves as a representative of the university at an official function.

1.24 DRUG TESTING OF STUDENT-ATHLETES

The overall goal of the Indiana University Purdue University Indianapolis student-athlete drug-testing program is to promote a year-round drug-free environment in the university's intercollegiate athletics programs. The first priority is the health, welfare and safety of the student-athlete. The athletic department is committed to maintaining a safe and healthy environment where student-athletes can develop academically, athletically and socially to their fullest potential. Part of maintaining that environment is assuring the physical well-being of the student-athletes who participate in the program. (Policy & Procedures in Appendix)

The athletic department feels a responsibility to help achieve and maintain the optimum health of student-athletes in a drug-free environment. Maintenance of a drug-free environment is necessary because of the direct potential harm to the user as well as the potential harm to others caused by acts resulting from impaired judgment. In addition to preventing injury, the athletic department is committed to sound assessment, treatment and rehabilitation from substance abuse.

The student-athlete drug testing policy was adopted by the IUPUI Athletics Committee and is administered by the athletic department. The specific policies and procedures are available in a document entitled "Indiana University Purdue University

Indianapolis Student-Athlete Drug Education, Testing and Treatment Policy.” This document is distributed to all student-athletes at the beginning of each academic year and is also found in the *Indiana University Purdue University Indianapolis Student-Athlete Handbook*. Copies of the document are available through the athletic compliance office.

Per NCAA regulations, student-athletes sign an NCAA drug testing consent form, a Summit League drug testing form, and an IUPUI drug testing consent form as part of the eligibility clearance process. These forms are kept on file in the athletic compliance office.

In addition to the IUPUI drug-testing program, the NCAA and Summit League may also request drug testing of student-athletes as part of their year-round drug testing programs (through the academic semesters and summer) and at championship events.

1.25 SUPPLEMENTS

NCAA legislation controls the type of nutritional supplements, which may be provided to student-athletes. Nutritional supplements, which conform to NCAA regulations, are available to student-athletes for specific health or medical purposes. IUPUI Athletics (coaches, strength/conditioning, athletic trainers, etc.) will provide no supplements to IUPUI student-athletes unless the supplement label has been provided to the compliance office or sports medicine and has received approval from the NCAA. The following supplements are permissible according to the NCAA: 1) vitamins and minerals, 2) energy bars, 3) calorie replacement drinks (e.g., Boost, Ensure, and Gatorade Nutritional Shakes), and 4) electrolyte replacement drinks (Gatorade, PowerAde). No other supplements are provided by sports medicine staff to student-athletes. Although a product may be listed as a non-permissible supplement that an institution may not provide to a student-athlete, this does not mean the supplement/substance in question is also on the banned drug test. The supplement/substance in question must be approved by the Sports Medicine staff and/or the compliance office first to make sure it is not on the NCAA's banned drug list.

A supplement that contains protein may be classified as a non-muscle building supplement provided it is included in one of the four permissible categories, does not contain more than 30 percent of its calories from protein, and does not contain additional ingredients that are designed to assist in the muscle building process. Nutritional supplements containing more than 30 percent of their calories from protein are classified as muscle building supplements and may not be provided to IUPUI student-athletes.

Nutritional/dietary supplements are not strictly regulated by the FDA and may contain NCAA banned substances, which may cause student-athletes to test positive for banned substances. Therefore, student-athletes should always consult with the sports medicine staff before taking any nutritional supplement. Information on nutritional

substances may be found online at www.drugfreesports.com/rec, using the password [ncaa1](#).

1.26 SICKLE CELL TRAIT POLICY

Sickle cell trait is not a disease. It is a condition whereby an individual has one inherited gene for normal hemoglobin and one inherited gene for sickle hemoglobin. Sickle cell trait is not a barrier to high-level athletic performance. However, during intense or extensive exertion, red blood cells can change shape and cause an “exertional sickling” episode which can pose a serious risk for some athletes. Anyone can have the trait, but people at *high risk* for having sickle cell trait are those either directly from or with ancestors from: Africa, South or Central America, Caribbean, Mediterranean countries, India, and Saudi Arabia. Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent exertional sickling episodes. Thus, the Sports Medicine Department will screen to investigate sickle cell trait status in student athletes during pre-participation physical examinations and health reviews. (Policy & Procedures in Appendix)

1.27 ADD/ADHD POLICY

Indiana University Purdue University Indianapolis Sports Medicine is committed to providing optimal and ethical care to our student athletes. Concerns in the medical field have surfaced about over diagnosis and misdiagnosis of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). Some of the concerns are the lack of empirically validated criteria for diagnosis and the potential for acute and permanently debilitating side effects of stimulant medication prescribed to treat the condition (the FDA requires the most serious type of warning label for these drugs and they are monitored by the DEA). Additionally, stimulant medications (i.e. Adderall, Ritalin, and Concerta) might actually worsen conditions that masquerade as ADD/ADHD such as depression, anxiety, behavioral problems and addiction.

Stimulant medications are BANNED SUBSTANCES by the NCAA and Summit League for athletic competition without “appropriate documentation.” **The NCAA is increasing its documentation requirements to include proof of formalized testing that confirms the diagnose ADD/ADHD for student-athletes to be allowed stimulant medication.** Furthermore, non-approved use of stimulant medication can fall under both the illicit street drug AND performance enhancing substance categories depending on the testing organization. The NCAA and Summit League test for stimulant medication in their respective Year Round Performance Enhancing Drug Testing Programs. Generally, penalties for performance enhancing drugs are more severe. Stimulant medications are strictly prohibited in Olympic and most International competitions.

Indiana University Purdue University Indianapolis Athletics procedures for ADD/ADHD (including medication management) are as follows:

Student-Athlete First-Time or New Evaluation:

1. Referred to Counseling and Psychological Services (CAPS) at the Indiana University Purdue University Indianapolis Health Services Center (IUHSC) or the team physician for an appropriate screening process.
2. Based on the preliminary screening, the athlete may be referred to a CAPS psychiatrist or the team physician for appropriate medical management of ADD/ADHD.
3. Prescriptions for medication will be written by the CAPS psychiatrist or team physician and the ***athlete will be responsible for the cost of the medication.*** The athlete will NOT obtain their prescriptions for stimulant medication from the IUPUI Sports Medicine Department.
4. All documentation of testing and medication use should be provided to the team physician to keep in the student-athlete's medical record.

Incoming or Returning Student-Athlete with a diagnosis of ADD/ADHD already taking prescribed stimulants:

1. Must submit documentation of appropriate testing to the Sports Medicine Staff and IUPUI Compliance Office to keep in the student-athlete's medical record.
 - Assessment tools:
 - Comprehensive Clinical Evaluation
 - Recording of Observations
 - Results from ADD/ADHD Rating Scales
 - Physical Exam
 - Any Lab Work
 - Statement of diagnosis and date confirmed
 - Statement of recommended treatment
 - History of ADD/ADHD treatments (previous and ongoing)
 - Statement that a non-banned ADD/ADHD alternative has been considered
 - Statement regarding follow-up and monitoring visits
 - Copy of current prescription
 - Documentation must be submitted to the IUPUI Compliance Office prior to beginning practice activities
 - Student-athletes will be required to provide documentation of an annual follow-up with the prescribing physician is the minimum standard, and that can be reflected in a letter from the physician or a copy of the medical record, with written indication of the current treatment each year of their eligibility.
2. Will be referred to CAPS at the IUHSC or team physician for stimulant medication prescriptions while the athlete is on campus OR the athlete may continue to get prescriptions from the original prescribing physician at home. In either case, the ***athlete will be responsible for the cost of the medication.*** The athlete will NOT obtain their prescriptions for stimulant medication from the IUPUI Sports Medicine Department.

1.28 CONCUSSION MANAGEMENT

To assist in the management of concussions and the safe return-to-play for athletes at IUPUI, a policy was developed. ****NOTE: A multifaceted approach to concussion management is suggested. As a result, the information provided by this protocol and the tools it references should be taken into consideration on a case-by-case basis, with an emphasis on “the whole picture.” Therefore, in certain cases, modifications to this protocol may be deemed appropriate by the Sports Medicine staff.**

Entitles To Whom This Policy Applies: IUPUI Sports Medicine Staff, Student-Athletes, Team Physicians, Graduate Assistant Student Athletic Trainers, and First Responders.

Purpose: To develop an articulate and thorough method for the recognition, evaluation, and management of student-athletes who have sustained a concussion. More specifically, to:

- a) Ensure the proper diagnosis and management of concussions;
- b) Prevent second-impact syndrome, which results when a second concussion is sustained while an individual is still recovering from an earlier concussion and which may cause permanent brain damage or even death; and
- c) Monitor student-athletes' recuperation in hopes of preventing prolonged recovery or permanent disability.

Evaluation Tools Utilized: Including, but not limited to: (a) physical examination (SCAT); (b) symptom evaluation (Concussion Symptom Evaluation); (c) neuropsychological testing (ImPACT); (d) postural-stability testing (BESS) and (e) imaging, if directed by the attending Physician.

Definition: According to the 3rd International Conference on Concussion in Sport (Zurich, 2008):

Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathologic, 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 neurologic function that resolves spontaneously.
3. Concussion may result in neuropathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion results in a graded 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 a small percentage of cases however, post-concussive symptoms may be prolonged.

5. No abnormality on standard structural neuroimaging studies is seen in concussion.

No two concussions are the same, even for a single athlete. As a result, at the time of injury, it is impossible to predict the duration and severity of symptoms that athlete will experience. For this reason, it has been recommended that the severity of a concussion should not be graded until all symptoms have resolved. (Policy & Procedures in Appendix)

1.29 MRSA POLICY & PROCEDURES

(Policy and Procedures in Appendix)

1.30 BLOOD BOURNE PATHOGEN POLICY & PROCEDURE

(Policy and Procedures in Appendix)

1.31 EMERGENCY ACTION PLAN (EAP)

(Policy and Procedures in Appendix)

1.32 CATASTROPHIC EMERGENCY ACTION PLAN (CEAP)

(Policy and Procedures in Appendix)

1.33 INCLEMENT WEATHER/LIGHTNING POLICY & PROCEDURES

(Policy and Procedures in Appendix)

1.34 CLEANIG POLICY & PROCEDURES

(Policy and Procedures in Appendix)

1.35 ATHLETIC TRAINING ROOM RULES (Also in Appendix)

1. All athletes must check-in with the Sports Medicine staff on duty prior to any treatment being provided.
2. All athletes must sign in at the front desk prior to treatments.
3. No cleats, spikes, or athlete equipment bags are allowed in the athletic training room.
4. No food or drinks are allowed in the athletic training room.
5. No chewing tobacco or any use of such substance is allowed at any time.
6. Proper attire must be worn at all times in the athletic training room. Shoes and shirts required.
7. No shoes are allowed on the athletic training room table.
8. No cell phones are allowed in the training room.
9. No loitering! The athletic training room is not a lounge. Get your treatment and leave to make room for others.
10. Clean up after yourself!
11. No removal of supplies or equipment from the athletic training room without permission from the Sports Medicine staff.
12. Excessive vulgar language and horseplay will not be tolerated.

13. All athletes must shower prior to using the athletic training room and the whirlpools.
14. Athletes will not touch or adjust the modalities used in the athletic training room.
15. Athletes will not go into the refrigerator or staff office unless they are instructed to do so.
16. All athletes will treat all Sports Medicine staff and graduate assistants with respect at all times.

The use of the athletic training facilities by IUPUI student athletes is a privilege; it can be revoked if necessary.

1.36 ATHLETIC TRAINING ROOM DRESS CODE (Also in Appendix)

All Sports Medicine staff and graduate student athletic trainers are expected to dress appropriately and professionally at all times when they are in the athletic training room and when representing the Indiana University Purdue University Indianapolis Athletics. Staff and students should present themselves as a health care professional by being neatly groomed and wearing clothes that are clean and neat. The following is a list of what can and cannot be worn in the athletic training room, and when representing Indiana University Purdue University Indianapolis Athletics.

- A collared polo shirt, t-shirt, or sweatshirt with the IUPUI logo or plain in IUPUI colors.
- Dress shorts or slacks (khaki, gray or black). Shorts must be of an appropriate length and have hemmed edges (denim shorts are prohibited).
- Outdoor weather gear may be worn when appropriate but must conform to previously described colors and logo.
- Sneakers and dress shoes that are clean and functional to perform their duties in the athletic training room, at practice and games.
- No hats are allowed to be worn in the athletic training room.
- Socks should be clean and worn at all times.
- While traveling with an IUPUI athletic team, attire should be that of the team or sports medicine staff.
- All facial hair should be neatly groomed.
- Make-up must be worn in the manner representative of a health care professional.
- Earrings must be of the stud type or not hang farther than 1 inch from the ear lobe.
- Jewelry worn anywhere else on the face is prohibited (i.e., nose ring) unless for religious reasons.
- All forms of advertisements (i.e., logos on hats, words on a shirt) that may be construed as unprofessional are prohibited.
- The IUPUI staff/faculty reserves the right to address other dress code issues not previously mentioned as they arise.

1.37 BOC STANDARDS
(Policy and Procedures in Appendix)

1.38 NATA CODE OF ETHICS
(Policy and Procedures in Appendix)

2 - Graduate Assistants

2.1 GENERAL INFORMATION

The Sports Medicine assistantship at Indiana University Purdue University Indianapolis falls under the direct supervision of the team physician and the lead athletic trainer. Certified athletic trainers and graduate student athletic trainers will evaluate injured student-athletes and provide student-athletes with the basic health care needs and direct them to the team physician, nurse practitioner, etc., as necessary.

The role of the athletic trainers is to implement prevention of injury programs, provide immediate care and treatment, and follow rehabilitation procedures for the injured student-athlete as directed by the team physician.

Quick Reference

The information provided is subject to change and will be updated accordingly each year.

2.1.1 Tuition

A full tuition waiver is provided. *(IUPUI will ONLY cover the cost of 9 credit hours per semester.)*

2.1.2 Fees

All student fees, Indiana state licensure, and NATA dues, and will be covered through the IUPUI Athletics Department.

2.1.3 Books

The graduate student athletic trainer will need to give a list of necessary course books to Denise O'Grady, IUPUI Athletics Associate AD for Academics, and she will purchase the books. *(IUPUI Athletics will ONLY cover up to \$500.00 in book costs.)*

2.1.4 Stipend

A \$9,000/year stipend is provided.

2.1.5 Health Insurance

While the graduate student athletic trainer is fulfilling his/her assistantship student health insurance will be provided by IUPUI Athletics Department, Aetna Student Health. For more information go to <http://www.indiana.edu/~uhrs/benefits/student-saa-0910.html>

2.1.6 Contract Start & End Dates/Renewal

Normally, contract start/end dates are as follows: **10 month contract, August 1-June 1**. Please note that these dates are subject to change annually.

Being a GA at Indiana University Purdue University Indianapolis is a privilege. You have been awarded acceptance into the assistantship because of previous actions and achievements. Requirements to remain a GA include remaining in good standing at your assistantship site, with your coursework, and degree progress. Good standing as a graduate student athletic trainer is continuously evaluated.

Possible reasons for termination of assistantship/expulsion include:

- Not fulfilling job requirements (e.g., behavior detrimental to IUPUI Intercollegiate Athletics program or contrary to NATA Code of Ethics).
- Not maintaining athletic training certification or license.
- Lack of progress toward degree and/or graduation (e.g., not taking or failing to take courses in a timely manner).

Disciplinary action:

- 1st offense **may be** met with a letter indicating probationary status for his/her current semester at IUPUI and/or meeting with the assistantship supervisor and/or associate athletic director.
- 2nd offense **may be** met with a letter indicating probationary status for the remainder of his/her assistantship at IUPUI and/or meeting with the assistantship supervisor and /or associate athletic director or may be terminated from the assistantship.
- 3rd offense **will** result in hi/her expulsion from the assistantship.

2.1.7 Sport Assignments

Graduate student athletic trainers are assigned to sports cooperatively by the associate athletic director and the lead athletic trainer. Assignments are made based on where assistance is most needed. Graduate student athletic trainers generally are Certified Athletic Trainers assigned to a sport throughout the entire sports season.

Graduate student athletic trainers are, at the very least, CPR and AED certified. The graduate student athletic trainers will need to sit and pass the national ATC test, BOC, and apply for Indiana State licensure.

All Sports Medicine staff and graduate student athletic trainers will need to have current NATA, CPR, and AED certification, and maintain Indiana State Licensure.

2.2 ACADEMIC

2.2.1 Possible Master Degrees

Possible Graduate Degrees but are not limited to the following:

1. Health Administration (51 hrs)
2. Public Health (45 hrs)
 - 2.1.1. Epidemiology
 - 2.1.2. Health Policy & Management
 - 2.1.3. Social & Behavioral Health Science
3. Physical Education (50 hrs)
 - 3.1.1. Exercise Science
 - 3.1.2. Teaching

2.2.2 Class Schedule

The GA should try at best to schedule classes around practice times. He/she will also turn in his/her class schedule to the assistantship supervisor and post his/her schedule in the ATR offices.

2.2.3 Grades

The GA must have a minimum cumulative grade point average of 2.5. He/she will turn in grades to the assistantship supervisor and/or IUPUI Athletics academic advisor at the end of each semester, to insure progress towards degree and fulfillment of curriculum.

2.3 CLINICAL EXPERIENCE

2.3.1 Recording Hours

Each GA in this assistantship has a contract for **a minimum of 30 hours per week**. Graduate student athletic trainer may work more than 30 hours in one week, but it will be counter-balanced in another week. In order to ensure that this is maintained, each student must communicate with his or her assistantship supervisor in the beginning of each school year or semester to discuss coverage. During this meeting, a schedule should be developed in which, over the course of the contract dates, there is a minimum of 30 hours worked per week. Supervisors at each site are aware of this policy. **It is important to note that these schedules should be loosely written and students should be prepared to work different days/times depending on the changing needs of the workplace (e.g., playoff coverage).** Students should document hours and provide them to the assistantship supervisor biweekly/monthly.

2.3.2 Monthly Educational In-service

Once a month the Sports Medicine staff will meet for approximately hour to do an educational in-service (e.g. spine boarding, new techniques, rehabilitation exercises, etc.)

2.3.3 Athletic Training Room Hours

The GA will be required to work at least two mornings a week their first year, determined at a later date by assistantship supervisor and ***subject to change***. **As a second year, the GA will be required to work at least three mornings a week.** The GA may volunteer to work more at any time, as long as he/she is fulfilling his/her assistantship duties and academic requirements. He/she will be asked to be in the ATR 1½ hours prior to practice for setup and treatment. He/she will also be asked remain after practice for as long as deemed necessary for tear-down/clean-up and post-treatments. The GA may be asked to assist in drug testing.

2.3.4 Travel

The GA is required to travel with his/her respected team(s) on away game(s)/trip(s). If the GA is missing class he/she will need to acquire the proper documentation from his/her IUPUI Athletics academic advisor to present to teachers. He/she will need stay on top of their homework load while traveling.

2.3.5 Time Off

It is the GA's responsibility to ensure coverage in the event of class conflicts, illness or other emergency; you will need to e-mail the assistantship supervisor and/or Sports Medicine staff with a detailed e-mail complete with dates, times, and location in advance to insure coverage of your event. The assistantship supervisor cannot guarantee coverage. In the event of alternate coverage, please contact your coach and let them know the details of who is covering, when and why.

2.3.6 Clinical Experience Evaluation

The GA will sit down with the assistantship supervisor at the end of each semester for an evaluation of their athletic training clinical experience. (e.g. in Appendix)

2.3.7 Policy & Procedure Commitment Form

The GA will sign the Policy & Procedures Commitment Form stating he/she understands and will abide by rules. Failure to do so will result in disciplinary action.

Appendix

Staff Directory

IUPUI ATHLETIC TRAINING ROOM
901 W. NEW YORK ST.
INDIANAPOLIS, IN 46202
FAX: 317.278.5245

LEAD ATHLETIC TRAINER
KYLE TORGERSON, M.ED., ATC
OFFICE: 317.278.5237
CELL: 317.250.0591
EMAIL: KTORGERS@IUPUI.EDU

ASSISTANT ATHLETIC TRAINER
ANDREW BIEBER, M.S., ATC
OFFICE: 317.274.7153
CELL: 614.323.5097
EMAIL: ABIEBER@IUPUI.EDU

ASSISTANT ATHLETIC TRAINER
JESSICA SCHAEFER, M.S., ATC
OFFICE: 317.278.8645
CELL: 812.686.0973
EMAIL: JSCHAEFE@IUPUI.EDU

ATHLETIC TRAINING ROOM
OFFICE: 317.274.5150

TEAM PHYSICIAN
DR. KEVIN GEBKE, MD
IU FAMILY MEDICINE @ ONEAMERICA TOWER
ONE AMERICAN SQUARE SUITE #185
INDIANAPOLIS, IN 46282
MAIN PHONE: 317.278.6161
CELL: 317.313.6589
PAGER: 317.312.2466
FAX: 317.638.0678
EMAIL: KGEBKE@IUPUI.EDU

TEAM ORTHOPEDIC SURGEON
DR. ARTHUR RETTIG, MD
METHODIST SPORTS MEDICINE
201 PENNSYLVANIA PARKWAY, SUITE #200
INDIANAPOLIS, IN 46280
MAIN PHONE: 317.817.1200 EXT. 5009
ELLEN: 317.817.1243
CRYSTAL: 317.817.1286
TEAM DENTIST

DR. EDWARD DESCHEPPER, DDS
IU SCHOOL OF DENTISTRY
1121 W. MICHIGAN ST, 3RD FLOOR
INDIANAPOLIS, IN 46202
MAIN PHONE: 317.274.5628
OFFICE PHONE: 317.274.5331
CELL: 317.529.5996

TEAM OPTOMETRIST
DR. BRAD SUTTON, OD
IU SCHOOL OF OPTOMETRY
INDY EYE CARE CENTER
501 INDIANA AVE., SUITE #100
INDIANAPOLIS, IN 46202
MAIN PHONE: 317.321.1470
FAX: 317.321.1475
EMAIL: BR Sutton@INDIANA.EDU

IU HOSPITAL
550 N. UNIVERSITY BLVD.
INDIANAPOLIS, IN 46202
PHONE: 317.274.4705

METHODIST HOSPITAL
1633 N. CAPITAL AVE.
INDIANAPOLIS, IN 46202
PHONE: 317.962.8355

WISHARD MEMORIAL HOSPITAL
1002 WISHARD BLVD.
INDIANAPOLIS, IN 46202
PHONE: 317.639.6641

IUPUI HEALTH SERVICES CENTER
COLEMAN HALL
1140 W. MICHIGAN ST.
INDIANAPOLIS, IN 46202
MAIN PHONE: 317.274.8214
FAX: 317.274.7657

Staff Directory

1000 WATERWAY BLVD. ADMINISTRATION:

DIRECTOR OF ATHLETICS

MIKE MOORE

OFFICE: 317.278.5205

EMAIL: MMOORE1@IUPUI.EDU

ASSOCIATE AD/SWA

ANGIE TORAIN

OFFICE: 317.274.4549

EMAIL: ATORAIN@IUPUI.EDU

ADMINISTRATIVE ASSISTANT

JANE GOERGEN

OFFICE: 317.278.2599

EMAIL: JPHOLDER@IUPUI.EDU

ASSISTANT AD FOR COMPLIANCE

LAUREN GEIGER

OFFICE: 317.278.4110

EMAIL: LMGEIGER@IUPUI.EDU

BUSINESS MANAGER

BYRON CLARK

OFFICE: 317.278.5229

EMAIL: BKCLARK@IUPUI.EDU

ASSOCIATE AD FOR EXTERNAL AFFAIRS

JOHN RASMUSSEN

OFFICE: 317.274.5453

EMAIL: JRRASMUS@IUPUI.EDU

ASSOCIATE AD OF ACADEMICS

DENISE O'GRADY

OFFICE: 317.278.1648

EMAIL: DOGRADY@IUPUI.EDU

ACADEMIC ADVISOR

JAMES CARPENTER

OFFICE: 317.278.9791

EMAIL: JAMECARP@IUPUI.EDU

ACADEMIC ADVISOR

GEORGE DAVIS

OFFICE: 317.278.0349

EMAIL: GWDAVIS@IUPUI.EDU

NIFS ORGANIZATION:

HEAD STRENGTH & CONDITIONING COACH

CHAD ODAFFER

OFFICE: 317.274.3432 EXT. 220

CELL: 317.441.6603

EMAIL: CODAFFER@NIFS.ORG

STRENGTH & CONDITIONING COACH

JEREMIAH MARKS

OFFICE: 317.274.3432 EXT. 403

CELL: 630.605.9992

EMAIL: JMARKS@NIFS.ORG

STRENGTH & CONDITIONING COACH

MIKE BLUME

OFFICE: 317.274.3432 EXT. 401

CELL: 812.322.1352

EMAIL: MBLUME@NIFS.ORG

Travel Medical Kit Supplies

TAPE

1 1/2" Zonas	10
1" Zonas	2
1/2" Zonas	2
3" Elastikon	1
2" Elastikon	1
1" Elastikon	1
3" Jaylastic	3
2" Jaylastic	4
3" Powerflex	3
2" Powerflex	4
Coverl Roll	1 Small Roll
Heel & Lace Pads	25 pairs
PreWrap	3
Vaseline	1 Tube
Tuf-Skin Tape Adherent	1

ACE WRAPS

Double 6"	1
Single 6'	1
Single 4"	1

Contacts

Renu Mult Purpose Solution	1
Renu Lubricating/Rewetting Drops	1
Eye Wash	1

BAND-AIDS & WOUND CARE

Regular	20
4-Wing	20
Knuckle	20
Small Digit	10
Large Digit	10
Telfa	10
Peroxide	1 Small Spray Bottle
Providence Pads	20
Alcohol Pads	20
Alcohol	1 Small Spray Bottle
Gloves	10 Pairs
Sterile Gauze 3x3	25
Bio Bags	10
Bacitracin	20
Anti-Fungal	20
Hydrocortisone	20
Triple Antibiotic	20
Nose Plugs	1 Bind
Burn Spray	1 Small Spray Bottle
Sting Spray (Outdoor)	1 Small Spray Bottle
Blood Buster	1 Small Spray Bottle

Miscellaneous

Hand Sanitizer	1
Kleenex	1
Cotton Tip Appl.	20
Tongue Depressors	20
Flex-All	1 Small Bottle
EMT Scissors	1
Sunblock (Outdoor)	1
CPR Micro Shield	1
Nail Clippers	1 each size
Flexi Wrap	1
Ice Bags	40
Cups	1/2 Sleeve
Tampons	1 Box
Baby Powder	1
Lotion	1
EMT Toothsaver	1
Pocket Mirror	1

Injury/Illness Report

Patella Tendinitis (Chronic)

Clinical impressions: **Patella Tendinitis (Chronic)**

Side: **Both** Reinjury: **No**

Onset date: **12/8/2009** Closed: **4/15/2010**

Return date: **12/8/2009** Days missed: **0**

Description of onset: **12/08/2009**

S: Athlete has been diagnosed with patellofemoral pain in B knees. He has never done formal therapy for his condition. He complains of pain on the anterior aspect of the knee while walking, running, ascending and descending stairs, squatting, and landing in basketball.

O: No swelling. No bruising. No deformity. Pain on the inferior border of the patella or when the patella is compressed within the femoral groove while the knee is passively FLEX and EXT. Hip ROM: Decreased FLEX/EXT and IR/ER WNL. Knee ROM: Decreased EXT/FLEX and IR/ER WNL. Patellar grind test (+). Pronation on B feet.

A: Possible Bilateral Patellar tendinopathy, R knee worse.

P: Athlete has orthotics. Strengthening VMO, hamstring eccentrics, and flexibility. J. Schaefer, ATC

Onset Details

Team when injured: **IUPUI Men's Basketball**

Athlete's position: **Guard**

Activity: **Regular practice**

Activity segment: **Post-game/Post-practice**

Athlete's action: **Unknown**

Team's action: **Unknown**

Primary mechanism: **Overuse**

Nature of injury: **Chronic history**

Initial Response

Tests: **Evaluation, ROM, Special Tests, Palpation Exams**

Management:

Seen by: **Schaefer, MS, ATC, Jessica L.**

Action taken: **Participation**

Referred to:

Notes:

Initial Assessment

Strength: **Normal**

Swelling: **No swelling**

Range of motion: **Normal**

Pain: **5/10**

Instability: **Normal**

Functional level: **90 %**

Notes/Plan: **Progress notes in SIMS. J. Schaefer, ATC**

Problem Report

Groin strain

Problem: Groin strain

Side: Left

Onset date: 7/12/2010

Discharged: No

Reported by athlete: 7/13/2010

Description of onset: S: Athlete c/o sharp pl when playing defense, cutting, or pushing off on his L grion. He stated that it's been tight and it keeps getting worse and the pl has increased to a 7/10.
O: No swelling. No deformity. No bruising. AROM WNL. PROM: ER PI RROM: Decreased ER/FLEX/ABD. Athlete has decreased gluteus medius strength. Athlete has general hamstring/groin/quad tightness. Trendelenburg (+) Thomas (+) Kendall (-) Nobles (-) Obers (-) Faber's (+).
A: Possible L Groin Strain.
P: Stretching, icing, foam roll, e-stim for pl Athlete will start strengthening the hip complex and a stretching program. J. Schaefer, ATC

Injury Maintenance

IUPUI Men's Basketball

03/21/10 through 04/07/10

Right Abdomen, general stress		Onset: 03/21/10	Return: 04/07/10
Date	Details	Function	Notes
Initial	Evaluation Blood Work-up CT	75%	Progress notes in SIMS. J. Schaefer
03/21/10 03:30 AM		75%	Progress notes in SIMS. J. Schaefer 3/21/2010 Athlete went into surgery at 10PM was out of surgery and in the recovery room at 2:30AM. Surgeon stated that his appendix was very bad looking. Over half of it was infected and he had a small hole that was perforating. She stated we caught it early enough that there was not much contamination. Otherwise the surgery went well and he will recover well. J. Schaefer, ATC
03/22/10 09:00 PM		75%	Progress notes in SIMS. J. Schaefer 3/21/2010 Athlete went into surgery at 10PM was out of surgery and in the recovery room at 2:30AM. Surgeon stated that his appendix was very bad looking. Over half of it was infected and he had a small hole that was perforating. She stated we caught it early enough that there was not much contamination. Otherwise the surgery went well and he will recover well. J. Schaefer, ATC 3/22/2010 Athlete was doing very well this morning. He got up and took a lap around the floor and was eating well. He was released at 3PM. His mom took him home. Athlete did come to the basketball game. He sat in the stands. He stated he was tired and sore but otherwise good. J. Schaefer, ATC
03/23/10 09:00 AM		75%	Progress notes in SIMS. J. Schaefer 3/21/2010 Athlete went into surgery at 10PM was out of surgery and in the recovery room at 2:30AM. Surgeon stated that his appendix was very bad looking. Over half of it was infected and he had a small hole that was perforating. She stated we caught it early enough that there was not much contamination. Otherwise the surgery went well and he will recover well. J. Schaefer, ATC 3/23/2010 Athlete was doing very well this morning. He got up and took a lap around the floor and was eating well.

Coach's Report

Sunday, July 18, 2010

<u>Name</u>	<u>Participation Status</u>	<u>Side</u>	<u>Injury</u>	<u>Comments</u>
	Full participation	Left	Ankle Anterior Talo-Fibular Sprain 1 Deg	
	Full participation	Both	Patella Tendinitis Inferior Pole (Chronic)	
	Full participation	Left	Ankle Anterior Talo-Fibular Sprain 1 Deg	
		Right	Ankle Achilles Tenosynovitis-Tendinitis	
	No practice: Injured	Left	Foot Fracture/5th Metatarsal/Base	
		Right	Foot Fracture/5th Metatarsal/Base	Athlete is back in a boot until Dr. Gebke releases him. No date has been given for release.
		Both	Patella Tendinitis/Inferior Pole	

IUPUI

[illegible]

Initial Injury Date: _____

ATHLETES - Sign in and fill in all that apply

IUPUI		athletic training	
Date	Time In	Time Out	
			Name
			Sport
			Left
			Right
			Body Part
			Evaluation
			Rehab
			Tape
			Band-Aid
			Stretch
			E-Stim
			Ultrasound
			Heat
			Ice
			Whirlpool
			ATC Seeing
			ATC Initial

Equipment Log

[illegible]

Medicine Log

[illegible]

Physician Sign In Sheet

Physician: _____ Date: _____

ATC Supervising: _____

[illegible]

Time of last athlete appointment: _____



IU Center for
Sports Medicine

Dr. Kevin Gebke

Dr. Tamika Dawson
Dr. Vijay Jotwani

Dr. Meena Garg
Dr. Paul Reehal

Physician Evaluation Form

Name: _____ Sport: _____ Date: _____

Illness: _____ Injury: _____ Date of Injury: _____ Injured Area: _____

History/Mechanism: _____

Observation: _____

Assessment: _____

Plan: _____

Medications: _____

Additional Tests: _____

Referral: _____

MD Signature: _____ Date: _____

Indiana University-Purdue University Indianapolis Drug and Alcohol Education and Testing Program For Student-Athletes

Reviewed and Revised July 2009

2009 – 10 Academic Year

This program and its sanctions are independent of the NCAA Drug Testing Program.

Student-athletes are free to refuse to consent to drug testing under this Program. However, student-athletes who decline participation in the Program, which is designed to protect the health and welfare of the student-athlete, will not be permitted to participate in intercollegiate athletics for IUPUI and will result in loss of financial aid.

A student-athlete who fails to submit to drug testing as provided in this Program, after initially consenting to such testing, shall be considered to have made a decision not to participate in the Program and will be immediately eliminated from all athletic activity, and will result in loss of financial aid.

This policy is not to be construed as a contract between the university and the student-athletes at IUPUI. However, signed consent and notification forms shall be considered affirmation of the student-athlete's agreement to the terms and conditions contained in this policy and shall be a legal contractual obligation of the student-athlete.

I. INTRODUCTION

The overall goal of Indiana University-Purdue University Indianapolis (IUPUI) Drug and Alcohol Education and Testing Program (Program) is to promote a year-round drug free environment in the IUPUI athletic program. Within the overall goal are the following objectives:

- To protect the health, safety and welfare of the student-athlete;
- To address, identify and treat student-athletes' problems and concerns surrounding drug use, alcohol consumption and their abuses;
- To inform and educate the student-athlete, and others associated with athletic teams about drugs and alcohol, and the effects of their use/abuse;
- To protect the institution's integrity; and
- To seek to maintain "fair play" in intercollegiate athletics by IUPUI athletes.

For the purposes of this program, a student-athlete shall be defined as any individual who is listed on an NCAA Squad List.

The first priority of IUPUI's program is the student-athlete's health, safety and welfare. The approach is from a medical perspective with an emphasis on prevention, diagnosis, treatment and rehabilitation of all student-athletes participating in the intercollegiate athletic program at IUPUI.

The program focuses on four concerns to ensure the health of the student-athlete. One focus is on substances commonly believed to be “performance enhancing” drugs, so that the student-athlete will not feel compelled to take these health-endangering substances in order to feel that they are competitive.

The second focus is on the use of “street drugs” because of their potential for addiction, which could impair the physical and mental well being of the student-athlete. In addition there is evidence to indicate that their use may impair performance and reaction time, possibly resulting in injury to the student-athlete or others during athletic activity.

The third focus is on the consumption of alcohol. Alcohol is involved in over 90% of the undesirable behaviors observed among students on college campuses. Responsible alcohol consumption will be a focal point.

The fourth focus is a twelve-month program that will assist in abstinence through drug testing, education and counseling.

Education and counseling are the essential cornerstones of the program and are directed toward alerting student-athletes and coaches to the potential harm of substance abuse. Education and counseling are supplemented with a drug and alcohol testing component since studies have shown that education alone is not a sufficient deterrent to drug use.

The IUPUI protocol for drug testing is designed to be fair, to achieve reliability of testing results and to protect the privacy rights of the student-athlete. Test results are confidential and become a part of the student-athlete’s medical record. Test results will not be released to anyone except in accordance with this Program or as otherwise required by law.

This Program and its administration are subject to modification by the Drug and Alcohol Education and Testing Committee. However, any modification will only be implemented by action of the Director of Athletics upon the approval by the Chancellor of the University and will not be applied retroactively. Any amendments or modifications shall apply to and be effective for all student-athletes upon notice and acknowledgment by such student-athletes of the program as so amended or modified.

This program resides under the guidance of the Assistant AD for Compliance. Although this is a student-athlete-based program, student support personnel such as cheerleaders, student managers and student trainers may be included.

II. EDUCATIONAL COMPONENT

There are two facets to the educational program: (A) explanation of IUPUI’s drug education and testing program to student-athletes and others, and (B) dissemination of information to student-athletes and those associated with athletic teams regarding drugs and alcohol, their use and abuse and how such use or abuse may affect the student-athlete and his/her team and teammates.

B. Explanation of IUPUI’s program to the student-athletes:

1. When a prospective student-athlete is awarded an athletic grant-in-aid, a summary of the IUPUI Drug and Alcohol Education and Testing will be provided to the prospect and his or her parents. This document will accompany the grant-in-aid and/or National Letter of Intent.
2. A presentation will be made to each athletic team in order to outline and review IUPUI’s Drug and Alcohol Education and Testing Program, its purposes, implementation and sanctions. A copy

of the Program will be provided to the student-athletes in their student-athlete planner. The policy is also located online at www.iupuijags.com. They will be asked, yearly, to sign a form acknowledging receipt and understanding of the Program and providing voluntary consent to participate in the Program (if the student-athlete is under eighteen (18) years of age at the time of signing, the parent or guardian will be faxed a copy of the Program and will acknowledge by return fax the receipt, understanding and consent for the student-athlete to participate in the Program).

3. Any student-athlete who does not wish to sign the Consent Form may choose not to do so and will forego participation in intercollegiate athletics.

Student-athletes are free to refuse to consent to drug testing under this Program. However, student-athletes who decline participation in the Program, which is designed to protect the health and welfare of the student-athlete, will not be permitted to participate in intercollegiate athletics for IUPUI and will result in loss of financial aid.

A student-athlete who fails to submit to drug testing as provided in this Program, after initially consenting to such testing, shall be considered to have made a decision not to participate in the Program and will be immediately eliminated from all athletic activity, and will result in loss of financial aid.

C. Education of Student-Athletes and Others about Drugs and Alcohol.

1. Educational programs are designed with the following goals:
 - a. To educate, inform and teach those associated with intercollegiate athletics how to recognize the warning signs and side effects of specific drugs.
 - b. To educate the student-athlete and other appropriate personnel about the associated problems of drug and alcohol abuse and how such use may adversely affect the student-athlete and his/her team and teammates.
 - c. To encourage discussion about the use of drugs and consumption of alcohol.
 - d. To outline rehabilitation and treatment programs as well as referral centers.
2. Each team and coaching staff will meet annually for educational sessions which will focus on, but not be limited to, information regarding the dangers of using performance-enhancing substances, illegal substances and alcohol.
3. Attendance of the student-athlete at scheduled educational sessions is **mandatory**. Absence will be permitted only with the approval of the Director of Athletics. All absences will result in the student-athlete being required to attend a make-up session.
4. Athletic trainers, student-athletic trainers, team physicians and other responsible personnel should participate in these educational sessions.
5. Appropriate athletics department personnel will be expected to attend NCAA drug and alcohol education seminars, national clinics and seminars, and to participate in departmental drug education training sessions in order to be informed of current information.

III. COUNSELING COMPONENT/SAFE HARBOR PROGRAM

- A. The purpose of the counseling component is to provide assistance, direction, and resources for student-athletes who need additional support as a result of positive tests, physician referral, or self-addressed needs. This component seeks to provide appropriate follow-up and rehabilitation of student-athletes testing positive while addressing their psychological, social and medical well being.
- B. Counseling will be provided by trained specialists identified by the Team Physician. Referrals will originate with the Team Physician who shall be involved in developing an appropriate treatment plan. Counseling will be confidential.

IV. SAFE HARBOR PROGRAM

A student-athlete eligible for the IUPUI Safe Harbor Program may refer him or herself to the Program for voluntary evaluation, testing and counseling. A student is not eligible for the Program after he or she has been informed of an impending drug test or after having received a positive IUPUI or NCAA drug test.

IUPUI will work with the student to prepare a Safe Harbor treatment plan, which may include confidential drug testing. The student-athlete will be tested for banned substances upon entry into the Safe Harbor Program and such a positive initial test will not result in any administrative sanction except those listed in this section (the team physician may suspend the student from play or practice if medically indicated). A student will be permitted to remain in the Safe Harbor Program for a reasonable period of time, not to exceed thirty (30) days, as determined by the treatment plan. A student will not be permitted to enter the Safe Harbor Program thirty (30) days prior to NCAA or Conference postseason competition. A student-athlete will only be permitted to enter the Safe Harbor Program one time during their athletic eligibility at IUPUI.

While in compliance with the Safe Harbor Program treatment plan, the student-athlete will not be included in the list of students eligible for random drug testing by IUPUI. Students in the Safe Harbor Program may be selected for drug testing by the NCAA.

The Director of Athletics, Assistant AD for Compliance, the Lead Athletic Trainer, the student-athlete's Head Coach, and the Team Physician may be informed of the student's participation in the Safe Harbor Program. The athletic trainer assigned to that sport also may be notified, if medically appropriate. The assistant coach(es) also may be informed at the discretion of the head coach. Other university employees may be informed only to the extent necessary for the implementation of this policy.

If the student-athlete is determined to have new substance use after the initial Safe Harbor Program test (as determined by follow-up testing), or fails to comply with the Safe Harbor treatment plan, the student-athlete will be removed from the Safe Harbor Program and be subject to appropriate sanctions as detailed in the IUPUI program. Entering the Safe Harbor Program will be treated as a positive test as it relates to sanctions and any positive test after the initial Safe Harbor Program test will be treated as the next subsequent positive.

V. DRUG TESTING COMPONENT

A. General Provisions:

1. The testing program will consist of four types of testing:
 1. Random drug testing for “performance enhancing” drugs, “street drugs” and alcohol.
 2. Reasonable suspicion drug testing for “performance enhancing” drugs, “street drugs” and alcohol.
 3. Full Team Testing for “performance enhancing” drugs, “street drugs” and alcohol.
 4. Re-entry/follow up testing for “performance enhancing” drugs, “street drugs” and alcohol.
2. Once the decision to schedule a drug test has been made, the Athletic Director or his/her representative will notify the selected student-athlete population of the upcoming test no more than twenty-four (24) hours prior to the test. Head Coaches of selected student-athletes may also be contacted.
3. The Protocol for specimen collection, chain of custody and the University’s responses to positive tests shall be followed for random as well as reasonable suspicion drug testing.
4. Student-athletes who fail to arrive at the testing site at the designated time will be charged with a positive test. Student-athletes who arrive late or miss a test due to an emergency (car accident, death/illness in family) must present proof of the emergency to the Appeals Committee. The Appeals Committee will decide what sanctions should be placed on the student.
5. Independent of the provisions in subsection E, and as is the practice with all medical concerns the Team Physician may prohibit athletic competition and/or participation by any student-athlete for such time as deemed medically necessary. Restrictions should be sufficient to ensure that the student-athlete’s condition no longer presents a health danger to himself/herself or his/her teammates.
6. Records of test results will be handled in accordance with strict standards of confidentiality, and released only under the circumstances allowed by the provisions of this Program or as otherwise required by law.

B. Random Drug Testing

1. As part of the student-athlete’s annual pre-season medical screening, an initial urine specimen may be collected from each participant.
2. Although the testing selection process may be random, a computerized system or similar mechanism (which will be documented) may be used, to ensure that all athletes are equally eligible for testing. Actual selection for testing will be conducted by the Center for Drug Free Sport.
3. Once notified, the Assistant Athletic Director for Compliance will notify the student-athlete of a positive result. The Team Physician, Head Coach, Director of Athletics and Staff Athletic Trainer will also be notified of a student-athlete’s positive test result. The student-athlete will be given an opportunity to appeal the positive test.
4. All individuals with prior positive drug test results will be subject to unannounced drug testing throughout their athletic eligibility as a part of their treatment program. In addition, all with prior positive results will be tested at the next and subsequent random drug tests for the remainder of his/her eligibility.
5. Regardless of test results, random drug testing will be conducted on an unannounced basis throughout the calendar year.
6. Subsequent positive tests will result in sanctions as set forth in subsection E.
7. Mandatory team testing will occur for any team qualifying for a NCAA tournament.

C. Drug Testing Based on Reasonable Suspicion

1. “Reasonable suspicion” is defined as suspicion founded on specific and objective facts, which, if taken with rational inferences drawn from those facts and taken as a whole, strongly suggest that drug testing may produce evidence of improper use. The evidence supporting the suspicion must be reasonably reliable, documented and clearly outlined. Any employee or student at IUPUI can provide the Director of Athletics with reasonable suspicion information.
2. All individuals reporting “reasonable suspicion” information must document such information in writing using the “Reasonable Suspicion” form.
3. Based upon a “reasonable suspicion” that a student-athlete is using drugs improperly, the student-athlete will be tested using the random drug testing protocol.
4. Specimen collection and responsive actions to a positive test result shall be handled the same as those found through random testing.
5. Mandatory team testing (under reasonable suspicion) shall occur if reliable and reasonable evidence is presented to the Director of Athletics to warrant such testing.

D. Preseason/Postseason Testing

1. Specific team testing may occur during the initial preseason physical or prior to postseason championship competition.
2. Pre or postseason testing may include all team members or a random sampling.
3. Specimen collection and responsive actions to a positive test result shall be handled the same as those found through random testing.

E. Re-entry/Follow-up Testing

1. All student-athletes who have tested positive for a banned substance are required to be re-tested and have a negative result prior to returning to participation.
2. Additionally, all student-athletes who have had a positive test will be subject to follow-up testing. These student-athletes will be tested each time there is a random drug test.
3. Specimen collection and responsive actions to a positive test result shall be handled the same as those found through random testing.

F. Specimen Collection and Chain of Custody

1. Upon notification, the student-athlete must present himself/herself at the specified collection site at the designated time for testing. Student-athletes will be asked to leave all bulky clothing and personal bags in the common area.
2. The student-athlete will be asked to select a sealed beaker for the secure supply of such and proceed to the restroom with the Validator.
3. In the restroom, the student-athlete will be asked to raise upper-body clothing for the Validator to visually inspect midline of athlete’s body for urine manipulators. After inspection, the student-athlete will proceed into the toilet stall and void, observed, into the urine container.
4. The Validator will inspect the beaker with specimen for adequacy. Each specimen must contain at least 50mL of urine. The Validator will then direct the student to the processing area.
5. If the student-athlete is unable to give an adequate sample on their first attempt, he or she will not be permitted to leave the testing facility until he or she has given an adequate sample, unless directed otherwise by the site representative.
6. The Collector will measure the specific gravity and pH of the specimen. Once the specimen has been deemed acceptable, the student-athlete will be instructed to select a collection kit and a Custody & Control Form.
7. The Collector will divide the sample collection of urine into two containers (35mL into A vial and at least 15mL into B vial) and seal both containers (one container will be used for testing purposes and the other container will be frozen and stored by the testing laboratory in case there is an appeal to the test results).

8. After the specimen is packaged properly, the Collector obtains all necessary signatures on the Custody and Control Form. The Collector then prepares the specimen for shipping.
9. Upon completion of the sample collection, the Validator/Collector or designee will arrange for the sealed containers of specimen to be sent to the appropriate laboratory (Clinical Reference Laboratory or UCLA Laboratory) with appropriate documentation of the chain of custody.

G. Responses to Test Results

1. The testing laboratory will notify the Assistant AD for Compliance of any positive results. The Assistant AD for Compliance will then notify the student-athlete, Head Coach and the Director of Athletics of the positive test results. The Director of Athletics will inform the parent(s), guardian(s) or spouse of any student-athlete who is under eighteen (18) years of age of positive test results.
2. If a student-athlete tests positive, he or she has the option to request the testing of the “B” vial. IUPUI will require the student-athlete to pay for the testing of the “B” vial. Additionally, the student-athlete will be withheld from competition during the “B” vial testing process.
3. Additional responses to positive test results, whether achieved under random, mandatory or reasonable suspicion testing will be as follows for both “performance enhancing” and “street” drugs:

The Head Coach may have team rules regarding the use of illicit substances, which may affect the athlete’s eligibility for practice and competition. Such team policies may be more stringent than those of this Program.

A. First positive test:

The student-athlete will be suspended from the intercollegiate athletics program for a minimum of 10% (rounded to the next whole number) of their next regular scheduled contest(s). Provided the Team Physician determines that the student-athlete’s condition presents no health danger to himself/herself or his/her teammates, the student-athlete will be allowed to continue conditioning and practice activities. They will not participate in, travel to, or sit on the bench of the/those contest(s) they are suspended from. Non-renewal of an athletic or other grant-in-aid will also occur. To be eligible for reinstatement as a student-athlete, the individual must undergo mandatory counseling and/or a treatment program including unannounced re-testing as directed by the Team Physician.

B. Second positive test:

The student-athlete will be banned from the intercollegiate athletics program for one calendar year. To be eligible for reinstatement as a student-athlete, the individual must undergo mandatory counseling and/or treatment including unannounced re-testing as directed by the Team Physician. Non-renewal of any athletic or other grant-in-aid will also result.

C. Third positive test:

The student-athlete will be permanently banned from the IUPUI intercollegiate athletic program and will not be eligible for reinstatement. Non-renewal of any athletic or other grant-in-aid will also result.

Positive testing results from NCAA or other outside sports testing agencies will also be treated as positive tests obtained under this policy, and may result in sanctions under this policy in addition to possible sanction from NCAA or other outside agencies.

Any attempt to adulterate, manipulate, or dilute the urine collection will result in the test being considered a positive test. The student-athlete will be provided an opportunity for appeal.

Reinstatement: The student-athlete may petition for reinstatement from the one calendar year suspension following the second positive result under the following conditions:

The student-athlete must complete the mandatory counseling and/or treatment program.

The student athlete must consent to a comprehensive medical examination, including drug testing, and a review of all counseling or other treatment records by the Team Physician.

The student-athlete must agree to undergo unannounced, periodic drug testing with the understanding that he/she cannot gain eligibility until he/she has had three consecutive negative drug test results.

Upon completion of all of the above (a, b and c) the Team Physician will forward the petition including documentation of the comprehensive medical examination, drug tests, counseling and treatment records to the Appeals Committee to render a decision.

Should a student-athlete test positive at any time subsequent to being reinstated, he or she will immediately and permanently be barred from the intercollegiate athletics program. Non-renewal of athletic or other grant-in-aid will follow.

K. Appeals

1. A student-athlete may appeal any sanction as the result of a positive drug test result. A student-athlete desiring to appeal must file a written notice of appeal with the Assistant AD for Compliance within two days of notification of a positive test result.
2. An appeals hearing will be conducted by a three-person committee (Appeals Committee) chosen from the Drug and Alcohol Education and Testing Committee by the Chair of this committee. The student-athlete making the appeal and any committee member whom previously participated in the decision to recommend testing, will be excluded from the Appeals Committee. Evidence of the student-athlete's drug use, and all positive test results or documented reasonable suspicions will be presented to the Appeals Committee. Reasons why sanctions or testing should be imposed may be presented. The student-athlete will be given an opportunity to refute the proposed sanctions or reasonable suspicions, present evidence to support his/her contentions, call witnesses or cross-examine other witnesses.
3. The Appeals Committee will reach a decision within five working days of each hearing and will notify, in writing, the student-athlete, the Team Physician, the Head Coach and the Director of Athletics of its decision. The Team Physician will maintain a written record of the Appeals Committee's decision, including all evidence considered by the committee.

VI. ALCOHOL POLICY

In developing a policy regarding the consumption of alcohol by student-athletes, it is recognized that the social and competitive environment of the student-athlete has an influence on how the student-athlete perceives the role of alcohol. This policy should be viewed in the context that lawful responsible consumption or abstinence is expected from the student-athlete and that consumption and/or possession of alcohol by minors in the State of Indiana is illegal.

Therefore, the objective of this alcohol policy is threefold. First, to assist student-athletes with alcohol-related problems. Second, to specify treatment for student-athletes experiencing alcohol-related problems. Third, to provide a uniform policy for all student-athletes.

The Head Coach may have team rules regarding the consumption and possession of alcohol that may affect the student-athlete's eligibility for practice and competition. Such policies and sanctions may be more stringent than those outlined in this Program.

1. Should a student-athlete have an alcohol-induced incident that causes undesirable behavior, he/she will be referred to the Team Physician. The Team Physician will then assess the student-athlete.
2. Should a student-athlete be suspected of consuming alcohol prior to a practice or competition, the student-athlete will be referred to the Team Physician or a Staff Athletic Trainer. The student-athlete will be immediately withheld from practice or competition and referred to the Team Physician for assessment.
3. When the Team Physician determines that a student-athlete may need additional assessment and/or treatment he/she will refer the student-athlete to the appropriate institutional entity.
4. If a student-athlete does not participate in the prescribed treatment plan, he/she will be immediately suspended from all athletic participation until the student-athlete has complied with the plan.
5. Additional responses to positive alcohol test results, whether achieved under random, mandatory or reasonable suspicion testing or additional alcohol incidents will follow those identified as responses for "performance enhancing" and "street" drugs positive tests. The response for a second positive alcohol test result or second alcohol incident will have the same response imposed upon the student-athlete as that of a first positive test result for "performance enhancing" or "street" drug. Additional responses will follow sequentially (i.e.: 3rd alcohol positive or incident = 2nd "performance enhancing"/"street" drug positive and 4th alcohol positive or incident = 3rd "performance enhancing"/"street" drug positive).

VII. TOBACCO USE

- A. NCAA rules prohibit against the use of all tobacco products by student-athletes, coaches, and personnel during practice activities and competition.
- B. Per NCAA rules, a student-athlete found to be using tobacco products during a practice or competition will be disqualified from the remainder of that practice or competition.
- C. Student-athletes found to be using tobacco products will be referred to the Team Physician for assessment.

VIII. DRUG AND ALCOHOL EDUCATION AND TESTING COMMITTEE

- A. The Drug and Alcohol Education and Testing Committee shall be composed of the following individuals:
1. The Team Physician who shall chair the committee.
 2. One administrative staff member from the Athletics Department appointed by the Director of Athletics.
 3. One Athletics Advisory Committee representative appointed by the chair of the Athletics Advisory Committee.
 4. One Head Coach appointed by the Director of Athletics.
 5. One senior student-athlete appointed by the Director of Athletics
 6. Other members maybe appointed by the Director of Athletics upon recommendation of the Drug and Alcohol Education and Testing Committee.
- B. The duties of the Drug and Alcohol Education and Testing Committee shall include the following:
1. Oversee the Drug and Alcohol Education and Testing Program for student-athletes and others at IUPUI.
 2. Perform annual reviews of the Drug and Alcohol Education and Testing Program.
 3. Assess the drug testing protocols, procedures and correct identified irregularities.
 4. Hear student-athlete appeals as set forth in this policy.
 5. Submit an annual report of the Committee's activities to the Director of Athletics, Athletics Advisory Committee and the Chancellor of the University.
 6. Provide advice to the Director of Athletics, Athletics Advisory Committee, Team Physician, Head Coaches, and student-athletes.
 7. Carry out other duties related to Drug and Alcohol Education and Testing as assigned by the Director of Athletics.

“PERFORMANCE ENHANCING DRUGS”

Note: This appendix contains those substances on the NCAA List of Banned Drugs. The IUPUI drug testing policy may test for substances listed on the NCAA Banned Drug-Classes List and at different cut off levels than the NCAA. This list may change at any time in accordance with the recommendation of the NCAA and the Drug and Alcohol Education and Testing Committee upon the approval of the Director of Athletics. Such change shall become effective immediately upon written notice to the student-athletes.

2009-10 NCAA Banned Drugs

The NCAA bans the following classes of drugs:

- a. Stimulants
- b. Anabolic Agents
- c. Alcohol and Beta Blockers (banned for rifle only)
- d. Diuretics and Other Masking Agents
- e. Street Drugs
- f. Peptide Hormones and Analogues
- g. Anti-estrogens
- h. Beta-2 Agonists

Note: Any substance chemically related to these classes is also banned.

The institution and the student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

Drugs and Procedures Subject to Restrictions:

- a. Blood Doping.
- b. Local Anesthetics (under some conditions).
- c. Manipulation of Urine Samples.
- d. Beta-2 Agonists permitted only by prescription and inhalation.
- e. Caffeine

NCAA Nutritional/Dietary Supplements Warning:

➤ **Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff!**

Dietary supplements are not well regulated and may cause a positive drug test result. Student-athletes have tested positive and lost their eligibility using dietary supplements. Many dietary supplements are contaminated with banned drugs not listed on the label. Any product containing a dietary supplement ingredient is taken at your own risk.

More information can be found at:

NCAA: www.ncaa.org/health-safety

Drug Free Sport: www.drugfreesport.com

Dietary Supplement Resource Exchange Center: <http://www.drugfreesport.com/rec/>

**It is your responsibility to check with athletics staff
before using any substance!**

IUPUI Drug Testing Protocol

Athlete Check-IN

- Athlete arrival and identification process:
 - Institutions are allowed to ID athletes if the athlete does not carry an ID with them to the test site.
- Check-In Process:
 - Athlete should check-in with institution representative (site coordinator), and then question by collector to see if they are ready to provide a sample.
 - Athlete check-in roster should be used by client and a copy given to the collector upon test completion.
 - Athlete should proceed to the bathroom with a Validator when he/she is ready to provide a sample.

Providing a Specimen

- Validator (gender specific) instructions and procedures:
 - Validator instructs athlete to remove all bulky clothing and/or personal bags then place them in a common, secure area.
 - Validator has athlete select a sealed beaker from secure supply of such.
 - Validator escorts athlete to restroom observing athlete and beaker at all times.
 - Once in the restroom, Validator asks athlete to raise upper body clothing to visually inspect midline of athlete's body for urine manipulators.
 - Validator instructs athlete to rinse (no soap) hands and dry.
 - Validator instructs athlete to remove beaker from wrapper and write initials on lid with marker.
 - While performing Observed Collection:
 - Validator instructs athlete to go to toilet/urinal and drop all pants to knee level.
 - Validator positions him/her-self to closely observe athlete urinating into cup, noting any unusual activity, NEVER taking eyes off beaker or athlete.
 - Validator instructs athlete to place beaker on level surface and make sure lid of beaker is tightly closed.
 - Athlete can now wash hands.
 - Validator inspects beaker with specimen for adequacy. If inadequate volume, collector marks line of urine on outside of beaker (otherwise never touching beaker) and instructs athlete on next steps regarding partial specimen according to client-protocol.
 - Athlete then collects the beaker along with any personal items and is escorted back to the collection area.
 - Athlete AND BEAKER are in full view at all times.

Room Control

- Collector(s) limit access of people in collection area.
- Collectors(s) observe athlete with partial/empty beakers and separate these groups of athletes.
- Collector(s) utilize client representative to assist with room control, scheduling and retrieving athletes for drug testing & check-in.
- Collector(s) maintain security, integrity and confidentiality throughout the process.
- If athlete must leave collection area for approved reasons prior to completing of specimen collection process, collector must follow protocols for check-in upon athletes return.

Specimen Processing

- Once athlete has provided specimen of adequate volume, the Validator directs athlete to specimen processing area.
- Collector verifies beaker with urine is that of the athlete presenting at specimen processing and advises athlete to be an active observer throughout the process.
- Collector assures the beaker contains at least the minimum volume of urine requirement (50mL).
- Collector measures specific gravity of specimen to determine concentration adequacy for laboratory analysis (1.005 or greater).
- If collector determines specimen does NOT meet concentration requirements, collector follows protocols for handling diluted specimens.
- If collector determines specimen meets concentration requirements, collector then measures pH to determine appropriate alkaline adequacy for laboratory analysis (4.5-7.5 inclusive).
- If collector determines specimen does NOT meet alkalinity requirements, collector follows protocols for handling out-of-pH-range specimens.
- Once specimen adequacy is determined to be acceptable, the collector instructs the athlete to select a collection kit.
- Collector instructs athlete to select a multi-ply Custody & Control Form (CCF) and has the athlete assure all bar-coded specimen seal numbers attached to the CCF are the same number.
- Collector completes data fields on CCF including specimen adequacy values (e.g. specific gravity and pH) & other demographic information.
- Collector opens specimen kit vials and pours a minimum of 35mL into the A vial & a minimum of 15mL into the B vial then firmly closes the lids.
- Collector places appropriate tamper-evident specimen barcodes seals on vials.
- After urine is properly packaged and securely sealed in vials, collector must obtain necessary signatures (e.g.: Validator, athlete, witness and collector), dates and times of the CCF.
- The completed laboratory copy of the CCF is review with the athlete and is placed in the appropriate pouch of the sample shipping plastic bag.
- Collector places properly sealed bag in sample kit box, then seals sample kit box with appropriate kit box seal.
- Collector places specimen barcode label on Specimen Tracking Form by printed athlete name.
- Collector has the athlete verify the kit box seal matched the specimen barcode seal number on the Custody & Control Form (CCF).
- Collector keeps all the remaining copies of CCF and releases athlete from collection area.

Post Test

- The collector will count and secure all sealed samples then place in shipping box marked overnight delivery to Clinical Reference Laboratory (street drug testing) or UCLA Laboratory (Steroid Testing).
- Collector provides client representative with appropriate copy of Custody & Control forms and a copy of the client evaluation form.
- Collector assures all specimen collection equipment is clean and all unused supplies are properly repackaged for removal from site.
- Collector ships samples via FedEx with properly completed air bills (print SDT for “your Internal Billing Reference” for samples going to UCLA), immediately following test.
- Collector completes Collector Report via www.ncdfs.com on specimen collection date and includes any deviations to protocol or procedures and other pertinent information.
- Collector immediately faxes Specimen Tracking Form to Drug Free Sport (816.285.5068).
- Collector sends Drug Free Sport top copy of Custody & Control Form and all unused seals via regular US Mail.

IUPUI Department of Intercollegiate Athletics

Sickle Cell Trait Testing and Acknowledgment Policy and Procedures

A policy that addresses the medical condition known as Sickle Cell Anemia for a prospective student-athlete and an enrolled student-athlete has been formulated to ensure the Sports Medicine Staff of Indiana University - Purdue University Indianapolis (IUPUI) is provided with all medical information pertinent to this condition. This policy follows the guidelines as stated by the NCAA in Bylaws which include the following during their medical examination; **The examination or evaluation shall include a sickle cell solubility test (SST), unless documented results of a prior test are provided to the institution or the prospective student-athlete declines the test and signs a written release.**

In addition, IUPUI has set forth the policy that all walk-on tryout student-athletes are required to either obtain the SST no sooner than six months prior to their arrival at the university at their own expense, or sign the IUPUI approved SST waiver.

Furthermore, the policy aims at protecting both the student-athlete as a whole (medically) and the institution from assuming liabilities as it relates to the student-athlete and their knowledge of their sickle cell trait status.

- *Effective August 1, 2010 in accordance with the NCAA mandate, all Division I student-athletes must have knowledge of their sickle cell trait status before they participate in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.*
- *IUPUI Department of Intercollegiate Athletics has optioned to offer sickle cell trait screening in the form of a blood test (SST) to all current student-athletes as part of the pre-participation physical examination process if they wish to be tested.*
- *Returning IUPUI student-athletes may sign a waiver releasing the institution from liability if they decline to be tested. However, it is **STRONGLY** recommended that current IUPUI student-athletes with African-American, Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry be tested before beginning any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.*
- *SST testing will be conducted at a designated laboratory facility and results will be reported to the IUPUI Athletic Training Department and the Sports Medicine Staff.*
- *Testing must be obtained within six months prior to participation in the activities listed above.*
- *Documentation must be on file within the IUPUI Sports Medicine Department **BEFORE** a student-athlete is permitted to participate in any intercollegiate athletics activity, including any strength and conditioning workouts, practices, competitions, etc.*

Sickle Cell Trait Procedures:

- Any student-athlete that wishes to receive the sickle cell solubility test (SST) will be sent to OneAmerica to have the test administered the following and/or next business day. The results will be filed in the student-athlete's medical file.
- If the student-athlete does not wish to receive the SST, the athlete will sign the SST Waiver. The waiver will be filed in the student-athlete's medical file.
- If student-athlete tests positive, there will be a red flag placed on the student-athlete's medical file and all workouts, including games, practices, strength and conditioning, etc., will be modified.

IUPUI Department of Intercollegiate Athletics

Sickle Cell Trait Testing

About Sickle Cell Trait-

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition (> three million Americans).
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels, leading to student-athlete collapse from the rapid breakdown of muscles starved of blood.

Sickle Cell Trait Testing-

- The **NCAA** recommends that all NCAA student-athletes have knowledge of their sickle cell trait status. If the student-athlete does not have knowledge of their sickle cell trait status, the NCAA recommends that student-athletes undergo testing to confirm sickle cell trait status.
- The IUPUI Department of Intercollegiate Athletics offers sickle cell trait screening in the form of a blood test to all student-athletes as part of the pre-participation physical examination process.
- Testing will be conducted at the Indiana University Hospital Laboratory and/or other designated laboratory facility and results will be reported to an IUPUI Team Physician or Athletic Trainer.
- If the test is positive, student-athletes will be offered counseling on the implications of sickle cell trait, including health and athletics participation precautions.

SICKLE CELL TRAIT TESTING WAIVER

I, _____, understand and acknowledge that the NCAA
Student-Athlete Name

and the IUPUI Department of Intercollegiate Athletics recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status IUPUI Athletic Training personnel.

I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and I voluntarily agree to release, discharge, defend, indemnify and hold harmless the Trustees of Indiana University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision to forgo sickle cell testing and my non-compliance with the recommendation of the NCAA and the IUPUI Department of Intercollegiate Athletics.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student-Athlete Signature

Date

Sport

UID #

Parent/Guardian Signature (*if under 18 years of age*)

Date

Parent/Guardian Print Name

Witness

Date

IUPUI

Concussion Management Protocol

Last updated 7/29/2010

POLICY STATEMENT: This document outlines procedures to assist in the management of concussions and the safe return-to-play for athletes at IUPUI. *****NOTE: A multifaceted approach to concussion management is suggested. As a result, the information provided by this protocol and the tools it references should be taken into consideration on a case-by-case basis, with an emphasis on “the whole picture.” Therefore, in certain cases, modifications to this protocol may be deemed appropriate by the Sports Medicine staff.***

ENTITIES TO WHOM THIS POLICY APPLIES: IUPUI Sports Medicine Staff, Student-Athletes, Team Physicians, Graduate Assistant Student Athletic Trainers, and First Responders.

PURPOSE: To develop an articulate and thorough method for the recognition, evaluation, and management of student-athletes who have sustained a concussion. More specifically, to:

- d) ensure the proper diagnosis and management of concussions;
- e) prevent second-impact syndrome, which results when a second concussion is sustained while an individual is still recovering from an earlier concussion and which may cause permanent brain damage or even death; and
- f) monitor student-athletes’ recuperation in hopes of preventing prolonged recovery or permanent disability.

EVALUATION TOOLS UTILIZED: Including, but not limited to: (a) physical examination (SCAT); (b) symptom evaluation (Concussion Symptom Evaluation); (c) neuropsychological testing (ImPACT); (d) postural-stability testing (BESS); and (e) imaging, if directed by the attending Physician.

DEFINITION: According to the 3rd International Conference on Concussion in Sport (Zurich, 2008):

Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathologic, and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:

- 6. 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.
- 7. Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
- 8. Concussion may result in neuropathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
- 9. Concussion results in a graded 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 a small percentage of cases however, post-concussive symptoms may be prolonged.
- 10. No abnormality on standard structural neuroimaging studies is seen in concussion.

No two concussions are the same, even for a single athlete. As a result, at the time of injury, it is impossible to predict the duration and severity of symptoms that athlete will experience. For this reason, it has been recommended that the severity of a concussion should not be graded until all symptoms have resolved.²

TIMELINE:

PRE-SEASON

Athletes will be educated on the signs, symptoms, and risks associated with concussions. Prior to the first practice (or the first contact practice), all athletes must have a completed baseline

assessment on file with the Sports Medicine staff. This assessment will include a detailed concussion history as well as neuropsychological (e.g. ImPACT) and postural-stability (e.g. BESS) testing. All athletes will also sign a statement accepting the responsibility of reporting their injuries and illnesses to the athletic training staff.

Baseline Assessment: The baseline assessment will consist of three parts: (1) a detailed concussion history, (2) neuropsychological testing (ImPACT) , and (3) postural-stability testing (BESS). The student-athlete will only need to complete the baseline assessment once during his/her tenure IUPUI. Those athletes participating in baseball, basketball, football, lacrosse, soccer, softball, and volleyball, or who report prior concussion(s), will need to complete the ImPACT Baseline Concussion Evaluation. Because of the low risk nature of the sport, those athletes participating in cross country, golf, and tennis will not be required to complete the Baseline Concussion Evaluation. The ImPACT tests have all been shown to be reliable in assisting with the diagnosis of concussion as well as the monitoring recovery of athletes following concussions.

ACUTE / TIME OF INJURY

All student-athletes identified as having a concussion will be held out from participation for the remainder of the day and will not return to participation until all signs and symptoms have resolved and the student-athlete has completed the return-to-play progression.

Common signs and symptoms of concussion may include, but are not limited to:^{1,2,4-6}

SYMPTOMS		
<i>Physical</i>	<i>Cognitive</i>	<i>Emotional</i>
Headache	Confusion	Irritability
Dizziness	Amnesia	Sadness
Nausea	Disorientation	Nervousness
Balance difficulties	Poor concentration	Depression
Light sensitivity	Memory disturbance	Moodiness
Double vision	Reasoning difficulties	Sleep disturbances
Fatigued		
Feeling dazed, stunned, dinged		
Ring in the ears		
PHYSICAL SIGNS		
Loss of/Impaired consciousness	Poor coordination or balance	Convulsive convulsion
Poor coordination or balance	Slow to answer questions	Seizure
Inappropriate emotions	Vomiting	Slow to follow directions
Vacant stare/Glassy eyed	Slurred speech	Easily distracted, Poor concentration
Inappropriate behavior	Significantly decreased performance	
Personality changes		

At the time of injury, a physical examination using the Sport Concussion Assessment Tool (SCAT) and an ImPACT Post-Injury Evaluation will be completed. A SAC test may also be conducted if deemed necessary by the Sports Medicine staff.

The student-athlete will be transported to the emergency room for evaluation and imaging if he/she experiences: (1) prolonged loss of consciousness (>1 minute), (2) significant alteration or deterioration in condition or mental status, (3) an increase in symptoms, or (4) if there is any concern that he/she may have a subdural hematoma.

The Sports Medicine staff will provide the athlete with Home Management Plan/Instructions and, when necessary, arrange for appropriate care by a responsible adult.

For at least the first 24 hours following a concussion, the athlete should not consume any alcohol or drugs.^{1,2,5,7} Depending on the state of the athlete, it may be recommended that he/she does not drive for the first 24 hours.

POST-CONCUSSION FOLLOW-UP

The athlete and Sports Medicine staff will complete a Concussion Symptom Evaluation test every day, or as needed, to monitor symptoms and recovery. Student-athletes should be reminded to abstain from doing any activity that causes symptoms to increase. Other staff/faculty will be notified on an “as needed” basis in order to assist the athlete with daily activities until the athlete is no longer symptomatic. If the athlete is still experiencing five or more symptoms with a severity of three or above 72 hours after the injury, he/she will be referred to a physician.

Neuropsychological Testing

Once the student-athlete reports he/she is symptom free, he/she will complete the ImPACT testing. If deemed necessary by the Sports Medicine staff, the athlete may also take a neuropsychological test within the 24-48 hours after the initial injury. Neuropsychological tests will not be administered on consecutive days to limit learning curves. Once the athlete is symptom free and all tests are within normal limits (WNL), the Functional Stepwise Progression may begin.

RETURN-TO-PLAY (RTP)

FUNCTIONAL STEPWISE PROGRESSION

This protocol should not be initiated until the athlete is asymptomatic and all scores are WNL on all measures unless compelling evidence suggests otherwise. If signs or symptoms appear during a functional test, the test should be stopped immediately and the student-athlete monitored until all signs or symptoms resolve. No further functional testing should be performed that day. If symptoms do not resolve, the physician should be consulted and appropriate medical attention should be provided. When the athlete is again symptom free, he/she will need to move back at least one step in the stepwise progression and begin again from there.

After each step of functional testing, the presence of post-concussive symptoms should be assessed using the symptom evaluation scale. Functional Stepwise Progression to the next step will require the athlete to remain symptom-free.

- Step 1: Light, aerobic exercise, no resistance training
 - Stationary bike or walking: 10-20 min
- Step 2: Moderate aerobic exercise, no resistance training
 - Continuous jogging: 10-20 min, target HR > 140-170 bpm
- Step 3: Sport specific exercise
 - Minimum of 5 sprints of 30 yards (e.g. skating in hockey, running in soccer)
 - Progression addition of resistance training at steps 3 and 4
- Step 4: Non-contact agility drills, non-contact practice
 - Dribbling, shooting, walk-through, skill enactment activities
- Step 5: Full-contact practice after medical clearance
 - Have athlete continue to complete symptom evaluate scale after a minimum of 3 practice days and 1 competition

Athletes will not return to full participation until a physician recommended by the Sports Medicine staff of his/her designee has cleared them. If the athlete chooses to be cleared by another physician, the Sports Medicine staff reserves the right to continue to withhold the athlete

from participation until the staff has consulted with the physician or has received appropriate paperwork releasing the athlete to participate.

STUDENT-ATHLETES WITH MULTIPLE CONCUSSIONS WITHIN 365 DAYS

Student-athletes who sustain a second concussion within the same competitive season or an adjacent season should not begin the Functional Stepwise Progression until he/she has been asymptomatic for 9 days and all testing scores have returned to WNL. This athlete will not be allowed to return to full-contact participation until 15 days have passed since all testing scores returned to WNL.

Should a student-athlete sustain a third concussion within the same competitive season, or a subsequent season within that school year (or 365 days, whichever is greater), he/she will be excluded from competition for the remainder of those days.

WORKS CITED:

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2. McCrory P, Johnston K, Meeuwisse W, et al. Summary and agreement statement of the 2nd international conference on concussion in sport, Prague 2004. *British Journal of Sports Medicine*. 2005;39:196-204.
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4. Gioia G, Collins M. Acute concussion evaluation (ACE) physician/clinician office version. In: "Heads Up: Brain Injury in Your Practice" Tool Kit: Centers for Disease Control and Prevention; 2006.
5. Sport Concussion Assessment Tool 2 (SCAT2). *British Journal of Sports Medicine*. 2009;43:i85-i88.
6. Collins MW, Stump J, Lovell MR. New developments in the management of sports concussion. *Current Opinion in Orthopaedics*. 2004;15:100-107.
7. Guskiewicz KM, Bruce SL, Cantu RC, et al. National Athletic Trainers' Association position statement: Management of sport-related concussion. *Journal of Athletic Training*. 2004;39:280-297.

ADDITIONAL REFERENCES:

National Athletic Trainers' Association: *Head's Up: Reducing the risk of head and neck injuries in football* [Video] <http://www.nata.org/consumer/headsup.htm>

Center for Disease Control: *Heads Up: Traumatic Brain Injury, Second Impact Syndrome* [Video] http://www.cdc.gov/ncipc/tbi/CGToolKit/CTK_Video_WM_BB.htm

Center for Disease Control: *Heads Up: Concussions in High School Sports*, Toolkit http://www.cdc.gov/ncipc/tbi/coaches_tool_kit.htm#

ESPN's *Outside the Lines: High School Concussions; Second Impact Syndrome; Heading for Trouble* [3 Videos] <http://sports.espn.go.com/espn/otl/index>

ATTACHED FORMS:

Sport Concussion Assessment Tool (SCAT)
Concussion Symptom Evaluation
Home Management Plan/Instructions
The Balance Error Scoring System (BESS) Instructions

Sport Concussion Assessment Tool (SCAT)



The SCAT Card (Sport Concussion Assessment Tool) Medical Evaluation

Name: _____ Date: _____

Sport/Team: _____ Mouth guard? Y N

1) SIGNS

Was there loss of consciousness or unresponsiveness? Y N
Was there seizure or convulsive activity? Y N
Was there a balance problem / unsteadiness? Y N

2) MEMORY

Modified Maddocks questions (check correct)

At what venue are we? ____; Which half is it? ____; Who scored last? ____

What team did we play last? ____; Did we win last game? ____?

3) SYMPTOM SCORE

Total number of positive symptoms (from reverse side of the card) = _____

4) COGNITIVE ASSESSMENT

5 word recall	(Examples)	Immediate	Delayed
		(after concentration tasks)	
Word 1 _____	cat	_____	_____
Word 2 _____	pen	_____	_____
Word 3 _____	shoe	_____	_____
Word 4 _____	book	_____	_____
Word 5 _____	car	_____	_____

Months in reverse order:

Jun-May-Apr-Mar-Feb-Jan-Dec-Nov-Oct-Sep-Aug-Jul (circle incorrect)

or

Digits backwards (check correct)

5-2-8	3-9-1	_____
6-2-9-4	4-3-7-1	_____
8-3-2-7-9	1-4-9-3-6	_____
7-3-9-1-4-2	5-1-8-4-6-8	_____

Ask delayed 5-word recall now

5) NEUROLOGIC SCREENING

	Pass	Fail
Speech	_____	_____
Eye Motion and Pupils	_____	_____
Pronator Drift	_____	_____
Gait Assessment	_____	_____

Any neurologic screening abnormality necessitates formal neurologic or hospital assessment

6) RETURN TO PLAY

Athletes should not be returned to play the same day of injury.

When returning athletes to play, they should follow a stepwise symptom-limited program, with stages of progression. For example:

1. rest until asymptomatic (physical and mental rest)
2. light aerobic exercise (e.g. stationary cycle)
3. sport-specific exercise
4. non-contact training drills (start light resistance training)
5. full contact training after medical clearance
6. return to competition (game play)

There should be approximately 24 hours (or longer) for each stage and the athlete should return to stage 1 if symptoms recur.

Resistance training should only be added in the later stages.

Medical clearance should be given before return to play.

Instructions:

This side of the card is for the use of medical doctors, physiotherapists or athletic therapists. In order to maximize the information gathered from the card, it is strongly suggested that all athletes participating in contact sports complete a baseline evaluation prior to the beginning of their competitive season. This card is a suggested guide only for sports concussion and is not meant to assess more severe forms of brain injury. **Please give a COPY of this card to the athlete for their information and to guide follow-up assessment.**

Signs:

Assess for each of these items and circle Y (yes) or N (no).

Memory: If needed, questions can be modified to make them specific to the sport (e.g. "period" versus "half")

Cognitive Assessment:

Select any 5 words (an example is given). Avoid choosing related words such as "dark" and "moon" which can be recalled by means of word association. Read each word at a rate of one word per second. The athlete should not be informed of the delayed testing of memory (to be done after the reverse months and/or digits). Choose a different set of words each time you perform a follow-up exam with the same candidate.

Ask the athlete to recite the months of the year in reverse order, starting with a random month. Do not start with December or January. Circle any months not recited in the correct sequence.

For digits backwards, if correct, go to the next string length. If incorrect, read trial 2. Stop after incorrect on both trials.

Neurologic Screening:

Trained medical personnel must administer this examination. These individuals might include medical doctors, physiotherapists or athletic therapists. Speech should be assessed for fluency and lack of slurring. Eye motion should reveal no diplopia in any of the 4 planes of movement (vertical, horizontal and both diagonal planes). The pronator drift is performed by asking the patient to hold both arms in front of them, palms up, with eyes closed. A positive test is pronating the forearm, dropping the arm, or drift away from midline. For gait assessment, ask the patient to walk away from you, turn and walk back.

Return to Play:

A structured, graded exertion protocol should be developed; individualized on the basis of sport, age and the concussion history of the athlete. Exercise or training should be commenced only after the athlete is clearly asymptomatic with physical and cognitive rest. Final decision for clearance to return to competition should ideally be made by a medical doctor.

For more information see the "Summary and Agreement Statement of the Second International Symposium on Concussion in Sport" in the April, 2005 Clinical Journal of Sport Medicine (vol 15), British Journal of Sports Medicine (vol 39), Neurosurgery (vol 59) and the Physician and Sportsmedicine (vol 33).
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IUPUI

CONCUSSION SYMPTOM EVALUATION

Name _____ Sport/Position: _____
 Date/Time of Injury: _____ Date/Time of Assessment: _____ Level of Activity: _____

SYMPTOM EVALUATION

You should score yourself on the following symptoms based on how you have felt over the last 24 hours (unless otherwise directed).

	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Vision problems	0	1	2	3	4	5	6
Balance/coordination problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6
Sleeping more than usual	0	1	2	3	4	5	6
Sleeping less than usual	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6
Numbness or tingling	0	1	2	3	4	5	6
Hearing problems	0	1	2	3	4	5	6
Feeling "dinged" or "dazed"	0	1	2	3	4	5	6
Depression	0	1	2	3	4	5	6
Easily distracted	0	1	2	3	4	5	6

Total number of symptoms (maximum possible is 29)

Symptoms severity score (Add all scores in table, maximum possible is $29 \times 6 = 174$)

Do the symptoms get worse with physical activity? Yes No

Do the symptoms get worse with mental activity? Yes No

ASSESSMENT/NOTES/PLAN

Name _____ Signature _____

IUPUI

CONCUSSION HOME MANAGEMENT PLAN/INSTRUCTIONS

Name: _____ Date: _____ Time: _____ AM / PM

has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. It is expected that recovery will be rapid, but the athlete will need monitoring for a further period of time.

The athlete should be taken to the emergency room if there is/are:

- An increase in or worsening of symptoms
- A deterioration in the athletes condition or level of consciousness
- Persistent vomiting
- Changes in vision
- Change in behavior
- Slurring of speech
- Convulsions
- Areas of numbness, tingling, or weakness
- Any other unusual signs or symptoms

Other important points:

- Rest and avoid strenuous activity for at least 24 hours
- No alcohol, recreational drugs, or sleeping tablets
- Avoid spicy foods
- If necessary, and you are not allergic, you may take acetaminophen (Tylenol) to help with your headache
- Do NOT use aspirin or anti-inflammatory medication
- Do NOT train or play sport until medically cleared
- The athlete should be woken up _____ time(s) throughout the night to make sure his/her condition is not worsening

Y N The athlete has been cleared to drive. (circle one)

Date of injury: _____ Time of Injury: _____ AM / PM

If you have any questions, do not hesitate to contact: _____
At: _____

The athlete should follow-up with the Sports Medicine staff on _____ at _____

Athlete Signature

ATC Signature

The Balance Error Scoring System (BESS)

Obtain Preseason Baseline Score; Compare with Post-Concussion Score³³⁻³⁴

The Balance Error Scoring System³³⁻³⁴ provides a portable, cost-effective and objective method of assessing static **postural stability**. The BESS can be used to assess the effects of mild head injury on static postural stability. Information obtained from this clinical balance tool can be used to assist clinicians in making return to play decisions following mild head injury. The BESS can be performed in nearly any environment and takes approximately 10 minutes to conduct.

The balance-testing regime consists three stances on two different surfaces. The three stances are **double leg stance**, **single leg stance** and **tandem stance**. The two different surfaces include both a **firm** (ground) and **foam** surface. **Athletes' stance should consist of the hands on the iliac crests, eyes closed and a consistent foot position depending on the stance.** Shoes should not be worn.

In the **double leg stance**, the feet are flat on the testing surface approximately pelvic width apart.

In the **single leg stance** position, the athlete is to stand on the non-dominant leg with the contralateral limb held in approximately 20° of hip flexion, 45° of knee flexion and neutral position in the frontal plane.

In the **tandem stance** testing position, one foot is placed in front of the other with heel of the anterior foot touching the toe of the posterior foot. The athlete's non-dominant leg is in the posterior position. Leg dominance should be determined by the athlete's kicking preference.

Administering the BESS: Establish baseline score prior to the start of the athletic season. After a concussive injury, re-assess the athlete and compare to baseline score. Only consider return to activity if scores are comparable to baseline score. Use with Standardized Symptom Scale Checklist.

Scoring the BESS: Each of the trials is **20 seconds**. Count the number of errors (deviations) from the proper stance. The examiner should begin counting errors only after the individual has assumed the proper testing position.



Double Leg Stance
Firm Surface



Single Leg Stance
Firm Surface



Tandem Stance
Firm Surface



Double Leg Stance
Foam Surface



Single Leg Stance
Foam Surface



Tandem Stance
Foam Surface

Errors:

- Moving the hands off the hips
- Opening the eyes
- Step, stumble or fall
- Abduction or flexion of the hip beyond 30°
- Lifting the forefoot or heel off of the testing surface
- Remaining out of the proper testing position for greater than 5 seconds

The maximum total number of errors for any single condition is 10.

If a subject commits multiple errors simultaneously, only one error is recorded.

B.E.S.S. SCORECARD

Count Number of Errors max of 10 each stance/surface	FIRM Surface	FOAM Surface
Double Leg Stance (feet together)		
Single Leg Stance (non-dominant foot)		
Tandem Stance (non-dominant foot in back)		
TOTAL SCORES: total each column		
B.E.S.S. TOTAL: (Firm+Foam total)		

Airex™ Foam Balance Pads available at www.power-systems.com or through most sporting goods stores.

MRSA Policies and Procedures

When cleaning and disinfecting the area the individual(s) responsible will adhere to Universal Precautions at all times and wear Personal Protection Equipment as needed

Treatment / Taping Tables, Weight Room / Rehabilitation Equipment, Countertops, Stools, treatment tables, etc.-

1. Treatment tables, taping tables, weight room / rehabilitation equipment, countertops, stools, exam tables, etc. must be cleaned everyday and/or following a possible contamination using Sani-Cide *or other appropriate cleaner*.
 - 1.1. 1:10 diluted bleach solution can be used to clean **hard surfaces** only
2. Clean / Disinfect tables, equipment, countertops, stools, etc. in the following manner:
 - 2.1. Spray the Sani-Cide solution on the surface to be cleaned and wipe with a towel.
 - 2.2. Spray the Sani-Cide solution on the surface again and allow the solution to sit on the surface for ten (10) minutes.
 - 2.3. Allow to air dry.

Coolers-

1. Coolers must be cleaned and disinfected every day following use, or as needed following every possible contamination using a diluted solution of Povidone Iodine 10% solution or any household dishwashing detergent (e.g. Sun Light, Dawn, Joy, etc.) or other appropriate cleaner.
2. Coolers are to be cleaned in the following manner:
 - 2.1. Squirt the cleaning solution inside and outside the cooler and inside and outside the cooler top / lid.
 - 2.2. Partially fill the cooler with hot water.
 - 2.3. Use the assigned sponge to thoroughly scrub the inside and outside of the cooler and the inside and outside of the cooler top / lid.
 - 2.4. Allow the soapy solution to circulate through the cooler spigot
 - 2.5. Thoroughly rinse the cooler and cooler top / lid using hot water
 - 2.6. Allow the hot water to circulate through the cooler spigot for rinsing.
 - 2.7. Coolers should be towel dried and then allowed to air dry.
 - 2.8. Store coolers upside down in the designated storage area(s). Cooler tops / lids should be stored standing up in their designated area(s).

Water Bottles, Water Bottle Lids & Carriers, Etc.-

1. Water bottles, water bottle lids and carriers, etc. must be cleaned and disinfected every day
2. following use, or as needed following every possible contamination using Povidone Iodine 10% solution or a diluted solution of household dishwashing detergent (e.g. Sun Light, Dawn, Joy, etc.) or other appropriate cleaner.
3. Water bottles, water bottle lids and carriers, pouring pitchers, etc. are to be cleaned using the same cooler washing method listed above.

Game Ready Attachments-

1. ***Game Ready attachments must be cleaned / disinfected following every use.***
2. Game Ready attachments are to be cleaned using Decide or bleach & water
3. Clean / Disinfect Game Ready attachments in the following manner:
 - 3.1. Spray the cleaning solution on the inner surface of the Game Ready attachment;
 - 3.2. Allow the solution to sit for five (5) minutes; and
 - 3.3. Wipe down the Game Ready attachment with a towel.

Towels-

1. Cloth towels should only be used on a single patient and should be laundered following every use.
2. Disposable towels should be used whenever feasible on the field / court and should be disposed of after a single use.

Hydrocollator Packs / Covers-

1. A cloth and/or disposable towel should be placed between the patient and the hydrocollator pack / cover.
2. Hydrocollator covers should be laundered every day and/or following a possible contamination.

Soft Goods-

1. Soft goods (*e.g. neoprene braces / sleeves, knee / elbow / forearm / shin pads, splints, lace-up ankle braces, shoulder harnesses, walking boot liners, cast shoes, back braces, etc.*) should be laundered upon return to the athletic training facility BEFORE being returned to inventory and/or administered to another student athlete.
2. Soft goods that cannot be laundered (*e.g. Philadelphia collars, Donjoy Velocity ankle braces, Aircast ankle braces, hard splints, etc.*) should be disinfected using the aforementioned guidelines for treatment / taping tables, weight room / rehabilitation equipment, etc.

Whirlpools-

1. Whirlpools shall be cleaned on a daily basis, or as needed following every possible contamination;
2. Whirlpools are not to be used by student-athletes with open or draining wounds;
3. Whirlpools are to be cleaned using Decide
4. Whirlpools are to be cleaned in the following manner:
 - 4.1. Spray the decide in and around the sides of the whirlpool;
 - 4.2. Allow the whirlpool cleaner to sit for five (5) minutes;
 - 4.3. Using a clean towel, scrub all surfaces of the whirlpool.
 - 4.4. Rinse the tank very well with **hot water** and allow it to drain;
 - 4.5. Towel dry or air dry;
5. Whirlpool turbines are to be cleaned using household bleach or ammonia allowing the bleach or ammonia solution to circulate through a running turbine with hot water for ten (10) minutes.

DO NOT use bleach and ammonia at the same time as this will create harmful / hazardous fumes.

Blood Borne Pathogen Policy

Methods of Exposure Control

To keep employees safe from exposure to infectious diseases found in blood, such as Hepatitis B Virus, Human Immunodeficiency Virus, and Hepatitis C Virus, there are certain procedures and tools. These are explained in detail in the following pages. Here is a list of the general topic headings:

- Universal Precautions Engineering Controls
- Personal Protective Equipment Housekeeping
- Laundry Practices Labels and Signs

1. Universal Precautions.

Universal Precautions is a term that means a certain "mindset" or "attitude" toward other peoples' blood or body fluids. If all "at risk" employees adopt this way of thinking, chances are good that they will consistently act in a safe manner when working with human body fluids. This new attitude can be summarized:

- Assume that ALL blood is positive for HIV, HBV, and HCV
- Assume that ALL other human fluids/tissues are also positive
- When it's difficult to differentiate, treat ALL fluids as potentially infectious
- Assume that ALL individuals are carrying these disease organisms
- Avoid skin contact with blood & other potentially infectious materials
- Avoid eye, nose, & mouth contact with blood & other potentially infectious materials
- Avoid punctures/sticks with contaminated sharp objects

2. Engineering Controls

Engineering controls are devices and tools that prevent exposure to health hazards. These sorts of safety controls shall be used, in conjunction with Work Practice Controls, to eliminate or minimize employee exposure.

These devices/equipment shall be inspected and maintained on a regular basis by the Implementation Coordinator, or designee. Worn parts and equipment shall be replaced as soon as indicated through the inspection process. Here are some common engineering controls used to protect employees from blood borne pathogens:

Hand washing facilities:

Each department shall provide readily accessible hand washing facilities. This means that there must be a facility to supply adequate running water, soap, and single-use towels or hot-air drying machines.

Alternate Hand washing Devices:

When running water hand washing facilities are not feasible, the department shall provide either an appropriate antiseptic hand cleanser with clean cloth/paper towels OR antiseptic towelettes.

Needle Safety Devices:

Departments using medical sharps must make all reasonable attempts to implement the use of these safety devices, instead of traditional sharps. There are many new products on the market that are designed to prevent needle-stick-injuries. Here are some examples:

Needle-less connectors for IV delivery systems (e.g., blunt cannula for use with pre-pierced ports and valved connectors that accept tapered or luer ends of IV tubing)

Protected needle IV connectors (e.g., the IV connector needle is permanently recessed in a rigid plastic housing that fits over IV ports)

Needles that retract into a syringe or vacuum tube holder

Hinged or sliding shields attached to phlebotomy needles, winged-steel needles, and blood gas needles

Protective encasements to receive an IV stylet as it is withdrawn from the catheter

Sliding needle shields attached to disposable syringes and vacuum tube holders

Self-blunting phlebotomy and winged-steel needles (a blunt cannula seated inside the phlebotomy needle is advanced beyond the needle tip before the needle is withdrawn from the vein)

Retractable finger/heel-stick lancets

Desirable features in Needle Safety Devices:

The device is needleless

The safety feature is an integral part of the device

The device preferably works passively (requires no activation by user)

The user can easily tell whether the safety feature is activated

The safety feature cannot be deactivated and remains protective through disposal.

The device is easy to use and practical

Sharps Containers:

Proper containers for storage of contaminated sharps shall be provided by the departments.

They shall meet the following description:

Puncture resistant

Closeable

Leak proof

Labeled (Biohazard) or color-coded (orange/red)

Resuscitation Masks:

Shall be available to all First Responders. These devices prevent fluid exchange during the administration of Cardiopulmonary Resuscitation.

Work Practice Controls

Work practice controls are procedures that employees need to follow in order to keep themselves safe. These required procedures are to be followed by all "at risk" employees and shall be enforced by all departments.

Hand/Skin Washing

It is extremely important that all at-risk employees follow strict hand/skin washing procedures at the following times:

After removing gloves or other Personal Protective Equipment

Following contact with blood or other potentially infectious fluid

Hands and other skin areas shall be washed with soap and water OR antiseptic cleanser (in the absence of water). Mucous membranes shall be flushed with copious amounts of water. (at least 15 minutes of flushing)

When an antiseptic cleanser or towlette is used, washing with water and soap should follow as soon as possible.

Sharps Handling.

Whenever a needle or other sharp device is exposed, injuries can occur. Data from show that approximately 38% of percutaneous injuries occur during use and 42% occur after use and before disposal. Causes of percutaneous injuries:

- Wound procedures

- Joint Aspirations/Injections

In addition to risks related to device characteristics, needle stick injuries have been related to certain work practices such as

- Recapping

- Transferring a body fluid between containers

- Failing to properly dispose of used needles in puncture-resistant sharps containers.

If recapping cannot be avoided, it must be accomplished through the use of a mechanical device, such as forceps. Also, the one-hand scoop method is allowed, if done safely.

Minimizing Splashing.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets.

Avoiding Ingestion.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are strictly prohibited in work areas where there is a reasonable likelihood of occupational exposure. This, however, does not apply to hand-cream.

Food and drink shall not be kept where blood or other potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Dealing with Contaminated Equipment.

The following procedures shall be followed when having potentially contaminated equipment serviced:

1. Look for evidence of contamination.
2. Decontaminate if necessary and feasible.
3. If NOT feasible, label equipment with BIOHAZARD label.
4. Include on the label which parts are contaminated.
5. Convey information to affected employees and servicing representative prior to shipping, so that precautions can be taken.

Department-Specific Information Sheet : WORK PRACTICE CONTROLS

Work practice controls are procedures that employees need to follow in order to keep themselves safe. The following required procedures are to be followed by all sports medicine staff members during the course of their duties.

Hand/Skin Washing: (follow IUPUI EHSS Procedures)
Sharps Handling: (follow IUPUI EHSS Procedures)
Dealing with Contaminated Equipment: (follow IUPUI EHSS Procedures)

Personal Protective Equipment

GENERAL:

Where occupational exposure remains after the implementation of Engineering and Work Practice Controls, Personal Protective Equipment (PPE) shall also be used. Departments shall provide, at no cost to the employee, appropriate Personal Protective Equipment including, but not limited to:

- GLOVES
- GOWNS
- LAB COATS
- FACE SHIELDS
- MASKS
- EYE PROTECTION
- MOUTHPIECES
- RESUSCITATION BAGS
- POCKET MASKS
- MECHANICAL RESPIRATORY DEVICES

PPE is considered appropriate if it is needed for, and is capable of, preventing blood or other fluids from passing through to the employee's clothing, skin or mucous membranes. Departments shall ensure proper use, accessibility, cleaning, disposal, repair and replacement of PPE. Employees must remove PPE before leaving the work area or whenever the PPE has become saturated with blood or other potentially infectious materials. Used PPE shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

GLOVES:

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with:

- blood
- other potentially infectious materials
- mucous membranes
- non-intact skin

Or when:

- performing vascular access procedures
- when handling contaminated surfaces

FACE AND EYE PROTECTION:

Masks, goggles, glasses, and face shields are to be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

BODY PROTECTION:

Gowns, aprons, lab coats, clinic jackets, and other protective body clothing are to be worn in occupational exposure situations when appropriate. The type and characteristics of the PPE will depend upon the task and degree of exposure anticipated.

Personal Protective Equipment

Where occupational exposure remains after the implementation of Engineering and Work Practice Controls, Personal Protective Equipment (PPE) shall be used.

Housekeeping

All worksites are to be maintained in clean and sanitary conditions at all times. To meet the OSHA regulation requirements, each work area must establish a written cleaning schedule. All such schedules should be included in this manual, following this section.

HOW?

Following is a table of Cleaning/Reprocessing methods recommended by the Centers for Disease Control(CDC). (see below) Decontamination methods can be selected according to that information.

WHEN?

Decontamination/Cleaning of surfaces and equipment shall be performed at the following times:

- At the frequency determined in the written schedule
- Following a contamination incident
- Following routine procedures that may cause contamination
- At the end of work shifts, if contamination may have occurred since last cleaning

WHAT?

The following are surfaces that are likely to need decontamination:

- Lab equipment
- Bench/Counter tops
- Receptacles intended for reuse, that may store bloody material
- Environmental Surfaces: Large areas, such as ambulance interiors, entire lab rooms, etc.

Other Notes on Housekeeping:

Broken glass shall not be picked up directly with the hands. It shall be cleaned up mechanically. Use a brush and dust pan, tongs, or forceps.

Employees must never reach their hands into containers of contaminated sharps.

CLEANING/DECONTAMINATION METHODS (Source: Morbidity & Mortality Weekly Report, 6/23/89; CDC)

Housekeeping

All work sites are to be maintained in clean and sanitary conditions at all times. The following schedule will apply:

- Hard Surfaces: (counters) cleaned after each use (including restrooms)
- Treatment tables: cleaned daily
- Flooring: cleaned daily
- Sinks: cleaned daily
- Pillows: cleaned daily

The cleaning/decontamination methods provided by IUPUI EHSS will be followed by all Sports Medicine Department staff members.

- Sterilization of instruments used to break the skin
- Autoclave

High Level Disinfection
Hot Water Pasteurization
EPA Approved chemical “sterilant” as directed
Intermediate Level Disinfection
Low Level Disinfection

LAUNDRY: PROPER PRACTICES

Handling:

Contaminated laundry shall be handled as little as possible.
Employees that have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.
Employees are not to take contaminated clothing home for laundering. The department must arrange to have the university's Laundry Service collect and clean these items.

Storage:

Contaminated laundry shall be bagged or contained at the location where it was used and shall not be sorted or rinsed in the location of use.

Proper containers are as follows:

Labeled with the Biohazard symbol, or color-coded fluorescent orange or orange-red capable of preventing soak-through, if laundry is wet and presents reasonable likelihood of leakage to the exterior of the container

Transportation:

Contaminated laundry shall be transported in proper containers, as described above.
Laundry personnel must use Universal Precautions when handling ALL laundry.

LABELS AND SIGNS LABELS:

A sticker or placard that contains:

1. The word BIOHAZARD
2. The biohazard symbol

Anything color-coded

1. Fluorescent orange
2. Orange-red

What Should Be Labeled?

Containers of Regulated Waste
Refrigerators/Freezers Containing Blood or Other Potentially Infectious Materials
Containers used to store or transport above mentioned fluids
Equipment that cannot be decontaminated
(location of contamination must be written on label)

SIGNS:

Departments must post signs at the entrance to HIV/HBV research laboratories. These signs must be color-coded and contain the following information:

"BIOHAZARD"
(name of infectious agent)
(special requirements for entering the area)
(name, phone # of responsible person)

Emergency Action Plan (EAP)

Implementation of an emergency medical plan for all the athletics teams requires the involvement of the entire athletics staff. It is the responsibility of the institution to provide a safe environment for all student athletes. An emergency management plan is a set of protocols, which are to be followed in the event of a serious, or life threatening injury or situation. (For off campus sports, ask athletic trainer for EAP.)

The IUPUI Athletics Department has Nationally and State Certified Athletic Trainers and Board Certified Sports Medicine Physicians, who are capable of administering emergency care. Some athletic teams practice and compete without the services of a Sports Medicine staff available; therefore it is important that the head and assistant coaches are familiar with the emergency protocols at the athletics site where they participate. It is also strongly suggested that **ALL** coaches be certified in CPR and First Aid.

When an emergency occurs the following plan should be implemented.

I. Survey the situation

1. The person with the highest level of medical expertise should take control of the situation. In the absence of a Sports Medicine staff, the Head Coach takes control of the situation.
2. The person in control of the situation must first determine the severity of the situation, then determine what services or personnel need to be notified and how quickly, and then delegate responsibilities, such as:
 - 2.1. Identify individual(s) to call - Sports Medicine staff or EMS.
 - 2.2. If necessary, instruct another individual to meet and direct ambulance personnel to the injured person.
 - 2.3. Assign other duties that are appropriate for the situation.

II. How EMS should be called

1. Locate the nearest phone and dial 4-7911(if on campus) or dial 911 (if off campus) to contact EMS. (Most of the time it should be Campus Security 4-7911).
2. It is the recommendation of the Sports Medicine staff that Coaches and/or Athletics staff have access to cellular phones for emergency situations, especially outdoor sports (i.e.: soccer, softball, golf, cross country, and tennis).
3. If a Sports Medicine staff is not present, contact a the respective certified staff athletic trainer or the Athletic Director once the situation is under control.

III. Information to give when calling EMS:

1. Your name / Title (if Coach, announce no Athletic Trainer is available)
2. Type of emergency situation - possible injury/condition
 - 2.1. Athlete's chief complaint
 - 2.2. Number of athlete's involved
 - 2.3. Athlete's age
 - 2.4. Athlete's level of consciousness
 - 2.5. Any treatment initiated
3. Exact location of the facility or injured individual and specific point of entry for the facility (Campus Security will notify Ambulance Service and be able to give an exact street address).
4. Telephone number being used
5. Answer additional questions Campus Security or EMS might have, and
6. Always hang up LAST!

IUPUI Gymnasium EAP

Teams: volleyball, basketball, various outdoor athletics

Nearest phone: Campus phones and pay phones located in main concourse to the right of the loading dock doors.

Exact location: Located in IUPUI School of Physical Education / Natatorium building, Main Concourse, at southeast corner of New York Street and University Blvd. Intersection.

Specific point of entry: Loading docks on southeast corner of building on W. Ohio St.

Instructions specific to this location:

1. Someone must meet EMT's at loading dock doors to escort them to the injured person.
2. If the Main Concourse is crowded, have someone ensure that EMT's have clear path to the injured person.
3. If emergency occurs during competition; aid game management personnel and security in crowd control and containment.

Emergency Phone List:

Emergency medical services	274-7911, on campus and 911, if off campus
Campus Security	274-7911
Mike Moore, Athletics Director	278-5205 (o)
Kyle Torgerson M.Ed., ATC	278-5237 (o)
	250-0591 (c)
Jessica Schaefer M.S., ATC	278-8645 (o)
	(812) 686-0973 (c)
Andrew Bieber M.S., ATC	274-7153 (o)
	(614) 323-5907 (c)
Kevin Gebke, M.D., Head Team Physician	313-6589 (c)

Michael A. Carroll Track & Soccer Stadium EAP

Teams: soccer, cross country, various teams during conditioning

Nearest phone: Pay phones located at east end of Stadium between Men's and Women's Restrooms

Exact location: Located at southwest corner of New York Street and University Blvd. Intersection.

Specific point of entry: B-parking lot on University Blvd., and drive up in front of scoreboard.

Instructions specific to this location:

1. Someone must meet EMT's at appropriate entrance to escort them to the injured person.
2. If emergency occurs during competition, aid game management personnel and security in crowd control and containment.
3. Always be aware of which gate is open and direct EMS to enter thru the one closest to the injured individual.

Emergency Phone List:

Emergency medical services	274-7911, on campus and 911, if off campus
Campus Security	274-7911
Mike Moore, Athletics Director	278-5205 (o)
Kyle Torgerson M.Ed., ATC	278-5237 (o)
	250-0591 (c)
Jessica Schaefer M.S., ATC	278-8645 (o)
	(812) 686-0973 (c)
Andrew Bieber M.S., ATC	274-7153 (o)
	(614) 323-5907 (c)
Kevin Gebke, M.D., Head Team Physician	313-6589 (c)

IUPUI Softball Field - #2 EAP

Teams: softball

Nearest phone: Pay phones located at east end of Michael A Carroll Track and Soccer Stadium between Men's & Women's Restroom.

Exact location: West New York St., west of Michael A Carroll Track and Soccer Stadium.

Specific point of entry: Gate between Softball Field and Track and Soccer Stadium on New York St. and right field gate.

Instructions specific to this location:

1. Someone must meet EMT's at Ticket Gate to escort them to the injured person.
2. If emergency occurs during competition, aid game management personnel and security in crowd control and containment.
3. Someone must have gates unlocked and open prior to arrival of ambulance.
4. Have keys to gates for all practices and competitions.

Emergency Phone List:

Emergency medical services	274-7911, on campus and 911, if off campus
Campus Security	274-7911
Mike Moore, Athletics Director	278-5205 (o)
Kyle Torgerson M.Ed., ATC	278-5237 (o)
	250-0591 (c)
Jessica Schaefer M.S., ATC	278-8645 (o)
	(812) 686-0973 (c)
Andrew Bieber M.S., ATC	274-7153 (o)
	(614) 323-5907 (c)
Kevin Gebke, M.D., Head Team Physician	313-6589 (c)

IUPUI Natatorium EAP

Teams: swimming and diving

Nearest phone: Campus phone in Guard Room on east side of pool deck. Campus phone is in Coach Shuck's office on northwest corner of pool deck. Campus phone at Natatorium Service Desk at main stairway LL

Exact location: Located in IUPUI School of Physical Education / Natatorium, Lower Level, at southeast corner of New York Street and University Blvd. Intersection.

Specific point of entry: Loading docks on south east corner of building on W. Ohio St.

Instructions specific to this location:

1. Someone must meet EMT's at loading dock doors to escort them to the injured person.
2. If Main Concourse is crowded, have someone ensure that EMT's have clear path to injured person.
3. If emergency occurs during competition, aid game management personnel and security in crowd control and containment.
4. Notify Life Guard Supervisor of situation at earliest convenience.
5. Life Guards and Athletic Training Staff will work as a team, to provide the best possible care for the injured person.
6. If member of the Athletic Training Staff is not available, Life Guard is responsible for the medical care of the injured person and should be aided in any way possible.

Emergency Phone List:

Emergency medical services	274-7911, on campus and 911, if off campus
Campus Security	274-7911
Mike Moore, Athletics Director	278-5205 (o)
Kyle Torgerson M.Ed., ATC	278-5237 (o)
	250-0591 (c)
Jessica Schaefer M.S., ATC	278-8645 (o)
	(812) 686-0973 (c)
Andrew Bieber M.S., ATC	274-7153 (o)
	(614) 323-5907 (c)
Kevin Gebke, M.D., Head Team Physician	313-6589 (c)
Julie McKenney, Director	274-6785 (o)
Keith Dollard, Pool Operations Manager	278-1403 (o)

Kuntz Memorial Soccer Stadium EAP

Teams: soccer

Nearest phone: Complex Office or Cell Phone.

Exact location: Located at the Southeast corner of 16th St. and Harding St. Intersection.

Specific point of entry: Main parking lot entrance is on 16th St., and drive up by the Complex Office.

Instructions specific to this location:

1. Someone must meet EMT's at appropriate entrance to escort them to the injured person.
2. If emergency occurs during competition, aid game management personnel and security in crowd control and containment.
3. Always be aware of which gate is open and direct EMS to enter thru the one closest to the injured individual.

Emergency Phone List:

Emergency medical services	274-7911, on campus and 911, if off campus
Campus Security	274-7911
Mike Moore, Athletics Director	278-5205 (o)
Kyle Torgerson M.Ed., ATC	278-5237 (o)
	250-0591 (c)
Jessica Schaefer M.S., ATC	278-8645 (o)
	(812) 686-0973 (c)
Andrew Bieber M.S., ATC	274-7153 (o)
	(614) 323-5907 (c)
Kevin Gebke, M.D., Head Team Physician	313-6589 (c)

Catastrophic Emergency Action Plan

Definition of a Catastrophic Emergency

1. Sudden Death of a student-athlete, coach, and/or staff member;
2. Disability / Quality of Life Altering injury / illness including, but not limited to:
3. Spinal cord injury resulting in partial or complete paralysis;
 - 3.1. Loss of a paired organ;
 - 3.2. Severe head injury;
 - 3.3. Injuries / illnesses resulting in severely diminished mental capacity or other neurological injury that results in an inability to perform daily functions (e.g. coma)
4. Other incident as deemed appropriate.

Catastrophic Emergency Team

1. Kyle Torgerson, Lead Athletic Trainer
2. Dr. Kevin Gebke, M.D., Head Team Physician
3. Mike Moore, Director of Athletics
4. Appropriate IUPUI team athletic trainer
 - 4.1. Jessica Schaefer: Assistant Athletic Trainer
 - 4.2. Andrew Bieber: Assistant Athletic Trainer
5. Appropriate IUPUI Head coach
6. IUPUI Campus Security/Hospital

Follow These Steps

1. The IUPUI emergency action plan will be followed at home. If a catastrophic incident occurs away from home, the traveling ATC or coach should contact **Kyle Torgerson - Lead Athletic Trainer**, who will begin the catastrophic incident immediate action plan.
2. IUPUI Sports Medicine personnel, a member of the coaching staff, and/or a member of the IUPUI Department of Athletics will accompany the injured student-athlete to the medical facility with the injured student-athlete's emergency medical/ insurance information.
3. The IUPUI certified athletic trainer or coach will immediately call **Kyle Torgerson - Lead Athletic Trainer** or designee (if applicable) to notify him/her of the emergency situation.
 - 3.1. The Lead Athletic Trainer or designee will immediately notify the Director of Athletics, to notify them of the emergency situation, and will keep all designated parties updated at regular intervals
 - 3.2. The Director of Athletics and/or designee will contact other Athletics Department and University administrative personnel as he/she deems necessary.
 - 3.3. The Lead Athletic Trainer and/or designee and/or other Department of Athletics personnel will make every effort to notify the injured student athlete's family of the emergency.
4. The Lead Athletic Trainer and/or designee will be responsible for the following
 - 4.1. Compiling documentation of events from everyone involved in incident
 - 4.2. Constructing a detailed time line of events related to the incident; and
 - 4.3. Collecting and securing all equipment / materials involved in the incident.

IUPUI Policy Statement Inclement Weather/Lightning

Using Telvent DTN WeatherSentry Technology

updated as of 09/13/2010

Chain of Command

The responsibility for terminating an athletic activity in the event of lightning, severe weather, and/or storms lies with the IUPUI certified athletic trainer (practices) or the IUPUI Game Administrator (games).

- A IUPUI certified athletic trainer will communicate with the IUPUI Game Administrator, the head coach and/or his/her designee, and game official(s) / umpire(s) of the potential for a lightning strike, severe weather, and/or storm, and will make the recommendation that all activities stop immediately.
- If the head coach is not present, an assistant coach will assume responsibility.
- ***If a coach and/or game official(s) / umpire(s) make the decision to continue to practice and/or continue with a game or other activity despite a National Weather Service Severe Weather Warning, the cancellation of classes, and/or the verbal instruction by a IUPUI certified athletic trainer or IUPUI Game Administrator, they will be doing so against the recommendations of the IUPUI Athletics Department, and will be personally liable for any and all injuries.***

Criteria For Evacuation of the Practice / Game Area

The policy of the IUPUI Athletics Department will be as follows:

- a) An IUPUI certified athletic trainer will inform the visiting team's athletic trainer and/or coach and game official(s) / umpire(s) of IUPUI's policy with regards to lightning, severe weather, and/or storms during pre-game warm-ups.
- b) A IUPUI certified athletic trainer will monitor the lightning using the Telvent DNT WeatherSentry Online/Mobile, will watch for lightning and listen for thunder, and will be responsible for keeping track of the ***"flash / bang"*** count.
- c) A IUPUI certified athletic trainer will also monitor local weather radar and media outlets for severe thunderstorm, tornado, hurricane, and/or other severe weather watches / warnings using the Telvent DTN WeatherSentry Online/Mobile.
- d) When the ***"flash/bang" count*** reaches **40 seconds**, the **8-20 mile alarm** indicator is illuminated on the Telvent DTN WeatherSentry Online/Mobile, and/or a **severe weather watch** has been issued, a IUPUI certified athletic trainer will notify the following persons-
 - The game official / umpire (at a break in the action);
 - The IUPUI head coach and/or his/her designee;
 - The visiting team's athletic trainer and/or coach (if applicable); and
 - IUPUI game administrator / operations staff (if applicable).
- e) When the ***"flash/bang" count*** reaches **30 seconds or less**, the **3-8 mile alarm** indicator is illuminated on the Telvent DTN WeatherSentry Online/Mobile, and/or a **severe weather warning** has been issued, a IUPUI certified athletic trainer will notify the following persons-
 - The game official(s) / umpire(s);
 - The IUPUI head coach and/or his/her designee;
 - The visiting team's athletic trainer and/or coach (if applicable); and
 - IUPUI game administrator / operations staff (if applicable).

At this point, all game / practice activities are to cease **IMMEDIATELY**, and ALL personnel are to evacuate to a safe structure or location.

- f) A safe structure or location is defined as- ***“any sturdy, fully enclosed, substantial, and frequently inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure”***. Examples of locations that routinely **DO NOT** meet the criteria include-
- Baseball / softball dugouts;
 - Baseball / softball “covered” batting cages;
 - Outside storage sheds; and/or
 - Canopy / awning / tent.
- g) In the absence of a sturdy, fully enclosed, substantial, and frequently inhabited location as described above, a secondary structure such as a fully enclosed vehicle with a hard metal roof, rubber tires, and completely closed windows can provide a measure of safety. Persons should not touch the sides of the vehicle! **Convertible and “soft-top” vehicles, and golf carts do no provide a high level of protection and cannot be considered safe from lightning.**
- h) Persons should avoid taking showers and using plumbing facilities (including indoor and outdoor pools, whirlpools, Jacuzzis, and hot tubs) and landline telephones during a thunderstorm.
- i) If no safe structure or location is within a reasonable distance, personnel should find a thick grove of small trees surrounded by taller trees or a dry ditch. Everyone should assume the “lightning-safe” position- a crouched position on the ground with the feet together, weight on the balls of the feet, head lowered, and ears covered. **DO NOT LIE FLAT!** Minimize the body’s surface area and minimize contact with the ground.
- j) If unable to reach safe shelter, persons should stay away from the tallest trees or objects (i.e. light poles, flag poles, etc.), metal objects (i.e. fences, bleachers, etc.), individual trees, standing pools of water, and open fields. Persons should avoid being the highest object in an open field.
- k) In situations where thunder and/or lightning may or may not be present, yet someone feels his/her hair stand on end and skin tingle, **LIGHTNING IS IMMINENT!** Therefore, all persons should assume the “lightning-safe” position as described above.
- l) A cellular and/or portable remote phone is a safe alternative to landline phones, if the person and the antenna are located within a safe structure or location, and if all other precautions are followed.
- m) If the IUPUI administration has cancelled classes at the university due to severe weather, the IUPUI Athletics Department strongly recommends the cancellation of all games, practices, and other activities.
- n) ***All individuals should have the right to leave a site or activity, without fear of repercussion or penalty, in order to seek a safe structure or location if they feel that they are in danger from impending lightning activity.***

Criteria For Safe Return to the Practice/Game Area

- a) Personnel should not return to the practice/game area until thirty (30) minutes have passed since the “flash/bang” count is greater than 30, the last lightning flash or the last sound of thunder and/or the Telvent DTN WeatherSentry Online/Mobile, indicates that lightning is greater than 20 miles away and the ALL CLEAR COUNTDOWN TIMER has expired.
- b) Each time the “flash/bang” count goes below 30, lightning is observed and/or thunder is heard, the “30-minute clock” is to be reset.
- c) Blue skies in the local area and/or a lack of rainfall are not adequate reasons to breach the 30-minute return-to-play rule. Lightning can strike up to ten (10) miles away from the rain shaft of a storm.

Pre-hospital Care of Victims of a Lightning Strike

- a) Because lightning-strike victims do not remain connected to a power source, they do not carry an electric charge. Therefore, it is safe to touch the victim to move him/her to a safe location and to render medical treatment.
- b) During an ongoing thunderstorm, lightning activity in the local area still poses a deadly hazard for personnel responding to the victim. Personnel should consider his/her own personal safety before venturing into a dangerous situation to render care.
- c) The first priority of personnel is to move the lightning strike victim to a safe location.
- d) Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes. Therefore, it is critical that CPR and AED use is initiated as soon as safely possible.
- e) The basic triage principle of “treat the living first” should be reversed in cases involving casualties from a lightning strike. It is imperative to treat those persons who are “apparently dead” first.
- f) Lightning strike victims should be evaluated and treated for hypothermia, shock, fractures, and burns as well.

The “Flash / Bang” Method

This is a simple method used to estimate how far away a lightning flash is in the event the Telvent DTN WeatherSentry Online/Mobile is not working properly.

- a) Begin timing (in seconds) as soon as a lightning flash is seen;
- b) Stop timing as soon as a thunder sound is heard after the lightning flash. This number is the “flash/bang” count.
- c) Divide the “flash/bang” count by five (5).
- d) The resulting number is the distance, in miles, from the practice/game area to the lightning flash.

IUPUI Venue Specific Safe Structures-

<i>IUPUI Venue</i>	Primary Safe Location(s)	Secondary Safe Location(s)	Unacceptable Location(s)
Michael A. Carroll Track & Field/Soccer Stadium	Michael A. Carroll Track & Field/Soccer Stadium, NIFS, IUPUI Natatorium	Personal vehicles w/metal roof and/or team bus	Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents
IUPUI Softball Complex	Michael A. Carroll Track & Field/Soccer Stadium, NIFS, IUPUI Natatorium	Personal vehicles w/metal roof and/or team bus	Dugouts, batting cage complex, convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents
Tennis Courts	Club House, Indoor facility	Personal vehicles w/metal roof and/or team bus	Dugouts, convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents
Kuntz Soccer Stadium	Public Restrooms, locker rooms	Personal vehicles w/metal roof and/or team bus	Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents
Wolf Range Golf Course	Club house	Personal vehicles w/metal roof and/or team bus	Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents

References:

Bennett, B.L. (1997). A model lightning safety policy for athletics. Journal of Athletic Training, 3, 251-253.

NCAA Guideline 1D: Lightning Safety. **NCAA Sports Medicine Handbook** (1999).

Walsh, K.M. et. al (2001). National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics & Recreation. Journal of Athletic Training, 34(4), 471-477.

Cleaning Procedures

Follow these guidelines when performing cleaning duties in the athletic training room.

Coolers

- Drain cooler
- Scrub with soap, then rinse
- Spray Sanizide, let sit for a few minutes
- Wipe down with towel
- Store cooler upside down with lid off

****Make sure you clean the inside, outside, and spout of cooler.**

Counters

- Spray Sanizide on counter, let sit for a few minutes
- Wipe down with towel

Exercising Equipment

- Spray Sanizide on counter, let sit for a few minutes
- Wipe down with towel

Hydrocollator

- Drain Hydroc
- Take the Hydroc pads out and lay on table/counter
- Scrub with soap, then rinse
- Spray with Sanizide, let sit for a few minutes
- Wipe down with towel
- Refill Hydroc

****If storing Hydrocollator for extended periods of time. Follow cleaning procedures; rinse the Hydroc pads with water and place in a plastic bag will wet. Then place the hydroc pads in a freezer. (Unthaw hydroc pads slowly, place in a sink full of water)**

Laundry

- Separate whites & colors, including the laundry bags
- Throw in washer, 45 minutes
- Add one cup of detergent (if whites, also add one cup of bleach)
- Throw in dryer, 60 minutes

Treatment Tables

- Spray Sanizide on table, let sit for a few minutes
- Wipe down with towel

Whirlpool

- Drain WP
- Scrub with soap, then rinse
- Spray with Sanizide, let sit for a few minutes
- Wipe down with towel
- Place tape across WP to indicate CLEAN
- Setting up WP: fill WP, open Chlorozine pkg. and place in WP, run for a few minutes to mix chemicals

Whirlpool (Bleaching)

- Drain WP
- Fill the bottom of a bucket with 1/2in. bleach and the rest water
- Lift the WP motor and slide the bucket underneath it
- Close the motor with side lever and lower into the bucket of bleach/water
- Run the motor for about 10 minutes
- Turn off motor and lift out of the bucket
- Dump the bucket into the WP, scrubbing the WP with the bleach/water
- Rinse thoroughly
- Open the motor with the side lever
- Wipe down with towel

Cleaning Duties						
DUTIES	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
	initial/time	initial/time	initial/time	initial/time	initial/time	initial/time
Fill Ice Chest						
Check, clean, fill WP						
Straighten counter tops						
Clean cabinets						
Restock taping stations						
Restock jars on counter						
Clean counter tops						
Clean all ex. equipment						
Take towels to laundry rm						
Fill ice cups in freezer						
Clean rehab area						
Add water to Hydroc						
Clean treatment tables						
Turn all machines on						
Turn all machines off						
Clean & put coolers away						
WEEKLY DUTIES	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Sweep/Mop Cooler Room						
Clean ice machine						
Straighten up storage rm						
Drain & Clean Hydroc's						
Clean taping tables						
Bleach Whirlpools						

Athletic Training Room Rules

1. All athletes must check-in with the Sports Medicine staff on duty prior to any treatment being provided.
2. All athletes must sign in at the front desk prior to treatments.
3. No cleats, spikes, or athlete equipment bags are allowed in the athletic training room.
4. No food or drinks are allowed in the athletic training room.
5. No chewing tobacco or any use of such substance is allowed at any time.
6. Proper attire must be worn at all times in the athletic training room. Shoes and shirts required.
7. No shoes are allowed on the athletic training room table.
8. No cell phones are allowed in the training room.
9. No loitering! The athletic training room is not a lounge. Get your treatment and leave to make room for others.
10. Clean up after yourself!
11. No removal of supplies or equipment from the athletic training room without permission from the Sports Medicine staff.
12. Excessive vulgar language and horseplay will not be tolerated.
13. All athletes must shower prior to using the athletic training room and the whirlpools.
14. Athletes will not touch or adjust the modalities used in the athletic training room.
15. Athletes will not go into the refrigerator or staff office unless they are instructed to do so.
16. All athletes will treat all Sports Medicine staff and graduate assistants with respect at all times.

The use of the athletic training facilities by IUPUI student athletes is a privilege; it can be revoked if necessary.

By signing below, I agree to follow these rules, and understand that failure to adhere to these rules may result in my being barred from using the athletic training room facilities.

Signature: _____ Date: _____

Athletic Training Room Dress Code

All Sports Medicine staff and graduate student athletic trainers are expected to dress appropriately and professionally at all times when they are in the athletic training room and when representing the Indiana University Purdue University Indianapolis Athletics. Staff and students should present themselves as a health care professional by being neatly groomed and wearing clothes that are clean and neat. The following is a list of what can and cannot be worn in the athletic training room, and when representing Indiana University Purdue University Indianapolis Athletics.

- A collared polo shirt, t-shirt, or sweatshirt with the IUPUI logo or plain in IUPUI colors.
- Dress shorts or slacks (khaki, gray or black). Shorts must be of an appropriate length and have hemmed edges (denim shorts are prohibited).
- Outdoor weather gear may be worn when appropriate but must conform to previously described colors and logo.
- Sneakers and dress shoes that are clean and functional to perform their duties in the athletic training room, at practice and games.
- No hats are allowed to be worn in the athletic training room.
- Socks should be clean and worn at all times.
- While traveling with an IUPUI athletic team, attire should be that of the team or sports medicine staff.
- All facial hair should be neatly groomed.
- Make-up must be worn in the manner representative of a health care professional.
- Earrings must be of the stud type or not hang farther than 1 inch from the ear lobe.
- Jewelry worn anywhere else on the face is prohibited (i.e., nose ring) unless for religious reasons.
- All forms of advertisements (i.e., logos on hats, words on a shirt) that may be construed as unprofessional are prohibited.
- The IUPUI staff/faculty reserves the right to address other dress code issues not previously mentioned as they arise.

BOC Practice Standards

Standard 1: Direction

The Athletic Trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention

The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

Standard 3: Immediate Care

The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis

Prior to treatment, the Athletic Trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision-making.

Standard 5: Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those, which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation

The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient's status.

Standard 7: Organization and Administration

All services are documented in writing by the Athletic Trainer and are part of the patient's permanent records. The Athletic Trainer accepts responsibility for recording details of the patient's health status.

II. Code of Professional Responsibility

Preamble

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The *Professional Practice and Discipline Guidelines and Procedures* may be accessed via the BOC website, www.bocatc.org.

Code 1: Patient Responsibility

The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
©Board of Certification, Inc.

1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare.

1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice.

1.4 Maintains the confidentiality of patient information in accordance with applicable law.

1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress.

1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain.

1.7 Exercises reasonable care, skill and judgment in all professional work.

Code 2: Competency

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities.
- 2.2 Participates in continuous quality improvement activities.
- 2.3 Complies with the most current BOC recertification policies and requirements.

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards.
- 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care.
- 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care.
- 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education.
- 3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education.
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful.
- 3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials.

3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public.

3.10 Complies with all confidentiality and disclosure requirements of the BOC

3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity.

NATA Code of Ethics

PREAMBLE

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

PRINCIPLE 1:

Members shall respect the rights, welfare and dignity of all.

1.1 Members shall not discriminate against any legally protected class. - 1.2 Members shall be committed to providing competent care.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2:

Members shall comply with the laws and regulations governing the practice of athletic training.

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.

2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:

Members shall maintain and promote high standards in their provision of services.

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

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

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

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

Indiana University Purdue University Indianapolis

Sports Medicine

Graduate Assistant Athletic Trainer Evaluation Form

Graduate Assistant Athletic Trainer's Name _____

Sport Assignment(s) _____ Dates _____ to _____

For each of the following items, indicate the graduate assistant athletic trainer's performance in each of the areas below.

PERSONAL ATTRIBUTES

Attributes	Poor	Below Average	Average	Above Average	Excellent	Inadequate Opportunity To Observe
Attitude / Demeanor	1	2	3	4	5	NA
Enthusiasm	1	2	3	4	5	NA
Preparation	1	2	3	4	5	NA
Reliability	1	2	3	4	5	NA
Maturity	1	2	3	4	5	NA
Initiative	1	2	3	4	5	NA
Cooperation	1	2	3	4	5	NA
Judgment / Attention to Risk	1	2	3	4	5	NA
Personal Appearance	1	2	3	4	5	NA
Punctuality	1	2	3	4	5	NA
Professionalism	1	2	3	4	5	NA
Professional relationship with student athletes	1	2	3	4	5	NA
Professional relationship with coaches	1	2	3	4	5	NA
Professional relationship with supervisor	1	2	3	4	5	NA
Professional relationship with peers	1	2	3	4	5	NA
Professional relationship with team physician / allied health personnel	1	2	3	4	5	NA
Professional relationship with administration	1	2	3	4	5	NA
Oral Communication Skills	1	2	3	4	5	NA
Written Communication Skills	1	2	3	4	5	NA
Ability to accept constructive criticism	1	2	3	4	5	NA
Leadership qualities	1	2	3	4	5	NA
Awareness	1	2	3	4	5	NA
Dependability	1	2	3	4	5	NA
Work Ethic	1	2	3	4	5	NA
Organization / Time Management	1	2	3	4	5	NA
Creativity	1	2	3	4	5	NA
Ability to handle pressure situations	1	2	3	4	5	NA
Loyalty	1	2	3	4	5	NA

Comments and Concerns: (Please comment on any rankings of 1 or 2, below)

ATHLETIC TRAINING SKILLS & TECHNIQUES

For each of the following items, indicate the graduate assistant athletic trainer's knowledge, skills, abilities, & performance in each of the areas below.

Definitions	Poor	Below Average	<i>Average</i>	Above Average	Excellent	Inadequate Opportunity To Observe
Prevention of Injuries	1	2	3	4	5	NA
Evaluation & Management of Injuries	1	2	3	4	5	NA
Therapeutic Modalities	1	2	3	4	5	NA
Rehabilitation of Injuries	1	2	3	4	5	NA
First Aid & Emergency Care	1	2	3	4	5	NA
Record keeping	1	2	3	4	5	NA
Insurance Procedures	1	2	3	4	5	NA
Organization & Administration	1	2	3	4	5	NA
Education & Counseling of Student-Athletes	1	2	3	4	5	NA
Decision Making	1	2	3	4	5	NA
Demonstrates Confidence	1	2	3	4	5	NA
Demonstrates critical thinking	1	2	3	4	5	NA
Demonstrates problem solving	1	2	3	4	5	NA
Understands limitations	1	2	3	4	5	NA
Uses equipment and resources appropriately	1	2	3	4	5	NA
Seeks advice for improvement	1	2	3	4	5	NA

Comments and Concerns: (Please comment on any rankings of 1 or 2, below)

SUMMATIVE COMMENTS & RECOMMENDATIONS

Identify strengths and areas needing improvement.

Areas of Strength:

Areas Needing Improvement:

Comments:

Supervisor Signature

Date

Indiana University Purdue University Indianapolis
Sports Medicine
Athletic Trainer Performance Dimensions

<i>Professional Dimensions</i>	Sample Behaviors
Attitude/Demeanor refers to the manner in which the athletic trainer approaches his / her clinical assignment.	<ul style="list-style-type: none"> a) Comes willing to work b) Performs duties with a smile c) Learns from every experience d) Tries new things & open to new opinions
Enthusiasm refers to the athletic trainer demonstrating excitement and a willingness to learn, help others, and improve.	<ul style="list-style-type: none"> a) Excited to learn new things b) Comes early and stays late c) Investigates new knowledge on cases d) Volunteers for extra tasks
Preparation refers to the athletic trainer coming prepared with the necessary components to perform at the site.	<ul style="list-style-type: none"> a) Comes dressed appropriately b) Brings fanny pack and other necessary / required equipment c) Completes duties as assigned
Reliability refers to the athletic trainer coming on time and doing the things he/she is told to do.	<ul style="list-style-type: none"> a) Does everything that is asked of him/her b) Is on time to all events c) Performs tasks as instructed
Maturity refers to the athletic trainer acting as a professional at all times	<ul style="list-style-type: none"> a) Accepts role of being a graduate assistant b) Is not obnoxious or annoying c) Does not complain d) Does not distract others
Initiative refers to the athletic trainer doing things that need to be done without being told as well as learning on their own.	<ul style="list-style-type: none"> a) Finds what needs to be done and does it. b) Starts working immediately c) Volunteers to do other tasks
Cooperation refers to the athletic trainer fulfilling all duties and responsibilities of the clinical assignment.	<ul style="list-style-type: none"> a) Does not avoid performing duties. b) Follows team / coaching staff's guidelines c) Willing to do the monotonous tasks d) Does not complain.
Judgment/Attention to Risk refers to the athletic trainer maintaining a safe and ethical environment for the well being of the physically active.	<ul style="list-style-type: none"> a) Thinks of the well being of the athlete b) Maintains safe working conditions c) Is ethical in action and word d) Acts to prevent any harm to the athlete
Personal Appearance refers to the athletic trainer dressing professionally at all times and in accordance with the sports medicine department's policies and procedures.	<ul style="list-style-type: none"> a) Well groomed b) Practices proper hygiene c) Dresses professionally at all times d) Wears appropriate jewelry/apparel
Punctuality refers to the athletic trainer being on time to all events, practices and other activities.	<ul style="list-style-type: none"> a) Always early to events b) Never late to practices or events c) Performs all duties in proper time frame
Professionalism refers to the athletic trainer acting in a dignified respectable manner.	<ul style="list-style-type: none"> a) Is honest in all dealings b) Treats others with respect and dignity c) Refrains from gossiping or belittling
Professional relationship with student athletes refers to the athletic trainer refraining from flirting or other unprofessional behavior.	<ul style="list-style-type: none"> a) Respects the confidentiality of the athlete b) Does not flirt or court c) Does not abuse or inflict pain on athlete

Professional Dimensions	Sample Behaviors
Professional relationship with coaches refers to the athletic trainer treating coaches with respect and loyalty, always in a professional manner.	a) Respects coaches role b) Loyalty to the team and the coach c) Talks to coach in respectful manner
Professional relationship with supervisor refers to the athletic trainer understanding the supervisor's role and respecting their decisions.	a) Does everything he/she asks them to do b) Accepts them as their teacher c) Respects their decisions and actions d) Doesn't back bite or disrespect supervisor
Professional relationship with peers / colleagues refers to the athletic trainer respecting the other professionals in a positive manner.	a) Does not annoy or distract other students b) Encourages other students to do better c) Helps others with tasks d) Treats other students with respect
Professional relationship with team physician / allied health personnel refers to the athletic trainer's professionalism and respect for the team physician and other allied health personnel.	a) Respects the physicians opinion b) Show gratitude when necessary c) Asks physicians opinion / refers to physician when appropriate
Professional relationship with administration refers to the athletic trainer respecting all of the administrators related to the athletic programs.	a) Respects administration, etc. b) Addresses officials with proper titles c) Does not back bite or gossip
Oral Communication Skills refers to the athletic trainer properly communicating with the sports medicine team, student-athletes, administration, etc.	a) Asks for help when needed b) Expresses concerns when appropriate c) Communicates to coaching staff about injuries, etc.
Written Communication Skills refers to the athletic trainer's communication skills in a written form.	a) Prepares written injury reports on a daily basis b) Adequately expresses self in a written format
Ability to accept constructive criticism refers to the athletic trainer accepting advice on how to better ones skills and professionalism.	a) Tries new techniques when shown b) Is not offended when corrected c) Takes criticism well and learns from it
Leadership qualities refers to the athletic trainer's ability to take charge when necessary and to assume proper leadership roles.	a) Leads others to do better b) Takes charge of getting tasks done c) Looks for ways to improve
Awareness refers to the athletic trainer being alert to responsibilities and taking initiative without being told.	a) Finds things that need to be done b) Takes initiative in being creative c) Handles uncomfortable situations
Dependability refers to the athletic trainer being on time and responsible to duties.	a) Does everything that is asked of him/her b) Performs duties and tasks properly c) Always does things right
Professional Dimensions	Sample Behaviors
Work Ethic refers to how hard the athletic trainer works while on site	a) Completes tasks at 100% b) Does not take short cuts
Organization / Time Management refers to how the athletic trainer manages his / her time in completing the required tasks	a) Manages time effectively with regards to studies, duties, etc. b) Completes tasks in organized & efficient way c) Completes tasks by the deadline
Creativity refers to the athletic trainer being creative in his/her duties, etc.	a) Designs creative approaches to problems
Ability to Handle Pressure Situations refers to the athletic trainer's mannerisms in pressure situations	a) Remains calm b) Maintains composure c) Handles situations appropriately
Loyalty	a) Demonstrates loyalty to the coaching staff & team when appropriate. b) Demonstrates loyalty to the athletic training department
Demonstrates Confidence refers to the athletic trainer	a) Performs tasks w/confidence

not being hesitant or unsure of using knowledge.	b) Exhibits confidence through actions & words c) Does not have to stop and think
Decision Making refers to the athletic trainer being able to make a decision in an efficient manner	a) Makes proper decisions with regards to the student-athlete b) Understands when to not allow play
Demonstrates critical thinking refers to the athletic trainer being able to analyze and comprehend a situation.	a) Able to think through a problem and/or situation b) Understands most effective solution to problem / situation
Demonstrates problem-solving skills refers to the athletic trainer being able to solve problems.	a) Able to effectively & efficiently solve problems presented.
Understands limitations refers to the athletic trainer staying within their ability level	a) Only uses knowledge they have b) Does not perform tasks of a higher level c) Knows when to refer to a physician
Uses equipment and resources appropriately refers to the athletic trainer being able to use equipment properly and to utilize equipment available.	a) Uses available equipment & resources to their fullest b) Knows when & how to use available equipment
Seeks advice for improvement refers to the athletic trainer asking questions when unsure of oneself	a) Asks for help when needed b) Asks for ways to improve

Indiana University Purdue University Indianapolis

Policy & Procedures Commitment Form

I, _____ accept the position of graduate assistant athletic trainer at the Indiana University Purdue University Indianapolis. I have read the ***IUPUI Sports Medicine Handbook*** and understand all of the information contained in it.

I accept this contract with the understanding that I am representing the IUPUI Athletics Department at all times. In accepting the terms of this contractual agreement, I understand that being a graduate assistant athletic trainer is a commitment, which is preparing me to be a full time athletic trainer. I understand that, the IUPUI Sports Medicine Staff will closely supervise me and my progress will be evaluated according to the criteria stated in the Sports Medicine Handbook. I furthermore understand that my evaluation will become part of my personal records and my performance will partially determine my continuance in the assistantship.

Print Name

Signature

Date

Indiana University Purdue University Indianapolis

Policy & Procedures Commitment Form

I, _____ accept the position of staff athletic trainer at the Indiana University Purdue University Indianapolis. I have read the ***IUPUI Sports Medicine Handbook*** and understand all of the information contained in it.

I accept this contract with the understanding that I am representing the IUPUI Athletics Department at all times. In accepting the terms of this contractual agreement, I understand that being a staff athletic trainer is a commitment. I understand that, the IUPUI Athletics Department will closely supervise me and my progress will be evaluated according to the criteria stated in the Sports Medicine Handbook. I furthermore understand that my evaluation will become part of my personal records and my performance will partially determine my continuance as part of the IUPUI Athletics staff.

Print Name

Signature

Date