



**IUPUI**

***Sports Medicine  
Handbook***

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# Sports Medicine Staff

## 1.1 GENERAL INFORMATION

The Sports Medicine care at Indiana University Purdue University Indianapolis falls under the direct supervision of the Team Physician and the Assistant Athletic Director for Sports Medicine. Certified athletic trainers will evaluate injured student-athletes, provide student-athletes with the basic health care needs, and direct them to other healthcare providers as appropriate. The role of the athletic trainers is to implement prevention of injury programs, provide immediate care and treatment, and follow rehabilitation procedures for the injured student-athlete as directed by the team physician.

### 1.1.1 Facilities

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

Natatorium Room 105 (Concourse level-south end)

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

### 1.1.2 Hours of Operation

During the academic year, the hours of operation of sports medicine facilities are determined on a seasonal basis for self-care items with all other items being scheduled with the athletic trainers; generally, hours of operation are **8 a.m. to 3 p.m.** During the **summer months**, hours of operation are generally **10 a.m. to 3 p.m.** Contact the athletic trainer for each sport for information on hours of operation and scheduling appointments.

All Hours of Operation are subject to change. If the Hours of Operation are changed, the athletic training staff will communicate the change to coaches.

### 1.1.3 Use of Sports Medicine Facility

Athletic department sports medicine facility is intended for the use of current and former student-athletes and athletics staff members. Former student-athletes will be able to use sports medicine facilities at the discretion of the Assistant Athletic Director for Sports Medicine.

#### **1.1.4 Certified Athletic Trainer Assignments**

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

#### **1.1.5 Sports Medicine Staff Certification/Licensure**

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

All Sports Medicine staff must have and maintain current NATA, CPR, AED certification, and Indiana state licensure. If a new staff member is not licensed in the state of Indiana, upon hiring, s/he will have 30 days to obtain Indiana licensure.

## **1.2 GOALS AND OBJECTIVES**

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

## **1.3 STUDENT-ATHLETE SAFETY**

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

The following pertinent points regarding safety should be noted:

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

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

#### 1.4 PHYSICAL EXAMINATIONS/CLEARANCES FOR ELIGIBILITY CERTIFICATION

To be certified and eligible to practice and compete (including weight training and conditioning activities), all student-athletes must complete a three-part process: academic clearance, compliance clearance, and medical clearance. In order to be medically cleared for eligibility certification, student-athletes must have the following on file in the sports medicine office: student-athlete insurance information, Medical Consent, Health History Questionnaire, Assumption of Risk and Release of Liability, Sickle Cell test results, and Concussion Documents. Approval for participation is based on a thorough review of the student athlete's health status.

##### 1.4.1 Student-Athletes

Each incoming scholarship student-athlete must obtain a physical examination with the IUPUI Sports Medicine Staff and be cleared for participation by the IUPUI Team Physician. The IUPUI Athletics Department will also request permission to utilize parents' health insurance as primary insurance and have the athlete sign an authorization for disclosure of health information and insurance forms.

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

#### **1.4.2 Prospective Student-Athlete Try-Outs**

Each incoming walk-on student-athlete must show proof of physical examination dated within 6 months prior (on the forms provided by the Sports Medicine staff or on a physical form from their physician's office or high school physical and at the prospective student-athlete's own expense) and have the following on file with the IUPUI Sports Medicine staff: proof of insurance, student-athlete insurance information, Medical Consent, Health History Questionnaire, Assumption of Risk and Release of Liability, Sickle Cell test results, and concussion documents. The Sports Medicine Staff will review all of the documentation to determine whether the potential student-athlete is cleared for participation in the try-out. If the student-athlete is invited onto the team, and before being released for full participation, he/she must obtain a pre-participation physical exam (PPE) with the IUPUI Team Physician through the Sports Medicine Staff, complete any remaining paperwork, and complete all baseline concussion testing with IMPACT and BESS.

#### **1.4.3 Returning Student-Athletes**

Each returning student-athlete must complete an annual health review with the IUPUI Sports Medicine staff. The final decision on physical qualification or reason for rejection shall be the sole responsibility of the Team Physician. The Team Physician shall have final authority regarding a student-athlete's participation in practice and competition following an injury or illness.

#### **1.4.4 Medical Exams for Prospects**

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



## 1.5 MEDICAL INSURANCE

As permitted by NCAA regulations, IUPUI provides medical coverage for all injuries or illnesses sustained as a result of IUPUI intercollegiate athletics directed practices, competitions, conditioning sessions, and team travel. Coordination of benefits will utilize the parent's or student-athlete's own health insurance as the primary insurance coverage. IUPUI's coverage is secondary and becomes primary when a student-athlete has no coverage or the student-athlete's coverage is denied. The Athletic Department will not pay for treatment that has not been pre-authorized by the IUPUI Sports Medicine Staff. Every student-athlete's insurance information must be on file in the athletic training room prior to the student-athlete's participation in any practice (including weight training and conditioning) or competition.

While student-athletes are not required to have or to maintain medical insurance to be eligible for participation, it is strongly suggested that they have and maintain medical insurance. When student-athletes do not have medical insurance, they are encouraged to enroll in a voluntary health coverage plan that would provide coverage for potential non-athletic problems.

Try-out student-athletes must have medical insurance and maintain proof of this insurance coverage to be eligible for intercollegiate athletics participation at IUPUI. Proof of insurance (a photocopy of the front and back of the insurance card) must be submitted to the Sports Medicine Staff, prior to any practice (including weight training and conditioning activities) or competition.

IUPUI will provide secondary medical insurance for conditions or injuries that are a direct result of IUPUI athletic competition participation or voluntary activities to prepare the student-athlete for practice or competition. The athletic department will not provide coverage for treatment of other conditions and/or injuries except for an appointment with a doctor for clearance to return to play.

- IUPUI will provide secondary insurance for the following:
  - Injuries sustained while participating in IUPUI athletics for a coach supervised practice or competition and transportation to such practices and competitions;
  - Injuries sustained while participating in voluntary athletic activities: scheduled open gym, and additional training that is related to the athlete's sport;
  - Doctor appointments necessary for return to athletic participation from a non-IUPUI athletically related injury or illness
  - Costs related to IUPUI physicals and exit physicals including cardiac and vision evaluation;
  - Costs of contact lenses needed for participation; and
  - Second opinions when referred by the team physician or designee

- IUPUI will not provide secondary insurance for the following:
  - o Any injury or illness that occurred prior to participation in IUPUI athletics including pre-existing injuries or illnesses that are discovered as part of evaluation during physicals or evaluation of a covered injury;
  - o Any injury not related to IUPUI athletics participation;
  - o Any illness not caused by an IUPUI athletically related injury;
  - o Any dental care not caused by an IUPUI athletically related injury
  - o Provider visits, including second opinions for IUPUI athletically related injuries when not referred by the team physician or designee.

When extraordinary circumstances are present, the Athletic Director, in his sole discretion, may choose to provide secondary insurance for an injury or illness that would not otherwise be covered.

## **1.6 MEDICAL CARE DURING THE PLAYING SEASON AND REPORTING OF INJURIES AND ILLNESSES BY STUDENT-ATHLETES**

All illnesses and injuries (including dental injuries) resulting from athletically related participation, must be reported as soon as possible to the Sports Medicine Staff. Non-athletically related injuries and illnesses should also be reported to the Sports Medicine Staff because the injury or illness may affect future treatment(s) for athletic injuries and/or the student-athlete's ability to participate.

All student-athletes eligible for practice and/or competition at IUPUI are eligible to receive medical care from the Sports Medicine staff (for coverage of expenses related to care, see Section 1.5 Medical Insurance). The athletic trainer will make an evaluation and take the appropriate action of treatment or referral. In the case of illness, student-athletes should inform their respective athletic trainer and let him/her evaluate the problem and refer to the appropriate physician or medical services provider. Appointments should be made through the Sports Medicine Staff member that provides primary coverage for their particular sport.

## **1.7 MEDICAL CARE OUTSIDE OF THE PLAYING SEASON**

Outside of the playing season (the playing season includes both the traditional and non-traditional segments), the Sports Medicine Staff is available for consultation about personal illnesses or injuries and will provide treatment and rehabilitation for injuries, which occurred during the in-season (for coverage of expenses related to care, see Section 1.5 Medical Insurance).

## **1.8 MEDICAL CARE OF INELIGIBLE STUDENT-ATHLETES**

Student-athletes who are on the team roster but are not practicing or competing due to academic ineligibility and student-athletes who have exhausted their athletic eligibility but are still enrolled at IUPUI may consult with IUPUI Sports Medicine Staff. Any medical costs, including but not limited to office visits, prescription medicines, diagnostic work, etc., are the responsibility of the student-athlete unless related to

an injury/illness sustained from previous intercollegiate athletics directed sports participation at IUPUI.

### **1.9 MEDICAL CARE OF STUDENT-ATHLETES AFTER ATHLETICS PARTICIPATION AT IUPUI**

Student-athletes who have completed their participation in intercollegiate athletics at IUPUI must schedule exit physicals from a Sports Medicine Staff member to identify any medical injuries or other problems. Student-athletes with a continuing athletically related medical problem would receive care for up to two years after completion of athletic participation at IUPUI (e.g., surgery, rehabilitation, etc.). Any such care must be coordinated through the IUPUI Team Physician and athletic trainer of that sport. Otherwise, the Athletic Department will not be responsible for any costs incurred.

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

### **1.10 MEDICAL CARE FOR VISITING STUDENT-ATHLETES**

There is an IUPUI Sports Medicine Staff member on-site at all scheduled intercollegiate athletics events. If a visiting student-athlete is injured or becomes ill while participating in an intercollegiate athletics event, the IUPUI Sports Medicine Staff will attend to the visiting student-athlete's needs. If a team physician or athletic trainer accompanies the injured/ill student-athlete from the visiting institution, then the IUPUI Sports Medicine Staff will serve on an "as needed" basis. If a visiting student-athlete needs treatment while at IUPUI for an athletic event, the IUPUI Sports Medicine Staff may provide, as conference rules allow, the treatment with a written note from the student-athlete's athletic trainer.

### **1.11 PROVISION OF PRESCRIPTION AND NON-PRESCRIPTION DRUGS TO STUDENT-ATHLETES**

Only the Team Physician may provide prescription medications to student-athletes only. Over-the-counter (OTC) medications may be provided to student-athletes by any Sports Medicine Staff (for coverage of expenses related to medication, see Section 1.5 Medical Insurance). Vaccinations are available at the Campus Health Center and the Team Physicians office.

## **1.12 REFERRALS AND CONSULTANTS**

The Athletic Department uses many medical providers for the care of student-athlete injuries and illnesses. Student-athletes requiring consultation and/or care from a specialist must be referred by the Team Physician to an appropriate medical provider. If a student-athlete chooses to go to a medical provider without a referral, the student-athlete assumes full responsibility for all medical costs incurred.

## **1.13 EMERGENCY ROOM/URGENT CARE FOR STUDENT-ATHLETES**

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

## **1.14 TRANSPORTATION OF STUDENT-ATHLETES TO MEDICAL APPOINTMENTS**

A member of the athletics department staff will attempt to accompany student-athletes for all procedures and appointments that are the result of a Team Physician referral.

## **1.15 Adaptive Education Services**

When student-athletes are hindered in their ability to get to class or complete coursework, due to injury, they must assume responsibility to contact the Adaptive Education Services Taylor Hall, Room 100 (tel: 317-274-3241. Injured student-athletes may be able to purchase temporary on-campus parking permit from the IUPUI Parking Services in the Vermont Garage (317-274-4232), when they present a note of authorization from the Team Physician. See parking services web-site at <https://parking.iupui.edu/pages/permits/dPermit.asp> for more details.

## **1.16 ADDITIONAL HEALTH CARE SERVICES FOR STUDENT-ATHLETES**

### **1.16.1 Dental Care**

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

### **1.16.2 Ocular Care**

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

### **1.16.3 Nutritional Care**

Nutritional counseling will be provided to student-athletes on an as-needed basis. The Athletics Department may hire a nutritionist who will be available on campus throughout the spring and fall semesters. Student-athletes may discuss their issues and concerns with their Sports Medicine Staff, or appointments can be scheduled to see the nutritionist.

### **1.16.4 Mental Health Care**

**Student-athletes in need of emotional and/or psychological services will be referred to appropriate individuals by the Team Physician or mental health providers. Mental health appointments with the team physician and IUPUI provided providers will be covered as an athletic related injury. Any psychiatric referrals or psychological counseling even if referred by a team physician or IUPUI mental health provider are the responsibility of the student-athlete.** Please consult the Mental Health Policy and Procedures for more information regarding details and procedures. (See Appendix).

### **1.16.5 Birth Control**

The Athletic Department will not cover the cost of birth control.

## **1.17 SCIENTIFIC STUDIES INVOLVING STUDENT-ATHLETES**

The Sports Medicine Staff may provide injury data when possible for injury surveys and studies, especially those of the Horizon League, NCAA, and those conducted by IUPUI and/or Indiana University. The Athletic Director or his designee will determine which studies the Athletic Department will participate in. The provision of injury data will comply with the requirements of the Family Educational Rights and Privacy Act (FERPA) and other applicable law and University policy and will not infringe on the privacy rights of student-athletes.

The Sports Medicine staff will not provide permission to anyone requesting participation of IUPUI student-athletes in any study or research project. Anyone making such a request should follow the normal university procedures for use of human subjects for research purposes. Information on these procedures can be requested from the Human Subjects Office, Lockefield Room 3322, (phone: (317-278-9211). Coaches or other athletic department staff members must not unilaterally agree to allow their student-athletes to participate in any type of study or research project.

## **1.18 SPORTS MEDICINE STAFF COVERAGE OF ATHLETIC TEAMS AND EVENTS**

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

### **1.18.1 Home Events/Practices**

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

### **1.18.2 Traveling Sports**

A traveling sport is one that has an athletic training staff member travel with the team to an away event. The Sports Medicine Staff traveling with the team will have medical insurance information, a medical services pre-authorization form available for all student-athletes who are members of the team travel party, and a travel medical kit.

### **1.18.3 Non-Traveling Sports**

A non-traveling sport is one that does not have an athletic training staff member travel with the team to an away event (e.g. golf, tennis, track, and cross country). The Head Coach traveling with the team will have medical insurance information, a medical services pre-authorization form available for all student-athletes who are members of the team travel party, and a travel medical kit with general supplies.

### **1.18.4 Conditioning**

All conditioning is supervised by strength and conditioning coaches with a national certification, who work in conjunction with the Sports Medicine Staff and provide alternative programs for injured athletes.

## **1.19 STUDENT-ATHLETE MEDICAL RECORDS**

Medical records are kept for all student-athletes. Student-athlete injuries and illnesses are recorded by the Sports Medicine Staff a daily basis in the Vivature/NEXT computer program. Student-athlete medical records are stored in the medical file room and/or electronically through Vivature and are kept for at minimum seven years following the completion of the student-athlete's participation in intercollegiate athletics at IUPUI. Student-athlete medical records will be released only upon receipt of a written authorization form signed by the student-athlete or as otherwise required by law.

## **1.20 STUDENT-ATHLETE MEDICAL DOCUMENTATION**

The Sports Medicine Staff will document every injury/problem, treatment, rehabilitation program, progress notes, physician visits, for all sports and student-athletes using Vivature.

### **1.20.1 Progress Notes**

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

### **1.20.2 Coach's Report**

Weekly, or more frequently as needed, a Coach's Report will be sent to all coaches, including the Strength and Conditioning coaches in an email. The report simply states the student-athlete's status, injury, and any comments specific for conditioning/practice/game. The report should be delivered in an adequate amount of time before practice to allow coaches to make changes (1½ to 2 hours before practice).

### **1.20.3 Rehabilitation and Rehabilitation Log**

Any rehabilitation for an injury/problem will be documented daily in Vivature. A rehabilitation log may be created for the student-athlete in his/her respective sports folder. The student-athlete or athletic trainer will fill in the date and check or add comments for completed exercises. After the student-athlete has returned to participation or the log is full the rehabilitation log will be placed in the athlete's medical file.

### **1.20.4 Sign-In/Treatment Log**

Each student-athlete is required to sign in to the athletic training room for treatment, tape, rehabilitation, etc. Sign-in will occur on the Vivature Kiosk.

#### **1.20.5 Over the Counter Medication Log**

When dispensing OTC medications to student-athletes or in ATC's travel kit, the Sports Medicine Staff will need to log the disbursement. The log requires the ATC to report: student-athlete's name, date, time, sport, OTC drug, amount, and ATC initials.

#### **1.20.6 Monthly Athletics Calendar**

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

### **1.21 ATHLETIC TRAINING ROOM PHYSICIAN VISITS**

During the school year, the Sports Medicine Team Physician or designee will hold office hours in the athletic training room. A member of the Sports Medicine Staff will be present and supervising. The Team Physician or designee will document their evaluation into Vivature.

### **1.22 DRUG AND ALCOHOL POLICY**

The overall goal of the Indiana University Purdue University Indianapolis student-athlete drug-testing program is to promote a year-round drug-free environment in the university's intercollegiate athletics programs. Please consult the Drug Policy for more information regarding details and procedures. (See Appendix).

### **1.23 SICKLE CELL TRAIT POLICY**

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



## **1.24 CONCUSSION POLICY AND PROTOCOL**

To assist in the management of concussions and the safe return-to-play for athletes, IUPUI created the Concussion Policy and Protocol consistent with NCAA Guidelines. (See Appendix).

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## **Sports Medicine Department Student-Athlete Drug Education, Testing, and Treatment Policy**

### **PURPOSE AND ADMINISTRATION**

The Indiana University Purdue University Indianapolis Department of Intercollegiate Athletics (“Department”) has a responsibility to help student athletes achieve and maintain their optimum health in a drug free atmosphere. It is the purpose of the Student-Athlete Drug Education, Testing, and Treatment Policy (“Policy”) to fairly, reliably, and privately establish a drug free atmosphere among our student-athletes through education, identification, assessment, treatment, and rehabilitation of substance abuse including establishing and enforcing consequences to deter substance abuse. Maintenance of a drug free atmosphere is necessary because of the direct and indirect adverse health effects and other potential harm to the user as well as the potential of harm to others caused by acts resulting from impaired judgment of the user. In addition, the use of non-therapeutic drugs is illegal and, prohibited by NCAA, the Horizon League, and Indiana University rules.

This Policy was adopted on August 2017, became effective on that date, and applies to all student-athletes participating in intercollegiate athletics at IUPUI and/or receiving athletics financial aid as well as student-participants in clubs, programs, and organizations managed by the Department of Intercollegiate Athletics. It is administered, interpreted and enforced by the Department and not by any particular sport program within the Department. No team rules or other individual sports program activities may be established or enforced that are less restrictive than this Policy. However, team rules may be more stringent than those set for in this Policy.

### **DRUG EDUCATION PROGRAM**

IUPUI strives to educate student-athletes, coaches and staff members about the concerns and consequences related to the abuse of drugs. Because of the key role substance abuse education plays in creating a drug free atmosphere, all Department staff, coaches and student-athletes will be required to participate in education sessions to help prevent the occurrences of substance abuse and increase awareness regarding issues and concerns related to substance abuse.

## DRUG TESTING PROGRAM

The testing component of IUPUI's comprehensive drug program was developed on the belief that drug testing, random and otherwise, serves as a deterrent to drug use. In addition to administering a comprehensive drug testing program, the Department strictly upholds and enforces NCAA and Horizon League regulations regarding substance abuse. Under University procedures for drug testing, there are immediate progressive rehabilitative and disciplinary consequences for a student-athlete found abusing drugs. In addition to IUPUI testing, the NCAA and the Horizon League each conduct their own drug testing programs for every men's or women's sport. Any positive NCAA or Horizon League drug test will also be counted as an IUPUI positive drug test, and the NCAA / Horizon League sanctions will apply in addition to University sanctions. **It should be understood that under some circumstances, the NCAA / Horizon League could declare a student-athlete who is found to have utilized a substance on the list of banned drugs 1.) ineligible for further participation in post season and regular season competition for a minimum of one season of competitions in all sports for 365 days from the time of their positive test, and 2.) to have lost one of their four years of eligibility.** This rule may apply even if this is a first positive drug test.

**Student-athletes are responsible for every substance they eat, drink, smoke, or otherwise consume whether they know its contents or not.** Being unaware that a substance is banned is not an adequate defense for a positive drug test, under the NCAA, Horizon League or IUPUI drug policies. The only drugs student-athletes should take are those that are appropriately prescribed to them by a physician. The student-athlete must notify his/her athletic trainer or Team Physician or designee when **any** drug is prescribed by a physician or before taking any non-prescribed over the counter medication, vitamins, dietary supplement or the like.

At the beginning of the academic year, all student-athletes will be informed of the purpose and implementation of the Policy. Student-athletes will be required to sign a form acknowledging that they have received a copy of the Policy and understand what is expected from them. Further, they will be required to consent to the administration of urinalysis testing and the release of results to a limited group of individuals directly involved in the implementation of this Policy. Failure to sign a consent form (copy attached) will result in prohibition from all intercollegiate athletics participation and loss of any institutional athletics-related grant-in aid at IUPUI.

**The Department's Team Physician or designee can schedule drug tests and collections at any time of year without prior notice.** Failure to submit to an immediate drug test will be considered a constructive positive test and all corresponding sanctions will apply upon the review of the Team Physician or designee. The Team Physician or designee may schedule additional tests, as appropriate, consistent with this Policy. The Team Physician or designee is solely responsible for setting drug testing levels and all decisions made by the Team Physician or designee regarding drug testing timing and selections are final subject only to the student-athlete appeals procedures set forth elsewhere in this Policy. Student-athletes may

only be subjected to drug testing as expressly contemplated by this Policy and may not be subjected to any other drug testing at the direction of their coaches, athletic trainers or others.

Student-athletes will be subjected to drug tests subject to discipline under the following circumstances:

- A. All student-athletes are subject to random testing as established by the Team Physician or designee.
- B. Student-athletes who have tested positive in a previous test will be subject to increased testing as established by the Team Physician or designee.
- C. Student-athletes in treatment for drug abuse under this Policy will be subject to increased drug testing consistent with this Policy (other than student-athletes placed in the Extraordinary Treatment Program as set forth below) as established by the Team Physician or designee.
- D. A student-athlete reasonably suspected of substance abuse (based for example on irregular behavior, physical or mental impairment, or the like) may be referred by an appropriate Departmental staff person by completing an Evaluation Request Form (copy attached) for a targeted drug test to be performed at the discretion of the Team Physician or designee.
- E. A student-participant of a club, program, or organization managed by the Department of Intercollegiate Athletics, who is reasonably suspected of substance abuse (based for example on irregular behavior, physical or mental impairment, or the like), may be referred by an appropriate Departmental staff person by completing an Evaluation Request Form (copy attached) for a targeted drug test to be performed at the discretion of the Team Physician or designee.
- F. Other than for targeted testing pursuant to “D” and “E” above, head coach may only request the Team Physician or designee to test all student-athletes on the current roster, not any particular individual or group of individuals.
- G. The Team Physician or designee may drug test any student-athlete prior to NCAA and/or Horizon League championship competition. Such student-athletes must be aware that both NCAA and Horizon League may also randomly do urine screenings for drugs at such events.

Student-athletes will be subject to drug tests for the following categories of substances:

- 1. Opiates (Morphine, Codeine, Demerol, Heroin, etc.)
- 2. Cocaine
- 3. Tetrahydrocannabinol (THC or Marijuana) and Synthetic cannabinoids (eg. spice, K2)
- 4. Drug analogs (Ecstasy, designer drugs)
- 5. Barbiturates and Benzodiazepines
- 6. Stimulants/Amphetamines (including Ritalin, Adderall, Ephedra, ginseng, etc.)
- 7. Natural and manufactured hallucinogens

8. Anabolic Steroids
9. Diuretics
10. Urine manipulators

At any time, other drugs may be added to this list of substances for which drug testing is conducted by the Team Physician or designee. The NCAA publishes a list of banned drugs on its website. This list, as updated from time to time, is incorporated by reference into this policy.

**Any missed scheduled drug test will be treated as a constructive positive drug test. Arriving late of the assigned time can be counted as a constructive positive drug test at the discretion of the Team Physician or designee.** In the event of a no-notification test, no selected student-athlete will be allowed to leave the facility after they have been notified or that will be counted as a constructive positive test. Inability to void at the time of the test will necessitate that the student- athlete being tested remain at the testing area until a sample can be obtained. Additionally, tampering with, diluting, or in any way altering one's urine sample, will be viewed as a positive test. Moreover, such activities will also subject the student-athlete to additional sanctions at the discretion of the Athletic Director upon the recommendation of the Team Physician or designee.

Drug tests will be analyzed at an appropriately certified and accredited lab approved by the Team Physician or designee, utilizing procedures and cut-off parameters for determining positive test results established by the Team Physician or designee.

## **Notification**

The Drug Testing Coordinator, upon verifying and confirming a positive test result, will immediately notify the Team Physician or designee, the Athletics Director, the pertinent sport administrator, the head coach, and the student-athlete. At the discretion of the Team Physician or designee, a student-athlete's parents (and/or legal guardians) may also be notified of a first positive drug test subject to discipline. A student-athlete's parents (and/or legal guardian) must be notified of a second or third positive drug test subject to discipline. Other members of the Department whom the Team Physician or designee or Director of Athletics determine to be necessary may be notified in appropriate circumstances. The notification to the student-athlete will be in writing and will set forth the consequences and potential consequences for failing to cooperate with, or progress in, treatment.

## **Consequences of Positive Test Results**

### **First Positive Test**

Any student-athlete with a first time positive drug test will be required to attend a mandatory assessment interview with a mental health professional approved by the Team Physician or designee to determine the type and extent of treatment that would

be most appropriate. Based on this assessment, the student-athlete will then be required to participate and complete a drug-counseling program and follow the prescribed treatment as approved by the supervising mental health professional and Team Physician or designee. The mental health professional will recommend a plan for treatment and/or education. The treatment plan may involve one or more of the following: personal counseling, substance abuse counseling, referral to an intensive outpatient program, or referral to an in-patient treatment facility. Education could include participation in community service or attendance at any appropriate Indiana University, IUPUI, and/or departmental endorsed educational programs or services. At the discretion of the attending mental health professional, the student-athlete may be drug tested not subject to discipline as part of the assessment and/or treatment, however, during and after the assessment and treatment, the student-athlete will be subject to increased random testing subject to discipline.

## **Second Positive Test**

Any student-athlete with a second positive drug test will be required to participate in appropriate assessment and treatment as prescribed by a mental health professional approved by the Team Physician or designee. In addition, the student-athlete will be immediately suspended from competitive season play in accordance with the schedule for each sport as set forth below. The suspension shall be served in consecutive competitions starting with the next scheduled competition and will be in effect for both regular season and post-season competition. In no event may exhibition, or foreign tour competitions or other non-traditional contests count as part of the sanction. For student-athletes competing in multiple competitions on the same day (i.e. a double header), each competition listed on the team's official schedule will count towards the sanction. A competition that has multiple competitors (such as a track or swim meet) is considered to be a single competition regardless of how many different opponents are competing in it or how it is scored. If the positive drug test result occurs during the off-season, the suspension will be served at the start of the next season of competition. Furthermore, if a student-athlete tests positive outside their competitive season and participates in more than one sport, the suspension will be served during the upcoming competitive season. Suspensions for competitions shall include those where a student is allowed to compete unattached where IU is providing the resources to participate in the competition. In the event that the sanctions cannot be completed by the end of a current season, the sanctions will rollover to the next season. At the discretion of the attending mental health professional, the student-athlete may be drug tested not subject to discipline as part of the assessment and/or treatment, however, during and after the assessment and treatment the student-athlete will be subject to increased random testing subject to discipline.

<b>Softball</b>	<b>5 Games</b>
<b>Men's Basketball</b>	<b>3 Games</b>
<b>Women's Basketball</b>	<b>3 Games</b>
<b>Men's Golf</b>	<b>1 Competition</b>
<b>Women's Golf</b>	<b>1 Competition</b>

Men's Cross Country	1 Competition
Women's Cross County	1 Competition
Women's Soccer	2 Games
Men's Soccer	2 Games
Men's & Women's Swimming and Diving	2 Competitions
Men's Tennis	3 Competitions
Women's Tennis	3 Competitions
Men's Track & Field	1 Competition
Women's Track & Field	1 Competition
Women's Volleyball	3 Competitions

### **Third Positive Test Result**

Any student-athlete with a third positive drug test will serve a suspension for a period of one calendar year commencing immediately, with revocation of athletic scholarship at semester's end, in accordance with all NCAA, conference, and institutional rules and regulations. In order to be reinstated to athletic participation, the student-athlete will be required to undergo re-entry drug testing and must test negative. The student-athlete would then be reinstated with two positive test results and be subject to increased random testing subject to discipline. The reinstatement of the student-athlete's scholarship would be at the discretion of the Athletic Director upon advice of the Team Physician or designee and Head Coach. If a student-athlete has another third positive drug test at any time after being reinstated, the student-athlete will be immediately and permanently suspended from all future athletic competition and his or her scholarship will be revoked.

### **First Positive Test for Performance Enhancing Drugs**

Any student-athlete with a first positive drug test for a performance enhancing drug (such as certain stimulants or anabolic steroids) on an IUPUI drug test will be penalized with sanctions consistent with NCAA penalties for performance enhancing drugs. The student-athlete will: 1.) be ineligible for further participation in all pre-season, regular and post-season competition for a minimum of one season of competitions in all sports for (365 days) from the time of their positive test, and 2.) lose one of their four years of eligibility. The student-athlete will attend a mandatory assessment interview with a mental health professional approved by the Team Physician or designee to determine the type and extent of drug counseling and/or drug education program that would be most appropriate. Based on this assessment, the mental health professional will recommend a plan for treatment and/or education. The student-athlete must complete the outlined treatment plan and/or educational program.



## **Further Disciplinary Action**

Any student-athlete who does not follow the prescribed treatment or is not making satisfactory treatment progress will be subject to further disciplinary action. Discipline may include suspension from future participation in a specified number of contests, suspension from future athletic participation, revocation of athletic scholarship at the end of the academic semester/year, or other disciplinary action as deemed appropriate by the Athletic Director upon the recommendation of the Team Physician or designee. To be considered for re-instatement, the student-athlete must have a negative drug test performed no sooner than 30 days prior to the end of the suspension period. A scholarship may or may not be renewed if the student-athlete tests positive for performance enhancing drugs. The final disposition of such cases will be at the discretion of the Director of Athletics.

## **Second Positive Test for Performance Enhancing Drugs**

Any student-athlete with a second positive drug test for a performance enhancing drug on an IUPUI drug test will lose all remaining eligibility to participate in IUPUI Athletics.

## **TREATMENT COMPLIANCE**

A student-athlete who has been referred to treatment as a result of a positive test must attend the prescribed sessions with mental health professionals and complete any requirements as outlined as part of their treatment. Any student-athlete who does not follow the prescribed treatment, and/or who is not making satisfactory treatment progress, will be subject to further disciplinary action. Discipline may include suspension from future participation in a specified number of contests or other disciplinary action as deemed appropriate by the Director of Athletics or his or her designee upon the recommendation of the Team Physician or designee.

## **REDEMPTION PROGRAM**

A student-athlete who does not have a positive drug test from the increased follow-up testing for a period of one calendar year from the date of the test which produced the positive test result will have one positive test result removed. The student-athlete must have served all sanctions related to the positive test result and successfully completed all treatment requirements as a result of the positive result as determined by the Team Physician or designee.

## **APPEAL OF A POSITIVE TEST RESULT OR RESULTING SANCTION**

Any student-athlete may appeal either the finding of a real or constructive positive test or any sanction imposed as a result of a real or constructive positive test to the Drug Policy Appeal Panel ("Panel"). In order to begin the appeal process, a letter of request for an appeal must be made in writing with a statement of reason for appeal to the Team Physician or designee within seven calendar days of the original

notification to the student-athlete of the positive test. Corresponding sanctions shall not be imposed while a student-athlete appeal is pending.

The appeal of a positive test result must be based on one of the following:

- 1.) Evidence of procedural error
- 2.) Evidence which refutes the positive finding or a medical exception per NCAA guidelines.

The appeal of any sanction imposed as a result of positive test must be based on one of the following:

- 1.) Evidence of procedural error
- 2.) Evidence which refutes the positive finding
- 3.) Evidence that the sanction imposed is unreasonable, harsh, or inappropriate.

The Panel will be appointed by the Director of Athletics. The current Panel consists of: an Athletics Department administrative staff member as chair of the Panel, a Faculty Athletics Committee representative, and a member of the IUPUI division of Student Affairs. The composition of the Panel will be reviewed on an annual basis. At the appeal, the student-athlete has the right to present their case, present witnesses on their behalf, and bring an advisor to the hearing. The appeal hearing will be conducted within seven days of the request for the appeal and may be conducted telephonically if necessary. The appeal hearing will consist of a review of all available evidence related to the initial finding as well as any new evidence provided by the student-athlete. As part of the hearing, the Panel may also invite and consider expert testimony or other evidence the Panel considers relevant.

The Panel may:

- 1.) affirm the initial finding or sanction
- 2.) reverse the initial finding or sanction
- 3.) recommend retesting or establish an alternative, unappealable sanction. The sanction established by the Panel may not be harsher than the initial sanction, and the Panel's decision is final.

The Panel will convey its decision to the student-athlete and the Team Physician or designee within two days of the hearing. The Team Physician or designee will then immediately notify the Director of Athletics and the student-athlete's Head Coach.

## **EXTRAORDINARY TREATMENT PROGRAM**

In extraordinary circumstances, where traditional treatments prescribed as a result of positive drug tests set forth above are not effective or are deemed very likely not to be effective as determined by the Team Physician or designee, the Team Physician or designee may place a student-athlete (with his or her consent) in a rehabilitation

program, as determined by the Team Physician or designee, during which the student-athlete will not be subject to drug tests subject to discipline under this Policy. While in this program, the student-athlete will not be permitted to participate in any competitions but may practice and otherwise participate in team activities. A student-athlete will be eligible for this program only once while a student-athlete at IUPUI. Per NCAA regulation, participation in this program would likely result in the permanent loss of athletic eligibility during this period. This program will conclude upon: its satisfactory completion by this student-athlete as determined by the Team Physician or designee; the failure of the student-athlete to satisfactorily participate or progress as determined by the Team Physician or designee; or the expiration of six months, whichever comes first. To be considered for re-instatement, the student-athlete must have a negative drug test performed prior to returning to athletic participation. Upon the conclusion of the program, the student-athlete will be subject to increased random testing subject to discipline consistent with the number of his or her positive drug tests consistent with this Policy.

### **SAFE HARBOR PROGRAM**

A student-athlete eligible for the Safe Harbor Program may refer himself/ herself for voluntary evaluation, testing and treatment for substance abuse problems by executing the attached Safe Harbor Policy and Procedures Acknowledgement Form and providing it to the Team Physician or designee. A student-athlete is **not** eligible to enter the Safe Harbor Program:

1. More than one (1) time;
2. After he/she has been informed of an impending drug test; or
3. Thirty (30) days prior to NCAA or Conference postseason competition.

IUPUI will work with the student-athlete to prepare a Safe Harbor treatment plan. The student- athlete will be tested for banned substances while in the Safe Harbor Program, and any positive tests will not be subject to discipline. A student-athlete successfully participating in the Safe Harbor Program may continue to be involved in team activities, including competitions, unless the Team Physician or designee determines that a suspension from competitions or practice is medically indicated. A student-athlete will be permitted to remain in the Safe Harbor Program for a reasonable period of time, not to exceed thirty (30) days, as determined by the treatment plan.

If a student-athlete fails to comply with the Safe Harbor Program treatment plan, the student- athlete will be removed from the Safe Harbor Program. While in compliance with the Safe Harbor Program treatment plan, the student-athlete will not be included in the list of students eligible for random drug testing by IUPUI. He or she may be selected for drug testing by the NCAA or Horizon League testing programs. The student-athlete's participation in the Safe Harbor Program will be communicated to the Director of Athletics and the student-athlete's Head Coach, but otherwise must be kept confidential. The Team Physician or designee may not advise anyone else in the

Department or elsewhere unless doing so is medically indicated in his or her judgment.

## CONFIDENTIALITY STATEMENT

IUPUI recognizes the confidential nature of information received in the administration of its drug testing policy, and will make every effort to maintain the confidentiality of such information.

## DRUGS AND PROCEDURES SUBJECT TO RESTRICTIONS

- (I) **Manipulation of Urine Samples.** The use of substances and methods that alter the integrity and/or validity of urine samples are both detectable and forbidden. Evidence of urine specimen tampering is regarded as a positive drug test and will be treated as such. As noted above, any such tampering of urine samples also subjects the student-athlete to additional sanctions at the discretion of the Athletic Director upon the recommendation of the Team Physician or designee. Examples of banned methods are catheterization, urine substitution and/or tampering or modification of renal excretion by the use of diuretics, probenecid or related compounds, and epitestosterone administration. (Revised: 8/15/89, 6/17/92)
- (II) **Positive Drug Test -- Non-NCAA Athletics Organization.** A student-athlete under a drug testing suspension from a national or international sports governing body that has adopted the World Anti-Doping Agency (WADA) code shall not participate in NCAA intercollegiate competition for the duration of the suspension in accordance with the ineligibility provisions in bylaws 31.2.3.1.2 and 18.4.1.5.3 (Revised 8/1/97, 8/1/05).
- (III) **Medical Exceptions.** Exceptions for the therapeutic use of stimulants, substances banned for specific sports, and diuretics are allowable and may be made at the discretion of the Team Physician or designee for those student-athletes with properly documented medical necessity. Such documentation may come from personal physicians, consultants, or Team Physician or designees. A signed note is not considered proper documentation. Documentation should be submitted at the beginning of the school year or as a particular clinical situation requiring the use of a banned substance presents itself during the course of the year. At the discretion of the Team Physician or designee, a student-athlete may be allowed to promptly submit exculpatory documentation promptly after a positive drug test.
- (IV) **Dietary Supplements.** **Student-athletes are encouraged NOT to take unapproved supplements and doing so is at their own risk.** Dietary supplements are not banned per se, but it must be understood that many of these “supplements” contain substances that are banned. Substances such as Ephedra, ephedrine, ginseng, geranium oil, and other stimulants are commonly found in dietary supplements and will show up positive in a drug test. IUPUI does not advocate, condone, or finance the use of supplements other than what is supplied by our Sports Medicine and Athletic Training Staff. Supplements are not approved by the FDA, and their contents may contain substances that are banned by IUPUI, the Horizon League, NCAA, or WADA (Olympic) drug testing policies. The Team Physician or designee and Sports Medicine staff should always be consulted before taking any dietary

supplementation, and a Supplement Disclosure Form (copy attached) must be completed and kept on file by the Team Physician or designee. IUPUI may support an appeal to the Horizon League or NCAA for a dietary supplement containing a banned substance. This will be at the discretion of the Athletic Director upon the recommendation of the Team Physician or designee.

## **NCAA INDIVIDUAL ELIGIBILITY - TEAM SANCTIONS**

Executive regulations pertaining to team eligibility sanctions for positive tests resulting from the NCAA drug testing program shall apply only in the following situation: If a student-athlete is declared ineligible prior to an NCAA team championship and the institution knowingly allows him or her to participate, all team ineligibility sanctions shall apply (i.e., the team shall be required to forfeit its awards and any revenue distribution it may have earned and the team's and student-athlete's performances shall be deleted from NCAA records). (Revised: 1/10/90)

### **EXAMPLES OF NCAA BANNED SUBSTANCES IN EACH DRUG CLASS\*:**

**\*Note to Student-Athletes:** There is no complete list of banned substances. Do not rely on this list to rule out any label ingredient. Check with your athletics department staff prior to using a supplement.

**Stimulants:** Amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexanamine, “bath salts” (mephedrone), octopamine; DMBA; phenethylamines (PEAs); etc. Exceptions: phenylephrine and pseudoephedrine are not banned.

**Anabolic Agents** (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione): Androstenetrione boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; ostarine; stanozolol; stenbolone; testosterone; trenbolone; SARMS (ostarine); etc.

**Alcohol and Beta Blockers (banned for rifle only):** Alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

**Diuretics (water pills) and Other Masking Agents:** Bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

**Street Drugs:** Heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073).

**Peptide Hormones and Analogues:** Growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); IGF-1; etc.

**Anti-Estrogens:** anastrozole; tamoxifen; formestane; ATD; clomiphene; SERMS (nolvadex); Arimidex; clomid; evista; fulvestrant; aromatase inhibitors (Androst-3, 5-dien-7, 17-dione); etc.

**Beta-2 Agonists:** Bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcoclaurine; etc.

Additional examples of banned drugs can be found at [www.ncaa.org/drugtesting](http://www.ncaa.org/drugtesting).

**Note:** Any substance that is chemically related to the class, even if it is not listed as an example, is also banned

#### **Drugs and Procedures Subject to Restrictions:**

- Blood Doping.
- Local Anesthetics (under some conditions).
- Manipulation of Urine Samples.
- Beta-2 Agonists permitted only by prescription and inhalation.
- Caffeine if concentrations in urine exceed 15 micrograms/ml.

#### **NCAA Nutritional/Dietary Supplements Warning:**

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff! Dietary supplements are not well regulated and may cause a positive drug test result. Student-athletes have tested positive and lost their eligibility using dietary supplements. Many dietary supplements are contaminated with banned drugs not listed on the label. Any product containing a dietary supplement ingredient is taken at your own risk. It is your responsibility to check with the appropriate athletics staff prior to using a supplement.

Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting the Resource Exchange Center, REC, 877-202-0769 or [www.drugfreesport.com/rec](http://www.drugfreesport.com/rec) (password: ncaa1, ncaa2 or ncaa3).

**It is your responsibility to check with the appropriate or designated athletics staff before using any substance.**

The National Collegiate Athletic Association

[[intra.ncaa.org/sites/ama/OperationsTeam/6.TechnologyTeam/07.ComplianceForms/2015-16/DivisionI/2015-16BannedDrugsEducationalDocument/LRZ\\_kh:060315](http://intra.ncaa.org/sites/ama/OperationsTeam/6.TechnologyTeam/07.ComplianceForms/2015-16/DivisionI/2015-16BannedDrugsEducationalDocument/LRZ_kh:060315)]

Check this website for the most current information regarding NCAA Drug Testing and the current list of banned substances: <http://www.ncaa.org/health-and-safety/policy/drug-testing>

## IUPUI Drug Testing Consent Form

Student-Athlete (Please Print) \_\_\_\_\_ UID # \_\_\_\_\_

The Department of Intercollegiate Athletics strongly believes that substance abuse can negatively affect both your academic and athletic performance, as well as your physical and mental well-being. Therefore, the Department has instituted a comprehensive program of drug education, testing, counseling, and rehabilitation to deal with the growing problem of substance abuse in intercollegiate athletics.

The intent of the program is not to interfere with your right to privacy, but rather to aid and educate you concerning the problems and dangers associated with drug abuse. Additionally, this program is designed to prevent unauthorized drug use and to identify any student-athlete using drugs. Lastly, the program is intended to answer any questions you may have concerning the usage of drugs.

By signing this form, you affirm that you are aware of IUPUI's Student-Athlete Drug Education, Testing, and Treatment Policy as outlined in the IUPUI Student-Athlete Handbook provided to you.

**A student-athlete can be required to submit to drug testing at any time. The Department's Team Physician or designee or his or her designated administrator can schedule drug screening at any time and the schedule of drug testing is subject to change without prior notice. Currently, drug testing may be scheduled at any time, even without prior notice. Failure to submit to an immediate drug test will be considered an automatic positive test and all corresponding sanctions will apply.**

Student-athletes will be tested under the following circumstances:

- A. All student-athletes are subject to random testing as established by the Team Physician or designee.
- B. Student-athletes who have tested positive in a previous test will be subject to increased testing as established by the Team Physician or designee.
- C. Student-athletes in treatment for drug abuse under this Policy will be subject to increased drug testing consistent with this Policy (other than student-athletes placed in the Extraordinary Treatment Program as set forth below) as established by the Team Physician or designee.
- D. A student-athlete reasonably suspected of substance abuse (based for example on irregular behavior, physical or mental impairment, or the like) may be referred by an appropriate Departmental staff person by completing a Drug Test Request Form (copy attached) for a targeted drug test to be performed at the discretion of the Team Physician or designee.
- E. Other than for targeted testing pursuant to "D" above, head coach may only request the Team Physician or designee to test all student-athletes on the current roster, not any particular individual or group of individuals.
- F. The Team Physician or designee may drug test any student-athlete prior to NCAA



and/or Horizon League championship competition. Such student-athletes must be aware that both NCAA and Horizon League may also randomly do urine screenings for drugs at such events.

**-A student-athlete testing positive the first time will undergo a mandatory assessment to determine the type and extent of drug use counseling and will be subjected to additional drug-testing in accordance with the provisions of the policy.**

**-A student-athlete testing positive a second time will be suspended for multiple competitions in accordance with the provisions of the policy.**

**-A student-athlete who tests positive three times will serve a one year suspension with revocation of the athletic scholarship at semester's end.**

**\*In the event of an appeal of a positive test, the corresponding sanction shall not be imposed while a student-athlete appeal is pending.**

You agree to allow IUPUI to test you in accordance with the provisions of IUPUI's Student-Athlete Drug Education, Testing and Treatment Policy, which was provided to you for your review.

You understand that the results of the University's Student-Athlete Drug Education, Testing and Treatment Policy are part of your education records. These records are protected by the Family Educational Rights and Privacy Act of 1974, and they may not be disclosed without your consent. **By signing this consent form, you provide your consent to disclose the results of your drug tests to the President of the University, the Chancellor of IUPUI, the Director of Athletics, the Team Physician or designee, the Assistant Athletic Director for Sports Medicine, the Head Coach, your parents (or legal guardians), and any other authorized representatives of the University as deemed appropriate by the Director of Athletics.**

You agree to disclose the University's drug test results only for purposes related to your eligibility for participation in regular and post-season competition and for your eligibility to receive athletically related financial aid.

You affirm that by signing this consent form, you understand the provisions of the IUPUI's Drug Testing Policy and this corresponding consent form and agree to the terms and conditions set forth in the policy and consent form and do so by your own free will and choice.

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Student-Athlete Signature

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Date

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Parent Signature (If less than 18 years of age)

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Date

Parent Home Telephone # (\_\_\_\_)\_\_\_\_\_

Parent Work Telephone # (\_\_\_\_)\_\_\_\_\_

## IUPUI Safe Harbor Policy and Procedures Acknowledgement Form

Student-Athlete (Please Print) \_\_\_\_\_ UID # \_\_\_\_\_

I \_\_\_\_\_ understand that, according to the IUPUI Student-Athlete Drug Education, Testing and Treatment Policy, I may self-refer into the Safe Harbor Program once during my intercollegiate athletic career for voluntary evaluation and counseling.

I further understand that I am not eligible for the Safe Harbor Program after being informed of an impending test or thirty (30) days prior to NCAA or Conference post-season competition.

IUPUI will work with me to provide a treatment plan which may include confidential impermissible substance testing not subject to discipline. I will be furnished with a copy of the treatment plan and guidelines after an initial meeting with a substance abuse counselor to evaluate the extent of any of my substance use.

I understand that if I test positive for an impermissible substance while in the Safe Harbor Program, the test result will not result in any disciplinary action. I also understand that I may be suspended from play or practice if it is medically warranted. Otherwise, I will be allowed to participate in team activities, including competitions, so long as I am successfully participating in the Safe Harbor Program. I will be permitted to remain in the Safe Harbor Program for a reasonable period, not to exceed thirty (30) days, as determined by the treatment plan.

If I fail to comply with the treatment plan, I will be removed from the Safe Harbor Program. While in the Safe Harbor Program, I will not be included in the regular random testing program, but may be selected for drug testing by the NCAA and/or the Horizon League.

My participation in the Safe Harbor Program will be kept confidential unless the Department's Team Physician or designee determines that notifying a particular person or persons is medically indicated.

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Student-Athlete)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Team Physician or designee)

Date: \_\_\_\_\_

## IUPUI Evaluation Request Form

I, \_\_\_\_\_, pursuant to the IUPUI Drug Education, Testing and Treatment Policy, report the following objective sign(s), symptom(s) or behavior(s) that I reasonably believe warrant

\_\_\_\_\_ be referred to the Team Physician or designee or his/her (Student-Athlete )

designee for evaluation, and possible drug testing. The following sign(s) or behavior(s) were observed by me over the past \_\_\_\_\_ hours and/or \_\_\_\_\_ days.

**Please check below all that apply: The Student-Athlete has shown:**

- \_\_\_\_\_ irritability
- \_\_\_\_\_ loss of temper
- \_\_\_\_\_ poor motivation
- \_\_\_\_\_ failure to follow directions
- \_\_\_\_\_ verbal outburst (e.g. to faculty staff, teammates)
- \_\_\_\_\_ physical outburst (e.g. throwing equipment)
- \_\_\_\_\_ emotional outburst (e.g. crying)
- \_\_\_\_\_ weight gain
- \_\_\_\_\_ weight loss
- \_\_\_\_\_ sloppy hygiene and/or appearance

**The Student-Athlete has been:**

- \_\_\_\_\_ late for practice
- \_\_\_\_\_ late for class
- \_\_\_\_\_ not attending class
- \_\_\_\_\_ receiving poor grades
- \_\_\_\_\_ staying up too late
- \_\_\_\_\_ missing appointments
- \_\_\_\_\_ missing/skipping meals

**The Student-Athlete has demonstrated the following:**

- \_\_\_\_\_ dilated pupils
- \_\_\_\_\_ constricted pupils
- \_\_\_\_\_ red eyes
- \_\_\_\_\_ smell of alcohol on the breath
- \_\_\_\_\_ smell of marijuana
- \_\_\_\_\_ staggering or difficulty walking
- \_\_\_\_\_ constantly running or/or red nose
- \_\_\_\_\_ recurrent bouts with a cold or the flu (provide dates \_\_\_\_\_)
- \_\_\_\_\_ over stimulated or “hyper”
- \_\_\_\_\_ excessive talking

- \_\_\_\_\_ withdrawn and/or less communicative
- \_\_\_\_\_ periods of memory loss
- \_\_\_\_\_ slurred speech
- \_\_\_\_\_ physical outburst (e.g. throwing equipment)
- \_\_\_\_\_ recurrent motor vehicle accidents and/or violations (provide dates\_\_\_\_\_)
- \_\_\_\_\_ recurrent violations of Student Code of Conduct Policy

**Other specific objectives findings include:**

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**Signatures:**

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Name of Coach

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Signature of Coach

Date

**Reviewed By:**

---

Assistant Athletic Director, Sports Medicine      Date

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Name of Counselor Consulted

Date Consulted

\_\_\_\_\_ Referral Made

\_\_\_\_\_ Referral Denied

## IUPUI Supplement Disclosure Form

I, \_\_\_\_\_ am taking or intend to take the following dietary (Student-Athlete Name) supplements. I acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I test positive for an NCAA or IUPUI banned substance that may be found in any substance that I take, regardless of the reason or purpose for taking such supplements.

I acknowledge and understand that the labeling on these products can be misleading and inaccurate, and that sales personnel are neither motivated nor qualified to accurately certify that these products contain no banned substances. “Healthy” or “naturally occurring” are terms often used to market sales of dietary supplements, but do not necessarily mean they are safe.

Before taking or using any dietary supplement, I am responsible for ensuring the product does not contain any banned substance. By making this disclosure, I am requesting that these products and their ingredients be reviewed by IUPUI’s sports medicine staff for the purposes of determining whether they are medically safe to use and do not contain banned substances. I understand that I should not take or use these products until their usage has been reviewed by IUPUI’s sports medicine staff.

**Brand and Product Name:****Listed Ingredients:**

(Athletic Trainer to review, circle banned substances and notify student-athlete.)

- |          |       |
|----------|-------|
| 1. _____ | _____ |
|          | _____ |
|          | _____ |
|          | _____ |
| 2. _____ | _____ |
|          | _____ |
|          | _____ |
|          | _____ |
| 3. _____ | _____ |
|          | _____ |
|          | _____ |
|          | _____ |
| 4. _____ | _____ |
|          | _____ |
|          | _____ |
|          | _____ |

**Signatures:**

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Trainer Signature

\_\_\_\_\_  
Date

## **IUPUI Department of Intercollegiate Athletics Sickle Cell Trait Testing and Acknowledgment Policy and Procedures**

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

In addition, IUPUI has set forth the policy that all prospective student-athletes who are participating in a tryout student-athletes are required to obtain the SST prior to their arrival at the university at their own expense.

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

- *Effective August 1, 2010 in accordance with the NCAA mandate, all Division I student-athletes must have knowledge of their sickle cell trait status before they participate in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.*
- IUPUI Department of Intercollegiate Athletics has optioned to offer sickle cell trait screening in the form of a blood test (SST) to all current student-athletes as part of the pre-participation physical examination process.
- SST testing will be conducted at a designated laboratory facility and results will be reported to the IUPUI Athletic Training Department and the Sports Medicine Staff.
- *Testing must be obtained prior to participation in the activities listed above.*
- *Documentation must be on file within the IUPUI Sports Medicine Department **BEFORE** a student-athlete is permitted to participate in any intercollegiate athletics activity, including any strength and conditioning workouts, practices, competitions, etc.*

### **Sickle Cell Trait Procedures:**

- Any student-athlete who doesn't provide results from a previously administered sickle cell solubility test (SST) will be sent to Campus Health to have the test administered the following and/or next business day. The results will be filed in the student-athlete's medical file.
- If student-athlete tests positive, there will be a red flag placed on the student-athlete's medical file and all workouts, including games, practices, strength and conditioning, etc., will be modified.



# IUPUI

## Sports Medicine Department Concussion Management Policy

**Policy Statement:** This Concussion Management Policy and Protocol outline procedures to assist in the management of concussions and the safe return-to-play for athletes at IUPUI and will be reviewed and updated annually. IUPUI reserves the right to update or amend this Protocol and Policy.

**\*\*NOTE:** A multifaceted approach to concussion management is suggested. As a result, the information provided by the Policy and Protocol and the tools referenced should be taken into consideration on a case-by-case basis, with an emphasis on “the whole picture.” Therefore, in certain cases, modifications to the protocol may be deemed appropriate by the Sports Medicine Staff.

**Pre-Season Education:** Student-Athletes, coaches, ATCs, team physicians, and Director of Athletics will be educated on the signs, symptoms, and risks associated with concussions.

1. All IUPUI student-athletes must read the *NCAA Concussion Fact Sheet* and sign the attached *Student-Athlete Concussion Policy Statement* acknowledging that:
  - a. they have read and understand this Policy and the *NCAA Concussion Fact Sheet*
  - b. they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions
2. All IUPUI coaches (head coaches and assistant coaches) must read and sign the attached *Coaches Concussion Policy Statement* acknowledging that:
  - a. they have read and understand this Policy and the *NCAA Concussion Fact Sheet*
  - b. they will encourage their student-athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions, and that they accept the responsibility for referring any student-athlete suspected of sustaining a concussion to the medical staff
  - c. they have read and understand the *Concussion Management Protocol*.
3. All IUPUI team physicians (primary care), athletic trainers, graduate assistant athletic trainers, and undergraduate athletic trainers, must read and sign the attached *Medical Personnel Concussion Policy Statement* acknowledging that:

- a. they will provide student-athletes with the *NCAA Concussion Fact Sheet* and encourage the student-athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and
  - b. they have read, understand, and will follow the *Concussion Management Protocol*.
4. The IUPUI Athletics medical staff will coordinate the distribution of materials, the educational session, and the signing, collection, and retention of all signed statements. The student-athletes' signed statements will be kept in their individual medical files. The coaches and medical personnel statements will also be kept on file.
5. Each year, the IUPUI Athletics medical staff, in consultation with appropriate University administrators, will review and update the *Concussion Management Policy and Protocol*. Any changes will be effective on August 1 of that year.





# IUPUI

## Sports Medicine Department Concussion Management Protocol

**Pre-Participation Assessment:** Prior to initial participation in their sport, each student-athlete will complete a baseline assessment with the Sports Medicine Staff. The assessment will include:

1. A detailed brain injury and concussion history
2. Symptom Evaluation
3. Neurological testing (ImPACT)
4. Postural-stability testing (BESS)

The student-athlete must complete the baseline assessment once during his/her tenure at IUPUI. The Team Physician will determine pre-participation clearance and/or the need for additional consultation or testing. This pre-participation assessment will be documented and kept on file with the sports medicine staff.

**Recognition and Diagnosis of a Concussion:** When a student-athlete exhibits signs or symptoms of a concussion, an athletic trainer or team physician with concussion experience will evaluate the student-athlete for a concussion and will have the unchallengeable authority to remove the student-athlete from any athletic participation in either a practice or a competition. All student-athletes identified as having a concussion will be prohibited from participation for the remainder of the calendar day. The student-athlete will not return to participation until all signs and symptoms have resolved, the student-athlete has completed the return-to-play progression, and the team physician has cleared the student-athlete for return to participation.

At the time of suspected injury, a physical examination by a member of the Sports Medicine staff will occur and will use the Sport Concussion Assessment Tool (SCAT5) and an ImPACT Post-Injury Evaluation will be completed.

**Post-Concussion Management:** Symptoms that may warrant transfer to the emergency department include but are not limited to the following:

1. Prolonged loss of consciousness (> 1 min)
2. Persistently diminished worsening mental status or other neurological signs/symptoms
3. An increase in symptoms
4. Glasgow Coma Scale < 13 as indicated on the SCAT5
5. Focal neurological deficit suggesting intracranial trauma
6. Repetitive vomiting
7. Neck pain or tenderness, weakness or tingling/burning in arms or legs, or obvious spinal injury
8. Seizure or convulsion
9. Severe or increasing headache

The Sports Medicine staff will provide the student-athlete and another responsible adult (i.e. parent, roommate, etc.) with oral and/or written instructions for care. The information provided will be documented as part of the injury and may include the bottom portion of the last page of the SCAT5. This

information will include signs and symptoms that require immediate care in the emergency room and information on items to avoid until cleared by the team physician.

The student-athlete and Sports Medicine staff will complete a symptom check on a daily basis, to monitor symptoms and recovery. Student-athletes will be reminded to abstain from doing any activity that causes symptoms to increase. Other staff/faculty will be notified on an “as needed” basis in order to assist the student-athlete with daily activities until the student-athlete is no longer symptomatic. If the student-athlete experiences prolonged symptoms (i.e. five or more symptoms with a severity of 3 or above 72 hours after the injury) he/she will be referred to a physician to consider additional diagnosis and best management options.

Once the student-athlete reports he/she is symptom-free, he/she will complete the ImPACT testing and undergo evaluation at the team physician’s office. If deemed necessary by the Sports Medicine staff, the athlete may also take a neuropsychological test within 24-48 hours after the initial injury. Neuropsychological tests will not be administered on consecutive days to limit learning curves. Once the athlete is symptom-free and the physician determines that all tests are comparable to the baseline, the Sports Medicine Team will coordinate a Functional Stepwise Progression. A student-athlete may not progress to any contact activities until cleared by the physician in the office. A student-athlete with prolonged recovery will be evaluated by a physician in order to consider an additional diagnosis and best management options.

#### **Return-to-Play: Functional Stepwise Progression**

This protocol will not be initiated until the athlete is asymptomatic and the physician determines that all scores are comparable to baseline on all measures. In the presence of compelling evidence, the team physician has discretion to delay the initiation of the Return-to-Play protocol. If signs or symptoms appear during a functional test, the test will be stopped immediately and the student-athlete will be monitored until all signs or symptoms resolve. No further functional testing will be performed that day. If symptoms do not resolve, the team physician will be consulted and appropriate medical attention will be provided. When the student-athlete is again symptom-free, he/she will resume the stepwise progression, starting at the last step that was fully completed before the return of symptoms.

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

#### **Steps:**

1. Light aerobic exercise without resistance training (e.g. stationary bike or walking: 10-20 minutes)
2. Sport-specific exercise and activity without head impact (e.g. sprints, dribbling, shooting, walk-through, skill enactment activities, etc.)
3. Non-contact practice with progressive resistance training
4. Unrestricted training **including full contact practice**
5. Return-to-competition

**Student-athletes will not return to full participation until the team physician has cleared them.** Any member of the Sports Medicine staff reserves the right to continue to withhold the student-athlete from participation until the staff has consulted with the team physician and been cleared by the team physician.

**Return-to-Learn:** As part of the recovery from a concussion, the amount of cognitive activity also will be considered. Classroom work and screen time can aggravate symptoms causing a concussion to take longer to resolve and lead to long-term symptoms. On the day of a concussion, the student-athlete will be held

out of all classroom activity. The Sports Medicine staff in conjunction with the team physician will determine the level of classroom activity and studying that the student-athlete can participate in based on his/her symptoms and will work with the Associate Athletic Director for Academics to create an individualized plan for studying, classroom attendance, and coursework. The Associate Athletic Director for Academics will consult with University administrators such as learning specialists and the Office of Adaptive Education Services and the Office of Equal Opportunity to ensure compliance with applicable laws.

In the event that light cognitive activity aggravates the student-athletes symptoms, he/she will need to be placed on mental rest which includes remaining at home with no studying or screen time. Once the student-athlete can tolerate cognitive activity without return of symptoms, he/she will return to the classroom, in a gradual return to full participation. The student-athlete will also need to be re-evaluated by the team physician if symptoms worsen with academic challenges.

For cases that are more complex or last longer than 2 weeks, then a multi-disciplinary team will be created to help the student-athlete navigate their return-to-learn process. Members of such a team may include, but aren't limited to:

- Team Physician
- Athletic Trainer
- Associate Athletic Director for Academics
- Academic Advisor(s)
- Faculty athletic representative
- Course Instructor(s)
- College Administrators
- Adaptive Education Services representatives
- Coaches

The office of Adaptive Education Services shall be included in the event that the case cannot be managed through schedule modifications and academic accommodations.

**Reducing Exposure to Head Trauma:** Concussions are common occurrences in sports, but steps can still be made to reduce the exposure rates of sustaining a concussion:

- Helmets must be properly fitted for softball student-athletes and worn at all times when batting.
- Swimmers and Divers must not dive into shallow water as must follow all rules at swimming pools.
- Divers must use the trampoline and diving boards and platforms only under direct supervision of a qualified coach and follow all directions.
- All coaches for contact sports shall teach methods that avoid leading with the head in contact with other athletes.

#### **References:**

NCAA: Diagnosis and Management of Sport-Related Concussion Guidelines. From <http://www.ncaa.org/health-and-safety/concussion-guidelines> on 4/13/15

AANS (American Association of Neurological Surgeons: Sports-related Head Injury. From <http://www.aans.org/patient%20information/conditions%20and%20treatments/sports-related%20head%20injury.aspx> on 4/13/15

Sport-Related Concussion. *2014-15 NCAA Sport Medicine Handbook*, Guideline 21

Sport Concussion Assessment Tool (SCAT3). *British Journal of Sports Medicine*. From:

<http://bjsm.bmj.com/content/47/5/259.full.pdf> on 4/1/15

Broglia, S.T., Cantu, R.C., Gioia, G.A., Guskiewicz, K.M., Kutcher, J., Palm, M., & Valovich McLeod, T.C. (2014) National Athletic Trainers' Association Position Statement: Management of Sport Concussion. *Journal of Athletic Training*, 49 (2), 245-265.

# Emergency Protocol Indiana State Fairgrounds Coliseum Basketball

1202 E. 38<sup>th</sup> St., Indianapolis, IN

**Emergency Personnel:** A certified athletic trainer (ATC) will be on site for practice and competition. A doctor will also be either on site or on call for all athletic competitions

**Emergency Communication:** Cell phones will be used for practice and competition as needed.

**Emergency Equipment:** The AED and Splint Bag will be behind the home bench for games. The AED will be on the water cart and the splint bag in the locker room for practices.

## **Roles of Designated Staff Members:**

### Games

ATC or designated staff member will alert the onsite EMS that their services are needed. If transport is needed, contact Fairground security through the walkie-talkie or at 317-927-7520

### Practices

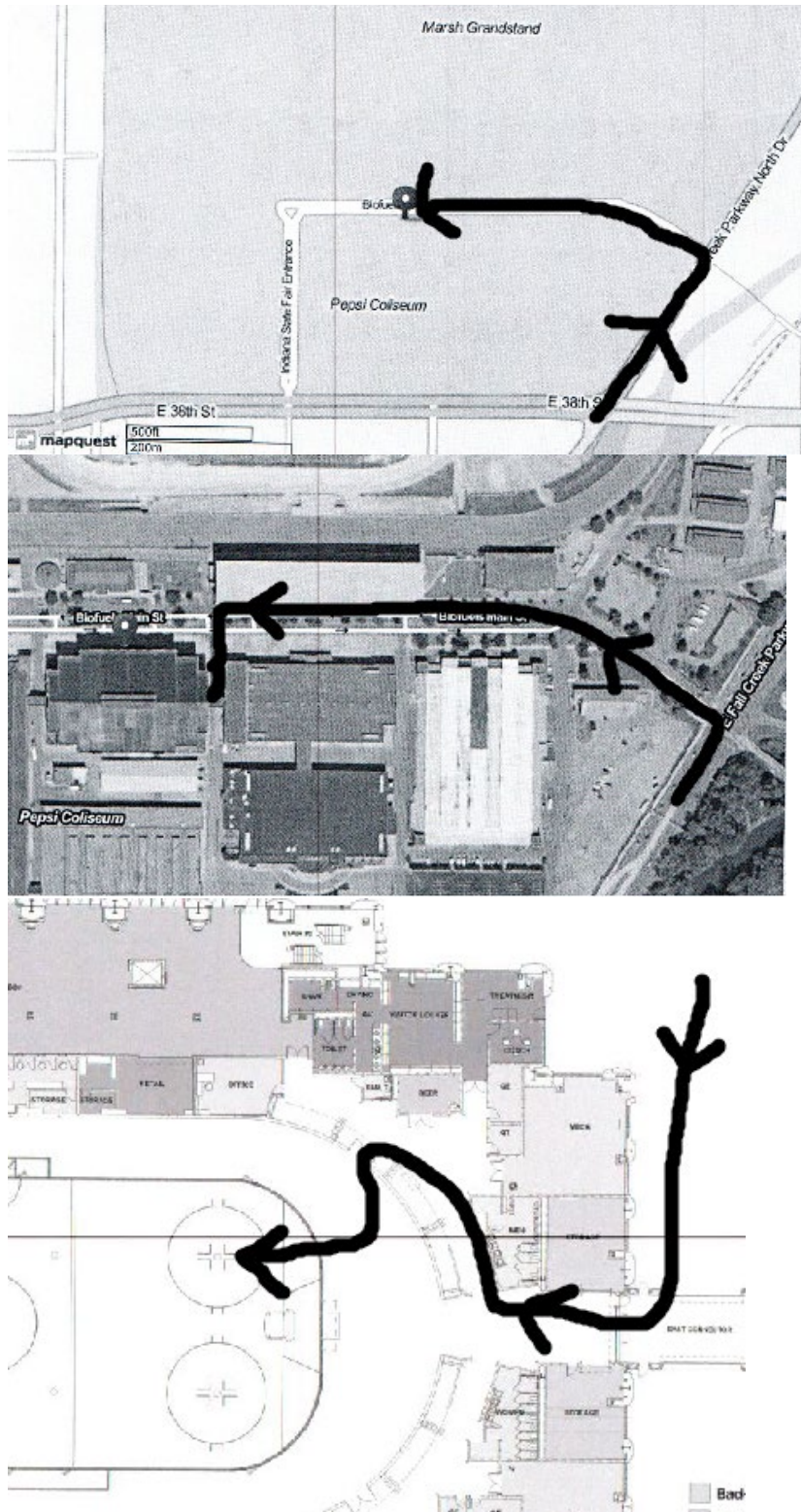
ATC or the ATC will instruct a staff member to call Fairgrounds Security at 317-927-7520 to request an ambulance

-Prior to the game, the ATC will speak with the on-site EMS staff to determine the method of alerting EMS if their services are needed and pick up a walkie-talking from the Coliseum command center.

1. Immediate care of the injured or ill student-athlete: ATC or physician
2. Emergency equipment retrieval: Designated staff member or teammate
3. Activation of emergency medical system (EMS):
  - a. When calling the Fairgrounds Security at 317-927-7520: Be prepared to share the following:
    - i. Request the need for a transporting ambulance
    - ii. Location: Coliseum floor (east connector) or IUPUI locker room (NE corner)
    - iii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - iv. The approximate age and gender of the injured
4. Directions of EMS to scene
  - a. The Fairgrounds Security department will direct the ambulance to a gate and will escort them across the campus
5. Scene Control: limit scene to first aid providers and move all bystanders away from area

**Venue Directions:** The Coliseum is located within the Indiana State Fairgrounds at 1202 E. 38<sup>th</sup> St. From the corner of 38<sup>th</sup> St and E Fall Creek Parkway North Dr, proceed north on Fall Creek Parkway, then turn left on Biofuels Main St.

**Tornado or Severe Weather Plan:** The primary location for cover is in the lower level hallways and locker rooms of the Coliseum. Stay indoors and stay away from windows.



December 2018

# Emergency Protocol Michael A. Carroll Track and Soccer Stadium Soccer

1001 W. New York St., Indianapolis, IN

**Emergency Personnel:** A certified athletic trainer (ATC) will be on site for practice and competition. Additional sports medicine staff are accessible from the Athletic Training Room located in the South end of the Natatorium located adjacent to the stadium. A doctor will also be either on site or on call for all athletic competitions

**Emergency Communication:** Cell phones will be used for practice and competition as needed.

**Emergency Equipment:** The AED and Splint Bag are on the sideline for games. For practices, the AED is located in the hallway outside of the women's soccer locker room and the splint bag will be in the Athletic Training Room located in the South end of the Natatorium.

## **Roles of Designated Staff Members:**

### Games

ATC or designated staff member will alert the on-site EMS that their services are needed. Game Operations or Administrator will call campus police at 317-274-7922 at request of ATC.

### Practices

ATC or the ATC will instruct a staff member to call campus police at 317-274-7911

-Prior to the game, that ATC and Game Operations will speak with the on-site EMS staff to determine the method of alerting EMS if their services are needed.

1. Immediate care of the injured or ill student-athlete: ATC or Physician
2. Emergency equipment retrieval: Designated staff member or teammate
3. Activation of emergency medical system (EMS):
  - a. Call campus police at 317-274-7911. Be prepared to share the following:
    - i. The approximate age and gender of the athlete
    - ii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - iii. Location
    - iv. Request the need for an ambulance if appropriate
4. Directions of EMS to scene
  - a. Open appropriate gate
    - i. Primary entrance: Southeast entrance: The square '74DD1' key will open the chain across the Southeast entrance to the field and is located on the keychain for the sports medicine Gator
    - ii. Secondary entrance: Northeast entrance off New York: The 'OM' key will open the padlock
  - b. The ATC will designate an individual to "flag down" EMS and direct to scene from gate on University Blvd or other designated entrance: could be staff member or teammate or campus police
5. Scene Control: limit scene to first aid providers and move all bystanders away from area



**Venue Directions:** The stadium is located at 1001 W. New York Street, Indianapolis, IN. The southeast entrance is accessible from University Blvd by turning south off New York St. They should proceed down the hill, turn right at the bottom of the hill, and take a left onto the track.

**Lightning Plan:** There are two places for the teams to find shelter. The primary location is inside the locker room(s) at Michael Carrol Stadium. The secondary location will be in the Natatorium facility.

**Lightning Policy:** All Activity needs to cease and the field and stands be vacated when lightning is detected within 10 miles as monitored on the WeatherSentry app or on-line version. Resuming activity will occur after 30 minutes of the last lightning strike within 10 miles.

**Games**

-Prior to start of game - game operations will monitor lightning and will make the decision to vacate the field and stands.  
-During the game - game operations will monitor lightning and will alert the officials to call the game.

**Practice**

The ATC will monitor lightning and will make the decision to stop practice and vacate the field

**Tornado or Severe Weather Plan:** The primary location for cover is inside the lower level of the Natatorium facility in the locker rooms or hallways. Stay indoors and stay away from windows.

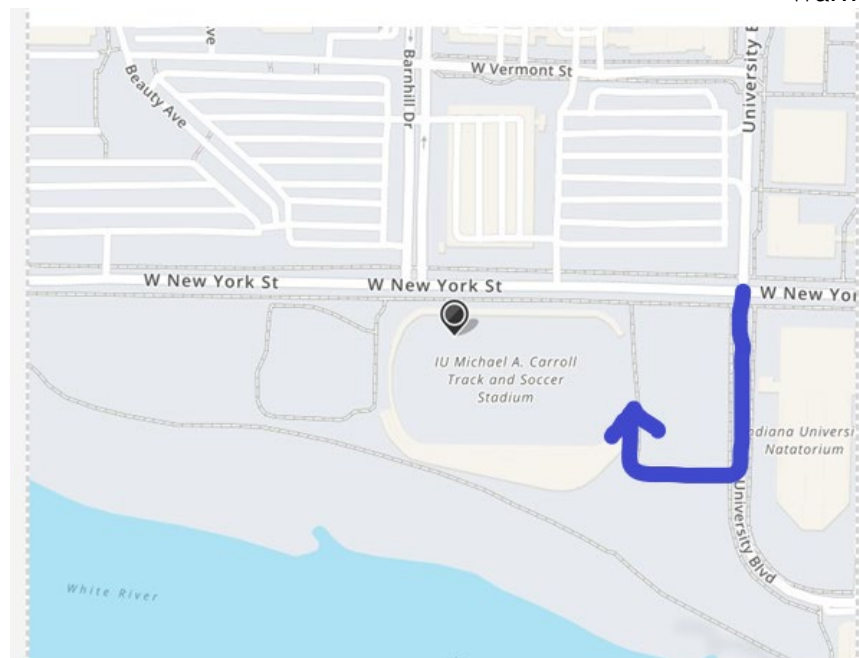
**Severe Weather Policy:** In the event of a national weather service issuing a 'Watch', ATC and game management should be on alert for the potential of severe weather. In the event of a national weather service issuing a 'Warning', all activity needs to cease and the field and stands vacated until the 'Warning' has expired

**Games**

Same as lightning plan in case of a 'Warning'

**Practice**

Same as lightning plan in case of a 'Warning'



December 2018



## **Emergency Protocol Michael A. Carroll Track and Soccer Stadium Track & Field**

**1001 W. New York St., Indianapolis, IN**

**Emergency Personnel:** A certified athletic trainer (ATC) will be on site for competition. Coaches are certified in 1<sup>st</sup> aid and CPR. Additional sports medicine staff are accessible from the Athletic Training Room located in the South end of the Natatorium located adjacent to the stadium for practice.

**Emergency Communication:** Cell phones will be used for practice and competition as needed.

**Emergency Equipment:** The AED and Splint Bag will be in a designated medical area for meets or inside the Athletic Training Room located in the South end of the Natatorium located adjacent to the stadium for practice.

**Roles of Designated Staff Members:**

1. Immediate care of the injured or ill student-athlete: ATC or coach who has been trained as a 1<sup>st</sup> responder until ATC arrives
2. Emergency equipment retrieval: Designated staff member or teammate
3. Activation of emergency medical system (EMS):
  - a. ATC or 1<sup>st</sup> Responder Coach will notify campus police or will notify another staff member to do so
  - b. Call campus police at 317-274-7911. Be prepared to share the following:
    - i. Request the need for an ambulance if appropriate
    - ii. Location
    - iii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - iv. The approximate age and gender of the athlete
4. Directions of EMS to scene
  - a. Open appropriate gate
  - b. The ATC or 1<sup>st</sup> Responder Coach will designate an individual to “flag down” EMS and direct to scene from gate on University Blvd: could be designated staff member or teammate or campus police
  - c. Scene Control: limit scene to first aid providers and move all bystanders away from area

**Venue Directions:** The stadium is located at 1001 W. New York Street, Indianapolis, IN. The southeast entrance is accessible from University Blvd by turning south off New York St. They should proceed down the hill, turn right at the bottom of the hill, and take a left onto the track.

**Lightning Plan:** The primary location for cover will be in the stadium restrooms and the Natatorium facility. The alternative is for teams to return to their buses and other vehicles or the nearest open facility.

**Lightning Policy:** All Activity needs to cease and the field and stands be vacated when lightning is detected within 10 miles as monitored on the WeatherSentry app or on-line version. Resuming activity will occur after 30 minutes of the last lightning strike within 10 miles.

### Meets

Prior to meet - game operations will monitor lightning and will make the decision to vacate the field and stands. During the game - game operations will monitor lightning and will alert the officials to call the meet

### Practice

The ATC will monitor lightning and will make the decision to stop practice and vacate the field.

**Tornado or Severe Weather Plan:** The primary location for cover is inside the lower level of the Natatorium facility in the locker rooms or hallways. Stay indoors and stay away from windows.

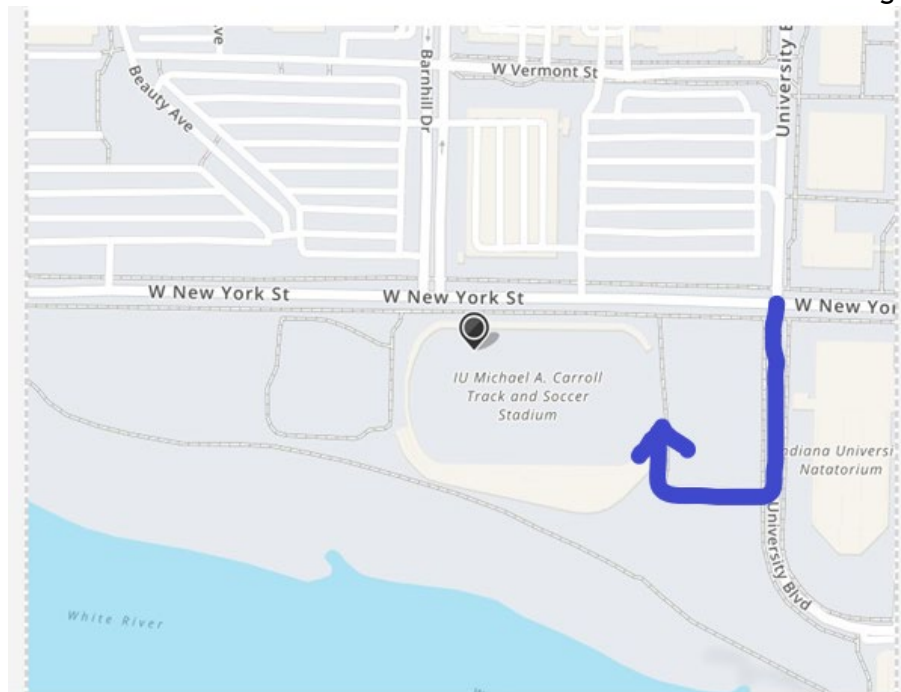
**Severe Weather Policy:** In the event of a national weather service issuing a 'Watch', ATC and game management should be on alert for the potential of severe weather. In the event of a national weather service issuing a 'Warning', all activity needs to cease and the field and stands vacated until the 'Watch' has expired

### Meets

Same as lightning plan in case of a 'Warning'

### Practice

Same as lightning plan in case of a 'Warning'



December 2018

# Emergency Protocol Natatorium Athletic Training Room

901 W. New York St., Indianapolis, IN

**Emergency Personnel:** A certified athletic trainer (ATC) will be on site by appointment.

**Emergency Communication:** Cell phones will be used as needed as well as office landline phones.

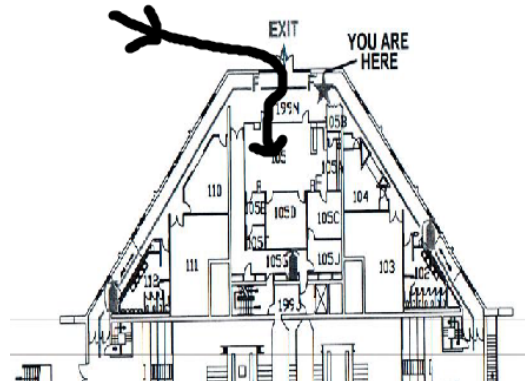
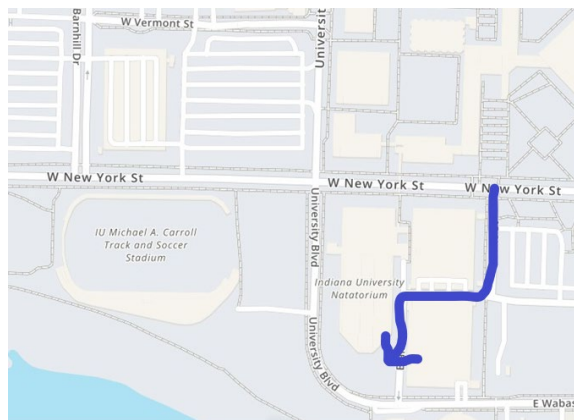
**Emergency Equipment:** The AED, and Splint Bag are located within the Athletic Training Room.

## Roles of Designated Staff Members:

1. Immediate care of the injured or ill student-athlete: ATC
2. Emergency equipment retrieval: Designated staff member
3. Activation of emergency medical system (EMS):
  - a. ATC will notify campus police at 317-274-7911
  - b. Be prepared to share the following:
    - i. Request the need for an ambulance if appropriate
    - ii. Location
    - iii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - iv. The approximate age and gender of the athlete
4. Directions of EMS to scene
  - a. The ATC will designate an individual to “flag down” EMS and direct to the south entrance of the Natatorium: could be staff member or campus police
  - b. Scene Control: limit scene to first aid providers and move all bystanders away from area

**Venue Directions:** The natatorium is located at 901 W. New York Street, Indianapolis, IN. To get to the natatorium, from New York St, turn North on Blake St, right on Ohio St, then left on Blake St. EMS should park in the large no-parking area adjacent to the dumpsters and proceed to the south entrance.

**Tornado or Severe Weather Plan:** The primary location for cover is inside the lower level of the Natatorium facility in the locker rooms or hallways. Stay indoors and stay away from windows.



## **Emergency Protocol Natatorium (Jungle) Basketball and Volleyball**

**901 W. New York St., Indianapolis, IN**

**Emergency Personnel:** A certified athletic trainer (ATC) will be on site for practice and competition. Additional sports medicine staff is accessible from the Athletic Training Room located in the South end of the Natatorium. A doctor will also be either on site or on call for all athletic competitions

**Emergency Communication:** Cell phones will be used for practice and competition as needed.

**Emergency Equipment:** The AED is located on the West wall to the Southwest corner of the main court for both practices and games. The Splint Bag will be behind the home bench for games and will be inside the Athletic Training Room located in the South end of the Natatorium for practice.

### **Roles of Designated Staff Members:**

#### **Games**

ATC or designated staff member will alert any on-site EMS that their services are needed. Game Operations or Administrator will call campus police at 317-274-7911 at request of ATC

#### **Practices**

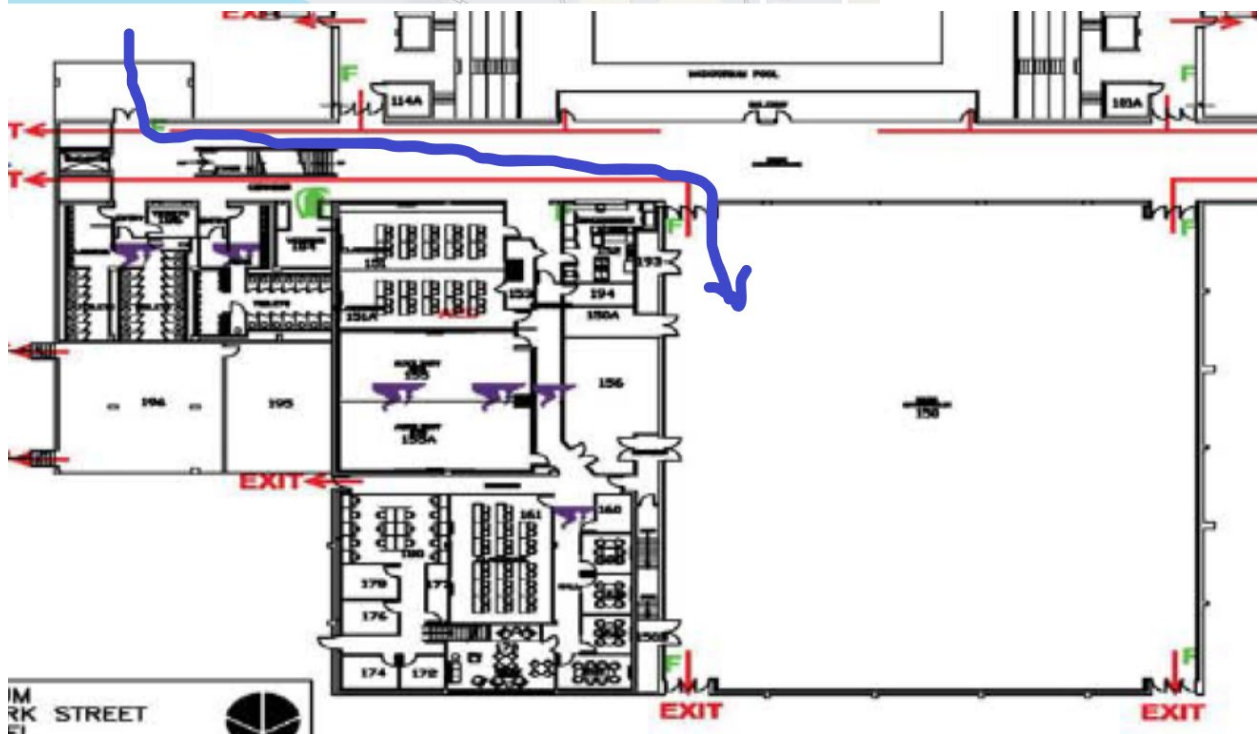
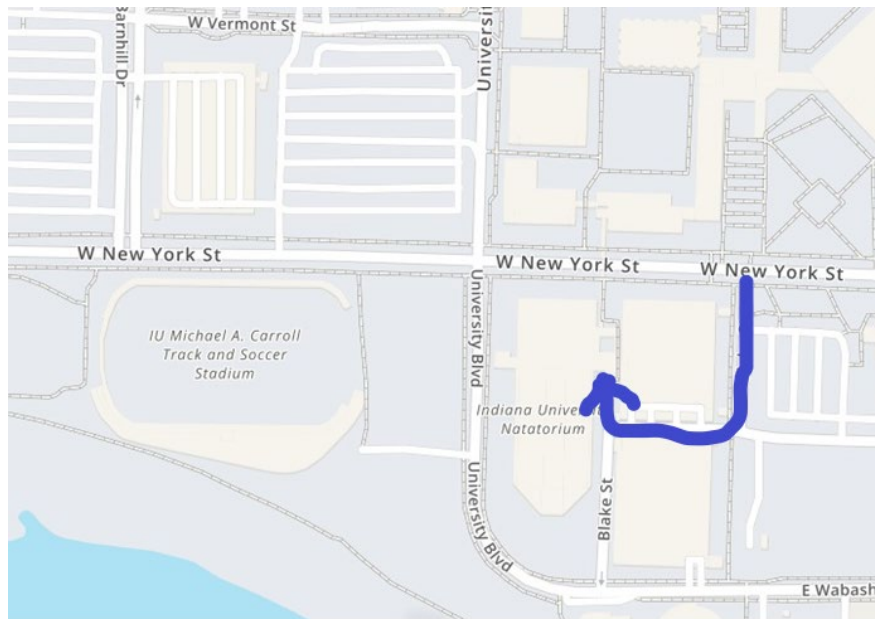
ATC or the ATC will instruct a staff member to call campus police at 317-274-7911

Prior to game, the ATC and Game Operations will speak with any on-site EMS staff to determine method of alerting EMS if their services are needed.

1. Immediate care of the injured or ill student-athlete: ATC or physician
2. Emergency equipment retrieval: Designated staff member or teammate
3. Activation of emergency medical system (EMS):
  - a. Call campus police at 317-274-7911. Be prepared to share the following:
    - i. Request the need for an ambulance if appropriate
    - ii. Location
    - iii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - iv. The approximate age and gender of the athlete
4. Directions of EMS to scene
  - a. ATC will designate an individual to “flag down” EMS and direct to the Jungle from loading dock: could be staff member or teammate or campus police
5. Scene Control: limit scene to first aid providers and move all bystanders away from area

**Venue Directions:** The natatorium is located at 901 W. New York Street, Indianapolis, IN. To get to the natatorium, from New York St., turn South on Blake St, right on Ohio St, and right again on Blake street to the loading dock. Enter the doors at the loading dock and go left down the south concourse. The Jungle is through the first set of double doors on the right past the concession stand.

**Tornado or Severe Weather Plan:** The primary location for cover is inside the lower level of the Natatorium facility in the locker rooms or hallways. Stay indoors and stay away from windows.



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## **Emergency Protocol Natatorium Swimming & Diving**

**901 W. New York St., Indianapolis, IN**

**Emergency Personnel:** Lifeguards will be on site for all practices and competitions. A certified athletic trainer (ATC) will be on site for competition. Additional sports medicine staff is accessible from the Athletic Training Room located in the South end of the Natatorium on the main level for practice. A doctor will also be on call for all athletic competitions

**Emergency Communication:** Cell phones will be used for practice and competition as needed.

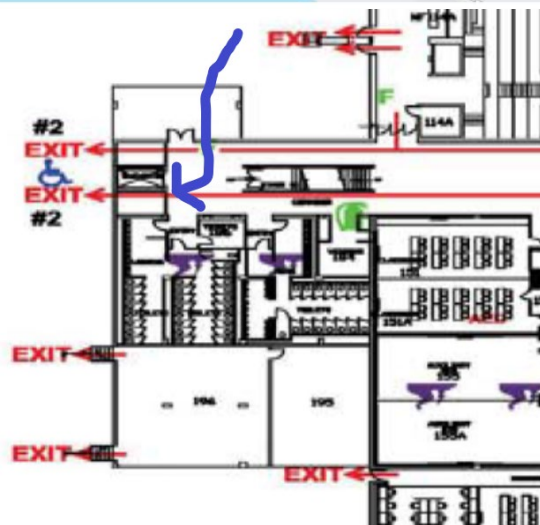
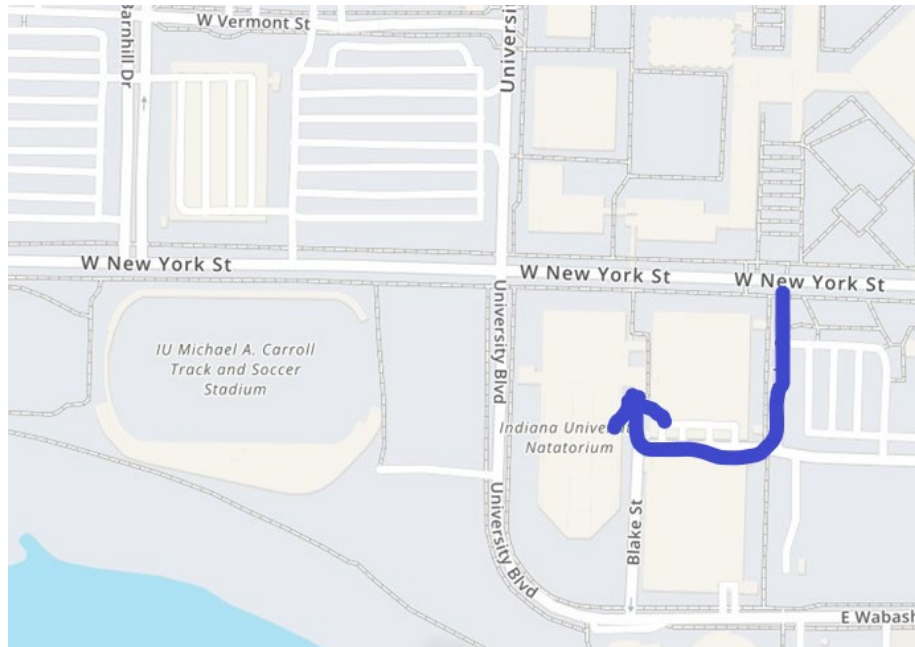
**Emergency Equipment:** The AED is located outside the women's locker room on the east side of the facility, just outside the guard room. The Splint Bag will be in a designated medical area for meets or inside the Athletic Training Room located in the South end of the Natatorium located adjacent to the swimming pools for practice.

### **Roles of Designated Staff Members:**

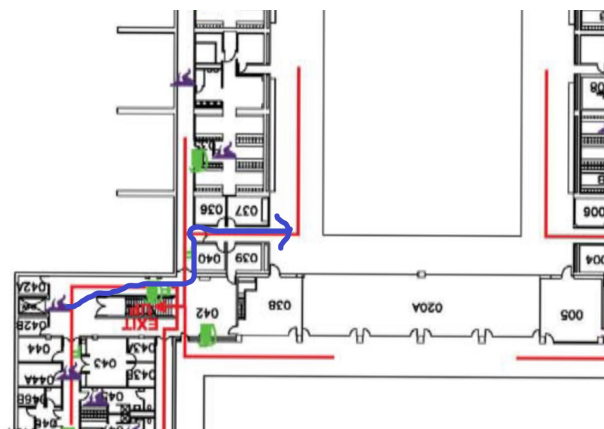
1. Immediate care of the injured or ill student-athlete: lifeguard or ATC
2. Emergency equipment retrieval: Designated staff member or teammate
3. Activation of emergency medical system (EMS):
  - a. Lifeguard or ATC will notify campus police or will instruct another staff member to do so
  - b. Call 911 and campus police at 317-274-7911. Be prepared to share the following:
    - i. The approximate age and gender of the athlete
    - ii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - iii. Location
    - iv. Request the need for an ambulance if appropriate
4. Directions of EMS to scene
  - a. The ATC or lifeguard will designate an individual to "flag down" EMS and direct to downstairs to the pool from loading dock: could be staff member or teammate or campus police
5. Scene Control: limit scene to first aid providers and move all bystanders away from area

**Venue Directions:** The natatorium is located at 901 W. New York Street, Indianapolis, IN. To get to the natatorium, from New York St., turn South on Blake St, right on Ohio St, and right again on Blake St to the loading dock. Enter the doors at the loading dock and take the elevator down to LL (Lower level) and enter the pool area through the ProShop at the base of the stairs unless staff directs otherwise.

**Tornado or Severe Weather Plan:** The primary location for cover is inside the lower level of the Natatorium facility in the locker rooms or hallways. Stay indoors and stay away from windows.



Concourse Level



Pool Deck Level

December 2018



## Emergency Protocol NIFS (National Institute for Fitness and Sport) Training Facility - All Sports

250 University Blvd., Indianapolis, IN

**Emergency Personnel:** Strength Coaches and NIFS Personal Trainers are certified in 1<sup>st</sup> Aid and CPR

**Emergency Communication:** Cell phones will be used for practice and training as needed; land lines are available in all workout areas

**Emergency Equipment:** Two AED's onsite: One AED is located at the fitness desk in the north-center of the infield; the second AED is located at the first floor reception desk in the lower cabinet drawer. Both locations are marked with AED emergency signage. The 1<sup>st</sup> aid kit is also located at the first floor reception desk.

### Roles of Designated Staff Members:

1. Immediate care of the injured or ill student-athlete: Athletic trainer or 1<sup>st</sup> Responder Coach
2. Emergency equipment retrieval: Designated staff member or teammate
3. Activation of emergency medical system (EMS):
  - a. AT or 1<sup>st</sup> Responder Coach will call campus police at 317-274-7911. Be prepared to share the following:
    - i. Request the need for an ambulance if appropriate
    - ii. Location
    - iii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - iv. The approximate age and gender of the athlete
4. Directions of EMS to scene
  - a. The AT or 1<sup>st</sup> Responder Coach will designate an individual to "flag down" EMS at the main entrance and direct EMS through the building to the victim: could be staff member or teammate
5. Scene Control: limit scene to first aid providers and move all bystanders away from area

**Venue Directions:** NIFS is located at 250 University Blvd. EMS should enter in the front set of double doors, the elevator is on the right side of the information booth. The building has 3 floors, all accessible from one elevator located near the reception desk on the main floor. The training areas are located on the lower level

**Tornado or Severe Weather Plan:** The primary location for cover is the lower level hallway and maintenance/laundry area, if necessary. Stay indoors and stay away from windows.



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## **Emergency Protocol Softball Stadium**

**1000-1100 block of W. New York St., Indianapolis, IN**

**Emergency Personnel:** A certified athletic trainer (ATC) will be on site for competition. Additional sports medicine staff is accessible from the Athletic Training Room located in the South end of the Natatorium located adjacent to Michael A. Carroll Stadium. A doctor will also be on call for all athletic competitions

**Emergency Communication:** Cell phones will be used for practice and competition as needed.

**Emergency Equipment:** The AED will be in or next to the home team dugout for games and practice. The splint bag will be in the home team dugout for games and located in the Athletic Training Room located in the South end of the Natatorium for practices

### **Roles of Designated Staff Members:**

#### **Games**

ATC or designated staff member will alert the on-site EMS that their services are needed.

Game Operations or Administrator will call campus police at 317-274-7911 at request of ATC.

Prior to game, the ATC and Game Operations will speak with the on-site EMS staff to determine method of alerting EMS if their services are needed.

#### **Practices**

ATC or the ATC will instruct a staff member to call campus police at 317-274-7911.

1. Immediate care of the injured or ill student-athlete: ATC
2. Emergency equipment retrieval: Designated staff member or teammate
3. Activation of emergency medical system (EMS):
  - a. Call campus police at 317-274-7911. Be prepared to share the following:
    - i. Request the need for an ambulance if appropriate
    - ii. Location
    - iii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - iv. The approximate age and gender of the athlete
4. Directions of EMS to scene
  - a. Open appropriate gate
  - b. The ATC will designate an individual to “flag down” EMS and direct to scene from gate on New York St: could be staff member or teammate or campus police
5. Scene Control: limit scene to first aid providers and move all bystanders away from area

**Venue Directions:** The softball stadium is located in the 1000-1100 block of New York Street, Indianapolis, IN. To get to the softball stadium, from New York St, EMS should proceed through the opening between the softball stadium and Michael A. Carroll Stadium. They should then proceed through the outfield gates to get to the field

**Lightning Plan:** The primary location for shelter will be in the Natatorium facility or soccer stadium restrooms if available. The alternative is for teams to return to their buses and other vehicles.

**Lightning Policy:** All Activity needs to cease and the field and stands be vacated when light

ning is detected within 10 miles as monitored on the WeatherSentry app or on-line version. Resuming activity will occur after 30 minutes of the last lightning strike within 10 miles.

#### Games

Prior to start of game - Game Operations will monitor lightning and will make the decision to vacate the field and stands.

During the game - Game Operations will monitor lightning and will alert the officials to call the game

#### Practice

The ATC will monitor lightning and will make the decision to stop practice and vacate the field.

**Tornado or Severe Weather Plan:** The primary location for shelter is inside the lower level of the Natatorium facility in the locker rooms or hallways. Stay indoors and stay away from windows.

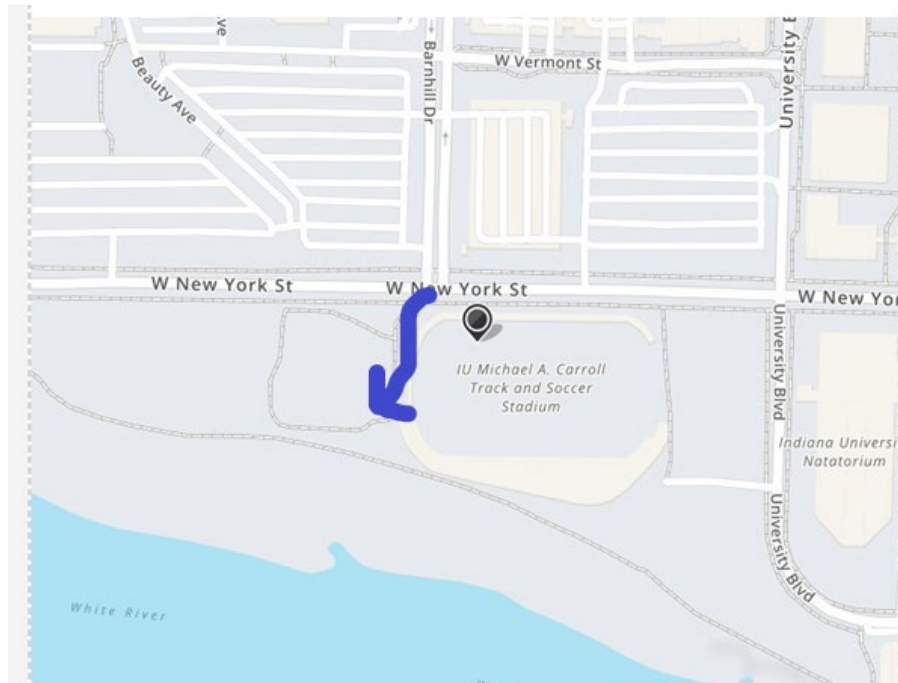
**Severe Weather Policy:** In the event of a national weather service issuing a 'Watch', ATC and game management should be on alert for the potential of severe weather. In the event of a national weather service issuing a 'Warning', all activity needs to cease and the field and stands vacated until the 'Warning' has expired

#### Games

Same as lightning plan in case of a warning

#### Practice

Same as lightning plan in case of a warning



December 2018

## **Emergency Protocol West Indy Racquet Club Tennis**

**4458 Guion Rd., Indianapolis, IN**

**Emergency Personnel:** A certified athletic trainer (ATC) will be on site for competition. Coaches are 1<sup>st</sup> and CPR certified. Additional sports medicine staff is available on call from the Athletic Training Room on IUPUI campus.

**Emergency Communication:** Cell phones will be used for practice and competition as needed.

**Emergency Equipment:** AED is located in the front lobby on the wall behind the front desk.

**Roles of Designated Staff Members:**

1. Immediate care of the injured or ill student-athlete: ATC or coach who has been trained as a 1<sup>st</sup> responder
2. Emergency equipment retrieval: Designated staff member or teammate
3. Activation of emergency medical system (EMS):
  - a. ATC or 1<sup>st</sup> Responder Coach will call 911
  - b. When calling 911: Be prepared to share the following:
    - i. Request the need for an ambulance if appropriate
    - ii. Location
    - iii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - iv. The approximate age and gender of the athlete
4. Directions of EMS to scene
  - a. The ATC or 1<sup>st</sup> Responder Coach will designate an individual to “flag down” EMS and direct to the court from the exterior entrance of the racquet Club: could be staff member or teammate
5. Scene Control: limit scene to first aid providers and move all bystanders away from area

**Venue Directions:** The Racquet Club is located at 4458 Guion Rd. To get to the courts, from I-65N, take the 38<sup>th</sup> St exit, make a slight right and then right onto Guion Rd, then the club is on the left.

**Lightning Plan:** The primary location for shelter will be in indoors. The alternative is for teams to return to their buses and other vehicles.

**Lightning Policy :** All Activity needs to cease and the courts and stands be vacated when lightning is detected within 10 miles as monitored on the WeatherSentry app or on-line version. Resuming activity will occur after 30 minutes of the last lightning strike within 10 miles.

**Games**

Prior to start of game - Game Operations will monitor lightning and will make the decision to move inside.  
During the game - Game Operations will monitor lightning and will alert the officials to call the game.

**Practice**

The ATC or Coach will monitor lightning and will make the decision to stop practice and move inside

**Tornado or Severe Weather Plan:** The primary location for shelter is in the lobby building. Stay indoors, away from windows, stay low, and in the middle of the building. A basement is preferable to a first floor structure.

**Severe Weather Policy:** In the event of a national weather service issuing a ‘Watch’,

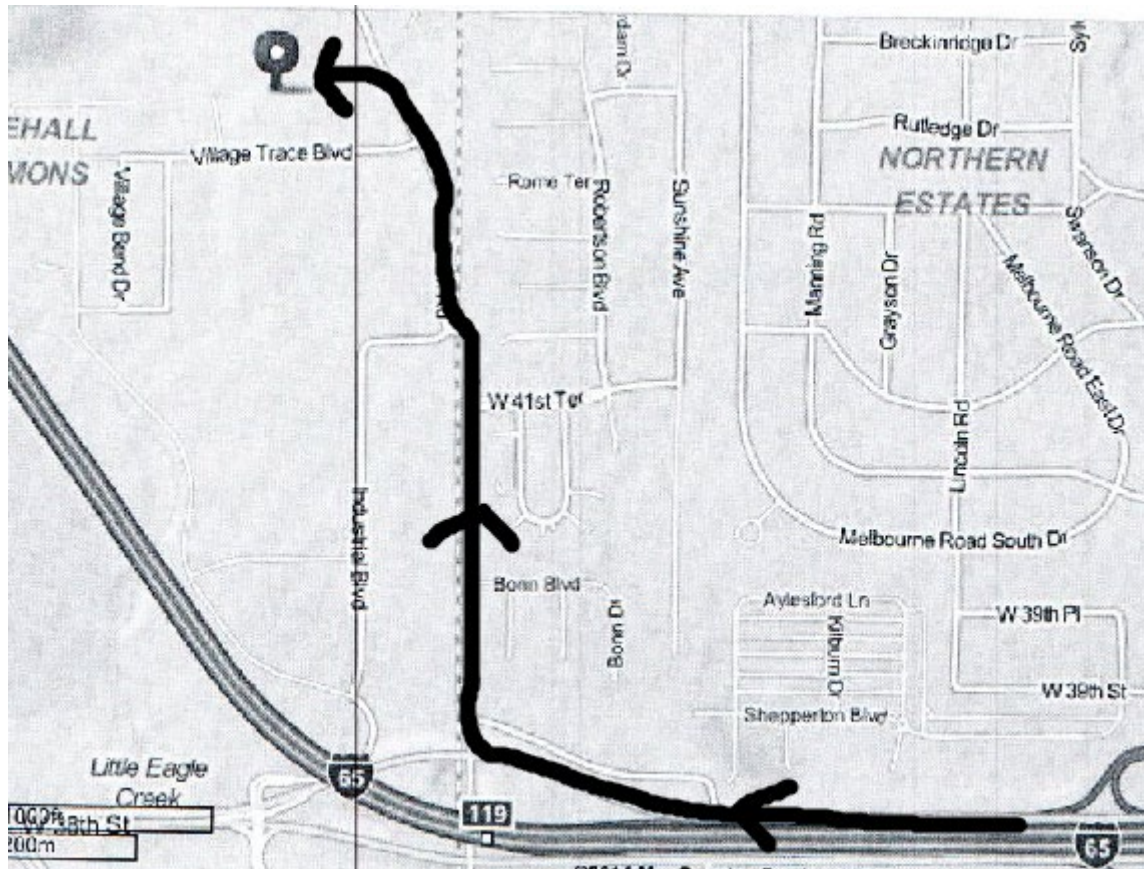
ATC and game management should be on alert for the potential of severe weather. In the event of a national weather service issuing a 'Warning', all activity needs to cease and the field and stands vacated until the 'Warning' has expired.

**Games**

Same as lightning plan in case of a warning.

**Practice**

Same as lightning plan in case of a warning.



December 2018

## **Emergency Protocol Broadmoor Country Club Golf**

**2155 Kessler Blvd. West Dr, Indianapolis, IN**

**Emergency Personnel:** A certified athletic trainer (ATC) will be on site for competition.

Coaches are 1<sup>st</sup> and CPR certified. Additional sports medicine staff is available on call from the Athletic Training Room on IUPUI campus.

**Emergency Communication:** Cell phones will be used for practice and competition as needed.

**Emergency Equipment:** No AED on site for practice. Athletic trainer will have an AED with them for tournaments

### **Roles of Designated Staff Members:**

1. Immediate care of the injured or ill student-athlete: AT or coach who has been trained as a 1<sup>st</sup> responder
2. Emergency equipment retrieval: Designated staff member or teammate
3. Activation of emergency medical system (EMS):
  - a. AT or 1<sup>st</sup> Responder Coach will call 911
  - b. When calling 911: Be prepared to share the following:
    - v. Request the need for an ambulance if appropriate
    - vi. Location
    - vii. Brief description of the injury (i.e. unconscious, possible broken leg, etc...)
    - viii. The approximate age and gender of the athlete
4. Directions of EMS to scene
  - a. The ATC or 1<sup>st</sup> Responder Coach will designate an individual to “flag down” EMS and direct to scene from the club entrance: could be staff member or teammate
5. Scene Control: limit scene to first aid providers and move all bystanders away from area

**Venue Directions:** The Broadmoor Country Club is located at 2155 Kessler Blvd. This is west of Kessler and Michigan Roads

**Lightning Plan:** The primary location for shelter will be in the cart storage area. The alternative is for teams to return to their buses and other vehicles.

**Lightning Policy:** All Activity needs to cease and the course needs to be vacated when lightning is detected within 10 miles as monitored on the Thor Guard system that sounds an alarm throughout the course. 1 extended tone (5 sec) means to come off the course and seek shelter. Resuming activity will occur after 3 short tones with the Thor Guard system.

**Tornado or Severe Weather Plan:** The primary location for shelter is in the cart storage area. Stay indoors, away from windows, stay low, and in the middle of the building. A basement is preferable to a first floor structure.

**Severe Weather Policy:** In the event of a national weather service issuing a ‘Watch’, ATC and game management should be on alert for the potential of severe weather. In the event of a national weather service issuing a ‘Warning’, all activity needs to cease and the field and stands vacated until the ‘Warning’ has expired





December 2018

# Catastrophic Emergency Action Plan

## Definition of a Catastrophic Emergency

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

## Primary individuals (if on site at time of incident)

- Emily Nibbelink, Assistant Athletic Director for Sports Medicine
- Appropriate IUPUI team athletic trainer
- Appropriate IUPUI Head or assistant coach

## Individuals to contact

- Dr. Kevin Gebke, M.D., Head Team Physician
- Roderick Perry, PhD, Director of Athletics
- Jaunelle White, Associate Director of Athletics/SWA

## Follow These Steps

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



## Sports Medicine Department Lightning Policy

### Chain of Command

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

- The IUPUI Certified Athletic Trainer has the power to make the decision to terminate an athletic activity sooner if deemed unsafe before the decision is made by the Game Operations.

### Criteria For Evacuation of the Practice / Game Area

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

- a) An IUPUI certified athletic trainer will inform the visiting team's athletic trainer and/or coach and game official(s) / umpire(s) of IUPUI's policy with regards to lightning, severe weather, and/or storms during pre-game warm-ups.
- b) An IUPUI certified athletic trainer (practices) and/or IUPUI Game Operations (games) will monitor the lightning through WeatherSentry lightning detection system through the app or on-line version.
- c) An IUPUI certified athletic trainer (practice) and/or IUPUI Game Operations (games) will also monitor local weather radar and media outlets for severe thunderstorm, tornado, hurricane, and/or other severe weather watches / warnings.
- d) When lightning is detected within 20 miles on WeatherSentry, and/or a severe weather watch has been issued, an IUPUI certified athletic trainer will notify the following persons in order to alert them to the potential for suspension of activity due to weather:
  - The game official / umpire (at a break in the action);
  - The IUPUI head coach and/or his/her designee;
  - The visiting team's athletic trainer and/or coach (if applicable); and
  - IUPUI game operations (if applicable).
- e) When lightning is detected within 10 miles on WeatherSentry, and/or a severe weather warning has been issued, an IUPUI game administrator will notify the following persons during a game and the IUPUI ATC will notify the IUPUI head coach and/or his/her designee during practice:
  - The game official(s) / umpire(s);
  - The IUPUI head coach and/or his/her designee;
  - The visiting team's athletic trainer and/or coach (if applicable); and
  - IUPUI game operations (if applicable).

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



- f) A safe structure or location is defined as- ***“any sturdy, fully enclosed, substantial, and frequently inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure”***. Examples of locations that routinely DO NOT meet the criteria include:
- Softball dugouts;
  - Softball “covered” batting cages;
  - Outside storage sheds; and/or
  - Canopy / awning / tent.
- g) In the absence of a sturdy, fully enclosed, substantial, and frequently inhabited location as described above, a secondary structure such as a fully enclosed vehicle with a hard metal roof, rubber tires, and completely closed windows can provide a measure of safety. Persons should not touch the sides of the vehicle! **Convertible and “soft-top” vehicles, and golf carts do not provide a high level of protection and cannot be considered safe from lightning.**
- h) Persons should avoid taking showers and using plumbing facilities (including indoor and outdoor pools, whirlpools, Jacuzzis, and hot tubs) and landline telephones during a thunderstorm. **\*\*\*\*Note: Some indoor pools are grounded. The Natatorium pools are grounded\*\*\*\***
- i) If the IUPUI administration has cancelled classes at the university due to severe weather, the IUPUI Athletics Department strongly recommends the cancellation of all games, practices, and other activities.
- j) ***All individuals should have the right to leave a site or activity, without fear of repercussion or penalty, in order to seek a safe structure or location if they feel that they are in danger from impending lightning activity.***

## Criteria For Safe Return to the Practice/Game Area

- a) Personnel should not return to the practice/game area until weather warning has expired & **thirty (30) minutes have passed since the last lightning strike within 10 miles.**
- b) Each time lightning occurs within 10 miles, the “30-minute clock” is to be reset.
- c) Blue skies in the local area and/or a lack of rainfall are not adequate reasons to breach the 30-minute return-to-play rule. Lightning can strike up to ten (10) miles away from the rain shaft of a storm.

### Pre-hospital Care of Victims of a Lightning Strike

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

## IUPUI Venue Specific Safe Structures-

IUPUI Venue	Primary Safe Location(s)	Secondary Safe Location(s)	Unacceptable Location(s)
Michael A. Carroll Track & Field/Soccer Stadium	Michael A. Carroll Track & Field/Soccer Stadium Locker Rooms, IUPUI Natatorium	Personal vehicles w/metal roof and/or team bus	Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents
IUPUI Softball Complex	IUPUI Natatorium	Personal vehicles w/metal roof and/or team bus	Dugouts, batting cage complex, convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents
Tennis Courts	West Iny Tennis Center Lobby	Personal vehicles w/metal roof and/or team bus	Dugouts, convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents
Broadmoor Country Club	Club house, Cart Storage Area	Personal vehicles w/metal roof and/or team bus	Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents

### References:

NCAA Guideline 1E: Lightning Safety. **NCAA Sports Medicine Handbook** (2013).

Walsh, K.M., Cooper, M.A., Holle, R., Rakov, V.A., Roederll, W.P., Ryan, M. (2013). National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics & Recreation. **Journal of Athletic Training**, 48(2): 258-270.



## **IUPUI**

### **IUPUI Athletics Department Sports Medicine Student-Athlete Pregnancy Guidelines**

#### **What to do in Event of Pregnancy**

All pregnancies should be reported to a Sports Medicine Staff member so they can help the student-athlete get the proper care she needs. The student-athlete can utilize their own physician if desired for pregnancy care, but the Team Physician can help make recommendations for medical care. The cost of all medical care related to pregnancy will be the responsibility of the student-athlete and/or her family.

The Sports Medicine Staff will not require a student-athlete to reveal her pregnancy or parenting status to coaches or teammates. In conjunction with the athletic trainer and Team Physician, the Senior Athletic Administrator may be informed as well. The Sports Medicine Staff will work to create an environment that encourages the student-athlete to voluntarily reveal her pregnancy in order to provide optimal support for physical and mental care.

#### **Athletics Participation**

Pregnant student-athletes may be allowed to fully participate in team activities, or participate in a limited manner, until the student-athlete's medical physician or an IUPUI team physician certifies that participation or partial participation is no longer medically safe. Medically necessary absences from team activities due to pregnancy will be considered excused absences. The Team Physician will work in conjunction with the student-athlete's physician to determine a level of safe participation.

Clearance from the Team Physician to resume participation will be required after pregnancy whether through delivery, miscarriage, or termination. This appointment will be covered through the school's athletic insurance policy.

#### **Scholarship**

Pregnancy is treated like any other temporary health condition in regards to receipt of institutional grants-in-aid. The Athletic Department will not terminate or reduce a student-athlete's athletics aid because of pregnancy, marital, or parental status during the term of the award. The Athletic Department will renew a pregnant, formerly pregnant, or parenting student-athlete's athletics aid as long as the student-

athlete remains in good standing academically, remains engaged with our athletics department, and meets NCAA eligibility standards, following all applicable university and department rules and policies.

## **Enforcement and Retaliation**

IUPUI Athletics 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 shun or shame a pregnant or parenting student-athlete will not be tolerated. 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 discharge or expulsion from the university.

## **References:**

NCAA Guideline 2Q: Pregnancy. **NCAA Sports Medicine Handbook** (2014).

Zavorsky, G. and Longo, L. (2011) Exercise Guidelines in Pregnancy. **Sports Med**, 41(5): 345-360.

Melzer, K., Schutz, Y, Boulvain, M., and Kayser, B. (2010). Physical Activity and Pregnancy; Cardiovascular Adaptations, Recommendations and Pregnancy Outcomes. **Sports Med**, 40(6): 493-507.

American College of Obstetrics and Gynecology Committee on Obstetric Practice:  
Exercise During Pregnancy and the Postpartum



## **IUPUI**

### **Sports Medicine Department**

### **Mental Health Policies and Procedures**

This section represents the current guidelines for clinical policies and procedures adhered to in IUPUI Athletics. Of course, there will always be the need to make exceptions in deference to sound clinical judgment. The expectation is that staff will seek consultation, most often through peer review with other mental health providers, before making decisions that deviate from these guidelines.

#### **1. General Information**

##### **a) Overview**

IUPUI Mental & Behavioral Health is an emerging department within sports medicine at IUPUI with providers available on a part-time and by appointment basis. The athletic training staff and team physicians are available for mental health resources as well as for orthopedic injuries and other illness. Athletic trainers are not mental health care providers and when presented with concerns that are out of the scope of competency of athletic training or require a higher level of care, staff will refer student-athletes to appropriate providers after consultation with the team physician.

##### **b) Hours**

Mental & Behavioral Health counseling will be provided by appointment during the fall and spring semesters. For appointment availability or special accommodations contact the mental health providers directly or the athletic training staff.

##### **c) Location**

Individual counseling is provided in the Waterway offices, 1000 Waterway Blvd or in the Natatorium offices at 901 W. New York St. At times, sessions may be more appropriate outside of the office setting, and may occur in an alternate setting on campus or at the provider's professional office. Team/group sessions related to mental health or sports psychology are provided at a location convenient to teams/groups.

##### **d) Providers**

Mental and Behavioral health specialists providing therapy services are licensed by the appropriate mental health board in the State of Indiana.

- Licensed Clinical Social Worker
- Graduate level Social Work student
- Sports Performance Specialist

Graduate trainees provide services to student-athletes and are advanced graduate students in a mental health field. Trainees are supervised under the

license of full time staff as required by state law and accrediting bodies.

Behavioral health team members reports to the Team Physician. No provider of mental health services who is in a position of decision making responsibility reports to the head coach or to members of a coaching staff. This structure is deliberate and ensures that in matters and concerns of mental health the staff acts solely on behalf of student-athletes' best interest, safety, and welfare without influence from outside personnel/individuals.

**e) Confidentiality**

All mental health services are provided privately and consistent with the applicable professional standards of confidentiality. These professional standards, as well as applicable law, protect information shared except in cases of: (1) suspected or known abuse or neglect of a child or vulnerable adult; (2) risk of imminent harm to self or others; (3) under a court mandate; (4) when needed to provide proper health or mental health care; (5) or as otherwise required by law. Further, student-athletes also have the ability to sign a written authorization form to allow a provider to speak to others about their treatment.

**f) Minors**

In the State of Indiana, individuals under the age of 18 cannot be seen for ongoing treatment without the consent of their parent or legal guardian. In emergency situations, it may be necessary to provide crisis intervention, but ongoing services cannot be offered before parental or guardian consent is obtained. Referring parties planning to make a referral should explain this policy to a student-athlete so that they can obtain consent from their legal guardian.

**2. Goals and Objectives**

- To provide mental health care for all participants in the athletics program, including outside referrals when necessary.
- To protect the interests of all parties by assuring that the mental health status of student-athletes is such that they may practice and compete safely.
- To maintain a comprehensive mental health record for all student-athletes receiving services.
- To provide quality educational experiences for graduate students in mental health related programs.
- To provide empirically supported intervention for mental health and sport performance concerns to student-athletes.
- To provide and review emergency action plans for student-athletes in mental health crises both at home and when traveling for sport.
- To develop and maintain working relationships with relevant offices across campus and in the community.

### **3. Mental Health Evaluations and Treatment**

#### **a. Scheduling Appointments**

Initial intake appointments should be scheduled directly with the mental health care providers.

#### **b. Referrals**

IUPUI Mental & Behavioral health staff will accept referrals from any athletic department source but will generally not make first contact with a student-athlete without their consent due to privacy concerns.

#### **c. Intake Assessment**

The first appointment that a student-athlete attends is known as the intake assessment. This meeting typically lasts about 45-50 minutes and includes the gathering of in depth psychosocial and symptom history. During this appointment informed consent will be covered along with confidentiality, release of information (if applicable), supervision (if applicable), and the treatment process.

#### **d. Provider Assignment**

Generally, student-athletes are assigned a provider based on availability in schedules. Most often, the provider who performs the initial intake assessment will be the provider that provides ongoing counseling. A student-athlete may be transferred to an alternative provider at their request or should their presenting issue be outside the scope of competence of the assigned provider.

#### **e. Scheduling of Ongoing Appointments**

Providers will schedule ongoing appointments directly with the student-athlete at the end of the current session. There are times when a student-athlete is unsure of their schedule and needs to wait until a later date to schedule. This is acceptable but the student-athlete should be informed that an appointment time will not be held for them until they confirm their availability for that time. Student-athletes are expected to keep track of their appointments and notify the provider immediately if they realize they will be unable to keep the scheduled appointment.

#### **f. Individual Therapy**

Individual therapy is provided to student-athletes on an ongoing basis as needed. These appointments may last up to 50 minutes. The clinician and the student-athlete work together to identify treatment goals and determine frequency of meetings. This may be as often as weekly or as infrequent as monthly. At times, a presenting issue may be outside of the competencies or resources of behavioral health staff. When this occurs, student-athletes will be referred to alternative on-campus or community resources.

#### **g. No Show Policy**

Student-athletes are expected to keep their appointment or notify the provider as soon as feasibly possible of the need to cancel or reschedule an appointment. A student-athlete who no shows their appointment will be contacted one time by their provider in an attempt to follow up and reschedule. If no response received, provider will assume that student-

athlete is terminating treatment and will be responsible for resuming if desired in the future.

**h. Lateness Policy**

We understand that student-athletes may occasionally be late for appointments. A student-athlete is expected to inform their provider via call, text, or email if they will be late to an appointment. On an initial assessment, arriving 15 or more minutes late may result in the need to reschedule the appointment. Regardless of the time of student-athlete arrival, the appointment will end at the scheduled ending time so as not to impact appointments following. If lateness occurs frequently, it is up to the provider to discuss the issue with the student-athlete. If the issue is not resolved following discussion, student-athlete may be referred to a community provider.

**i. Email and Texting Policy**

Student-athletes are encouraged to communicate with mental health staff through means of their preference. When choosing to use electronic communication, student-athletes are to receive appropriate information regarding the limitations of privacy and protections of communications and permitted to change their preferred method of communication.

**j. Social Media Policy**

Mental health staff are not to add current student-athletes on any social media platform (Facebook, LinkedIn, Twitter, Instagram, Snapchat, etc.). Staff should refrain from adding former student-athletes on social media as well, except under special circumstances, due to the compromise of confidentiality that could occur.

**k. Conflict of Interest Policy**

Due to provision of services to a small community, it is likely that your provider has in the past, is currently, or will in the future provide services to teammates, roommates, and/or friends of a client. Provider is expected to make all efforts to compartmentalize and maintain confidentiality. As indicated in the written consent form, it is up to the provider to address a conflict of interest that arises and cannot be effectively managed with the relevant parties.

**4. Insurance and Payment**

IUPUI Athletics provided behavioral health providers do not bill insurance or require payment of any kind. All current student-athletes have access to services free of charge.

Any referrals to an alternative on-campus or community resource will bill insurance or require payment based on their respective policies and procedures. Mental health referrals will not be covered by IUPUI Athletics' Insurance policy, however if a student-athlete is having financial difficulty, they should check with their referring mental health care provider or athletic trainer about resources.



## **5. Reporting of Mental Health Events**

In the event of a mental health emergency, athletics' mental health care providers will reach out to the Team Physician and Director of Sports Medicine to inform them of the events and will contact the student-athlete's athletic trainer. Mental Health staff are not to handle mental health emergencies without inclusion of and consultation with relevant sports medicine colleagues.

## **6. Mental Health Care In and Out of Season**

Student-athletes may access care regardless of whether they are in season or out of season. While enrolled at IUPUI and on an athletics roster, mental health services may be utilized anytime during the academic year.

## **7. Mental Health Care of Ineligible Student-Athletes**

Regardless of academic eligibility, as long as a student remains on a team's roster, they may access sport psychology services. Counseling services may be particularly useful for those who are ineligible.

## **8. Mental Health Care of Student-Athlete Upon End of Athletics Participation at IUPUI**

Student-athletes who leave their sport but remain at IUPUI may receive services for the duration of that academic semester. At the end of service eligibility, student-athletes will be referred to CAPS for continued service. Mental & Behavioral staff will work with student-athlete to ensure a smooth transition.

## **9. Transportation of Student-Athletes in Mental Health Emergencies**

Mental health staff do not transport student-athletes to outside appointments or in crisis situations. If a student-athlete needs to be transported, 911 or Campus/Local Police is to be contacted.

## **10. Referrals and Consultations**

When presenting concerns are out of the scope of competency of mental health provider or require a higher level of care, staff will refer student-athletes to appropriate community providers. In particularly difficult cases, staff are expected to consult with colleagues as appropriate.

## **11. Emergency Services**

### ***a) Student-Athletes with Suicidal Ideation or Plans***

Student-athletes who are actively suicidal or who are a danger to themselves or others in some other way must be sent to the Emergency Room at IU Methodist Hospital or Eskenazi Hospital. If there is doubt about the level of care necessary, staff members are to consult with other mental health professionals. Consultation is essential when dealing with certain emergency situations which involve interpretations of the law, ethical guidelines, or ambiguous circumstances.

**b) *Volatile Student-Athletes***

In the unlikely event that a student-athlete should become volatile in a provider's office, campus police should be called and staff should remove themselves quickly and safely.

**c) *Return to Participation After Mental Health Emergency***

Following a mental health emergency, student-athletes should be evaluated by the Team Physician (or other medical/mental health staff as appointed) to determine appropriateness of return to participation. This determination will be made on a case-by-case basis taking into consideration psychological needs and risks and physical injury concerns when necessary.

**12. Provision of Prescription Drugs To Student-Athletes**

When medication is clinically indicated, or is requested by a student-athlete, the mental health provider will assist the student-athlete in setting up an appointment with one of the team physicians. Team physicians have the final say on whether or not a medication will be prescribed and which medication that will be. Team physicians have the right to refuse prescription of psychotropic drugs and can refer out to a local psychiatrist. Student-athletes will generally be expected to maintain individual counseling appointments after being referred for medication evaluation.

**13. Student-Athlete Medical Records**

**a) General**

The electronic medical record used for behavioral health scheduling and documentation is either Vivature or the provider's record keeping system.

**b) Screening Tools**

Screening tools will be utilized as appropriate and in accordance with best practices. CCAPS screening measure (CCAPS-62 at intake, CCAPS-34 at follow-up) is to be administered at each session to track symptoms and progress.

**c) Note Content**

Notes are completed in a SOAP format. (S)ubjective refers to the narrative form of the student-athlete presentation. (O)bjective refers to the observed behaviors and signs. (A)ssessment refers to clinical impressions, including the diagnosis when appropriate. (P)lan refers to intervention used, homework provided, and when next appointment is expected. It is generally expected that notes will be completed within 48 hours of completion of session.

**d) Access to Notes**

Mental & Behavioral health staff are the only providers on campus with access to student-athlete mental health records in compliance with state law. While sports medicine staff, physicians, and athletic trainers utilize the same electronic medical record, they do not have access to mental health records without written consent from the student-athlete.

**e) Release of Notes**

Requests for release of notes or review of records are treated in accordance with the APA Code of Ethics, state law, and federal law. Unless otherwise

required by law, records are released only with express written consent utilizing the Behavioral Health “Release of Information” form or a similar form from another medical/mental health office. Staff members are to discuss with the student-athlete the purpose of the released information and which parts of the notes are appropriate for release.

Notes are also released when required by law or upon a court order and all court orders and demands for records must be reviewed by IU General Counsel prior to providing requested documentation.

**f) Maintenance of Files**

In keeping with Indiana law, electronic medical files are maintained for 7 years. After 7 years, electronic files should be deleted.

**14. Additional Mental Health Services for Student-Athletes**

**a) Mandated Treatment**

IUPUI athletics mental health providers do not provide services to student-athletes for court-mandated therapy. Mandated services will be referred out. At times, student-athletes may be referred for a mandated evaluation from another on campus office. IUPUI mental health providers may provide the initial mandated evaluation to determine the needs of the student-athlete and will make recommendations accordingly and provide documentation as needed.

**b) Substance Use Treatment**

Substance use issues will be evaluated by counseling and sport psychology staff and/or the team physician who will make the determination of appropriateness for outpatient treatment within sports medicine. Chronic or severe substance use issues will generally be referred out to local providers who can provide individual and group treatment and who can evaluate appropriately for the need for higher level of care. Referring provider should maintain regular communication with outside providers.

**c) Eating Disorder Treatment**

Eating Disorders are treated on a case-by-case basis utilizing best practices when deciding whether to treat in-house with a comprehensive treatment team approach or to refer out for more specialized treatment.

**d) ADD/ADHD**

Students-athletes who are suspected of having ADHD but have not previously been assessed will meet with an IUPUI athletics mental health provider or the team physician for initial interview and screening. If comprehensive assessment is indicated, the student-athlete will be referred to a local psychologist for formal testing. Following testing and receipt of report, student-athlete will meet with staff to discuss results and treatment options. IUPUI athletics mental health services does provide psychotherapy treatment for ADHD and will refer to local provider for medication management if desired by student-athlete.

Student-athletes with previous ADHD diagnosis who need updated testing for NCAA compliance will be automatically referred for comprehensive testing. The student-athlete will have the option to meet with a counseling and sport

psychology provider upon request.

e) **Sexual Misconduct**

Behavioral health providers when acting within their official counseling role do not meet the definition of a “responsible employee,” and therefore are not required to report allegations of sexual misconduct at IU. Staff should encourage any student-athlete disclosing potential sexual misconduct to connect with the campus advocates and appropriate support services to ensure that the issue is addressed from a comprehensive perspective. If the student-athlete wishes to make a report, direct them to a Deputy Title IX Coordinator. In the event that the accused perpetrator is also a student-athlete, provider will take appropriate precautions to avoid conflict of interest. Provider cannot see both parties in a sexual misconduct case and if referring one party to colleague, should ensure that appointments are scheduled at different times.

**15. Performance Services**

In addition to mental health services, IUPUI mental health services offers performance enhancement work. These services may include, but are not limited to, relaxation strategies, dealing with performance pressure, anxiety, and expectations, building confidence, goal setting, imagery, etc. Performance enhancement services may be provide individually in a 1:1 setting or to groups or teams. With these services, staff may attend practices or games and may consult with coaching staff when needed.



**IUPUI**

## **Sports Medicine Department**

### **Heat Index Guidelines & Prevention of Heat Illness**

#### **Exertional Heat Illnesses**

Heat illness is closely associated with physical activity and its occurrence increases with a rise in temperature and relative humidity. It is usually classified in three categories: heat cramps, heat exhaustion, and heat stroke. Although most often occurring in hot, humid weather, heat illness can also occur with the absence of both heat and/or humidity

#### **Exercises-Associated Muscle (Heat) Cramps:**

- Occurs during or after intense exercises as an acute, painful, and involuntary muscle contraction
- Causes may include dehydration, electrolyte imbalance, neuromuscular fatigue, or a combination of factors
- Signs and Symptoms: dehydration, thirst, sweating, transient muscle cramps, fatigue

#### **Exercise (Heat) Exhaustion:**

- Occurs most frequently in hot, humid conditions and causes an inability to continue exercise
- May be caused by dehydration, heavy sweating, sodium loss, and energy depletion
- Signs and Symptoms: pallor, persistent muscle cramps, urge to defecate, weakness, fainting, nausea, decreased urine-output, cool and clammy skin, anorexia, diarrhea, body temp between 97-104° F

#### **Exertional Heat Stroke:**

- Occurs when core temperature is elevated (usually greater than 104° F) with associated signs of organ system failure due to hyperthermia and physical activity
- Caused by an overwhelmed temperature regulation system due to excessive endogenous heat production or inhibited heat loss due to environmental conditions
- Signs and Symptoms: tachycardia, hypotension, sweating (although skin may be wet or dry), hyperventilation, altered mental status, vomiting, diarrhea, seizures, coma, CNS changes
- Life-threatening condition that can be fatal unless promptly recognized and treated.
-

## **Prevention of Heat Illness**

- All pre-participation examinations will identify student-athletes who may be predisposed to heat illness or have a history of heat illness
- The Sports Medicine Department staff will be onsite at most practices and competitions for high risk sports to assist in providing hydration and access to further cooling supplies. The staff will be aware of the signs and symptoms of heat illness to properly recognize and intervene on behalf of the student-athlete
- The certified athletic training staff will help educate athletes and coaches regarding the necessary time needed to have student-athletes adapt to their environment. Acclimatization should be a gradual progression. Well-acclimatized athletes should be able to train 1 to 2 hours under the same heat conditions that will be present for their event
- In addition, the certified athlete trainer will have access to Weather Sentry to monitor WBGT (wet bulb globe temperature) and based the level of physical activity upon the gathered information. This will be used as one of the factors in determining any risk of heat illness associated with relevant environmental conditions

## **Treatment of Heat Illness**

### **Exercises-Associated Muscle (Heat) Cramps:**

- The student-athlete should stop activity, replace lost fluids (containing sodium), and begin mild stretching and massage of the muscle spasm
- Instruct the student-athlete to lie down, as this may allow blood flow to be distributed more rapidly to cramping leg muscles

### **Exercise (Heat) Exhaustion:**

- Assess cognitive function and vital signs, taking body-core temperature if possible
- Transport the athletes to a cool and/or shaded environment, remove excess clothing, start fluid replacement, and cool the student-athlete with fans, ice towels, or ice bags (place in armpits, neck, and groin)
- The student-athlete should be referred to the team physician and/or the emergency room of the closest hospital if in the judgement of the attending certified athletic trainer symptoms warrant further immediate attention

### **Exertional Heat Stroke:**

- Activate the emergency medical system
- Assess cognitive function and vital signs, measuring rectal temperature if feasible to differentiate between heat exhaustion and heat stroke (heat stroke is 104° F or higher)
- Lower the body-core temperature as quickly as possible by removing excess clothing and immersing the body into a tub of cool water (35-59° F) while checking temperature every 5-10 minutes. Remove athlete from water if temperature reaches 101-102° F to prevent overcooling.
- Continue using cooling methods mentioned for heat exhaustion while transporting to decrease body-core temperature

- Maintain and monitor airway for breathing and circulation

### **Recovery of Heat Illness:**

Student-athletes who experience a heat stroke may have impaired thermoregulation, persistent CNS dysfunction, and hepatic or renal insufficiency following recovery. Decreased heat tolerance has been shown to affect 15-20% of athletes experiencing a heat stroke-related collapse. Following recovery, the student-athlete's activity should be restricted with a gradual return regulated by the Team Physician

### **Heat Index and Physical Exercise Chart**

#### **Under 82 WBGT (Wet Bulb Globe Temperature)**

- Provide ample water and allow athletes to take in as much water as they desire
- Provide at least 3 separate rest breaks with a minimum duration of 3 minutes

#### **82-86.9 WBGT**

- Provide ample water and allow athletes to take in as much water as they desire
- Watch at-risk players carefully and monitor all athletes for signs of Heat Illness
- Recheck the temperature and humidity every 30-45 minutes to make decisions on games or practices
- Provide at least 3 separate rest breaks each hour with a minimum duration of 4 minutes
- Have cool down methods available for athletes as needed

#### **87-89.9 WBGT**

- Provide ample water and allow athletes to take in as much water as they desire
- Watch at-risk players carefully and monitor all athletes for signs of Heat Illness
- Recheck the temperature and humidity every 30-45 minutes to make decisions on games or practices
- Provide at least 4 separate rest breaks with a minimum duration of 4 minutes
- Have cool down methods available for athletes as needed
- If possible, move practice indoors or change practice time to a cooler part of the day
- For games - administrators, coaches, athletic trainers, and officials should work together to allow additional water breaks and time for cooling during game play as needed

#### **90-92 WBGT**

- Maximum practice length is one hour
- No protective equipment may be worn
- No conditioning activities may occur
- Monitor all athletes for signs of Heat Illness

- Recheck the temperature and humidity every 30-45 minutes to make decisions on games or practices
- Provide at least 20 minutes of rest breaks during the hour of practice
- Have cool down methods available for athletes as needed
- If possible, move practice indoors or change practice time to a cooler part of the day
- For games - administrators, coaches, athletic trainers, and officials should work together to allow additional water breaks and time for cooling during game play as needed

#### **Over 92 WBGT**

- All games and practices should be postponed or suspended until the WBGT has dropped to an acceptable level

### **Rationale of Fluid Replacement**

Student-athletes who are exposed to prolonged practices and competitions in an excessively hot and humid environment may be deprived of essential fluids, carbohydrates, and electrolytes that can ultimately lead to dehydration and potential heat illness.

It has been demonstrated that dehydration of just 1-2% of body weight can alter physiological function and negatively influence a student-athlete's performance. Student-athletes who are not properly hydrated prior to the start of practice or competition can begin to notice the signs of dehydration in just one hour or sooner of exercise. Dehydration has been identified as an increased risk factor for student-athletes developing heat-related illness such as heat cramps, heat exhaustion, and the potentially life-threatening heat stroke.

### **Rehydration Guidelines**

#### **Prior to Exercise:**

- All student-athletes should be encouraged to drink 17-20 fluid ounces of water or sports beverage 2-3 hours before exercise
- 10-20 minutes before the beginning of practice or competition, student-athletes should be encouraged to drink an additional 7-10 fluid ounces of water or sports beverage

#### **During Exercise:**

- Encourage student-athletes to drink early and often
- Drink 7-10 fluid ounces or sports drink every 10-20 minutes
- It is important to stress to the student-athletes to drink prior to becoming thirsty. A student-athlete who is thirsty may already be in the early stages of dehydration

#### **After Exercise:**

- Encourage student-athletes to replace any fluid loss due to sweating within 2 hours from the end of exercise. This rehydration should include water, carbohydrates, and electrolytes to allow the immediate return to physiologic function.
- Encourage them to drink 20-24 fluid ounces for every pound of weight lost.

\*\* Sport beverages should ideally contain a carbohydrate level of no more than 8%. A



higher carbohydrate level can retard fluid absorption and cause stomach problems.

**\*\*Fruit juices, carbohydrate gels, and carbonated beverages should not be recommended as the sole rehydration beverage of choice. Beverages containing caffeine, alcohol, or carbonation should be avoided and discouraged due to their diuretic effects and decreased fluid retention.**

### **Weight Loss/Gain Guidelines**

It is recommended that all student-athletes exercising in hot and humid environments be weighed in prior to and after practice or competition. By weighing in, a determination can be made of the percentage body weight lost due to sweating and the amount of rehydration that must occur prior to the next practice session. Furthermore, student-athletes should be weighed preferably in the nude, in clean/dry undergarments, or wearing the same amount of clothing pre- and post-practice. The percentage of weight lost between practice sessions will be used as one factor to determine if a student-athlete can safely continue to practice. Athletes should ideally have their pre-exercise body weight remain relatively consistent.

- A 2% body weight difference should be noted by the athletic trainer and that student-athlete should be closely monitored for any signs or symptoms of dehydration
- A student-athlete with greater than 2% body weight loss should not be allowed to return to practice until proper fluid replacement has taken place

### **Intravenous (IV) Fluid Replacement**

In certain instances a student-athlete may receive intravenous fluid replacement therapy to combat dehydration or associated heat illness. This fluid supplementation is beyond that which can be administered by the preferred oral route. This may be necessary due to the extent of fluid loss, development of medical complications or inability of the student-athlete to ingest sufficient quantities of oral fluid. This form of treatment will be conducted at the discretion of the Team Physician. In the absence of the Team Physician, if the attending certified athletic trainer determines that a student-athlete may be suffering from dehydration or associated heat illness, he/she will make every effort to contact the Team Physician and/or arrange for treatment to be administered through the closest hospital emergency room

### **References:**

American College of Sports Medicine position stand: Exertional Heat Illness During Training & Competition. Med: Science Sport Exercise 2007; 39 (3): 556-72

National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses Journal of Athletic Training 2015; 50 (9): 986-1000

2014-15 NCAA Sports Medicine Handbook: Guideline 2C Prevention of Heat Illnesses



# IUPUI

## Sports Medicine Department Wind Chill Guidelines & Prevention of Cold Illness

Based on the NATA's (National Athletic Trainers' Association) Position Statement on Environmental Cold Injuries, as well as the guidelines put forth by the NCAA Sports Medicine Handbook, the following protocols and precautionary measures will be taken to ensure the health and safety of all student-athletes and staff.

Planning activities and workouts depends on wind chill temperatures, not ambient temperatures. Therefore, the following guidelines for cold weather activities have been recommended by the NATA:

- 30° F and below: Be aware of potential cold injury and notify personnel of the potential
- 25° F and below: Use additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for re-warming.
- 15° F and below: Consider modifying activities to limit exposure or to allow for more frequent chances to re-warm.
- 0° F and below: Consider terminating or rescheduling activity.

Important cold-weather conditions:

- Wind Chill: Standard guideline is that the threshold for potentially dangerous wind chill conditions is about -18° F
- Wind Chill Advisory: Temperature could be life threatening
- Wind Chill Warning: Temperatures ARE life threatening
- Blizzard Warning: Winds of 35 mph or higher with considerable snow blowing and visibility of less than one quarter of a mile.

Cold Related Injuries:

Decreased core temperature (hypothermia):

- Mild Signs & Symptoms: Core temperature 95-98.6° F, amnesia, lethargy, vigorous shivering, impaired fine motor control, cold extremities, polyuria, pallor, rhinorrhea, typically conscious, blood pressure within normal limits
- Moderate Signs & Symptoms: Core temperature 90-94° F, depressed respiration and pulse, cardiac arrhythmias, cyanosis, cessation of shivering, impaired mental function, slurred speech, impaired gross motor control, loss of consciousness, muscle rigidity, dilated pupils, blood pressure decreased or difficult to measure
- Severe Signs & Symptoms: Core temperature below 90° F, rigidity, bradycardia, severely depressed respiration, hypertension, pulmonary edema, spontaneous ventricular fibrillation or cardiac arrest, usually comatose

#### Freezing injuries of the extremities:

- Mild/superficial Signs & Symptoms: Dry, waxy skin; erythema, edema, transient tingling or burning sensation, skin contains white or blue-gray colored patches, affected area feels cold and firm to the touch, limited movement of affected area
- Deep Signs & Symptoms: Skin is hard and cold, skin may be waxy and immobile, skin color is white, gray, black, or purple, vesicles present; burning, aching, throbbing, or shooting pain; poor circulation in affected area, progressive tissue necrosis, neurapraxia, hemorrhagic blistering develops within 36-72 hours, muscle, peripheral nerve, and joint damage likely

#### Non-freezing injuries of the extremities:

- Chilblain/pernio Signs & Symptoms: Red or cyanotic lesions, swelling, increased temperature, tenderness, itching, numbness, burning, or tingling, skin necrosis, skin sloughing
- Immersion (trench) Foot Signs & Symptoms: Burning, tingling, or itching; loss of sensation, cyanotic or blotchy skin, swelling, pain/sensitivity, blisters, skin fissures or maceration

#### Prevention:

- Clothing
  - o Wear layers and try to stay dry
  - o Wicking fabric should be next to the skin
  - o Light-weight pile or wool layers for warmth
  - o Wind blocking on top to avoid wind chill
  - o 40% of heat loss can come from the head and neck, so head and ears should be covered
  - o Hand coverings as needed
  - o Socks: moisture-wicking or wool socks that breathe and should be dried between wears
- Energy/Hydration
  - o Maintain energy levels with meals, energy snacks, and carbohydrate/electrolyte sports drinks
  - o Negative energy balance increases susceptibility to hypothermia
  - o Dehydration affects the body's ability to regulate temperature and increases risk of frostbite
- Fatigue/Exhaustion
  - o Fatigue and exhaustion deplete energy reserves and increases susceptibility to hypothermia
- Warm-Up
  - o Warm up thoroughly and keep warm throughout the practice or competition
  - o After competition or practice, add clothing to avoid rapid cooling
- Partner
  - o An injury or delay in recognizing early cold exposure symptoms could be life-threatening if on an isolated trail and unable to get help

## Treatment of Cold Illness

### General:

- Remove wet or damp clothing
- Avoid friction massage

### Hypothermia:

- Insulate athlete with warm, dry clothing or blanket and cover the head
- Move the athlete to a warm environment with shelter from the wind and rain
- Rewarm the trunk and other areas of heat transfer: axilla, chest wall, and groin
- Provide warm non-alcoholic fluid and foods containing 6-8% carbohydrates
- Significant hypothermia should be transported to the ED for further evaluation and treatment

### Frostbite:

- Rule out hypothermia by evaluating observable signs and symptoms
- Rewarming should be performed slowly
  - o Mild Frostbite: avoid water temperatures greater than 98-104° F
  - o Mild Frostbite: Rewarm at room temperature or by placing against warm skin
  - o Deep Frostbite: Immerse in warm 98-104° F water for 15-30 minutes, maintaining temperature and gently circulating the water
- Avoid dry heat or steam for re-warming
- Significant frostbite should be transported to the ED for further evaluation and treatment

## References:

American College of Sports Medicine position stand: Exertional Heat Illness During Training & Competition. Med: Science Sport Exercise 2007; 39 (3): 556-72

National Athletic Trainers' Association Position Statement: Environmental Cold Injuries. Journal of Athletic Training 2008; 43 (6): 640-658

2014-15 NCAA Sports Medicine Handbook: Guideline 2B Cold Stress and Cold Exposure



# IUPUI

## Sports Medicine Department Medical Examination & Evaluation Chaperone Policy

### IUPUI Athletics Medical Examination and Evaluation Procedures

All examinations, treatments, and/or procedures performed by physicians, athletic trainers, student athletic trainers, and massage therapists (“Healthcare Providers”) when performed in a private “closed-door” setting should be completed with a chaperone in the room, particularly for any examination or treatment of the genitourinary system or female breasts; including but not limited to private physicians’ offices, examination rooms, hotel rooms while traveling, etc. The chaperone should be present and introduced to the student-athlete at the start of the examination, evaluation or treatment (if the student-athlete does not already know the chaperone).

If a chaperone is unavailable or there are not witnesses to a treatment or evaluation, the student-athlete and/or healthcare provider have the right to refuse this care (provided that the care is non-emergency care). The healthcare provider should discuss the risk(s) of refusing care, provide alternatives, and document the situation.

In the case of prevention rehabilitation programs, manual therapy treatments and/or evaluations/examinations performed in the athletic training room, the room must be open and available to all other staff and student-athletes. The student-athlete’s privacy should be considered when determining if the open training room or a “closed-door” setting would be more appropriate for the particular treatment or examination.

If the student-athlete specifically declines to have a chaperone present, (prior to or at the start of the appointment), this should be respected and their decision documented in the student-athlete’s electronic medical record. The healthcare provider should educate the student-athlete on the process of the examination and confirm that the student-athlete declines to have a chaperone.

### Role of the Chaperone

Ideally, the chaperone should be an impartial healthcare professional and should:

- Respect the patient’s privacy and comply with HIPAA and all confidentiality matters;
- Be familiar with the treatment or therapy being performed;
- Stay for the entirety of the examination and be attentive to the healthcare providers actions and the student-athlete being treated;
- Be prepared to report a healthcare providers inappropriate actions or behaviors should they occur.

If another healthcare professional is not available as a chaperone in a private “closed-door” setting, then the student-athlete may select a teammate, friend, family member, or another team staff member to serve as the chaperone.

Any reports of sexual misconduct should be reported to  
[stopsexualviolence.iu.edu](http://stopsexualviolence.iu.edu).