

Athletic Training Policies and Procedures

The following policies have been established by the Athletic Training Staff. They are a necessity for the correct functioning and understanding of the relationship that exists with the Athletic Training Staff and the athletic teams. Our policies and procedures follow the NCAA guidelines. Any information not covered in our policy is covered in the annual NCAA guidelines manual.

Included are policies on:

1. Preparticipation medical exams/physicals
2. Clearance for activity
3. Equipment usage
4. Planning and Supervision – game and practice coverage
5. Health/Accident Insurance
6. Acceptance of Risk/Liability
8. Equitable Medical Care
9. Facilities
10. Athletic Training Room Procedures
11. Medical Kits
12. Blood Borne Pathogens
13. Lightning Safety
14. Heat Standards
15. Emergency Care
16. NCAA Banned Substances

Section 1:

PREPARTICIPATION MEDICAL EXAM / PHYSICALS

Before student-athletes accept the rigors of any organized sport, their health will be evaluated by qualified medical personnel. Such an examination will determine whether the student-athletes are medically cleared to engage in a particular sport.

All physicals will be given in the Athletic Training Room, located in the JMAC, by the Athletic Training Staff and Team Physicians. All athletes are to wear shorts and should be prepared to be tested for strength levels.

Absolutely no one is to participate, drill, run and/or exercise with the team until he/she has passed a New Jersey City University physical. If the student-athlete does not complete or pass the physical they may observe practices only.

If a student-athlete has been seen by another physician within the previous year for an injury or illness, the student-athlete needs to present a note to clear the athlete for participation. This is in addition to our physical.

Once they pass the physical, a card will be issued to the student-athlete for the coaches' records. This card signifies that the athlete is medically cleared to participate in intercollegiate activities. This card, signed by the team physician and/or Head Athletic Trainer, must be on file prior to

any practice, workout, or drills. An additional list of cleared athletes will be given to the equipment manager. It is recommended that equipment be distributed only to cleared athletes.

Approximate Physical Schedule:

- Fall: First Dates – Late July and Early August
Makeups need to be scheduled with the Head Athletic Trainer.
- Spring: First Dates – Early August and Mid August
Makeups need to be scheduled with the Head Athletic Trainer.
- Winter: First Dates – Mid August and Late August
Makeups need to be scheduled with the Head Athletic Trainer.

In the event that an athlete misses the physical date assigned, the student-athlete may be able to get a physical during the weekly clinic. The student-athlete must make an appointment with the Athletic Training Staff for this arrangement to be made.

A coach cannot make an appointment for their student-athlete. The student-athlete needs to talk with the Athletic Training Staff personally.

1A. Second Sport Athletes / Non-traditional to Traditional Season Physicals:

A preparticipation physical needs to be completed and passed first. Then as the student-athlete moves to a second sport or into their traditional season, they are required to fill out a health questionnaire before they participate in their second sport or traditional season. This health questionnaire is filled out in the Athletic Training Room.

For the student-athlete who participated in a second or third intercollegiate sport during the same academic year or student-athletes going from a non-traditional to a traditional season in one academic year, the following physical examination policy is followed:

1. If a student-athlete is not injured during the previous sport season, within the same academic year, then that student-athlete is required only to report to the Head Athletic Trainer's Office for an assessment and clearance. This is to update the student-athlete's medical records and to insure proper medical insurance coverage. If cleared, a new medical release card will then be issued to the participant for the coach's records. As previously mentioned, this card must be on file prior to any practice, workout, or drills.
2. The student-athlete who has been injured during the previous sport season, whether this injury was from athletics or non-athletic injury/illness, within the same academic year, shall be required to have the injury re-examined by the New Jersey City University team physician. The examination of the injury will be conducted during the hours of the weekly clinic. An appointment must be made 24 hours prior to the clinic date. If cleared, a new medical release card will then be issued to the participant for the coach's records. As previously mentioned, this card must be on file prior to any practice, workout, or drills.

Section 2:

CLEARANCE FOR ACTIVITY:

The State Attorney General has ruled that clearance to participate in athletics is wholly the responsibility of the physician that is retained by state funds, i.e., team physician. The team physician of New Jersey City University and the Athletic Training Staff has the final say if a student-athlete is cleared to participate. Therefore, when a student-athlete is injured or sick the student-athlete must be seen by the athletic trainer and/or team physician before the student-athlete can return to participation.

1. All student-athletes participating in athletic department sponsored teams must be cleared by the team physician, via the athletic physical.
2. The student-athlete is always required to see and be released by the team physician, or his/her designee, after an injury and/or sickness.
3. Further, if the student-athlete wishes a second opinion, which is his/her right, IT **MUST BE CLEARED THROUGH THE ATHLETIC TRAINER PRIOR TO GOING. FINAL PARTICIPATION MUST STILL BE CLEARED THROUGH OUR TEAM PHYSICIAN.** After the evaluation, a form from the treating physician; either (a) allows the student-athlete to participate; (b) recommend therapy and/or participation restrictions; (c) releases the student-athlete to the team physician; must be presented to the Head Athletic Trainer before participation can begin. This form is required to go to the Head Athletic Trainer and not the coach.

In addition, by not abiding by these rules the student-athlete may forfeit insurance coverage and/or further participation in that sport.

****Verbal releases will not be accepted****

“The team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to injury, illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the team physician or that physician’s designated representative.”(NCAA, 2002)

Section 3:

EQUIPMENT USAGE

All coaches are responsible to provide the proper protective equipment required for their sport. This includes mouthpieces, helmets, pads etc. The NCAA has rules regarding what equipment is mandatory and what equipment is restricted. (pages 74-90, NCAA Sports Medicine Handbook)

If coaches have any questions regarding equipment please feel free to contact the Athletic Training Staff at any time.

A NOCSAE clearance form is filled out by every student-athlete that wears a helmet, at their physical.

We strongly suggest that our athletic training staff assist in proper fitting of equipment. We will assist the coaching staff in assessing equipment that becomes unsafe or illegal.

Section 4:
GAME AND PRACTICE COVERAGE
Planning/Supervision

These lists represent the ideal order of coverage for teams in their respective season:

Practices:

Within the limitations of our staff, we will make every effort to have all practices covered by appropriately trained individuals. We will also make every effort to have a qualified individual within a reasonable distance of all teams and practices.

Due to the potential for severe and/or fatal injuries the following teams are given priority in their respective order for their respective season: (based on NCAA injury tracking systems)

Fall:

1. Men's Soccer
2. Women's Soccer
3. Women's Volleyball
4. Cross Country
5. Baseball (Non-traditional season)
6. Softball (Non-traditional season)
7. Men's Volleyball (Non-traditional season)
8. Bowling

Winter:

1. Men's & Women's Basketball
2. Men's Volleyball
3. Men's & Women's Indoor Track
4. Bowling

Spring:

1. Baseball
2. Softball
3. Men's & Women's Outdoor Track and Field
4. Men's Soccer (Non-traditional season)
5. Women's Soccer (Non-traditional season)
6. Women's Volleyball (Non-traditional season)
7. Bowling

Water and ice will be provided for all **known** practices. The athletic training staff will expect a preseason, in season, and game schedule for all sports at least six (3) weeks prior to the start of any one particular season.

As a common courtesy, coaches are reminded that if we don't know about a practice we cannot provide coverage. We require 24 hour notice for a change in practice schedule. This allows our staff time to provide coverage.

It is recommended by the NCAA that all coaches have Basic First Aid and CPR.

Game:

All HOME events will have qualified personnel available. Provided will be: water, ice, and pre/post game coverage, by a Certified Athletic Trainer.

The athletic training room will be opened one hour prior to each game.

Away events will be covered depending on the availability of the Certified Athletic Training Staff as determined for each event individually.

All non-traditional sports having games will not be covered by the Athletic Training Staff on away trips. (FA/CPR – coach)

Non-traditional sports with home games will have coverage by Certified Athletic Trainers if possible. The type of coverage will depend on the availability of staff.

All sports having Athletic Training coverage for away events, will supply the Athletic Trainer with meal money and ,when necessary, appropriate accommodations. In the event that a problem does arise with away game coverage, the host team Athletic Trainer will be contacted and arrangements will be made for complete medical coverage.

Reminder: In the event that an injury occurs and a decision needs to be made as to the playability of a student-athlete, the final decision is to be made by the Certified Athletic Trainer whether home or away. (Per NJAC Conference Rule)

In addition, the NCAA's guidelines "...clearance for that individual to return to activity is solely the responsibility of the team physician or that physician's designated representative."

Section 5: HEALTH INSURANCE

Each student-athlete should be covered by individual, parental or institutional medical insurance to defray the costs of significant injury or illness. (NCAA)

The athletic department has purchased an Athletic Accident Policy on a full excess basis. All incurred bills due to a covered medical expense must first be paid by any other valid and collectible medical insurance. This would include private accident and health coverage, including union plans, HMO policies, Blue Cross/Blue Shield, or group policies through your employer, etc. If there are balances due after payment has been made by your insurance carrier, you would then submit your insurance company's explanation of benefits (EOB) statements, and the corresponding billings to the Athletic Training Office for benefit consideration on the outstanding balance due portion of the bills. If the injured player's medical bills exceed \$50,000 policy limits, then the NCAA Catastrophic Plan takes effect up to \$10,000,000 for long term catastrophic injury.

Coverage under this policy provides payment of usual and customary medical bills due to a "covered accident" resulting from athletic participation incurred during a scheduled game or practice.

Coverage is limited to bills incurred within two years of the date of accident.

This institution and the athletic department will not be responsible for payment of any medical bills if the correct procedures are not followed. Any questions about a claim should be referred to the Athletic Training Staff immediately.

Section 6: PRESEASON PREPARATION

The student-athlete should be protected from premature exposure to the full rigors of sports. Preseason conditioning should provide the student-athlete with optimal readiness by the first practice. (NCAA)

If any coach wants our department to put together a preseason conditioning program, we are more than happy to accommodate them. We will need at least a two week notice to get the program together. The program will be specific to the sport and your needs for the team.

Section 7: ACCEPTANCE OF RISK & LIABILITY

Participation in intercollegiate athletics involves unavoidable exposure to an inherent risk of injury. However, student-athletes rightfully assume that those who sponsor intercollegiate athletics have taken reasonable precautions to minimize the risks of injury from athletics participation. In an effort to do so, the NCAA collects injury data in intercollegiate sports. When appropriate, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports makes recommendations to modify safety guidelines, equipment standards, or a sport's rules of play.

It is important to recognize that rule books, safety guidelines, and equipment standards, while helpful means of promoting safe athletics participation, are themselves insufficient to accomplish this goal. To effectively minimize the risks of injury from athletics participation, everyone

involved in intercollegiate athletics must understand and respect the intent and objectives of applicable rules, guidelines, and standards.

The institution, through its athletics director, is responsible for establishing a safe environment for its student-athletes to participate in its intercollegiate athletics programs.

Coaches should appropriately warn student-athletes about the sport's inherent risks of injury and instruct them how to minimize such risks while participating in games, practices, and training.

The team physician and athletic health care team should assume responsibility for developing an appropriate injury prevention program and providing quality sports medicine care to injured student-athletes.

Student-athletes should fully understand and comply with the rules and standards of play that govern their sports as well as follow established procedures to minimize their risk of injury.

In summary, all persons participating in, or associated with, an institution's intercollegiate athletics program share responsibility for taking steps to effectively reduce the risk of injury during intercollegiate athletic competition.

At New Jersey City University, all student-athletes read and sign the school's assumption of risk form.

Section 8: EQUITABLE MEDICAL CARE

The availability and accessibility to medical resources are based on established medical guidelines provided by the Appropriate Medical Coverage of Intercollegiate Athletics task force.

The recommendations and guidelines for how New Jersey City University provides medical coverage is based on the guidelines presented by the Appropriate Medical Coverage of Intercollegiate Athletics task force. These recommendations and guidelines were published in March of 2000. The task force based their information on relative injury risk and health care demands for each intercollegiate sport. The task force reviewed current literature and compiled all relevant injury rate data available. Where scientific data was not available, recommendations have been based on non-peer reviewed injury tracking data, other relevant data and consensus opinion of task force members based on professional expertise.

Our Athletic Department determines, by using these recommendations, what order or priority the athletic teams have coverage. (See section 4 planning and supervision)

Section 9: FACILITIES:

Our facilities are modern and up to date. We offer our student-athletes the best in rehabilitation and conditioning equipment. We have, but are not limited to, muscle stimulation, Ultrasound,

KinCom, and ColdFlo Sequential Compression. We have treadmills, stationary bicycles, stairmasters, and elliptical machines. Also included are full nautilus equipment and free weights. We have two Athletic Training Rooms on campus. One serves as our main rehabilitation room and taping facility for our indoor sports and the other serves as a taping room at the Gerrity Complex for our outdoor sports.

Athletic Training Room: Located in the John J. Moore Athletic and Fitness Center
Hours of Operation: Mon 11:00-End of Indoor Practices
Tues 11:00-End of Indoor Practices
Wed 11:00-End of Indoor Practices
Thurs 11:00-End of Indoor Practices
Fri 11:00-End of Indoor Practices

Every week a schedule of the hours of operation are posted on the doors of the Athletic Training Room as well as given to all of the in season coaches for any changes due to the schedules of the teams.

Thomas M. Gerrity Complex

Taping Room: Located at the Sports Complex on Rt. 440
Hours of Operation: Open at least one hour prior to athletic events and closes at the conclusion of intercollegiate athletic events

National Athletic Trainers' Association BOC Certified / New Jersey Licensed Athletic Trainers are available at all our home intercollegiate athletic events.

**Section 10:
ATHLETIC TRAINING ROOM PROCEDURES:**

Athletic Training rules and procedures are formulated to serve all student-athletes in the best possible manner and to allow them to receive the best care available. We encourage you to ask questions so that you have a clear understanding of the important role the athletic training staff has in your athletic career at NJCU.

1. We strongly recommend that student-athletes wishing to be taped or who have asked to be provided with prophylactic support, come into the Athletic Training Room and complete the therapy and/or exercises prescribed.
2. All student-athletes will be required to perform therapeutic exercises as prescribed by the team physician and/or recommended by the Athletic Training Staff.
3. With due respect to confidentiality, the Athletic Training Staff will make medical decisions in concert with the student-athlete. The head coach will be made aware of these medical conditions only after this discussion takes place with the student-athlete.
4. No treatments except, first aid, will be performed in the taping rooms. All therapy is to be performed in the Athletic Training Room. (See hours listed in Section 9)

5. Evaluations are done in the Athletic Training Room. The student-athlete should get in during those scheduled hours so that a thorough examination can be made. **Five minutes before practice is not the time or place for a full exam.** Of course any student-athlete who is injured at practice or a game will be fully examined at that time.
6. Appointments are necessary in the Athletic Training Room for the student-athletes to attain proper evaluation and rehabilitation.
7. NO student-athlete is to take any equipment or supplies from either of the two Athletic Training Rooms without authorization from the Athletic Training Staff. No student-athletes are to perform therapy without proper supervision by the Athletic Training Staff.
8. In the event that the student-athlete is injured and does not report the injury to the Athletic Trainer in charge, and then seeks outside medical attention, that injury must be justified as an athletic injury in writing by a witness.
 - This clause is to avoid the problem of student-athletes getting injured in extra-curricular activities and claiming athletic injury, thus increasing insurance payments and premiums.
9. While in the Athletic Training Room, the Athletic Training Staff is responsible for all procedures. No student-athlete will tell anyone from the Athletic Training Staff how to operate or perform procedures. No student-athlete or coach will be allowed access to any equipment, such as kits and/or coolers without permission from the Athletic Training Staff.
10. No student-athlete is to be denied water during practice or games. **It is strongly recommended at least one water break per hour will be allowed for all athletes.** There will be times when more frequent water breaks are recommended, this will depend upon the relative humidity and temperature.
11. The Athletic Training Staff will assist you and your team in any way it can to ensure proper health care for your student-athletes. We believe in and encourage a common sense approach to practices and training. We highly recommend that practices extend no longer than two hours.
12. Any student-athlete desiring to lose weight should have a body fat composition test administered by the Athletic Training Staff. This will determine, scientifically, the lowest weight that the individual should attain. We also supply information on weight loss programs.
13. With respect to hygiene and safety concerns, all student-athletes must shower prior to treatment. No athletic equipment may be brought into the Athletic Training Room.

REPORTING OF INJURIES

We are very committed to the well-being and overall care our student-athletes receive particularly when it comes to injury recognition and assessment. We are very committed to providing the best possible support to our teams at all times. On occasion your teams travel

without the benefit of an Athletic Trainer. In these cases reporting of injuries to the Athletic Training Staff is very important.

Injuries that occur, when there are no Certified Athletic Trainers present, should be reported as soon as possible after the episode to the Athletic Training Staff. The Athletic Training Staff have cell phones for your convenience. If an athlete advises you that they will visit his or her personal physician, it is the responsibility of the coach and the student-athlete to notify the Athletic Training Staff.

(See flow chart in Section 13 for step by step procedures)

Section 11:

MEDICAL KITS:

All teams are given a fully stocked medical kit at the beginning of their season. Each team is responsible for their medical kit for the entire season. It is each team's responsibility to make sure the medical kit is stocked before an away contest. The medical kit must be brought to the Athletic Training Staff for it to be restocked.

In addition to the medical kit, a note and/or phone call will be made for the other team's Athletic Training Staff. This is necessary for their Athletic Training Staff to perform any treatments or taping on our student-athletes.

If a team should lose their medical kit, a replacement fee will be charged to that specific team.

The medical kits are to be returned immediately at the end of the season.

Section 12:

BLOOD-BORNE PATHOGENS:

All Athletic Trainers, coaches, and student-athletes have the chance to be exposed to infectious materials. With education and proper precautions we all can protect ourselves.

The federal government approved a Blood-Borne Pathogen act to further protect the well being and health of employees. This act is part of the Occupational Safety and Health Act (OSHA). OSHA's rules apply to all persons occupationally exposed to blood or other potentially infectious materials.

New Jersey City University has adopted the philosophy of Universal Precautions.

Universal Precautions:

The Center of Disease Control has developed the strategy of "universal blood and body fluid precautions" to address concerns regarding transmission of HIV in the health-care setting. The concept now referred to simply as "universal precautions" stresses that all sources should be assumed to be infectious for HIV and other blood-borne pathogens. (This by definition includes

the laundry setting) “Universal precautions” should be followed when exposed to blood, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen and vaginal secretions, or any body fluid visibly contaminated with blood. Since HIV and HBV transmission has not been documented from exposure to other body fluids (feces, nasal secretions, sputum, sweat, tears, urine, and vomitus), “universal precautions” do not apply to these fluids.

Listed below are some guidelines in the Blood Borne Pathogens Exposure Control Plan. For a complete guidelines contact the Athletic Training Room.

1. When needles are found, the needle shall not be bent, recapped, removed, broken, or sheared but shall immediately be disposed of in a Sharps container.
2. Eating, drinking, smoking, applying cosmetics or lip balm, handling of contact lenses, and the storage of food or drink is prohibited in all areas where blood or other potentially infectious materials are likely to be present.
3. Soiled textiles should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the textiles.
4. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
5. Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
6. Appropriate personal equipment (PPE) will be provided to employees exposed to infectious materials. PPE includes, but is not limited to, gloves, gowns, laboratory coats, face shield, or mask, and goggles.
7. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
8. Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other potentially infectious materials.

Laundry:

1. Contaminated laundry should be handled as little as possible with a minimum agitation to prevent gross microbial contamination of the air and of persons handling the laundry.
2. Contaminated laundry should be bagged at the location where it is used.
3. Contaminated laundry should not be sorted or rinsed in patient-care areas.
4. Contaminated laundry should be placed in bags that prevent leakage and are properly labeled or color coded.

5. If hot water is used, contaminated laundry should be washed with detergent in water at least 71C (160 F) for 25 minutes. If low temperatures (<70 C (158 F)) laundry cycles are used, chemicals suitable for low temperature washing at proper use concentration should be used.

All employees have the ability to receive Hepatitis B vaccinations. It is recommended to receive this vaccination. For more information about this see the Athletic Training Staff.

Section 13: LIGHTNING POLICY:

Lightning is the most consistent and significant weather hazard that may affect intercollegiate athletics. While the probability of being struck by lightning is extremely low, the odds are significantly greater when a storm is in the area and the proper safety precautions are not followed.

Prevention and education are the keys to lightning safety. Education begins with background information on lightning. Prevention should begin long before any intercollegiate athletics event or practice. The following steps are recommended by the NCAA and National Severe Storms Laboratory (NSSL) to mitigate the lightning hazard.

The Athletic Training Staff obtains a weather report every day before practices and games.

The flash-to-bang method is the easiest and most convenient way to estimate how far away lightning is occurring. Thunder always accompanies lightning, even though audible range can be diminished due to background noise in the immediate environment, and its distance from the observer. To use the flash-to-bang method, count the seconds from the time lightning is sighted to when the clap of thunder is heard. Divide this number by 5 to obtain how far away (in miles) the lightning is occurring. For example, if an individual counts 15 seconds between seeing the flash and hearing the bang, 15 divided by five equals three; therefore the lightning flash is approximately three miles away.

The 30-30 Rule:

Criteria for suspension of activities – By the time the flash-to-bang count approaches 30 seconds, all individuals should already be inside a safe shelter.

Criteria for resumption of activities – Wait at least 30 minutes after the last sound (thunder) or observation of lightning before leaving the safe shelter to resume activities.

Know where the closest “safe structure or location” is to our field or playing area.

- Main Campus: John J. Moore Athletic and Fitness Center
- Gerrity Complex: Locker Rooms

New Jersey City University's Chain of Command: New Jersey City University Athletic Training Staff will notify coaches and student-athletes of unsafe conditions.

The following is specific lightning-safety guidelines developed with the assistance of the NSSL.

1. As a minimum, NSSL staff strongly recommends that by the time the monitor obtains a flash-to-bang count of 30 seconds, all individuals should have left the athletics site and reached a safe structure or location. Athletics events may need to be terminated.
2. The existence of blue sky and the absence of rain are not protection from lightning. Lightning can, and does, strike as far as 10 miles away from the rain shaft. **It does not have to be raining for lightning to strike.**
3. If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees or a dry ditch. Assume a crouched position on the ground with only the balls of your feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground, because lightning current often enters a victim through the ground rather than by a direct overhead strike.
MINIMIZE YOUR BODY'S CONTACT SURFACE AREA, AND MINIMIZE CONTACT WITH THE GROUND! DO NOT LIE FLAT! If unable to reach a safe shelter, stay away from the tallest trees or objects (such as light poles, flag poles), metal objects (such as bleachers or fences), individual trees, standing pools of water, and open fields. Avoid being the highest object in a field. Do not take shelter under a single, tall tree.
4. A person who feels his or her hair stand on end or skin tingle should immediately crouch, as described in item 3.
5. Avoid using the telephone, except in emergency situations. People have been struck by lightning while using a land-line telephone. A cellular phone or a portable remote phone is a safe alternative to land-line phones, if the person and antenna are located within a safe structure or location, and if all other precautions are followed.
6. When considering resumption of an athletics activity, NSSL staff recommends that everyone should ideally wait at least 30 minutes after the last flash of lightning or sound of thunder before returning to the field or activity.
7. People who have been struck by lightning do not carry an electrical charge. Therefore, cardiopulmonary resuscitation (CPR) is safe for the responder. If possible, an injured person should be moved to a safer location before starting CPR. Lightning strike victims who show signs of cardiac or respiratory arrest need emergency help quickly. Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes.

(Adapted from NCAA guidelines manual and NATA recommendations)

Section 14:
HEAT STANDARDS CHART:

Dry Bulb Temp: _____ Wet Bulb Temp: _____ Relative Humidity: _____

$(.1 \times \text{DBT}) + (.7 \times \text{WBT}) + (\text{GT} \times .2) = (\text{WBGT})$ _____

Universal WBGT Index for Outdoor Activities as determined by the NCAA, NFL, and High School Athletic Association

<u>Range</u>	<u>Signal Flag</u>	<u>Activity Level</u>
82-84.9	Green	Full go, stay alert for possible increase in index.
85-87.9	Yellow	Active practice modifications made in equipment and/or practice intensity. Pay special attention to unacclimated athletes.
88-89.9	Red	Extremely high risk, break every 10-15 minutes for water. Keep close eye on acclimated athletes. Unacclimated (out of shape) athletes can NOT practice.
90+		No outdoor practice or training for any athlete. Team meetings or practice/training in temperature controlled venue (ie. gym) conducted, if anything.

These conditions will be monitored by the Certified Athletic Trainer providing coverage for the practice or game. Final decision is made by the Certified Athletic Trainer providing coverage for the practice or game.

Section 15:
EMERGENCY CARE:

Reasonable attention to all possible preventive measures will not eliminate sports injuries. Each scheduled practice or contest of an institution-sponsored intercollegiate athletics event, as well as all out-of-season practices and skills sessions, should include an emergency plan. Like student-athletes welfare in general, a plan is a shared responsibility of the athletics department; administrators, coaches and medical personnel should all play a role in the establishment of the plan, procurement of resources and understanding of appropriate emergency response procedures by all parties.

Components of such a plan should include:

1. Presence of a qualified person to render emergency care.
2. Planned access to a physician for prompt medical evaluation, when warranted.

3. Planned access to a medical facility, including communication and transportation plan between the site and medical facility, when warranted. Access to a telephone should be assured.
4. All necessary emergency equipment should be at the site or quickly accessible. Equipment needs to be in proper operating condition and personnel should be trained in its proper use. Emergency information about the student-athlete should be available both at home and on the road for use by medical personnel.
5. An understanding of the emergency care plan and procedures for all parties, i.e. visiting teams.
6. Certification in cardiopulmonary resuscitation techniques (CPR), first aid, and prevention of disease transmission (as outlined in OSHA guidelines) should be required for all athletics personnel associated with practices, competitions, skills instruction and strength and conditioning. New staff members in these activities should comply with these rules within six months of employment.

Guidelines to Use During a Serious On-Field Player Injury:

These guidelines have been recommended for National Football League officials and have been shared with NCAA championship staff:

1. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staff and all available emergency personnel should be established and maintained.
2. Players, parents and non-authorized personnel should be kept at a significant distance away from the seriously injured player or players.
3. Players or non-medical personnel should not touch, move or roll an injured player.
4. Players should not try to assist a teammate who is lying on the field (i.e. removing the helmet or chin strap, or attempting to assist breathing by elevating the waist).
5. Players should not pull an injured teammate or opponent from a pile-up.
6. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference.
7. Players and coaches should avoid dictating medical services to the Athletic Trainers or team physicians or taking up their time to perform such services.

(NCAA 2002-2003, pg. 17)

Section 16:**NCAA BANNED SUBSTANCES:**

NCAA has specific guidelines in place regarding banned substances and drug testing. These can all be found in the NCAA Sports Medicine Handbook 2005-2006 on pages 40-42. A complete list of the Banned Drug Classes are in Appendix D of the NCAA Sports Medicine Handbook 2005-2006 on pages 115-116.

At the beginning of each season every team is made aware of the Banned Drug Classes by the Head Athletic Trainer. A complete list is displayed in the Athletic Training Rooms, located in the JMAC and at the Gerrity Complex, and in the team locker rooms. If and when a team qualifies for a NCAA competition the list will be reviewed again along with the drug testing policies and procedures. Student-athletes and/or coaches are strongly encouraged to speak with the Athletic Training Staff before taking any supplements or medications to eliminate any complications in the future.

A complete list of the Banned Drug Classes is on the following page.

New Jersey City University Emergency Action Plans

Away Game without Certified Athletic Trainer

Injury Occurs

Emergency

Host Certified Athletic Trainer initiates emergency plan. Athlete and coach follows school's plan

Coach or designee goes with athlete for further medical attention

Call NJCU Athletic Trainer in office or cell phone

Non-Emergency

Coach begins RICE(Rest, Ice, Compression, Elevation) treatment

Notifies host Certified Athletic Trainer of injury for further evaluation

Host Certified Athletic Trainer determines playability of athlete

Call NJCU Athletic Trainer in office or cell

New Jersey City University Emergency Action Plans

Away Game with Certified Athletic Trainer

Injury Occurs

Emergency

Contact site Certified Athletic Trainer

Follow emergency procedures as per host school

Coach or designee goes with athlete to emergency room

Non-Emergency

Certified Athletic Trainer handles situation and seeks assistance, as needed, from site Certified Athletic Trainer

Certified Athletic Trainer has final say as to the athlete's ability to continue

New Jersey City University Emergency Action Plans

On-Site Traditional Practice without Athletic Training Services

Injury Occurs

Emergency

Coach should begin lifesaving procedures

Call 201-200-3128 for Public Safety

Continue lifesaving procedures until EMS arrives

Coach goes with athlete to emergency room

Call NJCU Athletic Trainer in office or cell phone

Non-Emergency

Coach should begin RICE (Rest, Ice, Compression, Elevation) treatment

Call NJCU Athletic Trainer in office or cell phone

New Jersey City University Emergency Action Plans

On-Site Traditional Practice with Athletic Training Services

Injury Occurs

Emergency

Certified Athletic Trainer begins lifesaving procedures

Call 201-200-3128 for Public Safety to activate EMS

Continue lifesaving procedures until EMS arrives

Certified Athletic Trainer goes with athlete to emergency room

Non-Emergency

Certified Athletic Trainer begins treatment protocol

New Jersey City University Emergency Action Plans

On-Site Non-Traditional Practice

Injury Occurs

Emergency

Coach begins lifesaving procedures

Call 201-200-3128 for Public Safety

Continue lifesaving procedures until further assistance arrives

Call NJCU Athletic Trainer in office or cell phone

Coach goes with athlete to emergency room

Non-Emergency

Coach begins RICE(Rest, Ice, Compression, Elevation) treatment

Call NJCU Athletic Trainer in office or cell phone

New Jersey City University Emergency Action Plans

Off-Site Practice – Traditional

Injury Occurs

Emergency

Certified Athletic Trainer or coach begins lifesaving procedures

Call 201-200-3128 for Public Safety

Continue lifesaving procedures until EMS arrives

Coach or Athletic Trainer goes with athlete to emergency room

Non-Emergency

With Certified Athletic Trainer

Certified Athletic Trainer begins treatment protocol

Call NJCU Athletic Trainer in office or cell phone

Without Certified Athletic Trainer

Coach begins RICE(Rest, Ice, Compression, Elevation) treatment

Ambulance Access to Athletic Facilities

For Gerrity Complex: Softball field, baseball field, and soccer field – meet at entrance to the fields (Certified Athletic Trainer has key to gate if locked). Instruct ambulance to appropriate location.

For John J. Moore Athletic and Fitness Center: Basketball, volleyball, and indoor track – meet at main lobby doors and direct to appropriate location.

Emergency Campus Phones

Gerrity Complex: Phone in Athletic Training Room and Certified Athletic Trainer has cell phone.

John J. Moore Athletic and Fitness Center: Phone at front desk and just outside of main doors of lobby. Certified Athletic Trainer has cell phone.

Emergency Phone Numbers

Public Safety -	201-200-3128
Athletic Training Room -	201-200-3163
Gerrity Complex Training Room -	201-413-9239
Jessica Springstead's Cell Phone -	973-632-4082
JMAC Front Desk -	201-200-2159