"No matter how educated, talented, rich, or cool you believe you are, how you treat people ultimately tells all. **INTEGRITY** is Everything."
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UNIVERSITY OF TEXAS at DALLAS
ATHLETIC TRAINING POLICIES & PROCEDURES

I. ATHLETIC TRAINING SERVICES MISSION STATEMENT

The University of Texas at Dallas Athletic Training staff is committed to providing personalized and comprehensive healthcare to the student-athlete. Our goal is to focus on the prevention of athletic injuries and illnesses. We strive to provide the highest possible healthcare as well as competence in areas such as injury evaluation, management, rehabilitation, and counseling. By adhering to the National Athletic Trainers’ Association’s (NATA) Code of Ethics, the Board of Certification’s (BOC) Standards of Practice, and Texas State Law regarding athletic trainers, the athletic training staff is committed to returning student-athletes to competition as soon as they are medically ready.

II. ATHLETIC TRAINING POLICIES

A. Athletic Training Room Hours & Rules For Student-Athletes

The following rules are in effect for the UTD athletic training room. Student-athletes should follow these rules so they can be served efficiently.

1. The athletic training room is first and foremost a healthcare facility and should be treated in such a manner. Only UTD student athletes and staff are permitted in the athletic training room.

2. The athletic training faculty/staff will make every effort to treat student-athletes on a first come first serve basis. At times, in-season sports may have priority. Please plan accordingly.

3. The hours of operation may change at any time due to team travel schedules, in-season practice/competition schedules or other events that may arise. Summer hours may vary. Please contact an athletic training staff member for specific summer hours.

4. Student-athletes are expected to report to treatments on time. Failure to comply with this can result in the athletic trainer refusing treatment.

5. Student-athletes must come dressed appropriately for their treatment or rehabilitation.
   • The athletic training room is not a place to dress and undress.
   • Please leave your shoes, bags, other clothing, etc. outside of the athletic training room in the spaces provided. DO NOT leave stuff on the floor or in front of the doorway.

6. Any student athlete with a new injury or illness must notify the athletic training staff immediately so that coaching staffs can be updated on the student athlete’s status. Staff athletic trainers will determine a specific report time based on daily practice times.

7. Student athletes are not permitted to treat themselves or dictate their own treatment. All treatments are at the discretion of a staff athletic trainer.

8. All return to play decisions will be made by a staff athletic trainer and/or the UTD affiliated physicians. Outside clearance from a physician or other medical provider will not be accepted.

9. DO NOT remove equipment or supplies from the athletic training room without the permission of a staff athletic trainer.

10. DO NOT use the athletic training room equipment or supplies without permission.
B. Pre-Participation Physical Exam

- Prior to participation on any University of Texas at Dallas athletic team or athletic department sponsored group, the student-athlete must have been examined and approved for activity by a UTD certified athletic trainer and a UTD affiliated physician.
- If a student-athlete is a minor, a parent or legal guardian must sign all required forms.
- A pre-participation physical exam is effective for one year.
- No outside physicals will be accepted. A UTD affiliated physician will conduct all physicals, and student-athletes will be made aware of the time/date for their team to receive this.
- An athlete may remain on the team roster without passing a pre-participation physical exam BUT s/he cannot participate in any team activities until the pre-participation physical exam is completed.
- Student-athletes will not be allowed to participate in any activities until all medical, insurance and required documentation is obtained and verified.

C. Medical Disqualifications

Conditions that disqualify a student-athlete from participation in UTD athletics are at the discretion of the team physician, supervising physician, director of athletics, and the head athletic trainer. Potential disqualifications may include, but are not limited to, incomplete rehabilitation of a previous injury, gross joint instability, systemic illness, pregnancy, or loss of a paired organ. In the event an athlete wishes to participate on a UTD athletic team, and has any of the above-mentioned conditions, he or she must have written permission from the UTD Team Physician and his/her supervising physician, providing medical clearance for activity and indicating all stipulations of his/her participation.

D. Tryouts

There are no tryouts for intercollegiate athletic teams. All students wishing to participate on a UTD intercollegiate athletic team must comply with the all procedures and medical requirements set forth by the athletic training staff. Failure to comply will result in the student not being allowed to participate in any team activities.
E. Athlete Medical Readiness
Decisions regarding an athlete’s medical readiness for participation will be the responsibility of the UTD Team Physician and UTD certified athletic trainers. Consultation with a student-athlete’s supervising physician (if other than a UTD physician) will also be used. In the absence of the UTD Team Physician, this decision becomes the responsibility of the assigned certified athletic trainer who serves under the direction of the team physician. A student-athlete’s private physician does not have jurisdiction regarding participation status of any UTD student-athlete. Any student-athlete that is evaluated by a physician other than the UTD Team Physician must return to the athletic training room to acquire final clearance for participation in UTD Intercollegiate Athletics. If a student-athlete is under the care of a personal/family physician for an injury or illness and the physician’s treatment precludes or alters activity in intercollegiate athletics, the student-athlete must provide, in writing, a release to reinstate the student-athlete to full participation. No student-athlete will be allowed to return to participation until the appropriate certified athletic trainer has received a release from the student-athlete’s personal physician, and has consulted with the UTD team physician. The UTD medical staff will make all final decisions regarding the treatment, rehabilitation and return to play of UTD student-athletes.

F. Medical Second Opinions
If student-athletes or their parents desire a second opinion regarding an injury/illness, the UTD athletic training faculty/staff can assist in making arrangements to see another physician. There is a vast network of health care professionals in the Dallas, Plano, and Fort Worth areas. All physician visits and subsequent testing are the financial responsibility of the student-athlete. Once again, the UTD team physician and/or certified athletic trainer will make the final decision regarding medical readiness for all UTD student-athletes.

G. Medical Referral Policy
The certified athletic trainers will carry out the orders as directed by the UTD Team Physician(s) and place all documentation in the student-athlete’s medical file. The physician’s orders are vital information that the certified athletic trainers may use to decide on student-athlete readiness and return to play. The athletic training staff and UTD physicians have final say on all return to play decisions.

Please note the following when deciding on whether a student-athlete needs to see a physician for an injury/illness:

1. All physician referrals must be pre-approved by a certified athletic trainer. If a coach feels a student-athlete needs to see a doctor, this must be discussed with the certified athletic trainer with that sport. In the event a team does not have a certified athletic trainer working directly with them, this referral can be discussed with any staff athletic trainer. No coach is to refer a student-athlete to any healthcare provider without approval from a staff athletic trainer unless it is an emergency situation.

2. Student-athletes with Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) insurance coverage must get pre-approval for services or procedures that will incur expenses (except for emergency treatment). The student-athlete’s parents should be notified if surgery or costly diagnostic procedures are necessary. It is the responsibility of the student-athlete to notify the athletic training staff of any change to their medical insurance status.

3. When the prescribed treatment is available in the athletic training room, the student-athlete should be treated under the supervision of the athletic training staff. Treatment at other medical facilities must have prior approval from a UTD certified athletic trainer.
4. Any miscellaneous medical expenses (i.e. braces, orthotics, medication, etc.) are the financial responsibility of the student-athlete.

H. Transportation of Athletes for Medical Care
- A full time UTD employee such as a coach, graduate assistant, police officer, or certified athletic trainer may transport the student-athlete if no other means is available.
- Severely injured/ill student-athletes should always be transported by ambulance.
- It will be the responsibility of the student-athletes to see that they have appropriate transportation for all doctor appointments, scheduled surgery and prescription pickup.
- While on the road traveling, an assistant coach or team manager may be required to travel with an athlete to the hospital so that the athletic trainer may remain with the team in the event of injury or illness.
I. Drug Testing Policy
The Athletic Department, NCAA, and the American Southwest Conference believe in the promotion of good physical health and safety of all student-athletes. As a consequence, the Athletic Department’s Substance Abuse and Education Program will consist of a twofold process: (1) student-athlete education, and (2) illegal drug and substance abuse testing done by the NCAA and the UTD Athletic Department. The purpose of the educational program is to assist student-athletes by ensuring that they are well informed about illegal drugs, dietary supplements, and the abuse of legal/illegal drugs. The education program attempts to promote a healthy student-athlete lifestyle, as well as, a fair competitive environment. The purpose of the drug and substance abuse testing program is to deter the use of illegal drugs, and discourage the abuse of legal drugs and dietary supplements by student-athletes. The screening program involves testing designed to identify those student-athletes who use any substance banned by the NCAA. Please refer to the UTD Athletic Department website for more information regarding this policy.

J. Medication Policy
- Only non-prescription, over-the-counter (OTC) medicines are stored in the UTD Athletic Training Room (ATR), and will be given out by a member of the Athletic Training Staff.
- Certified athletic trainers must approve the use of all OTC medications given to student-athletes and coaches.
- Any medication given out must be recorded in the medication log, along with the student-athlete’s/coach’s name and signature, date, sport, the dosage given, and reason for the medication.
- Under NO circumstances are certified athletic trainers to dispense prescription medication(s). Only team physicians are qualified to prescribe and dispense prescription medications.
- Under NO circumstances is the prescription medication prescribed to a student-athlete to be used by or given to another student-athlete.
- Books on drugs and supplements are in the athletic training room if you would like to look up more information about any OTC or prescription drug.
- The NCAA and the UTD Athletic Training Staff does not condone the use of dietary supplements by student-athletes because of the lack of regulation in the industry, and the possibility of them containing banned substances. If you have a question about a specific dietary supplement and what’s in it, please seek out a member of the Athletic Training staff, and he/she will help you with this.

K. Equipment Issue and Return
- Athletic training equipment such as neoprene sleeves, ankle braces, elastic wraps, etc. are given to those student-athletes/coaches with a medical need for the equipment.
- The release of equipment will be documented and signed by the student-athlete/coach in the equipment check-out box.
- Equipment should be returned when either it is no longer needed by the individual due to recovery, or at the end of the sport season (all equipment must be returned within 7 days of the sport season ending).
- The student-athlete may be subject to grades being flagged or fines if equipment is lost, or not turned in.
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1. Outside Medical Care and Financial Liability

The University of Texas at Dallas provides the best possible medical coverage for all student-athletes.

In the event of an athletic injury:

1. The athlete must report to a certified athletic trainer within 24 hours from the occurrence of an athletic injury. Athletic injuries may include, but are not limited to trauma to bone, joint, muscle, teeth etc.

2. All student-athletes are expected to report for daily treatment of injuries as directed by the certified athletic trainer. If requested, coaches can be provided an injury report identifying student-athletes that have received care and those student-athletes that have not reported for required treatment. Student-athletes who do not comply with the treatment plan prolong their condition and increase the likelihood of complications to their injury. It is the responsibility of the certified athletic trainer to discipline a student-athlete for non-compliance with treatment or rehabilitation. However, the certified athletic trainer may choose to remove a student-athlete from participation if said participation could cause further harm.

3. If an injury is significant enough to require medical referral:
   a. The UTD Athletic Training Staff will arrange all medical referrals. In the case of an emergency the athletic trainer will handle the required initial documentation.
   b. UTD athletes requiring any special services including, but not limited to: medication, MRI, braces, outside treatment, second opinion, or surgery must return to the athletic training faculty/staff to get a signed form for each special need. Coaches and student-athletes are not to make this decision. A UTD athletic trainer or physician must first approve additional diagnostic tests, medication, etc.
   c. All student-athletes under the care of a physician for an injury are expected to attend treatments and rehabilitation as prescribed. Failure of a student-athlete to comply with treatment or rehabilitation plans will be reported to the coach.
   d. Student-athletes are not to seek medical care on their own without prior notification by a UTD certified athletic trainer. Student-athletes must provide a detailed written report if they are evaluated by a doctor other than a designated UTD physician. The UTD team physician may also have to provide medical clearance before the student-athlete can return to sport activity. In the written report from a non-UTD physician, orders/directions regarding any follow-up care must be provided.

4. Non-athletic related injuries:

Student-athletes will be referred to a physician or the UTD student health service if an injury/illness is not athletically related. Student-athletes should provide the athletic trainer with documentation on diagnosis and plan of treatment. This will be required before a certified athletic trainer initiates any treatment or rehabilitation.

5. UTD graduates and former student-athletes:

Follow-up care of athletic injuries after an athlete graduates or discontinues participation must be approved and arranged by the Head Athletic Trainer.
III. UTD INTERCOLLEGIATE ATHLETICS MEDICAL INSURANCE POLICIES

A. Insurance and Athletic Injury Claims Process:

The UTD Intercollegiate Athletic Department does not provide secondary insurance/excess coverage to its student-athletes in the event of an athletically related injury. The financial responsibility for any athletically related injury or illness is to the student-athlete and his/her parents/guardians. In no way is UTD or the athletic department responsible for a student-athlete’s insurance coverage.

Therefore, the following guidelines will be kept with regards to student-athlete participation and the referral of athletically related injuries to a physician:

1. All student-athletes are required to show proof of family or personal health insurance on or before the administration of physical examinations each year to the head athletic trainer. This is an NCAA Division III requirement that each student-athlete is covered in some way with medical insurance.
   a. Failure to do so will result in the student-athlete not being allowed to participate in intercollegiate athletics at UTD.

2. This health insurance should cover athletically related injuries. It is the responsibility of the student-athlete and/or parents/guardians to check into this. UTD will not be financially responsible for a lack of insurance coverage for athletically related injuries on the part of a student-athlete, or a lapse of insurance coverage.
   a. PLEASE NOTE: The insurance coverage this is purchased through the institutional insurance program DOES NOT include injuries/illness as a result of athletic participation, and thus, will not be accepted.

3. Referrals:
   a. The UTD Athletic Training Department has access to a wide network of physicians and specialists in the Dallas-Fort Worth Metroplex. If a student-athlete would like to see a physician other than a UTD team physician this is allowable. However, in either instance it is the responsibility of the student-athlete and/or parents/guardians to ensure that the physician is in-network for their insurance (if required).
   b. Student-athletes are responsible for any co-pays required by their insurance plan at the time of service provided by a physician.

4. Student-athletes and their parents/guardians are responsible for the filing and payment of all insurance claims related to any athletic injury or illness suffered while playing intercollegiate athletics at UTD.

5. If you require assistance gaining insurance coverage, please contact a member of the athletic training staff.

IV. MEDICAL COVERAGE POLICIES

A. Medical Policy Statement

- Priority for medical coverage is based upon risk of injury, in-season vs. out-of-season and the availability of a UTD certified athletic trainer.
- It is necessary that attention be given to student-athletes of all sports whether they are out-of-season, pre-season, or in-season.
- Sports that are in-season have priority during all pre-practice preparation periods.

B. In-Season ATC Coverage

- The Head Athletic Trainer will assign a certified athletic trainer to volleyball, M/W soccer, M/W basketball, softball, baseball, M/W tennis, M/W cross-country, and M/W golf. The certified athletic trainer assigned to those teams will work with them primarily during their championship season.
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- Due to overlapping seasons, the certified athletic trainer(s) will finish fall sport responsibilities before beginning winter sport responsibilities, and winter sport responsibilities before spring sport responsibilities.
- Play-off and championship participation is also considered when determining medical coverage.
- In the event two sports are in-season at the same time the athletic training staff will make every attempt to meet the needs of each team for pre-practice preparation, treatments, rehabilitation, etc.
- Due to the nature of some sports, the risk of injury, team travel and the athletic training room schedules, it may occur that there is not an athletic trainer present to cover some practices. To assist in this process, all coaches will be trained in First-Aid, CPR, & AED use as per NCAA guidelines. Coaches will be responsible for obtaining their own water, water bottles and ice for their practices.

C. Out-of-Season, Non-Traditional, Non-Championship Season Athletic Training Coverage For Competitions/Practices

- It is the responsibility of the UTD head coach to provide non-traditional/non-championship season game and practice schedules as soon as possible.
- Practices – Due to sport coverage assignments, the nature of some sports, team travel and the risk of injury, during a team’s non-traditional or non-championship season, there may not be an athletic trainer available for practice coverage; if a team practices outside of the normal operating hours of the athletic training room there will not be an athletic trainer in attendance. To assist in this process, all coaches will be trained in First-Aid, CPR, & AED use as per NCAA guidelines. Every effort will be made to make sure that water and ice are available for these practices, and may require the assistance of the coaching staff to achieve this.
- Competitions –
  - The athletic training faculty/staff will make every effort to provide a certified athletic trainer for all on-campus UTD competitions.
  - In the event that a UTD certified athletic trainer is not able to provide medical coverage on campus, the athletic training faculty/staff will make every attempt to contract with a certified athletic trainer from a local sports medicine clinic in the surrounding area to cover the event. The cost of contracting a certified athletic trainer will be the responsibility of the individual sport. Typically, this cost begins at $30/hour.
  - Coaches must notify the Head Athletic Trainer a minimum two (2) weeks prior to any home competition or activity that they would like medical coverage. Failure to comply could result in that event not having appropriate medical coverage.

D. UTD Coaches’ Responsibility

- Communication is the single most important factor in the relationship between coaches and the athletic training faculty. Athletic trainers strive to keep coaches informed on the status of their student-athletes in a timely manner.
- The following information will be very helpful in providing expedient care for all student-athletes:
  1. A team roster in advance of the pre-participation physicals and first practice.
  2. Prompt notification of any changes or additions to the team roster.
  3. A practice and game schedule as soon as possible.
  4. Prompt notification of changes in practice times, scheduled competitions and any team activity that you expect the certified athletic trainer to be present.
- Taking the following measures will also help in providing prompt care:
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1. Prohibiting any student-athlete from participating without medical clearance by the athletic training staff. The coach will be responsible for liability actions if a student-athlete is allowed to participate without full medical clearance.

2. Directing student-athletes whose health, safety, or welfare is in question to the appropriate certified athletic trainer immediately. In addition, the appropriate certified athletic trainer must be notified of any injuries/illnesses.

3. Encouraging injured student-athletes to adhere to scheduled Athletic Training Room hours and physician appointments (Evaluations, treatment, rehabilitation and follow-up appointments).

4. Supporting and following the athletic training policies and procedures involving the operation of the athletic training facilities and care of all student-athletes.

E. Team Travel

- The certified athletic trainer assigned to a sport will make every attempt to travel to all in-season competitions if possible. The cost of the certified athletic trainer’s travel will be the responsibility of the individual team.

F. Procedures for Handling An Injury/Illness While Traveling

- When injured student-athletes require hospitalization or a lengthy emergency room visit at an away event, the certified athletic trainer or coach will determine who will stay with the injured student-athlete.

- The decision will be based on what is best for the injured/ill student-athlete’s health. In many situations, an assistant coach will stay with the student-athlete so that the certified athletic trainer will be able to remain with the team.

- In the event that an additional certified athletic trainer is available, that person will be the designated person to stay with the student-athlete.

V. CAMP MEDICAL COVERAGE

It is the policy of the UTD Athletic Department that all camps have medical coverage provided by an athletic trainer. It is up to each camp director to hire an athletic trainer for each camp. If hiring outside of the UTD athletic training staff, proof of liability insurance and state licensure is required & must be on file with the athletic department at least 1 week prior to the start of each camp.

The following procedures were developed to ensure that all parties involved have a clear understanding of the agreement.

A. Advanced Notification

It is suggested that you contact the UTD athletic training staff at least 2 months in advance of your camp to assist you in hiring an athletic trainer.

B. Salary & Expectations

1. It will be up to the camp director and the athletic trainer being hired to agree upon compensation and expectations for camp coverage. It is highly recommended that you do this in writing and have both parties agree and sign off on it.

C. Supplies and Services

1. The medical staff will not provide medications to campers, or coaches to give to campers.

2. The UTD Athletic Training Services will provide basic medical supplies for the care of campers for camps in which they are hired to cover. These supplies include tape, pre-wrap and basic first aid items. If the request for ankle taping or supplies becomes excessive then the camp sponsor will be billed for this in order to reimburse the athletic training budget.

3. If an outside athletic trainer is hired, that individual must supply his/her own kit and supplies. Injury ice, an AED, and vacuum splints will be made available by UTD for that camp.
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VI. APPENDICES

A. GENERAL EMERGENCY ACTION PLAN

EMERGENCY MEDICAL PROCEDURES

Major medical emergencies do not occur at athletic practices or competitions as often as many are led to believe, BUT THEY CAN AND DO OCCUR. Therefore, the personnel in charge of conducting athletic practices and interscholastic or intercollegiate competitions must BE PREPARED FOR ANYTHING AND EVERYTHING. Planning ahead for uncommon major medical emergencies involves preparation in seven major areas: Medical Coverage Staff and responsibilities, Support Personnel, External Support Personnel, Communication, Equipment, and Follow-up.

PLEASE NOTE: The Athletic Training Department has complete authority over allowing an athlete to participate in intercollegiate athletics. We work under the direct supervision of our Team Physician(s). The athlete must be a full-time student at the University of Texas at Dallas and must be cleared by our department prior to participation. Should any injury occur, we reserve the right to hold an athlete from participation if we feel it is in the best interest of the student-athlete.

Medical Coverage Personnel and Responsibilities

Sports Medicine Team

1. Team Physician(s):
   Team Physician: Primary Care / Sports Medicine
   Dr. Robert Dimeff, M.D.
   Team Orthopedist:
   Dr. Kathryn Coyner, M.D.
   Team Affiliated Physicians:
   Dr. William Robertson, M.D. (orthopedics)
   Dr. Keith Maistor, M.D. (orthopedics)
   Dr. John Conway, M.D. (orthopedics)
   Dr. Eugene Currie, M.D. (orthopedics)
   Dr. Bert Vargas, M.D. (sports neurologist)
   Dr. Kamacki Banks, M.D. (cardiology)
   Dr. Lav Kapadia, M.D. (ENT – Otolaryngology)
   Dr. Benjamin Fan, D.D.S (dentistry)

Physical Therapy:
UT Southwestern Clinical Center Physical Therapists

Family Practitioners:
UT Southwestern (appointments are arranged through the UTD athletic trainers)

2. Head Athletic Trainer
   Tom Monagan, MS, LAT, ATC
   Sport Responsibility: Men’s Soccer, M/W Tennis
   Office: 972-883-4066
   E-MAIL: tomm@utdallas.edu

3. Athletic Trainer
   Tracy Lott, MS, LAT, ATC
   Sport Responsibility: Women’s Basketball, Softball, M/W Cross-Country
   Office: 972-883-4021
   E-MAIL: tracy.lott@utdallas.edu
4. **Athletic Trainer**  
   Karl Smith, MS, LAT, ATC  
   Sport Responsibility: Women’s Soccer, Men’s Basketball, M/W Golf  
   Office: 972-883-4566  
   E-MAIL: karl.smith@utdallas.edu

5. **Athletic Trainer**  
   Kerri Kalina, MS, LAT, ATC  
   Sport Responsibility: Women’s Volleyball, Baseball  
   Office: 972-883-4477  
   E-MAIL: kerri.kalina@utdallas.edu

**Medical Coverage Personnel Responsibilities**
The total emergency medical procedure should be thought out, planned, and practiced prior to athletic practice or competition. The chain of command is vital and open coordination and communication within this chain is essential.

**Medical Coverage Chain of Command:**
The athletic training staff will always act as primary care givers at the site of injury or accident (when on-site) and would manage the situation according to the following rank:
1. Team Physician  
2. Head Athletic Trainer  
3. Assistant Athletic Trainer  
In the event that a certified athletic trainer is not on-site at the time of injury the following chain of command would be used:
1. Head Coach  
2. Assistant Coach  
3. Graduate Assistant Coach  
4. Student Manager  
5. Fellow Student-Athlete  
The welfare of the injured athlete is always first and foremost, therefore immediate care in some form is vital and by no means should care wait to be undertaken until a certified athletic trainer arrives on the scene. Proceed as judgment dictates until help arrives.

If a severe medical emergency occurs while a certified athletic trainer is not present, immediately call 911 to activate the emergency medical system, and then call the head athletic trainer/staff athletic trainer of your sport to notify him/her of the situation.

**Emergency Medical Care Responsibilities**
1. Provide immediate direct medical care during practices and games to any injured UTD athlete and activate the emergency action plan if catastrophic incident occurs.  
2. Assist with scene management during an emergency medical event including coordinating with EMS, fire, and police as appropriate.  
3. Direction of EMS to scene.  
4. Make return to play decisions for UTD injured athletes based upon physician orders and/or current standards of practice.  
5. Serve as a liaison between visiting certified athletic trainers and UTD’s medical resources.  
6. Serve as a medical care provider to visiting teams traveling without a certified athletic trainer including return to play decisions.
Support Personnel
There are many roles needing to be filled during an emergency involving an injured athlete. Support personnel such as administrators, coaches, and officials/ referees will have the following responsibilities during this type of incident:

1. Athletics Director
   - Notifies or is notified by the head athletic trainer of a catastrophic injury.
   - Coordinates the notification of parents/guardians if notification has not been made. Notification responsibilities may be delegated to head coach of sport, head athletic trainer, counseling center, or student services.
   - Notifies University President.
   - Notifies or delegates notification of legal counsel concerning catastrophic injury.
   - Notifies senior athletic staff as appropriate.
   - Notifies NCAA faculty representative.
   - In event that the catastrophic incident is non-athletic, the athletics director notifies the head coach of the sport.

2. Associate Athletic Director(s)/Senior Women’s Administrator (SWA)
   - Enacts any catastrophic injury procedures for the university
   - Notifies legal counsel
   - Notifies other assistant athletic directors and compliance officer
   - Notifies university spokesperson
   - Notifies Dean of Student Affairs
   - Coordinates media plan with sports information director, athletics director, head athletic trainer, head coach, and university spokesperson. No release of information can be made until parents/guardians have been notified.

3. Game Officials
   - Assist in keeping the area around the injured athlete clear of individuals not directly involved in the injury management process.

External Support Personnel
1. UTD Police Department (972-883-2222)
   - Crowd Control
   - Assist in transportation of minor injured athlete and/or family in special circumstances
   - Implement AED use for sudden cardiac arrest emergencies

2. Richardson Fire Department/EMS (972-744-5700 – non emergency)
   - Injured athlete care is transferred by EMS
   - Transportation

Communication
1. Who is directly in charge of handling, IMMEDIATELY, the medical emergency?
   Check the chain of command...See above.

2. How can the person in charge obtain immediate knowledgeable assistance (manned and supplies)?
   Practice:
   - 1. By phone
   - 2. By cellular phone
   - 3. By pay phone

   Game:
   - At Home: Should have help in attendance – athletic training staff
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On Road: Home team's person in charge

Emergency Phone Numbers

Emergency: 911
Ambulance Service/Richardson Fire Dept. (Non-Emergencies): 972-744-5700
Baylor/Richardson Medical Center Emergency Room: 972-498-4777
Baylor Regional Medical Center at Plano Emergency Room: 469-814-2000
The Medical Center of Plano 972-596-8600

Pharmacies:
CVS Pharmacy: 972-231-3522 (605 West Campbell Road)
Tom Thumb: 972-680-6010 (1380 West Campbell Road)
Target Pharmacy: 214-775-0207 (16731 Coit Road)
Wal-Mart Pharmacy: 972-599-1650 (425 Coit Road, Plano)

Emergency Call Procedure

What to say:
1. Identify yourself (name and affiliation with college)
2. Briefly explain situation (i.e.: unconscious athlete, breathing)
3. Explain purpose of call (i.e.: ambulance needed)
4. Explain location (address/landmarks)
5. Answer questions addressed to you
6. HANG UP LAST!!

Where am I? Nearest phone:
1. Activity Building (Basketball/Volleyball): Athletic Training Room
2. Baseball/Softball/Soccer Fields/Tennis Courts: Athletic Training Room (Activity Building)
3. Various emergency call phones/centers located on campus.
4. DURING AFTER HOURS FIXED CALL BOX IS LOCATED AT THE CORNER OF FRANKLYN JENIFER DRIVE AND RUTFORD AVE.

Emergency signals
1. Arm held up with hand in a fist: Vacuum splints
2. Arms outstretched with palms up: Spine board
3. Hands sign of pyramid above head: Ambulance
4. Fingers in sign of a cross above head: Doctor
5. Both arms held up with both hands in a fist: AED

Equipment
1. Immediate emergency supplies:
   a. Vacuum or rigid splints – at area of most activities
   b. Spineboard – at area of most activities
   c. Cervical collars – in vacuum splint bags
   d. CPR masks – on individual athletic trainers
   e. BVM – in vacuum splint bags
   f. Fully stocked first aid kits – at area of activity
   g. Fully stocked first aid kits – at area of activity as needed by individual AT’s
   h. AED – at all events where an athletic trainer is in attendance
2. Secondary emergency supplies:
   a. Crutches / Knee Immobilizers
   b. Arm Sling
Transportation
1. How will the injured athlete be transported to the hospital in an emergency?
   a. Ambulance – all of the time in an emergency with unstable athlete
      - Ambulance may be coordinated on site for special events/sports (regional tournaments, major
tournaments, etc)
      - When Ambulance is on site, there should be a designated location with rapid access to the site and
        a cleared route for entering/exiting the venue.
   b. Private Vehicle – if non-emergency and athlete is stable
2. Who will go with the injured athlete?
   a. Parent, teammate, or coach
   c. Representative of home team
   d. Nobody, just their referral and insurance information

Follow-up
1. Appropriate documentation must be completed (injury report, official university incident report, etc.)
2. Certified athletic trainer should check on the athlete at the hospital to see if further assistance is needed.
3. Athletic training staff should be debriefed
4. Emergency Action Plan will be reviewed
UNIVERSITY OF TEXAS at DALLAS
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General Emergency Action Plan
This plan is designed to be implemented anytime an athlete is injured.

I. All injuries must be:
   A. Evaluated or consulted with a certified athletic trainer, who will make the decision on care and participation status until a physician can be consulted. Due to liability concerns the UTD team physician’s decision on participation will be final.
   B. Discussed between a certified athletic trainer and the head coach or designee (as allowed by HIPAA).
   C. Under advisement of the University of Texas at Dallas’ consulting Team Physician.

II. All injuries must be documented by:
   A. Completion of the appropriate injury report.
   B. Students going to a Physician other than the Emergency Room, or a UTD team/affiliated physician must have a medical referral from a certified athletic trainer.

III. Absence of a Certified Athletic Trainer:
   A. The athletic training staff will always act as primary consultants or care givers at the site of an athletic injury or accident (when on-site) and would manage the situation according to the chain of command.
   B. In the event that an athletic trainer is not on-site at the time of injury the following chain of command would be used:
      1. Head Coach
      2. Assistant Coach
      3. Graduate Assistant Coach
      4. Student Coach
      5. Student Manager
      6. Fellow Student Athlete
   C. The welfare of the injured athlete is always first and foremost, therefore immediate care in some form is vital and by no means should care wait to be undertaken until a certified athletic trainer arrives on the scene.
      Proceed as judgment dictates until help arrives.
   D. Request EMS as needed.
   E. Contact a certified athletic trainer for instructions.
   F. Assist athlete within your knowledge base.
   G. Document everything that happens.

IV. Protocols:
   A. Minor injuries: Grade 1 sprain and strains, superficial lacerations, nosebleeds, contusions, heat cramps, etc.
      1. Evaluate injury.
      2. Treat injuries appropriately. Use universal precautions for body fluid contact.
      3. Decision to be made on continued participation.
      4. Consultation with a certified athletic trainer as soon as feasible.
   B. Moderate injuries: Grade 2 and 3 sprains and strains, head injuries, heat exhaustion, deep lacerations, etc.
      1. Evaluate injury.
      2. Treat injuries appropriately. Use universal precautions for body fluid contact.
      3. Notify a certified athletic trainer as soon as possible.
      4. Emergency room intervention should be considered.
C. **Major injuries:** Fractures (open or closed), dislocations, neck injuries, unconscious athlete, heat stroke, arterial lacerations, etc.
   1. Check ABC’s — Perform primary survey.
   2. Dial 911 and notify a certified athletic trainer immediately. 
      **See emergency call procedure for dialing 911**
   3. Treat any life-threatening injuries.
   5. Treat injuries appropriately. Use universal precautions for body fluid contact.
   6. Have insurance and medical release forms available.

D. **Spine injury:** Adopted from the NATA Consensus Statement on the Appropriate Prehospital Management of the Spine-Injured Athlete (for more specific guidelines, visit:  

   1. Any athlete that is suspected of having a spinal injury should not be moved and should be  
      managed as though a spinal injury exists.
   2. Assess ABC’s, neurological status, and level of consciousness
   3. The athlete should not be moved unless absolutely essential to maintain ABC’s.
   4. When moving a suspected spine injured athlete, the head and trunk should be moved as a  
      unit. One accepted technique is to manually splint the head to the trunk with in-line  
      stabilization.
   5. Activate EMS.

V. **Miscellaneous**

A. All providers of prehospital care should practice and be competent in the skills identified in these  
   guidelines for implementation in an emergency situation.

B. **What the coach needs to know:**
   1. CPR
   2. Basic first aid
   3. AED use
   4. Emergency Call Procedures
   5. Emergency Action Plan

C. **Do’s and Don’ts**
   1. Do’s
      a. Take the situation into hand with confidence
      b. Stay calm
      c. Be prepared for the worst
      d. Stay within your knowledge base
   2. Don’t
      a. Straddle the athlete
      b. Step over the athlete
      c. Carry equipment over the athlete
      d. Run all the way to the athlete
      e. Panic at any time during care

* It is important that you are familiar with the procedures for using the emergency equipment. A  
  team effort is needed to accomplish the care and transport of the injured athlete. Be patient  
  when dealing with the athlete. Listen to the needs of the athlete and apply the care required  
  for the injury.
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- Documentation is an absolute must for the injured athlete. All injuries must be documented. If you are on an away trip, write the pertinent information down and record on the appropriate injury form when you get back to campus.
- If you have any questions about these procedures, please ask a member of the certified athletic training staff.
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VENUE SPECIFIC EMERGENCY ACTION PLANS

I. BASEBALL
EMERGENCY PERSONNEL:
- Coaching Staff
- Certified Athletic Trainer on site for most practices and all competitions

EMERGENCY COMMUNICATION:
- Personal cell phone(s)
- UTD Police Department: (972)-883-2222
- Emergency: 911
- Fixed landline phones accessible during normal hours in the Athletic Training Room (972-883-4066), the Activity Building (AB) (972-883-2090).

EMERGENCY EQUIPMENT (for competition):
- Athletic Training Kit
- AED & CPR shield
- Vacuum splint bag, cervical collars, & Crutches
- Spine board (if available)
- Biohazard container/bag
- Towels
- Golf cart (if available)

ROLE OF FIRST RESPONDERS:
- Immediate care of the injured or ill student-athlete
- Emergency equipment retrieval
- Activation of Emergency Medical System (EMS):
  - Call 911 and provide:
    - Your name and phone number calling from
    - Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
    - Directions to where you are (baseball field)
    - Hang up last!

- Direction of EMS to scene:
  - Open appropriate gates near field, make sure pathways are cleared to field
  - Designate individual to “flag down” and direct EMS to the scene
  - Scene control: limit scene to first-aid providers and move bystanders away from the area (UTD coach, UTD police, administrator on-site can assist in this)
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VENUE DIRECTIONS:

- Venue is located south of parking lot J. **On map below, venue is located at K7.**
- From West Campbell Road into main campus
  - Enter campus at University Parkway, and continue down to the circle drive.
  - Follow the circle drive around, and use access road off of it to go towards parking lot J.
  - Prior to entering parking lot J, there is an access drive on the left that runs along the west side of the softball/baseball fields that EMS may use to get down to the field.

VENUE CONCERNS:

- Note times of practice and competition compared to operating hours of the UTD Activity Building (AB) for landline use.
- Communication is very importance due to the inability of the Athletic Training Staff to cover all practices.
- If the medical emergency is going to require the ambulance to physically drive onto the field, it must enter via access gate at Lot U (right field line).
- Construction on campus. UTD Campus Police should assist in the direction of EMS to the field/courts.
II. SOFTBALL

EMERGENCY PERSONNEL:
- Coaching Staff
- Certified Athletic Trainer on site for most practices and all competitions

EMERGENCY COMMUNICATION:
- Personal cell phone(s)
- UTD Police Department: (972)-883-2222
- Emergency: 911
- Fixed landline phones accessible during normal hours in the Athletic Training Room (972-883-4066), the Activity Building (AB) (972-883-2090).

EMERGENCY EQUIPMENT (for competition):
- Athletic Training Kit
- AED & CPR shield
- Vacuum splint bag, cervical collars, & Crutches
- Spine board (if available)
- Biohazard container/bag
- Towels
- Golf cart (if available)

ROLE OF FIRST RESPONDERS:
- Immediate care of the injured or ill student-athlete
- Emergency equipment retrieval
- Activation of Emergency Medical System (EMS):
  o Call 911 and provide:
    - Your name and phone number calling from
    - Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
    - Directions to where you are (softball field)
    - Hang up last!
- Direction of EMS to scene:
  o Open appropriate gates near field, make sure pathways are cleared to field
  o Designate individual to “flag down” and direct EMS to the scene
  o Scene control: limit scene to first-aid providers and move bystanders away from the area (UTD coach, UTD police, administrator on-site can assist in this)
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VENUE DIRECTIONS:
- Venue is located south of parking lot J. On map below, venue is located at J7.
- From West Campbell Road into main campus
  - Enter campus at University Parkway, and continue down to the circle drive.
  - Follow the circle drive around, and use access road off of it to go towards parking lot J.
  - Prior to entering parking lot J, there is an access drive on the left that runs along the west side of the softball field that EMS may use to get down to the field.
  - EMS may enter the field at the double-gate located at the north end of the dugout on the access drive.

VENUE CONCERNS:
- Note times of practice and competition compared to operating hours of the UTD Activity Building (AB) for landline use.
- Communication is very important due to the inability of the Athletic Training Staff to cover all practices.
- Construction on campus. UTD Campus Police should assist in the direction of EMS to the field/courts.
III. BASKETBALL/VOLLEYBALL

EMERGENCY PERSONNEL:
- Coaching Staff
- Certified Athletic Trainer on site (court or in athletic training room) for practices & competition

EMERGENCY COMMUNICATION:
- Athletic Training Room (AB1.406): 972-883-4066
- Personal cell phone(s)
- UTD Police Department: (972)-883-2222
- Emergency: 911
- During normal operation hours, there is an Activity Building employee located out the east doors of the gym with a walkie-talkie that can radio for assistance if needed.

EMERGENCY EQUIPMENT (will be located either in the ATR or courtside):
- Athletic Training Kit
- AED & CPR shield
- Vacuum splint bag, cervical collars, & Crutches
- Spine board
- Biohazard container/bag
- Towels
- Various first aid supplies (located on water cart during practice/competition)

ROLE OF FIRST RESPONDERS:
- Immediate care of the injured or ill student-athlete
- Emergency equipment retrieval
- Activation of Emergency Medical System (EMS):
  - Call 911 and provide:
    - Your name and phone number calling from
    - Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
    - Directions to where you are (tell EMS where you will have someone meet them!)
      - UTD Activity Building on campus, main basketball court
      - EMS must enter through either:
        - The north entrance of the Activity Building, or
        - The south doors near the Athletic Training Room
  - Hang up last!
- Direction of EMS to scene:
  - Make sure appropriate doors are open and there is a clear path to the court
  - Designate individual to “flag down” and direct EMS to the scene
  - Scene control: limit scene to first-aid providers and move bystanders away from the area (UTD coach, UTD police, administrator on-site can assist in this)
VENUE DIRECTIONS:
- Venue in located in the Activity Building (AB) on campus, just north of parking lot J. On map below it is located at H6-H7.
- From Waterview Parkway:
  o Enter campus at Franklyn Jenifer Drive, continue heading east and follow signs until the Activity Building is reached.
  o There is a small pull-off area located at the north entrance of the building where EMS may use to park and enter the building. Basketball/Volleyball court will be located on the right upon entering.
- From West Campbell Road:
  o Enter campus at University Parkway, and continue down to the circle drive.
  o Follow the circle drive around, and use access road off of it to enter parking lot J.
  o Enter the building at the far south doors located just off the southwest corner of the building.
  o Come into the building and go right to the basketball/volleyball court.

VENUE CONCERNS:
- It is possible the construction may inhibit the south entrance to the building. If this occurs, EMS should enter through the north entrance of the building that faces Franklyn Jenifer Drive.
IV. SOCCER, TENNIS & CROSS-COUNTRY
EMERGENCY PERSONNEL:
- Coaching Staff
- Certified Athletic Trainer on site or in athletic training room for competition and/or practice

EMERGENCY COMMUNICATION:
- Personal cell phone(s)
- UTD Police Department: (972)-883-2222
- Emergency: 911
- Fixed land-line phones accessible during normal hours in the Athletic Training Room (972-883-4066), the Activity Building (AB)
  (972-883-2090)

EMERGENCY EQUIPMENT (for competition):
- Athletic Training Kit
- AED & CPR shield
- Vacuum splint bag, cervical collars, & Crutches
- Spine board (if available)
- Biohazard container/bag
- Towels
- Golf cart (if available)

ROLE OF FIRST RESPONDERS:
- Immediate care of the injured or ill student-athlete
- Emergency equipment retrieval
- Activation of Emergency Medical System (EMS):
  - Call 911 and provide:
    - Your name and phone number calling from
    - Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
    - Directions to where you are (specific field according to map below)
    - Hang up last!
- Direction of EMS to scene:
  - Open appropriate gates near field, make sure pathways are cleared to field
  - Designate individual to “flag down” and direct EMS to the scene
  - Scene control: limit scene to first-aid providers and move bystanders away from the area
    (UTD coach, UTD police, administrator on-site can assist in this)
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VENUE DIRECTIONS:

- Venue is located at southwest of parking lot J. On map below, venue is located at J5.
- From West Campbell Road (Game/Match):
  - Enter campus at University Parkway and continue down to the circle drive.
  - Follow the circle drive around, and use access road off of it to enter parking lot J.
  - Continue to drive straight until you see UTD soccer game field or tennis courts.
  - For soccer, there is a small access gate to the field on northwest side of Game field (S1).
  - For tennis, there is a walkway adjacent to the east side of the soccer game field that will lead directly to the tennis courts.
- From Waterview Parkway:
  - Enter campus at Franklyn Jenifer Drive and head east following the signs to the fields/courts.

VENUE CONCERNS:

- Note times of practices and competitions compared to operating hours of the UTD Activity Building (AB) for landline use.
- Gates are locked at will have to be opened prior to the arrival of EMS.
- Construction on campus. UTD Campus Police should assist in the direction of EMS to the field/courts.
B. **CONCUSSION POLICY**

It is often reported that there is no universal agreement on the standard definition or nature of concussions. However, agreement does exist on several features that incorporate clinical, pathologic, and biomechanical injury constructs associated with head injury:

1. Concussion may be caused by a direct blow to the head or elsewhere on the body from an “impulsive” force transmitted to the head.
2. Concussion may cause an immediate and short-lived impairment of neurologic function.
3. Concussion may cause neuropathologic changes; however, the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion may cause a gradient of clinical syndromes that may or may not involve loss of consciousness (LOC). Resolution of the clinical and cognitive symptoms typically follows a sequential course; however in a small percentage of cases, post-concussion symptoms may be prolonged.
5. Concussion is most often associated with normal results on conventional neuroimaging studies. (Guskiewicz, K.M., 2004)

I. **Concussion Diagnosis**

A student-athlete who exhibits any one of the following signs or symptoms after contact with the head, or other parts of the body which transmits an impulsive force to the head during activity, will be considered as having a concussion and will be diagnosed and treated as having a concussion.

<table>
<thead>
<tr>
<th>Concussion Signs &amp; Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Loss of consciousness (LOC) or fluctuations in consciousness</td>
</tr>
<tr>
<td>2. Balance and coordination problems</td>
</tr>
<tr>
<td>3. Mental confusion</td>
</tr>
<tr>
<td>4. Memory and concentration difficulties</td>
</tr>
<tr>
<td>5. Self reported symptoms (SRS)</td>
</tr>
<tr>
<td>a. Headache</td>
</tr>
<tr>
<td>b. Dizziness</td>
</tr>
<tr>
<td>c. Ringing in the ears (tinnitus)</td>
</tr>
<tr>
<td>d. Nausea</td>
</tr>
<tr>
<td>e. Sensitivity to light and sound</td>
</tr>
<tr>
<td>f. Fatigue or drowsiness</td>
</tr>
<tr>
<td>g. Visual disturbances</td>
</tr>
<tr>
<td>h. Emotional state (sadness, irritable or anxious)</td>
</tr>
</tbody>
</table>
II. Concussion Management & Return to Play Decisions

All student-athletes new to the intercollegiate athletic program at The University of Texas at Dallas are required to undergo baseline testing on UTD'S IMPACT Concussion Software. This baseline test, subsequent tests, clinical examinations, and other procedures, will be used in conjunction with each other in making a determination of return to play decisions of all sustained concussions. Additional testing may be required based on the sport participated in and risk of injury.

The following procedures shall be used as guidelines for management of the student-athlete following a concussion:

- Once the student-athlete has been diagnosed with a concussion he/she will be removed from participation and disallowed to return that day.
- An athletic trainer will examine the student-athlete immediately and at 15 min. intervals for the development of amnesia, post-concussion signs and symptoms (PCSS) (i.e. mental status abnormalities, balance difficulties) and self reported symptoms (SRS) (i.e. head-ache, visual disturbances, dizziness, tinnitus, etc.)
- The student-athlete will be instructed on completed physical and cognitive rest (no working out, restrict academic/social/home environment).
- The student-athlete will be accompanied by a parent/guardian or adult when sent home for serial monitoring of signs of evolving intracranial pathology. Home care instructions for the attending parent or adult are found in Section IV.
- Re-evaluate daily using for development of, or worsening of amnesia, PCSS and SRS.
- IMPACT test re-administered after symptoms have subsided.
- The UTD team physician must clear all student-athletes who have sustained a concussion for return to play. Note: student-athletes will be evaluated on specific modifiers in Section V that may alter management.
  - **Day of Injury Referral**
    - Loss of consciousness > 1 min. or fluctuations in consciousness
    - Focal neurological deficit
    - Deterioration in cranial nerve assessment
    - Deterioration in PCSS (IMPACT)
    - Deterioration in amnesia (IMPACT)
    - Prolonged amnesia (>5 min)
    - Deterioration in balance and coordination (IMPACT)
    - Persistently diminished or worsening mental status or neurological signs/symptoms
    - Unequal, dilated or unreactive pupils
    - Decrease or irregularity in respiration
    - Decrease or irregularity in pulse
    - Seizure activity / Posturing
    - On-field dizziness
    - Vomiting
  - **Delayed Referral**
    - Any signs and symptoms from day of injury develop
    - PTA > 24 hrs (IMPACT)
    - PCSS do not improve or worsen with 24 hrs or PCSS > 7 days (IMPACT)
III. Home Care Protocol

Once a student-athlete has been diagnosed with a concussion and same day referral to a physician/hospital has not been warranted at the time of the evaluation, the home care protocol will be initiated.

- A parent/guardian or adult will be identified as the caregiver to monitor the student-athlete with the concussion for 24 hrs or until re-evaluation by the certified athletic trainer.
- The athletic trainer will review the concussion checklist with the caregiver and student-athlete to identify signs and symptoms and complications of a concussion and to help identify if signs and symptoms are getting worse.
- The caregiver will be instructed to call 911 or transport the student-athlete to the nearest hospital immediately if any of the signs and symptoms on the concussion checklist appear or worsen.
- The caregiver and student-athlete will be instructed on the importance of complete physical and cognitive rest until asymptomatic.
- The caregiver and student-athlete will be instructed to report to the certified athletic trainer the following day for re-evaluation. Provide both oral and written instructions for home care to the student-athlete and a responsible adult (parent / roommate) who should continue to monitor and supervise the student-athlete during the acute phase of sport-related concussion.
IV. Concussion Modifiers

The following modifying factors for concussions may influence the diagnosis and management of concussions:

<table>
<thead>
<tr>
<th>Factors</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>- Number, Duration (&gt; 10d), Severity</td>
</tr>
<tr>
<td>Signs</td>
<td>- Prolonged LOC (&gt;1 min), Amnesia</td>
</tr>
<tr>
<td>Sequelae</td>
<td>- Concussive convulsions</td>
</tr>
<tr>
<td>Temporal</td>
<td>- Frequency, repeated concussion over time</td>
</tr>
<tr>
<td></td>
<td>- Timing: concussion close together in time</td>
</tr>
<tr>
<td></td>
<td>- &quot;Recency&quot;: recent concussions or TBI</td>
</tr>
<tr>
<td>Threshold</td>
<td>- Repeated concussions occurring with progressively less impact force or slower recovery after each successive concussion</td>
</tr>
<tr>
<td>Age</td>
<td>- Child or adolescent (&lt;18y old)</td>
</tr>
<tr>
<td>Comorbidities and Premorbidities</td>
<td>- Migraines, depression, or other mental health disorders, ADHD, learning disabilities, sleep disorders</td>
</tr>
<tr>
<td>Medication</td>
<td>- Psychoactive drugs, anticoagulants</td>
</tr>
<tr>
<td>Behavior</td>
<td>- Dangerous style of play</td>
</tr>
<tr>
<td>Sport</td>
<td>- High-risk activity, contact and collision sport, high sporting level</td>
</tr>
</tbody>
</table>
V. Return to Play

- Once the IMPACT score represents data from baseline IMPACT and the student-athlete has been asymptomatic of amnesia (PTA), PCSS, and SRS for 24hrs, a graduated return to play protocol will be initiated.
- It should be understood that concussion modifies in Section V may alter the return to play protocol.
- Return to play decision will be made by the team/affiliated physician and the UTD certified athletic trainer.

<table>
<thead>
<tr>
<th>Rehabilitation State</th>
<th>Activity</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Activity</td>
<td>Complete physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light Aerobic</td>
<td>Walking, stationary bike, no resistance training</td>
<td>Incr. HR</td>
</tr>
<tr>
<td>3. Sport Specific</td>
<td>Light Sport Drills, no head impact</td>
<td>Incr. Movement</td>
</tr>
<tr>
<td>4. Complex Drills</td>
<td>Non-contact sport drills and resumption of progressive resistance training. If asymptomatic with non-contact drills &amp; resistance training, then progress</td>
<td>Incr. Coordination</td>
</tr>
<tr>
<td>5. Full Contact Practice</td>
<td>Participate in normal practice</td>
<td>Incr. Confidence</td>
</tr>
<tr>
<td>6. Return to Play</td>
<td>Normal game play</td>
<td>N/A</td>
</tr>
</tbody>
</table>

At any point, if the student-athlete becomes symptomatic (i.e., more symptomatic than baseline), or scores on clinical/cognitive measures decline, the UTD team physician should be notified and the student-athlete should be returned to the previous level of activity. Final determination of return-to-play ultimately resides with the team physician/physician designee.

VI. Concussion Disqualification

1. The decision to disqualify a student-athlete for the season or career will be made by the UTD attending physician / neurologist and the UTD athletic training staff. The decision will be based on several factors including but not limited to, the number of concussions, duration of signs and symptoms (PCSS), several episodes of loss of consciousness and/or severity of one LOC episode with prolonged PCSS and PTA, increased sensitivity to concussions, as well as all modifiers in Section V.

2. Guidelines used to decide on disqualification after repeated concussions include but are not limited to the following:
   a. A student-athlete who receives a single concussion in a season with prolonged PCSS and PTA.
   b. A student-athlete who receives three concussions in the same season.
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c. A student-athlete who receives several grade 1 concussions with prolonged recovery of
  PTA and PCAA.
d. A student-athlete who has exhibited more than two (2) LOC episodes during each
  concussion.
e. Abnormal neuroimaging results.
f. Any involvement of, change or abnormal respiration or cardiac function.

3. The UTD sports medicine staff will have full discretion on disqualifying a student-athlete for the
   season or career.

VII. Concussion Education
The UTD athletic training staff will be charged with educating the coaching staff and student-athletes
on concussions.

1. Coaches
   a. The athletic trainer for each sport will educate the coaches on concussion and the
      importance of identifying student-athletes early with a concussion so that appropriate
      management can be initiated.
   b. Coaches will be educated in protocol for concussion management and return to play
      guidelines.

2. Student-Athletes
   a. The student-athlete will be given concussion educational material during their initial
      physical and educated on the importance of notifying the athletic training staff if they
      experience any signs and symptoms of a concussion.
   b. The student-athlete will sign a Concussion Notification and Agreement Policy form
      during their initial physical examination (see Student Athlete Agreement Form).

VIII. References
The following references were used in the development of the UTD Concussion Protocol and
Management Plan:

1. Covassin, T., Stearne, D., Elbin, R., Concusison History and Postconcussion Neurocognitive
   performance and symptoms in Collegiate Athletes. Journal of Athletic Training. 2008; (432) 119-
   124.

2. Cantu, RC., Posttraumatic retrograde and anterograde amnesia: pathophysiology and

3. Guskiewicz, K.M., Bruce, SL., Cantu, RC., Ferrara, MS., Kelly, JP., McCrea, M., Putukian, M.,
   Valovich McLeod, TC., National Athletic Trainers' Association Position Statement: Management

4. McCroy, P., Meeuwisse, W., Johnston, K., Dvorak, J., Aubry, M., Molloy, M., Cantu, R.,
   Concensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in

5. Onate, JA., Beck, BC., Van Lunen, BL., On-Field Testing Environment and Balance Error
   Scoring System Performance During Preseason Screening of Healthy Collegiate Baseball

6. University of Central Arkansas Athletic Training Program Concussion Protocol and Management
   Plan. 2010.

7. Valovich McLeod, TC., The Value of Various Assessment Techniques in Detecting the Effects of
   44(6); 663-665.
STUDENT-ATHLETE AGREEMENT FORM

This agreement will remain in effect for the duration of each student-athlete's intercollegiate career at The University of Texas at Dallas

A. Catastrophic Statement, Assumption of Risk, and Authorization to Treat

All physical activity has risks that may range from serious brain injury, muscle, bone, ligament or nerve damage, circulatory or heart disorders, and to heat conditions. I am duly aware of the risks and hazards that may arise through participation in intercollegiate athletics at The University of Texas at Dallas (UTD) and that participation in said activity may result in loss of life, limb, property, or all. I understand that I must follow the rules of my sport. I understand that I must refrain from practice or competition while injured or ill, whether or not receiving treatment, and during medical treatment until I am discharged or given permission by The University of Texas at Dallas sports medicine staff to restart participation despite continuing treatment. I also understand that having passed the physical examination does not necessarily mean I am physically qualified to engage in intercollegiate athletics, but only that the evaluator did not find a medical reason to disqualify me from participation at the time of examination.

By affixing my signature below, I acknowledge my decision to participate in intercollegiate athletics at The University of Texas at Dallas is made voluntarily and willingly, with full knowledge of the attendant risks.

I also HEREBY give my permission to the UTD sports medicine staff and medical consultants to evaluate and treat any injuries/illnesses that occur during my participation in intercollegiate athletics at The University of Texas at Dallas, while acknowledging that no guarantees have been made as to the results of the examination(s) and treatment(s). I authorize the school to obtain through a physician of its choice any emergency or routine medical care that may become necessary as a result of being injured while participating or traveling under UTD supervision.

B. Injury and Illness Notification

I, the undersigned, as indicated by affixing my signature below acknowledge that I understand that while participating in UTD intercollegiate athletics any emergency requiring immediate medical attention involving an injury or illness that may occur must be reported within 24 hours of the incident resulting in the injury. I also understand that I must have a signed medical referral for all non-emergency injuries and illnesses from a UTD athletic trainer prior to seeking ANY medical treatment or undergoing any diagnostic testing, and this form must be returned to the UTD athletic training staff immediately after any consultation with a physician regarding injury or illness.

C. Equipment Return Policy

I, the undersigned, as indicated by affixing my signature below, acknowledge that I understand that any equipment I check out from the athletic training department must be returned within seven (7) days following the conclusion of the sport season for which the equipment was issued. I understand I am fully responsible for any and all equipment and will be financially responsible for said equipment if it is lost, stolen or damaged beyond repair. I also understand that failure to return the equipment will result in me being financially responsible for the cost of replacing the equipment.

D. Concussion Notification Statement and Agreement

The NCAA has a policy dealing with concussion management. This policy requires institutions to develop a concussion management plan, and as part of the plan, requires student-athletes to be presented educational materials on concussions and sign a statement containing certain matters. This statement is designed to comply with this NCAA policy.

By signing below, I certify that:

• I have been presented educational material concerning concussions and that I have had an opportunity to ask questions of the UTD athletic training staff about concussions and have had my questions answered;
• I understand that I have responsibility for reporting any and all injuries to the UTD athletic training staff, including signs and symptoms of concussions;
• I am fully responsible for my safety while participating in intercollegiate athletics at The University of Texas at Dallas;
• I am duly aware that I will not allow my desire to play impede my judgment or cause me to give false information to the evaluating athletic trainer, physician or my coach if I am aware I have signs and symptoms of a concussion.

As a condition of participation in UTD Athletics, I also give my permission for the UTD athletic trainer and/or team physician to make all return to participation decisions on my concussion status; and I also understand that I will fully cooperate with the UTD athletic training staff and physicians in the management of my concussion(s).

Student-Athlete (S-A) Name

Today's Date

Parent/Guardian Name (if S-A under 18)

Student-Athlete (S-A) Signature

Parent/Guardian Signature (if S-A under 18)
# THE UNIVERSITY OF TEXAS AT DALLAS
# DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

## GRADED SYMPTOM CHECKLIST (GSC)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Time of Injury</th>
<th>2-3 Hours post-injury</th>
<th>24 Hours post-injury</th>
<th>48 Hours post-injury</th>
<th>72 Hours post-injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blurred vision</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Dizziness</td>
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<tr>
<td>Drowsiness</td>
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<tr>
<td>Excess sleep</td>
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<tr>
<td>Easily Distracted</td>
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<tr>
<td>Fatigue</td>
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<tr>
<td>Feel &quot;in a fog&quot;</td>
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<tr>
<td>Feel &quot;slowed down&quot;</td>
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<tr>
<td>Headache</td>
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<tr>
<td>Inappropriate emotions</td>
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<tr>
<td>Irritability</td>
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<tr>
<td>Loss of consciousness</td>
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<tr>
<td>Loss of orientation</td>
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<tr>
<td>Memory problems</td>
<td></td>
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<tr>
<td>Nausea</td>
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<tr>
<td>Nervousness</td>
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<tr>
<td>Personality change</td>
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<tr>
<td>Poor balance/coordination</td>
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<tr>
<td>Ringing in ears</td>
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<tr>
<td>Sadness</td>
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<tr>
<td>Seeing stars</td>
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<tr>
<td>Sensitivity to light</td>
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<tr>
<td>Sensitivity to noise</td>
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<tr>
<td>Sleep disturbance</td>
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<tr>
<td>Vacant stare / glassy eyed</td>
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<tr>
<td>Vomiting</td>
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</tbody>
</table>

**NOTE:** The GSC should be used not only for the initial evaluation but for each subsequent follow-up assessment until all signs and symptoms have cleared at rest and during physical exertion. In lieu of simply checking each symptom present, the ATC can ask the athlete to grade or score the severity of the symptoms on a scale of 0-6, where 0= not present, 1= mild, 3= moderate, and 6= most severe.

### References:
Concussion Home Instructions

I believe that ___________________________ sustained a concussion on _____________.

To make sure that he/she recovers, please follow the following important recommendations:

1. Please remind ___________________________ to report to the athletic training room tomorrow
   at ____________ for a follow-up evaluation.

2. Please review the items outlined on the "Physician Referral Checklist". If any of these
   problems develop prior to his/her visit, please call ___________________________ at ____________
   or contact the local emergency medical system or your family physician. Otherwise, you can
   follow the instructions outlined below.

   It is OK to:
   - Use acetaminophen (Tylenol) for headaches
   - Use ice pack on head and neck as needed for comfort
   - Eat a light diet
   - Return to school
   - Go to sleep
   - Rest (no strenuous activity or sports)

   There is NO need to:
   - Check eyes with flashlight
   - Wake up every hour
   - Test reflexes
   - Stay in bed

   Do NOT:
   - Drink alcohol
   - Eat spicy foods

Specific Recommendations:

Recommendations provided to: ____________________________________________

Recommendations provided by: ___________________________ Date: ____________ Time: ____________

Please feel free to contact me if you have any questions. I can be reached at: ____________________________________________

Signature: ___________________________ Date: ____________

References:
THE UNIVERSITY OF TEXAS AT DALLAS
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

PHYSICIAN REFERRAL CHECKLIST

**Day of Injury Referral:**

1. Loss of consciousness on the field
2. Amnesia lasting longer than 15 minutes
3. Deterioration of neurologic function *
4. Decreasing level of consciousness *
5. Decrease or irregularity in respirations *
6. Decrease or irregularity in pulse *
7. Increase in blood pressure
8. Unequal, dilated, or unreactive pupils *
9. Cranial nerve deficits
10. Any signs or symptoms of associated injuries, spine, or skull fracture, or bleeding *
11. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation *
12. Seizure activity *
13. Vomiting
14. Motor deficits subsequent to initial on-field assessment
15. Sensory deficits subsequent to initial on-field assessment
16. Balance deficits subsequent to initial on-field assessment
17. Cranial nerve deficits, subsequent to initial on-field assessment
18. Postconcussion symptoms that worse
19. Additional Postconcussion symptoms as compared with those on the field
20. Athlete is still symptomatic at the end of the game (especially at the high school level)

**Delayed referral (after the day of injury):**

1. Any of the findings in the day-of-injury referral category
2. Postconcussion symptoms worsen or do not improve over time
3. Increase in the number of Postconcussion symptoms reported
4. Postconcussion symptoms begin to interfere with the athlete’s daily activities (i.e. sleep disturbances or cognitive difficulties)

* Requires that the athlete be transported immediately to the nearest emergency department.

**References:**

C. PREGNANT STUDENT-ATHLETE POLICY

The UT-Dallas intercollegiate athletics department is committed to the personal health and development of all our members, and to the educational mission of the school. We strive to provide an environment that respects all pregnancy and parenting decisions (for both male and female student-athletes), and urge all participants to work cooperatively toward degree completion. This policy sets forth the protections that should be provided for pregnant and parenting students, including those with pregnancy related conditions. It also prohibits retaliation against any student-athlete who complains about issues related to the enforcement of this Pregnancy Policy. We want to protect every student-athlete’s physical and psychological health, and his/her ability to complete their education.

The American College of Obstetrics and Gynecology states that competitive athletes can remain active during pregnancy. However, the physiologic and morphologic changes of pregnancy may interfere with the ability to engage safely in some forms of physical activity. Thus, each sport will be reviewed individually for its potential risk. Modification of activity as medically indicated will be made, and close supervision will be exercised.

We encourage student-athletes who are pregnant or think they may be pregnant, to inform the head athletic trainer immediately to insure the safety of the student-athlete and unborn child. Student-athletes should be aware of the information below. The head athletic trainer or a staff athletic trainer will review this information with the pregnant student-athlete. This information below pertains to pregnancy, childbirth, false pregnancy, termination of pregnancy, and recovery for as long as is deemed necessary by the supervising physician, director of athletics, and head athletic trainer for the University.

I. Confidentiality, Guidelines, & Statements on Participation

a. Pregnancy is treated just like any other temporary medical condition and the health, safety, and well-being of the student-athlete and unborn child will remain a priority within the UT-Dallas Department of Intercollegiate Athletics.

b. While not required, it is strongly recommended that the student-athlete notify the head athletic trainer of a pregnancy as early as possible, regardless of whether the pregnancy will be carried to term or terminated. It is in the student-athlete’s best interest to ensure that proper medical care and/or necessary counseling is being sought.

c. Confidentiality will be maintained. Notification of the coach(es)/other personnel is the decision of the student-athlete and will only become necessary once it no longer becomes safe for the student-athlete to participate or is limited due to pregnancy.

d. Counseling (for all involved parties) can be arranged and is strongly encouraged. Please contact the head athletic trainer for options available.

e. The NCAA permits a one-year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy.

f. Student-athletes should not be forced to terminate a pregnancy because of financial or psychological pressure, or fear of losing team membership status.

g. Student-athletes will not be judged based on decisions to carry pregnancy to full-term, to terminate pregnancy, or adoption.
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h. The University of Texas at Dallas does not cover medical costs related to pregnancy, childbirth, or termination of pregnancy. However, student-athletes will be provided with information regarding financial assistance or referred to individuals with that information.

II. What to do if you suspect you are pregnant (see flow chart)
   a. If a student-athlete suspects she is pregnant, this should be verified as soon as possible by a physician of her choice. She should avoid all medications and x-rays until certain she is not pregnant.
   b. If a student-athlete is unsure of a physician to consult with, she may contact the head athletic trainer for options available.

III. What if a student-athlete chooses to participate/compete?
   a. For student-athletes who choose to participate/compete during their pregnancy, participation clearance/final exercise parameters will rest with the supervising obstetric physician in consultation with the student-athlete, head coach, attending/head athletic trainer, and athletics director during the first trimester. Contact sports are generally prohibited after the first trimester. Restriction of activity may be deemed medically necessary. Active participation will be discontinued at the end of three (3) months of pregnancy, or as recommended by her supervising obstetric physician. These decisions will be managed case-by-case.
   b. Documentation of potential risks and understanding of these risks is required in the form of signed consent. The student-athlete will be educated on the effects of strenuous physical activity and the warning signs indicating the necessity to terminate exercise.
   c. If the student-athlete chooses to carry the baby to term, prenatal counseling is strongly encouraged and available at the UT-Dallas Counseling Center or Student Health Center (please contact the athletic training staff for assistance if needed in setting this up).

IV. What if a student-athlete chooses NOT to participate?
   a. If a student-athlete chooses to longer remain physically active on a team, other opportunities to remain active with the team in some capacity can be arranged (i.e. - team manager, statistician, etc.). This may be arranged in accordance with the guidelines set forth by the attending obstetrics physician.
   b. A student-athlete’s future participation on a team will not be effected by choosing not to participate during the pregnancy.

V. What happens after the pregnancy?
   a. After delivery, medical clearance must be granted by the attending obstetrics physician and done in consultation with the director of athletics, UTD team physician, and head athletic trainer.
VI. What happens if a student-athlete decides to terminate the pregnancy or miscarries?
   a. Confidentiality will be maintained within disclosure regulations.
   b. Medical documentation must be on file prior to the student-athlete’s resumption of any
      sports specific activities.
   c. Participation clearance will rest with the supervising physician in consultation with the
      director of athletics and head athletic trainer.

VII. Warning Signs to Terminate Exercise While Pregnant:
   a. Vaginal Bleeding
   b. Shortness of Breath Before Exercise
   c. Dizziness
   d. Headache
   e. Chest Pain
   f. Calf Pain or swelling
   g. Pre-Term Labor
   h. Decreased Fetal Movement
   i. Amniotic Fluid Leakage
   j. Muscle Weakness

VIII. Athletic Department Staff Responsibilities: (Model Policy from NCAA)
   a. In order to comply with federal law:
      i. Our athletic department will allow a pregnant or parenting student-athlete (S-A) to
         fully participate on the team, including team-related activities, unless the S-
         A’s physician or other medical caregiver certifies that participation is not
         medically safe.
      ii. Medically necessary absences from team activities due to pregnancy shall be
         considered excused absences and not used against the S-A.
      iii. No coach or other athletic department personnel shall suggest to any S-A that his
         or her continued participation on a team will be affected in any way by
         pregnancy or parental or marital status.
      iv. Our athletic department will not allow a hostile or intimidating environment on
         the basis of pregnancy or parental status to exist. Acts or statements that are
         hostile toward pregnancy or parenting, or that shame or shame the S-A because
         she/he is pregnant or parenting, will not be tolerated. Such conduct prevents an
         individual from effectively participating in, or denies a person the benefits of, the
         educational opportunities provided by this institution.
      v. Our athletic department or University will not terminate or reduce a S-A’s aid
         because of the pregnancy, marital or parental status during the term of his/her
         enrollment in the University.
      vi. Students may take a medical pregnancy leave, and at the end of that leave they
         will be reinstated to the same status they had before the leave.
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vii. Student-athletes are encouraged to remain in good standing academically, remain engaged in our athletics department, and are required to meet NCAA eligibility standards. Returning students may be evaluated in the same manner as any other team member to determine their specific position on the team, such as a starter or as a forward.

viii. Our athletic department will not permit the use of any written or verbal contact that requires a S-A to not get pregnant or become a parent as a condition of receiving any financial aid.

ix. Our pregnant and formerly pregnant students who wish to continue to participate in athletics are entitled to medical assistance and rehabilitation provided by the athletic training staff on the same basis as such assistance is provided to S-A with other temporary disabilities.

b. In order to assist our student-athletes:

i. Our athletic department will help the pregnant or parenting student-athlete plan for his or her continued academic progress, in accord with the university’s educational mission.

ii. Our athletic department will help the student-athlete return to sport after pregnancy and during parenting, if the student-athlete so desires.

iii. Our athletic department will assist the student-athlete to access the pregnancy and parenting support resources that are available to all college students.

iv. Our athletic department will publish this Policy in a publicly-available Student-Athlete Handbook, make this Policy available to student-athletes and their families on-line, and provide specific education on this Policy for all student-athletes.

v. Our athletic department, in conjunction with the team physician, the Faculty Athletics Representative, the Senior Woman Administrator, Team Certified Athletic Trainers and others designated by the university President, will regularly review student-athlete pregnancy and parenting cases as they occur to monitor compliance with this Policy.

c. Reporting

i. Our athletic department will not require any student-athlete to reveal pregnancy or parenting status. Our department will work to create an environment that encourages the student-athlete to voluntarily reveal her pregnancy and his or her parenting status, in order for our institution to provide optimal support for physical and mental health with professional healthcare. The coach’s attitude toward pregnancy and parenting can be pivotal in creating such a safe environment.

ii. No athletics department personnel will publicly release personally identifiable health information about pregnancy without written, timely authorization from the student-athlete.

iii. When a student-athlete reveals her pregnancy or parenting status to athletics personnel, they should direct the student-athlete to this Policy. They should reiterate the department’s protection of the student-athlete’s team membership status and financial aid. Athletic personnel should refer the student-athlete to the
UNIVERSITY OF TEXAS at DALLAS
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iv. Athletic personnel who suspect that a student-athlete is pregnant may report their concerns to a university-designated representative trained in pregnancy and parenting support options / the head athletic trainer.

v. Teammates of pregnant student-athletes may report their concerns to a university-designated representative trained in pregnancy and parenting support options / the head athletic trainer.

d. Enforcement and Non-Retaliation

i. Any member of the athletics department found to have violated this policy by threatening to withhold or withholding athletics participation or an athletics award, by harassing a student-athlete on the basis of pregnancy or parenting status, or by breaching medical confidentiality, will be subject to disciplinary action, up to and including possible discharge or expulsion from the university. The athletic department will also take appropriate remedial action to correct the situation.

ii. Any member of the athletic department who becomes aware of conduct that violates this policy should report the conduct to an appropriate official, such as the Athletic Director, the General Counsel’s office, the Title IX Compliance Officer, the Faculty Athletic Representative, or the Equal Opportunity Officer. The athletic department and university will make every effort to prevent public disclosure of the names of all parties involved, except to the extent necessary to carry out an investigation.

iii. Retaliation is specifically prohibited against anyone who complains about pregnancy or parental status discrimination, even if the person was in error about the lawfulness of the conduct complained about. This athletic department will take steps to prevent any retaliation against the individual who made the complaint.

References:
2. Iowa State University Athletic Training, “Pregnant Student-Athlete Policy”
3. Millersville University Athletic Training, “Recommendation for Pregnant Athletes”
4. NCAA Guidelines for Best Practice Presentation, pp58-70.
5. University of Texas – Arlington Department of Athletics, “Participation of the Pregnant Student-Athlete”
7. University of Texas – San Antonio Department of Intercollegiate Athletics, “Pregnancy Policy”
8. Wright State University, “Model Decision Flow Chart on How to Respond to Pregnancy”
Model decision flow chart on how to respond to pregnancy (contributed by Wright State University, Dayton, Ohio).

Student-athlete suspects pregnancy: sexual activity + missed menstrual period

- Pregnancy test confirms
  - 2nd pregnancy test confirms
  - Student-athlete seeks counsel
    - Decision-making team forms: e.g., student-athlete, coach, obstetrician, team physician, athletics director, FAR, family members, psychological counselor, faith counselor
    - Team assists student-athlete to access campus & local pregnancy support resources
      - Student-athlete elects to carry
        - Decision-making team decides on and monitors length of athletics participation up to past 14 weeks, develops plan for return to sport and continued academic progress
        - Delivery of baby at 40 weeks
          - Spontaneous abortion (miscarriage) in first 12-20 weeks: 10-15% of normal pregnancies
          - 2-4 weeks post-pregnancy, returns to athletics training
            - 6-8 week postpartum, returns to athletics training

- Student-athlete elects to abort
  - Student-athlete begins prenatal care

Return to sport

Academic progress continues throughout pregnancy
D. HYDRATION POLICY
Heat-related illnesses are a concern at any athletic event. Illnesses such as dehydration, heat cramps, heat exhaustion, and heat stroke are major concerns. Due to the nature of such illnesses, if prior to a contest there is concern on the part of the athletic trainer / medical staff, the following steps will be taken:

1. In advance of the game, the athletic trainer / medical staff will apprise the athletic administrator "in charge" and game officials referees at the event of their concerns.

2. Prior to the start of the event, the athletic administrator in charge, both head coaches, and athletic trainer will meet with the game official(s) so all are aware of the situation and determine if and when a hydration break will be taken, and how the stoppage of play will be handled.

3. An announcement to the fans will be made over the public address system reminded them to stay hydrated as well during the match. They will be notified of where they can obtain fluids (concessions area).

<table>
<thead>
<tr>
<th>WBGT Reading</th>
<th>Activity Guidelines and Rest-Break Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 82.0°F (27.8°C)</td>
<td>Normal Activities, provide 3 or greater rest breaks/h of minimum duration 3 minutes each during workout.</td>
</tr>
<tr>
<td>82.0°F-86.9°F (27.8°C-30.5°C)</td>
<td>Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide 3 or greater separate rest breaks/h of minimum 4 minutes each.</td>
</tr>
<tr>
<td>87.0°F-89.9°F (30.5°C-32.2°C)</td>
<td>Maximum practice time = 2h. Provide 4 or greater separate rest breaks/h of minimum duration 4 minutes each.</td>
</tr>
<tr>
<td>90.0°F-92.0°F (32.2°C-33.3°C)</td>
<td>Maximum length of practice = 1h. No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice.</td>
</tr>
<tr>
<td>≥ 92.1°F (33.4°C)</td>
<td>No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading occurs.</td>
</tr>
</tbody>
</table>

References:

E. SICKLE CELL INFORMATION FOR STUDENT-ATHLETES
Beginning August 1, 2013, the NCAA recommends that all student-athletes know their sickle cell status. The particulars of this requirement will be discussed with each individual team and educational materials reviewed.
WHAT IS SICKLE CELL TRAIT?

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

During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or "sickle."
Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.

During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.

Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.

Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place.

DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?

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

Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.

Most U.S. states test at birth, but most athletes with sickle cell trait don’t know they have it.

The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.

Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

HOW CAN I PREVENT A COLLAPSE?

Know your sickle cell trait status.
Engage in a slow and gradual preseason conditioning regimen.
Build up your intensity slowly while training.
Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense stations or “mat” drills.
Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
Stay well hydrated at all times, especially in hot and humid conditions.
Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.

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

For more information and resources, visit www.NCAA.org/health-safety
SICKLE CELL TRAIT

WHAT IS SICKLE CELL TRAIT?

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

During intense exercise, red blood cells containing sickle hemoglobin can change shape from round to quarter-moon, or “sickle.”

Sickle red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.

During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died.

Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.

Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapses among athletes with sickle cell trait, allowing them to thrive in sport.

DO YOU KNOW THE FACTS?

Student-athletes with sickle cell trait should not be excluded from athletic participation.

The NCAA recommends that athletic departments confirm the sickle cell trait status in all student-athletes.

Between 2000-08, a reported seven football student-athletes with sickle cell trait died during conditioning activities. Other causes of sudden death include cardiovascular conditions, heat illness and respiratory distress (asthma).

Complications associated with sickle cell trait are not limited to football. Other levels of competitive sports have documented cases in distance racing and during “suicide sprints” on the court, laps on a track, or a long training run.

Unlike heat-related or cardiac conditions, athletes with sickle cell trait may present as being fatigued and can often talk, but may be experiencing ischemic pain and weakness in their muscles. Pushing the athlete to continue beyond this point for “toughness” or discipline can lead to a fatal collapse.
An important note to head coaches and their staff is that the incidents of sudden death in athletes with sickle cell trait have been exclusive to conditioning sessions rather than game or skill practice situations.

While the definite cause of collapse among sickle cell trait athletes is not yet known, one hypothesis about what may be happening is that exercise intensity is a leading factor for sudden collapse, rather than the medical condition itself. Coaches should conduct appropriate sport-specific conditioning based on sound scientific principles and be ready to intervene when student-athletes show signs of distress.

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

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

Slowly build up their intensity while training.

Have their fitness tests scheduled later in the training program. Use a progressive, periodized program and evaluate their performance once they are acclimated to the stress about to be placed upon them.

Be allowed to set their own pace while conditioning.

Implement a slow and gradual preseason conditioning regimen that prepares them for the rigors of the sport.

Be provided adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.

Be given alternatives for performance testing, rather than serial sprints or timed mile runs, especially if these activities are not specific to the sport.

Stop activity immediately upon struggling or experiencing symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness.

Stay well hydrated at all times, especially in hot and humid conditions.

Refrain from consuming high-caffeine energy drinks and supplements, or other stimulants, as they may contribute to dehydration.

Maintain proper asthma management.

Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.

Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify training and have supplemental oxygen available.

Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit www.NCAA.org/health-safety
F. DIETARY SUPPLEMENTS
Dietary supplements have become commonplace in athletics since the passage of the Dietary Supplements Health and Education Act in 1994. Deceptive marketing by supplement manufacturers and supplement distributors have led student-athletes to believe that a product with the word “all natural” on the label is safe. It is vitally important that student-athletes are aware that many dietary supplements contain banned substances that may lead to a positive drug test. Furthermore, many serious side effects, including death, have been linked to dietary supplements.

The University of Texas at Dallas Athletic Training Department and the UTD Athletic Department do not condone or support the use of dietary supplements by its student-athletes.

Any student-athlete or coach requesting more information about dietary supplements and potential banned ingredients in these supplements should see the Head Athletic Trainer.

Further information can be sought through the National Center for Drug Free Sport Resource Exchange Center (REC) at (877) 202-0767 or visit the website at www.drugfreesport.com/rec.

G. HYPERTROPHIC CARDIOMYOPATHY
The risks of cardiovascular abnormalities will be discussed with student-athletes upon their initial meetings with the athletic training staff. All incoming student-athletes will be screened at their physicals. If a student-athlete would like to undergo additional testing that can be arranged through our affiliated cardiologist/UTD team physician. All additional testing will be the financial responsibility of the student-athlete and his/her parents/legal guardians. Please see the information sheets on the following pages:
Hypertrophic cardiomyopathy (HCM) is a condition in which the heart muscle becomes thick. The thickening makes it harder for blood to leave the heart, forcing the heart to work harder to pump blood.

Hypertrophic cardiomyopathy is often asymmetrical, meaning one part of the heart is thicker than the other parts. The condition is usually passed down through families (inherited). It is believed to be a result of several problems (defects) with the genes that control heart muscle growth. Younger people are likely to have a more severe form of hypertrophic cardiomyopathy. However, the condition is seen in people of all ages.

- Chest pain
- Dizziness
- Fainting, especially during exercise
- Heart failure (in some patients)
- High blood pressure (hypertension)
- Light-headedness, especially with or after activity or exercise
- Sensation of feeling the heart beat (palpitations)
- Shortness of breath

Other symptoms that may occur are:
- Fatigue, reduced activity tolerance
- Shortness of breath when lying down

Some patients have no symptoms. They may not even realize they have the condition until it is found during a routine medical exam.

The first symptom of hypertrophic cardiomyopathy among many young patients is sudden collapse and possible death. This is caused by very abnormal heart rhythms (arrhythmias), or from the blockage of blood leaving the heart to the rest of the body.

Hypertrophic cardiomyopathy is a major cause of death in young athletes who seem completely healthy but die during heavy exercise. However, certain normal changes in athletes’ hearts can confuse the diagnosis.

Diagnosis and tests

The health care provider will perform a physical exam and listen to the heart and lungs with a stethoscope. Listening with a stethoscope may reveal abnormal heart sounds or a murmur. These sounds may change with different body positions.

The pulse in your arms and neck will also be checked. The doctor may feel an abnormal heartbeat in the chest.

Tests used to diagnose heart muscle thickness, problems with blood flow, or leaky heart valves (mitral valve regurgitation) may include:
- 24-hour Holter monitor (heart monitor)
- Cardiac catheterization

Chest x-ray
- ECG
- Echocardiography (the most common test) with Doppler ultrasound
- MRI of the heart
- Transesophageal echocardiogram (TEE)

Not all of these tests are useful for evaluating all of these conditions.

Blood tests may be done to rule out other possible diagnoses.

If you are diagnosed with hypertrophic cardiomyopathy, your health care provider may recommend that your close blood relatives (family members) be screened for the condition.

The goal of treatment is to control symptoms and prevent complications. Some patients may need to stay in the hospital until the condition is under control (stabilized).

If you have symptoms, you may need medication to help the heart contract and relax normally. Some medications used include beta-blockers and calcium channel blockers, which may reduce chest pain and other symptoms, particularly with exercise. Medications will often relieve symptoms so patients do not need more invasive treatments.

Some people with arrhythmias may need anti-arrhythmic medications. If the arrhythmia is due to atrial fibrillation, blood thinners may also be used to reduce the risk of blood clots.

Some patients may have a permanent pacemaker placed. However, pacemakers are used less often today than they were in the past.

When blood flow out of the heart is severely blocked, an operation called surgical myectomy may be done. This procedure cuts and removes a portion of the thickened part of the heart. Patients who have this procedure often show significant improvement. If the heart’s mitral valve is leaking, surgery may be done to repair or replace the valve.

In some cases, patients may be given an injection of alcohol into the arteries that feed the thickened part of the heart (alcohol septal ablation), essentially causing a controlled heart attack.

An implantable cardioverter defibrillator (ICD) may be needed to prevent sudden death. ICDs are used in high-risk patients. High risks include:
- Drop in blood pressure during exercise
- Family history of cardiac arrest
- History of cardiac arrest or ventricular tachycardia
- History of unexplained fainting
- Life-threatening heart rhythms on a Holter monitor
- Severe heart muscle thickening

Some people with hypertrophic cardiomyopathy may not have symptoms and live a normal lifespan. Others may get worse gradually or rapidly. The condition may develop into a dilated cardiomyopathy in some patients.

People with hypertrophic cardiomyopathy are at higher risk for sudden death than the normal population. Sudden death can occur at a young age.

Hypertrophic cardiomyopathy is a well-known cause of sudden death in athletes. Almost half of deaths in hypertrophic cardiomyopathy happen during or just after the patient has done some type of physical activity.

If you have hypertrophic cardiomyopathy, always follow your doctor’s advice concerning exercise and medical appointments. Patients are sometimes advised to avoid strenuous exercise.

- Dilated cardiomyopathy


7/12/2012
• Heart failure
• Life-threatening heart rhythm problems (arrhythmias)
• Severe injury from fainting

Cell for an appointment with your health care provider if:
• You have any symptoms of hypertrophic cardiomyopathy
• You develop chest pain, palpitations, shortness, or other new or unexplained symptoms

If you are diagnosed with hypertrophic cardiomyopathy, your health care provider may recommend that your close blood relatives (family members) be screened for the condition.

Some patients with mild forms of hypertrophic cardiomyopathy are only diagnosed by screening echocardiograms because of their known family history.

If you have high blood pressure, make sure you take your medication and follow your doctor’s recommendations.


Reviewed by: Michael A. Chen, MD, PhD, Assistant Professor of Medicine, Division of Cardiology, Harborview Medical Center; University of Washington Medical School, Seattle, Washington. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.
Hypertrophic cardiomyopathy is the thickening of the muscles that make up the heart. This thickening may interfere with the normal functioning of the heart by:

- Narrowing the outlet of the ventricle
- Reducing the ability of the heart to relax and fill with blood during the relaxation phase
- Reducing the ability of the valves of the heart to function properly

Any situation that increases the contraction or rate of contraction of the heart muscle can worsen these symptoms.


Reviewed by: Michael A. Chan, MD, PhD, Assistant Professor of Medicine, Division of Cardiology, Harborview Medical Center, University of Washington Medical School, Seattle, Washington. Also reviewed by David Zibara, MD, WHA, Medical Director, A.D.A.M., Inc.

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H. SEVERE WEATHER POLICIES

1. LIGHTNING POLICY

a. Lightning is an unpredictable and dangerous occurrence. All athletic teams holding practices and competitions outdoors are at risk during inclement weather. The UTD Athletic Training Staff has implemented a lightning safety policy to minimize the risk of injury to athletes, coaches, staff and fans. In accordance with the NCAA and American Southwest Conference, the Athletic Training Staff will monitor lightning using the “Hear-See” method and/or the Telvent MX/Vision Weather Sentry System.

b. General Policy – A member of the Athletic Training Staff will monitor inclement weather and make a decision to suspend activity in the event of lightning. IN the absence of an Athletic Training Staff member, the head coach will have the ability to suspend activity (i.e. Golf, Cross-Country, and Tennis). Once the decision to suspend activity has been made, A UTD athletic administrator on site, coaching staff and officials will be notified. The decision to suspend activity will be based upon:

i. A lightning strike within the 12-mile radius of the UTD campus as alerted by the Telvent MX/Vision Weather Sentry System,

AND/OR

ii. Utilization of the “Hear-See” method. (Experts now suggest that if you “hear” thunder begin preparation for evacuation; if you “see” lightning, consider suspending activities and heading for your designated safer locations.)

1. As a minimum, it is recommended that by the time the monitor observes 30 seconds between seeing the lightning flash and hearing associated thunder, all individuals should have left the athletics site and reached a safer structure or location.¹

c. Prior to Competition – A member of the athletic training staff will greet the officials, explain that we have a means of monitoring lightning, and offer to notify them during the game if there is imminent danger from lightning.

d. Announcement of Suspension of Activity – Once it has been determined there is danger of a lightning strike, the Athletic Training Staff member will notify the head coach and/or official, and the athletes will be summoned from the playing surface.

e. Evacuation of the Playing Field – Immediately following the announcement of the activity suspension, all athletes, coaches, officials, and support personnel are to evacuate to an enclosed grounded structure. Shelter should be sought in a safe structure. IF a suitable building is not available, a dry ditch may be used to crouch in. DO NOT LIE FLAT! MINIMIZE YOUR BODY’S SURFACE BY ASSUMING A CROUCHED POSITION WITH ONLY THE BALLS OF YOUR FEET ON THE GROUND. WRAP YOUR ARMS AROUND YOUR KNEES, LOWER YOUR HEAD AND WAIT FOR THE STORM TO PASS.

¹ This is a minimum time frame and can vary depending on the distance and angle of the lightning strike. Always follow the advice of the local weather service for the best and most current information.
f. AT THE UNIVERSITY OF TEXAS AT DALLAS
   i. Baseball Practice and Games
      1. Athletes and staff evacuate to the Activity Center
      2. Fans evacuate to the Activity Center or their vehicles
   ii. Softball Practice and Games
       1. Athletes and staff evacuate to the Activity Center
       2. Fans evacuate to the Activity Center or their vehicles
   iii. Soccer Practice and Games
       1. Athletes and staff evacuate to the Activity Center
       2. Fans evacuate to the Activity Center or their vehicles
   iv. Tennis Practice and Games
       1. Athletes and staff evacuate to the Activity Center
       2. Fans evacuate to the Activity Center or their vehicles
   v. Golf Practice and Games
      1. Athletes, staff and fans evacuate to the nearest shelter, clubhouse, or a short group of trees.
      2. GOLFER SHOULD DROP THEIR CLUBS & REMOVE SHOES WITH METAL SPIKES. Individuals should not stand in groups or near a single tree. There should be 15 feet between individuals. IF possible seek shelter near a group of smaller trees.
   vi. Cross-Country Practice and Meets
      1. Athletes, staff, and fans evacuate to nearest grounded shelter, dry ditch, or small group of trees.

g. Additional Lightning Safety Tips
   i. There should be no contact with metal objects (bleachers, fences, golf clubs, bats, etc.)
   ii. Single trees and standing in a group should be avoided.
   iii. If there is no other shelter, you may seek refuge in a hardtop vehicle. It is not the rubber tires that protect from lightning; it is the hardtop metal roof that dissipates the lightning around the vehicle. (NCAA, 2007)¹
   iv. The existence of blue skies and/or absence of rain are not protection from lightning. Lightning can strike 10 miles away from the rain shaft. (NCAA, 2007)¹
   v. DO NOT LIE FLAT ON THE GROUND.
   vi. Avoid using a landline telephone.
   vii. Persons who have been struck by lightning do not carry an electrical charge. You can provide care. Move the victim to a safe location to provide care.
   viii. If in a forest, seek shelter in a low area under a thick grove of small trees.
h. **Evacuation of the Stands and PA Announcement:** During a competition, once the official signals to suspend activity, a member of the Sports Information Staff will announce via the PA system the following message and direct them to the above areas:

"May I have your attention, please? We have been notified of approaching inclement weather. Activity will cease until we have determined it is safe and the risk of severe weather is diminished. We advise you to seek enclosed shelter."

i. **Resumption of Activity:** Activity may resume once a member of the Athletic Training Staff gives permission. The decision will be based on:
   1. Thirty minutes AFTER the last lightning strike or last sound of thunder. (If lightning is seen w/o hearing thunder, lightning may be out of range and therefore less likely to be a significant threat).

   AND / OR

   ii. An all clear alert from the Telvent MX/Vision Weather Sentry System,

j. **What if someone is struck by lightning**

   Recommended Pre-hospital Care for Treating Lightning-Strike Victims.³
   1. **Survey the scene** (Safe for you? Victim findings – unconscious, fixed/dilated pupils, cold extremities, cardiopulmonary arrest)
   2. **Activate EAP.**
   3. Carefully move the victim to a safe area, if needed.
   4. Evaluate and treat for apnea/asystole.
   5. Evaluate and treat for hypothermia and shock.
   6. Evaluate and treat for fractures.
   7. Evaluate and treat for burns.
ATHLETIC TRAINING POLICIES & PROCEDURES

Athletic Training Staff monitors weather

Lightning strike

Imminent danger detected

Signal officials or coach to suspend activity

Announcement to fans; seek appropriate shelter

Evacuate players, coaches, officials and support staff

Evacuate fans

Athletic Training Staff monitors lightning

If safe, resume activity

If danger remains, suspend or cancel activity
2. TORNADOES

A tornado is a violent windstorm characterized by a twisting, funnel-shaped cone. It is originated from a thunderstorm/hurricane, and is produced as cool air overrides a layer of warm air, for the warm air to rise rapidly. Tornado season is normally March through August, although they can occur at any time of the year. They tend to occur most in the afternoons and evenings.

Tornadoes strike with incredible velocity, with speeds up to 300 miles per hour. Their destructive power is immense. Typically, a tornado will stay on the ground for no more than 20 minutes. However, one tornado can touch ground several times in different areas.

- **Tornado Watch** — a tornado watch means that conditions are favorable for a tornado to occur. Be aware/alert of the current weather situation in the area and do the following:
  - Review the actions that should take place should a tornado watch develop, or if a tornado funnel is sited.
  - Ensure no physical restrictions exist that would prevent free movement to your nearest safe area (clear any blocked doors, aisles, etc.)
  - Continue normal activities, but be alert to the weather outside, and monitor the radio/television or watch the sky for worsening weather conditions.
  - DO NOT phone the UTD police or the campus operator for information. Keep the telephone lines clear for emergency messages.

- **Tornado Warning** — a tornado warning means that a tornado has been sighted. You should do the following:
  - Take cover!
    - Proceed to the nearest area/shelter
    - Because of possible electrical failures, use the stairs, not the elevators.
    - Avoid auditoriums and gymnasiums with large, poorly supported roofs.
  - In multi-story buildings, you should move to the basement or first floor. Inner hallways are usually safe areas. If possible, move to the ground level. If you are in a frame or sheet metal building and weather conditions permit, move to a brick or stone building for added protection.

References:
