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Preface

To provide guidance in accomplishing appropriate sports medicine health care for the athletes at Illinois Wesleyan University, and to assist the athletic staff (coaches), sports medicine staff, and athletic training students, this Illinois Wesleyan University Sports Medicine Policies and Procedures Manual has been created.

This manual consists of guidelines only, and is not intended to be a legally binding document. This manual is not intended to establish a legal standard of care that must be strictly adhered to regardless of circumstances. Most of these recommendations have been developed according to NCAA and NATA guidelines, with alterations made where necessary. For example, a significant portion of this manual has been developed to meet the needs of the athletic training students. It is important to keep in mind that the NCAA Guidelines are not mandates that an institution is required to follow to avoid legal liability or discipline sanctions by the NCAA. Rather, the NCAA recognizes that vast differences exist (facilities, personnel, etc.) between its members’ (institution’s) ability to provide sports medicine care, and thus provides “guidelines”. Specific situations will always require flexibility in meeting these recommendations, and the sports medicine staff, coaches, first responders, and medical personnel are expected to use their best judgment always. However, each institution and each individual is expected to use reasonable care in providing treatment to athletes, and this manual provides recommendations and guidelines concerning reasonable care. Everyone responsible for the reasonable care, safety, and welfare of student athletes at Illinois Wesleyan University should understand the contents in this manual.
Sports Medicine Policies and Procedures
At
Illinois Wesleyan University

Introduction

The primary purpose of the Sports Medicine Department at Illinois Wesleyan University (IWU) is to care for the health needs of the more than 550 athletes participating in the school’s NCAA Division III Intercollegiate Athletic Program. The primary location of the program is the Shirk Center’s 1500 square foot athletic training room and surrounding athletic facilities. A secondary purpose of the Sports Medicine Department and facilities is to serve as a clinical site for students in the Athletic Training Education Program (ATEP) at Illinois State University (ISU) who learn and develop their skills while at Illinois Wesleyan University. This Policies and Procedures Manual has been developed with these two goals in mind, and it is hoped that this manual can be mutually helpful to the sports medicine staff, coaches, athletic training students, and the student athlete.

Background

The Intercollegiate Athletics Program at IWU consists of approximately 550 athletes divided among 20 different sports (some have JV teams as well). There are women participating in 10 sports and men in 10 sports. There are approximately 30 full-time and part-time coaches, as well as other auxiliary athletic department personnel, including one full-time Head Athletic Trainer one full-time Assistant Athletic Trainer, and five Graduate Assistant Athletic Trainers. The athletes, coaches, and other personnel are expected to follow NCAA Division III Guidelines and Recommendations concerning such health related issues as pre-participation health exam, proper pre-participation physical conditioning, the use of drugs and medications, and injury care.
The Athletic Training Education Program (ATEP) at Illinois State University (ISU) has a long history of providing both undergraduate and graduate athletic training education. In previous years, both ATEP curriculums have used both internship (undergraduate) as well as Approved (Graduate) routes to NATA certification, requiring 1500 clock hours of experience prior to taking the Certification Exam. However, the internship route to certification is no longer in existence, and students must now abide by the standards of the new CAATE Accredited program that ISU now provides. The new standards for the Athletic Training Education Program (ATEP) at ISU have been in effect since the fall of 2001. These standards are more stringent than those of the past internship program; therefore, all students are expected to understand these new requirements. It is expected that all athletic training students get to know, understand, and abide by the Policies and Procedures Manual developed by the ATEP at Illinois State.

While the primary goal of Illinois Wesleyan University’s Athletic Training Department (ATD) is to care for the health needs of the IWU athletes, the ATD also functions as a clinical education site for the Athletic Training Education Program (ATEP) at Illinois State University. Students from Illinois State are assigned to Illinois Wesleyan University’s ATD where they practice and further develop their athletic training competencies under the supervision of Illinois Wesleyan’s Athletic Training Staff as Clinical Instructors (CI’s). The athletic training students will be exposed to excellent athletic facilities, successful sports teams, and an experienced certified athletic training staff at Illinois Wesleyan University. This Illinois Wesleyan University Athletic Training Policies and Procedures Manual should help explain the operating procedures of the ATD at IWU. Sample record forms are included as well as guidelines for all students to follow while gaining clinical experience in the ATD at IWU. All athletic training students (ATS’s), coaches, and other staff should familiarize themselves with the information in this manual and know what will be expected of them. If you are an ISU student, some of the policies in this manual will be slightly different than those of your ISU ATEP manual, and you are expected to abide by them when they apply. If you have any questions as you read each of the different manuals, please don’t hesitate to ask questions.
OPERATING PROCEDURES FOR ISU ATHLETIC TRAINING STUDENTS

**Assignments:** Sport assignments will be delegated according to level (L1 – L5), experience (hours and sports previously worked), type of experience needed (high risk or low risk) and by recommendation of the ATEP Director (Dr. Justin Stanek). Sport assignments will be made at the beginning of each semester as each new group of clinical students arrives on site.

**Dress Code:** The athletic department will provide one T-shirt for every athletic training student at IWU. Students who are directing the health care of a specific sport will also be given a polo shirt to wear at all events in order to properly represent IWU. See the Athletic Training Dress Code (page 10) for more information concerning the expectations of the athletic training student.

**NATA Code of Ethics:** Athletic training students will be expected to present themselves in a professional manner as dictated by the NATA Code of Ethics (page 7-9) and the ISU Athletic Training Education Handbook. Behavior problems will be handled according to the ISU handbook: First, by the Head Athletic Trainer at IWU, and then by the Program Director at ISU if the poor behavior is not corrected.

**Athletic Training Student Protocol:** Athletic training students will operate by the protocol described in this manual. Procedures in the athletic training room and clinical athletic sites must occur according to the policies in this manual (page 11).

**Rules and Regulations:** Athletic training students must abide and enforce the Basic Athletic Training Room Rules and Regulations (page 12) and assist the Athletic Training Staff in keeping the training room maintained and clean (page14).

**Record Keeping:** Athletic training students must document all injuries, treatments, rehabilitation visits, injury evaluations and equipment dispensed on a daily basis. This documentation (see Record Keeping, page 15) keeps the head athletic trainer informed of everything that occurs regarding the health care for IWU athletes and is vital to your clinical learning experience as well.

**Chain of Command:** Athletic training students need to know the chain of command and your role in providing sports medicine care. Continue to read and understand the Policies and Procedures Manual. Know your way around the athletic sites (appendix B) and get to know the personnel involved with IWU athletics.

**Procedures:** Athletic training students need to follow correct procedures, policies, and protocols in order to maintain a consistent and cooperative effort. This manual is provided to help acquaint you and the rest of the staff with our procedures so that you know ahead of time how to respond to different injuries and situations. If you have any questions about this IWU Sports Medicine Policies and Procedures Manual, please don’t hesitate to get them answered by any of the staff certified athletic trainers.
The NATA code of ethics is expected to be followed by all student athletic trainers as well as those that are certified members of the NATA and licensed by the state.

**Preamble**

The Code of Ethics of the National Athletic Trainers' Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents standards of behavior that all members should strive to achieve. The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

**PRINCIPLE 1:**

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.

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 unless the person consents to such release or release is permitted or 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 adhere to all National Athletic Trainers' Association guidelines and ethical standards.

2.3 Members are encouraged to report illegal or unethical practice pertaining 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 accept responsibility for the exercise of sound judgment.

3.1 Members shall not misrepresent in any manner, 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 via education and/or experience and by pertinent legal regulatory process.

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

**PRINCIPLE 4:**

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

4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members who have the responsibility for evaluating the performance of employees, supervisors, or students are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

**PRINCIPLE 5:**

**Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.**

5.1 The private conduct of the member is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.

5.2 Members of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.
Reporting of Ethics Violations

Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA's Executive Director or Chair of the Ethics Committee. Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee.

An individual may report information on the condition that the individual's name or certain other facts be kept confidential. The NATA may proceed with an investigation subject to such a condition. However, the NATA must inform the reporting individual that at some point in the investigation the NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

NATA
Ethics Investigations
2952 Stemmons Frwy
Dallas, TX 75247-6196
ATHLETIC TRAINING DRESS CODE

All certified athletic trainers and athletic training students should present themselves in a clean and well-dressed manner at all times while they are working for Illinois Wesleyan University. Always present yourself as a professional and maintain the ISU dress code unless specified in the IWU dress code specified below.

1.) No clothing with another college name (ie. ISU apparel, jackets, hats, etc).
2.) No sandals, flip flops (Cross training shoes or rubber soled dress shoes are recommended).
3.) Only IWU staff shirts shall be worn while working as an athletic training student at IWU. One T-shirt will be provided for every athletic training student at no charge.
4.) No excessive jewelry which interferes with a professional appearance and duties.
   - Professional appearance will be determined by the head athletic trainer-
5.) Nice khakis, or wind pants are acceptable for practice attire. During game and special events, dress appropriately for the sport as determined by the coach and the head athletic trainer.
6.) Pants should fit and not be too baggy or tight. ATS should wear a belt when wearing pants or shorts.
7.) No jean shorts, jeans or cut off's will be allowed. Athletic shorts or sweats should be worn.
8.) Shirts will be tucked in at all times.
9.) IWU hats or those approved by the head athletic trainer may be worn outside only during practices and games. No hats are to be worn inside.
10.) If the dress attire of the ATS is not appropriate for any reason, the head athletic trainer will give a first-offense warning. If a second offense occurs the student will be asked to change their dress attire or leave. If a third offense occurs the student will be placed on a two-day leave of absence and not return until appropriate attire is worn.
11.) Good hygiene: keep hands and fingernails clean.

PERSONAL AND SOCIAL CONDUCT

It is a privilege to be an athletic training student in an educational program, not a right. Students must conduct themselves in an exemplary manner at all times. Any misconduct may result in an indefinite leave of absence, probation period or dismissal, determined by the head athletic trainer. This may include, but not be limited to, inappropriate use of drugs, profanity, or other actions deemed inappropriate. This may include sexual harassment of peers or athletes under your care (see appendix N). When traveling with an athletic team, athletic training students are to conduct themselves by the rules that the coach of that team has established and the ethical conduct established in this document. (i.e. the NATA code of ethics, athletic training rules and regulations, and dress code).
ATHLETIC TRAINING STUDENT PROTOCOL

Undergraduate Student Athletic Trainers:

1) Evaluate an injury to the best of your ability.
2) Refer the injury to a Certified Athletic Trainer for further evaluation.
3) Record all evaluations on the “Injury Evaluation” form and input into Sportware after prior approval from your CI.
4) Record all injuries on the “Daily Injury Log” form.
5) Record all rehabilitation performed on the “Rehabilitation” form.
6) Record all equipment checked out or returned on the “Equipment Check-Out” form.
7) Maintain the designated schedule or arrange the schedule with your clinical instructor.
8) If you do not know, ask!

Graduate Athletic Trainers:

1) Record all injuries on the “Daily Injury Log” form.
2) Record all rehabilitation performed on the “Rehabilitation” form.
3) Record all equipment checked out or returned on the “Equipment Check-Out” form.
4) Record all injury evaluations in Sportware after reviewing your evaluation and assessment with the Head or the Assistant certified athletic trainer. 
5) Maintain the schedule for your sport assignment.
6) Be an example for the athletic training students.
7) If you do not know, ask!
8) Keep a copy of the Policy and Procedure Manual for referral.
9) Keep a copy of the GA Manual for referral.

WORK ETHIC

1.) Be on time!!
2.) Show initiative and do not wait to be told what to do.
3.) Use any free time to learn a new skill or practice an old one.
4.) Upperclassmen should use their knowledge to teach the underclassmen.
5.) Be enthusiastic and eager to learn.
6.) Be able to accept constructive criticism from others (i.e., head athletic trainer.)
7.) Review the NATA Code of Ethics and practice them.
8.) Be dedicated to your athletic training responsibilities.
9.) Support other athletic trainers and athletes.
10.) Be dependable.
11.) Be loyal to the athletic department, coaches, fellow athletic trainers, medical staff and student athletes.
12.) Be professional in conduct, appearance and overall representation of yourself, IWU and the profession of Athletic Training.
ATHLETIC TRAINING STUDENT RULES AND REGULATIONS

1. The athletic training room is a health care facility and should be treated as such.
2. Allow NO one to be in the athletic training room without supervision.
3. All personal items should be kept in the office or out by the lockers on the bench.
4. Nothing will be taken from the athletic training room without staff permission.
5. Allow NO one to help themselves to supplies or medications.
6. Supplying medications to anyone other than athletes or coaches is not allowed.
7. Allow NO one to give a modality treatment to him/herself.
8. Do NOT allow any horse play, visiting, loitering, swearing or shouting to take place in the athletic training room. Remember, it is a health care facility.
9. No tobacco products of any kind should be chewed or smoked in the athletic training room. It is against NCAA rules!
10. Answer all calls appropriately: “Athletic Training Room, this is (Your name).” Take messages accurately and deliver them promptly.
11. Do not leave the athletic training room or office open if you will be away for any length of time.
12. NO cleats or spikes are permitted in the athletic training room.
13. Do your best to keep the athletic training room clean and organized. If you use something, put it back where you found it.
14. Clean countertops, tables, whirlpools and any rehab equipment that was used if dirty. Re-stock all drawers with tape, pre-wrap etc… Re-stock containers with gauze, band-aids, tongue depressors etc… Make sure to check the hydrocollator water level before leaving every day.
15. Do your share of paper work and documentation (i.e. injury report, rehabilitation reports etc).
16. Treat athletes with respect and expect respect in return.
17. Assert yourself in the athletic training room. You only learn what you want to learn. ASK QUESTIONS!
18. Confidentiality: Do not discuss the health status (i.e. athletic injuries, disease) of an athlete with anyone. Do not leak any information to friends, press, radio, etc. All public comments about injuries will be handled by the head athletic trainer, team physician, or coach.
19. Dress appropriately (refer to dress code policy) at all times, depending upon your assignment (practice, game, travel).
HIPAA Privacy Training

HIPAA is the Health Insurance Portability and Accountability Act. HIPAA is a comprehensive law addressing many components of the business of healthcare. The law was initially developed in 1996 to enable individuals to carry health insurance during the time between their separation from one employer and new employment with a different one. Related provisions were added to it to simplify the business of healthcare delivery and payment, and to guard against fraud and abuse in the healthcare industry. Although in many states patients already had certain privacy rights recognized under state law, HIPAA unifies and standardizes these rights and pairs the patients’ rights with responsibilities on the organization’s part to safeguard those rights. In every case if the state law is more stringent, the state law must be followed.

Patients have certain rights to privacy and confidentiality – it is your responsibility to safeguard these rights in an orderly manner.

The patient has the right to:
• Be informed of organization privacy practices
• Have their own information kept confidential and secure
• Get a copy of their record
• Ask to amend their record
• Ask for special consideration in communication
• Restrict access

The patient does not have the right to:
• Keep their health information from being used for treatment, payment, or operations. This consent is implied by being treated and cannot be terminated.
• Change or force amendments in the health record. Patients have the right to request amendments, but the organization has the right to refuse to make amendments – as long as the refusal is reasonable.

All certified athletic trainers and athletic training students will adhere to HIPAA. We have an obligation to all athletes, coaches, supervisors, and Illinois Wesleyan University to withhold any information we acquire professionally or socially, which is considered professionally confidential from anyone other than our immediate supervisors. This includes any information about a student-athlete’s medical condition, the management and rehabilitation of any medical conditions or any information you acquire in the locker rooms, athletic training rooms, physician offices or any information that is not considered to be public knowledge.

As a health care provider we are held to a higher standard and will be trusted with confidential information to act with integrity regarding these matters. The professional rapport we establish with athletes, coaches, physicians, and athletic trainers can be jeopardized by lack of discretion or disclosure of privileged information.
DAILY ATHLETIC TRAINING ROOM MAINTENANCE

The custodial staff of Illinois Wesleyan University provides regular cleaning and maintenance of the athletic training room (ATR). All certified athletic trainers and athletic training students should assist in keeping the athletic training room clean, neat, and orderly. Supplies should be stocked daily and kits should be refilled as needed. Surfaces and cabinets should be sanitary and clean. All surfaces should be disinfected at the end of each day. Used towels need to be placed in the appropriate bin. All rehabilitation equipment must be placed in the appropriate location after each use. Modalities need to be kept in working order, if there is a problem, please notify the head athletic trainer promptly. All Athletic Training Students (ATS’s) assigned to the athletic training room should adhere to their athletic training room duties in a timely and pleasing manner.

ATHLETIC TRAINING ROOM DUTIES

Opening Duties:
1) Clean and fill whirlpools
2) Turn on modalities
3) Restock taping table supplies
4) Roll up elastic wraps
5) Give treatments to early arrivals

2:30 - 6:00 Duties:
1) Do not leave the athletic training room unless you have other assigned duties
2) Give treatments/rehabilitation as assigned by supervising ATC
3) Answer the phone appropriately
4) Maintain order in the ATR
5) Clean the ATR as needed

Closing Duties:
1) Help with the treatments after practice
2) Turn off the modalities
3) Empty the whirlpools
4) Clean the training room again
5) Put away any outstanding equipment and/or supplies
6) Close the blinds
7) Turn of the lights
RECORD KEEPING

1.) Injury and illness: daily log
   A.) All injuries need to be recorded on the daily injury form located in athletic training office.
   B.) Individual athlete files are kept in the office and color coded for each sport:

   Red: Football
   Brown: Cross Country
   Dark Purple: Volleyball
   Green: Women's Soccer
   Blue: Swimming/Diving
   Yellow: Golf
   Pink: Women’s Basketball
   Plain: Tennis
   Black: Track
   Orange: Softball
   Light Purple: Baseball
   Grape: Men’s Basketball
   Light Blue: Men’s Soccer
   Plain: Men’s Lacrosse
   Lime Green: Women’s Lacrosse

2.) Personal Injury forms in the athlete’s folder should also be filled out daily for all injuries.

3.) Medication records should be kept and recorded daily (see OTC Medications).

4.) Equipment records should show all equipment that is checked out and returned.

5.) Rehabilitation records should be kept up to date.

6.) Injury Evaluation forms should be filled out for each injury by those that evaluated the injury. This form might be filled out by more than one person when help is needed. Injury documentation must also be complete in Sportware.

7.) Treatment forms should be used as a method to track a change in treatment protocol as the athlete progresses through injury rehabilitation.

* Examples of all forms are in Appendix A.

All athletes’ files and injury information are to be kept confidential. Any disclosure of health information (HI) about an athlete will be grounds for dismissal from the IWU athletic training clinical assignment. Furthermore, the ISU Athletic Training Program Director will enforce additional reprimands according to the ATEP Policies and Procedures Manual.
In order to maintain an organized and successful Sports Medicine Program, there must be a chain of command regarding any decision pertaining to the health care of the athlete. The following individuals are responsible for the health care of the athletes at IWU:

1. Team Physician
2. Head Athletic Trainer
3. Assistant Athletic Trainer(s)
4. Graduate Assistant Athletic Trainer
5. Athletic Training Student
6. Coach/First Responder

1. **Team Physician(s)**
   The team physician performs pre-participation physicals, provides game coverage, (football, and men and women’s basketball), and is involved in injury diagnosis, treatment and care. The Team Physician may also perform follow-up health care procedures, including, but not necessarily limited to, surgery for the injured athletes as needed. The team physician is the final authority in the determination of whether or not an athlete will be permitted to take part in a given sports activity following injury. Likewise, when the Team Physician is present, he/she will be expected to determine if the athlete should or should not be permitted to re-enter competition. This does not mean the team physician will make all final decisions however. In the absence of the team physician, the certified athletic trainers (see below) have responsibility for the health care of the athletes, and in some instances it’s recognized that even a coach (First Responder) may have to make this decision.

2. **Head Athletic Trainer**
   The Head Athletic Trainer has responsibility for the overall operation of the Athletic Training Program at IWU, and is responsible to the Athletic Director. Obviously, the major responsibility of the Head Athletic Trainer is to provide athletic training services which relate to the health care of the student athletes (team members) in the Intercollegiate Athletic Program of the University. The Head Athletic Trainer is responsible for coordinating the athletic training staff assignments and supervision of the athletic training students. He/she is responsible for the athletic training facilities (training room(s)), equipment and supplies, budget, maintaining necessary physical exams, records, insurance information, education of staff and students where needed, communication of health and injury information to physicians, athletes, parents, coaches, the Athletic Director, and others on a “need to know” basis. Like all athletic training staff members, the Head Athletic Trainer also has responsibilities for the prevention, first aid, and injury/health care of the athletes (teams) with whom he/she works, both on-the-field and in the athletic training room. The Head Athletic Trainer may have additional responsibilities as assigned by the Athletic Director.
3. **Assistant Athletic Trainer(s)**
   The Assistant Athletic Trainer(s) will be directly responsible to the Head Athletic Trainer. He/she will be a Certified Athletic Trainer and will possess significant educational background and experience in athletic training, and will be expected to carry-out responsibilities as assigned by the Head Athletic Trainer, as well as to assume the role of the Head Athletic Trainer when he/she is absent. The Assistant Athletic trainer will be responsible for assisting in coordinating the athletic training staff assignments and supervision of the athletic training students. The Assistant Athletic Trainer will also conduct inventory and assist in ordering the yearly supplies as well as maintain the monthly schedule. He/she is also responsible for assisting in athletic training facilities, equipment and supplies, maintaining necessary physical exams, records, insurance information, education of staff and students where needed, communication of health and injury information to physicians, athletes, parents, coaches, the Athletic Director, and others on a “need to know” basis. Like all athletic training staff members, the Assistant Athletic Trainer also has responsibilities for the prevention, first aid, and injury/health care of the athletes (teams) with whom he/she works, both on-the-field and in the athletic training room.

4. **Graduate Assistant Athletic Trainers** (see GA Manual Appendix X)
   The Graduate Assistant Athletic Trainers, with their previous educational background and experience in athletic training, provide an additional link in the chain of command. They are directly responsible to the Head Athletic Trainer. As a skilled professional in the field of athletic training, they will be assigned athletic training responsibilities by the Head Athletic Trainer. In addition, the Graduate Assistant Athletic Trainers may be expected to assume the responsibilities of the Head or Assistant Athletic Trainers in their absence.

5. **Athletic Training Students**
   The athletic training student will be assigned to areas determined by the head athletic trainer. They are responsible for assisting the staff athletic trainers in all aspects of athletic training. In some cases the student will be responsible for an individual team, supervised by one of the staff certified athletic trainers. All situations should be handled by the athletic training student to the best of their ability and within the limitations of their education and skill. The athletic training student should never evaluate, treat, rehabilitate, or care for an injury if they do not feel confident in doing so. Communication to the head athletic trainer about all injuries incurred by the athletes is a vital responsibility of the athletic training student. In addition, to enhance the education of the athletic training student, they are expected to be proficient in clinical skills.

   The athletic training student should learn the correct and most effective application of all taping, bandaging, padding, etc. It is important that all students apply taping in a similar manner and with a certain degree of proficiency. Also, learn the correct application of therapeutic equipment and the precautions involved. There will be a few restrictions placed on the use of each modality used by athletic training. Do not use a piece of equipment unless given permission to do so by the head athletic trainer. Familiarize yourself with proper first aid and emergency care procedures, and be prepared for utilizing the emergency action plan outlined in this manual (i.e., Emergency Plan). Familiarize yourself with general athletic training room policies and documentation's (physical examination requirements, medical referrals, emergency procedures, etc.).
6.) **The Coach/First Responders**

Coaches include any employee of IWU who assists in the coaching duties for intercollegiate athletics. All head coaches will be certified in CPR and First Aid. First Responders will include coaches or other designated student workers employed by the university to assist with coaching duties or assisting with other managerial duties at any of the athletic facilities. These facilities include the Shirk Center Activity Center or Fitness Room, outdoor playing fields, Natatorium, and others. In cases where the Coach/First responder is/are the only staff present when an injury or medical emergency occurs, the injury must be treated within the limitations of the First Responders training and experience. The Coach/First Responder should not try to provide more care than they are capable of applying. Use of communication devices should be used (i.e. phone, radio etc.) to get appropriate medical attention for the injury, including emergency medical vehicle and personnel. They should use all means at their disposal to treat the injury or illness appropriately. This may include calling an ambulance, calling a physician or an athletic trainer.
JOB DESCRIPTIONS

Head Athletic Trainer

Athletic Coverage:
1.) Oversees and coordinates the health care of all intercollegiate student athletes at Illinois Wesleyan University under the direction of the Director of Athletics at Illinois Wesleyan University.
2.) Varsity Football (attendance at all games and practices)
3.) Men's Basketball (attendance at all home games)
4.) Serve as Clinical Supervisor/Instructor for athletic training students

Administrative:
1.) Manager of the athletic training room.
2.) Manager of the A.T. budget (responsible to the athletic director): orders all supplies and equipment.
3.) Coordinates physician coverage and consultations.
4.) Coordinates support staff event coverage.
5.) Maintains proper relations with BroMenn Hospital and Sports Enhancement Center.
6.) Scheduling orthopedic consultations.
7.) Scheduling surgical cases.
8.) Supervise handling insurance for all athletic injuries.
9.) Develops and maintains professional relations with appropriate university and community personnel who may serve or benefit from intercollegiate athletics and athletic training.
10.) Serve as a Clinical Instructor for ISU athletic training students.
11.) Relations with NCAA for injury surveillance and sports medicine guidelines.
12.) Relations with student health services.

Assistant Athletic Trainer(s):
1.) Assist the Head Athletic Trainer with the health care of all IWU athletes.
2.) Assist the Head Athletic Trainer with management of the athletic training room.
3.) Assist the Head Athletic Trainer with sport coverage scheduling.
4.) Schedule orthopedic, surgical cases, and general medicine consultations as needed.
5.) Refer student athletes to Health Services as needed.
6.) Assist the Head Athletic Trainer with NCAA sports medicine guidelines.
7.) Maintain professional relations with appropriate university and community personnel who many serve or benefit from intercollegiate athletics and athletic training.
8.) Specifically assigned to women's soccer and softball or football and men’s basketball other sports as needed
9.) Additional duties as assigned by the Head Athletic Trainer.
10.) Serve as Clinical Supervisor/Instructor for athletic training students.

Graduate Assistant Trainers:
1.) Assigned sports as needed: determined by Head Athletic Trainer
2.) Assist with supervision of athletic training students and serve as a Clinical Instructor.
3.) Additional duties as assigned by the Head Athletic Trainer.

Athletic Training Students
1.) Assigned sports as needed: determined by Head Athletic Trainer
2.) Assigned athletic training room coverage and other responsibilities (physicals, records, etc.) as determined by Head Athletic Trainer
3.) Complete clinical skills and assignments, and be responsible for clinical hours
<table>
<thead>
<tr>
<th>Name of Coach (Sport)</th>
<th>Office Ph#</th>
<th>Home Ph#</th>
<th>Email</th>
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<tbody>
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<td>Mike Wagner (Asst. AD)</td>
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Introduction

The health and safety principle of the National Collegiate Athletic Association’s (NCAA) constitution provides that “it is the responsibility of each member institution to protect the health of, and provide a safe environment for, each of its participating student-athletes.” To provide direction in accomplishing this objective and to assist member schools in developing a safe intercollegiate athletics program, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports creates a Sports Medicine Handbook. The committee has agreed to formulate guidelines for sports medicine care and protection of student-athletes’ health and safety.

The NCAA Sports Medicine Handbook consists of guidelines for each institution to consider in developing sports medicine policies and procedures for their intercollegiate athletics program. These recommendations are not intended to establish a legal standard of care that must be strictly adhered to by member institutions. Likewise, these guidelines are not mandates that an institution is required to follow. However, member institutions like Illinois Wesleyan University have a legal duty to use reasonable care in conducting its intercollegiate athletics program, and following these guidelines may constitute some evidence of a standard of care. These guidelines are not intended to supersede the medical judgment in specific situations by a member of the institution’s sports medicine staff. In all instances, determination of the appropriate care and treatment of student-athletes must be based on the clinical judgment of the institution’s team physician and/or athletic health care team. However, it should be consistent with sound principles of sports medicine care such as that described by the NCAA, NATA, and other recognized authorities.

The Athletic Department at Illinois Wesleyan University and the sports medicine staff of the institution have embraced the NCAA Sports Medicine Handbook as the guidelines exist. The NCAA Sports Medicine Handbook has been used as a guide in developing this IWU Sports Medicine Policies and Procedures Manual. In fact, the policies and procedures at IWU will often refer to the NCAA Sports Medicine Handbook for detail and explanation. The IWU Sports Medicine Policies and Procedures Manual uses the NCAA Handbook as a reference for many of the policies and procedures used at Illinois Wesleyan University. Such policies and procedures have been documented to reflect a standard of care to protect the student-athletes health and welfare at IWU. This manual has also been developed to help the coaching staff, sports medicine staff, and other members of the athletic department understand the proper policies and procedures related to athletic health care, which are to be followed at Illinois Wesleyan University. It has been developed to maintain consistency within the athletic department regarding the health care for student-athletes.

The team physician, for clarity of purpose, has reviewed the policies and procedures in this manual and supports them as a means to ensure proper operating procedures when dealing with athletic injuries and emergency situations. The staff of the Athletic Department has reviewed this document and has agreed to abide by this policies and procedures manual.

I. ADMINISTRATION ISSUES (refer to NCAA Handbook)

A.) Sports Medicine Administration
   1.) Pre-participation Medical Examinations
      a.) Any new athlete, freshman, or transfer will be required to bring a copy of a health physical, completed within the past year and signed by a physician, to the certified
athletic training staff before that athlete can participate in athletics.
b.) Any new athlete, freshman, or transfer will need to complete an IWU health history questionnaire. This will be reviewed by the certified athletic training staff before an athlete can participate in IWU athletics.
c.) The pre-participation medical exam will be required by all new athletes, freshman, or transfers. This allows the athletic training staff to screen the health history.
d.) All athletes in their sophomore, junior, and senior years will be required to fill out an addendum to their health history forms to account for any changes.
e.) Any question about an athletes’ health regarding their ability to participate in athletics will be posed to the team physician who will then determine their qualification for participation.
f.) All athletes will present a copy of their insurance card to the certified athletic training staff to keep in the athlete’s personal records. An athlete should bring in an additional copy if their insurance changes within their four years of participation in IWU athletics.

2.) Health Insurance
a.) All athletes must fill out an insurance form (appendix A) to provide the head athletic trainer for proof of primary medical insurance before the athlete can participate in athletics.
b.) All IWU athletes will have athletic insurance provided to them at no extra cost for accidents incurred through IWU athletics.
c.) Any injury sustained through IWU athletics must be reported to the IWU Sports Medicine Department. A visit to a physician must occur within 90 days of the accident.
d.) All visits to a physician require a claim form to be filled out by the athlete, signed by the athlete, as well as someone from the IWU Sports Medicine Staff.
e.) A secondary medical insurance policy is optional for student athletes but is provided by IWU for a small fee.

3.) Acceptance of Risk
a.) An informed consent is signed by every athlete regarding their acceptance of risk (see appendix A) for the sport in which they participate at Illinois Wesleyan University.
b.) At their pre-season meetings, coaches are expected to warn their athletes about the risks within their sport.
c.) All athletes will sign a CCIW injury and illness reporting acknowledgement form during their pre-season meeting. This form states that all athletes are responsible for accurately reporting their injuries and illnesses to the sports medicine staff at IWU. The athlete will be educated on the possibility of sustaining a concussion while participating in their sport. Their signature acknowledges that they will report symptoms of illnesses, injuries and concussions right away.
d.) All IWU head coaches will sign the CCIW Coaches concussion acknowledgement form accepting responsibility for supporting the IWU Sports Medicine Departments’ policy on concussion management and reporting symptoms if they are a witness to them. Their signature acknowledges they have been educated about concussions.

4.) Authorization to Treat and Care
a.) Athletes will sign a statement allowing them to be treated and evaluated by the Illinois Wesleyan University athletic training staff and/or medical consultants. (see appendix A)
b.) This consent allows the medical staff to eliminate them from further participation secondary to injury, illness, medical condition, and/or undue liability risk to IWU.
5.) **Student Athlete Authorization/Consent for Disclosure of Protected Health Information to IWU Sports Medicine Practitioners and Athletic Department Personnel.**

a.) Athletes will be asked to sign this statement authorizing IWU physicians, athletic trainers, and health care personnel to disclose protected health information and any other related information regarding an athlete’s injury or illnesses during training or participation in intercollegiate athletics to coaches, administrative personnel, CCIW conference personnel, professional scouting organizations, and media. (see appendix A)

b.) The athlete’s authorization of this form notes that the athlete understands his/her rights are protected by HIPPA and the Family Educational Rights and Privacy Act of 1974.

6.) **Preseason Preparation**

a.) In-coming freshmen, as well as all upper-classmen, are asked by their coaches to physically prepare themselves for the rigor of their sport before pre-season practices begin. Proper pre-season conditioning is expected.

b.) Strength and conditioning programs are available to all athletes by the strength and conditioning coach for off-season and pre-season conditioning.

7.) **Planning / Supervision** (refer to NCAA Handbook 1a)

8.) **Minimizing Potential Legal Liability** (refer to NCAA Handbook 1a)

9.) **Equitable Medical Care** (refer to NCAA Handbook 1a)

10.) **Equipment** (refer to NCAA Handbook 1a)

11.) **Facilities** (refer to NCAA Handbook 1a)

12.) **Blood-Borne Pathogens** (refer to NCAA Handbook 1a)

13.) **Emergency Care** (refer to NCAA Handbook 1c)

14.) **Concussion Management** (refer to NCAA Handbook 2i and see Appendix K)

15.) **Drug Testing** (refer to NCAA Handbook 1a)

Illinois Wesleyan does not participate in any formal drug testing other than post season competition that is conducted via the NCAA.

16.) **Legislation** (refer to NCAA Handbook 1a)

**B.) MEDICAL EVALUATIONS, IMMUNIZATIONS, AND RECORDS**

1.) **Pre-participation Medical Evaluation**

a.) Every athlete freshman, transfer, or new athlete at IWU is required to fill out a comprehensive health history packet, provide a copy of their physical, and go through an orthopedic exam. (see appendix A)

b.) After the initial exam, each year the athlete is required to fill out a medical addendum.

c.) No athlete is allowed to participate in IWU athletics without the proper paperwork each year.
2. **Medical Records** (see also “Record Keeping” on pg. 15 of this manual)
   a.) Every athlete at Illinois Wesleyan University will have his or her own file on record for all medical information obtained and necessary by the head athletic trainer.
   b.) Each record should contain a record of injuries, illnesses, medications, allergies, pregnancies, operations, and all other conditions sustained during the competitive season or off-season. They should also include referrals for and feedback from consultation, care, clearances, PPE, immunizations, written permission signed annually by the student-athlete.
   c.) Medical records will be strictly confidential to the team physicians, head athletic trainer, and assistant athletic trainer.
   d.) Medical records will be contained in the athletic training office and kept for a period of five years after the last day of athletic participation.

3. **Follow-up Examinations**
   a.) Follow-up examinations will take place in the athletic training room by either the team physician or the certified athletic training staff for close observation of all injuries and clearance for return to play.
   b.) Close communication will occur with the team physicians and the head athletic trainer regarding all athletic injuries needing physician intervention.

4. **Medical Hardship Waivers** (refer to NCAA Handbook 1b)
   Refer to Head Athletic Trainer and Athletic Director for guidance.

5. **Dispensing Prescription and Over-The-Counter Medications**
   a.) Athletes are not allowed to help themselves to any OTC medications. They must get permission from a member of the athletic training staff before receiving medications.
   b.) Record all OTC dispensed medications on the appropriate form, located in the locked medicine cabinet. (see appendix A)
   c.) Only a staff certified athletic trainer under the direction of the head athletic trainer can hand out OTC medications. Athletic training students must get permission from the head athletic trainer before dispensing any OTC medications.
   d.) Prescribed medications will not be dispensed by any of the athletic training staff unless identified in the physicians “standing orders,” such as dexamethasone, or lidocaine. A physician must authorize all other prescription medications.
   e.) Athletic training students can only distribute OTC medication in one-dose amounts if previously designated by the head athletic trainer. Only the head athletic trainer can distribute multiple doses of OTC medications.
   f.) Proper instructions on dosage, interactions and side effects will be discussed at the time of dispensing the medications by the head athletic trainer.

6. **Storage**
   1.) All OTC and prescription medications will be stored in the locked cabinet in the office of the certified athletic training staff.
   2.) OTC medication and prescribed medication storage and dispensing will occur according to the NCAA guidelines.

C. **EMERGENCY CARE AND COVERAGE**

1. **Introduction:**
   An Emergency Action Plan (EAP) has been indicated as necessary by the NCAA (Fall, 1998) in order to prepare in advance for emergency situations. Emergency situations include athletic injuries, medical situations, fan protection and treatment, mass injuries, and weather events. This EAP is inclusive of day-to-day practices, skill sessions, training and conditioning sessions, and all contests on and off the campus at
facilities and playing areas.

Emergency situations may arise at anytime during the above mentioned athletic events. Expedient action must be taken in order to provide the best possible care to the athletes when emergency and/or life threatening conditions occur. The development and implementation of an emergency plan will help ensure that timely and proper care will be provided.

The sports medicine team must be prepared. This preparation involves an understanding of the emergency action plan (EAP), proper coverage at events, the presence of emergency equipment and supplies, utilization of and access to appropriate emergency medical personnel, and continuing education in the area of emergency protocol. Hopefully, through careful pre-participation physical screenings, proper conditioning, adequate medical coverage, proper training techniques and other safety concerns such as environmental and facility factors, potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, thus the inclusion of our EAP will enable each emergency situation to be managed appropriately by the coach, first responder, or sports medicine team.


Each scheduled practice or contest of an institution sponsored intercollegiate athletics event, as well as out-of-season practices and skills sessions should include the following:

a.) The presence of a person qualified to render emergency care will be available at all practices, events, and training sessions.

b.) This will include the Head Athletic Trainer, Assistant Athletic Trainer(s), Athletic Training Student(s), Coach or First Responder.

c.) The Sports Medicine Staff, Coaches, Athletic Training Students and First Responders will be First Aid, CPR and AED certified.

d.) It is IWU’s policy for a certified athletic trainer to travel to away games with football, volleyball, soccer (M&W), basketball (M&W), lacrosse (M&W)softball, baseball, and track & field (M&W). If a certified cannot travel, a travel letter will be sent with a stocked athletic training kit. The IWU sports medicine staff will also contact the athletic training staff at the school to which the team is traveling to inform their staff of the needs of the IWU team. (see appendix T)

3.) The Presence or Access to a Physician.

a.) A physician will be at all football games and on call for other competitions. (Physicians Contract).

b.) Communication with a physician will be determined by the Head Athletic Trainer.

c.) At times when a certified athletic trainer is not available or accessible, the coach may contact the physician only if absolutely necessary and if the athlete gives their permission for the coach to contact the physician.

4.) Planned Access to a Medical Facility

a.) The BroMenn Emergency Room will be used for all medical emergencies due to close proximity and transportation issues.

b.) If possible, all serious musculoskeletal injuries will be referred to the team physician for orthopedic evaluation and treatment.

c.) If possible, all serious illnesses will be referred to the team physician for general medicine.

5.) Transportation between Venue and Medical Facility

a.) Emergency room visits will be made via ambulance, golf cart, or personal vehicle
when appropriate.
b.) Physician visits are the responsibility of the athlete. A member of the Sports  
Medicine Staff or IWU Coaching Staff is allowed to transport if they want.
c.) A taxi cab can be called for and paid for by the university to allow an athlete to make  
a physician visit.
d.) An ambulance will be called when it is deemed necessary by the coach, first  
responder, or sports medicine staff.

6.) Access to a Working Telephone or Communication Device  
a.) Phones will be networked to as many outdoor athletic facilities as possible.  
b.) Athletic Training Students will always have a radio for communication purposes.  
c.) Coaches and/or Head Athletic Trainer will have cell phones for communication.  
d.) All indoor facilities will have either radio or telephone communication devices  
within close proximity for quick emergency communication.

7.) All Necessary Emergency Equipment Should be On-Site or Readily Accessible.  
a.) Emergency equipment will be on site at all events within a two minute response.  
b.) Emergency equipment will be on site at all football, lacrosse and soccer practices.  
c.) Emergency equipment will be available from the athletic training room for all other  
practice and training sessions.

8.) Personnel must be trained in Advance to use Equipment Properly.  
a.) The Athletic Training Staff should be qualified to use all emergency equipment.  
b.) Athletic Training Students will be trained to use and maintain emergency equipment  
as necessary for the sport in which they are covering. They must be CPR certified.  
c.) All First Responders will be trained in CPR.  
d.) Head Coaches will be trained in CPR and First Aid.

9.) Emergency Information Regarding Student Athletes must be on Hand.  
a.) The Head Athletic Trainer is responsible for maintaining records of all emergency  
information for every student-athlete.  
b.) The sports medicine bag for each sport will have a copy of all emergency  
information of each student-athlete on the team. This is in case the information is  
needed during a road trip (away game) in the case a severe injury does occur which  
needs prompt medical attention, and for prevention of medical emergencies/illness.

10.) The Emergency Action Plan (EAP) (see Appendix G)  
a.) Emergency procedures should be explained to all Athletic Department Staff  
members responsible in the health care of athletes at IWU, and they should be  
b.) Every Athletic Training Student and/or first responder will read this “IWU Sports  
Medicine Policies and Procedures Manual” before they are assigned to a sport at  
IWU.

11.) Certification in CPR, First Aid, and should be Required by all Athletics Personnel  
Associated with Practices and Skills or Training Sessions.  
a.) All practices, games, skill sessions and workouts will be covered by a coach,  
Athletic Training Students, first responder (student worker), the assistant athletic  
trainer, and or the head athletic trainer who has been trained in First Aid, CPR, and  
AED use.  
b.) All personnel should be knowledgeable of blood-borne pathogens.

12.) Illinois Wesleyan University Athletic Department AED Protocol (see Appendix D)  
a.) An AED unit may be accessed:  
1.) Behind the Shirk Center’s weight room desk
2.) The second floor of the Shirk Center, next to the Concession stand.
3.) The IWU Athletic Training Room has 3 portable AED units.
b.) The AED must be accessible within 300 feet in the event of an emergency for all
IWU activities.
c.) The AED will remain in these contact points until such time it is required for use.
d.) Only individuals who have been trained to operate the AED will be allowed to use
this device.
e.) Upon arrival of AED at the injury scene, activate EMS (call 911). Update EMS with
incident specific information.

13.) Available Emergency Services
   a.) EMS is available by dialing 911.
   b.) Access to medical personnel (see Appendix C) and facilities
   c.) Security (556-1111)
   d.) Health Service (556-3107)

14.) Emergency Procedure Pamphlet (see appendix P)
   a.) IWU Sports Medicine Department will be available on the website for teams
       traveling to IWU.
   b.) Will contain all pertinent emergency procedures that a visiting ATC would need to
       know.

15.) Special Emergency Situations (see Appendix H, P, Q, R, O, G)
   a.) Adverse Weather or Environmental Conditions: Threatening weather may
       necessitate the removal of a team or individuals from an athletic event. The coach
       will usually monitor these situations and make the decision regarding whether to
       play a game or to practice, and where practices will be held. The decision should
       include consultation with the athletic director, head athletic trainer and physician if
       necessary. The head athletic trainer, in consultation with the team physician or
       athletic director will have final authority to cancel/delay/change a game or a practice
       according to NCAA recommendations. Consultation with the coach regarding
       recommendations and observations should occur before any decision is made. The
       coach will handle any severe injuries until further medical help arrives if a Certified
       Athletic Trainer or Athletic Training Student(s) is not present.
   b.) Communication: with the Emergency Medical System and other personnel should
       occur immediately and provide direction of EMS to the scene if necessary.
   c.) Care of the Athlete: should be appropriate and immediate to stabilize the injury.
       Players, coaches and non-medical personnel should not touch, move, roll or assist an
       injured player, nor interrupt the medical services being performed.
   d.) Emergency Equipment: should be retrieved and used appropriately as needed.

16.) LIGHTENING SAFETY (see Appendix O)

17.) SCISSOR LIFT/WIND POLICY (see Appendix Q)

18.) CATASTROPHIC INCIDENT IN ATHLETICS (see NCAA Handbook 1e)

19.) DISPENSING PRESCRIPTION MEDICATION(see NCAA Handbook 1e)

20.) NONTHERAPEUTIC DRUGS (see NCAA Handbook 1e)
a.) In accordance with the NCAA, the use of Nontherapeutic Drugs by student athletes
    is CONDEMNED. Nontherapeutic drugs include any drugs that are used to enhance
    athletic performance, as well as recreationally used drugs. Examples include, but are
    not limited to, alcohol, amphetamines, anabolic-androgenic steroids, barbiturates,
caffeine, cocaine, heroin, LSD, PCP, marijuana and all forms of tobacco.

b.) This policy also applies to the athletic training staff while they are being supervised or under direction of the head athletic trainer. Use of such drugs will be grounds for dismissal from the IWU staff and further repercussion from Illinois State University personnel will be enforced.

21.) **INSTITUTIONAL ALCOHOL, TOBACCO AND DRUG EDUCATION PROGRAMS**  
(see NCAA Handbook 1e and see appendix V)  

a.) **Recommendations**  
1) The athletic department should have a written policy on alcohol, tobacco, and other drugs. This policy should include a statement on recruitment activities, drug testing, discipline and counseling or treatment options.  
2) The athletic department should conduct a drug and alcohol education program once a year.  
3) IWU does not currently conduct drug testing. However, athletes may be subject to NCAA drug testing policies.

b.) **Policies**  
1.) Athletes should follow the same alcohol, tobacco and drug programs as the rest of the student body (appendix K).  
2.) Athletes should follow the NCAA policies regarding alcohol, tobacco and drugs.  
3.) Each coach may create their own policies within the constraints of the athletic department policies and those of this manual, as long as they are not discriminatory against race, gender or religion.

21.) **IWU SPORTS MEDICINE DEPARTMENT POLICY AND PROCEDURES FOR COACHES**  (see appendix W)

22.) **IWU SPORTS MEDICINE DEPARTMENT PRACTICE POLICY**  (see appendix U)  

a.) The IWU Sports Medicine Department requires 24 hours notice of change of practice or game if not rescheduled due to an act of God.  
b.) All Coaches will be responsible for submitting their practice plans 2 weeks in advance.  
c.) The IWU Sports Medicine staff will not cover a practice if no-notice is given for a change in practice schedule.

II. **MEDICAL ISSUES**

A.) **Medical Disqualification of the Student-Athlete:**  (2a of NCAA Handbook): The team physician (internist or orthopedic) has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. The athletic trainer and coach should respect the authority and medical decision of the physician and comply with all directions that it entails.

B.) **Cold Stress and Cold Exposure**  (see 2b of NCAA Handbook and see Appendix H)

11.) **Prevention of Heat Illness:**  (2c of NCAA Handbook and see Appendix I)  
1.) Heat Cramps, Heat Exhaustion and Heat Stroke: are very serious illnesses and should be prevented before serious complications arise. The decision to stop or reschedule practices out of concern for the heat should follow the chain of command. This decision should take into consideration the temperature, humidity, and the relevant environmental factors. Removal of a participant should be left to the discretion of the sports medicine staff.
2.) Treatment of Heat Illness: should include hydration with water only along with cooling the athlete (cool air, fan, wet towels, cold tub submersion, etc.). The core body temperature should be measured to assess the severity of the illness. An athlete with a core body temperature of over 104 degrees or chills should be seen by a physician or have EMS called. Symptoms such as skin color, lack of sweating, response of the athlete, and other vital signs should be assessed as well.

D.) Illinois Wesleyan University Athletic Training Department Statement of Athlete Hydration and Cooling. (see Appendix F).

E.) CCIW Heat Protocol for Intercollegiate Athletics (see Appendix P)

F.) Illinois Wesleyan University Athletic Training Room Safe Handling of Water and Beverages Protocol. (see Appendix E)

G.) Assessment of Body Composition: (2e of NCAA Handbook):
Body composition will not be assessed as a means to disqualify an athlete unless it is upon recommendation of the team physician. This assessment should neither be done as a means to punish an athlete nor to require them to change their body composition unless it is agreed upon by the athlete, and it is done in a safe manner.

H.) Nutritional and Athletic Performance (2f of NCAA Handbook)

I.) Ergogenic Aids
It is not appropriate for athletic department staff to distribute or endorse “nutritional” supplements. Consultation with the sports medicine staff should occur before recommending nutritional supplements to athletes. The athlete and coaches should utilize the sports medicine staff as a resource for honest information.

J.) Weight Loss (2d of NCAA Handbook)
There are two general types of weight loss common to student athletes: loss of body water, or loss of body fat and tissue. Dehydration in excess of 3-5% percent leads to reduced plasma and impaired thermoregulation. This will be evaluated when assessing medical disqualification of the athlete.

K.) Burners (see 2h NCAA Handbook)

L.) Concussion or Mild Traumatic Brain Injury in Athletics (see 2i NCAA Handbook and Appendix K)

M.) Skin Infections (2j of NCAA Handbook and see appendix S)

N.) Eating Disorders (See Appendix L)
In recent years, eating disorders have become more recognized, reported, and studied. The following procedure should be followed to deal with this problem.

O.) Menstrual-Cycle Dysfuntion: (2k of NCAA Handbook)

P.) The Use of Local Anesthetics (2l of NCAA Handbook)

Q.) The Use of Injectable Corticosteroids (2n of NCAA Handbook)

R.) Depression: Interventions for Intercollegiate Athletics (2o of NCAA Handbook)
S. **Impaired Student Athletes** (2p of NCAA Handbook):  
“It is the legal right of the team physician to exclude an impaired student athlete from competition if the team physician has a reasonable medical basis for determining the athletic competition creates a significant risk of harm to the student athlete or others.”

T. **Pregnant Student Athletes** (2q of NCAA Handbook and see Appendix M)  
If a decision is made to allow the pregnant student-athlete to compete, it is suggested that documentation outlining the athlete’s medical condition, the potential risks of athletic participation during pregnancy and athlete’s understanding of these risks be included in the athlete’s medical records.

U. **Sickle Cell Trait Student Athletes** (2e of NCAA Handbook)
III. EQUIPMENT

A.) Protective Equipment (4a of NCAA Handbook)

B.) Eye Safety (4b of NCAA Handbook)

C.) Mouthguards (4c of NCAA Handbook)

D.) Use of the Head as a Weapon (4d of NCAA Handbook)

E.) Helmet Fitting and Removal (4e of NCAA Handbook)
List of Appendix

A. IWU Sports Medicine Department Forms
B. Map of IWU Athletic Facilities
C. IWU Sports Medicine Staff Directory
D. IWU Athletic Department AED Protocol
E. Illinois Wesleyan University Athletic Training Room Safe Handling of Water and Beverages Protocol
F. Illinois Wesleyan University Athletic Training Department Statement of Athlete Hydration and Cooling
G. IWU Emergency Action Plans for Each Sport
H. IWU Cold Weather Guidelines
I. Illinois Wesleyan University Athletic Training Department Exertional Heat Illness Protocol
J. CCIW Heat Protocol
K. IWU Concussion Assessment, Management, and Return to Play
M. IWU Department of Athletics Pregnancy Policy
N. IWU Sexual Harassment Policy
O. IWU Lightening Policy
P. IWU Emergency Procedures Pamphlet for Traveling Teams
Q. IWU Wind/Scissor Lift Policy
R. IWU Tornado Policy
U. IWU Sports Medicine Department Practice Policy
Illinois Wesleyan University participates in intercollegiate athletics through the NCAA’s Division III. We do not provide athletic scholarships and athletic participation is voluntary on the part of students at Illinois Wesleyan. There are inherent risks for injury when participating in intercollegiate sports. The responsibility for injuries sustained and medical expenses incurred as a result of injury are the responsibility of the student athlete.

**Very Important.** We urge you to check with your family insurance provider, especially if you are insured by an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization). These plans may require you to use a specific medical provider. Your coverage through the Illinois Wesleyan University Athletic Insurance program does not cover bills which would be payable by other insurance plans. It is important for you to obtain a determination from your carrier on how they will honor bills submitted from the use of “non network” medical vendors and to learn the proper procedure for referral and claim management. You may be outside the area encompassed by your plan’s authorized medical provider and your HMO or PPO may penalize you by not honoring submitted bills. **It is very important that you know and understand your plan’s guidelines regarding the receipt of emergency medical care and the notification which you must provide regarding this care and that you follow those guidelines.** Illinois Wesleyan’s plan may reduce medical benefits by 50% if a covered person fails to utilize their HMO, PPO or similar arrangement.

**Intercollegiate Sports Coverage.** The University provides supplemental coverage to fill in the gaps of the student or parent’s primary insurance plan. The coverage is only for injuries sustained while participating in intercollegiate athletics at Illinois Wesleyan; it does not provide coverage for sickness, other accidents or for pre-existing conditions. The intercollegiate sports coverage only provides the coverage required by the NCAA to compete in NCAA sanctioned sports.

Illinois Wesleyan’s Athletic Insurance program has three levels. The first level provides coverage up to $25,000. The second level is activated if the $25,000 limit on the first level is reached and extends the coverage limit to $90,000. The third level, which begins after the limit of the second level has been exhausted, is provided through the NCAA. This catastrophic injury insurance provides 100% coverage for additional medical expenses with a $20 million maximum. This plan also provides accidental death and dismemberment insurance of $25,000 as well as limited disability coverage.

Illinois Wesleyan has enrolled all students in a student insurance plan (a mailing was sent to students and parents earlier in the summer) which extends coverage for both sickness and accident for the full calendar year thus insuring that students have uninterrupted coverage for injuries sustained outside of the athletic program. If you already have adequate health insurance coverage in the Bloomington area, please remember to complete an online waiver **BEFORE** the first day of classes or the plan will be billed to you and no refunds will be made.

We hope you are fortunate enough to avoid injury. If you have questions or difficulties with a claim, contact the IWU Athletic Training Staff at (309) 556-3601. For assistance in benefits, eligibility or claim status, contact **NAHGA Claim Services at 877-497-4980 or online at** [http://www.eiastudent.org/illinoiswes/students/athletes/](http://www.eiastudent.org/illinoiswes/students/athletes/)

July 2014
Name: _____________________________  Sport: ___________________________  Date: ______________________

____ Sportware:
  _____ Contact Information  _____ Attachments (HIPPA)
  _____ Emergency Contact Information  _____ Health History
  _____ Insurance Information

_____ Physical
_____ Copy of Insurance Card
_____ FMS Screen
_____ Medical Authorization Statement
_____ Vitals Taken
_____ Orthopaedic Exam (if necessary)
_____ Sickle Cell Waiver
_____ CCIW Form
_____ IMPACT

Notes:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

______________________________  __________________________
Signature (ATC sign-off)  Date
Pre-Participation Physical Examination

I have had a complete physical examination on ____________________. I have completed a medical history questionnaire to the best of my knowledge and have discussed with the IWU team physicians, athletic trainers and/or consultants my prior medical history as well as all existing complaints, injuries, ailments, and symptoms. All of my questions concerning this medical history and my condition have been answered to my satisfaction. I also affirm that I do not suffer from any disability, injury, condition, complaint, or problem that I have NOT DISCLOSED on any such forms and/or have not discussed with the team physicians, athletic trainers and/or consultants. Also, I recognize the importance of fully and accurately disclosing my physical condition, past and present with the Illinois Wesleyan University medical staff and/or Athletic Training Staff.

Signature: _______________________________ Date: ____________________

Catastrophic Injury Statement

The possibility of sustaining a catastrophic injury is inherent in any athletic activity. I, __________________________________ understand that by participating in athletics at Illinois Wesleyan University the potential of a catastrophic injury does exist. With this fact in mind, I understand the importance of rules and procedures as well as the necessity of using proper athletic techniques. Furthermore, I understand that the possibility of a catastrophic injury does exist though the above are followed to the fullest.

Signature: _______________________________ Date: ____________________

Authorization to Treat and Care

I give authorization to the athletic training staff and/or medical staff to evaluate and treat my injuries that occur during my participation in athletics at Illinois Wesleyan University. I understand the medical staff members have the authority to eliminate me from further participation because of an injury, illness, medical condition, and/or because of an undue liability risk to Illinois Wesleyan University.

Signature: _______________________________ Date: ____________________
Illinois Wesleyan University Athletics  
Medical History Addendum

ATHLETE INFORMATION  
(please print)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sport:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(last)</td>
<td>(first)</td>
</tr>
</tbody>
</table>

|------|---------------|--------|-----|-------|------|------|

Please provide information for any changes that have occurred over the past year regarding the following information. If no changes have occurred please do not fill in any information.

<table>
<thead>
<tr>
<th>Parents Address:</th>
<th>Parents Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Person:</th>
<th>Emergency Phone #:</th>
</tr>
</thead>
</table>

Insurance: (if you have a change in your insurance please fill out a new insurance information form)

MEDICAL INFORMATION  
(please print)

Please list below if you have had any changes in your medical information within the last year other than injuries that have occurred in your sport.

Have you had any new disease or illness in the past year? (please explain):
___________________________________________________________________________________________
___________________________________________________________________________________________

Have you had any new head or neck injury in the past year? (please explain):
___________________________________________________________________________________________
___________________________________________________________________________________________

Have you had any change in vision, eye wear, or dental appliances in the past year? (please explain):
___________________________________________________________________________________________
___________________________________________________________________________________________

Have you had any new injuries to your bones, muscles, or joints in the past year? (please explain):
___________________________________________________________________________________________
___________________________________________________________________________________________

Have you had any other changes in your medical condition in the past year that the certified athletic trainers’ or team physicians should know about before you begin your athletic season? (please explain):
___________________________________________________________________________________________
___________________________________________________________________________________________
Illinois Wesleyan University
Sports Medicine
Physical Exam and Medical Authorization Statement

Pre-Participation Physical Examination

I have had a complete physical examination on _____________________. I have completed a medical history questionnaire to the best of my knowledge and have discussed with the IWU team physicians, athletic trainers and/or consultants my prior medical history as well as all existing complaints, injuries, ailments, and symptoms. All of my questions concerning this medical history and my condition have been answered to my satisfaction. I also affirm that I do not suffer from any disability, injury, condition, complaint, or problem that I have NOT DISCLOSED on any such forms and/or have not discussed with the team physicians, athletic trainers and/or consultants. Also, I recognize the importance of fully and accurately disclosing my physical condition, past and present with the Illinois Wesleyan University medical staff and/or Athletic Training Staff.

Signature:_____________________________________  Date:__________________________

Catastrophic Injury Statement

The possibility of sustaining a catastrophic injury is inherent in any athletic activity. I, ____________________________________ understand that by participating in athletics at Illinois Wesleyan University the potential of a catastrophic injury does exist. With this fact in mind, I understand the importance of rules and procedures as well as the necessity of using proper athletic techniques. Furthermore, I understand that the possibility of a catastrophic injury does exist though the above are followed to the fullest.

Signature: ________________________________ Date: ____________________________

Authorization to Treat and Care

I give authorization to the athletic training staff and/or medical staff to evaluate and treat my injuries that occur during my participation in athletics at Illinois Wesleyan University. I understand the medical staff members have the authority to eliminate me from further participation because of an injury, illness, medical condition, and/or because of an undue liability risk to Illinois Wesleyan University.

Signature: ________________________________ Date: ____________________________
I, ______________________________, hereby authorize Illinois Wesleyan University and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to coaches, administrative personnel, CCIW conference personnel, professional scouting organizations, and media.

I understand that my protected health information will be used by the Physicians and Athletic Trainers of Illinois Wesleyan University to ensure proper health care while I am an athlete at Illinois Wesleyan University.

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or conference athletics.

I also understand that the Illinois Wesleyan University Athletic Department is not a covered entity under the Buckley Amendment or HIPAA and that these regulations will not apply to Illinois Wesleyan University’s use or disclosure of my injury/illness information.

This authorization/consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletic director at my institution. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

__________________________________________________
Printed Name of Student Athlete

__________________________________________________
Signature of Student Athlete                      Date
INSURANCE AND EMERGENCY INFORMATION FORM
This form MUST be resubmitted every year – Leave No blanks – “N/A” is not acceptable

Student Name: ____________________________________________  
Birth date: ________________________________________________
Social Security: ____________________________________________
Family Physician Name: ____________________________________
Physician Office Phone #: ________________________________
Student Health Problems (allergies, etc.): __________________________
Student Medication: ________________________________________
Father’s Name: ____________________________________________
Social Security Number: _________________________________
Employer: ________________________________________________
Employer Phone #: ________________________________
Insurance CO.: ____________________________________________
Address: ________________________________________________
City: ________________________________________________
State: __________ Zip: __________________________
Policy ID #: ________________________________
Insurance CO Phone #: ________________________________
Is student covered by this policy? Yes ___ No ___
Is this policy: ______ Primary or ______ Secondary
Is this policy a: _____ Health Maintenance (HMO)
_____ Preferred Provider (PPO)
_____ Standard Policy
Is a pre-authorization or a referral needed for a
Doctor’s appointment _____Yes _____No
Is a second opinion required before surgery:
_____ Yes _____No
Does the student have individual personal insurance: _____ Yes
If Yes: Insurance CO: ______________________________________
Address: ________________________________________________
City: ____________________ Zip: __________________________
Policy #: ________________________________
Phone #: ________________________________

Will you play inter-collegiate Sports: _____ Yes _____ No

ATHLETES ONLY: I give authorization to the athletic training staff, Arnold Health Service and/or medical consultants to evaluate and treat any injuries that occur during my participation in athletics at Illinois Wesleyan University. I understand that Team Physician has the authority to eliminate me from further participation because of an injury and/or because of undue liability to risk Illinois Wesleyan University.

Student’s Signature ____________________________ Date __________

(If student is under 18 yrs.) Parent or Guardian’s Signature ____________________________ Date __________
DIRECTORY
SPORTS MEDICINE STAFF / MEDICAL CONSULTANTS

ARNOLD HEALTH SERVICES
Walk in morning, appointments afternoon
Office: 309-556-3107
Fax: 309-556-3805 (fax)

BROMEN HOSPITAL 309-454-1400

HEAD ATHLETIC TRAINER
William A. Kauth Ed.D., ATC, CSCS
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Home: 309-823-9189
Cell: 309-824-6181
Email: bkauth@iwu.edu

ASSISTANT ATHLETIC TRAINER
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Cell: 217-369-2144
Email: canders4@iwu.edu

ASSISTANT ATHLETIC TRAINER
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Cell: 309-452-6486
Email: wkauth@ilstu.edu

GRADUATE ASSISTANT ATHLETIC TRAINER
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Email: awbruba@ilstu.edu

GRADUATE ASSISTANT ATHLETIC TRAINER
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Email: tsulliv@ilstu.edu

GRADUATE ASSISTANT ATHLETIC TRAINER
Shelby Dale, ATC
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Email: sdale@ilstu.edu

GRADUATE ASSISTANT ATHLETIC TRAINER
Sharon Feld, ATC
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Email: sfeld2@ilstu.edu

GRADUATE ASSISTANT ATHLETIC TRAINER
Scott Picton, ATC
Cell: 309-264-4117
Email: sepicto@ilstu.edu
MEDICAL CONSULTANTS
Sports Enhancement Center (x10 if busy) 309-663-9300
Fax 309-661-1670

Dr. Anthony Dustman M.D. (Orthopaedic) SEC
Home: 309-662-4544
Pager: 309-512-3625
Cell: 309-532-0157
Brad Work ~ 309-664-1368
Cell ~ 309-208-2463
Pager ~ 800-512-8500
Eileen 309-664-1363
Nurse Laura (Dr. Dustman) 309-664-1367
Dr. Paul (Nurse Jan or Mindy) 309-663-0598 or 663-6462
Adella 309-664-1365

Dr. Thomas Duhig (Gen Med, Sports Medicine Speciality)
Ashley Kingston (Physician Extender/ATC) 217-649-0111

Dr. Robert Seidl (Orthopaedic)
Advocate Care: 309-664-3038
Pager: 800-512-8504
Home: 309-664-4464
Cell: 309-530-5213
Whitney Clark (Nurse) 309-664-1375

Dr. Bryce Paschold, D.P.M. 309-663-9300

David McClure, DPT 309-664-1369

McClean County Orthopedics 309-663-6461

Dr. Paul (Podiatrist)
Nurse Jan or Mindy 309-663-0598, 309-663-6462, 664-1627

Dr. Griffith (GP at Sugar Creek)
Office Appointment Line 309-268-2727
Dr. Griffith office number 309-268-2635

Dr. John Zozzaro (Chiropractor)
Office: 309-862-2225
Fax: 309-862-2229
Cell: 309-531-9461

Dr. Edward Pegg (neurologist)
Fax 309-661-7344
309-661-7343

Dr. Ocheltree (ear, nose, throat)
1404 East Empire

Dr. Kevin Schultz (Dentist) 309-663-1721
IWU Athletic Training Room Student Workers

Hannah Wolles
   Cell: 815-954-3377
   Email: hannw2594@gmail.com

Becca Yarnot
   Cell: 309-397-1525
   Email: ryarnot@iwu.edu

Alex Zappavigna
   Cell: 708-528-4041
   Email: azappavi@iwu.edu

Genyl Rufino
   Cell:
   Email:

Derek Idstein
   Cell: 847-651-9672
   Email: didstein@iwu.edu

Brooke Alba
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   Email: balba@iwu.edu

Jenni Tucker
   Cell: 224-388-7979
   Email: jtucker1@iwu.edu

ISU Athletic Training Students (Fall)

Emily Strutner
   Cell: 309-287-8471
   Email: enstrut@ilstu.edu

Molly Cockerham
   Cell: 217-840-8686
   Email: mecocke@ilstu.edu

Hannah Kelly
   Cell: 630-877-0652
   Email: hmkell2@ilstu.edu

Ryan Stukenberg
   Cell: 815-291-7831
   Email: rmstuke@ilstu.edu

Sarah Gerken
   Cell: 630-263-5432
   Email: smgerk@ilstu.edu

Elizabeth Ludwig
   Cell: 815-985-9521
   Email: eeludwi@ilstu.edu

Mitchel Kennedy
   Cell: 815-901-2422
   Email: mjkenne@ilstu.edu
Illinois Wesleyan University
Athletic Department AED Protocol

Illinois Wesleyan University owns five Automated External Defibrillators (AED). In the event, that there is a medical emergency requiring the use of one of the AED’s, the following emergency plan has been established.

1. An AED will be accessed in the event of an emergency for all IWU activities.

2. IWU Shirk Center has (5) AEDs.
   1. On the wall behind the Shirk Center’s weight room desk.
   2. On the second floor of the Shirk Center, on the wall between the concession stand and the elevator.
   3. The remaining three are located in the Athletic Training Room office (These three AEDs will be used for practice and event coverage and may not be available in the ATR.)

3. The AED will remain in these contact points until such time it is required for use. If an injury occurs, the Certified Athletic Trainer will monitor the injured athlete, provide appropriate first aid, and have an athletic training student or a coach call 911 and retrieve the AED.

4. At the time of accessing the AED, the Athletic Trainer, coach or athletic training student should Activate EMS (call 911).
   1. Give the operator specific information including your name, the name of the individual, the emergency situation, your location, and the nearest entrance of the ambulance.
   2. Do NOT hang up.

5. Only individuals who have been trained to operate the AED will be allowed to use the device.
Illinois Wesleyan University Athletic Training Room
Safe Handling of Water and Beverages Protocol
(Updated August 2014)

   a. All items should be cleaned daily following use, or as needed following every possible contamination using a diluted solution of household dishwashing detergent (i.e. Sun Light, Dawn, Joy, etc) or Isoquin cleaning agent.

2. Coolers, Lids, Ice Chests, and Cleaning Procedure
   a. Wash your hands thoroughly with soap and water.
   b. Spray the items, inside and outside, with a solution of water and detergent or Isoquin cleaning agent.
   c. Fill the cooler part way with hot water.
   d. Use a sponge or a scrub brush to clean the inside and outside of items.
   e. Allow the soapy solution to circulate through the cooler spigot and use a cotton-tipped applicator to clean the spigot.
   f. Rinse the items thoroughly, inside and out, three times with water.
   g. Allow the hot water to circulate through the spigot for rinsing.
   h. Coolers should be towel dried and then tipped upside down on a towel if stored on cart.
      i. If coolers are stored above cabinets, thoroughly towel dry and place above cabinets with lids.

3. Water Bottle Cleaning
   a. 2 sink method- Fill sink 1 with a soapy solution of dishwashing detergent and hot water. Fill sink 2 with hot water.
   b. Submerge the water bottles, water bottle lids, and carriers in Sink 1.
   c. Use the assigned scrub brush to thoroughly scrub the inside and outside of the water bottles, water bottle lids, and carriers.
   d. Submerge the water bottles, water bottle lids, and carriers into Sink 2.
   e. Thoroughly rinse all items in hot water.
   f. Place a towel down on the counter and store water bottles upside down in their cleaned carriers.
   g. Store water bottle lids in a designated container marked for lids.

4. Water Boy Cleaning
   a. Spray the items, inside and outside, with a solution of water and detergent.
   b. Fill the cooler part way with hot water.
      i. Bring coolers inside or fill a 10 gallon with hot water and take outside.
   c. Use a sponge or a scrub brush to clean the inside and outside of items.
   d. Allow the soapy solution to circulate through the water boy spigots.
   e. Rinse the water boy thoroughly three times with hot water.
   f. Allow the hot water to circulate through the spigot for rinsing.
   g. Thoroughly dry water boy with a towel and leave lid open for air drying.
5. **Storage, Handling and Use of Ice**
   a. Ice used with beverages should be manufactured from an approved water supply.
   b. Hands should be washed prior to handling ice.
   c. Ice should be dispensed or transferred with a scoop, spoon, or other sanitary method.
   d. When not in use, the scoop or spoon may be stored on a clean surface. Ice scoops should not be stored in water.
   e. The ice scoop and container should be rinsed every night in the sink using the 2 sink method.
   f. Ice Machines should be cleaned on a regular schedule.

6. **Water Supply**
   a. Water must be from a public distribution system or an approved water supply that is tested ensures conformity with applicable regulations.
   b. Portable hoses should be used to fill coolers.
   c. The water hose should not be stored or come into contact with the ground and should not be capable of being submerged into a drain.
   d. The cooler should not be placed on the floor while filling.
Maintaining normal hydration (as indicated by baseline body weight) is an important key to preventing heat illness. Athletes will not be allowed to practice if their total body weight loss is greater than 2\% of their baseline (e.g., 4 lbs in a 200 lb. athlete) before practice begins. Athletes should begin each exercise session properly hydrated (within 2\% of their baseline body weight) and will have easy access to water and electrolyte beverages before, during, and after every practice and competition that exceeds 80 degrees. Athletes will be encouraged to drink as frequently as comfort allows despite practice schedules and time limitations. If an athlete feels that they are hydrated but can not maintain their baseline weight, then a second baseline weight will be determined in one week intervals. This weight will be established only if their urine specimen shows a specific gravity of less than 1.020 (< 1.020) and a good light/clear color.

The following standards must be adhered to when the environmental conditions predispose an athlete to become dehydrated/hyperthermic (see figure 1). The head athletic trainer has the discretion to make adjustments to the protocol in consideration of the size and/or fitness of the athlete, cloud cover, and wind speed.

**Mild Heat Conditions**
1.) Rehydration Breaks will be mandated every 30 minutes and last 2-5 minutes.
2.) Cooling Breaks will be provided when individual symptoms arise.

**Moderate Heat Conditions (Full Pads)**
1.) Rehydration Breaks (with available electrolyte beverages) will be mandated every 20 minutes and last 5-10 minutes.
2.) Cooling Breaks will be mandated every 30-40 minutes and last 5-10 minutes (4:1, work:rest ratio).

**Severe Heat Conditions (Light Pads)**
1.) Football practice must not be in full pads.
2.) Practice may be moved in-side as long as the temperature is >80 deg.
3.) Practice must include a hydration/cooling break every 15 minutes and last 5-10 minutes (3:1, work:rest ratio).

**Critical Heat Conditions (Shorts Only)**
1.) Practice must immediately contain a water/cooling break every 10 minutes.
2.) Practice in shorts/t-shirts only (with all protective equipment removed).
3.) Practice must be limited to stretching and walk-through.
4.) Total exposure time in these conditions must be no longer than 30 minutes.
**Competitions in High or Severe Heat Conditions**

1.) Football: a two (2) minute, on the field, hydration/cooling break will be mandated at the 7:30 mark of each quarter if not already provided.

2.) Soccer: a five (5) minute, on the field, hydration/cooling break will be mandated at the 25:00 mark of each half.

3.) Volleyball: a two (2) minute, off of the floor, hydration/cooling break will be mandated every 15-20 minutes.

The home Certified Athletic Trainer at the competition will notify the visiting team and the officials when and why hydration/cooling breaks will occur.

If an athlete is dehydrated (> 2 % weight loss) or symptomatic of heat exhaustion/stroke then the athlete will first be moved to a cool environment to rehydrate with an electrolyte beverage (i.e. sodium and potassium). Continued participation is not acceptable if at any time an athlete becomes dehydrated during a practice or during competition. Periodic checks from the on-site athletic training staff will occur if warranted by symptoms.

* Figure 1

---

![Figure 1](image-url)
Approved by:

Medical Director: ________________________________ Date: __________________
Dr. Thomas Duhig

Athletic Director: ________________________________ Date: __________________
Dennie Bridges

Head Athletic Trainer: ____________________________ Date: __________________
Bill Kauth
Illinois Wesleyan University
Shirk Center
Emergency Action Plan

A. Contacts

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<tr>
<td>Coach Kim Nelson-Brown</td>
<td>(h): 888-9691 (c): 825-5568</td>
</tr>
<tr>
<td>Coach Teresa Fish</td>
<td>(h): 661-1288 (c): 242-1151</td>
</tr>
<tr>
<td>Coach Mia Smith</td>
<td>(c): 824-9846</td>
</tr>
<tr>
<td>Coach Ron Rose</td>
<td>(h): 662-5180 (c): 310-7137</td>
</tr>
<tr>
<td>Coach Chris Schumacher</td>
<td>(c): 287-2985</td>
</tr>
<tr>
<td>Mike Wagner, Associate Athletic Director/Director Shirk Center</td>
<td>(c): 830-7841</td>
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B. Scope of Coverage:

During in-season practice and competition, the certified athletic training staff in attendance should provide first aid care to athletes. The certified athletic training staff should provide first aid and CPR to spectators and others in attendance during competition until EMS arrives.

During out-of-season practice, a member of the athletic training staff or an athletic training student will be at practice. He or she will provide first aid measures only, and will activate EMS.

C. Methods and Compliance

All ATC/ATS/Coaches/Athletics Staff MUST be certified in CPR.

All ATC/ATS/Coaches must have a copy of EAP and review it prior to the start of the season and at the beginning of each quarter.
Review EAP with Athletics Director and other Administrators.

Student Insurance forms, medical alert forms, and other necessary medical forms should be kept in the sport at hand’s binder to allow for easy access. This binder is to be kept with the Certified Athletic Trainer/Athletic Training Student at every practice.

**Map of IWU Athletic Facilities**

D. **IWU Sports Facilities**
- A. Athletic Training Room
- B. Shirk Activity Center
- C. Pool
- D. Tennis Courts
- E. Baseball Field
- F. NEIS Field
- G. BroMenn Hospital
- H. Football Practice Field
- I. Softball Complex
- J. Football Game Field & Track
E. **Map of Shirk Center**

- **Emerson Street**
- **Franklin Street**

**Shirk Center**

- A. South Entrance (Shirk Entrance)  
- B. Spectator Entrance to Gym  
- C. Basketball/Volleyball Court  
- D. Staircase to ground floor  
- E. Athletic Offices  
- F. Concession Stands  
- G. Elevator/ AED  
- H. Swimming Pool  

- I. Weight Room  
- J. Front Desk (AED)  
- K. Locker Rooms/Public Restrooms  
- L. Athletic Training Room (AED)  
- M. North Exit/Mud Room  
- N. North Exit/Stair Entrance  
- O. North Emergency Exit  
- P. North Emergency Exit  
- Q. East Emergency Exit  
- R. East Emergency Exit  
- S. Small Practice Gym  
- T. Doors to Bball/Vball Court  
- U. Doors to Bball/Vball Court  
- V. Activity Courts
F. Location of Emergency Exits and Phones at Shirk Center
   A. Exit(s)
      - South side Emerson Street (A)
      - North Side lower level (M, O, P,)
      - East Side lower level (Q, R)
   
   B. Phone Location:
      - Front Desk/Control Desk
      - Athletic Training Room
      - Athletic Office
      - Certified Athletic Trainer Cellular Phone
      - Coach’s cellular phone

G. Location of Automated External Defibrillator (AED)
   Shirk Center
   1. Fitness Main Desk Behind the Desk (Lower level of Shirk Center)
   2. In front of Concession Stand (Top Level of Shirk Center)
   3. Portable AED’s in ATR (x2) for outside sports.

H. Equipment
   Athletic Training Kit:
      - first aid supplies
      - latex gloves/biohazard supplies
      - towels
      - shield/CPR mask
      - blood pressure cuff/stethoscope
      - pen
      - tape supplies
      - Emergency Phone numbers
      - candy
      - insurance information
      - paper
      - medical conditions list
      - OTC Medication
   
   Emergency Equipment:
      - Spine board
      - Crutches
      - AED
      - Vacuum Splints
      - BVM (Bag Valve Mask)
      - Blanket

   Team Binder:
      - Team information (phone numbers, position, level on team, email addresses)
      - Individual medical history (including parental contact)
      - Individual insurance information

   Personal Cellular Phone

I. Emergency Protocol
   1) First to Respond
      a. Certified Athletic Trainer (GA) or Athletic Training Student.
      b. Check ABC’s and life threatening conditions
      c. If advanced emergency care is required, ATS or Coach will call EMS – 911
      d. Provide initial rescue breathing and or CPR if necessary
      e. If CPR or Rescue breathing is not required, take vital signs and monitor until arrival of EMS.
      f. If EMS is not required, perform initial assessment
         i. i.e. Note bleeding, gross deformity, MOI, subjective comments by athlete
      g. When EMS arrives, first responder should communicate with EMS
         i. Mechanism of Injury
         ii. What actions have been taken
         iii. Vital Signs
iv. Alert EMS of any concerning medical history  
v. Amount of time athlete has been down  
vi. Initial assessment findings  
vii. Any changes in symptoms or progression in symptoms  
h. Accompany athlete to hospital if possible  

2) ATS Duties  
a. Assist first responder as directed  
b. Assist with rescue breathing/CPR as needed  
c. Assist with taking and monitoring vital signs  
   i. Responsible for recording vital signs timeline  
d. Get any necessary equipment/supplies  
e. Should assist in communication to EMS the necessary information  
f. Accompany athlete to hospital if ATC can not.  

3) ATS/Coach  
a. Call EMS  
b. Take someone with you to act as a liaison between EMS dispatch and first responder  
c. Communicate to EMS  
   i. Identify your name, your phone number, where your calling from, what your calling on  
   ii. Name of individual hurt, type of injury, vital signs, what additional equipment is needed, what is being done thus far  
   iii. Directions to site of emergency: EMS should access the Arena through the door located on the North side (M) of the Shirk Center. A coach or athlete will be awaiting the EMS.  
d. DO NOT HANG UP WITH EMS DISPATCH UNTIL THEY TELL YOU TO!  
   i. Wait by the phone until EMS has arrived. Or hold cell phone until EMS has arrived.  
   ii. Relay any information from the dispatch to the first responder via the liaison person.  

4) ATS/Athlete/Coach  
a. Keep other athletes and crowd away from injury.  
b. Assist in getting any additional equipment/supplies.  
c. Assist with any further needs.  

J. Catastrophic Injury Plan  
1. Contact Bill Kauth, Head Athletic Trainer  
2. ATC will contact Athletic Director, Dennis Bridges  
3. AD will contact the appropriate University administrators  
4. Contact/update the sport at hand’s Head Coach, if they are unaware of injury  
5. Contact family of athlete  
6. Document every detail as soon as possible  

K. Lightening Policy  
ATC will use the Flash-to-Bang method. During an athletic event, evacuation procedures will be utilized when lightening is present in the area. Members of each team should seek shelter in the Shirk Center. The Shirk Center should have all doors closed during storm for protection.
L. **Tornado Procedure**
   It is the University policy that when the tornado siren sounds, everyone is to seek shelter IMMEDIATELY even though this may disrupt class, athletic competition, etc. The only exception is during a test of the system (which occurs on the first Tuesday of every month at 10:00 a.m. in Bloomington).

   If the tornado siren is alarmed while activities are being held Shirk Center, all activities must stop. Participants should seek shelter immediately in the Shirk Center in a reinforced room such as a locker room.

M. **Disclaimer**
   This is not an all-inclusive plan of emergency. It is subject to change under the discretion of the Illinois Wesleyan University team physician, athletic training staff, and athletic director.
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<tr>
<td>Coach Zach Iannucci</td>
<td>(c) (609) 489-3260</td>
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<td>Coach Lindsey Rosecrans</td>
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Illinois Wesleyan University
Shirk Center Natatorium
Emergency Action Plan

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E. Baseball Field  
F. NEIS Field  
G. BroMenn Hospital  
H. Football Practice Field  
I. Softball Complex  
J. Football Game Field & Track
E. Map of Shirk Center

Shirk Center

A. South Entrance (Shirk Entrance)  I. Weight Room  Q. East Emergency Exit
B. Spectator Entrance to Gym  J. Front Desk (AED)  R. East Emergency Exit
C. Basketball/Volleyball Court  K. Locker Rooms/Public Restrooms  S. Small Practice Gym
D. Staircase to ground floor  L. Athletic Training Room (AED)  T. Doors to Bball/Vball Court
E. Athletic Offices  M. North Exit/Mud Room  U. Doors to Bball/Vball Court
F. Concession Stands  N. North Exit/Stair Entrance  V. Activity Courts
G. Elevator/AED  O. North Emergency Exit  W. Entrance to Pool
H. Swimming Pool  P. North Emergency Exit
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   A. Exit(s)
   - South side Emerson Street-Ambulance Entrance (A)
   - North Side lower level (M, O, P)
   - East Side lower level (Q, R)
   
   B. Phone Location:
   - Front Desk/Control Desk
   - Athletic Training Room
   - Hallway by Athletic Training Room
   - Athletic Office
   - Certified Athletic Trainer Cellular Phone
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G. **Location of Automated External Defibrillator (AED)**
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   1. Fitness Main Desk Behind the Desk (Lower level of Shirk Center)
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H. **Equipment**

   **Athletic Training Kit:**
   - first aid supplies
   - latex gloves/biohazard supplies
   - towels
   - shield/CPR mask
   - blood pressure cuff/stethoscope
   - pen
   - tape supplies
   - Emergency Phone numbers
   - candy
   - insurance information
   - paper
   - medical conditions list
   - OTC Medication

   **Emergency Equipment:**
   - Spine board
   - Crutches
   - AED
   - Vacuum Splints
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   - Blanket

   **Team Binder:**
   - Team information (phone numbers, position, level on team, email addresses)
   - Individual medical history (including parental contact)
   - Individual insurance information

   **Personal Cellular Phone**
I. **Fort Natatorium Emergency Information:**

a.) **Emergency Personnel:** An athletic training student/first responder or certified athletic trainer will be at pool-side for all competitions. If a first responder is present and not an ATC, an ATC will be within two minutes of the pool. Practices will be covered by an athletic trainer student/first responder or coach/first responder and the ATC will be within two minutes of the pool. Communication (telephone) will enhance the availability of the ATC when a serious injury occurs. Coaches will always be available who are trained in CPR, First Aid, and Lifeguard Training.

b.) **Emergency Communication:** There is a telephone available at pool-side in case of an emergency to call either EMS or the athletic trainer.

c.) **Emergency Equipment:** supplies (trauma kit, splints, spine board) will be in the training room if necessary. Splints and AED will be taken to all home competitions. Otherwise, for practice the AED will be kept at the control desk for immediate use of any cardiac pathology. A spine-board, collars, and CPR masks are available at pool-side for lifeguard use.

d.) **EMS Entrance:** An ambulance will have to enter the Shirk Center by the south end of the Fort Natatorium (off of Emerson Street) and then enter the pool area through the front doors.

e.) **Designated Individuals:** should direct the EMS to the south end of the Fort Natatorium and then on to the pool.

f.) **Coaches:** should control the scene and remove athletes from the area.
J. Emergency Protocol

1) Lifeguard(s) will remove athlete from water and ATC will take over once on pool deck.
2) First to Respond
   a. Certified Athletic Trainer (GA) or Athletic Training Student.
   b. Check ABC’s and life threatening conditions
   c. If advanced emergency care is required, ATS or Coach will call EMS –911
   d. Provide initial rescue breathing and or CPR if necessary
   e. If CPR or Rescue breathing is not required, take vital signs and monitor until arrival of EMS.
   f. If EMS is not required, perform initial assessment
      i. i.e. Note bleeding, gross deformity, MOI, subjective comments by athlete
   g. When EMS arrives, first responder should communicate with EMS
      i. Mechanism of Injury
      ii. What actions have been taken
      iii. Vital Signs
      iv. Alert EMS of any concerning medical history
      v. Amount of time athlete has been down
      vi. Initial assessment findings
      vii. Any changes in symptoms or progression in symptoms
   h. Accompany athlete to hospital if possible

3) ATS Duties
   a. Assist first responder as directed
   b. Assist with rescue breathing/CPR as needed
   c. Assist with taking and monitoring vital signs
      i. Responsible for recording vital signs timeline
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4) ATS/Coach
   a. Call EMS
   b. Take someone with you to act as a liaison between EMS dispatch and first responder
   c. Communicate to EMS
      i. Identify your name, your phone number, where your calling from, what your calling on
      ii. Name of individual hurt, type of injury, vital signs, what additional equipment is needed, what is being done thus far
      iii. Directions to site of emergency: EMS should access the pool through the North door of the Shirk Center off of the parking lot off of Franklin Avenue. Also allowing quick access to spectators. A coach or athlete will be awaiting the EMS.
   d. DO NOT HANG UP WITH EMS DISPATCH UNTIL THEY TELL YOU TO!
      i. Wait by the phone until EMS has arrived. Or hold cell phone until EMS has arrived.
      ii. Relay any information from the dispatch to the first responder via the liaison person.
5) ATS/Athlete/Coach
   a. Keep other athletes and crowd away from injury.
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   c. Assist with any further needs.

K. **Catastrophic Injury Plan**
   1. Contact Bill Kauth, Head Athletic Trainer
   2. ATC will contact Athletic Director, Dennis Bridges
   3. AD will contact the appropriate University administrators
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   5. Contact family of athlete
   6. Document every detail as soon as possible

L. **Tornado Procedure**
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   G. BroMenn Hospital
   H. Football Practice Field
   I. Softball Complex
   J. Football Game Field & Track
E. Map of IWU Stadium at Wilder Field

Wilder Field

A. West Entrance
B. Home Spectator Bleachers
C. Press Box
D. East Entrance
E. Visiting Spectator Bleachers
F. NW Entrance
F. **Location of Emergency Exits and Phones at Wilder Field**

A. Exit(s)
   - East Side of Field (Crowd Entrance (D))
   - West Side of Field (Crowd Entrance (A))
   - Ambulance Entrance (behind softball field (F.))

B. Phone Location:
   - Personal Cellular Phone
   - Certified Athletic Trainer Cellular Phone
   - Coach’s cellular phone

G. **Location of Automated External Defibrillator (AED)**

Shirk Center
   1. Fitness Main Desk Behind the Desk (Lower level of Shirk Center)
   2. In front of Concession Stand (Top Level of Shirk Center)
   3. Portable AED’s in ATR (x2) for outside sports.

H. **Equipment**

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   - first aid supplies
   - latex gloves/biohazard supplies
   - towels
   - shield/CPR mask
   - blood pressure cuff/stethoscope
   - pen
   - tape supplies
   - Emergency Phone numbers
   - candy
   - insurance information
   - paper
   - medical conditions list
   - OTC Medication

   **Emergency Equipment:**
   - Spine board
   - Crutches
   - AED
   - Vacuum Splints
   - BVM (Bag Valve Mask)
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   **Team Binder:**
   - Team information (phone numbers, position, level on team, email addresses)
   - Individual medical history (including parental contact)
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   **Personal Cellular Phone**

I. **Emergency Protocol**

1) First to Respond
   a. Certified Athletic Trainer (Bill Kauth) or Athletic Training Student/Student Worker
   b. Check ABC’s and life threatening conditions
   c. If advanced emergency care is required, ATS or Coach will call EMS –911
   d. Provide initial rescue breathing and or CPR if necessary
   e. If CPR or Rescue breathing is not required, take vital signs and monitor until arrival of EMS.
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   a. Call EMS
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   c. Communicate to EMS
      i. Identify your name, your phone number, where your calling from, what your calling on
      ii. Name of individual hurt, type of injury, vital signs, what additional equipment is needed, what is being done thus far
      iii. Directions to site of emergency: EMS should access the field through the gate located off of Franklin behind softball field. A coach or athlete will be awaiting the EMS. (entrance F)
   d. DO NOT HANG UP WITH EMS DISPATCH UNTIL THEY TELL YOU TO!
      i. Wait by the phone until EMS has arrived or hold cell phone until EMS has arrived.
      ii. Relay any information from the dispatch to the first responder via the liaison person.

4) ATS/Athlete/Coach
   a. Keep other athletes and crowd away from injury.
   b. Assist in getting any additional equipment/supplies.
   c. Assist with any further needs.
J. **Catastrophic Injury Plan**
1. Contact Bill Kauth, Head Athletic Trainer
2. ATC will contact Athletic Director, Dennie Bridges
3. AD will contact the appropriate University administrators
4. Contact/update the sport at hand’s Head Coach, if they are unaware of injury
5. Contact family of athlete
6. Document every detail as soon as possible

K. **Lightening Policy**
ATC will use the Flash-to-Bang method. During an athletic event, evacuation procedures will be utilized when lightening is present in the area. Athletes participating in an event at Wilder Field should seek shelter in the Shirk Center. The Shirk Center should have all doors closed during storm for protection. Spectators should be advised to exit the field and seek shelter in Shirk Center or in their cars.

L. **Tornado Procedure**
It is the University policy that when the tornado siren sounds, everyone is to seek shelter IMMEDIATELY even though this may disrupt class, athletic competition, etc. The only exception is during a test of the system (which occurs on the first Tuesday of every month at 10:00 a.m. in Bloomington).

If the tornado siren is alarmed while activities are being held on Wilder field, all activities must stop. Participants should seek shelter immediately in the Shirk Center in a reinforced room such as a locker room. If there is not enough time to seek shelter within the Shirk Center, individuals must find a ravine or open ditch to lay with their hands covering their head. If a tornado is sighted, you should run in 90° angle from its path.

M. **Disclaimer**
This is not an all-inclusive plan of emergency. It is subject to change under the discretion of the Illinois Wesleyan University team physician, athletic training staff, and athletic director.
Illinois Wesleyan University
Beadles/Morse Tennis Courts
Emergency Action Plan

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<tr>
<td>IWU Athletic Training Room</td>
<td>309-556-3601</td>
</tr>
<tr>
<td>Coach Ric Zamudio</td>
<td>(c): 309-310-2977</td>
</tr>
<tr>
<td>Coach Mitch Turnbull</td>
<td>(c): 309-287-3426</td>
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B. **Scope of Coverage:**

During in-season practice and competition, the certified athletic training staff in attendance should provide first aid care to athletes. The certified athletic training staff should provide first aid and CPR to spectators and others in attendance during competition until EMS arrives.

During out-of-season practice, a member of the athletic training staff or an athletic training student will be at practice. He or she will provide first aid measures only, and will activate EMS.

C. **Methods and Compliance**

All ATC/ATS/Coaches/Athletics Staff MUST be certified in CPR.

All ATC/ATS/Coaches must have a copy of EAP and review it prior to the start of the season and at the beginning of each quarter.

Review EAP with Athletics Director and other Administrators.

Student Insurance forms, medical alert forms, and other necessary medical forms should be kept in the sport at hand’s binder to allow for easy access. This binder is to be kept with the Certified Athletic Trainer/Athletic Training Student at every practice.
Map of IWU Athletic Facilities

D. **IWU Sports Facilities**
A. Athletic Training Room
B. Shirk Activity Center
C. Pool
D. Tennis Courts
E. Baseball Field
F. NEIS Field
G. BroMenn Hospital
H. Football Practice Field
I. Softball Complex
J. Football Game Field & Track
E. Map Beadles/Morse Tennis court

*Ambulance will enter at parking lot between tennis and baseball.
F. **Location of Emergency Exits and Phones at Beadles/Morse Tennis Courts**
   A. Exit(s)
      - Each court has an exit.
   
   B. Phone Location:
      - Shirk Center (Athletic Training Room or Athletic Offices)
      - Athletic Office
      - Certified Athletic Trainer Cellular Phone
      - Coach’s cellular phone
   
G. **Location of Automated External Defibrillator (AED)**
   Shirk Center
   1. Fitness Main Desk Behind the Desk (Lower level of Shirk Center)
   2. In front of Concession Stand (Top Level of Shirk Center)
   3. Portable AED’s in ATR (x2) for outside sports.

H. **Equipment**
   Athletic Training Kit:
   - first aid supplies
   - latex gloves/biohazard supplies
   - towels
   - shield/CPR mask
   - blood pressure cuff/stethoscope
   - pen
   - tape supplies
   - Emergency Phone numbers
   - candy
   - insurance information
   - paper
   - medical conditions list
   - OTC Medication
   
   Emergency Equipment:
   - Spine board
   - Crutches
   - AED
   - Vacuum Splints
   - BVM (Bag Valve Mask)
   - Blanket
   
   Team Binder:
   - Team information (phone numbers, position, level on team, email addresses)
   - Individual medical history (including parental contact)
   - Individual insurance information
   
   Personal Cellular Phone

I. **Emergency Protocol**
   1) First to Respond
      a. Certified Athletic Trainer or Athletic Training Student.
      b. Check ABC’s and life threatening conditions
      c. If advanced emergency care is required, ATS or Coach will call EMS –911
      d. Provide initial rescue breathing and or CPR if necessary
      e. If CPR or Rescue breathing is not required, take vital signs and monitor until arrival of EMS.
      f. If EMS is not required, perform initial assessment
         i. i.e. Note bleeding, gross deformity, MOI, subjective comments by athlete
      g. When EMS arrives, first responder should communicate with EMS
         i. Mechanism of Injury
         ii. What actions have been taken
         iii. Vital Signs
         iv. Alert EMS of any concerning medical history
         v. Amount of time athlete has been down
vi. Initial assessment findings
vii. Any changes in symptoms or progression in symptoms

h. Accompany athlete to hospital if possible

2) ATS Duties
   a. Assist first responder as directed
   b. Assist with rescue breathing/CPR as needed
   c. Assist with taking and monitoring vital signs
      i. Responsible for recording vital signs timeline
   d. Get any necessary equipment/supplies
   e. Should assist in communication to EMS the necessary information
   f. Accompany athlete to hospital if ATC can not.

3) ATS/Coach
   a. Call EMS
   b. Take someone with you to act as a liaison between EMS dispatch and first responder
   c. Communicate to EMS
      i. Identify your name, your phone number, where your calling from, what your calling on
      ii. Name of individual hurt, type of injury, vital signs, what additional equipment is needed, what is being done thus far
      iii. Directions to site of emergency: EMS should access the tennis courts through the gate located at the parking lot off of Franklin Avenue, between baseball and tennis. A coach or athlete will be awaiting the EMS.
   d. DO NOT HANG UP WITH EMS DISPATCH UNTIL THEY TELL YOU TO!
      i. Wait by the phone until EMS has arrived or hold cell phone until EMS has arrived.
      ii. Relay any information from the dispatch to the first responder via the liaison person.

4) ATS/Athlete/Coach
   a. Keep other athletes and crowd away from injury.
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   1. Contact Bill Kauth, Head Athletic Trainer
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   4. Contact/update the sport at hand’s Head Coach, if they are unaware of injury
   5. Contact family of athlete
   6. Document every detail as soon as possible

K. Lightening Policy
ATC will use the Flash-to-Bang method. During an athletic event, evacuation procedures will be utilized when lightening is present in the area. Members of the Tennis team should seek shelter in the Shirk Center. The Shirk Center should have all doors closed during storm for protection. Spectators should be advised to exit the courts and seek shelter in Shirk Center or in their cars.
L. **Tornado Procedure**
   It is the University policy that when the tornado siren sounds, everyone is to seek shelter IMMEDIATELY even though this may disrupt class, athletic competition, etc. The only exception is during a test of the system (which occurs on the first Tuesday of every month at 10:00 a.m. in Bloomington).

   If the tornado siren is alarmed while activities are being held on the Beadles/Morse Courts, all activities must stop. Participants should seek shelter immediately in the Shirk Center in a reinforced room such as a locker room. If there is not enough time to seek shelter within the Shirk Center, individuals must find a ravine or open ditch to lay with their hands covering their head. If a tornado is sighted, you should run in 90° angle from its path.

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<td>Coach Kat McCreery</td>
<td>(c) 309-826-7641</td>
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B. Scope of Coverage:

During in-season practice and competition, the certified athletic training staff in attendance should provide first aid care to athletes. The certified athletic training staff should provide first aid and CPR to spectators and others in attendance during competition until EMS arrives.

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Map of IWU Athletic Facilities

D. **IWU Sports Facilities**

A. Athletic Training Room
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C. Pool
D. Tennis Courts
E. Baseball Field
F. NEIS Field
G. BroMenn Hospital
H. Football Practice Field
I. Softball Complex
J. Football Game Field & Track
E. IWU Softball Field

IWU Softball Field

A. North East Entrance (Emergency Entrance)
B. Home Dugout (ATC Location)
C. Spectator Bleachers
D. Press Box
E. South East Spectator Entrance
F. Spectator Bleacher
G. Away Dugout
F. **Location of Emergency Exits and Phones at NEIS Field**
   
   A. Exit(s)
   - South East Side of Field (Spectator Entrance (E))
   - North West Side of Field (Emergency Vehicle Entrance (A))

   B. Phone Location:
   - Press Box Land Line
   - Certified Athletic Trainer Cellular Phone
   - Coach’s cellular phone

G. **Location of Automated External Defibrillator (AED)**
   Shirk Center
   1. Fitness Main Desk Behind the Desk (Lower level of Shirk Center)
   2. In front of Concession Stand (Top Level of Shirk Center)
   3. Portable AED’s in ATR (x2) for outside sports. (AED located in home team dugout during practices and games.)

H. **Equipment**
   Athletic Training Kit:
   - first aid supplies
   - latex gloves/biohazard supplies
   - towels
   - shield/CPR mask
   - blood pressure cuff/stethoscope
   - pen
   - tape supplies
   - Emergency Phone numbers
   - candy
   - insurance information
   - paper
   - medical conditions list
   - OTC Medication

   Emergency Equipment:
   - Spine board
   - Crutches
   - AED
   - Vacuum Splints
   - BVM (Bag Valve Mask)
   - Blanket

   Team Binder:
   - Team information (phone numbers, position, level on team, email addresses)
   - Individual medical history (including parental contact)
   - Individual insurance information

   Personal Cellular Phone

I. **Emergency Protocol**

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What actions have been taken
Vital Signs
Alert EMS of any concerning medical history
Amount of time athlete has been down
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h. Accompany athlete to hospital if possible

2) ATS Duties
a. Assist first responder as directed
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a. Call EMS
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c. Communicate to EMS
   i. Identify your name, your phone number, where your calling from, what your calling on
   ii. Name of individual hurt, type of injury, vital signs, what additional equipment is needed, what is being done thus far
   iii. Directions to site of emergency: EMS should access the field through the gate located at the North West corner of the field off of Franklin Avenue. Also allowing quick access to field stands. A coach or athlete will be awaiting the EMS.
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4. Contact/update the sport at hand’s Head Coach, if they are unaware of injury
5. Contact family of athlete
6. Document every detail as soon as possible
K. **Lightening Policy**
ATC will use the Flash-to-Bang method. During an athletic event, evacuation procedures will be utilized when lightening is present in the area. Members of the Softball team should seek shelter in the Shirk Center. The Shirk Center should have all doors closed during storm for protection. Spectators should be advised to exit the field via the South East Gate Entrance and seek shelter in Shirk Center or in their cars.

L. **Tornado Procedure**
It is the University policy that when the tornado siren sounds, everyone is to seek shelter IMMEDIATELY even though this may disrupt class, athletic competition, etc. The only exception is during a test of the system (which occurs on the first Tuesday of every month at 10:00 a.m. in Bloomington).

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E. Baseball Field  
F. NEIS Field  
G. BroMenn Hospital  
H. Football Practice Field  
I. Softball Complex  
J. Football Game Field & Track
E. Map of IWU Jack Hornberger Baseball Field

- Neis Soccer Field
- Parking Lot

A. East Entrance
B. Home Spectator Bleachers
C. Press Box
D. South West Entrance – Spectator Entrance
F. **Location of Emergency Exits and Phones at Wilder Field**
   A. Exit(s)
      - East Side of Field (Emergency Entrance (A)
      - South West Entrance (Spectator Entrance D.)
   
   B. Phone Location:
      - Personal Cellular Phone
      - Certified Athletic Trainer Cellular Phone
      - Coach’s cellular phone
   
G. **Location of Automated External Defibrillator (AED)**
   Shirk Center
   1. Fitness Main Desk Behind the Desk (Lower level of Shirk Center)
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   3. Portable AED’s in ATR (x3) for outside sports. (AED located in home team dugout during practices and games.)

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2) **ATS Duties**
   a. Assist first responder as directed
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   c. Assist with taking and monitoring vital signs
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   ATC will use the Flash-to-Bang method. During an athletic event, evacuation procedures will be utilized when lightening is present in the area. Athletes participating in an event at on Jack Hornberger Field should seek shelter in the Shirk Center. The Shirk Center should have all doors closed during storm for protection. Spectators should be advised to exit the field via the SouthWest Gate Entrance and seek shelter in Shirk Center or in their cars.

L. **Tornado Procedure**
   It is the University policy that when the tornado siren sounds, everyone is to seek shelter IMMEDIATELY even though this may disrupt class, athletic competition, etc. The only exception is during a test of the system (which occurs on the first Tuesday of every month at 10:00 a.m. in Bloomington).

   If the tornado siren is alarmed while activities are being held on Jack Hornberger field, all activities must stop. Participants should seek shelter immediately in the Shirk Center in a reinforced room such as a locker room. If there is not enough time to seek shelter within the Shirk Center, individuals must find a ravine or open ditch to lay with their hands covering their head. If a tornado is sighted, you should run in 90° angle from its path.

M. **Disclaimer**
   This is not an all-inclusive plan of emergency. It is subject to change under the discretion of the Illinois Wesleyan University team physician, athletic training staff, and athletic director.
Illinois Wesleyan University  
NEIS Field  
Emergency Action Plan

A. Contacts

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<thead>
<tr>
<th>Emergency Contacts</th>
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<tbody>
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<tr>
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<td>1-800-222-1222</td>
</tr>
<tr>
<td>IWU Athletic Training Room</td>
<td>309-556-3601</td>
</tr>
<tr>
<td>Coach Dave Barrett</td>
<td>(h): 309-662-3810 (c): 309-824-1809</td>
</tr>
<tr>
<td>Coach Kyle Schauls</td>
<td>(c): 319-239-2051</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Athletic Training Staff</th>
<th>Office</th>
<th>Home</th>
<th>Cellular</th>
</tr>
</thead>
<tbody>
<tr>
<td>William A. Kauth Ed.D., ATC, CSCS</td>
<td>556-3601</td>
<td>823-9189</td>
<td>824-6181</td>
</tr>
<tr>
<td>Head Athletic Trainer</td>
<td></td>
<td></td>
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<tr>
<td>Sport(s): Football, JVMBK, Baseball</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candy Anderson, MS, ATC</td>
<td>556-1289</td>
<td></td>
<td>217-369-2144</td>
</tr>
<tr>
<td>Assistant Athletic Trainer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sport(s): WSC, M Lacrosse</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
B. **Scope of Coverage:**

During in-season practice and competition, the certified athletic training staff in attendance should provide first aid care to athletes. The certified athletic training staff should provide first aid and CPR to spectators and others in attendance during competition until EMS arrives.

During out-of-season practice, a member of the athletic training staff or an athletic training student will be at practice. He or she will provide first aid measures only, and will activate EMS.

C. **Methods and Compliance**

All ATC/ATS/Coaches/Athletics Staff MUST be certified in CPR.

All ATC/ATS/Coaches must have a copy of EAP and review it prior to the start of the season and at the beginning of each quarter.

Review EAP with Athletics Director and other Administrators.

Student Insurance forms, medical alert forms, and other necessary medical forms should be kept in the sport at hand’s binder to allow for easy access. This binder is to be kept with the Certified Athletic Trainer/Athletic Training Student at every practice.
Map of IWU Athletic Facilities

D. **IWU Sports Facilities**
A. Athletic Training Room
B. Shirk Activity Center
C. Pool
D. Tennis Courts
E. Baseball Field
F. NEIS Field
G. BroMenn Hospital
H. Football Practice Field
I. Softball Complex
J. Football Game Field & Track
**NEIS Field**

A. East Entrance (Team and ATC Entrance)
B. North (Emergency Entrance)
C. Spectator Bleachers
D. Team Bench (ATC located)
E. Press Box
F. Visitor Bench
G. West Entrance (Spectator Entrance)
H. Meeting Rooms
F. Location of Emergency Exits and Phones at NEIS Field
   A. Exit(s)
      - East Side of Field (Team and ATC Entrance (A))
      - West Side of Field (Spectator Entrance (G))
      - North Side of Field (Emergency Vehicle Entrance (B))
   
   B. Phone Location:
      - Certified Athletic Trainer Cellular Phone
      - Coach’s cellular phone

G. Location of Automated External Defibrillator (AED)
   Shirk Center
   1. Fitness Main Desk Behind the Desk (Lower level of Shirk Center)
   2. In front of Concession Stand (Top Level of Shirk Center)

H. Equipment
   Athletic Training Kit:
      - first aid supplies
      - latex gloves/biohazard supplies
      - towels
      - shield/CPR mask
      - blood pressure cuff/stethoscope
      - pen
      - tape supplies
      - Emergency Phone numbers
      - candy
      - insurance information
      - paper
      - medical conditions list
      - OTC
      - Medication

   Emergency Equipment:
      - Spine board
      - Crutches
      - AED
      - Vacuum Splints
      - BVM (Bag Valve Mask)
      - Blanket

   Team Binder:
      - Team information (phone numbers, position, level on team, email addresses)
      - Individual medical history (including parental contact)
      - Individual insurance information

   Personal Cellular Phone
I. **Emergency Protocol**

1) First to Respond

   a. Certified Athletic Trainer (Candy Anderson) or Athletic Training Student.
   b. Check ABC’s and life threatening conditions
   c. If advanced emergency care is required, ATS or Coach will call EMS –911
   d. Provide initial rescue breathing and or CPR if necessary
   e. If CPR or Rescue breathing is not required, take vital signs and monitor until arrival of EMS.
   f. If EMS is not required, perform initial assessment
   i. i.e. Note bleeding, gross deformity, MOI, subjective comments by athlete
   g. When EMS arrives, first responder should communicate with EMS
   i. Mechanism of Injury
   ii. What actions have been taken
   iii. Vital Signs
   iv. Alert EMS of any concerning medical history
   v. Amount of time athlete has been down
   vi. Initial assessment findings
   vii. Any changes in symptoms or progression in symptoms
   h. Accompany athlete to hospital if possible

2) ATS Duties

   a. Assist first responder as directed
   b. Assist with rescue breathing/CPR as needed
   c. Assist with taking and monitoring vital signs
   i. Responsible for recording vital signs timeline
   d. Get any necessary equipment/supplies
   e. Should assist in communication to EMS the necessary information
   f. Accompany athlete to hospital if ATC can not.

3) ATS/Coach

   a. Call EMS
   b. Take someone with you to act as a liaison between EMS dispatch and first responder
   c. Communicate to EMS
   i. Identify your name, your phone number, where your calling from, what your calling on
   ii. Name of individual hurt, type of injury, vital signs, what additional equipment is needed, what is being done thus far
   iii. Directions to site of emergency: EMS should access the field through the gate located at the North East corner of the field off of Franklin Avenue. Also allowing quick access to field stands. A coach or athlete will be awaiting the EMS.
   d. **DO NOT HANG UP WITH EMS DISPATCH UNTIL THEY TELL YOU TO!**
   i. Wait by the phone until EMS has arrived or hold cell phone until EMS has arrived.
   ii. Relay any information from the dispatch to the first responder via the liaison person.
4) ATS/Athlete/Coach
   a. Keep other athletes and crowd away from injury.
   b. Assist in getting any additional equipment/supplies.
   c. Assist with any further needs.

J. **Catastrophic Injury Plan**
   1. Contact Bill Kauth, Head Athletic Trainer
   2. ATC will contact Athletic Director, Dennis Bridges
   3. AD will contact the appropriate University administrators
   4. Contact/update the sport at hand’s Head Coach, if they are unaware of injury
   5. Contact family of athlete
   6. Document every detail as soon as possible

K. **Lightening Policy**
   ATC will use the Flash-to-Bang method. During an athletic event, evacuation procedures
   will be utilized when lightening is present in the area. Members of the soccer team should
   seek shelter in the Meeting Rooms on the Soccer Field. The Meeting Rooms should have
   all doors closed during storm for protection. Spectators should be advised to exit the field
   via the West Gate Entrance and seek shelter in Shirk Center or in their cars.

L. **Tornado Procedure**
   It is the University policy that when the tornado siren sounds, everyone is to seek shelter
   IMMEDIATELY even though this may disrupt class, athletic competition, etc. The only
   exception is during a test of the system (which occurs on the first Tuesday of every
   month at 10:00 a.m. in Bloomington).

   If the tornado siren is alarmed while activities are being held on the soccer field, all
   activities must stop. Participants should seek shelter immediately in the Shirk Center in a
   reinforced room such as a locker room. If there is not enough time to seek shelter within
   the Shirk Center, individuals must find a ravine or open ditch to lay with their hands
   covering their head. If a tornado is sighted, you should run in 90° angle from its path.

M. **Disclaimer**
   This is not an all-inclusive plan of emergency. It is subject to change under the discretion
   of the Illinois Wesleyan University team physician, athletic training staff, and athletic
   director.
Illinois Wesleyan University
Golf & Cross Country
Emergency Action Plan

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<td>(h) 827-3411, (c) 826-5292</td>
</tr>
<tr>
<td>Coach Jim Ott</td>
<td>(h) 828-1451 (c) 287-7937</td>
</tr>
<tr>
<td>Coach Greg Huffaker</td>
<td>(h) 807-4211, (c) 630-244-6569</td>
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B. Scope of Coverage:

During in-season practice and competition, the certified athletic training staff in attendance should provide first aid care to athletes. The athletic training staff should provide first aid and CPR to spectators and others in attendance during competition until EMS arrives.

During out-of-season practice, a member of the athletic training staff or an athletic training student will be at practice. He or she will provide first aid measures only, and will activate EMS.

C. Methods and Compliance

All ATC/ATS/Coaches/Athletics Staff MUST be certified in CPR.

All ATC/ATS/Coaches must have a copy of EAP and review it prior to the start of the season and at the beginning of each quarter.
Review EAP with Athletics Director and other Administrators.

Student Insurance forms, medical alert forms, and other necessary medical forms should be kept in the sport at hand’s binder to allow for easy access. This binder is to be kept with the Certified Athletic Trainer/Athletic Training Student at every practice.

**Map of IWU Athletic Facilities**

**IWU Sports Facilities**
A. Athletic Training Room
B. Shirk Activity Center
C. Pool
D. Tennis Courts
E. Baseball Field
F. NEIS Field
G. BroMenn Hospital
H. Football Practice Field
I. Softball Complex
J. Football Game Field & Track
E. **Location of Emergency Phones**

The coach should always carry a cell phone in case of emergencies.

F. **Equipment**

**Athletic Training Kit:**
- first aid supplies
- latex gloves/biohazard supplies
- towels
- shield/CPR mask
- blood pressure cuff/stethoscope
- pen
- tape supplies
- Emergency Phone numbers
- candy
- insurance information
- paper
- medical conditions list
- OTC Medication

**Team Binder:**
- Team information (phone numbers, position, level on team, email addresses)
- Individual medical history (including parental contact)
- Individual insurance information

**Personal Cellular Phone**

G. **Emergency Protocol**

1) **First to Respond**
   a. Certified Athletic Trainer or Athletic Training Student/Student Worker or Coach
   b. Check ABC’s and life threatening conditions
   c. If advanced emergency care is required, ATS or Coach will call EMS –911
   d. Provide initial rescue breathing and or CPR if necessary
   e. If CPR or Rescue breathing is not required, take vital signs and monitor until arrival of EMS.
   f. If EMS is not required, perform initial assessment
      i. i.e. Note bleeding, gross deformity, MOI, subjective comments by athlete
   g. When EMS arrives, first responder should communicate with EMS
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      ii. What actions have been taken
      iii. Vital Signs
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      vii. Any changes in symptoms or progression in symptoms
   h. Accompany athlete to hospital if possible

2) **ATS/Coach**
   a. Call EMS
   b. Take someone with you to act as a liaison between EMS dispatch and first responder
   c. Communicate to EMS
      i. Identify your name, your phone number, where your calling from, what your calling on
      ii. Name of individual hurt, type of injury, vital signs, what additional equipment is needed, what is being done thus far
iii. Directions to site of emergency: Medical staff and coaches must be familiar with event site protocol and directions.

d. **DO NOT HANG UP WITH EMS DISPATCH UNTIL THEY TELL YOU TO!**
   i. Wait by the phone until EMS has arrived or hold cell phone until EMS has arrived.
   ii. Relay any information from the dispatch to the first responder via the liaison person.

3) **ATS/Athlete/Coach**
   a. Keep other athletes and crowd away from injury.
   b. Assist in getting any additional equipment/supplies.
   c. Assist with any further needs.

J. **Catastrophic Injury Plan**
   1. Contact Bill Kauth, Head Athletic Trainer
   2. ATC will contact Athletic Director, Dennie Bridges
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   4. Contact/update the sport at hand’s Head Coach, if they are unaware of injury
   5. Contact family of athlete
   6. Document every detail as soon as possible

K. **Lightening Policy**
   ATC will use the Flash-to-Bang method. During an athletic event, evacuation procedures will be utilized when lightening is present in the area. Athletes participating in an event at Wilder Field should seek shelter in the Shirk Center. The Shirk Center should have all doors closed during storm for protection. Spectators should be advised to exit the field and seek shelter in Shirk Center or in their cars.

L. **Tornado Procedure**
   It is the University policy that when the tornado siren sounds, everyone is to seek shelter IMMEDIATELY even though this may disrupt class, athletic competition, etc. The only exception is during a test of the system (which occurs on the first Tuesday of every month at 10:00 a.m. in Bloomington).

   If the tornado siren is alarmed while activities are being held, all activities must stop. Participants should seek shelter immediately in a reinforced room such as a locker room. If there is not enough time to seek shelter, individuals must find a ravine or open ditch to lay with their hands covering their head. If a tornado is sighted, you should run in 90° angle from its path.

M. **Disclaimer**
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Illinois Wesleyan University
Cold Weather Guidelines
(Updated January 2014)

Based on the National Athletic Trainers’ Association's Position Statement on Environmental Cold Injuries as well as the guidelines put forth by the NCAA Sports Medicine Handbook, the following protocols and precautionary measures will be taken to ensure the health and safety of all student athletes and staff. All outdoor athletic practices and competitions at Illinois Wesleyan University operate under the guidelines listed below. Air temperature and wind chill information is available on weather.com or acuweather.com (note the temperature in the following chart corresponds to the ‘Feels like’ temperature.)

<table>
<thead>
<tr>
<th>Wind-Chill Temperature</th>
<th>Guidelines/adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>30°F - 25°F</td>
<td>- Be aware and ready for possibility of cold injuries</td>
</tr>
<tr>
<td></td>
<td>- Wear appropriate clothing</td>
</tr>
<tr>
<td>25°F - 15°F</td>
<td>- Cover all exposed skin possible</td>
</tr>
<tr>
<td></td>
<td>- Rewarm: every 45 min for at least 15 min</td>
</tr>
<tr>
<td></td>
<td>- Total exposure time: maximum of 2 hours</td>
</tr>
<tr>
<td>15°F - 0°F</td>
<td>- Consider limiting or modifying activity to limit exposure</td>
</tr>
<tr>
<td></td>
<td>- Rewarm: every 30 min for at least 15 minutes</td>
</tr>
<tr>
<td></td>
<td>- Total exposure time: maximum of 1 ½ hours</td>
</tr>
<tr>
<td>&lt; 0°F</td>
<td>- Cancel practice/competition and reschedule</td>
</tr>
<tr>
<td></td>
<td>(See below for guidelines specific to competitions.)</td>
</tr>
</tbody>
</table>

Guidelines for Competition:

• During the cold weather season, Illinois Wesleyan Sports Medicine will continuously check the weather 2-3 days prior to game time using weather.com or accuweather.com at the zip code 61701. In anticipation of very cold weather, Illinois Wesleyan Sports Medicine, the athletic director and the head coach will be in contact with the visiting team’s appropriate personnel to discuss our Cold Weather Policy. This discussion will outline our course of action should the weather be a concern on the day of competition.

• After initial contact is made with the visiting team’s appropriate personnel, Illinois Wesleyan Sports Medicine will continue to monitor the weather leading up to game day to observe any changes and maintain appropriate communication as necessary.

• During the day of competition, the onsite certified athletic trainer will monitor the outside temperature and wind chill temperature.

• During outdoor competition, if the actual temperature or wind chill drops below 15 degrees, there must be a 15 minute rewarming session after warm ups and before game time for the student athletes. The teams shall use the facilities listed below to rewarm. Half time must be 15 minutes long and the student athletes will be required to go indoors to warm up. If there is a need for overtime, the student
athletes must again return to the designated facility for a 15 minute rewarming session before continuing with overtime.
- Tucci Stadium ~ Locker rooms under stadium
- Neis Field ~ Classrooms on North side of the field
- Jack Hornberger Baseball Field and Softball Field ~ Shirk Center/Stadium locker rooms.

- Appropriate individuals involved in making the decision to modify participation:
  - Home/visiting athletic directors
  - Illinois Wesleyan certified athletic trainer
  - Visiting certified athletic trainer
  - Home/visiting head coach
  - Officials

In the case of a competition scheduled on a day when the temperature drops below 25°F, competition may continue with the following conditions in place:
- Aforementioned rewarming times must occur.
- A covered area with sideline heaters for each team must be provided.
- Termination of activity could occur at any point deemed appropriate by CCIW commissioner, NCAA official, or by a majority vote of the committee mentioned above.

**Cold Weather Attire and Recognition of Symptoms:**

In cold weather conditions, appropriate clothing should be worn to prevent cold exposure. Both the Athletic Trainer(s) and the coaches should mandate the student-athletes to implement the following:
- Wear several layers around the core of the body.
  - The first layer should wick moisture away from the body
  - No cotton worn as an inside layer. It is important that athletes avoid wearing multiple layers of cotton. When the body sweats the cotton will become dense and permeated with sweat.
- The under layers should trap heat and block the wind.
- The outer layer should be wind and water-resistant or waterproof. On windy or wet days wind pants or a nylon shell should be worn.
- Long sleeved/long pant garments that will break the wind
- Gloves
- Hat or helmet to protect the ears (cover/tape ear holes of helmets for wind, cold protection)
- Face protection
- Moisture wicking socks

Recognizing early signs of cold-induced stress may prove to be important in preventing cold weather-related injuries. The following signs and symptoms are considered to be early warning signs:
- shivering
- abnormal sensation at the distal extremities (e.g. numbness, pain, or burning sensation)
- disorientation
- slurred speech
### Signs & Symptoms of Common Cold Injuries

<table>
<thead>
<tr>
<th>Hypothermia</th>
<th>Frostbite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shivering</td>
<td>Pain</td>
</tr>
<tr>
<td>Cold sensation, goose bumps,</td>
<td>Burning</td>
</tr>
<tr>
<td>confusion, numbness</td>
<td>Numbness</td>
</tr>
<tr>
<td>Intense shivering, lack of</td>
<td>Tingling</td>
</tr>
<tr>
<td>coordination, sluggishness</td>
<td>Skin turns hard and white</td>
</tr>
<tr>
<td>Violent shivering, difficulty speaking, mental confusion, stumbling, depression</td>
<td>Skin starts to peel or get blisters</td>
</tr>
<tr>
<td>Muscle stiffness, slurred speech and trouble seeing</td>
<td>Skin starts to itch</td>
</tr>
<tr>
<td>Unconsciousness</td>
<td>Skin gets firm, shiny, and grayish-yellow</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Chilblain/pernio</th>
<th>Immersion (trench foot)</th>
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<tbody>
<tr>
<td>Red or cyanotic lesions</td>
<td>Burning, tingling, itching</td>
</tr>
<tr>
<td>Swelling</td>
<td>Loss of sensation</td>
</tr>
<tr>
<td>Itching, numbness, burning or tingling</td>
<td>Cyanotic/blotchy skin</td>
</tr>
<tr>
<td>Skin necrosis</td>
<td>Swelling</td>
</tr>
<tr>
<td></td>
<td>Blisters</td>
</tr>
<tr>
<td></td>
<td>Skin fissures</td>
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Additional sources of reference include cold weather policies from Augustana College and Boston University.
Recognition of Heat Exhaustion / Heat Stroke

The ability to rapidly and accurately assess core body temperature and CNS functioning is critical to the proper evaluation of exertional heat exhaustion and heat stroke. The athletic training staff should be properly trained and equipped to assess core body temperature via rectal thermometer when feasible.

The most critical criteria for determination of heat illness is rectal temperature (heat exhaustion 100 – 104, and heat stroke > 104), and CNS dysfunction (altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, hysteria, apathy).

On the field recognition should include the visualization that the athlete is having difficulty with physical exercise, wandering, slow speech and feeling lethargic. Other possible salient findings include nausea, vomiting, diarrhea, headache, dizziness, weakness, hot and wet/dry skin, increased heart rate, decreased blood pressure, increased respiratory rate and combativeness.

Emergency Treatment of Heat Exhaustion / Heat Stroke

Immediate whole-body cooling is the best treatment for exertional heat illness and should be initiated within minutes post-incident. It is recommended to cool first and transport second if onsite rapid cooling is possible. Cooling can be successfully verified by measuring rectal temperature or on the field recognition. If onsite cooling is not an option, the athlete should be immediately transferred to the Bromenn Hospital E.R.

The following procedures are recommended if exertional heat illness is suspected.

1.) remove clothing and equipment
2.) move athlete immediately to air-conditioned (cooling) area
3.) cool athlete immediately by:
   a. placing in pool or cooling tub of water
   b. using ice bags/towels to cover as much of the body as possible
   c. using fans or misters with cold water
4.) cease aggressive cooling when core temperature reaches approximately 101 degrees, and continue to monitor
5.) place an intravenous line using normal saline if this does not impede cooling the athlete
6.) monitor airway, breathing, circulation, heart rate, blood pressure, core temperature, and CNS function when appropriate
7.) athletes with **heat exhaustion** should lie comfortably with legs propped above heart level until normal core temperature returns
8.) transport any athlete with suspected **heat stroke** to the nearest emergency medical facility (Bromenn Hospital) as soon as possible pending on-site emergency care by the athletic training staff.

**Preventative Measures for Heat Stress**

Heat cramps, heat exhaustion and heat stroke are conditions related to the local environment, hydration status, and health of the athlete. Decisions related to participation in practices and competition for individual athletes and teams will be made according to the conditions and related information. These decisions will be made by the Athletic Training staff or by the coach in the absence of an ATC.

1.) remove clothing and equipment
2.) move athlete immediately to air-conditioned (cooling) area
3.) cool athlete immediately by:
   a. placing in pool or cooling tub of water
   b. using ice bags/towels to cover as much of the body as possible
   c. using fans or misters with cold water
4.) cease aggressive cooling when core temperature reaches approximately 101 degrees, and continue to monitor
5.) place an intravenous line using normal saline if this does not impede cooling the athlete
6.) monitor airway, breathing, circulation, heart rate, blood pressure, core temperature, and CNS function when appropriate
7.) athletes with **heat exhaustion** should lie comfortably with legs propped above heart level until normal core temperature returns
8.) transport any athlete with suspected **heat stroke** to the nearest emergency medical facility (Bromenn Hospital) as soon as possible pending on-site emergency care by the athletic training staff.

**Preventative Measures for Heat Stress**

Heat cramps, heat exhaustion and heat stroke are conditions related to the local environment, hydration status, and health of the athlete. Decisions related to participation in practices and competition for individual athletes and teams will be made according to the conditions and related information. These decisions will be made by the Athletic Training staff or by the coach in the absence of an ATC.

Preventative measures will be taken during days that may make an athlete more susceptible to heat illness.
1.) Shade tents will provide a cooling place for athletes who practice or compete outdoors.

2.) The Fort Natatorium Pool and cooling tanks will be available in a common area to help all athletes return their core body temperature to normal before leaving the athletic facilities.

3.) Electrolyte drinks will be available before, during, and after practices and competitions.

4.) A Certified Athletic Trainer (ATC) will be present at all practices and competitions to provide the following:
   a.) pre-participation exams to determine susceptibility of heat stress
   b.) constant monitoring of athletes and water breaks
   c.) water bottles and electrolyte drinks
   d.) ice towels
   e.) weight charts to monitor rehydration status
   f.) transportation will be available at all outdoor venues
   g.) radios will be on site for communication

5.) Coaches and Athletic Trainers will work together to encourage the safest environment possible for the athletes.
   a.) provide an education session for all teams related to health concerns that are the most prominent in their sport (ie. heat stress)
   b.) develop and practice the facility emergency care plan
   c.) provide a pre-season acclimitization period of at least 3 days
   d.) encourage an open communicative atmosphere that is non-threatening for the student-athlete to discuss all issues of health and safety with the coaches and athletic trainers.
   e.) provide 3 hours between practices for recovery
   f.) schedule practices during the coolest part of the day and limit clothing that will hinder the dissipation of heat while exercising
   g.) provide those who are more susceptible to heat stress the opportunity for more water/cooling breaks
   h.) provide an adequate activity progression schedule at the beginning of the pre-season period
   i.) coaches will accept the decision of the Certified Athletic Trainer regarding all decisions of health concern in the best interest of the athlete.
Heat Protocol for Intercollegiate Athletic Competition

In an effort to protect College Conference of Illinois and Wisconsin (CCIW) student-athletes while participating in intercollegiate athletic competition in extreme or severe heat conditions, the CCIW has developed guidelines for the implementation of mandatory hydration/cooling breaks in the sports of football and men’s and women’s soccer, effective August 15, 2007.

In April 2007, the CCIW chief executive officers adopted the creation of a CCIW Heat Task Force and charged this group with the creation and implementation of guidelines to take effect in the fall of 2007. The resulting guidelines are designed to enhance competition in severe weather conditions while maintaining the health and safety of competing student-athletes and will be reviewed on an ongoing basis by the conference administrators.

Oversight and implementation of these breaks rests with the host school Certified Athletic Trainer (ATC), who will be responsible for notifying the visiting school and game officials when and how the hydration/cooling breaks will occur. These guidelines were based on recommendations from the National Athletic Trainers Association, National Collegiate Athletic Association and the American College of Sports Medicine and are intended to prevent heat illness for student-athletes competing in intercollegiate competition.

Practice Activities
The CCIW guidelines were developed for intercollegiate competition only. The conduct and administration of heat awareness guidelines for practice shall be governed by the respective school’s heat guidelines. CCIW schools are encouraged to clearly spell out and articulate those guidelines and ensure that the appropriate individuals are made aware of them and how they should be applied. Per the NCAA’s Injury Surveillance Data, student-athletes face a much greater risk of suffering heat illness during participation in practice versus game competition. This data (gathered by all three NCAA divisions from 1988 to 2003) shows that student-athletes have a 3.9% chance of suffering heat illness during football practice, 1.7% during men’s soccer practice and 1.6% during women’s soccer practice. Comparatively, the chances of suffering heat illness in game competition are less than 1% in football, men’s soccer and women’s soccer. This underscores the importance of institutional guidelines regarding the prevention of heat illness during practice activities, which are not regulated by the new CCIW policy.

Intercollegiate Competition
Intercollegiate competition occurring during extreme heat conditions shall include mandatory hydration/cooling breaks at specified times in the sports of football and men’s and women’s soccer. The determination of whether conditions include extreme or severe heat shall be made by the host school ATC, based on the apparent air temperature (better known as the heat index), which includes a
combination of air temperature and relative humidity occurring at the time of competition. Below is a chart that illustrates how the heat index is calculated (taken from the NOAA information).

**AIR TEMPERATURE (degrees in Fahrenheit)**

<table>
<thead>
<tr>
<th></th>
<th>70</th>
<th>75</th>
<th>80</th>
<th>85</th>
<th>90</th>
<th>95</th>
<th>100</th>
<th>105</th>
<th>110</th>
<th>115</th>
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</table>

**APPARENT TEMPERATURE/HEAT INDEX**

<table>
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<tr>
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<td>102</td>
<td>104</td>
<td>106</td>
<td>108</td>
<td>110</td>
</tr>
</tbody>
</table>

If the Heat Index Is: | Risk Category
---|-------------------
130 ° F | "Extreme Danger"
105-129 ° F | "Danger"
90-105 ° F | "Extreme Caution"
80-90 ° F | "Caution"

**Extreme Danger:** Heat stroke or sunstroke is likely.

**Danger:** Sunstroke, muscle cramps, and/or heat exhaustion likely. Heatstroke is possible with prolonged exposure and/or physical activity.

**Extreme Caution:** Sunstroke, muscle cramps, and/or heat exhaustion possible with prolonged exposure and/or physical activity.

**Caution:** Fatigue possible with prolonged exposure and/or physical activity.
Mandatory Hydration/Cooling Breaks
Intercollegiate athletic competitions occurring in the “Danger” or “Extreme Danger” categories, as shown above, shall include mandatory hydration/cooling breaks per the following guidelines, in order to prevent heat illness in participating student-athletes. Schools should be advised to closely monitor competitions taking place in the “extreme caution” or “caution” risk categories.

The hydration/cooling breaks for CCIW competition shall be administered as follows:

Football
- A five (5) minute, on the field, hydration/cooling break will be mandated at the 7:30 mark of each quarter.
- Helmets shall be removed during the break but the removal of shoulder pads is optional.
- Certified athletic trainers may make the decision to require players to remove their shoulder pads if he/she feels an individual or individuals is/are in some distress.

Men’s and Women’s Soccer
- A five (5) minute, on the field, hydration/cooling break will be mandated at the 25:00 minute mark of each half.

Questions and Answers
Following is a set of questions and answers to help clarify the CCIW heat protocol policy for your information.

Q: Will these breaks be mandated for competition against non-conference opponents?

A: Yes, provided the visiting school agrees to use them for the safety of their athletes. Non-CCIW opponents are not required to utilize the CCIW heat protocol guidelines. It is advised that CCIW schools notify opposing teams of the conference policy in advance of the contest. Game officials shall also be notified in advance to ensure proper administration of the heat protocol.

Q: Will other fall sports, such as cross country and women’s tennis, have hydration/cooling breaks as well?

A: No, these sports have natural or regular breaks that will allow for proper cool down and hydration. For cross country, the host school shall be aware of the heat index at the time of the race to ensure that competing runners are not put at risk. It may be possible that a race could be delayed or postponed depending on the weather conditions.

Q: Who will be responsible for enforcing the hydration/cooling breaks?
A: The host school certified athletic trainer will be responsible for ensuring proper administration of the hydration/cooling breaks, in consultation with the game officials.

Q: Does the NCAA injury surveillance data support these guidelines?

A: While the NCAA data shows that heat illness occurs more regularly in practice activities, heat illness also occurs in regular game competition. The NCAA Sports Medicine Handbook has a specific section relating to the prevention of heat illness (Guideline no. 2-C), which was first published in 1975.

Q: Are these mandatory breaks legal within the applicable NCAA sport playing rules?

A: We have checked with the NCAA rules individuals for clarification regarding our mandatory hydration/cooling breaks. The NCAA supports these breaks and treats them similarly to breaks in competition for weather related issues, such as rain, hail and lightning. As such, they are permissible under NCAA playing rules. The welfare of the competing student-athletes is the primary issue at hand.
The following policy and procedures on neurocognitive baseline testing and subsequent assessment and management of concussions as well as return to play guidelines has been developed in accordance with the NCAA and Illinois Wesleyan University Athletic Training Department’s Mission Statement to provide quality healthcare services and assure the well-being of each student-athlete at IWU.

PURPOSE:

The NCAA Executive Committee adopted the following policy in April 2010.

“Institutions shall have a concussion management plan on file such that a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from a practice or competition and evaluated by an athletics healthcare provider with experience in the evaluation and management of concussions. Student-athletes diagnosed with a concussion shall not return to activity for the remainder of that day. Medical clearance shall be determined by the team physician or his or her designee according to the concussion management plan. In addition, student-athletes must sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. During the review and signing process, student-athletes should be presented with educational material on concussions.”

The Illinois Wesleyan University Athletic Training Department (including but not limited to the team physician, neurologist, and health service) recognizes that sport induced concussions pose a significant health risk for those student-athletes participating in athletics at Illinois Wesleyan University. With this in mind, the IWU Athletic Training Department has implemented policies and procedures to assess and identify those student-athletes who have suffered a concussion.

An IWU Team Neurologist or his/her designee, in consultation with an IWU ATC, has the final authority in deciding if and when an injured student-athlete may return to practice and/or competition. A student-athlete’s private physician does not have any jurisdiction as to the return to play decision.

CONCUSSION DEFINITION:

A concussion or mild traumatic brain injury has been defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. The violent shaking or jarring action to the brain is usually a result of impact with an object to the head or whiplash. It can also occur elsewhere in the body and be transmitted to the head. In either instance, concussions result in immediate partial or complete impairment of neurological function.
SIGNS AND SYMPTOMS OF CONCUSSION:

Certified athletic trainers, athletic training students, and coaches all need to be aware of the signs and symptoms of concussions to properly recognize and intervene on behalf of the student-athlete. The following is a list (but not limited to) common signs and symptoms of concussions.

<table>
<thead>
<tr>
<th>Physical Symptoms</th>
<th>Cognitive Symptoms</th>
<th>Emotionality Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Memory Loss</td>
<td>Irritability</td>
</tr>
<tr>
<td>Vision Difficulty</td>
<td>Poor Attention/Concentration</td>
<td>Sadness</td>
</tr>
<tr>
<td>Nausea</td>
<td>Reasoning difficulty</td>
<td>Nervousness/Anxious</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Dizziness, Balance Difficulty</td>
<td></td>
<td></td>
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<tr>
<td>Loss of consciousness</td>
<td></td>
<td></td>
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<tr>
<td>Sleep Disturbances</td>
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</tr>
</tbody>
</table>

CONCUSSION EDUCATION

All student athletes will be shown a video and educated on the inherent risk of concussion in their sport and the danger that it can pose to their health. Each student-athlete will be made aware of the signs and symptoms as well as the importance of reporting these signs and symptoms to the IWU Athletic Training Department. In addition, each student-athlete will sign a statement in which they accept the responsibility for reporting these said signs and symptoms as well as any other injuries and illnesses to the IWU Athletic Training Department.

IMPACT™ BASELINE ASSESSMENT

All incoming freshman or those first time entering IWU student-athletes who are participating in those sports which have been identified as a contact or collision sport and/or who have had a previous history of concussions as identified by their health history will have a baseline neurocognitive test performed as part of their athletic pre-participation medical screening. Currently, the IWU Athletic Training Department utilizes the IMPACT™ concussion management system (Impacttest.com). The IMPACT™ system is a Windows-based user-friendly computer program which consists of 8 modules designed to test cognitive functioning. The IMPACT™ baseline and post concussive data along with physical examination, and possible diagnostic testing by the team neurologist, will be used in determining when it is safe for a student athlete to return to competition.

The sports which currently undergo baseline IMPACT™ testing at IWU:
M/W Diving, Pole Vaulting, M/W Basketball, Baseball, Softball, M/W Soccer, Volleyball, M/W Lacrosse and Football

CONCUSSION MANAGEMENT

In any circumstance where a concussion is suspected in an athlete, the first priority is to remove the athlete from further competition until a thorough sideline assessment can be made by a member of the IWU certified athletic training staff and/or the team physician/neurologist. In accordance to the NCAA, retrograde amnesia, anterograde amnesia, and post-traumatic amnesia, or duration of confusion and mental status changes are the most highly sensitive indicators of
severe injury. If there is any question about the state of mental clearing it is best to err in the
direction of conservative assessment and withhold the athlete from further competition until a
physician assessment can be arranged.

While there is no clear consensus regarding prognostic significance of many manifestations in
the post-concussion setting, there is general agreement that these symptoms assist in the
evaluation and treatment of concussions. The assessment is pivotal for management of
concussions.

If an ATC finds a student-athlete unconscious, regardless of the mechanism of injury, 911 should
be activated. The student-athlete should be treated as if a cervical spine injury exists. The
BroMenn Hospital Emergency Room, via the Bloomington Fire and Rescue, is the preferred and
geographically closest emergency medical facility the IWU Campus.

If the ATC finds the student-athlete conscious, the Sideline Concussion Assessment (SCAT3)
will be used. The Standardized Assessment of Concussions (SCAT3) takes 5-10 minutes to
administer and includes measures of orientation, immediate memory, concentration, and delayed
recall. The SAC also includes a brief neurological screen including questions about Loss of
Consciousness (LOC) and Post-Traumatic Amnesia (PTA), and some coordination and
movement tests. The test has no normative scoring, but takes on clinical significance during
serial assessment when it can be used to document either a decline or improvement in
neurological functioning. If confusion and low test score is confirmed, the student-athlete will be
removed from the practice or contest for the remainder of the day.

After the evaluation by the IWU Athletic Training Department, the student-athlete will initially
be released to the care of a guardian or roommate with written concussion instructions to monitor
deterioration of the concussion status. (Appendix A) The student-athlete is to report to the
athletic training staff the day following his/her concussion. Neurocognitive testing will be
scheduled once the student-athlete becomes asymptomatic and then subsequently as needed until
the student-athlete scores at their baseline level, or an equivalent that is acceptable by a team
physician/neurologist. Student-athlete referral to a neurologist for physical examination will be
done at the discretion of the evaluating ATC. Consult with the team neurologist will be sought if
the student-athletes’ symptoms increase in severity or last longer than 7 days.

The recommendations in this document for the management of concussion are based on review
of the medical literature including, but not limited to, statements by the American Academy of
Neurology, Robert C. Cantu, MD, Colorado Medical Society, the NCAA Manual of Sports
Medicine and the International Symposium on Concussion in Sports, Zurich, 2008 American
Academy of Neurology.

**RETURN TO PLAY GUIDELINES:**

Continued post-concussive symptoms, prior concussion history, a physical exam, and any
diagnostic testing results along with neurocognitive testing will be utilized by the team
neurologist in establishing a timeline for an athlete’s return to activity. It is important to note
that this timeline could last over a period of days to weeks or months, or potential medical
disqualification from Illinois Wesleyan University athletics. All cases will be handled on a case-
by-case basis. The decision by the team physician/team neurologist for all cases of an athlete’s
return to activity is final.

If a student-athlete is determined to have sustained a concussion based on IMPACT and SCAT3,
the athlete will NOT perform any type of physical activity. This means no jogging, no bike
riding, no non-contact sport activity during practice, and no weight lifting. Research has proven
that absolute rest with no increase in normal day-to-day heart rate will heal the brain and reduce
swelling on the brain fastest. It is also advised that the student-athlete take small breaks while
studying, limit texting, computer work, and TV watching if symptoms increase while performing
these activities. If the student-athlete complains of difficulty focusing while studying or in class,
the Athletic Training Staff will notify the Health Center who in turn will communicate with the
Dean’s office to make appropriate classroom arrangements.

If the ATC determines that the student-athlete sustained a head injury but has no clinical signs or
symptoms of a concussion, a high SCAT3 score, and the ATC is convinced the student-athlete is
truthful in reporting, then they shall be allowed to return to the activity. The student-athlete must
perform progressive functional and exertional testing by the IWU Athletic Training Staff. If the
student-athlete is asymptomatic during and after this testing, the athlete will be returned to full
participation.

Once a return to play decision is made by the team neurologist following a concussion, the
student-athlete will perform progressive functional and exertional testing by the IWU certified
athletic training staff. If the student-athlete is asymptomatic during and after this testing, the
athlete will be returned gradually to full participation.
### SUMMARY:

The Illinois Wesleyan University Athletic Training Department is committed to providing quality health care services for all student-athletes. As such, the IWU department is very proactive in the assessment and management of concussions. To do so limits the risks of concussions associated with athletics, and the potential catastrophic and long-term complications from said concussions.

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No activity</td>
<td>Physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling keeping intensity, 70% maximum predicated heart rate. No resistance training</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>Sport-specific exercise</td>
<td>Skating drills in ice hockey, running drills in soccer. No head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>Non-contact training drills</td>
<td>Progression to more complex training drills, eg passing drills in football and ice hockey. May start progressive resistance training</td>
<td>Exercise, coordination, and cognitive load</td>
</tr>
<tr>
<td>Full contact practice</td>
<td>Following medical clearance participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>Return to play</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>

There should be approximately 24 hours (or longer) for each stage and the child should drop back to the previous asymptomatic level if any post-concussive symptoms recur. Resistance training should only be added in the later stages. If the child is symptomatic for more than 10 days, then review by a health practitioner, expert in the management of concussion, is recommended. **Medical clearance should be given before return to play.**
What is a concussion?

A **concussion** is a brain injury that causes alteration in the way an individual thinks and remembers things, and can cause a variety of symptoms. A concussion cannot be seen on x-rays or CT scans. It is caused by a blow to the head, neck, face, or body which causes a sudden jarring of the head.

### Symptoms and Signs of concussion

<table>
<thead>
<tr>
<th>Thinking Problems</th>
<th>Complaints</th>
<th>Other Problems</th>
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<tbody>
<tr>
<td>May not know time, date, place, details of their circumstance</td>
<td>Headache</td>
<td>Poor Coordination</td>
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<td>Dizziness</td>
<td>Black State/glassy eyed</td>
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<td>Feels Dazed</td>
<td>Vomiting</td>
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<td></td>
<td>Feels Dinged</td>
<td>Slurred Speech</td>
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<td>General confusion</td>
<td>Complains of &quot;having bell rung&quot;</td>
<td>Slow to answer questions or follow directions</td>
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<td>Sees stars, flashing lights</td>
<td>Easily distracted</td>
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<tr>
<td>Cannot remember things that happened before and after the injury</td>
<td>Ringing in the ears</td>
<td>Poor concentration</td>
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<td></td>
<td>Sleepiness</td>
<td>Strange or inappropriate emotions</td>
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<td></td>
<td>Loss of vision</td>
<td>Not performing as well</td>
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<tr>
<td>Knocked out</td>
<td>Sees double or blurry</td>
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<td></td>
<td>Stomachache/stomach pain, nausea</td>
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</tbody>
</table>

### Caring for an individual with a concussion:

- Use ice packs for head or neck as needed for comfort
- Eat a light diet
- Return to school
- Go to sleep
- Rest (no strenuous activity or sports)
- Use acetaminophen (Tylenol) for headaches

### Seek medical treatment at ER if:

- Repeated or forceful vomiting.
- Increased confusion, or a change in personality or behavior.
- There is blood or clear fluid coming out of the ears or nose..
- New symptoms with vision occur (blurry or double vision).
- Speech becomes slurred or confused.
- You have arm or leg weakness, loss of feeling, or new problems with coordination (balance and movement)

### Call 911 if:

- Pupils (black part in the center of the eye) become unequal in size.
- Individual is seizing (convulsions).
- Cannot wake individual up.
- Individual stops responding to others or passes out (faint).

### Complications of Concussion:

Encourage the athlete to be truthful about their symptoms when talking to the athletic trainer, coach, or physician. If they are not and are returned to play before the concussion has resolved, they are more likely to sustain **Secondary Impact Syndrome**. Secondary Impact Syndrome is life threatening. It occurs because of rapid swelling and herniation of the brain after a second head injury occurs before the symptoms of the previous head injury have resolved. The head injury can be minor for secondary impact to occur. Often the athlete does not lose consciousness and may just look stunned. However, within 15 seconds to several minutes, the condition worsens. The athlete will present with dilated pupils, loss of eye movement, loss of consciousness leading to coma, and respiratory failure.
What is the SCAT3?¹

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively.² For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool.³ Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is “normal”.

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and should not be permitted to return to sport the same day if a concussion is suspected.

Any loss of consciousness?
- “If so, how long?”

Balance or motor incoordination (stumbles, slow/laboured movements, etc.)?
- “If so, how long?”

Disorientation or confusion (inability to respond appropriately to questions)?
- “Before or after the injury?”

Blank or vacant look?

Visible facial injury in combination with any of the above?

Glasgow coma scale (GCS)

Best eye response (E)
- No eye opening
- Eye opening in response to pain
- Eye opening to speech
- Eyes opening spontaneously

Best verbal response (V)
- No verbal response
- Incomprehensible sounds
- Inappropriate words
- Confused
- Oriented

Best motor response (M)
- No motor response
- Extension to pain
- Abnormal flexion to pain
- Flexion/Withdrawal to pain
- Localizes to pain
- Obeys commands

Glasgow Coma score (E + V + M)

Maddocks Score³

“I am going to ask you a few questions, please listen carefully and give your best effort.”

Modified Maddocks questions (1 point for each correct answer)

What venue are we at today?
- Who scored last in this match?
- What team did you play last week/game?
- Did your team win the last game?

Maddocks score

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of Injury (“tell me what happened”):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of Injury.
BACKGROUND

Name: __________________________ Date: __________________________
Examiner: __________________________
Sport/team/school: __________________________ Date/time of injury: __________________________
Age: __________________________ Gender: __________________________
Years of education completed: __________________________
Dominant hand: __________________________ right left neither
How many concussions do you think you have had in the past? __________________________
When was the most recent concussion? __________________________
How long was your recovery from the most recent concussion? __________________________
Have you ever been hospitalized or had medical imaging done for a head injury? __________________________
Have you ever been diagnosed with headaches or migraines? __________________________
Do you have a learning disability, dyslexia, ADD/ADHD? __________________________
Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? __________________________
Has anyone in your family ever been diagnosed with any of these problems? __________________________
Are you on any medications? If yes, please list: __________________________

SCAT3 to be done in resting state. Best done 10 or more minutes post exercise.

SYMPTOM EVALUATION

How do you feel?

“You should score yourself on the following symptoms, based on how you feel now.”

<table>
<thead>
<tr>
<th>Symptom</th>
<th>none</th>
<th>mild</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>“Pressure in head”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling like “in a fog”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>“Don’t feel right”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total number of symptoms (Maximum possible 22)

Symptom severity score (Maximum possible 132)

Do the symptoms get worse with physical activity? __________________________
Do the symptoms get worse with mental activity? __________________________

Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self? Please circle one response:

no different very different unsure N/A

COGNITIVE & PHYSICAL EVALUATION

3 Cognitive assessment

Standardized Assessment of Concussion (SAC) © 2013 Concussion in Sport Group

Orientation (1 point for each correct answer)

<table>
<thead>
<tr>
<th>Orientation</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>What month is it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the date today?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>What is the day of the week?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>What year is it?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>What time is it right now? (within 1 hour)</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Orientation score __________________________ of 5

Immediate memory

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
<th>Alternative word list</th>
</tr>
</thead>
<tbody>
<tr>
<td>elbow</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>apple</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>carpet</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>saddle</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>bubble</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Total Immediate memory score total __________________________ of 15

Concentration: Digits Backward

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Alternative digit list</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-9-3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3-8-1-4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6-2-9-7-1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7-1-8-4-6-2</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Total of 4 __________________________

Concentration: Month in Reverse Order (1 pt. for entire sequence correct)


Concentration score __________________________ of 5

Neck Examination:

Range of motion Tenderness Upper and lower limb sensation & strength

Findings:

Balance examination

Do one or both of the following tests. Footwear (shoes, barefoot, braces, tape, etc.)

Modified Balance Error Scoring System (BESS) testing © 2013 Concussion in Sport Group

Which foot was tested (i.e. which is the non-dominant foot) Left Right

Testing surface (hard floor, field, etc.)

Condition

Double leg stance: Errors

Single leg stance (non-dominant foot): Errors

Tandem stance (non-dominant foot at back): Errors

And / Or

Tandem gait © 2013 Concussion in Sport Group

Time (best of 4 trials): ________ seconds

Coordination examination

Upper limb coordination

Which arm was tested: Left Right

Coordination score __________________________ of 1

SAC Delayed Recall © 2013 Concussion in Sport Group

Delayed recall score __________________________ of 5

Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussion, measure recovery or make decisions about an athlete’s readiness to return to competition after concussion. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.
INSTRUCTIONS

Words in italics throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale

“You should score yourself on the following symptoms, based on how you feel now”. To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.
For total number of symptoms, maximum possible is 22.
For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132.

SAC4

Immediate Memory

“I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.”

Trials 2 & 3:

“I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.”

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second. Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

Concentration

Digits backward

“I am going to ask you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-5, you would say 9-1-7-2.”

If correct, go to next string length. If incorrect, read trial 2. One point possible for each string length. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

Months in reverse order

“No tell me the months of the year in reverse order. Start with the last month and go backward. So you’ll say December, November… Go ahead.”

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after completion of the Balance and Coor- dination Examination.

“Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.”

Score 1 pt. for each correct response

Balance Examination

Modified Balance Error Scoring System (BESS) testing6

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)5. A stopwatch or watch with a second hand is required for this testing.

“I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances.”

(a) Double leg stance:

“The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

(b) Single leg stance:

“If you were to kick a ball, which foot would you use? This will be the dominant foot. Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

(c) Tandem stance:

“Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10. If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50 cm x 40 cm x 6 cm).

Tandem Gaits6

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 meter line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. A total of 4 trials are done and the best time is retained. Athletes should complete the test in 14 seconds. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object. In this case, the time is not recorded and the trial repeated, if appropriate.

Coordination Examination

Upper limb coordination

Finger-to-nose (FTN) task:

“I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible.”

Scoring: 5 correct repetitions in < 4 seconds = 1
Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. Failure should be scored as 0.

References & Footnotes

1. This tool has been developed by a group of international experts at the 4th Interna- tional Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BJSM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.


ATHLETE INFORMATION

Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.

Signs to watch for
Problems could arise over the first 24–48 hours. The athlete should not be left alone and must go to a hospital at once if they:

- Have a headache that gets worse
- Are very drowsy or can’t be awakened
- Can’t recognize people or places
- Have repeated vomiting
- Are very drowsy or can’t be awakened
- Have weak or numb arms or legs
- Are unsteady on their feet; have slurred speech

Remember, it is better to be safe.
Consult your doctor after a suspected concussion.

Return to play
Athletes should not be returned to play the same day of injury.
When returning athletes to play, they should be medically cleared and then follow a stepwise supervised program, with stages of progression.

For example:

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No activity</td>
<td>Physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>Sport-specific exercise</td>
<td>Skating drills in ice hockey, running drills in soccer. No head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>Non-contact training drills</td>
<td>Progression to more complex training drills, eg passing drills in football and ice hockey. May start progressive resistance training</td>
<td>Exercise, coordination, and cognitive load</td>
</tr>
<tr>
<td>Full contact practice</td>
<td>Following medical clearance participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>Return to play</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>

There should be at least 24 hours (or longer) for each stage and if symptoms recur the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages.

If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended.

Medical clearance should be given before return to play.

CONCUSSION INJURY ADVICE
(To be given to the person monitoring the concussed athlete)

This patient 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. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.

Other important points:
- Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared
- No alcohol
- No prescription or non-prescription drugs without medical supervision. Specifically:
  - No sleeping tablets
  - Do not use aspirin, anti-inflammatory medication or sedating pain killers
- Do not drive until medically cleared
- Do not train or play sport until medically cleared

Clinic phone number
This policy protects a pregnant student-athlete. The procedures outlined in this policy allow the pregnant student athlete to make the best decisions concerning her pregnancy in addition to her future as a collegiate athlete.

The Illinois Wesleyan University Pregnancy Policy has been devolved to protect a pregnant student-athlete, as well as her unborn child.

In the event that an IWU student-athlete becomes pregnant, she should inform the certified athletic trainer at the earliest known date of pregnancy. Although we cannot require a student-athlete to inform us of their pregnancy, we trust that they will in respect to their own best interest and that of their unborn child. The certified athletic trainer will notify the appropriate athletic administrator and coach, as well as a selected physician and support staff as part of our panel of pregnancy advisors. A student-athlete MUST first BE CLEARED by her own OB/GYN and the IWU team physician before she may participate in ANY athletic related activity. To be considered “cleared” an informed consent by the two physicians, the student-athlete, and a member of the IWU administrative staff must be signed. The student-athlete may be able to continue to participate in competitive activity up to the 14th week of pregnancy, depending on the sport* in which she is involved. She may continue cardiovascular training and weight lifting workouts past the 14th week if advised by BOTH physicians. The student-athlete must also be cleared by those same physicians before returning to athletic activity, post-partum. (*Each case will be evaluated on an individual and sport basis, and treated as appropriate.)

The advisors of this policy will provide support and guidance to the student-athlete, as well as facilitating the application for another year of eligibility, to facilitate the continuation of the academia process, and to offer solicited advice on any decision related to this situation. The advisors in our IWU panel consist of IWU team physician, IWU Health Services, Senior Women’s Administrator, Academic Advisor, Head Athletic Trainer, Assistant Athletic Trainer, the individual’s coach, and a personal OB/GYN.

The NCAA Sports Medicine Handbook includes the following guidelines:

- The safety to participate in each sport must be dictated by the movements and physical demands required to compete in that sport. Many medical experts recommend that women avoid participating in competitive contact sports after the 14th week of pregnancy. Athlete’s activities associated with a high risk of falling should be avoided during pregnancy.
- Women who have medical conditions that place their pregnancies at high risk for complications should avoid physical activity until consultation with their obstetrician.
- The student-athlete should be aware of the warning signs to terminate exercise while pregnant: vaginal bleeding, shortness of breath prior to exercise, dizziness, headache, chest pain, calf pain or swelling, pre-term labor, decreased fetal movement, amniotic fluid leakage and muscle weakness.
- The student-athlete should be informed that NCAA rules permit a one-year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy.
Lightning is an atmospheric discharge of electricity, which typically occurs during thunderstorms, but can strike from a clear blue sky. An average bolt of lightning is 3-6 miles long. It can travel at speeds of 60,000 m/s and can reach temperatures approaching 30,000 °C (54,000 °F). Lightning is the most consistent and significant weather hazard that may affect athletic participation. Within the United States, the National Severe Storms Laboratory (NSSL) estimates that 100 fatalities and 400-500 injuries requiring medical treatment occur from lightning strikes every year. While the probability of being struck by lightning is extremely low, the odds are significantly greater when a storm is in the area and the proper safety precautions are not followed. Due to the potential hazard of lightning, the IWU Athletic Department has developed the following policy.

1. The National Severe Storms Laboratory recommends that athletic participation cease when lightning is detected within six miles.
   a. Indicated by either a thirty second flash-to-bang count
      ➢ It takes the sound of the bang of a thunderclap five seconds to travel one mile, if lighting flash is seen instantaneously. Therefore for every five seconds between the flash of lightning and the bang of thunder, lightning is one mile away. A thirty second Flash to Bang count means lightning is 6 miles away.

   b. OR as indicated by the SkyScan* unit
      ➢ The SkyScan unit is an electronic portable lightning/thunderstorm detector. It is able to detect lightning and thunderstorm activity as far as 40 miles away. The unit will indicate lightning activity at ranges of 20-40 miles, 8-20 miles, less than 8 miles and less than 3 miles away.

2. Information will be supplemented by monitoring of the Weather Channel, Doppler Radar, as well as local news reports for storm warnings.

3. The decision to delay participation will be announced by the athletic trainer covering the event.

   ➢ When weather becomes severe or has the potential to be come dangerous, the athletic trainer and/or an athletic training student will monitor the skies and local weather forecasts.

4. When the decision has been made to delay participation, teams will report to their assigned “Safe Structure”.
a. A “Safe Structure” is defined as
   ➢ A frequently inhabited building that has four solid walls (not a dug out).
   ➢ A safe structure should have electrical and telephone wiring, as well as plumbing – all which aid in grounding of a structure.
   ➢ IT IS NOT SAFE TO SHOWER/BATHE OR TALK ON A LANDLINE PHONE WHILE IN A SAFE SHELTER DURING A THUNDERSTORM.
      o Cell phones are OK to use in a safe structure.

b. The secondary choice for a safe structure from the lightning hazard is a fully enclosed vehicle with a metal roof and the windows completely closed.
   ➢ While inside the vehicle, it is important to not touch any part of the metal framework of the vehicle during an ongoing thunderstorm.

c. Safe Structures will be assigned as follows:
   - **Softball** – Shirk Center
   - **Baseball** - Shirk Center
   - **Football** - Shirk Center
   - **M & W Lacrosse** – Shirk Center
   - **M & W Soccer** - Shirk Center
   - **M & W CC** - Shirk Center, nearest grounded shelter, car with a solid metal roof
   - **M & W Tennis** - Shirk Center
   - **M & W Golf** - Shirk Center, nearest grounded shelter, car with a solid metal roof
   - **M & W Track and Field** - Shirk Center
   - **Swimming** - Shirk Center (out of the pool or shower)

d. Do not take shelter under or near trees, flagpoles, or light poles.

e. If caught out in the open and unable to get to a safe structure, assume the lightning safe position (crouched on the ground, weight on the balls of the feet, feet together, head lowered, and ears covered)
   ➢ If you feel your hair stand on end, skin tingle, or hear “cracking” noises – DO NOT LAY FLAT ON THE GROUND!

5. Teams will remain within these structures until thirty minutes after the last bolt of lightning has passed.

**Safety of spectator**

In the event of lightning, precautions must be taken to ensure the safety of fans as well as players. When an event is delayed for lightning, an announcement will be made to spectators regarding the reason for the delay as well as suggestions for their safety. Spectators should either go inside a safe structure or at least get into automobiles which have a solid metal roof.
(not convertible) and roll up the windows. It is not the tires that protect from lightning strikes it is the large area of the roof which dissipates the lightning around the vehicle.

**Lightning First Aide**

1. Survey the scene for safety.
2. Activate local EMS
3. Lightning victims do not “carry a charge” and are safe to touch.
4. If necessary, move the victim with care to a safer location.
5. Evaluate the airway, breathing, and circulation. Begin CPR if necessary.
6. Evaluate and treat for hypothermia, shock, fractures and/or burns.
7. All individuals have the right to leave an athletic site in order to seek a safe structure.
Environmental Policies


A. Chain of Command
   1. IWU ATC’s will monitor the temperature and make a determination based on the heat index.
   2. If no ATC is present, the head coach will determine the modification of practice based on the following heat index:

B. Activity Modification
   Intercollegiate competition occurring during DANGER or EXTREME DANGER shall include mandatory hydration/cooling breaks.

D. CCIW Hydration/Cooling Breaks
   1. Football
      a. Five minute, on the field, hydration/cooling break mandated at the 7:30 mark of each quarter.
      b. Helmets removed during break but the removal of shoulder pads is optional.
      c. ATC’s will make the decision to require players to remove shoulder pads if they feel someone is in distress.
   2. Men’s and Women’s Soccer
      a. Five minute, on the field, hydration/cooling break mandated at the 25:00 mark of each half.

2. NCAA Lightning Policy
   As a minimum, when a “flash to bang” of 30 seconds occurs, all individuals should leave the athletic field and relocate at a safe structure or location.

   B. To use the “flash to bang” method, count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away (in miles) the lightning is occurring.

   C. Lightning can, and does, strike as far away as 10 miles from the rain shaft.

   D. All personnel should go to the closest “safe structure or location” when designated to do so.
      a. This should be the Shirk Center for every sport on campus.
      b. Off campus (ex. Golf, cross-country) athletes should go to the nearest grounded shelter.

   E. Everyone should ideally wait at least 30 minutes after the last flash of lightning or sound of thunder before returning to the field or activity.

   G. Athletic events may need to be terminated.

Illinois Wesleyan University
Athletic Training

Emergency Procedures

Phone List

<table>
<thead>
<tr>
<th>IWU</th>
<th>309-556-1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic Office</td>
<td>556-3196</td>
</tr>
<tr>
<td>Physical Plant</td>
<td>556-3066</td>
</tr>
<tr>
<td>Health Services</td>
<td>556-3107</td>
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<tr>
<td>Athletic Training</td>
<td>556-3601</td>
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<th>390-556-000</th>
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<tbody>
<tr>
<td>Equipment</td>
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<tr>
<td>Public Safety</td>
</tr>
<tr>
<td>Sports Info</td>
</tr>
</tbody>
</table>

Athletic Training

| Dr. Bill A. Kauth | 556-3601 |
| Candy Anderson | 556-1289 |
| Dr. Anthony Dustman | 556-3345 |
| Mike Wagner | 556-3335 |
| Dennis Martel | 556-3300 |
| Ron Rose | 556-3340 |
| Mia Smith | 556-3611 |
| Tony Robbins | 556-3604 |
| Norm Eash | 556-3344 |
| Jim Ott | 556-3612 |
| Patrick Freeman | 556-3612 |
| Zach Iannucci | 556-3601 |
| Lindsey Rosecrans | 556-2033 |
| Kyle Schaurs | 556-3343 |
| David Barrett | 556-3343 |
| Kat McCready | 556-3348 |
| Teresa Fish | 556-3382 |
| Mitch Turnbull | 556-3351 |
| Ric Zamudio | 556-3394 |
| Chris Schumacher | 556-3624 |
| Greg Huffaker | 556-3239 |
| Kim Nelson-Brown | 556-3349 |

Team Physicians

| Dr. Anthony Dustman | 663-9300 |
| Dr. Paul Pederson | 662-5361 |
| Dr. Zozzorzo | 862-2225 |
Illinois Wesleyan University
Emergency Procedures

1. **Unconscious Athlete**
   If a student-athlete is unconscious, not breathing, or has sustained a neck or back injury, do NOT move him/her.
   **Do the following:**
   A. Check, Call, Care
      1. Check
         - Is the scene safe?
         - What happened?
         - How many people are involved?
         - Is there immediate danger involved?
         - Is anyone else available to help?
      2. Call
         - Dial 9-911 from any campus phone and repeat the following.
         - Your name.
         - Where you are located.
         - The nature of the injury.
         - Where you need the ambulance to come to.
         - Let the dispatcher ask for more information if needed.
      3. Care
         - Do no further harm.
         - Monitor ABC’s (Airway, Breathing, and Circulation)
         - Keep the person from getting chilled or over-heated.
         - Reassure the person.
         - Give any specific care needed.
   B. Direct a coach or student to meet EMS at the designated entrance.
   C. A member of the staff will accompany the student-athlete to the hospital with the student-athlete’s insurance information.
   D. Once the condition of the athlete is known, the ATC or coach will contact the athlete’s parents.

2. **IWU AED Policy**
   A. IWU owns five (5) AED’s.
      1. Behind Shirk weight room front desk.
      2. Second floor, next to the concession stand.
      3. In main office of ATR (3)
   B. The AED will remain at these three points as well as on the field during competitions until required for use. When the AED is needed, activate EMS (9-911).
   C. If an injury occurs, the ATC will monitor victim and an athlete or athletic training student will access AED.
   D. Only individuals who have been trained will be allowed to use this device.

3. **Conscious Athlete**
   If a student-athlete is conscious and is not in need of emergency care, do the following.
   A. Notify the ATC in the ATR (556-3601).
   B. If an ATC is not available in the ATR, call Bill: 309-824-6181 or Candy (217) 369-2144
   C. If instructed to send the athlete to the emergency room or doctor’s office, a staff member will accompany the athlete if possible.
   D. Once the condition of the athlete is known, the athletic training staff should be contacted as soon as possible. If an ATC is not available, leave a voice mail message.

4. **Travel without an ATC**
   A. Utilize the home ATC for emergency care and directions to local medical facilities.
   B. Take athlete’s insurance info and athletic insurance policy form to hospital.
   C. Call ATC (if serious).
   D. Call parents of athlete (if serious).
   E. Within 24 hours, the Athletic Training Staff will contact the student-athlete to fill out the secondary insurance information.

Illinois Wesleyan University
Emergency Directions

1. **Outdoor Athletic Fields and Courts**
   A. **Beadles/Morse Tennis Courts**
      280 E Emerson Street
      1. At the corner of Emerson and Franklin, head north on Franklin towards the hospital.
      2. Court will be on your left on the corner of Emerson and Franklin.
   B. **Jack Hornberger Baseball Field.**
      300 East Kelsey Street
      1. At the corner of Emerson and Franklin, head north on Franklin towards the hospital.
      2. Turn Left on to E. Kelsey after the tennis courts.
      3. The field will be on your right side.
   C. **Neis Field (M. and W. Soccer)**
      3115 Franklin Street
      1. At the corner of Emerson and Franklin, head north on Franklin towards the hospital.
      2. Field will be on your left side.
   D. **Softball Field**
      1350 Franklin Street
      1. At the corner of Emerson and Franklin, head north to Franklin towards the hospital.
      2. The field will be on your right hand side.
   E. **IWU Tucci Stadium at Wilder Field**
      1. At the corner of Emerson and Franklin, head north on Franklin towards the hospital.
      2. Turn Right into parking lot behind Shirk Center.
      3. Tucci Stadium at Wilder Field is on your left.
   F. **IWU Shirk Center**
      (W. & M Basketball, M&W Swimming & Diving, M&W indoor Track and Field, Volleyball)
      1. Head east on Emerson.
      2. Shirk Center is located on the corner of Emerson and Franklin.
      3. Go past the Emerson and Franklin entrance to the parking lot on your left side.

MAP

1. **BroMen*n Drive**
   - At the corner of Emerson and Franklin, head north on Franklin. You’ll run into BroMen ER.
   2. **OSF**
      - Take Emerson East.
      - Continue east cross over Towanda and then cross Empire/Rt. 9.
      - Turn Left into OSF Drive.
A tornado is a violent windstorm characterized by a twisting, funnel-shaped cone. It is originated from a thunderstorm/hurricane, and is produced as cool air overrides a layer of warm air, for the warm air to rise rapidly. Tornado season is normally March through August and will typically occur in the afternoons and evenings. A tornado can have speeds up to 300 mph and usually will stay on the ground for no more than 30 minutes. However, a tornado can touch the ground several times in different areas.

The following policies have been established in order to better prepare the Illinois Wesleyan University Athletic Department staff, student-athletes, and spectators for safety procedures involved with severe weather and tornados. These policies have been established primarily to ensure safety to the participants and spectators.

**Tornado Procedure:**

1. Coaches and certified athletic trainers should obtain a weather report each day before a practice or event and be aware of potentially hazardous weather that may form during scheduled intercollegiate athletic events or practices.

2. The certified athletic trainer will inform the coaching staff that a tornado watch or warning is in effect and if appropriate action is needed.
   
   A. *Tornado watch*: conditions are favorable for a tornado to occur.
   B. *Tornado warning*: a tornado has been sighted. TAKE COVER!

3. The certified athletic trainers and coaches on the site during practices should pay close attention to signs of developing weather as well as watches or warnings that have been issued by the National Weather Service for the McLean County area.

**Tornado watch**

A. Monitor the skies. Stay alert and updated on the current weather conditions in your area.
   
   1. radar (accuweather.com)
   2. WJBC Radio (AM 1230)

B. Review evacuation procedures if a tornado warning develops or a funnel is sighted.

C. Ensure no physical restrictions exist that would prevent free movement to your nearest safe area (clear any blocked doors, aisles, etc.).

D. Keep the telephone lines clear for emergency messages.
a. DO NOT phone the Bloomington police
b. DO NOT phone IWU campus operator for information.

**Tornado warning**

**A. Take cover!**

1. All outdoor and indoor athletic events should take shelter immediately within the lower level of the Shirk Center.
   i. The locker rooms are the most secure and reinforced areas.
   ii. Sit in a crouched position with your head covered.
   iii. Stay away from windows.

2. If there is not enough time to reach Shirk from outdoor athletic facilities, try to reach BroMenn Hospital.
   - Baseball, Soccer(s), Softball
   - Dugouts/Restrooms are not a good shelter from a tornado

3. If you are unable to seek shelter in Shirk or BroMenn and you are in an open area outdoors:
   i. Move at right angles to the storm
   ii. Take cover in nearby depressions in terrain that is free from overhang and debris
   iii. Lie flat, face down, and protect your head with your arms

4. **DO NOT LEAVE PROTECTED AREAS UNTIL THE ALL CLEAR SIGNAL HAS BEEN GIVEN!**

4. WJBC Radio (AM 1230) is the best local source of information during a tornado. The security, human resources department, the president, the provost, the dean of students, and the vice president for business and finance will also monitor the weather situation and will communicate the “All Clear” signal to persons in the safe areas on campus.

5. A return to practice or athletic event will occur when the likelihood of further tornados are over. This will be determined by the athletic director, certified athletic trainers, and the event staff after consulting with local weather.
Illinois Wesleyan University
Practice Notice Policy
(Updated Aug 2014)

Each of the IWU intercollegiate teams is responsible for submitting their practice schedules to the IWU Sports Medicine certified athletic trainer responsible for their sport. We ask that each coach submit this one week in advance. If the schedule is received inside the 1 week time period, IWU Sports medicine will make every attempt to schedule a staff member for coverage but cannot guarantee coverage.

The coach of each IWU intercollegiate team has until 24 hours prior to a scheduled junior varsity or varsity practice to notify a certified member of the IWU Sports Medicine staff of the proposed practice changes. A change in practice notification that takes place less than 24 hours prior to the practice will only be covered if a staff member is available. The Sports Medicine staff will not cover a practice if no-notice is given for change in practice schedule.

This does not include medical emergencies, acts of God, or situations that are beyond the control of the coach.

Legal requirements and ethical standards of care prohibit athletic training students from staffing any practice without a certified athletic trainer or a first responder present. Liability issues prohibit the use of the IWU Athletic Training room when no certified staff member is present.

Illinois Wesleyan University Athletic Training Room Hours:

Mornings: 8:30a.m. – 12:00p.m.
Afternoons: 2:30p.m. – end of the last scheduled practice (typically 7p.m.)