



Emergency Action Plan

E.T. Straw Family Stadium

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Game Administrator(s)

- a. Activate EMS (call 911)

3. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury
- d. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 16251 Jim Phelan Way, Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

From I-15: Enter the East Campus onto **College Ln**. Turn **right** onto **Jim Phelan Way** and follow road to bottom of hill. Turn **right** into **parking lot F**, make immediate **left**, and another **right**. Turn **left** onto gravel path that will lead to field.

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for games and practices.

Emergency Equipment

Medical Kit, AED, Crutches

Address

16251 Jim Phelan Way

Emmitsburg, MD 21727





Emergency Action Plan

Knott Athletic and Recreation Convocation Center

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Game Administrator(s)

- a. Activate EMS (call 911)

3. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury
- d. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 16251 Jim Phelan Way, Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

From I-15: Enter the East Campus onto **College Ln**, follow road around, past softball field. Pull into ramp on your **right** taking you in front of building. Enter building from doors at top of ramp.

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for games and practices. Team physician on-site for home games.

Emergency Equipment

Medical Kit, AED, Crutches

Address

16251 Jim Phelan Way

Emmitsburg, MD 21727





Emergency Action Plan

Memorial Gym

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Game Administrator(s)

- a. Activate EMS (call 911)

3. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury
- d. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 16224 John Walsh Way, Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

From I-15 (Southbound): Enter the West Campus by **Motters Station Road** to take a right onto **St. Anthony Road**. Follow road onto the West Campus. Take **second left** into parking lot and onto **Patriot Lane**. Follow road through parking lot to road leading between building and grass field. Enter building through doors on left.

From I-15 (Northbound): Enter the West Campus by **Annandale Road** to take a **left** on **John Walsh Way** and following the road to the **opposite side of campus**. After passing the center of campus take the **second right** turn into the second parking lot and onto **Patriot Lane**. Follow road through parking lot to road leading between building and grass field. Enter building through doors on left.

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for practices.

Emergency Equipment

Medical Kit, AED, Crutches

Address

16224 John Walsh Way

Emmitsburg, MD 21727





Emergency Action Plan

Waldron Family Stadium

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Game Administrator(s)

- a. Activate EMS (call 911)

3. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
- c. Injury management
- d. Equipment retrieval
- e. Direct EMS to scene of injury
- f. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 9410 College Lane Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

From I-15: Enter the East Campus onto College Ln, follow road to take a left after Softball field. Next left onto Jim Deegan Way, before stadium. Gate will be located on the right side of the road.

From Old Frederick Rd: Turn onto College Ln. Follow road and continue past the stadium on your right. Immediately after stadium turn right onto Jim Deegan Way. The gate will be located on the right side of the road.

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for games and practices. Team physician on-site for home games.

Emergency Equipment

Medical Kit, AED, Crutches, Vacuum Splints, Knee Immobilizer

Address

9410 College Lane

Emmitsburg, MD 21727





Emergency Action Plan

Women's Rugby Practice Pitch

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Game Administrator(s)

- a. Activate EMS (call 911)

3. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury
- d. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 9410 College Lane, Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

From I-15: Enter the East Campus onto **College Ln**, follow road to take a **left** after Softball field. Next **left** after stadium into parking lot. Follow building until arriving at **grass**. A coach will direct EMS to scene.

From Old Frederick Rd: Turn onto **College Ln**. Follow road to find a parking lot on your **right**, before stadium. Use **second entrance** to parking lot, closest to building. Follow building until arriving at **grass**. A coach will direct EMS to scene.

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for games and practices. Team physician on-site for home games.

Emergency Equipment

Medical Kit, AED, Crutches

Address

9410 College Lane

Emmitsburg, MD 21727





Emergency Action Plan

Echo Field

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury
- d. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 16280 Jim Deegan Way, Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

From I-15 (Southbound): Enter the West Campus by **Motters Station Road** to take a right onto **St. Anthony Road**. Follow road onto the West Campus. Take **second left** into parking lot and onto **Patriot Lane**. Follow road through parking lot to Echo field and drive up beside or onto field.

From I-15 (Northbound): Enter the West Campus by **Annandale Road** to take a **left** on **John Walsh Way** and following the road to the **opposite side of campus**. After passing the center of campus take the **second right** turn into the second parking lot and onto **Patriot Lane**. Follow road through parking lot to Echo Field and drive up beside or onto field.

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for games and practices.

Emergency Equipment

Medical Kit, AED, Crutches, Rescue Mask

Address

16280 Jim Deegan Way

Emmitsburg, MD 21727





Emergency Action Plan

Men's Rugby Practice Pitch

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury.
- d. Travel or follow the athlete to the hospital or other facility when appropriate.

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 16280 Jim Deegan Way, Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

From I-15: Enter the East Campus onto **College Ln**, follow road to take a **left** after Softball field. Next **left** onto **Jim Deegan Way**, before stadium. Straight onto gravel where you will see upright goal posts on your left (rugby field). Drive up onto field from side closest to the track.

From Old Frederick Rd: Turn onto **College Ln**. Follow road past stadium on your right. Take **right** turn onto **Jim Deegan Way**, immediately after stadium. Straight onto gravel where you will see upright goal posts on your left (rugby field). Drive up onto field from side closest to the track.

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for games and practices.

Emergency Equipment

Medical Kit, AED, Crutches

Address

16280 Jim Deegan Way

Emmitsburg, MD 21727





Emergency Action Plan

Morgan Track

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Game Administrator(s)

- a. Activate EMS (call 911)

3. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury
- d. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 16280 Jim Deegan Way, Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

From I-15: Enter the East Campus onto **College Ln**, follow road to take a **left** after Softball field. Next **left** onto **Jim Deegan Way**, before stadium. Straight onto gravel where you will see upright goal posts on your left (rugby field). Drive straight past posts towards gated track.

From Old Frederick Rd: Turn onto **College Ln**. Follow road past the stadium on your **right**. Take **right** turn onto **Jim Deegan Way**, immediately after stadium. Straight onto gravel where you will see upright goal posts on your left (rugby field). Drive straight past posts towards gated track.

Emergency Personnel

Certified Athletic Trainer (ATC) on-call for practices and on-site for home track meets.

Emergency Equipment

Medical Kit, AED, Crutches

Address

16280 Jim Deegan Way

Emmitsburg, MD 21727





Emergency Action Plan

Our Lady of the Meadows Softball Field

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Game Administrator(s)

- a. Activate EMS (call 911)

3. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury
- d. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 16251 Jim Phelan Way, Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

Coming from Gettysburg - use 15 South, Look for the PNC Sports complex exit, take the **left** at PNC exit (**College lane**), Continue **straight** on **College lane** (softball field will be on the left). At stop sign, take **left** follow until you get to a small parking lot (three spots) there will also be a **pavilion** on the **left**. There will be a **gravel road** at the end of the parking spots enter there and take a left. Field will be straight ahead.

Coming from Frederick - use 15 north, Look for the PNC Sports complex exit, take the **right** at PNC exit (**College lane**), Continue **straight** on **College lane** (softball field will be on the left). At stop sign, take **left** follow until you get to a small parking lot (three spots) there will also be a **pavilion** on the **left**. There will be a **gravel road** at the end of the parking spots enter there and take a left. Field will be straight ahead.

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for games and practices. Team physician on-site for home games.

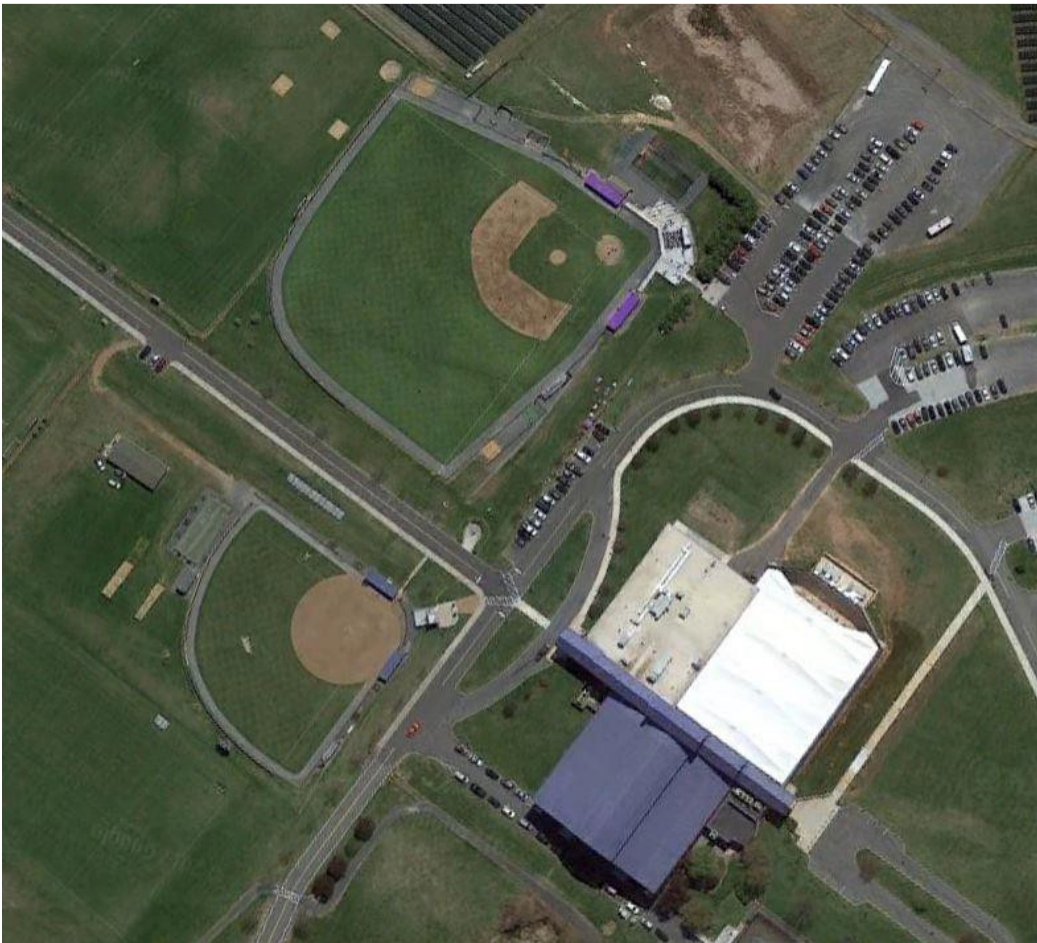
Emergency Equipment

Medical Kit, AED, Crutches

Address

16251 Jim Phelan Way

Emmitsburg, MD 21727





Emergency Action Plan

Sunshine Lanes Bowling Alley

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Game Administrator(s)

- a. Activate EMS (call 911)

3. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury
- e. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 11924 Buchanan Trail E, Waynesboro, PA 17268
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for tournaments.

Emergency Equipment

Medical Kit, AED, Crutches

Address

11924 Buchanan Trail E

Waynesboro, PA 17268





Emergency Action Plan

Tennis Courts

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St.*

Mary's University.

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Perform a primary survey.
- b. Activate emergency action plan.
- c. Render first aid until EMS arrives.
- d. Calm and reassure the athlete.

2. Game Administrator(s)

- a. Activate EMS (call 911)

3. Coaches

- a. Activate EMS (call 911), if no administrator present.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Direct EMS to scene of injury
- d. Travel or follow the athlete to the hospital or other facility when appropriate

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. 16310 Jim Phelan Way, Emmitsburg, MD 21727
 - ii. Number of Victims
 - iii. Events causing the Emergency
 - iv. Condition of Victim(s)
 - v. Care being Administered
 - vi. Any additional Pertinent Information
 - vii. **BE THE LAST TO HANG UP!**
 - c. Send someone to meet and direct the ambulance. Organize for the arrival of EMS.
 - d. Contact the Mount St. Mary's University Department of Public Safety at **(301)-447-5911**.

After EMS has been activated, **Public Safety (301)-447-5911** should be notified of the scenario as they may assist with the arrival of EMS.

Direction of EMS

From I-15: Enter the East Campus onto College Ln and continue straight. Take the first right onto the gravel drive alongside the Knott Athletic Recreation Center.

From Old Frederick Rd: Turn onto College Ln. Follow road to the stop sign in front of the Knott Athletic Recreation Center. Turn right at the stop sign and take an immediate left on the gravel drive alongside the Knott Athletic Recreation Center.

Emergency Personnel

Certified Athletic Trainer (ATC) will be on-call for games and practices.

Emergency Equipment

Medical Kit, AED

Address

16310 Jim Phelan Way

Emmitsburg, MD 21727





Travel Emergency Action Plan

Objective: *To present clear best practice principles and guidelines for the prevention, management, and education concerning emergency situations. The following plan is designed to maintain the health, safety, and wellbeing of the student-athlete, coaches, support staff and spectators during athletic events at Mount St. Mary's University.*

Background: *Serious athletic injuries can occur at any time and affect any personnel involved with intercollegiate athletics. The center for Disease Control (CDC), in conjunction with the NCAA, estimates that approximately 210,674 injuries that require higher levels of care occur at intercollegiate athletic events in the United States annually. The probability of becoming seriously injured during a collegiate athletics event are low, but healthcare professionals need to prepare for when these emergent events occur to ensure the best outcomes for student-athletes.*

Traveling without Certified Athletic Trainer

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Home Certified Athletic Trainer (ATC)

- a. Examine the scene for safety.
- b. Perform a primary survey.
- c. Activate emergency action plan.
- d. Render first aid until EMS arrives.
- e. Calm and reassure the athlete.

2. Coaches (CPR & First Aid Certified)

- a. Assist Home Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- b. Activate EMS (call 911), if instructed by Home Certified Athletic Trainer.
- c. Assist direction of EMS to scene of injury, if instructed by Home Certified Athletic Trainer.
- d. Remain with athlete throughout injury management.
- e. Travel or follow the athlete to the hospital or other facility when appropriate.

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified Coach** or **Administrator** must:

1. Examine the scene for safety.
2. Perform primary survey.
3. Activate the emergency action plan.
4. Stabilize the athlete.
5. Send an athlete to summon a certified athletic trainer and activate EMS (call 911).
6. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - i. Number of Victims
 - ii. Events causing the Emergency
 - iii. Condition of Victim(s)
 - iv. Care being Administered
 - v. Any additional Pertinent Information
 - vi. **BE THE LAST TO HANG UP!**

Emergency Personnel

Home Certified Athletic Trainer (ATC) on-site for games.

Emergency Equipment

Medical Kit

Additional equipment will be provided by Home Certified Athletic Trainer.

Address

Know address prior to arrival at away facility.

Traveling with Certified Athletic Trainer

Role of Emergency Personnel

If an emergent event occurs the following personnel will be the chain of command in order to activate the Emergency Medical Services response:

1. Certified Athletic Trainer (ATC)

- a. Examine the scene for safety.
- b. Perform a primary survey.
- c. Activate emergency action plan.
- d. Render first aid until EMS arrives.
- e. Calm and reassure the athlete.

2. Home Certified Athletic Trainer

- a. Assist with injury management
- b. Activate facility Emergency Action Plan

3. Coaches

- a. Activate EMS (call 911), if instructed.
- b. Assist Certified Athletic Trainer
 - i. Injury management
 - ii. Equipment retrieval
- c. Assist in direction of EMS to scene of injury, if instructed.
- d. Travel or follow the athlete to the hospital or other facility when appropriate.

If a certified athletic trainer is not at the scene, the **CPR & First Aid Certified coach** or **administrator** must:

1. Activate the emergency action plan.
2. Send an athlete to summon a Certified Athletic Trainer and activate EMS (call 911).
3. Stabilize the athlete.
4. Aid in emergency medical services in any way possible that are not harmful to the athlete.

Examine the scene for safety

Take any immediate action necessary to manage the situation and keep people safe.

Examine the athlete for:

1. Level of consciousness/suspected concussive symptoms
2. Open/Closed Airway
3. Breathing
4. Pulse/Circulation
5. Observe for type of injury: severe injury, moderate injury, or non-emergency injury
6. Activate EMS for all necessary injuries

Activation of EMS

1. If EMS are required, please call 911 immediately.
2. Please be prepared to provide the following information to the EMS dispatcher:
 - a. Identify yourself
 - b. Information regarding the emergency
 - c. Number of Victims
 - d. Events causing the Emergency
 - e. Condition of Victim(s)
 - f. Care being Administered
 - g. Any additional Pertinent Information
 - h. **BE THE LAST TO HANG UP!**

Emergency Personnel

Certified Athletic Trainer (ATC) on-site for games and practices.

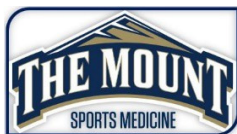
Emergency Equipment

Medical Kit

Additional equipment will be provided by Home Certified Athletic Trainer.

Address

Know address prior to arrival at away facility.



Mental Health Procedures

Mount St. Mary's University Sports Medicine & Athletics Mental Health Policy and Procedures

INTRODUCTION:

The student-athlete mental well-being is best served through collaborative process of engaging the full complement of available campus and community resources, which may include athletics, campus health, counseling services, disability services and community agencies. Mount St. Mary's University prides themselves on having strong professional relationships with campus and community health care leaders. Such integration links professionals in a collaborative model of care that can enhance the ability of individual service providers and maximize support of student-athlete wellness. A student-athletes' mental health is every bit as important as their physical health. Mental health and sports related injuries often have psychological or emotional consequences. Our dedication to each student-athlete and their experience is to provide a holistic approach for their mental well-being.

Sports Medicine Behavioral Health Referral Policy

Non-Immediate Referral

If a concern is expressed to any member of the Athletic Department/Sports Medicine Team, by a student-athlete that they themselves, or one of their teammates are exhibiting signs of unhealthy or dangerous behavior (purging, calorie restriction, depression, suicidal thoughts, excessive alcohol use, insomnia, etc.) the following steps should be taken

1. The staff member should continue the discussion with the student-athlete in a confidential matter. Reassure the student-athlete that you are there to assist him or her in obtaining the help that they need from the proper professionals.
2. Contact Sports Medicine staff by reaching out to the Head Athletic Trainer, Mark Myers 301-447-5386.
3. The student-athlete will be monitored under the care of Mount St. Mary's Team Physician as the sports medicine team (Team Physician, Athletic Trainer, and Counselor) provides the necessary referral.
4. Do not inform any other Mount St. Mary's University staff members or the student-athlete's parents at that time. The student-athlete should understand that there will not be any punitive consequences from the athletic department due to their condition. Any restrictions from sport activity for the medical condition will be decided by the Team Physician.

Conditions requiring consultation with Team Physician include, but are not limited to student-athletes currently experiencing or with a history of:

- Disordered Eating
- Depression/suicidal thoughts
- Social anxiety, manic behavior
- Physical/sexual/abuse
- Substance abuse

UNLESS the student is suicidal or a danger to others, the ultimate decision to access resources belongs with the student.

On-Campus Counseling Available

Students can refer themselves (with or without assistance of Team Physician or other Athletics support staff) for ongoing counseling or with a *Non-Immediate Referral* at Mount St. Mary's University Counseling Services by:

1. Coming to Health and Counseling Services (120 Lower McGowan) and completing a paper referral form
2. Emailing or calling a Counseling Services counselor directly:
 - a. Gerald Rooth: rooth@msmary.edu, 301-447-5003
 - b. Sarah Deysher: deysher@msmary.edu, 301-447-5002
 - c. Kelley Turnbull: k.r.turnbull@msmary.edu, 301-447-3429

Immediate Referral

In the event that you believe a student-athlete is in danger, to themselves or others the following steps should be taken:

1. For Immediate transportation to a hospital call **911**
2. Call Public Safety at Mount St Mary's University
(301) 447-5911
3. Contact Residence Life Assistant Director and Sports Medicine Staff as soon as possible, following the preceding steps
4. Bring student to Counseling Services for an emergency walk-in appointment (Monday through Friday, 9am to 5pm during the Fall and Spring semesters)

24- Hour Crisis Hotlines

Suicide Prevention

- Frederick County, MD. Hotline: 301-662-2255
- National Suicide Prevention Hotline: 1-800-273-8255
- Crisis Text Line: Text "START" to 741-741

Substance Abuse Treatment

- Treatment Referral Hotline: 1-800-662-4357

Sexual Assault/Dating Violence

- The Heartly House (Frederick): 301-662-8800
- National Sexual Assault Hotline: 1-800-656-4673

Mental Health Pre-Screen Evaluation

Team Physician

Each student-athlete will complete a mental health questionnaire during the pre-participation evaluation, this is required by Mount St. Mary's University Sports Medicine Department. This form will consist of questions selected by our Sports Medicine team as designated indicators of mental health issues as suggested by the NCAA. Upon review of the answers in this questionnaire, the examining team physician will decide if referral is needed for additional psychological evaluation.

Student-Athlete

If the student wants to take a follow up evaluation, the mental health questionnaire will be made available to the student-athletes on the Mount Athletics website and in their ATS account. Student self-evaluations brought forward to a coach should be classified as *Immediate Referral* or *Non-Immediate Referral*. Both referrals are to be brought to the attentions of the Head Athletic Trainer.

Health-Promoting Environment

The Sports Medicine Team provides yearly medical education for coaches, SAAC, athletic administrators, and student-athletes regarding important health and well-being information, along with mental health policies and procedures.



Sports Related Concussion Assessment and Management Protocol

Objective: *To present clear current accepted best practice principles and guidelines for the prevention, management, and education concerning Sports Related Concussions. The following Policy is design to maintain the health, safety, and wellbeing of all Mount St. Mary's University student athletes. This dynamic policy will be reviewed and edited as necessary to remain consistent with the most current accepted best practices of concussion management as set forth by the NCAA's Concussion Safety Protocol Committee.*

Background: *A concussion is a disturbance in brain function that occurs following either a blow to the head or as a result of the violent shaking of the head. In the United States, the annual incidence of sports-related concussion is estimated at 300,000. Estimates regarding the likelihood of an athlete in a contact sport experiencing a concussion may be as high as 19% per season.*

INTRODUCTION

Mount St. Mary's University' Sports Medicine Team is committed to the proper management of concussions associated with competition of NCAA student-athletes. The NCAA Concussion Policy and Legislation mandates that member institutions implement the following:

1. An annual process that ensures student-athletes are educated about the signs and symptoms of concussion;
2. A process that ensures a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from athletics activities and evaluated by a medical staff member with experience in the evaluation and management of concussion;
3. A policy that precludes a student-athlete diagnosed with a concussion from returning to athletic activity for at least the remainder of that calendar day; and
4. A policy that requires medical clearance for a student-athlete diagnosed with a concussion to return to athletics activity as determined by a physician and / or the physician's designee.

The NCAA goals of developing guidelines for the diagnosis and management of sport-related concussion are:

1. Help athletic health care providers to diagnose and manage sport-related concussion.
2. Develop prevention strategies for sport-related concussion and repeat sport-related concussion.
3. Promote sport-related concussion injury resolution.
4. Minimize factors that contribute to prolonged or recurrent symptoms of sport-related concussion.
5. Prevent or minimize complications of other co-morbidities that may accompany sport-related concussion (e.g., ADHD, migraine and other headache disorders, learning disabilities and mood disorders).

(2014-2015 NCAA Sports Medicine Handbook – Guideline 21 Sports-Related Concussion, Revised July 2014)

WORKING DEFINITION OF CONCUSSION

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body or the head that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

- I. Can change the way your brain normally functions
- II. Can range from mild to severe
- III. Presentation of symptoms are unique to each athlete
- IV. Can occur during any and all physical activity

PROTOCOL GOALS

1. To incorporate current accepted best practices for head injury and concussion management
2. To obtain baseline cognitive and balance parameters for athletes at risk of sustaining a concussion
3. To promote injury resolution, while minimizing factors contributing to recurring and / or prolonged symptoms.
4. To create a consistent, systematic program for appropriate return to cognitive and physical activity following a concussive type injury.

ANNUAL EDUCATION

1. The Concussion Management Team consists of the Medical Director and Athletic Training Staff. This team will annually review best practices and the protocol to ensure all facets of sports related concussion assessment and management are being implemented with the latest scientific information. The comprehensive review will include but not be limited to:
 - a. Pre-Participation History review specifically for concussion history
 - b. Baseline Testing, Neurocognitive and Proprioceptive
 - c. Components of Concussion evaluation
 - d. Immediate Removal from athletic participation both practice and game
 - e. Referral time lines, immediate and eventual
 - f. Return to full competition and academics step progression
2. The Sports Medicine staff will provide educational brochures to all NCAA student athletes to include, but not limited to, signs / symptoms consistent with concussion, encouragement to report any student athlete suspected of having a head injury, and the health risks associated with not reporting athletes with signs / symptoms consistent with concussive injury.
3. The Sports Medicine staff will provide educational brochures to all NCAA coaches to include, but not limited to, signs / symptoms consistent with concussion, encouragement to report any student athlete suspected of having a head injury, and the health risks associated with not reporting athletes with signs / symptoms consistent with concussive injury.
4. The Sports Medicine staff will provide educational brochures to the Medical Director and associate physicians to include, but not limited to, signs / symptoms consistent with concussion, health risks associated with not reporting athletes with signs / symptoms consistent with concussive injury, and discuss current best practices of managing and accessing concussions.
5. The Sports Medicine staff will provide educational brochures to all Athletic Trainers to include, but not limited to, signs / symptoms consistent with concussion, encouragement to report any student athlete suspected of having a head injury, health risks associated with not reporting athletes with signs / symptoms consistent with concussive injury, and discuss current best practices of managing and accessing concussions.

6. The Sports Medicine staff will provide educational brochures to all Athletic Department Administration to include, but not limited to, signs / symptoms consistent with concussion, encouragement to report any student athlete suspected of having a head injury, and the health risks associated with not reporting athletes with signs / symptoms consistent with concussive injury.
7. Each party will provide a signed acknowledgement of having read and an understanding of the education brochures with a confirmation signature for everyone on file.

PRE-PARTICIPATION CONCUSSION ASSESSMENT

All student-athletes are required to complete a Pre-Participation History as part of the annual health evaluation process for Mount St. Mary's University. A member of the Concussion Management Team reviews each completed history form noting any history of concussion, duration of symptoms, severity of symptoms, and current issues that may not have resolved. The Concussion Management Team will review any history of sleep dysfunction, migraine or headache disorders, mood disorders, or ocular and vestibular dysfunction, as these symptoms may be consistent with Post-Concussive Syndrome. The team Medical Director and / or designee of the team physician with clinical competence to evaluate and manage concussion will determine clearance or the need for further clinical evaluation prior to athletic participation. If a designee of the team physician has questions or concerns about a student-athletes health, the student-athlete will be referred to the Medical Director for final return to participation clearance or further evaluation.

BASELINE ASSESSMENT

The Concussion Management Team will obtain objective baseline assessment data for all Mount St. Mary's student-athletes .The baseline objective data will consist of:

Computerized Neurocognitive Testing

ImPACT®(Immediate Post Concussion Assessment and Cognitive Testing) will be administered prior to the athletes first practice on a Mount St. Mary's University team for objective comparison data should an athlete receive a head injury exhibiting signs and symptoms consistent with a concussion.

Key Facts

ImPACT is supported by a database of clinical research, including more than 250 peer-reviewed independent studies

ImPACT's industry leading normative database increases reliability and validity of testing results

ImPACT assists qualified healthcare providers in the evaluation and management of concussions

ImPACT and its products continue to evolve by incorporating the latest advancements in neurocognitive science and in technology for portability and ease of use

Proprioception Assessment

The Concussion Management Team will administer SWAY Balance Test prior to the student-athletes first practice on a Mount St. Mary's University team. This test will provide subjective symptom score and objective comparison data should an athlete receive a head injury exhibiting signs and symptoms consistent with concussion.

Key facts

SWAY provides the first and only FDA-cleared mobile balance test. Using the built-in-motion sensors of any iPhone, Ipad, or Ipod Touch*, health care professionals can administer a medical grade objective balance test in virtually any setting.

SWAY's proprietary algorithms measure reaction time in response to a user's movement of a mobile device. The built-in motion sensors of the mobile device assist in identifying the earliest intentional movement as a response to a stimulus.

SWAY's simple reaction time beta is a significant step in bringing accurate cognitive testing to a mobile device

Any student-athlete that has been assessed to have had a concussion or has previously reported signs and symptoms consistent with concussion type injury on the pre-participation medical questionnaire will receive baseline testing consisting; of ImPACT® and SWAY Balance test.

RECOGNITION AND ASSESSMENT

Each concussive-type injury is unique to each student athlete. Therefore, the goal of the Mount St. Mary's University Concussion Assessment and Management Protocol is to manage each concussive injury in a consistent, systematic approach. As each injury is unique, each progression through the protocol will have no set time-frame. Progress through the protocol will be based upon athlete reported symptoms and the expertise of the Concussion Management Team. The intent of this document is to provide guidance and is not intended to answer all possible scenarios associated with concussive-type injury. To increase early recognition of concussion, a member of the Sports Medicine staff, (Concussion Management Team), will **1. be PRESENT** at collision / contact sport **COMPETITIONS** and **2. be AVAILABLE** for collision / contact sport **PRACTICES**. Collision / Contact sports include: basketball, lacrosse, pole vault, rugby, and soccer. In the event a member of the Sports Medicine staff cannot attend a collision / contact sport practice, the coaching staff is provided with contact information for the members of the Sports Medicine staff to ensure effective communication and facilitate immediate evaluation.

1. Any student athlete exhibiting signs / symptoms or behaviors consistent with a concussive injury during practice or competition:
 - A. Will be removed from activity immediately.
 - B. An initial assessment will be conducted by a member of the Concussion Management / Sports Medicine staff.
 - C. Student athletes with concussions will be removed from participation for at least the calendar day.
2. Any student athlete suspected of a head injury:
 - A. An evaluation will be conducted by a member of the Sports Medicine staff
 - B. Any return to athletic participation decision will be made by a member of the Mount St. Mary's University Sports Medicine staff.
3. Any student athlete believing they are suffering signs / symptoms of a head injury should report the experience to a member of the Sports Medicine team or a member of the coaching staff.
 - A. If a member of the coaching staff is alerted to an incident, they will immediately remove the athlete from practice / competition and contact the Sports Medicine staff.
4. **Immediate referral**
 - A. In situations when student athletes are very symptomatic and the Concussion Management / Sports Medicine staff deems it necessary, Sports Medicine will call for EMS. EMS may also be initiated for, but not limited to, any of the following situations:
 - a. Glasgow Coma Scale < 13
 - b. Loss of Consciousness
 - c. Focal Neurological deficit
 - d. Repetitive Emesis
 - e. Diminishing Mental Status
 - f. Suspected Spinal Injury
5. **Referral to team physician** will be assessed on an incident by incident bases. Any student-athlete exhibiting signs/symptoms lasting **>14** days will immediately be referred to the team physician for further evaluation and testing; regardless if student – athlete has been assessed in the previous 14 days.

Any athlete found unconscious during practice / competition will be treated with a suspected head and spine injury. EAP will be enacted.

Initial Assessment

1. An onsite assessment will be conducted as close to the initial injury as possible by a member of the Concussion Management Team.
2. The assessment will include, but not be limited to, Symptoms, Neurological, Cognitive, and Balance examinations.
3. All suspected head injuries will have differential assessments to include, but not limited to, Cervical Spine Trauma, Skull Fractures, and Intracranial Pathologies.

Protocol

1. A member of the Concussion Management staff will obtain cognitive (symptoms) data by means of athlete self-reporting **DAILY** in the Athletic Training Facility.
2. A member of the Sports Medicine staff may obtain balance (Sway) data if the athlete is believed capable of safely performing the test.
3. The student-athlete will be counseled on head injury information, the importance of **DAILY** follow-up with the Sports Medicine staff, and will be provided the **Sports Related Concussion Home Instructions**.
4. All data collected by the Sports Medicine staff will be documented in the ATS computerized injury tracking software system.
5. A member of the Sports Medicine staff will contact the Director of Compliance and Student-Athlete Development/SWA, Faculty Athletic Representative and Director of Learning Service about the injury so the Return to Learn / Academic Support aspect of the healing process may be initiated.

Post Incident Assessment

1. A member of the Concussion Management / Sports Medicine staff will obtain cognitive (symptoms) data by means of athlete self-reporting and documented using ATS on a DAILY basis.
2. Neuropsychological data (ImPACT® testing) will be conducted when the student athlete self-reports a symptom score below 15 or within 72 hours of the event if the test can be administered safely as determined by a member of the Sports Medicine staff.
3. Balance data (Sway testing) may be administered on a daily basis until the student athlete returns to baseline if the test can be administered safely as determined by a member of the Sports Medicine staff.
4. When the student athlete has returned to baseline with Neuropsychological and Balance testing and reports no cognitive (symptoms), the student athlete may proceed to the return to participate / learn protocol.
5. The student athlete may continue to progress through the protocol provided NO return of symptoms consistent with concussive injury.
6. Any return on symptoms the student-athlete will stop activity, rest for the day, and return to the previous step in the protocol as deemed safe by a member of the Sports Medicine staff.

7. Symptoms lasting greater than **14** days will be referred to the Team Physician for further evaluation.
Team Physician Dr. Vikram Sodhi VSODI@fmh.org Parkview Medical Group.

RETURN TO ATHLETIC PARTICIPATION

Each NCAA student athlete competing at Mount St. Mary's University must complete the following step progression and be symptom free to be considered eligible to return to full, unrestricted athletic participation. The NCAA student athlete must complete the step progression protocol under the supervision of a member of the Concussion Management / Sports Medicine team.

Return to athletic participation steps

Initially after diagnosis this is the time for cognitive and physical rest. Daily assessments with the Sports Medicine staff is indicated / continued. Before the student athlete may enter the return to play steps the student athlete must be symptom free for 24hours.

1. Step 1 Return to activity:
 - a. Athlete may bike 15 minutes and perform foam rolling and stretching with Strength and Conditioning.
 - b. All activity must be symptom FREE.
 - c. Any return of symptoms, the athlete MUST stop all activity.
2. Step 2 Return to activity:
 - a. Athlete may bike 15 minutes and perform non-altitude single joint weight lifting with Strength and Conditioning.
 - b. All activity must be symptom FREE.
 - c. Any return of symptoms, the athlete MUST stop all activity.
3. Step 3 Return to activity:
 - a. Athlete may run (treadmill) 15 min and perform altitude multi-joint (Olympic) weight lifting with Strength and Conditioning.
 - b. Athlete may do sport Specific exercise & activity w/o head impact
 - c. All activity must be symptom FREE.
 - d. Any return of symptoms, the athlete MUST stop all activity.
4. Step 4 Return to activity:
 - a. Athlete may participate in all NON CONTACT DRILL oriented practice segments and perform all team related strength and conditioning activities.
 - b. All activity must be symptom FREE.
 - c. Any return of symptoms, the athlete MUST stop all activity.
5. Step 5 Return to activity:
 - a. Athlete may participate in FULL CONTACT/FULL PRACTICE
 - b. All activity must be symptom Free
 - c. Any return of symptoms, the athlete MUST stop all activity
6. Step 6 Return to activity
 - a. Full Return to complete unrestricted athletic participation. Must be symptom FREE.

Final determination for complete unrestricted athletic participation will be made the Medical Director of Mount St. Mary's University Sports Medicine team.

RETURN TO LEARN

Following a positive assessment for concussion, cognitive rest will be immediately recommended. **No classroom activities on the same day as the injury.** A member of the Sports Medicine staff will notify the Concussion Management Team consisting of Director of Compliance and Student-Athlete Development / SWA and Learning Services to assist the student-athlete during the return to learn protocol. Learning Services will be notified to ensure compliance with ADAAA.

Cognitive Protocol

1. A team approach is used to monitor and guide a student-athlete with a concussion to a safe and timely return to academics. This team will consist of, but not be limited to: Medical Director, Athletic Training, Athletic Administrators, Faculty Athletic Representative, Learning Services, and any of specialist deemed necessary to assist to welfare of the student-athlete.
2. This is the time for cognitive and physical rest. A member of the Sports Medicine staff will contact the Director of Compliance and Student-Athlete Development / SWA, Faculty Athletic representative and Learning Services about the injury to assist the student-athlete during the return to learn protocol. Daily assessments with the Sports Medicine staff is required. The following progression will be customized to meet the student-athlete's symptoms and injury severity.
 - a. The student-athlete will not attend classes while they experiencing signs and symptoms and remain at home/dorm unless being evaluated by the Concussion Management Team.
 - b. Avoid all cognitive symptom-causing stress including, but not limited to:
 - i. Reading, studying, academic responsibilities.
 - ii. Extended time in front of computer screens and television.
 - iii. Video games, cell phones, and tablet use, driving.
3. First Step Return to activity:
 - c. Athlete may start to incorporate 1-2 hour of symptom free study time.
 - d. Study time must be symptom FREE.
 - e. Any return of symptoms, the athlete MUST stop studying.
4. Second Step Return to activity:
 - f. Athlete may attempt attending 1-2 classes, may increase to 2-4 hours of study symptom free.
 - g. Athletes must be symptom and remain symptom FREE to attend class.
 - h. Any return of symptoms, the athlete MUST stop and rest.
5. Third Step Return to activity:
 - i. Athlete may attend all classes and resume normal study habits.
 - j. Must be symptom FREE the entire duration of academic work.
 - k. Any return of symptoms, the athlete MUST stop and rest.
6. Fourth Step Return to activity:
 - l. Athlete full return to all academic pursuits.
 - m. Academic support services team will be informed of athletes return to activity and full return to academic pursuits.

* Each injury and situation is unique and require flexibility and professional judgement. As symptoms dictate, student-athletes with increased symptoms from academics will be referred to the Team Physician for further evaluation. If symptoms continued past 14 days, the student-athlete will be referred to the Team Physician for further evaluation. Learning services will be notified of any student-athlete having increased symptoms from academics to ensure modifications, employ learning strategies, and ensure compliance with ADA. *

Cognitive Protocol Team

Assistant Athletic Director for Academics and Student Athlete Support / SWA

Justine Miller – justine_miller@msmary.edu

Learning Specialist

Amber Barnhart – a.m.barnhart@msmary.edu

Director of Mount St. Mary's University Sports Medicine / Physician Parkview Medical Group

Dr. Vikram Sodhi – VSODHI@fmh.org

Faculty Athletic Representative

Corinne Farneti - farneti@msmary.edu

CONCLUSION

Every athlete and athletic injury are unique and need to be treated independently. Each head injury and athlete heal at their own rate. It is important to limit activities that impede the healing process of any injury. These protocols are designed to return the student-athlete to physical and cognitive activity at the safest and timeliest return.

PREVENTION OF CONCUSSION

Basic steps to protect against concussions

1. Coaching and student-athlete education regarding safe play and proper techniques.
2. Adherence to Inter-Association Consensus: Independent Medical Care for College Student-Athletes Best Practices.
3. Wear the appropriate equipment for your sport and wear it properly. Always close a chin strap if your sport requires a helmet; many concussions occur during practice.
4. Men's Lacrosse Helmet Warning

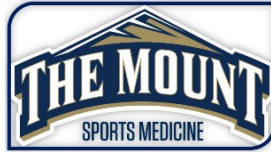
The following recommended warning is placed on all Lacrosse helmets. All helmets must have a **NOCSAE** (National Operating Committee on Standards for Athletic Equipment) certification. This certification does not make the helmet completely "fail-safe." There are inherent dangers in any sport, particularly Lacrosse.

NOCSAE Warning

DO NOT USE THIS HELMET IF THE SHELL IS CRACKED OR DEFORMED; OR IF THE INTERIOR PADDING IS DETERIOATED. SEVERE HEAD OR NECK INJURY, INCLUDING PARALYSIS OR DEATH MAY OCCUR TO YOU DESPITE USING THIS HELMET. NO HELMET CAN PREVENT ALL HEAD INJURIES OR ANY NECK INJURIES A PLAYER MAY RECEIVE WHILE PARTICIPATING IN LACROSSE.

If your helmet has any defects or problems please return it to the equipment attendants as soon as possible.

(The preceding protocol is based upon - *National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion, March 2014; Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012; Nation Football League Head, Neck and Spine Committee's Protocols Regarding Return to Participation Following Concussion: NCAA Sports Medicine handbook 2014-2015, 21; University of Pittsburg Medical Center Neurological Surgery; Adherence to Interassociation Consensus: Year-Round Football Practice Contact Recommendations; Adherence to Interassociation Consensus: Independent Medical Care for College Student-Athlete Best Practices; Reducing gratuitous contact during practice; Taking a "safety first" approach; Taking the head out of contact; Coaching and student-athlete education regarding safe play and proper technique*)



SPORTS RELATED CONCUSSION HOME INSTRUCTIONS

You may have suffered a brain injury termed a concussion. A careful medical evaluation has been performed and no serious complications associated with a concussion have been found at this present moment. It is recommended that you have short term monitoring by a responsible adult / roommate / teammate while you are away from the athletic training facility in case any new symptoms occur or current symptoms increase in severity. To ensure a safe and timely return to athletic and educational pursuits please:

1. Remind student-athlete to return to the athletic training facility tomorrow at _____ for follow up.
2. If any of the following symptoms change prior to the follow up, the student-athlete should be taken to the nearest Emergency room (Frederick or Gettysburg) for immediate evaluations:

| Signs and Symptoms to Monitor | |
|--|--|
| <ul style="list-style-type: none"> ➤ Changes in Behavior ➤ Increasing Headache / Pressure ➤ Vomiting ➤ Double / Blurred Vision ➤ Difficulty Breathing | <ul style="list-style-type: none"> ➤ Dizziness / Vertigo ➤ Numbness Tingling anywhere in body ➤ Excessive Drowsiness ➤ Slurred Speech ➤ Amnesia |

3. Please have the student athlete adhere to the following guidelines:

| Things to AVOID | |
|---|--|
| <ul style="list-style-type: none"> ➤ Drinking ANY Alcohol ➤ Driving ANY motorized vehicle ➤ Strenuous (physical / mental) activity ➤ Brightly lit and Noisy areas | <ul style="list-style-type: none"> ➤ Anti-inflammatories (Aspirin, Aleve, Advil) ➤ Tylenol (Acetaminophen) for 24 hours ➤ Video games, TV, Loud music ➤ Refrain from Cell Phone use |

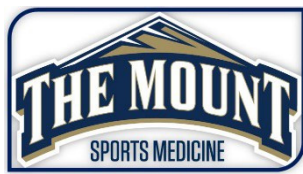
| Things to DO | |
|--|--|
| <ul style="list-style-type: none"> ➤ REST ➤ Apply ice to head or neck for pain relief ➤ Eat normally (nutritious meals) | <ul style="list-style-type: none"> ➤ Sleep Normally ➤ Drink water as tolerated |

Other recommendations

Please do not hesitate to contact me with any questions or concerns you may have before tomorrow. My contact information is

Athlete Signature _____ Date _____

ATC Signature _____ Date _____



MEN'S LACROSSE HELMET WARNING / WAIVER

In an effort to warn players of the risk of injury, the **NOCSAE** Board of Directors (National Operating Committee on Standards for Athletic Equipment) has developed a warning statement which is found on all Lacrosse helmets. The statements are a part of each standard and are intended to warn participants of the possibility of severe head or neck injury despite the fact a certified helmet is being worn. The helmet is designed to help protect the head. No helmet can protect a player's neck.

NOCSAE urges that the warning statement be shared and discussed with members of the lacrosse team. All persons responsible for the conduct of the game of lacrosse are encouraged to alert student-athletes to the potential for severe injury, including but not limited to head, neck or spinal injuries with paralysis or death.

NOCSAE warning label has been placed on each helmet and to remind the athlete of the risk associated with lacrosse and to warn them against dangerous conduct which could result in injury or death. The warning labels should always appear on the outside of the helmet and an example of the label is listed below:

DO NOT USE THIS HELMET IF THE SHELL IS CRACKED OR DEFORMED; OR IF THE INTERIOR PADDING IS DETERIORATED. SEVERE HEAD OR NECK INJURY, INCLUDING PARALYSIS OR DEATH MAY OCCUR TO YOU DESPITE USING THIS HELMET. NO HELMET CAN PREVENT ALL HEAD INJURIES OR ANY NECK INJURIES A PLAYER MAY RECEIVE WHILE PARTICIPATING IN LACROSSE.

If your helmet has any defects or problems please return it to the equipment attendants as soon as possible.

NOCSAE standard is a general suggestion and may change from time to time. For more information on **NOCSAE** or standards regarding athletic headgear please visit the **NOCSAE** website:

<http://nocsae.org/index.html>

It is strongly encouraged that student-athletes adhere to these recommendations and guidelines, as no one can afford to suffer the consequences. Inspect your helmet on a daily basis for defects or abnormalities. Report any problem with your helmet to your coach, Sports Medicine staff, or equipment manager prior using it in a practice or game.

By signing, you agree that you have read and understand the above statements.

Student-athlete _____

Student-athlete signature _____ Date _____



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body or the head that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

- ◆ Can change the way your brain normally functions
- ◆ Can range from mild to severe
- ◆ Presentation of symptoms are unique to each athlete
- ◆ Can occur during any and all physical activity

IMPROPERLY MANAGED CONCUSSIONS CAN AND DO HAVE SERIOUS CONSEQUENCES

The signs and symptoms of a concussion can be subtle and may not show up immediately. Symptoms can last for days, weeks or even longer.

Signs and symptoms of a concussion may include:

- ◆ Headaches
- ◆ Dizziness
- ◆ Neck pain
- ◆ Nausea or Vomiting
- ◆ Loss of balance
- ◆ Poor coordination
- ◆ Trouble focusing on objects or words
- ◆ Poor concentration
- ◆ Feeling “foggy”
- ◆ Confusion
- ◆ Amnesia, or poor memory
- ◆ “Flashing lights”
- ◆ Blurred or double vision
- ◆ Seeing “stars”
- ◆ Irritability or emotional changes
- ◆ Ringing in ears
- ◆ Slow to follow direction
- ◆ Decreased playing ability
- ◆ Easily distracted
- ◆ Vacant stare
- ◆ Drowsiness/fatigue
- ◆ Difficulty falling asleep or staying asleep
- ◆ Feeling “off” or not like oneself

Any activity, physical or cognitive that may increase symptoms should be ceased immediately. These would include any exercising, use of computers, cell phones, listening to music, watching TV, being around loud environment or bright lights.

Seek emergency care for a head injury experiencing symptoms such as:

- ◆ Repeated vomiting
- ◆ A loss of consciousness lasting longer than 30 seconds
- ◆ A headache that gets worse over time
- ◆ Changes in his or her behavior, such as irritability
- ◆ Changes in physical coordination, such as stumbling or clumsiness
- ◆ Confusion or disorientation, such as difficulty recognizing people or places
- ◆ Seizures
- ◆ Vision or eye disturbances, such as pupils that are bigger than normal (dilated pupils) or pupils of unequal sizes
- ◆ Lasting or recurrent dizziness
- ◆ Obvious difficulty with mental function or physical coordination
- ◆ Symptoms that worsen over time
- ◆ Large head bumps or bruises on areas other than the forehead

⇒ Never return an athlete to play or vigorous activity while signs or symptoms of a concussion are present.

⇒ An athlete with a suspected concussion should not return to play until he or she has been medically evaluated by a health care professional trained in evaluating and managing concussions and is medically cleared for full return to sports related activities.

CONCUSSION FACT SHEET FOR NCAA COACHES

How Can I Prevent Concussions?

Basic steps to protect against concussions:

- ◆ Play by the rules. Teaching young athletes to respect the rules of their sport is part of good coaching.
- ◆ Wear the appropriate equipment for your sport and wear it properly. Always close a chin strap if your sport requires a helmet; many concussions occur during practice.
- ◆ Examine the playing field for uneven areas or holes.
- ◆ Make sure that end posts are padded sufficiently.
- ◆ Practice good sportsmanship. Teaching good sportsmanship is part of good coaching and good parenting minimizing unnecessary aggression on the field. Learn and use proper technique for your sport. Some sports organizations have taken additional action to minimize the risk of concussion by limiting the number of contact practices allowed during the season.

Possible Long-term Symptoms following a concussion include:

Physical Changes

- ◆ Headaches
- ◆ Dizziness or lightheadedness
- ◆ Vomiting/nausea
- ◆ Numbness or tingling
- ◆ Loss of balance, dropping things, tripping
- ◆ Feeling worn out, exhausted, tiring easily
- ◆ Drowsiness, excessive sleeping
- ◆ Trouble falling asleep
- ◆ Sensitivity to light or noise
- ◆ Blurred vision
- ◆ Ringing in the ears

Cognitive Changes

- ◆ Confusion or feeling “in a fog”
- ◆ Confusing time and place instructions
- ◆ Having lower attention/concentration level
- ◆ Forgetfulness/difficulty with memory
- ◆ Easily frustrated with learning new material
- ◆ Taking longer to complete homework
- ◆ Difficulty organizing thoughts or words
- ◆ Misunderstanding things or instructions

Behavioral Changes

- ◆ Restlessness or irritability
- ◆ Impulsive actions
- ◆ Becoming upset or losing temper easily
- ◆ Sad or depressed mood
- ◆ Anxiousness or nervousness

Complications

Potential complications of a concussion include:

- ◆ **Post-traumatic headaches.** Some people experience headaches within a week to a few months after a brain injury.
- ◆ **Post-traumatic vertigo.** Some people experience a sense of spinning or dizziness for days, week or months after a brain injury.
- ◆ **Post-concussion syndrome.** Some people have symptoms — such as headaches, dizziness and thinking difficulties — a few days after a concussion. Symptoms may continue for weeks or months.
- ◆ **Cumulative effects of multiple brain injuries.** It's possible that some people who have had one or more traumatic brain injuries over the course of their lives are at greater risk of developing lasting, possibly progressive, impairment that limits function. This is an area of active research.
- ◆ **Second impact syndrome.** Rarely, experiencing a second concussion before signs and symptoms of a first concussion have resolved may result in rapid and usually fatal brain swelling.
- ⇒ **Concussion changes the levels of brain chemicals. It usually takes about a week for these levels to stabilize again, but recovery time varies.**
- ⇒ **It's important for athletes to never to return to sports while they're still experiencing signs and symptoms of concussion.**

NCAA COACHING STAFF Should have Sports Medicine Evaluate Student-Athletes if:

Symptoms reported to Coaching Staff:

- ◆ Headache or “Pressure” in Head
- ◆ Nausea / Vomiting
- ◆ Balance Problems or Dizziness
- ◆ Double or Blurred Vision
- ◆ Sensitive to Light or Noise
- ◆ Feeling Sluggish, Foggy, Hazy, or Groggy
- ◆ Confusion, Concentration, or Memory Problems
- ◆ Just “Not Feeling Right” or “Feeling Slowed Down”

Symptoms Observed by Coaching Staff:

- ◆ Appears Dazed or Stunned
- ◆ Confused about Position or Assignment
- ◆ Forgets Instructions
- ◆ Unsure of game, opponent, or score
- ◆ Moves Clumsily
- ◆ Answers question slowly
- ◆ Loses Consciousness (even briefly)
- ◆ Shows Mood, Behavior, or Personality changes
- ◆ Can't recall events Prior or After event

- ⇒ **Athlete with any or all symptoms of Concussion should be sent to the Athletic Training Staff Immediately (If no present) for evaluation**
- ⇒ **Never return an Athlete suspected of Head Injury with symptoms back to physical activity without medical clearance**

NCAA COACHING STAFF:

⇒ The following steps should be followed to reduce exposure to head trauma during athletics:

- ◆ Reducing unnecessary contact during practice.
- ◆ Taking a 'safety first' approach to sport.
- ◆ Taking the head out of contact.
- ◆ Coach and student-athlete education regarding safe play and proper technique.

⇒ Please encourage your student-athletes to report concussion symptoms.

⇒ Do not allow potentially concussed student-athletes to return to practice or competition without speaking with an Athletic Trainer.

⇒ Returning to play too early can have detrimental effects to the student-athlete's health and well-being.

⇒ Follow athletic department rules for return to play.

⇒ All concussions are reported to Dr. Boyd Creasman, Justine Miller, Dr. David McCarthy and Amber Barnhart.

⇒ It is imperative that student-athletes talk to an athletic trainer if they believe they have sustained a concussion.

⇒ An athlete with concussion history, academic problems, or lingering concussion symptoms will be referred to our team physician or designated health care provider

Mount Saint Mary's University Return From Concussion Protocol

Athletic Training

- Step 1 S/S Eval, Bike
- Step 2 S/S Eval, Bike
- Step 3 S/S Eval, Treadmill
- Sport Specific Exercise
- Step 4 S/S Eval, Non-Contact Practice
- Step 5 Full Contact Practice
- Step 6 Full Return to Competition

Strength & Conditioning

- Foam Roll / Stretch
- Non-Altitude Single Joint Lift

- Altitude (Olympic) Lift
- All S & C Activities

Academics

- Incorporate 1-2 study hours
- Incorporate 2-4 Study Hours

- Resume All Normal Academics
- Full Academic Pursuits

STATEMENT OF UNDERSTANDING

I, _____, hereby acknowledge and declare that:

- ◆ It is my responsibility to report ALL injuries to an athletic trainer, or team physician.
- ◆ I understand a concussion is caused by a bump, blow, jolt to the head, or the head hitting another surface.
- ◆ I will NOT return a player to physical activity if they have received a blow to the head or feel symptoms of a concussion.
- ◆ I am aware that concussions can alter normal brain functions.
- ◆ I understand that some symptoms of a concussion may occur immediately, while others may occur hours, days, or even weeks later.
- ◆ I will not hide any player experiencing signs or symptoms associated with concussions.
- ◆ It is my responsibility to report to an athletic trainer, or team physician if a player is experiencing symptoms of a concussion.

Signed: _____

Date: _____

(Please complete and return to Sports Medicine and KEEP the fact sheet)



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- ◆ Lasting or recurrent dizziness
- ◆ Obvious difficulty with mental function or physical coordination
- ◆ Symptoms that worsen over time
- ◆ Large head bumps or bruises on areas other than the forehead

⇒ Student-Athletes should NEVER return to sport or vigorous activity while signs or symptoms of a concussion are present.

⇒ An athlete with a suspected concussion should not return to play until he or she has been medically evaluated by a health care professional trained in evaluating and managing concussions and is medically cleared for full return to sports related activities.

CONCUSSION FACT SHEET FOR ADMINISTRATION

How Can I Prevent Concussions?

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- ◆ Examine the playing field for uneven areas or holes.
- ◆ Make sure that end posts are padded sufficiently.
- ◆ Practice good sportsmanship. Teaching good sportsmanship is part of good coaching and good parenting minimizing unnecessary aggression on the field. Learn and use proper technique for your sport. Some sports organizations have taken additional action to minimize the risk of concussion by limiting the number of contact practices allowed during the season.

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- ◆ Vomiting/nausea
- ◆ Numbness or tingling
- ◆ Loss of balance, dropping things, tripping
- ◆ Feeling worn out, exhausted, tiring easily
- ◆ Drowsiness, excessive sleeping
- ◆ Trouble falling asleep
- ◆ Sensitivity to light or noise
- ◆ Blurred vision
- ◆ Ringing in the ears

Cognitive Changes

- ◆ Confusion or feeling “in a fog”
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- ◆ **Post-traumatic vertigo.** Some people experience a sense of spinning or dizziness for days, week or months after a brain injury.
- ◆ **Post-concussion syndrome.** Some people have symptoms — such as headaches, dizziness and thinking difficulties — a few days after a concussion. Symptoms may continue for weeks or months.
- ◆ **Cumulative effects of multiple brain injuries.** It's possible that some people who have had one or more traumatic brain injuries over the course of their lives are at greater risk of developing lasting, possibly progressive, impairment that limits function. This is an area of active research.
- ◆ **Second impact syndrome.** Rarely, experiencing a second concussion before signs and symptoms of a first concussion have resolved may result in rapid and usually fatal brain swelling.
- ⇒ **Concussion changes the levels of brain chemicals. It usually takes about a week for these levels to stabilize again, but recovery time varies.**
- ⇒ **It's important for athletes to never to return to sports while they're still experiencing signs and symptoms of concussion.**

Athletic Administration Should Report Athletes to Sports Medicine with the following:

Symptoms reported to Administration:

- ◆ Headache or “Pressure” in Head
- ◆ Nausea / Vomiting
- ◆ Balance Problems or Dizziness
- ◆ Double or Blurred Vision
- ◆ Sensitive to Light or Noise
- ◆ Feeling Sluggish, Foggy, Hazy, or Groggy
- ◆ Confusion, Concentration, or Memory Problems
- ◆ Just “Not Feeling Right” or “Feeling Slowed Down”

Symptoms Observed by Administration:

- ◆ Appears Dazed or Stunned
- ◆ Confused about Position or Assignment
- ◆ Forgets Instructions
- ◆ Unsure of game, opponent, or score
- ◆ Moves Clumsily
- ◆ Answers question slowly
- ◆ Loses Consciousness (even briefly)
- ◆ Shows Mood, Behavior, or Personality changes
- ◆ Can't recall events Prior or After event

- ⇒ **Athlete with any or all symptoms of Concussion should be sent to the Athletic Training Staff Immediately (if no present) for evaluation**
- ⇒ **Never return an Athlete suspected of Head Injury with symptoms back to physical activity without medical clearance**

ADMINISTRATIVE STAFF:

⇒ The following steps should be followed to reduce exposure to head trauma during athletics:

- ◆ Reducing unnecessary contact during practice.
- ◆ Taking a 'safety first' approach to sport.
- ◆ Taking the head out of contact.
- ◆ Coach and student-athlete education regarding safe play and proper technique.

⇒ Please encourage your student-athletes to report concussion symptoms.

⇒ Do not allow potentially concussed student-athletes to return to practice or competition without speaking with an Athletic Trainer.

⇒ Returning to play too early can have detrimental effects to the student-athlete's health and well-being.

⇒ Follow athletic department rules for return to play.

⇒ All concussions are reported to Dr. Boyd Creasman, Justine Miller, Dr. David McCarthy and Amber Barnhard.

⇒ It is imperative that student-athletes talk to an athletic trainer if they believe they have sustained a concussion.

⇒ An athlete with concussion history, academic problems, or lingering concussion symptoms will be referred to our team physician or designated health care provider

Mount Saint Mary's University Return From Concussion Protocol

Athletic Training

- Step 1 S/S Eval, Bike
- Step 2 S/S Eval, Bike
- Step 3 S/S Eval, Treadmill
- Sport Specific Exercise
- Step 4 S/S Eval, Non-Contact Practice
- Step 5 Full Contact Practice
- Step 6 Full Return to Competition

Strength & Conditioning

- Foam Roll / Stretch
- Non-Altitude Single Joint Lift
- Altitude (Olympic) Lift
- All S & C Activities

Academics

- Incorporate 1-2 study hours
- Incorporate 2-4 Study Hours
- Resume All Normal Academics
- Full Academic Pursuits

STATEMENT OF UNDERSTANDING

I, _____, hereby acknowledge and declare that:

- ◆ I have reviewed and comprehend this information about concussion.
- ◆ I understand a concussion is caused by a bump, blow, jolt to the head, or the head hitting another surface.
- ◆ I understand my role is to report any student-athlete having signs / symptoms consistent with concussion to the Athletic Training staff immediately.
- ◆ I am aware that concussions can alter normal brain functions.
- ◆ I understand that some symptoms of a concussion may occur immediately, while others may occur hours, days, or even weeks later.

Signed: _____

Date: _____

(Please complete and return to Sports Medicine and KEEP the fact sheet)



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body or the head that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

- ◆ Can change the way your brain normally functions
- ◆ Can range from mild to severe
- ◆ Presentation of symptoms are unique to each athlete
- ◆ Can occur during any and all physical activity

IMPROPERLY MANAGED CONCUSSIONS CAN AND DO HAVE SERIOUS CONSEQUENCES

The signs and symptoms of a concussion can be subtle and may not show up immediately. Symptoms can last for days, weeks or even longer.

Signs and symptoms of a concussion may include:

- ◆ Headaches
- ◆ Dizziness
- ◆ Neck pain
- ◆ Nausea or Vomiting
- ◆ Loss of balance
- ◆ Poor coordination
- ◆ Trouble focusing on objects or words
- ◆ Poor concentration
- ◆ Feeling “foggy”
- ◆ Confusion
- ◆ Amnesia, or poor memory
- ◆ “Flashing lights”
- ◆ Blurred or double vision
- ◆ Seeing “stars”
- ◆ Irritability or emotional changes
- ◆ Ringing in ears
- ◆ Slow to follow direction
- ◆ Decreased playing ability
- ◆ Easily distracted
- ◆ Vacant stare
- ◆ Drowsiness/fatigue
- ◆ Difficulty falling asleep or staying asleep
- ◆ Feeling “off” or not like oneself

Any activity, physical or cognitive, that may increase symptoms should be ceased immediately. These would include any exercising, use of computers, cell phones, listening to music, watching TV, being around loud environment or bright lights.

Seek emergency care for a head injury experiencing symptoms such as:

- ◆ Repeated vomiting
- ◆ A loss of consciousness lasting longer than 30 seconds
- ◆ A headache that gets worse over time
- ◆ Changes in his or her behavior, such as irritability
- ◆ Changes in physical coordination, such as stumbling or clumsiness
- ◆ Confusion or disorientation, such as difficulty recognizing people or places
- ◆ Seizures
- ◆ Vision or eye disturbances, such as pupils that are bigger than normal (dilated pupils) or pupils of unequal sizes
- ◆ Lasting or recurrent dizziness
- ◆ Obvious difficulty with mental function or physical coordination
- ◆ Symptoms that worsen over time
- ◆ Large head bumps or bruises on areas other than the forehead

⇒ Never return an athlete to play or vigorous activity while signs or symptoms of a concussion are present.

⇒ An athlete with a suspected concussion should not return to play until he or she has been medically evaluated by a health care professional trained in evaluating and managing concussions and is medically cleared for full return to sports related activities.

CONCUSSION FACT SHEET FOR STUDENT ATHLETES

How Can I Prevent Concussions?

Basic steps to protect against concussions:

- ◆ Play by the rules. Teaching young athletes to respect the rules of their sport is part of good coaching.
- ◆ Wear the appropriate equipment for your sport and wear it properly. Always close a chin strap if your sport requires a helmet; many concussions occur during practice.
- ◆ Examine the playing field for uneven areas or holes.
- ◆ Make sure that end posts are padded sufficiently.
- ◆ Practice good sportsmanship. Teaching good sportsmanship is part of good coaching and good parenting minimizing unnecessary aggression on the field. Learn and use proper technique for your sport. Some sports organizations have taken additional action to minimize the risk of concussion by limiting the number of contact practices allowed during the season.

Possible Long-term Symptoms following a concussion include:

Physical Changes

- ◆ Headaches
- ◆ Dizziness or lightheadedness
- ◆ Vomiting/nausea
- ◆ Numbness or tingling
- ◆ Loss of balance, dropping things, tripping
- ◆ Feeling worn out, exhausted, tiring easily
- ◆ Drowsiness, excessive sleeping
- ◆ Trouble falling asleep
- ◆ Sensitivity to light or noise
- ◆ Blurred vision
- ◆ Ringing in the ears

Cognitive Changes

- ◆ Confusion or feeling “in a fog”
- ◆ Confusing time and place instructions
- ◆ Having lower attention/concentration level
- ◆ Forgetfulness/difficulty with memory
- ◆ Easily frustrated with learning new material
- ◆ Taking longer to complete homework
- ◆ Difficulty organizing thoughts or words
- ◆ Misunderstanding things or instructions

Behavioral Changes

- ◆ Restlessness or irritability
- ◆ Impulsive actions
- ◆ Becoming upset or losing temper easily
- ◆ Sad or depressed mood
- ◆ Anxiousness or nervousness

Complications

Potential complications of a concussion include:

- ◆ **Post-traumatic headaches** - Some people experience headaches within a week to a few months after a brain injury.
- ◆ **Post-traumatic vertigo** - Some people experience a sense of spinning or dizziness for days, week or months after a brain injury.
- ◆ **Post-concussion syndrome** - Some people have symptoms — such as headaches, dizziness and thinking difficulties — a few days after a concussion. Symptoms may continue for weeks or months.
- ◆ **Cumulative effects of multiple brain injuries** - It's possible that some people who have had one or more traumatic brain injuries over the course of their lives are at greater risk of developing lasting, possibly progressive, impairment that limits function. This is an area of active research.
- ◆ **Second impact syndrome** - Rarely, experiencing a second concussion before signs and symptoms of a first concussion have resolved may result in rapid and usually fatal brain swelling.
- ⇒ **Concussion changes the levels of brain chemicals. It usually takes about a week for these levels to stabilize again, but recovery time varies.**
- ⇒ **It's important for athletes to never to return to sports while they're still experiencing signs and symptoms of concussion.**

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- ◆ **Don't Hide It**—Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.
- ◆ **Report It**— Do Not Return to participation in a game, practice, or any other activity with symptoms of a concussion
- ◆ **Get Checked Out**—Your athletic trainer can tell you if you have signs or symptoms consistent with concussions and when it is safe for your return to sport participation. Concussion can and will affect your ability to perform everyday activities, your reaction time, balance, sleep, and classroom performance.
- ◆ **Take Time to Recover**— If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your entire life.

STATEMENT OF UNDERSTANDING

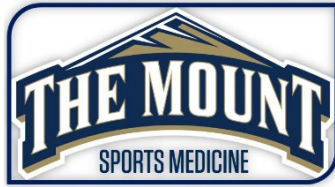
I, _____, hereby acknowledge and declare that:

- ◆ It is my responsibility to report ALL injuries to an athletic trainer, coach, or team physician.
- ◆ I understand a concussion is caused by a bump, blow, jolt to the head, or the head hitting another surface.
- ◆ I will NOT return to physical activity if I have received a blow to the head or feel symptoms of a concussion.
- ◆ I am aware that concussions can alter normal brain functions.
- ◆ I understand that some symptoms of a concussion may occur immediately, while others may occur hours, days, or even weeks later.
- ◆ I will not hide any signs or symptoms associated with concussions.
- ◆ It is my responsibility to report to an athletic trainer, coach, or team physician if a teammate is experiencing symptoms of a concussion.

Signed: _____

Date: _____

(Please complete and return to Sports Medicine and KEEP the fact sheet)



CONCUSSION MANAGEMENT TEAM

The Concussion Management Team consists of the Team Physician, Staff Athletic Trainers, Assistant AD for Academics and SA Support, Faculty Athletic Representative, Learning Specialist and Associate Provost. This team will annually review best practices and the protocol to ensure all facets of sports related concussion assessment and management are being implemented with the latest scientific information. The comprehensive review will include but not be limited to:

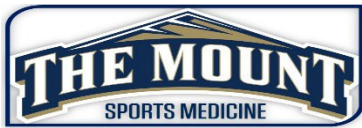
- a. Pre-Participation History review specifically for concussion history
- b. Baseline Testing, Neurocognitive and Proprioceptive
- c. Components of Concussion evaluation
- d. Immediate Removal from athletic participation both practice and game
- e. Referral time lines, immediate and eventual
- f. Return to full competition and academics step progression

As a member of the Concussion Management Team for Mount St. Mary's University, I understand the Concussion Protocol and the integral role I have in evaluation and management of the student-athlete with a suspected concussion. By signing this document, I acknowledge the concussion protocol and adhere to the protocol.

Print Name

Date

Signature



Academic Accommodations Following Sports Related Concussion

Date: _____

Patient Name: _____

Sports: _____

Student athletes recovering from concussions (Mild Traumatic Brain Injuries) often exhibit cognitive symptoms that make attending classes and learning difficult. They may not be able to engage in scholarly activities. They often have light and noise sensitivity, headache, difficulty focusing, concentrating and remembering. The accommodations listed below often aid in reducing symptoms. Compliance with these accommodations assist in creating an environment conducive for the brain to recover. These student athletes often do not appear injured, but they are.

The Student Athlete is currently experiencing the following symptoms associated with a concussive injury.

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Visual problems | <input type="checkbox"/> Sensitivity to Noise | <input type="checkbox"/> Memory Difficulties |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Balance Difficulties | <input type="checkbox"/> Sensitivity to Light | <input type="checkbox"/> Concentration Difficulties |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Feeling Foggy | <input type="checkbox"/> Irritability | <input type="checkbox"/> Fatigue |

Class Attendance:

- NO attendance 2-3 days
- Attendance as Tolerated
- Full attendance, No restrictions

Visual Stimulus:

- Allow Student to wear sunglasses
- Limit Computer, TV, Bright screen use
- Allow use of pre-printed class notes

Testing:

- Postpone Exams / Papers / Quizzes
- Allow Scribe / Oral responses
- No more than one test per day
- Additional time to complete Exams / Quizzes

Workload / Multi-Tasking:

- Listening Only, No note taking
- Provide more time to complete assignments

Additional Comments: _____

We will continue to update the student athlete’s progress and recovery. We appreciate your support with assisting the student athlete’s recovery. If you have any question or concerns, please feel free to contact us.

Sports Medicine
Kris Bernardo
301 – 447 – 5386

Amber Barnhart
Learning Specialist
301 – 447 – 5756

| | Athletic Training | Strength & Conditioning | Academics | |
|--------|---|---|---|---|
| Step 1 | Symptom Evaluation Spin Bike 15min / 60% Max HR Must remain Symptom Free | <u>Foam Roll</u> Horizontal Back 20sec R / L Glute 20sec R / L Hamstring 20sec R / L Quad 20sec R / L Calf 20sec Must remain Symptom Free | <u>Band Stretching</u> R / L IT Band 20 sec R / L Adductors 20 sec R / L Quad 20 sec R / L Hamstring 20 sec | Incorporate 1-2 study hours Must remain Symptom Free |
| Step 2 | Symptom Evaluation Spin Bike 15min / 70% Max HR Must remain Symptom Free | <u>Non-Altitude (Single joint) Lift</u> Bench Press 1x6 @ 60% & 70% max Leg Press 1x6 @ 3/4 & 5/6 RPE DB Shoulder Press 1x6 @ 3/4 & 5/6 RPE Leg Curl 1x6 @ 3/4 & 5/6 RPE Planks 2x30sec Must remain Symptom Free | | Incorporate 2-4 study hours May try attending 1-2 classes Must be Symptom Free |
| Step 3 | Symptom Evaluation Treadmill 15min / 70% Max HR Sport Specific Exercise w/o head impact Must remain Symptom Free | <u>Altitude (Olympic) Lift</u> Power Clean 1x3 @ 55%, 2x3 @ 65% Back Squat 1x6 @ 55%, 2x3 @ 65% Pull Ups 3xMax Push Ups 3xMax DB Lunges 1x6 @ 3/4, 2x6 @ 5/6 RPE Medicine Ball Rotational Throw 3x10 12lbs Must remain Symptom Free | | Resume all class attendance Resume all study habits Must remain Symptom Free |
| Step 4 | Symptom Evaluation Non-Contact Practice | Full return to ALL Strength & Conditioning activities | Full return to All academic pursuits | |
| Step 5 | Full-Contact Practice | Continue All Strength & Conditioning activities | Continue All academic pursuits | |
| Step 6 | Final Clearance – Full Unrestricted Athletic, Strength & Conditioning, and Academic Participation | | | |

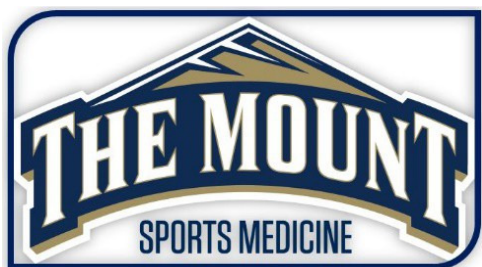
RPE Chart

Rate of Perceived Exertion

Training Zone

% MHR

| | | | | |
|---|------------|---|---|----------------|
|  | 10 | Max Effort Activity Feels almost impossible to keep going. Completely out of breathe, unable to talk. | Zone 6 Neuromuscular / Power | 94-100% |
|  | 9 | Very Hard Activity Very difficult to maintain exercise intensity. Can barely breath and speak a single word. | Zone 5 VO2max / Speed | 89-94% |
|  | 7-8 | Vigorous Activity On the verge of becoming uncomfortable. Short of breath, can speak a sentence. | Zone 4 Anaerobic / Threshold | 82-89% |
|  | 4-6 | Moderate Activity Feels like you can exercise for hours. Breathing heavily, can hold short conversation. | Zone 3 Stamina / Tempo | 75-82% |
|  | 2-3 | Light Activity Feels like you can maintain for hours. Easy to breathe and carry a conversation. | Zone 2 Endurance / Aerobic | 65-75% |
|  | 1 | Very Light Activity Anything other than sleeping. watching TV, riding in a car, etc. | Zone 1 Recovery / Basic Endurance | 60-65% |



ADHD/ADD Medical Requirements

As part of a NCAA member institution, students are subject to random drug testing. Various Attention Deficit Hyperactivity Disorder (ADHD) medications are on the NCAA banned substance list and the student athlete may test positive due to their prescribed medication. New regulations were passed regarding student-athlete ADHD documentation as of August 2009. These new regulations will provide complete information to the Committee on Competitive Safeguards and Medical Aspects of Sport (CSMAS), which reviews the medical exception requests to positive drug tests for stimulant medications.

In order to receive medical exception for the use of the prescribed medication on the NCAA banned substance list, the student-athlete must provide the sports medicine staff documentation from the prescribing physician. The documents should contain a minimum of the following information to help ensure that ADHD has been diagnosed and is being managed appropriately (Please See Attached *NCAA Medical Exception Documentation Reporting Form to Support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and Treatment with Banned Stimulant Medication*):

- a. Description of the evaluation process which identifies the assessment tools and procedures.
- b. Statement of the Diagnosis, including when it was confirmed.
- c. History of ADHD treatment (previous/ongoing).
- d. Statement that a non-banned ADHD alternative has been **considered** if a stimulant is currently prescribed.
- e. Statement regarding follow-up and monitoring visits.