

Cumberland University's Athletic Training Handbook



2013-2014

(Updated August 2013)

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Section A

Athletic Training Program

Policies and Procedures

Athletic Training Program Policies and Procedures

I. Introduction

Welcome to Cumberland University's Athletic Training Program! The AT Program is housed in The Rudy School of Nursing and Health Professions. This AT Program has been producing Certified Athletic Trainers since the early 1990's and accredited by the Commission on Accreditation of Athletic Training Education (CAATE) since 2005. The curriculum is designed to provide practical experience in athletic training early in the student's career. It is our goal to provide each student with a quality experience both in the classroom and during their clinical experiences. The demanding curriculum and clinical experiences will prepare the AT Student for their future in the athletic training profession as a healthcare provider.

Cumberland's Athletic Training Program is growing and continuing to develop and expand with the addition of new facilities, affiliate sites and clinical preceptors. Our faculty and staff are passionate about Cumberland University, the AT Program, and the Athletic Training Profession. It is our goal that our passion will engage, encourage, and excite you about CU's AT Program and the AT Profession. For this reason, we expect CU's AT Students to be dependable, reliable and enthusiastic about the AT Program and Profession.

At present, there are approximately 600 athletes representing Cumberland University in intercollegiate athletic competition. Being an integral part of the University setting, the intercollegiate athletic department functions to provide these individuals with opportunities to develop their potentials by participating in and through athletics.

As part of the provisions of this service, the athletic department has a legal and ethical obligation to ensure a high degree of health care to all its athletes. It is the philosophy of CU's AT Program that our AT Students strive to attain the highest standards for medical care and referral for CU Athletes. It is the purpose of these guidelines to assist you in recognizing and handling any situation that might arise within the AT Program or AT Department.

As an Athletic Training Student (ATS), you will be expected to gain knowledge and experience by observing athletic competitions and practices, your athletic training student peers, the certified athletic trainers, and sports medicine staff associated with Cumberland University and its affiliated members. We will not tolerate any behavior that jeopardizes the integrity of Cumberland University and/or the AT Program. As a part of CU and this program, we expect you to **LIVE** correctly and portray yourself, the AT Program, and Cumberland in a professional and positive manner. We will do our best to make your experience at CU both fun and educational. We are excited about assisting you on this journey and look forward to developing a long lasting relationship.

II. Mission Statements

A. Cumberland Creed

Academic honesty is essential to effective learning. Therefore, we as seekers of knowledge hold these as our core values: personal integrity, individual worth, critical and independent thinking, discipline, community responsibility, and accountability.

B. Cumberland University Mission Statement

The mission of Cumberland University is to provide a contemporary liberal arts education to students seeking a high-quality, personalized college experience, which will allow them to not only have a successful and productive career, but to thrive intellectually, professionally, personally and spiritually for a lifetime. Our core curriculum will require students to undertake programs of study in the cultural arts, humanities, social sciences, mathematics and natural sciences. In addition, our elective curricula will afford students the opportunity to pursue majors in these liberal arts areas, as well as in one of several modern professional programs.

(Adopted October 2008)

C. Cumberland University Vision Statement

Cumberland University will be recognized nationwide as one of the best small contemporary liberal arts universities in the Southeastern United States. Our graduates will demonstrate the knowledge, skills and behaviors of educated, successful members of modern society. The University faculty will have a reputation as an academic community where high quality teaching, scholarly endeavors, research, artistic creativity and public service are recognized as the basis for distinction, value and enhancement for our students, faculty, staff and beyond.

(Adopted October 2008)

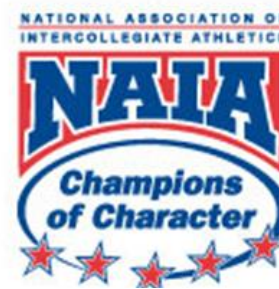
D. Athletic Training Program

The Athletic Training Program reflects the mission and academic integrity of Cumberland University. The mission of the Cumberland University Athletic Training Program is to prepare students for the profession of athletic training. It is designed to give students knowledge and experience necessary to continue their athletic training career in whatever avenue they decide to pursue. This includes giving students the knowledge and skills necessary to become a certified athletic trainer, continue on to a graduate program and/or prepare them for a job as a certified athletic trainer upon completion of the program.

E. National Athletic Intercollegiate Association (NAIA)

Champions of Character Core Values

- Respect
- Responsibility
- Integrity
- Servant Leadership
- Sportsmanship



III. AT Program Objectives

The athletic training faculty/staff has two primary responsibilities. One is to deliver quality health care system to all athletes participating in intercollegiate athletics at Cumberland University and secondly to provide a quality education to all athletic training students within the AT Program. This health care includes prevention, evaluation, treatment, rehabilitation, and management of injuries or illnesses sustained during practices or games, as well as on-site coverage of practice and games. Educating includes formal classroom instruction, monitoring at clinical sites and mentoring all AT Students during their journey through the AT Program. As educators within the AT Program, we teach a curriculum that enhances the students' cognitive, psychomotor and affective domains as related to responsibilities of an athletic trainer. In addition, the athletic training faculty/staff provides the necessary services to function as part of the University community.

- To produce ATS who achieve academic success.
- To produce ATS who are successful in obtaining a job or entry into a post-graduate degree program.
- To produce ATS who are dedicated to professional enhancements
- To produce ATS that practice ethical behavior
- To develop and maintain an active partnership with the healthcare community.
- To provide ATS with exposure to various healthcare professionals in the clinical education experience
- Have an overall Board of Certification (BOC) First Time Pass rate of 70%
- Have an overall Board of Certification (BOC) Pass rate of 100%
- Grow the AT Program to included 45 AT Students and 30 observation students

IV. Chain of Command

President
Academic Vice President
Dean of the Rudy School of Nursing and Health Professions
AT Program Director
AT Program Clinical Education Coordinator
Instructors/Preceptors
AT Students

V. The Athletic Training Profession

An athletic trainer is a qualified health care professional educated and experienced in the management of health care problems associated with physical activity. In cooperation with physicians and other health care personnel, the athletic trainer functions as an integral member of the health care team in secondary schools, colleges, and universities, professional sport programs, sports medicine clinics, and other health care settings. The athletic trainer functions in cooperation with medical personnel, athletic personnel, individuals involved in physical activity, parents, and guardians in the development and coordination of efficient and responsive athletic health care delivery systems.

VI. Governing Bodies of the Athletic Training Profession

A. The Commission on Accreditation for Athletic Training Education (CAATE)

(Retrieved from <http://www.caate.net/>)

Mission

The mission of the CAATE is to provide comprehensive accreditation services to institutions that offer Athletic Training degree programs and verify that all CAATE-accredited programs meet the acceptable educational standards for professional (entry-level) athletic training education.

Goals of the Commission

- Comprehensive accreditation review processes will be defined, consistent, and free of personal biases, conflicts of interest, and non-sanctioned interpretations with respect for institutional autonomy.
- Annual accreditation processes will be defined, consistent, and free of personal biases, conflicts of interest, and non-sanctioned interpretations.
- Accreditation decisions will be defined, consistent, and free of personal biases, conflicts of interest, and non-sanctioned interpretations.
- There will be consistency between the documents and requirements for accredited education and entry-level practice as an Athletic Trainer.
 - i. NATA Educational Competencies and Proficiencies
 - ii. BOC Role Delineation/Practice Analysis (RD/PA) and BOC Standards of Professional Practice (SOP)
 - iii. CAATE Standards for Accreditation of Entry-Level Athletic Training Education Programs
- The educational opportunities related to program development and quality will be assured with respect for institutional autonomy. Quality assurance processes and reviews will be objective, regular and consistent, and will be designed to assure content, construct, and criterion-related validity in their measures.
- Collegial relationships and regular communication with the institutions and other stakeholders will be maintained.
- Relationships with organizations that sponsor the CAATE will be developed, promoted, and maintained.
- Financial resources consistent with the needs and goals of the CAATE will be provided and monitored.

B. National Athletic Trainers' Association

(Retrieved from <http://www.nata.org/aboutNATA> and <http://www.nata.org/mission>)

About

The National Athletic Trainers' Association (NATA) is the professional membership association for certified athletic trainers and others who support the athletic training profession. Founded in 1950, the NATA has grown to more than 35,000 members worldwide today. The majority of certified athletic trainers choose to be members of the NATA – to support their profession, and to receive a broad array of membership benefits. By joining forces as a group,

NATA members can accomplish more for the athletic training profession than they can individually.

Mission

The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession.

C. Board of Certification

(Retrieved from <http://bocatc.org/about-us/what-is-the-boc> and <http://bocatc.org/about-us/boc-vision-mission>)

What is the BOC?

The Board of Certification, Inc. (BOC) was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers (ATs). The BOC establishes and regularly reviews both the standards for the practice of athletic training and the continuing education requirements for BOC Certified ATs. The BOC has the only accredited certification program for ATs in the US.

Vision of the BOC

To be the worldwide leader in credentialing.

Mission of the BOC

To provide exceptional credentialing programs for healthcare professionals to assure protection of the public.

D. Cumberland University Athletic Training Program Accreditation

The Athletic Training Program (AT Program) is accredited by the Commission on Accreditation of Athletic Training Education (CAATE) and is designed to prepare candidates for the exciting profession of athletic training. Athletic Trainers are the front-line professionals dealing specifically with athletes and athletic injuries. The program consists of various academic and clinical experiences. Not only will athletic training candidates be exposed to numerous academic challenges, but they will also be involved in the daily delivery of athletic healthcare to the intercollegiate and high school athletes as part of the clinical component of the program. This hands-on experience will better enable the candidates to complete clinical competencies and give them the opportunity to expand the concepts learned in the classroom. These experiences include practice and game coverage, injury evaluation and treatment, implementing injury prevention techniques, as well as designing and implementing long-term rehabilitation and conditioning programs.

VII. Applying for Cumberland Athletic Training Program Admission

- Cumberland University is committed to recruiting and preparing quality candidates for entry-level positions in athletic training.
- Admission criteria listed are requirements that must be met before admission is granted. Meeting these minimum standards will not guarantee admission to the Athletic Training Program.
- **Admission to Cumberland University does not guarantee admission to the Athletic Training Program.**

- Students applying to Cumberland University's AT Program are encouraged to present evidence of meeting or exceeding the application requirements as stated in their letter of application.
- During the spring semester, the Program Selection Committee, made up of both AT Program faculty and staff, will review all applications and begin setting up formal interviews so that each student has the opportunity to bid for their place in the ATEP for the following fall semester.
- ***The University and the AT Program reserve the right to make programmatic changes. These changes may result from University policy decisions or governing agency decisions.***

A. Who is eligible for admission?

- Students will be eligible to apply to the program during their second semester of their freshman year.
- If a student is not admitted, the student may re-apply every Spring semester, provided there are openings for that class or otherwise approved by the AT Program Director.
- **The number of students admitted to the AT Program is limited to fifteen (15) per year.**
- Transfer students are subject to the same standards listed above. If transfer students have had previous collegiate experiences under the supervision of a BOC certified athletic trainer, the student must provide necessary hours and experience documentation.

B. Admission Requirements to the Athletic Training Program

The Athletic Training Program has a limited enrollment. The number of students admitted may be limited to the number of spaces available in the program. Therefore, all candidates must make formal application, be admitted to the program and follow the prescribed course of study. The following are the requirements for admission to the program:

- Be admitted to Cumberland University by the Office of Admissions.
- Complete HPER 230 and HPER 227 with a "B" or better
- Have an overall minimum GPA of 2.50
- Completion of seventy-five (75) clinical observation hours
- Completion of program application
- Completion of a Letter of Application
- Interview with the selection committee
- Providing documentation of passing a physical examination
- Providing evidence of completion of the Hepatitis B and MMR vaccination and TB skin test
- Technical Standards form signed
- Completion of criminal background check
- Providing evidence of NATA membership
- Provide Proof of Personal Health Insurance (must show annually)

(Students are responsible for all associated costs for admission requirements)

C. Admissions Requirements for Athletic Training Program (Transfer Students)

All transfer students must make formal application, be admitted to the program and follow the prescribed course of study. The following are the requirements for admission of a transfer student into the Athletic Training Program:

- Be admitted to Cumberland University by the Office of Admissions.
- Complete the equivalent of HPER 230 and HPER 227 with a “B” or better at an accredited college, university, or community college.
- Have an overall minimum GPA of 2.50 from all previous college, university, or community college coursework.
- Completion and documentation of fifty (50) clinical observation hours in athletic training room or orthopedic rehabilitation clinic.
- Completion of program application
- Completion of letter of application
- Interview with the selection committee
- Providing documentation of passing a physical examination
- Providing evidence of completion of Hepatitis B and MMR vaccination and a TB skin test.
- Technical Standards form signed
- Completion of criminal background check
- Providing evidence of NATA membership
- Provide Proof of Personal Health Insurance (must show annually)

(Students are responsible for all associated costs for admission requirements)

Students transferring to Cumberland University from another institution who seek admission to the Athletic Training Program (AT Program) must submit detailed syllabi and transcripts of grades to Cumberland University’s Registrar’s office. Additional details regarding transfer students to Cumberland University are located on the CU website under admissions (www.cumberland.edu). The Registrar determines which General Education Core and other non-required AT Program courses are accepted to meet the University’s acceptance requirements.

i. Credit for Athletic Training Courses

Students may only receive credit for Athletic Training courses if taken at Cumberland University. Students may not receive credit for Athletic Training courses taken at other universities. An exception may be requested for transfer of HPER 230, Care and Prevention of Athletic Injuries and HPER 227, Safety and First Aid, with the approval of the Athletic Training Program Director.

D. Selection of Students

Selection of students into the Athletic Training Program is made after April 1st for the next academic year. Application materials should be completed prior to this date to be fully considered for admission to the program. Application materials and any additional information can be requested from the Athletic Training Program Director. Once the deadline for submission of applications has passed the selection committee will interview all qualified

applicants. The selection committee (consisting of all athletic training faculty members) will then evaluate each applicant using four criteria using a weighted point system. After this evaluation the highest scoring applicants (maximum of fifteen) will be accepted into the Athletic Training Program. The criteria and weighting system are as follows:

<p><u>Grade Point Average</u> 3.5 and higher= 10 points 3.25 to 3.49= 8 points 3.00 to 3.24= 6 points 2.75 to 2.99- 4 points 2.50 to 2.74= 2 points</p>	<p><u>Quality of Observation Hours</u> Outstanding= 10 points Great= 8 points Good= 6 points Fair= 4 points Poor= 2 points</p>
<p><u>Quality of Interview</u> Outstanding= 10 points Great= 8 points Good= 6 points Fair= 4 points Poor= 2 points</p>	<p><u>Quality of Application for Admission and Letter of Interest</u> Outstanding= 5 points Great= 4 points Good= 3 points Fair= 2 points Poor= 1 point</p>

**All Cumberland University AT Program candidates will be ranked according to the assessment form score. Available slots within the AT Program major will be filled according to this prioritized listing of candidates starting with the top score downward. If there is a tie score and there are not enough positions available within the AT Program, then a tie-breaker will be used. Applicants will be ranked from highest to lowest based on the documented evidence provided in their application file regarding their directed observation clinical experiences for the available slots. AT Program candidates not being accepted may reapply for admission during the next available application period. Specific AT Program application materials are located on the CU website www.cumberland.edu/athletictraining on the Athletic Training link.*

E. Equal Opportunity in Education Title IX/Section 504 Statement

Cumberland University does not discriminate on the basis of race, sex, color, religion, sexual orientation, national origin, age, disability or veteran status in provision of education opportunities or employment opportunities and benefits, pursuant to the requirements of Title VI of the Civil Rights Act of 1964, as codified in 42 U.S.C. 2000D; Title IX of the Education Amendments of 1972, Pub. L. 92-318; Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990, Pub. L. 101-336; the Age Discrimination in Employment Act of 1967 (*Pub. L. 90-202*) (*ADEA*); and the Age Discrimination Act of 1975, 42 USC 6101, et. seq. This policy extends to employment by and admission to the University as well as the terms and conditions of matriculation. Inquiries or complaints involving alleged unlawful or prohibited discrimination on the basis of race, sex, color, religion, sexual orientation, national origin, age, disability or veteran status must be in writing and directed to Eddie Pawlawski, Executive VP, Designated University Coordinator, Cumberland University, One Cumberland Square, Lebanon, TN 37087 (with a copy to the Disability Coordinator if the complaint involves accommodation for a disability). In the event that the conduct involves the Designated University Coordinator for any matter involving prohibited discrimination under this policy, the inquiry or complaint must be in writing and directed to the University's General

Counsel Legal Counsel, Bone McAllester Norton PLLC, 511 Union Street, Suite 1600, Nashville, TN 37219. Inquiries or complaints to the University's General Counsel shall involve an initial complaint against the listed individuals and not an appeal of one of their decisions. The University's General Counsel does not hear appeals of any decision involving unlawful or prohibited discrimination.

F. Participation in Athletics while an AT Program Student

- An athletic training student may participate in only one sport during each academic year while matriculating through the AT Program, due to the inability to effectively progress through their clinical coursework and clinical experiences.
 - Note that the AT Program does not offer courses or clinical experiences during the summer. It is the responsibility of the athletic training student to focus on completing their required clinical experiences and coursework in one of two ways:
 - Traditional Way:
 - During their non-competitive semester student-athletes will complete their clinical experiences. Student-athletes who end their competitive season early are urged to immediately discuss their clinical experiences with the Program Director and/or Clinical Education Coordinator.
 - Non-Traditional Way:
 - Student-athletes can complete the clinical experience appeal process. This process allows student-athletes to complete a clinical during their competitive season. This appeal must be approved by the Head Coach, Athletic Director, and AT Program Director to be granted.
- See Addendum I Student-Athlete Appeal Process**
- Since the AT Program has a significant clinical component which often requires ATS commitment during afternoon, evenings, and on weekends, time conflicts between sport demands and clinical requirements can occur. The AT Program faculty and preceptors are committed to making sure that the ATS receives a quality clinical experience to prepare them for successful careers as Certified Athletic Trainers. This is why student-athletes must work with the AT Program Director and/or Preceptors and the coach to effectively schedule AT Program responsibilities and sport responsibilities. For this reason the following must be done for student-athletes:
 - A minimum of one (1) semester of Clinical Experience in Athletic Training (HPER 351-355) must be completed in both the fall and spring semesters. The remaining three semesters may be completed in either the fall and spring terms, as approved by the Athletic Training Program Director.
 - Fall sport student-athletes must be enrolled in a clinical experience during their spring semester and must meet all AT Program responsibilities/requirements. While in the Athletic Training Program a fall sport student-athlete must complete one clinical experience course in the fall.
 - Spring sport student-athletes must be enrolled in a clinical experience during their fall semester and must meet all AT Program responsibilities/requirements. While in the AT Program a spring sport student-athlete must complete one clinical experience course in the spring.
 - Winter sport-student-athletes must be enrolled in a clinical experience during the fall and spring semesters and must meet all AT Program responsibilities/requirements. It

is vital that the ATS do as much with the AT Program before their sport begins, stay involved during their season, and after the season finish strong with their AT Program assigned clinical experience.

- Winter sport-student-athletes must complete the clinical experience appeal process each semester.

See Addendum I Student-Athlete Appeal Process

G. Athletic Training Program Retention Requirements

It is necessary that students show excellence in the coursework aspects of the Athletic Training Program as well as in the clinical aspect in order to have a reasonable opportunity for professional success after graduation and in passing the Board of Certification exam.

Therefore, to remain in good standing in the program, candidates must:

- Maintain a cumulative grade point average of 2.50 or better on a 4.0 scale
- Maintain successful completion of the clinical competencies
- Maintain CPR Certification
- Maintain NATA Membership status

It is expected that an AT Program student obtain a 3.0 core GPA or better any student falling below the Athletic Training core GPA requirement will be placed on probation for the next semester. At the end of that semester, an improvement in GPA must be made, or suspension from the Athletic Training Program will result. The student will remain on probation until such time as the GPA has attained the required level. Students placed on suspension will be withdrawn from the AT Program and will have to reapply for admission into the AT Program.

H. Athletic Training Program Scholarship Criteria

The Cumberland University Athletic Training Program offers scholarship money to athletic training students. The Athletic Training Program has athletic scholarships to distribute among athletic training students as determined by the Athletic Training Program Director. The criteria that must be met in order to receive and/or retain the scholarship are as follows:

1. The student must have declared Bachelor of Science in Athletic Training as his/her major.
2. The student must maintain a 2.50 grade point average.
3. The student must have a minimum of seventy-five (75) observation hours in the Cumberland University Athletic Training room.
4. Incoming students will only be able to receive a scholarship if they meet with the Athletic Training Program Director prior to the beginning of the school year and sign a grant-in-aid stating their intent to complete a minimum of 75 observation hours per semester.
5. If, at any time, a student who has not been admitted into the Athletic Training Program is failing to complete the necessary requirements to apply and be admitted to the Athletic Training Program, his/her scholarship can and will be revoked.
 - Obtain a “B” or better in HPER 227 Safety and First Aid
 - Obtain a “B” or better in HPER 230 Care and Prevention
 - Accumulate (75) hours of quality observation hours with a Certified Athletic Trainer

6. If, the ATS, is not obtaining quality observation hours and/or is not performing as indicated by the AT Program requirements and expectations the AT Program Director reserves the right to reduce the scholarship amount or discontinue the scholarship the following semester.
7. If, at any time, a student who has been previously admitted into the Athletic Training Program drops out of the program or fails to maintain a 2.50 grade point average, his/her scholarship can and will be revoked.

See Addendum I for Scholarship Criteria Form

VIII. Student Academic Policy and Procedures

A. Catalog Information

The Cumberland University Catalog contains statements of academic policies and procedures. Students may obtain a Catalog from the Office of Admissions in Memorial Hall. All students should keep a copy of the Catalog that was current at the time of their enrollment, as well as a copy of the most current edition. The Office of Academic Affairs publishes the Catalog. The statements set forth in the Catalog are for informational purposes only and should not be construed as the basis of a contract between a student and this institution. Cumberland University reserves the right to change the Catalog, as it deems necessary. Changes will be available from academic advisors or appropriate administrative offices. If a student is not in continuous enrollment in the University, the student is required to fulfill all degree and other standards of the Catalog regulations in effect at the time of returning to the institution.

B. Student Educational Rights

i. FERPA

By law grades are considered proprietary information. Thus, your advisor CANNOT discuss grades with anyone other than the student. This includes family members, friends or other students.

FERPA, the Family Educational Rights and Privacy Act of 1974, is a federal law that pertains to the release of and access to student educational records. The law, also known as the Buckley Amendment, applies to all schools that receive funds under an applicable program of the US Department of Education.

FERPA applies to personally identifiable information in educational records. Educational records are all records that contain information that is directly related to a student and that are maintained by an educational agency or institution or by a party acting on its behalf.

Educational records do not include the following:

- Sole possession records (those records kept in the sole possession of the maker which are used only as a personal memory aid and are not accessible or reviewed by another person except a temporary substitute for the maker of the record)
- Medical or psychological treatment records that include but are not limited to records maintained by physicians, psychiatrists, and psychologists.
- Employment records, provided that employment is not contingent upon being a student

- Law enforcement records
- Records collected about an individual after the individual is no longer a student at Cumberland University.

At Cumberland University, FERPA rights apply to a student; a student is a person who is, or has been, in attendance at the institution, regardless of the person's age.

In order to better serve you and your educational progress, the AT Program Director and Clinical Education Coordinator will work in conjunction with you to ensure your academic progress; therefore, it is important that you sign a waiver allowing the AT Program faculty the ability to discuss your progress both in the classroom and in your field experiences.

What are a student's rights under FERPA? Under FERPA, a student has a right to:

- inspect and review his or her educational records;
- request to amend his or her educational records;
- have some control over the disclosure of information from his or her educational records.

If you should have further questions regarding your records, please contact the AT Program Director.

C. Academic Advising

Each student has the ultimate responsibility for effective planning and completion of all requirements for the athletic training degree. Each student is assigned an academic advisor who is a faculty member of the Athletic Training Program. The Registrar's Office will designate you to one of the AT Program faculty. Students may request a different advisor by contacting the AT Program Director and obtaining a "Change of Advisor" form from the Office of the Registrar.

Each semester, students are to schedule a time to meet with their designated AT Program advisor to discuss program and academic progression. Students may obtain the name of their academic advisor from the Office of the Registrar. Students who have pre-registered for their classes should immediately seek their AT Program advisor to ensure that the courses that they have been designated are in sync with the AT Program curriculum and pre-requisites for entry into the AT Program.

ATS demonstrating difficulty in their courses will be referred to the Academic Enrichment Center (AEC). A "Phoenix Success Plan" form may be filled out and discussed with student by their designated advisor. If needed, the student may be required to obtain a tutor and participate in study hall sessions as deemed necessary by their faculty advisor.

ATS experiencing academic difficulty are required to follow up with their faculty advisor consistently to discuss their academic progress. Meeting times may be necessary depending on the faculty advisors policies. It is ultimately the responsibility of the Athletic Training Student to ensure their academic enrichment.

i. Athletic Training Program Course Requirements

- a. See Addendum I

ii. Athletic Training Program Recommended Course Sequence

- a. See Addendum I

iii. Athletic Training Program Course Descriptions

- a. See Cumberland University Catalog

D. Academic Courseload

Due to the vigorous nature of the AT Program, students will take 16-17 semester credit hours per semester, on average, at Cumberland University. A full-time student is one that carries at least 12 credit hours per semester. An average of 16 semester credit hours per semester is necessary to complete the baccalaureate degree within a 4 year period. Students registering for more than 17 credit hours in a semester must have approval from the AT Program Director.

E. Assignment of Clinical Rotations

Students will be assigned responsibilities based upon their demonstrated knowledge, clinical skills, past responsibilities and experiences, and semester evaluations as determined by the Athletic Training Education Program faculty. Every attempt will be made to meet the individual needs of each student. Experiences may be varied based on the past responsibilities and experiences, and the future career goals of the specific student.

F. Athletic Training Program Probation

As a result of the rigor of the Athletic Training Program's didactic coursework, the intensity of the clinical coursework, and meeting the requirements for graduation (which exceed the University requirements), the AT Program has initiated a separate, formal Academic Probation Policy. Athletic Training Students (ATS), who do not meet the grade point average (GPA) standards or any of the other curricular requirements as stated in this handbook, will be placed on "AT Program Academic Probation". If a student is placed on "AT Program Academic Probation" a written plan and accompanying recommendations will be given to each student by their AT Program Academic Advisor and approved by the AT Program Director.

ATS exhibiting difficulties in certain courses will be required to obtain a tutor through the Academic Enrichment Center (AEC Center), and do a minimum of five hours required study sessions weekly to be documented by the AEC director and/or their advisor. The student is required to obtain signatures documenting these hours and they must be turned in to the AT Program Clinical Education Coordinator at the end of each academic week. Failure to do these hours may result in suspension from the AT Program indefinitely.

Given below are examples of other potential probationary scenarios which could result in an ATS being placed on "AT Program Academic Probation":

Not meeting all academic and clinical requirements for a particular semester. For example, if a student withdraws from HPER 231, he/she cannot continue in the required clinical sequence the following semester because specific competencies and proficiencies for HPER 352 have not been met, which are essential to the successful completion of HPER 352. Thus, the student would be placed on "AT Program Academic Probation."

G. AEC Center Information

The Academic Enrichment Center (AEC) is a function of the Student Affairs Office and is located in Labry Hall room 131. It serves as a resource for CU students in need of academic support and assists them with career planning and placement. The AEC Center is open to all CU students who wish to obtain academic assistance and/or individual tutoring. CU Faculty may refer students to the AEC Center for further academic attention. Tutoring services are limited by the availability of qualified tutors in the requested subject area. The AEC Center works closely with the athletic department to ensure student-athletes have access to additional academic resources. The primary goal of the AEC Center is to provide CU students with the tools that are necessary for success.

IX. Athletic Training Program Policies and Procedures

A. Student Conduct

Athletic Training Students are expected to adhere to the Student Conduct Code in the current Cumberland University Student Handbook, 2013 - 2014. The conduct code addresses areas of academic and non-academic misconduct and disciplinary procedures. In addition to the University expected conduct, the AT Program expects the following:

- i. It is expected that each athletic training student is familiar with this handbook and the policies and procedures that it includes. Failure to be familiar with these guidelines will not be an excuse for inappropriate decisions or behaviors.
- ii. Do not socialize in the athletic training room. Use your clinical experience time for education.
- iii. The Athletic Training facilities are considered healthcare facilities and therefore their cleanliness is very important. Both staff and students are expected to maintain a sanitary environment at all times.
- iv. Treat all athletes the same. There is no difference between the star athlete and the fourth string athlete.
- v. Athletic Training Students who are in a “relationship” with a Cumberland University athlete are to maintain professional behavior at all times. Personal relationships should NEVER be brought into the clinical experience.
- vi. Any athletic-related problems should be discussed with a Certified Athletic Trainer.
- vii. Do not attempt to perform any skills that are beyond the scope of your abilities or education.
- viii. While in the Athletic Training Center, student athletic trainers shall NOT use tobacco products.

B. Dress Code

Being recognized as a healthcare provider is an important aspect of the athletic training profession. Therefore, it is strongly encouraged that each athletic training student (ATS) take pride in their personal and professional appearance. Athletic Training Students would be expected to dress neatly with shirts tucked in and clothes wrinkle-free as representatives of the CU AT Program. Taking into consideration the changes in weather and venue specific environments the ATS must be ready to adapt with their clothing accordingly. During inclement weather, pullovers, “wind” pants and other appropriate apparel is permitted. Hats are allowed at outdoor sporting events as long as it is a Cumberland University hat. Hats are not to be worn at

indoor sporting events or while working practices or in the ATR. How you look and dress is not only a reflection of you, but on the entire AT Program and Cumberland University. Untidiness or sloppiness will not be tolerated when you are participating in the field experience. The certified staff and AT Program Director will handle violations using the Disciplinary Policy.

General ATR or Practice Attire:

Shirts:

- Must be an approved CU shirt or sweatshirt
- May not wear a tank top
- Must be full coverage when working with athletes

Pants:

- CU Athletic Mesh shorts (for practice or ATR ONLY)
- Khaki shorts/pants (Must be of appropriate length, if you question them-Don't wear them!)
- "Wind-pants" Athletic Apparel (Black, Grey, or Cardinal ONLY)
- Jeans are not allowed unless otherwise indicated by special occasion as deemed appropriate by the Program Director

Shoes:

- Must be athletic shoes for all field events
- Must not have open-toed shoes in ATR or weight room for safety (OSHA Standards)
- Shoes must be appropriate for running (i.e. strapless/backless shoes)
- For indoor sports, must be skid proof and non-scarring to gym floor
- No sandals are allowed
- No dress shoes on the wrestling mats that could tear the surface.

Hats:

- Hats may be worn at practices and outdoor events.
- Hats with the Cumberland logo or Adidas logo are acceptable, but hats with other logos, colleges/universities are not acceptable while doing a clinical rotation.
- Hats are not to be worn indoors

Hair:

- Must be neat and clean, and maintained in such a manner to appropriately fulfill clinical responsibilities.

Facial Hair:

- Mustaches and beards are acceptable as long as they are kept neat and clean.

Body Piercings:

- Per OSHA standards, piercing to the body other than those in the earlobes are not permitted while the student is doing his/her clinical rotations. Students will be asked to remove piercing before being allowed to continue with their clinical experiences.

Outdoor Event Coverage:

Shirts:

- Must be approved CU AT Collared shirt
- Must be approved CU AT sweatshirt (cold weather)

Pants:

- Khaki shorts/pants (Shorts must be of appropriate length, if you question them- Don't wear them!)
- "Wind-pants" athletic apparel (Black, Grey, or Cardinal ONLY)

Indoor Event Coverage:

- Must be approved CU AT collared shirt
- May wear dress clothes as indicated by Preceptor covering the event

i. Athletic Attire Sponsorship

Cumberland University Athletics has a contract with Adidas® Athletic Apparel. Therefore, it is required by the athletic department that ONLY Adidas® apparel be worn to Cumberland sponsored athletic events. This includes, but is not limited to, footwear. Therefore, it is strongly encouraged that when purchasing your apparel for the school year that you keep this in mind. Adidas Apparel can be purchased at a discounted rate at Sports World Store.



ii. Name Badges

This policy is to be implemented when any athletic training student is working in an off-site clinical experience or on-site tournament in which they need to be identified as an athletic training student. The name badge is to be visible to other healthcare providers, parents, coaches, etc. Failure to wear your name badge is considered a violation of dress code and will result in disciplinary action. Loss of the name badge will be the student responsibility to obtain a replacement as soon as possible at the student's expense. Replacements can be obtained with the Director of Student Life Office by appointment only.

C. Dependability and Punctuality

Dependability and punctuality are a must in the professional world. The Cumberland University AT Program believes that these qualities are imperative to be successful in your major, in your career and in your life. Therefore, the AT Program has developed a policy whereby all clinical experiences are documented, signed by your assigned Preceptor and turned in by the ATS at the end of each week. At this time, the Preceptors are to review with the ATS the quality of their clinical experience and provide feedback as to the progress of the student's proficiencies and professional attributes. These forms are to be put in the On Campus Athletic Training Room Time Sheet Box by Monday, 12 pm. If the times sheets are not turned in by this time then those hours will not be counted towards your clinical experience hours.

D. Clinical Experience Attendance Policy

The clinical experience is an extension of the clinical coursework and maximizes the knowledge and skills utilized in these courses to enhance the students' overall learning experience. ATS are chosen for their clinical assignments based on their education level and their need to get

exposure to various athletic or healthcare environments. Clinical sites and Preceptor are trained by Cumberland University's Clinical Education Coordinator in the competencies and proficiencies that each student in the AT Program must attain during their rotation. However, the ATS must understand that these healthcare providers are extensions of our program and not employees, and they must work under the direction and regulations of another entity. These individuals are chosen based on their professional skills and their knowledge in specific areas that will enhance our student learning outcomes. Therefore, it is very important that the ATS respect the time and dedication that these individuals have volunteered to our AT Program. Communication, punctuality and professional behavior must be maintained at all times. When ATS are expected to be present at a clinical site and do not show up, the integrity of the AT Program, the quality of patient care and the confidence between the student and Preceptor has been diminished. Tardies/Absences problems will be disciplined following the guidelines in the Discipline Policy.

See Section J for the Discipline Policy

The most important part of this policy is communicating effectively with your assigned Preceptor. We understand that there will be occasions in which a situation arises that an ATS will need to miss a clinical assignment or will be late. However, the ATS must make every reasonable attempt to contact their preceptor prior to their absence or tardiness so that any accommodations can be made by their instructor. A minimum of 24 hour notice of an absence must be communicated to the preceptor. Emergency absences/tardies must be communicated with the preceptor as soon as they arise. Even with a legitimate excuse, no attempt to communicate with their preceptor will force the preceptor to count this incident as an unexcused absence/tardy and the above criteria will apply.

E. Class Attendance Policy

The AT Program faculty and staff expect that athletic training majors will make every effort to attend all classes and clinical experiences for which they are registered. Registration in a course is regarded as an agreement between the student and the institution, for the fulfillment depends on regular and punctual class attendance. If there is to be an unavoidable absence, the student is responsible for contacting the instructor in advance (if possible) or as soon as possible to obtain any missed information or assignments. The student is then responsible for making up any work missed in a timely manner discussed with the instructor.

A student, who is known, by the instructor to have missed a class or clinical assignment due to an unavoidable circumstance such as involvement with extra-curricular activities, may be permitted to make up any tests or missed work. The student, however, is responsible for determining this prior to the test (if possible) so that a make-up date can be determined. However, all decision regarding make-up work is at the discretion of the instructor/professor.

A student's grade may be lowered as a result of the make-up work not being to the satisfaction of the instructor. Since all absences represent a loss in classroom instruction and learning opportunities, no absence will relieve the student from academic obligations.

If a student misses an examination the day that an examination is to be given, the student is responsible for discussing a make-up time with the instructor immediately upon their return and

they have a minimum of one week or at a time determined by the instructor to make up the examination.

Because the Athletic Training Program is within both the Athletic Department and the Rudy School of Nursing and Health Professions, ATS are required to abide by the policies and procedures that are mandated by those departments. The Athletic Department has implemented a class absence policy for all athletes and that includes the Athletic Training Student. The AT Program Director and Clinical Education Coordinator will receive a weekly attendance update from the Assistant Athletic Director, and the following policy will apply:

Students are expected to attend all class sessions scheduled for each course. However, the University faculty and administration understand that everyday life situations such as illness, vehicle malfunctions, road conditions, etc, sometimes make it impossible or difficult for a student to attend every session, but the performance students must be held accountable for not attending classes.

Penalties for not attending classes:

- 12 classes missed Monday through Friday
- Missing over 12 total classes will result in missing a contest or performance. If classes are continued to be missed, the student will be on probation and will not be allowed to perform for the remainder of the year. Penalties can be carried over to the next academic year.
- 13th class missed: One game suspension
- 14th class missed: A second game suspension
- 15th class missed: Suspension from the remainder of the season Appeals should be made to the Director of Athletics, Dean and the Vice President of Academic Affairs.

ATS will be put on probation as indicated in the above criteria and possible travel and coverage privileges revoked. The Athletic Training Student's scholarship may also be reduced if the attendance policy is not adhered to.

F. Athletic Training Program Employment Policy

Cumberland University does not have an outside employment policy for students. Cumberland University Athletic Training Program understands that an athletic training student might have outside employment, however, the student's Athletic Training Program clinical responsibilities and athletic training must take first priority. Outside employment combined with athletic training responsibilities can be very difficult. Athletic training education requires many hours in the classroom as well as the clinical experiences. The clinical requirements are clearly outlined in the clinical syllabi and are not negotiable. Failure to meet the clinical experience hour requirements will result in failing the clinical course.

G. Electronic Device Policy

Cell phones, PDAs, Pagers, and all other personal electronic devices (PED) are not to be used during the clinical experience setting. Involvement in clinical experience should be viewed the same as attending class. In both of these situations, students are not to utilize their electronic device for talking, texting, or utilize their PED for use that are not educational in nature. Please leave your cell phone in your designated space in the athletic training room or in your vehicle

during your clinical experience. During classes your cell phone is to be turned off. Use of the cell phone during AT Program classes or clinical experiences may result in point deductions or being asked to leave the class or clinical experience. Each AT Program instructor/preceptor has the right to initiate their own PED policy for his/her classroom/clinical experience and each student is to adhere to those policies. Not abiding by these rules will result implementation of the disciplinary policy.

See Section J for the Disciplinary Policy

H. Weather Cancellation Policy

During inclement weather the university will make every effort to contact the students regarding cancellation of classes, however, it does not indicate whether or not practices and games are cancelled. It is the Athletic Training Students' responsibility to contact their assigned preceptor to find out the schedule for the day. If on-campus practices and games have not been cancelled and the ATS is scheduled for clinical experience hours and is able to get to the practice or games safely, it is expected that they be present. However, if it is unsafe for travel and the student cannot make the regularly scheduled practice or game, the student must communicate this with their Preceptor as soon as possible.

If an ATS is scheduled with a high school that has cancelled their school due to inclement weather, it is the student's responsibility to contact their assigned Preceptor as soon as possible regarding the practice and game schedule update. If the student can get to the practice or game safely, it is expected that they be at the scheduled practice or game. If they cannot attend due to poor travel conditions then the student must communicate this with the Preceptor as soon as possible. Sometimes high school cancellations occur leaving the student unable to obtain their scheduled hours needed for their clinical experience requirement, when this occurs; it is the student's responsibility to contact the Clinical Education Coordinator. The Clinical Education Coordinator will then arrange an alternate rotation to occur until their high school resumes regular schedule.

I. Probation vs. Suspension

- Probation: "subjection of an individual to a period of testing and trial to ascertain fitness (as for a job or school); during a probationary period, said student must be present at all times and locations assigned by the Clinical Education Coordinator until he/she has demonstrated satisfactory performance in the classroom and the clinical components of the AT Program. Failure to perform clinical duties as assigned will result in suspension from the AT Program.
- Clinical Experience Suspension: "to debar from any privilege, work, or function"; suspensions will be for a minimum of two week, depending on the offense/problem, and will be documented as part of the student permanent AT Program record/file.
- AT Program Suspension occurs after the student has been re-instated from a clinical experience suspension and fails to adhere to the AT Program's policies. ATS are eligible to re-apply for the AT Program the following semester. Students who want to appeal this decision for future consideration must follow the "Appeals Process" (see Student Appeals Process pg. 32).

J. Athletic Training Program Disciplinary Policy

For a violation, or repeated violations, of the policies and procedures outlined in this manual, except as otherwise described, the following actions will be taken as deemed appropriate by the certified staff and/or Athletic Training Program Director.

- First offense: Verbal Warning & Immediate Counseling
- Second offense: Completed Disciplinary form; conference with ATS, Clinical Education Coordinator, AT Program Director and Preceptor; and a minimum two week probation with documentation in personal file and counseling.
- Third offense: Completed Disciplinary form; conference with ATS, Clinical Education Coordinator, AT Program Director and Preceptor; and a minimum two week suspension from the clinical experience with documentation in personal file and counseling.
- Fourth offense: Completed Disciplinary form; conference with ATS, Clinical Education Coordinator, AT Program Director and Preceptor; and clinical suspension from the clinical experience for the remainder of the semester, resulting in failing the clinical course.
- Fifth offense: Completed Disciplinary form; conference with ATS, Clinical Education Coordinator, AT Program Director and Preceptor; and AT Program Suspension with documentation in personal file and counseling.

In all instances the Athletic Training Program Director will utilize his/her best judgment in determining the level of appropriate action. The Athletic Training Program Director may feel it most appropriate to skip a particular step or immediately suspend or dismiss an individual due to the nature of the violation. In all instances, fairness and an opportunity for student improvement will be a consideration.

NOTE: All disciplinary conferences and documentation will be kept in the student's personal AT Program file and will not be shared with any other students. Discussions regarding student progress with faculty and staff regarding disciplinary action will be done for the intended purposes of ensuring the said student's successes in the AT Program are maintained and managed appropriately. A student's personal AT Program file will be utilized at the request of recommendations for employment, or when a student request special privileges or event coverage, or for scholarship increase considerations. The AT Program is hopeful that the above mentioned actions deter any ATS from missing assigned clinical experiences, classes, and/or being tardy for classes or clinical experiences. For details regarding Cumberland University's Academic warning, probation and dismissal procedures please refer to the current CU Academic Catalog.

See Addendum I for Disciplinary Incident Report Form

K. Student - Athlete Appeal Policy

Student-athletes within the Athletic Training Program have two clinical experience options that they can choose. The traditional option is the automatic one that each student-athlete is placed on. However, if the student-athlete would like to choose option two, the non-traditional, then they can complete and submit the Student-Athlete Appeal Process. The Student-Athlete Appeal Process is not a guarantee for student-athlete approval for the non-traditional option.

See Addendum I for the Student-Athlete Appeal Process

L. Policies for the Protection Against Blood Borne Pathogens

i. Blood Borne Pathogens

Through the normal course of providing athletic training services, staff and athletic training students may come in contact with bodily fluids which may pose a risk for infection from blood borne diseases. These diseases may include hepatitis B, HIV, or other blood borne pathogens. It is essential that the staff and athletic training students utilize the following techniques and principles to minimize the risk of pathogen transmission:

1. Treat all bodily fluids as infectious
2. Use disposable latex gloves when treating a student-athlete who is bleeding or has breaks in the skin allowing the discharge of bodily fluids
3. Wash hands before and after every treatment.
4. Use protective devices during procedures where bodily fluids are likely to be splashed
5. Use resuscitation masks during CPR and Rescue Breathing
6. Dispose of all contaminated waste in approved biohazard containers
7. Biohazard containers will be disposed of by incineration by a licensed outside agency
8. Use of a fresh 1:10 bleach solution or other OSHA approved cleaners for cleaning all bodily fluid spills.

ii. Exposure During Clinical Experiences

Blood during physical activity and games shall be handled utilizing the following additional guidelines:

1. All open wounds and/or breaks in the skin are to fully covered by a bandage before allowing the athlete to return to participation. The certified staff shall assess the feasibility of dressing the wound on the field. If this is not feasible, the athlete shall be removed from the field to the sidelines or athletic training facility where it can be appropriately cleaned and covered.
2. If an athlete's uniform is grossly soiled with blood, or other bodily fluid, the athlete shall be removed from participation and the uniform changed, prior to return to participation.
3. Any article of clothing that has been saturated with blood or other bodily fluids shall be disinfected by washing separately from other uniforms and washed in a 10% bleach solution.

a. Action if Exposed

All incidents that involve actual exposure shall be reported immediately to the Supervising Athletic Trainer. Examples of exposure include needle sticks, splashing of blood into face, contact with vomit or other bodily fluids on mucus membranes. The exposed individual will be referred immediately to the Head Athletic Trainer, AT Program Director and team physician for evaluation, documentation, and possible testing and treatment as determined by the team physician.

b. Spill Clean Up

The athletic training staff will be the primary individuals responsible for the clean-up of all bodily fluid spills within the athletic environment. Clean-up will be done in a manner consistent with the universal precautions described above.

iii. Blood Borne Pathogen Education

Each athletic training student will attend the Blood Borne Pathogen Seminar during the August Athletic Training Student Workshop. Each athletic training student will be made aware of the potential risk for infection associated with providing athletic training services, as well as the measures that can be taken to prevent the risk of blood borne pathogen transmission. Blood Borne Pathogen Form Annual Documentation will be kept in student's personal file.

See Addendum I for Blood Borne Pathogens Form

M. Confidentiality and Security

HIPAA

The Health Insurance Portability and Accountability Act regulates coaches, athletic trainers, physicians, or any other member of the sports medicine team who has private health information (PHI) about an athlete can share that information with others. The regulation guarantees that athletes have access to their medical records, gives them more control over how their protected health information is used and disclosed, and provides a clear avenue of recourse if their medical privacy is compromised. Authorization by an athlete to release medical information is not necessary on a per-injury basis. A written blanket authorization signed by the athlete at the beginning of the year will suffice for all injuries and treatments done during the course or participation for that year. These one-time, blanket authorizations must be indicate what information may be released, to whom, and for what length of time. The information that HIPAA serves to safeguard is any information regarding the health of the patient and/or information that can be used to identify the patient/athlete.

Healthcare of an Athlete:

- A mental or physical condition
- Treatment for a mental or physical condition
- Payment for treatment or,
- Information that can be tied back to the individual's PHI

Healthcare Provider must:

- Recognize when he/she is dealing with protected health information
- Be aware of his/her surrounding when discussing PHI
- Learn to understand and uphold the rights of the patient
- Know the identity that is requesting PHI and understand the policies regarding the release or denial of those requests

HIPAA is a comprehensive law addressing the many components of the business of healthcare. Within this law the patient has the following rights:

- **Be informed of organizations privacy practices.** Organization must gather an outline of their policy in a document called the NOTICE of Privacy Practices (NPP). The

patients must receive a copy of this document and there must be a written record of the patients receiving this document.

- **Have their information kept confidential and secure.** The organization must make reasonable efforts to secure the patient's records from unauthorized individuals.
- **Get a copy of their record.** Patients can ask for, and receive, a copy of their health record. This request should be in writing and the organization has the right to charge a reasonable fee, and in some instances, refuse this request.
- **Ask to amend their record.**
- **Ask for special consideration in communication.** Patients can request, for example, that they not be called at home or be sent appointment reminders.
- **Restrict access to their record.**

See Addendum I for Confidentiality and Privacy Agreement

N. Substance Abuse Policy

The use of illicit and/or illegal substances is grounds for immediate dismissal from the AT Program. All athletic training students will be subject to testing and corrective action as is outlined in the Athletic Department Substance Abuse Policy for student-athletes.

All students are expected to comply with substance use/abuse policies as outlined in the Cumberland University Student Handbook.

Students taking any substance, illegal, legal, or medically prescribed, that has the potential to impair judgment, alertness, mental status, physical capacities, or otherwise reduce professional performance, should report this use to the certified staff immediately. This will assist the staff in ensuring a safe environment for the athletes and clients receiving services from the Athletic Training Department. Personally reporting a substance abuse problem will result in a First Offense.

Minimum Penalty for Violation of Substance Abuse Policy:

- First Offense: AT Program Suspension and failing of clinical course for that semester. ATS is ineligible to re-apply to the AT Program the following semester. ATS Scholarship is revoked immediately.
 - If ATS chooses to re-apply to AT Program the following year, they are subject to drug testing every time and are on a ZERO-TOLERANCE Policy.
- Second Offense: AT Program Suspension and failing clinical course for that semester. ATS is ineligible to **EVER** re-apply to the AT Program at Cumberland University. ATS Scholarship is revoked immediately.

O. Drug Testing Policy

As Athletic Training Students in the AT Program housed within the Cumberland University Athletic Department and the Rudy School of Nursing and Health Professions, each student may be subjected to random drug screening throughout the academic school year. As healthcare providers it is expected that athletic training professional abstain from anything that would alter their clinical judgment and decision-making skills. As an ATS, you are held to a different standard than the general Cumberland student, and your actions inside and outside of the

Athletic Training Room (ATR) are to be to uphold the integrity of the Cumberland AT Program.

P. Counseling Services

Available Services for Students

- Individual, Couples and Family Therapy
- Group Therapy
 - Psycho Educational Groups
 - Process Therapy Groups
 - Theme Therapy Groups
 - Career Groups
- Stress Management Program
- Psycho-educational Information
- Referrals for psychiatric evaluation and intensive therapy (through the community)
- Mental health and psychological assessment (Alcohol and Drug, Depression Screening)
- Emergency Services (see ES section)
- Outreach Programming

i. CRISIS SERVICES

What is an Emergency?

A mental health emergency is an emotional or behavioral crisis that warrants same day attention by a mental health professional. This may include, but is not limited to, significant changes in behavior that are not characteristic of a person, the presence of disruptive symptoms that interfere with the responsibilities of daily living, direct or indirect expressions of the intent to harm self or others, or the experience of a trauma.

Daytime Emergency Services (On Campus)

From 8am to 4:30 pm students may call the Student Counseling Services office (547-1397) and ask to be scheduled for an emergency appointment. If no one is available and it is a crisis situation then the following are steps to take for assistance:

- If a student has attempted suicide, call 911 for emergency transport to the University Medical Center Emergency Department.
- If a student is in crisis and no one answers or is available at the Student Counseling Services office, there are four options:
 - Call the assessment coordinator at McFarland Hospital at (615-449-0500).
 - Call the Crisis Intervention Center (615-244-7444)
 - Wilson County Mobile Crisis (800-704-2651)
 - Call Vanderbilt Respond (615-327-7000)
- If a student is actively suicidal/homicidal they are to go immediately to:
 - University Medical Center Emergency Department (1411 W. Baddour Parkway), or
 - McFarland Hospital (500 Park Avenue)
- Remember, if a student is threatening harm to self or others, the most important thing is to make sure he or she is in a safe environment. If no one is available to transport the student to the emergency room or to McFarland, then call 911 for assistance.

After-Hours Emergency Services (On Campus)

- Students in crisis after hours can call:
 - The assessment coordinator at McFarland (615-449-0500)
 - The Crisis Intervention Center (615-244-7444)
 - Wilson County Mobile Crisis: (800-704-2651)
 - Vanderbilt Respond (615-327-7000)
- If a student is actively suicidal/homicidal they are to go immediately to:
 - University Medical Center Emergency Department (1411 W. Baddour Parkway), or
 - McFarland Hospital (500 Park Avenue)
- For all off campus crises, immediately call 911.
 - Other Resources:
 - Crisis Hotline: 615-244-7444
 - Suicide Hotline: 800-SUICIDE (784-2433)
 - Wilson County Mobile Crisis: 800-704-2651
 - Nashville Mobile Crisis Team: 615-726-0125

Q. Athletic Training Harassment Policy

The Athletic Training Program uses Cumberland University's Harassment Policy. See the 2013-2014 Cumberland University student handbooks for the policy.

R. Student Appeals Process

Athletic Training students who disagree with a decision made concerning their academic or professional behavior (such as denial of admission to the Athletic Training Program or being placed on probation or suspension from the Athletic Training Program because of academic insufficiencies or behavioral problems) have the right to appeal the decision. Athletic Training students are encouraged to discuss their concerns or problems with instructor, preceptor, and/or advisor. If a student is unable to resolve an issue with the involved instructor, preceptor, and/or advisor, he/she is encouraged to submit concerns in writing to the Athletic Training Program Director and meet with the director for further discussion and resolution. The Athletic Training Program Director and faculty will review the appeal at the department level. The student then has the right to appeal at the college level if there is still disagreement following a departmental appeal. This student grievance procedure is outlined in the Cumberland University undergraduate handbook.

S. Clinical Completion Requirements

Students must complete Clinical Experiences in Athletic Training I-V with a "C" or better to be eligible for completion of the Athletic Training Program.

Students must complete a minimum of 850 clinical experience hours to be eligible for completion of the Athletic Training Program. In order to meet this requirement, there is a minimum of (150) clinical experience hours required for Clinical I and II (HPER 351-352) in Athletic Training, a minimum of (175) for Clinical III-IV (HPER 353-354), and a minimum of (200) clinical experience hours for Clinical V (HPER 355). If a student fails to complete their clinical experience hours during any clinical course the student will fail the clinical course.

A minimum of one (1) semester of Clinical Experience in Athletic Training (HPER 351-355) must be completed in both the fall and spring semesters. The remaining three semesters may be

completed in either the fall or spring terms, as approved by the Athletic Training Program Director.

Every athletic training student must master the competencies and proficiencies, which are provided in 5th edition of the Athletic Training Educational Competencies which was published in 2011 by the NATA Education Council.

T. Graduation Requirements for Athletic Training Program

- Successful completion of all AT Program core classes.
- Successful completion of all educational competencies and proficiencies assigned to each of the five clinical experience courses.
- Completion of required clinical rotations directly supervised by the Cumberland University AT Program BOC-Certified and TN-Licensed Certified Athletic Trainers or by the BOC-Certified and TN-Licensed Preceptors employed by any of the approved affiliated clinical settings, and other appropriately credentialed health care providers serving as Preceptor at affiliated settings.

U. Board of Certification Endorsement Requirements

- Be in Senior Year of CU AT Program
- Successful completion of all AT Program requirements
- Pass the Practice BOC exam with a minimum score of 80%
- AHA Healthcare Provider Certification or Equivalent
- NATA Membership

V. Transportation to Clinical Experience Assignments

Students are expected to provide their own transportation to their clinical experiences assignments that are not on-campus.

Therefore, students must have reliable vehicle transport and must arrange prior to their rotations to get to their site in a timely manner. Off-campus clinical experiences may occur during any of the five clinical experiences assigned during the matriculation through the AT Program. These assignments are necessary for the variability of athletic venues an athletic training professional will encounter during their career. Whenever possible, car-pooling is strongly encouraged and recommended among students. Directions to these clinical sites will be given to each ATS prior to their assignment.

ATS may choose to travel with high school teams going to away events, however, this is done voluntarily and not mandated by the AT Program. Students are still responsible for obtaining their clinical hours and therefore, must make alternate arrangements with the Clinical Education Coordinator if they cannot obtain sufficient hours at their off-site rotation due to extensive travel among the high school teams that the student is assigned.

W. Athletic Training Program Affiliated Sites

Wilson County Schools

Lebanon High School
Wilson Central High School

Watertown High School
Friendship Christian School
Mt. Juliet High School

Hospitals/Clinics

Urban Physical Therapy
Drayer Physical Therapy

Sumner County Schools

Gallatin High School
Beech High School
Volunteer State Community College

Lower Extremity Rotation

Men's/Women's Basketball (on/off campus)
Men's/Women's Soccer (on/off campus)
Men's/Women's Cycling (off campus)
Wrestling (on/off campus)

Equipment Intensive

Football at CU (Fall/Spring)
Football at affiliated High School

Upper Extremity Rotation

Volleyball (on/off campus)
Baseball (on/off campus)
Softball (on/off campus)
Men's/Women's Tennis (on campus)
Wrestling

Clinical Rotation

Urban Physical Therapy
Drayer Physical Therapy

General Medical Rotation

Dr. Bernard Sy @ Family Medical
Associates

X. Athletic Training Roles and Responsibilities

A. Athletic Training Supervisory Policy

According to Tennessee law:

63-24-103 (a) No person shall represent themselves or claim to be an athletic trainer or perform, for compensation, any of the activities of an athletic trainer as defined in this chapter without first obtaining a license under this chapter.

63-24-103 (b) Nothing in this chapter shall be construed to prevent any person from serving as a student-trainer, or any similar position if such service is not primarily for compensation and is carried out under the supervision of an athletic trainer duly licensed as defined in this chapter and a physician licensed under this title. Such supervision will be provided under the guidelines of the National Athletic Trainers' Association (NATA) Board of Certification, Inc., and/or approved by the board.

See Addendum I for the Athletic Training Supervisory Policy Form

B. Observation Student Expectations

- Student must complete a Blood-borne Pathogens training session
- Student must complete a hepatitis and STD training session
- Student is expected to check their CU student email account regularly for updated AT Program information
- Student is required to meet with designated Preceptor to discuss rotation schedule at the beginning of each semester.
- Student will be assigned an ATS mentor for reference.
- Students are expected to be on time and show up for any scheduled observation experience.
- Students are expected to pass HPER 227 and HPER 230 with a "B" or better
- Students are expected to complete the required 75 observation hours

C. Clinical Experience I-V Expectations

Specific Duties for Clinical I and II (HPER 351/352) Athletic Training Student:

A Clinical I and II Athletic Training Student is usually at the sophomore level. Clinical I and II Athletic Training Student is assigned to high school, physical therapy clinics, or university placements and average 10-12 clinical hours per week (150 per semester) with their assigned Preceptor. An Athletic Training Student must complete their clinical competencies/proficiencies and clinical experience hours by the date listed in the HPER 351 and HPER 352 course syllabus.

Specific Duties of a clinical III and IV (HPER 353/354) Athletic Training Student:

A clinical III and IV Athletic Training student is usually at the junior level and has successfully passed HPER 351 and 352. A Clinical III and IV Athletic Training student is assigned to high school, physical therapy clinics, or university placements and average 12-15 clinical hours per week (175 hours per semester) with their assigned Preceptor. An Athletic Training Student must complete their clinical competencies/proficiencies and clinical experience hours by the date listed in the HPER 353 and HPER 354 course syllabus.

Specific Duties of Clinical V (HPER 355) Athletic Training Student:

A Clinical V Athletic Training Student is usually at the senior level and has successfully passed HPER 351, 352, 353, and 354. A Clinical V Athletic Training Student is assigned to high school, physical therapy clinics, or university placements and average 15-20 clinical hours per week (200 hours per semester) with their assigned Preceptor. An Athletic Training Student must complete their clinical competencies/proficiencies and clinical experience hours by the date listed in the HPER 355 course syllabus.

D. Injury Discussion with Media or Other Sources

Athletic Training Students are not to discuss athlete health status with anyone (i.e. peers, coaches, administration, radio, etc). Direct all inquiries to your supervising Preceptor. All public inquiries regarding injuries will be handled by supervising physician, clinical supervisor, or athletic coach. Discussing injuries is considered “breaching” the confidentiality of the athlete or patient and is punishable by law. (NOTE: also refer to HIPAA compliance)

XI. Athletic Training Program Documentation Requirements

A. Secondary Insurance Coverage-Sustained Injuries

An Athletic Training Student is expected to be aware of his/her surroundings at all times while participating in their clinical rotations. Due to the nature of many sports, injuries may be sustained by equipment, out-of-bounds occurrences, and other sport related incidences which could put the Athletic Training Student in danger of injury. Use of medical equipment such as scalpels, scissors, and modalities may also yield a danger to the ATS if precautions are not taken. Any injury which is sustained by an Athletic Training Student is to immediately be reported within the first 48 hours of the incident to the supervising athletic trainer and also to the Clinical Coordinator and Program Director. First aid should be initiated, and an incident report should be filed. If such injury requires referral to a physician, the AT Program Director will refer to appropriate team physician. The Athletic Training Student is then expected to follow through with the recommendations of the team physician and a claim will be filed if necessary with the secondary insurance provider. An Athletic Training Student will be expected to follow the same

procedures regarding medical coverage and care as the Cumberland University Student-Athlete. Information on this policy is located in the Athletic Training Department section of this handbook.

NOTE: This policy will also cover injuries sustained during any team affiliated travel in vans or university designated vehicles for the purpose of sport coverage.

B. Professional Liability Insurance Coverage

The professional liability insurance is purchased by the Athletic Training Program for all Athletic Training Students who are participating in clinical rotations. This policy is a “blanket” coverage plan through MARSH Affinity Group Services. Athletic Training Students are only covered while participating in their clinical rotations required as part of their curriculum. However, this does not cover personal vehicle travel to and from affiliated sites, practices, and games.

It must be understood by the Athletic Training Student that they are in an educational environment and any actions or inactions they take may result in the further injury of the athlete/patient. Therefore, it is very important that a Certified Athletic Trainer be supervising at all times to intervene (see Supervision Policy). However, should an incident occur where the Athletic Training Student causes further harm to an athlete this policy is also in place to cover the injuries sustained by the athlete/patient. Any incident regarding an athlete/patient’s injury must also be reported within the first 48 hours to the supervising athletic trainer, the Clinical Education Coordinator and Program Director. First aid is to be initiated and an incident report filed. The AT Program Director will make decisions regarding the referral of the athlete and filing a claim with the liability provider.

It is also recommended that the student have their own individual liability insurance policy in addition to what the AT Program provides.

C. Criminal Background Check

Several of the affiliated sites associated with Cumberland University now require background checks in order to ensure the safety of their patients and student-athletes. Therefore, it is mandatory that all students to obtain a criminal background check.

The Cumberland University AT Program has partnered with E & A Solutions, Inc. to administer background checks on all athletic training students. Employment & Assessment Solutions, Inc. also facilitates the student-athlete and athletic training student drug testing. They have partnered with national leaders in the industry to provide clients with an all-inclusive method of conducting background checks. Through these partnerships, they are able to offer more options to us. They use the Criminal Database Searches including RAPSHEET Criminal Report, Criminal National Search, and US Sex Offender Reports.

Each Athletic Training Student will be required to obtain a criminal background check at their own expense in order to meet the requirements of the AT Program. The cost to the student is currently \$14.00 and is subject to change; however, the student will be given ample notice should such a change occur.

Each student is required to obtain a criminal background check through E & A Solutions, Inc. by making an appointment. The contact information for this company is as follows:

E & A Solutions, Inc.
www.eandasolutions.com
1037 West Main Street, Suite A
Lebanon, TN 37087
615-453-4532
Fax: 615-453-5854



D. Immunization Records

An Athletic Training Student's immunization records are required as part of the AT Program to be kept in the student's personal file. The student needs to refer to Cumberland University's catalog regarding the requirements for immunization records prior to being accepted into the AT Program.

HEPATITIS B VACCINATION

Each athletic training student is required to obtain vaccination against the potential infection of hepatitis B at the student's expense. Vaccination can be made available at a reduced cost through the team physician's office.

All athletic training students will document their verification of vaccination against hepatitis. This shall be kept in the student's file maintained by the Athletic Training Program Director.

E. Communicable Disease Policy

The Cumberland University AT Program recognizes the need to minimize the exposure of athletes or patients in the clinical experience setting to communicable diseases. Students in the AT Program must demonstrate protection against communicable disease before being allowed to participate in patient care. This includes completion of a comprehensive vaccination/immunization record and completion of a physical examination to verify that the student has met the technical standards of the AT Program. Students must complete annual training on the handling of blood-borne pathogens and infectious agents as specified by the Occupational Safety and Health Administration (OSHA) and documented by the AT Program. Documentation of these records will be kept in the student's personal file.

Students who obtain a communicable disease are required to follow the prescribed guidelines of the attending physician. Students may not participate in clinical experience rotations which may expose others to their communicable disease. Return to clinical experience rotations and field experiences must be documented by a physician to release them back to their athletic training duties.

F. Physical Examination

All students that are accepted into the AT Program must have a physical examination. The student must be deemed physically capable of performing the physical work associated with athletic training practicums. All ATS must submit written verification of all immunizations including Hepatitis B.

See Addendum I for Physical Examination Form

G. Technical Standards and Document of Understanding
See Addendum I for Form

H. CPR Certification

Certification in CPR must be in the area of “Professional Rescuer” for the American Red Cross or “Healthcare Provider” for American Heart Association. This level of certification is also required by the Board of Certification, CAATE, and is an AT Program graduation requirement. Failure to comply with this policy at the designated time, stipulates that the student cannot complete any clinical experiences until the student can provide the necessary documentation that demonstrates they are currently certified in CPR-PR or HCP. The student will then be placed on “probation” until he/she fulfills this essential requirement. If this policy is not met by the end of the semester, the student will be “suspended” from all clinical experience duties and fail the clinical course. Failure to provide CPR – PR or HCP documentation before the following semester will result in AT Program Suspension.

During the fall pre-season orientation session, all ATS will be re-certified on campus for all students accepted into the AT Program (at their expense). Failure to participate in this re-certification process results in the student needing to obtain re-certification (at their expense) at an off-campus training facility. All AT Program ATS must maintain current certification throughout the matriculation of the program or forfeit the opportunities to participate in the clinical experience thus resulting in not meeting the AT Program requirements for completion and graduation.

I. NATA, SEATA, and TATS MEMBERSHIP

(National Athletic Trainers’ Association, Southeast Athletic Trainers’ Association, and the Tennessee Athletic Trainers’ Society) All athletic training students are expected to maintain current membership in the National Athletic Trainers’ Association, (NATA) and the Tennessee Athletic Trainer’s Society, (TATS). To fulfill all five clinical requirements it is mandatory that student obtains membership to the NATA and provide copies of their cards each year at the beginning of each semester. Copies of the membership cards will be kept in the student’s personal file. To obtain information on membership dues go to www.nata.org.



J. University Medical Center Orientation for High School Affiliated

Each Athletic Training Student must complete UMC orientation annually. The AT Program Fall Workshop will allot time for this orientation. It is mandatory that the ATS complete the orientation during this time; if absent there must be approval from the AT Program Director. If the ATS is absent from the designated orientation, they must schedule a time with the Clinical Education Coordinator to complete it. This UMC Orientation must be completed before ATS

can begin their clinical experience. Unexcused absence and failure to complete will result in Disciplinary Action and possible scholarship reduction.

K. Sumner Regional Medical Center Orientation for Affiliated Sites

Each Athletic Training Student must complete Sumner orientation annually. The AT Program Fall Workshop will allot time for this orientation. It is mandatory that the ATS complete the orientation during this time; if absent there must be prior approval from the AT Program Director. If the ATS is absent from the designated orientation, they must schedule a time with the Clinical Education Coordinator to complete it. This Sumner Orientation must be completed before ATS can begin their clinical experience. Unexcused absence and failure to complete will result in Disciplinary Action and possible scholarship reduction.

Section B

Athletic Training Department

Organization and

Management

Athletic Training Department Organization and Management

I. Introduction

At present, there are approximately 600 athletes representing Cumberland University in intercollegiate athletic competition. Being an integral part of the University setting, the intercollegiate athletic department functions to provide these individuals with opportunities to develop their potentials by participating in and through athletics.

As part of the provisions of this service, the athletic department has a legal and ethical obligation to ensure a high degree of health care to all its athletes. It is the purpose of this manual to assist in the attainment of an efficient health care delivery system by developing policies and procedures for better management organization.

In order to serve the individuals responsible for carrying out the health care delivery system, the manual has been divided into several parts. Section I will describe the management of the athletic training room, procedures for the care of athletic injuries, and athletic training student operations. Section II describes the undergraduate Athletic Training Education Program.

Each athletic, athletic training and sports medicine staff member, as well as athletic training student will receive and adhere to the Athletic Training Handbook. It is the responsibility of each individual to become familiar with this manual since it is the basis of the operation of the Athletic Training Department.

A. Athletic Training Personnel

- James Meadows, MSE, ATC, LAT
Head Athletic Trainer/Instructor
jmeadows@cumberland.edu
Office: 615-547-1232
Fax: 615-547-1309
- Katie Arnold, MAE, ATC, LAT
AT Program Director
karnold@cumberland.edu
Office: 615-547-1334
Fax: 615-547-1309
- Megan Bynum, MS, ATC, LAT
AT Program CEC
mbynum@cumberland.edu
Office: 615-547-1306
Fax: 615-547-1309
- La Keisha Fair, MAE, ATC, LAT
Assistant Athletic Trainer
lfair@cumberland.edu
Office: 615-453-6327
Fax: 615-547-1309
- Amy Swihart, ATC, LAT
Graduate Assistant Athletic Trainer
aswihart@cumberland.edu
Fax: 615-547-1309
- Eddie Breight, ATC, LAT
Graduate Assistant Athletic Trainer
ebreight@cumberland.edu
Fax: 615-547-1309
- Layci Watts, ATC, LAT
Graduate Assistant Athletic Trainer
lwatts@cumberland.edu
Fax: 615-547-1309
- Damon H. Petty, MD
Team Orthopedic Physician
AT Program Medical Director
- Bernard T. Sy, MD
General Medicine Physician
AT Program Faculty

B. Support Medical Physicians

The CU Athletic Training Department has developed a partnership with University Medical Center to enhance the services the sports medicine team is able to provide. The Athletic Training Department will utilize consulting medical specialists when the team physician and/or certified athletic trainer deem it necessary. The head athletic trainer and/or team physician will retain consulting medical specialists as part of their sports medicine team.

II. Athletic Training Department Policies and Procedures

A. Purpose

The athletic training personnel are primarily responsible for the delivery of the health care system to all athletes participating in intercollegiate athletics at Cumberland University. This health care includes prevention, evaluation, treatment, rehabilitation, and management of injuries or illnesses sustained during practices or games, as well as on-site coverage of practices and games. The athletic training personnel also serve as educators in the field of athletic training. They instruct courses in the Athletic Training Program and ensure that the athletic training students are receiving quality instruction and supervision in the classroom and clinical setting. In addition, the athletic training staff will provide the necessary services to function as part of the University community.

B. Athletic Training Facilities Use

Use of the Athletic Training Facilities is for individuals involved in the intercollegiate athletic department, students, staff, and faculty of Cumberland University. These medical facilities are also available to visiting teams on a reciprocal, courtesy basis. No other person or individual, except as described above, shall receive care other than emergency first aid without the authorization of the Head Athletic Trainer.

C. Athletic Training Facility General Operational Hours

The Athletic Training Facility will be open:

Monday - Friday	8-12 by Appointment ONLY Afternoons from 1 - 5 PM
Saturday & Sunday	By appointment ONLY

It is often necessary for the Athletic Training Facility to remain open past the scheduled times. These times are for general use only. The Athletic Training Facility shall remain operational during all practices and events. When the athletic training facility is not in use, it will remain locked at all times.

These facilities are under the direct supervision of the Head Athletic Trainer or certified staff. No athlete or patient will be allowed in the Athletic Training Facility without supervision.

The certified athletic training staff and/or athletic training students who are trained in their use and under the supervision of a certified athletic trainer, due to their potential danger, must operate all therapeutic modalities.

A list of Athletic Training Facility Policies is posted. Any violation will result in the immediate removal of the student athlete's privileges in the Athletic Training Facility.

D. Athlete Policies

- Report all injuries as soon as possible.
- Report for all treatments and doctors' appointments on time.
- Do not remove any equipment from the Athletic Training Facility without authorization.
- Do not dress or undress in the Athletic Training Facility.
- Wear proper attire for any treatment being given. This includes shorts AND a shirt.
- After practice, take a shower before routine treatment of injuries and wounds.
- Please help to keep the Athletic Training Facility clean.
- Avoid horseplay, improper language or any behavior unbecoming a Cumberland University athlete.
- Respect the requests of the athletic training staff just as you would your coaching staff. Failure to comply with athletic training facility policies or with athletic training staff will result in loss of athletic training facility privileges and further punishment.
- Stay out of the Athletic Training Facility unless you are there for a purpose. The athletic training facility is not a place for socialization.
- No eating, drinking or use of tobacco products in the Athletic Training Facility.
- No cleats or spikes allowed in the Athletic Training Facility. Keep all shoes off of the treatment tables.
- The Athletic Training Facility will not be an excuse for being late to practice or class.
- Absolutely NO cell phone use in the Athletic Training Facility.

E. Financial Coverage of Athletic Related Injuries

All accidents occurring to athletes in supervised and scheduled Cumberland University sponsored practices/games shall be covered by the secondary accident insurance policy at Cumberland University.

This policy is secondary accident insurance coverage and covers only the remaining balance after the athlete's primary insurance has made a determination of benefits.

This policy only covers accidental injuries that occur while the athlete is participating for Cumberland University. The policy will reject all claims that fall within the following categories: pre-existing injury, non-athletic injury, failure to follow athletic training department policy, and claims that have been denied by the athlete's primary insurance.

Any athlete not following the proper guidelines for medical care may not receive coverage for any medical bills incurred.

It is required that each athlete have primary health insurance coverage, either through his or her parents, or by purchasing standard student insurance for the coverage of non-athletic and athletic injuries/illness.

F. Pre-participation Examination

All athletes must receive a medical examination prior to participation in their respective sport.

New athletes will complete the pre-participation packet including medical history and policies and procedures prior to undergoing a comprehensive physical. Returning athletes will complete the medical history questionnaire. If any new injuries/illnesses have occurred since the end of the previous competitive season, the athlete may be referred to the team physician.

Individuals in a "try-out" situation shall be allowed to sign a waiver and will NOT be covered under the university athletic insurance plan. These individuals must have a physical exam and complete the required policies and procedures as soon as they are made permanent members of the team.

All medical records will be kept in the Athletic Training Facilities. All athletes will sign and complete the required policies and procedures.

G. Athletic Injury Evaluation

The team physician is the individual responsible for diagnosis of all athletic injuries and illnesses. The athletic training staff will also evaluate and assess injuries and illnesses under the supervision of the team physician.

It is the responsibility of any athlete requiring medical assistance as a result of an athletic injury to report this injury to the athletic training staff as soon as possible. For every injury reported to the athletic training staff, an evaluation should be done and a complete injury report is to be filled out.

No coach should overstep his/her legal bounds by diagnosing and/or performing or recommending treatment for an injury over a period of time. This leaves both the individual and the institution vulnerable to legal action.

H. Athletic Injury Treatment

It is the athlete's responsibility to follow recommended Athletic Training Department procedures for the care and handling of any athletic injury. Failure to do so may result in unnecessary lengthy rehabilitation and prolonged absence from participation in that sport.

The athletic training staff will administer immediate first aid to all injured athletes. Injuries evaluated and treated by the athletic training staff will be classified into three categories:

- Minor injury
- Non-life threatening serious injury
- Life threatening serious injury

When necessary, the athlete will be referred to the team physician for medical diagnosis and prescribed treatment.

Any athlete dissatisfied with his/her injury diagnosis or recovery progress should notify the athletic training staff and team physician and request additional consultation. The team physician will make every effort to provide the best possible health care to the athlete.

The team physician is the final authority in determining when an injured or sick athlete may return to practice or competition.

Any injury occurring after Athletic Training Facility hours, when an athletic trainer is not present, shall be assessed as life threatening or non-life-threatening. In the case of a life-threatening injury, the coach should call 911 and activate the Emergency Medical System and then notify a member of the certified staff as soon as possible. In the case of a non-life-threatening injury, the coach should contact one of the certified staff as soon as possible to receive instructions on appropriate health care.

All appointments or referrals will be made via the team physician and/or certified staff.

All athletes injured on an away trip should be returned to Cumberland University if possible. When the team physician or athletic training staff do not accompany the team on a trip, the coach is responsible for obtaining the help necessary from the host school's certified athletic trainer, team physician or identified provider.

I. Management of Injury Categories

All injuries shall be made known and evaluated by the certified staff. In the case of an injury the athletic trainer will take the following actions.

- **Minor Injury**

1. A certified athletic trainer or an athletic training student being supervised by a certified athletic trainer will evaluate the athlete and complete an injury report on the injury.
2. Initial treatment will be carried out.
3. Appropriate follow-up care will be planned for and scheduled.

- **Non-life Threatening Serious Injury**

1. A certified athletic trainer and/or a student being supervised by a certified athletic trainer will evaluate the athlete and complete an injury report.
2. The appropriate certified staff member will determine the appropriate initial treatment and follow up.
3. The certified staff may make a referral to the appropriate physician or medical facility.
4. A referral authorization signed by a certified athletic training staff member must be completed when the referral takes place.

- **Life Threatening Injury**

1. Recognize the injury and stabilize the situation.
2. Activate the EAP (call 911 ASAP) and provide immediate care.
3. An injury report will be completed at the earliest opportunity.
4. For more detailed information on handling emergency situation refer to the Cumberland University Athletic Training Department Emergency Action Plan.

J. Guidelines for Activating the Emergency Medical System (EMS)

- Recognize the injury and stabilize the situation.
- Activate the emergency action plan and provide immediate care.
- Dial 911.
- Talk calmly and clearly to the EMS operator.
- Tell the EMS operator the following:

- Your name
- Where you are calling from
- What the problem is
- A call back number
- Stay on the phone to make sure the EMS operator has all the necessary information.
- Once the EMS operator has indicated he/she has all the necessary information let him/her hang up the phone first.
- Remain within earshot of the phone in case the EMS operator calls back for additional information.
- Make sure someone has been sent to the road side or entrance to help direct the ambulance to the injured individual.

See Addendum II for Emergency Action Plan for Athletic Venues

K. Visiting Athletes Injured

Any visiting athlete injured on the campus of Cumberland University shall receive the same quality initial care as Cumberland University athletes. If the visiting team has a team physician and/or certified athletic trainer, they will be given assistance in any manner possible. A certified athletic training staff member will be available for all home contests to assist the visiting team athletes if necessary.

The use of electrical modalities in the treatment of visiting athletes will be subject to the following guidelines:

- The visiting athletic trainer should perform modalities.
- If no athletic trainer accompanies the visiting team, electrical modalities will only be provided if the visiting team's certified athletic trainer or physician provides written instructions.

Athletes of visiting teams who require medical equipment to facilitate their trip home, i.e. crutches, will be provided the equipment necessary. It is expected that this equipment will be returned at the expense of the visiting team. In the event an injured visiting athlete requires follow up medical care and is not accompanied by an athletic trainer, the certified staff member covering that event shall contact the athlete's athletic trainer and/or team physician at the earliest opportunity. Direct communication with the head coach may be an acceptable alternative to provide appropriate follow up instructions, dependent upon the injury, as determined by the certified staff.

L. Non-Student Athlete Injury

The Athletic Training Department, in meeting its goal of functioning as part of the University and greater local communities, will, from time to time, serve the needs of non-student-athletes. This may include non-intercollegiate athlete students, faculty, staff, and athletes from the local community.

All services rendered will be done in accordance with applicable Practice Acts in the State of Tennessee. All non-intercollegiate athletic injuries should be authorized by the certified athletic training staff prior to the rendering of long-term services.

All individuals reporting to the Athletic Training Facility will receive first aid services as deemed necessary and in accordance with acceptable standards by the Practice Acts of the State of Tennessee.

All non-student-athlete injuries should be documented as per standard guidelines and policies for student-athletes used by Cumberland University's Athletic Training Department.

III. Medical Records

All medical records will be kept in the Athletic Training Facilities and/or team physician's office. These medical records will be considered confidential and may only be viewed by authorized personnel.

A. Documentation

There is an abundant amount of paperwork that is involved in managing the Athletic Training Department. All staff and students must take the initiative to become familiar with all of the forms. This includes when they should be utilized, how they are filled out, as well as where they are kept.

i. Treatment Log

Shall be filled out for every visit made to the Athletic Training Facilities. It is the responsibility of the athletic training staff and/or students performing the treatment to log in the athlete. Each sport will have its own treatment log.

ii. Injury Report Form

Shall be filled out for every injury evaluated by the Athletic Training Department. It is the responsibility of the athletic training staff and/or student performing the evaluation to fill out this form. All injury reports will be co-signed by a certified athletic trainer.

iii. Treatment Authorization (Referral) Form

Shall be filled out for every referral to an outside provider, including the team physician. Only a certified athletic trainer may authorize a referral to an outside provider.

iv. Rehabilitation Sheet

Shall be filled out for every rehabilitation session done in the Athletic Training Facilities. The athletic training staff and/or student should make every attempt to fill this out and initial the day's workout. Athletes may assist in checking off this form. All changes to rehabilitation programs should be cleared with the certified staff.

v. Medication Log Form

Shall be filled out each time over-the-counter medication is distributed to an athlete. The athletic training staff distributing the medication is responsible for completing this form. All medications should be handled and distributed in accordance with the Medication Policy as outlined in this document.

vi. Pre-Participation Packet

Shall be filled out by every incoming athlete prior to participation in the athletic program. The certified staff will be responsible for ensuring that all participating athletes have completed the necessary paperwork contained within the pre-participation packet and in accordance with the Pre-Participation Examination section of the handbook.

vii. Insurance Information Form

Shall be filled out by every athlete prior to participation in the athletic program. A front/back copy of the insurance card should be attached to the insurance information form. The certified staff will be responsible for ensuring that all participating athletes have completed the form.

B. Releasing Medical Information

All athletes participating at Cumberland University shall be given the opportunity to sign a release waiver for information to be made available to other medical providers, pro scouts, and the media. The Head Athletic Trainer and certified staff will monitor these procedures. No information is to be released by any person other than the certified staff.

C. Medication Policy

During the clinical aspect of the Athletic Training Program, athletic training students will come in contact with medications from time to time. Athletic Training Students can only administer over the counter (OTC) medications with permission from an athletic training staff member. Prescription medication is not dispensed or administered from the athletic training facilities.

Prescription medications are prescribed by a physician. This type of medication will only be given to the athlete for whom the prescription is made. On occasion the medication will be delivered to the Athletic Training Facility and the certified staff will then pass it on to the athlete. Under no circumstances is it proper to give medications prescribed for one athlete to another athlete. A student should never give a prescription medication to an athlete.

Over the counter (OTC) medications are medications that can be purchased without a prescription from a physician. There are still devastating side effects that can result from improper use of OTC medications. Care should be given before any athlete is given any type of medication. In certain circumstances it is not advisable to give athletes even common medications such as aspirin or Tylenol. No medication should be administered by anyone other than the athletic training staff.

Any medication administered to the athlete should be recorded on the medication log. Information recorded should include the name of the individual, the date of administration, the drug administered, and the lot number of the medication. Make sure to monitor the expiration date of the medications and supply a single-dose only.

Athletic Training staff should ask each student athlete if they have any allergies prior to distribution of any over the counter medications. Athletic training students should become familiar with the actions, dosage, and warnings associated with the most commonly used medications.

See Addendum II for OTC Medication Information

IV. Concussion Policy

See Addendum II for Concussion Policy

V. Coverage of Sports

It is the position of the Athletic Training Department that all sports have an athletic trainer on campus and/or in attendance for all practices, with certain exceptions. Coaches should make every attempt to notify the athletic training staff in advance of practice times so that arrangements for athletic trainer coverage can be made. If this is not done, practice coverage cannot be guaranteed.

Home- The Athletic Training Department will cover the following sport practices with a Graduate Assistant Athletic Trainer and/or a Certified Athletic Trainer:

Baseball (spring)	Softball (spring)
Men's Basketball	Women's Basketball
Volleyball (fall)	Wrestling
Men's Soccer (fall)	Women's Soccer (fall)
Football	JV Football

A certified athletic trainer or graduate assistant athletic trainer will be "on-call" for the following sport practices:

Baseball (fall)	Softball (fall)
Men's Soccer (spring)	Women's Soccer (spring)
Volleyball (spring)	Cheerleading
Men's Tennis	Women's Tennis
Men's Golf	Women's Golf
Cycling	

For home contests the following sports must have a certified or certified eligible athletic trainer in attendance:

Baseball (spring)	Softball (spring)
Men's Basketball	Men's Tennis (spring)
Women's Basketball	Women's Tennis (spring)
Football	JV Football
Men's Soccer	Volleyball
Women's Soccer	Wrestling

For the following home contests, a certified athletic trainer must be "on-call":

Baseball (fall)	Men's Soccer (spring)
Softball (fall)	Women's Soccer (spring)
Volleyball (spring)	

Away- A certified or certified eligible athletic trainer will accompany the following sports when possible:

Baseball*	Men's Soccer*
Men's Basketball*	Women's Soccer*
Women's Basketball*	Softball*
Football (Varsity and JV)	Wrestling*

***Home contest coverage will receive priority.** Staff travel will be based upon this priority. All other sports may have an athletic training staff member travel with them but it is not required.

VI. Away Events/Travel

All policies shall apply when staff and students travel with teams to away events. This includes policies related to dress and professional conduct.

Staff should attempt to contact the host athletic training staff and/or host coaching staff as soon after arrival as possible to determine the location of the athletic training facility and other facilities which may be necessary for the care of athletic injuries and emergencies.

Staff should pay particular attention to the procedures necessary to activate the Emergency Medical System, should the need arise.

Policies related to the treatment, management, and documentation of injuries should be observed.

If an injury does occur on the road in the absence of a certified athletic training staff, the appropriate staff member should be notified as soon as possible by the coach.

Section C

Cumberland University Athletic Department Policies and Procedures

See 2013-2014 CU Athletic Department Handbook for Policies and Procedures.

Section D
Athletic Training
Program/Department
Emergency Policies and
Procedures

Athletic Training Program/Department Emergency Policies and Procedures

I. Emergency Contact Information

- James Meadows, MSE, ATC, LAT
Head Athletic Trainer
Cell: 615-218-0632
 - Katie Arnold, MAE, ATC, LAT
AT Program Director
Cell: 865-617-3252
 - Megan Bynum, MS, ATC, LAT
AT Program CEC
Cell: 615-315-1133
 - La Keisha Fair, MAE, ATC, LAT
Assistant Athletic Trainer
Cell: 213-591-3352
 - Amy Swihart, ATC, LAT
Graduate Assistant Athletic Trainer
Cell: 402-202-4578
 - Eddie Breight, ATC, LAT
Graduate Assistant Athletic Trainer
Cell: 661-466-3262
 - Layci Watts, ATC, LAT
Graduate Assistant Athletic Trainer
Cell: 703-598-9191
 - Ron Pavan
Director of Athletics
- Cell: 615-390-0884
 - UMC – Main Hospital
615-449-8262
 - UMC ER
615-443-2531
 - UMC Outpatient Center
615-443-6000
 - Fire Department
615-444-8777
 - Police Department (Lebanon)
615-443-2323
 - Poison Control Center
800-222-1222
 - CU Campus Security
615-476-3061 ext. 2222
 - Joe Gray
Facilities Director
615-547-1255
 - Juanita Kissell
CU Counseling Services
615-547-1397

For all life threatening emergencies dial 911.

II. Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency and/or life-threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Since emergencies may occur at any time and during any activity, the athletic association must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, it is important to provide proper coverage of events, maintain appropriate emergency equipment and supplies, utilize appropriate emergency medical personnel, and attend continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

III. Components of an Emergency Action Plan

These are the basic components of this plan:

- emergency personnel
- emergency communication
- emergency equipment
- roles of first responder
- venue directions with map
- emergency action plan checklist for non-medical emergency

IV. Emergency Action Plan Personnel

With athletic association practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency action plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. Copies of training certificates and/or cards are maintained in the Athletic Director's office.

The development of an emergency action plan cannot be complete without the formation of an emergency action team. The emergency action team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, athletic training students; coaches; managers; and, possibly, bystanders. Roles of these individuals within the emergency action team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency action team.

- The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training.
- The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event.
- The third role, equipment retrieval may be done by anyone on the emergency action team who is familiar with the types and location of the specific equipment needed. Athletic training students, managers, and coaches are good choices for this role.
- The fourth role of the emergency action team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have

keys to any locked gates or doors that may slow the arrival of medical personnel. An athletic training student, manager, or coach may be appropriate for this role.

Roles within the Emergency Team

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to scene

Activating the EMS System

- Making the Call:
 - 911
 - notify campus police at ext. 2222 or 615-476-3061 (cell)
 - telephone numbers for local police, fire department, and ambulance service
- Providing Information:
 - name, address, telephone number of caller
 - nature of emergency, whether medical or non-medical
 - number of athletes
 - condition of athlete(s)
 - first aid treatment initiated by first responder
 - specific directions as needed to locate the emergency scene
 - other information as requested by dispatcher
 - If non-medical, refer to the specific checklist of the emergency action plan

When forming the emergency action team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency action team to function even though certain members may not always be present.

V. Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

VI. Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

VII. Medical Emergency Transportation

Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. The athletic training department coordinates on site ambulances for competition in football. Ambulances may be coordinated for other special events/sports, such as a major tournament (i.e. wrestling). Consideration is given to the capabilities of transportation service available (i.e. Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. In the event of any emergency, the 9-1-1 system will still be utilized for activating emergency transport. In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care for Cumberland University Athlete, transportation to one of the utilized medical facilities is based on the strengths of each facility. For most emergencies, the athlete will be transported to the closest equipped medical facility unless otherwise determined by the Medical Director or Supervising Physician.

VIII. Non-Medical Emergencies

For the following non-medical emergencies; fire, bomb threats, severe weather and violent or criminal behavior, refer to the Cumberland University Emergency Action Plan and follow instructions.

IX. Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department “ownership” in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, Cumberland University Athletics helps ensure that the athlete will have the best care provided when an emergency situation does arise.

See Addendum III for Emergency Action Plans for each facility.

Addendum I
Athletic Training Program
Policies and Procedures
Section A

CUMBERLAND UNIVERSITY

ATHLETIC TRAINING PROGRAM



Welcome to Cumberland University! Cumberland University is located in Lebanon, Tennessee, 30 miles east of Nashville. Founded in 1842, Cumberland University offers a variety of educational, athletic and social experiences to enhance the learning opportunities of the current student body. The university has an exceptional academic program steeped in the liberal arts. Athletic teams regularly compete for conference and national championships.

What makes our Athletic Training Program unique?

The Cumberland University Athletic Training (AT) Program offers scholarship money to athletic training students. The AT Program has athletic scholarships to award to Athletic Training Students and Pre-Athletic Training Students as determined by the AT Program Director. The criteria that must be met in order to receive and/or retain the scholarship are as follows:

1. The student must have declared Athletic Training as his/her major.
2. The student must maintain a 2.50 grade point average
3. The pre-athletic training student must complete or be working towards completion of a minimum of seventy-five (75) observation hours in the Cumberland University Athletic Training room or affiliated sites.
4. Athletic Training Students must complete or be successfully working towards completion of their minimum of number of clinical hours during any given semester (150 hours for HPER 351 and HPER 352, 175 hours for HPER 353 and HPER 354, and 200 hours for HPER 355).
5. If, at any time, a Pre-Athletic Training Student is failing to complete the necessary requirements to apply and be admitted to the AT Program, his/her scholarship can be revoked
 - a. Pass HPER 227 Safety and First Aid with a "B" or better.
 - b. Pass HPER 230 Care and Prevention of Athletic Injuries with a "B" or better.
 - c. Maintain a 2.50 GPA and a 3.0 Core GPA (AT Program classes)
 - d. Complete seventy-five (75) quality observation hours.
6. If, at any time, an Athletic Training Student who has been previously admitted into the AT Program drops out of the program or fails to maintain a 2.50 GPA or a 3.0 Core GPA, his/her scholarship can be revoked.
7. If, at any time, an Athletic Training Student or Pre-Athletic Training Student fails to meet the associated demands of the AT Program (attending the pre-season Athletic Training Student Workshop, attending mandatory Athletic Department functions, etc.) or in any way is in violation of the CU Athletic Training Student Handbook, his/her scholarship can be revoked.

What do I do if I'm interested in Cumberland's Athletic Training Program?

If you are interested and want more information or to set up a visit to our campus, please go to our website at: <http://www.cumberland.edu/athletictraining/>

Once you are on our website, **you must fill out the Prospective Student Form**, which will send your information to us so that we can then contact you further about your interest in the AT Program.

http://www.cumberland.edu/athletictraining/prospect_form

CUMBERLAND UNIVERSITY
ATHLETIC TRAINING PROGRAM

GUIDE TO THE ADMISSIONS PROCESS

Office of Admissions
1 Cumberland Square
Lebanon, TN 37087



- Apply to Cumberland University - (<http://www.cumberland.edu/applynow/>)
- Pay the \$25 CU application fee. If you qualify to have your fee waived, have your guidance counselor send the necessary email to admissions@cumberland.edu and to mbynum@cumberland.edu
- Send in your personal statement (preferably via email to admissions@cumberland.edu and to mbynum@cumberland.edu). The personal statement is a 3-4 paragraph basically summarizing your academic, athletic training and life goals.
- Have your official high school transcripts **mailed** to Cumberland University. If you have any college courses you wish to receive credit for, you must get official transcripts from each College/University **mailed** also.
- Have your official SAT or ACT scores **mailed** to Cumberland University. You may be able to submit ACT scores online, but SAT must be mailed. If you are signing up for the test, be sure to add Cumberland's code to the application so the scores are sent to us (CU school code: SAT = 1146, ACT = 03954)
- Fill out your Free Application for Federal Student Aid (www.fafsa.gov). Be sure to add the Cumberland University school code on the application (CU school code = 003485)
- Have all of your immunizations up to date, fill out the form and turn it in to Cumberland. There is a printable form for immunizations found at <http://www.cumberland.edu/admissions/undergrad.html>
- Freshman: Pay your \$100 Freshman Registration Fee to the Business Office (payable via credit card or mail)
- Pay your \$500 Access fee via credit card or mail. This fee is administered each semester and is not covered by academic or athletic aid.
- Fill out a Residence Life Application (<http://www.cumberland.edu/student-life/residence-life/application>).
- Residence Life applicants must submit a \$250 payment to the Business Office, which includes a non-refundable \$50 Residence Life Application Processing Fee and a refundable \$200 Residence Life Security Deposit. This fee is payable via credit card or mail.

Important Contacts:

Katie Arnold: AT Program Director - karnold@cumberland.edu, 615-547-1334

Megan Bynum: Clinical Education Coordinator – mbynum@cumberland.edu, 615-315-1133

Eddie Lovin: Housing – elovin@cumberland.edu, 615-547-1231

Barbara Fuller: Business Office – bfuller@cumberland.edu, 615-547-1218

Admissions – admissions@cumberland.edu, 615-547-1224

Financial Services – financialaid@cumberland.edu, 615-547-1355

CUMBERLAND UNIVERSITY
APPLICATION FOR ADMISSION TO THE
ATHLETIC TRAINING PROGRAM

(Please type)

Name _____ Date _____

CU Student ID# _____ Date of Birth _____

Local Address: _____

City State Zip

Cell Phone _____ Home Phone _____

Parent's Names: _____

Home Address: _____

City State Zip

TRANSFER STUDENTS: University Attended _____
Graduation Date _____ Degrees Earned: _____

List 3 references (w/ contact information) who can attest to your academic and/or Athletic Training experience:

1. _____ 2. _____

3. _____

Current GPA: _____

Submit this application and a letter explaining why you wish to pursue a career in Athletic Training by April 1th, 2014. The letter should include your athletic training experience, if any, how you became interested in a Bachelor's of Science in Athletic Training as a major, what area or setting that you are interested in, and your career goals.

These materials should be submitted to:

Katie Arnold, MAE, ATC
Athletic Training Program Director
Cumberland University
One Cumberland Square
Lebanon, TN 37087



Athletic Training Program Applicant Checklist

Welcome to the Athletic Training Program application process! Here is a helpful guide to make the process easier. Below you will see the steps and documents which are required to be a candidate. Each one must be completed by the date given. All materials should be turned into Megan Bynum.

DUE BY APRIL 1st:

	Completed
Application (http://www.cumberland.edu/athletictraining/atep_forms)	
3 References – list on Application	
Letter of Interest in AT – addressed to Katie Arnold, AT Program Director	
Completion of 65 Observation Hours	
Immunization Documentation	

Interviews will be conducted in the month of April.

DUE BY MAY 1st:

	Completed
Completion of 75 Observation Hours	
Release of Information	
Signed Scholarship	
Signed Scholarship Criteria Awareness	
Signed Technical Standards	
Criminal Background check - \$15	
NATA membership (http://members.nata.org/eSeries/app/member/) - \$80	

DUE BY THE END OF SEMESTER:

	Completed
HPER 230 Grade	
HPER 227 Grade	
Grade Point Average	
Physical Examination – performed by Dr. Sy (Date: TBA)	
Drug Test – performed on campus (Date: TBA) - \$25	
Provide Proof of Personal Health Insurance (must show annually)	



Athletic Training Program Scholarship Criteria

The Cumberland University Athletic Training (AT) Program offers scholarship money to athletic training students. The AT Program has athletic scholarships to award to Athletic Training Students and Pre-Athletic Training Students as determined by the AT Program Director. The criteria that must be met in order to receive and/or retain the scholarship are as follows:

1. The student must have declared Athletic Training as his/her major.
2. The student must maintain a 2.50 grade point average
3. The pre-athletic training student must complete or be working towards completion of a minimum of seventy-five (75) observation hours in the Cumberland University Athletic Training room or affiliated sites.
4. Athletic Training Students must complete or be successfully working towards completion of their minimum of number of clinical hours during any given semester (150 hours for HPER 351 and HPER 352, 175 hours for HPER 353 and HPER 354, and 200 hours for HPER 355).
5. If, at any time, a Pre-Athletic Training Student is failing to complete the necessary requirements to apply and be admitted to the ATEP, his/her scholarship can be revoked
 - a. Pass HPER 227 Safety and First Aid with a “B” or better.
 - b. Pass HPER 230 Care and Prevention of Athletic Injuries with a “B” or better.
 - c. Maintain a 2.50 GPA and a 3.0 Core GPA (AT Program classes)
 - d. Complete seventy-five (75) quality observation hours.
6. If, at any time, an Athletic Training Student who has been previously admitted into the AT Program drops out of the program or fails to maintain a 2.50 GPA or a 3.0 Core GPA, his/her scholarship can be revoked.
7. If, at any time, an Athletic Training Student or Pre-Athletic Training Student fails to meet the associated demands of the AT Program (attending the pre-season Athletic Training Student Workshop, attending mandatory Athletic Department functions, etc.) or in any way is in violation of the CU Athletic Training Student Handbook, his/her scholarship can be revoked.

Documentation of Student Awareness of Scholarship Criteria

I, _____, have been made aware of the Cumberland University Athletic Training Program scholarship criteria. I understand that by signing this document I am agreeing to meet and maintain the requirements necessary to maintain the scholarship that I have received for being a part of the Cumberland University Athletic Training Program in the amount of \$_____ for the school year _____. I also understand that if I do not maintain the requirements that I can have my scholarship revoked at the discretion of the Athletic Training Program Director.

Signed,

Athletic Training Student

Date

Athletic Training Program Director

Date

**Cumberland University
Athletic Training Program**



Blood Borne Pathogens

I, _____ have completed the Blood-Borne Pathogen material on _____.

This form documents the fact that I was made aware of the OSHA standards and Universal Precautions.

Signature

Date





ATHLETIC TRAINING STUDENT PHYSICAL

Name: _____ Date: _____

SS # : _____ Date of Birth _____

As part of the requirements for admission into the Athletic Training Program, it must be documented that the student is physically and mentally qualified to participate in the expected athletic training academic and clinical requirements. The athletic training student must have sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients. Examples of the type of physical demands that athletic students must be able to perform include:

- Transporting injured athletes off of playing surface
- Carrying heavy objects such as water cooler and medical kits
- Completing evaluation and assessment techniques to all body joints
- Completing taping and bandaging procedures in a reasonable amount of time
- Getting to injured players in a variety of playing conditions in a reasonable amount of time to care for emergency situations
- Ability to perform first aid and CPR care
- Demonstrating proper lifting and rehabilitation techniques

The signature below confirms that Cumberland University team physician has examined the athletic training student and assessed his/her ability to perform the duties required to complete the CAATE Educational Competencies and Clinical Proficiencies based on current written technical standards.

Pass _____ Pass with conditions _____

Fail _____ Reason _____

Signature of Team Physician

Date

Cumberland University Pre-Participation Physical Examination

Section Complete: N = Normal F= Flag for additional review

_____ Urinalysis	_____ Eye Exam
_____ Height & Weight	_____ Medical Exam
_____ Blood Pressure & Pulse	_____ Orthopedic Exam

Urinalysis (60 second dip)

Protein _____	Specific Gravity _____	Leukocytes _____
pH _____	Ketones _____	
Blood _____	Glucose _____	

Examiner: _____

Height/Weight

Height: _____ feet _____ inches Weight _____ lbs.

Examiner: _____

Blood Pressure/Pulse

BP 1: ____/____ BP 2: ____/____ BP 3: ____/____

Pulse 1: ____ bpm Pulse 2: ____ bpm Pulse 3: ____ bpm

Examiner: _____

Snellen Eye Examination

	<i>Right Eye</i>	<i>Left Eye</i>
With Glasses/Contacts	20/____	20/____
Without Glasses/Contacts	20/____	20/____

Athlete wears contacts _____ Athlete wears safety goggles _____ Athlete wears glasses _____

Comments: _____

Examiner's Signature: _____ Date: _____

Medical Examination

Circle One			Comments
Head	Normal	Abnormal	
Eyes	Normal	Abnormal	
Ears	Normal	Abnormal	
Nose	Normal	Abnormal	
Throat	Normal	Abnormal	
Lungs	Normal	Abnormal	
Heart	Normal	Abnormal	
Abdomen	Normal	Abnormal	
Genitalia	Normal	Abnormal	
Extremities	Normal	Abnormal	
Neuro/reflex	Normal	Abnormal	
Skin	Normal	Abnormal	

Comments: _____

Circle one:	Pass	Pass with Conditions	Fail
Reason:	_____		

Physician's Signature: _____ Date: _____

Orthopedic Examination

Circle One			Comments
Neck	Normal	Abnormal	
Spine	Normal	Abnormal	
Low Back	Normal	Abnormal	
Shoulder	Normal	Abnormal	
Elbow	Normal	Abnormal	
Wrist/Hand	Normal	Abnormal	
Hip	Normal	Abnormal	
Knee	Normal	Abnormal	
Ankle	Normal	Abnormal	
Feet	Normal	Abnormal	

Comments: _____

Circle one:	Pass	Pass with Conditions	Fail
Reason:	_____		

Physician's/ATC Signature: _____ Date: _____



ATHLETIC TRAINING STUDENT SUPERVISION POLICY

According to Tennessee law:

63-24-103 (a) No person shall represent themselves or claim to be an athletic trainer or perform, for compensation, any of the activities of an athletic trainer as defined in this chapter without first obtaining a license under this chapter.

63-24-103 (b) Nothing in this chapter shall be construed to prevent any person from serving as an athletic training student, or any similar position if such service is not primarily for compensation and is carried out under the supervision of an athletic trainer duly licensed as defined in this chapter and a physician licensed under this title. Such supervision will be provided under the guidelines of the National Athletic Trainers' Association (NATA) Board of Certification, Inc., and/or approved by the board.

The supervising athletic trainer should be personally present and immediately available within the area to give instruction and aide when procedures are performed. Athletic training students are required to gain clinical experiences under the supervision of an approved preceptor. The Clinical Experiences should always be considered educational. Athletic training students will not be utilized to replace a Certified Athletic Trainer. The students are not allowed or expected to perform the duties of an athletic trainer in that position.

My signature below indicates that I have read and understand the Athletic Training Program Athletic Training Student Supervision Policy.

Printed Name _____

Signature _____ Date _____

Past Medical/Surgical History

Have you had surgery? List surgery dates.

Are you presently on any medications? If so, list medication(s).

Have you been treated for any psychological/emotional problems? Give details.

Is there a family history of a bleeding disorder, cancer, hypertension, or diabetes? *List and state relationship.*

Do you have any current health problems/ limitations that will affect your ability to function as an athletic training student? Give details.

Childhood Diseases

Have you ever had?

Mumps	Yes	No	Chicken Pox	Yes	No
Scarlet Fever	Yes	No	Measles	Yes	No
Diphtheria	Yes	No	German Measles	Yes	No

Note to Healthcare Provider: Health examination form may be completed by a physician, nurse practitioner, or a licensed physician's assistant.

TB Skin Test	Date Given	HCP Initials	Date Examined	HCP Initials
Part 1:	_____	_____	_____	_____
Part 2:	_____	_____	_____	_____
Chest X-RAY (If positive skin tests):				
Date: _____	Results: _____	HCP Initials _____		

Additional Information

In case of serious illness or accident, I give Cumberland University or its representatives' permission to secure medical and/or surgical care to include transportation to a doctor or hospital of their choice, injection, examination, medication, diagnostics, and surgery that is considered necessary for my good health. I agree to pay all medical costs not covered by my primary or secondary insurance coverage.

Signature of Student _____ Date _____
Parent of Guardian (if under age 18) _____ Date _____

Please note that your ability to begin your clinical rotations relies on completed information contained in this document and copies of medical records as requested above



Cumberland University Athletic Training Technical Standards

The Athletic Training Program at Cumberland University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education) CAATE. The following abilities and expectations must be met by all students admitted to the standards, without reasonable accommodations, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Program must demonstrate:

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently and materials during the assessment and treatment of patients;
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with the competent professional practice;
4. the ability to record the physical examination results and a treatment plan clearly and accurately;
5. the capacity to maintain composure and continue to function well during periods of high stress;
6. the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced;
7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for the selection of the Athletic Training Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

ATS should notify AT Program personnel and we will get you in contact with the Disabilities Coordinator, who will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. If a student states he/she meet the technical standards with accommodation, then they University will determine whether it agrees that the student can meet the technical standards with reasonable accommodations; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodations would jeopardize clinician/patient safety, or the educational process of the student or the situation, including all coursework, clinical experiences and internships deemed essential to graduation.

Documentation of Student Understanding

I, certify that I have read and understand the technical standards for the selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards, I will not be admitted into the Athletic Training Program.

Signature of Applicant

Date

Alternative statement for students requesting accommodations:

I, certify that I have read and understand the technical standard of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Student Disability Services to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the Athletic Training Program.

Signature of Applicant

Date

Cumberland University Athletic Training Clinical Experience Hour Form

Name: _____ Clinical Level: _____

Clinical Rotation: _____ Preceptor: _____

ATS: Be sure to indicate "Day Off". Physician hours must be noted separately if part of Course Requirement.

Daily Hours:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL
Date								
Facility								
Sport								
Time In:								
Time Out:								
Daily Hours								
In Proper Dress Code: √=Yes Ø=No (If "no" see below*)								
Preceptor Initials:								

ATS should communicate all absences with their assigned Preceptor.

I, the ATS, attest that all information on this "Clinical Experience Hour Form" is accurate.

ATS Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Incident/Violation Report: (Preceptor only)

- | | | |
|--|--|---|
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Theft/Vandalism | <input type="checkbox"/> Conduct Unbecoming an AT |
| <input type="checkbox"/> Unprofessional Behavior | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Dress Code Violation |
| <input type="checkbox"/> Breach of Duty | <input type="checkbox"/> Falsifying Hours | <input type="checkbox"/> Chronic Tardiness |
| <input type="checkbox"/> Unexcused Absences | <input type="checkbox"/> Academic Dishonesty | <input type="checkbox"/> Drug/Alcohol Abuse |
| <input type="checkbox"/> Other _____ | | |

Please refer to "Disciplinary Incident Reporting Form" for further documentation when needed.

REFER to the BACK of this form to document your educational experiences for the week.



Cumberland University Athletic Training Student Experience Evaluation

Please check all that apply and describe where necessary:

Cleaning/Set-up (coolers, ice, etc.) Practice Game _____

First Aid/Emergency Care:

- Wound Care Blister Care Steri-strips Activated EAP Crutch/Cane Fitting
 Spineboarding Splinting Other: _____

Taping/Wrapping:

- Thumb Finger Hand Wrist Forearm
 Elbow Shoulder Ribs/Trunk Hip/Groin Thigh
 Knee Lower Leg Ankle Foot Toes
 Other: _____

Injury Eval (s): (Describe eval/re-eval, initial management, and any referral or attach *copy of* Injury Report)

1)

2)

Rehab/Modalities (Describe details of Rx/Tx & Modalities, including *copy of* Progress Reports)

1)

2)

Communicated with Head Coach/Asst. Coach/Support Staff, etc regarding injuries

Performed Administrative Duties

- Filing Computer Logs Eval Documentation
 Rehab Documentation Inventory Other: _____

Observed Physician's Clinic (Describe what you learned):

ATS Signature: _____ **Date:** _____

Preceptor Reviewed: _____ **Date:** _____

AT Clinical Coordinator: _____ **Date:** _____

Cumberland University
Athletic Training Program

STUDENT-ATHLETE APPEAL PROCESS TO ENROLL IN A CLINICAL COURSE

Appeal Process:

1. A student must submit an Appeal Form and an Appeal Letter to Katie Arnold, AT Program Director, before registering for the next semester's courses.
2. Katie Arnold, Ron Pavan, Megan Bynum, and your sport's coach will review the letter and contents.
3. A meeting will be conducted with you and the people mentioned above to discuss your letter, reasoning and plan of action; at which time you will be approved or declined in your appeal process.

Appeal Letter:

You must write letter of appeal in paragraph form discussing the reason for your appeal, addressing it to Katie Arnold, AT Program Director. Your Appeal letter must include all of the following:

- Your sport, Clinical level and number of hours you must complete in the semester, in which you want to participate in your in-season sport.
- Reason why you think you can balance clinical requirements and your sport commitments.
- How do you plan to fulfill your clinical Hours this semester? Create a specific course of action you will follow to complete the clinical hours. Megan Bynum can assist you in this process if needed.
- How do you plan to communicate with you Preceptor about your responsibility of your sport and how will you communicate with your coach about your AT commitments?
- Why should this exception be made for you?
- Explain the repercussions you will have if you do not complete the required clinical hours.

Cumberland University
Athletic Training Program

POLICY ON ATHLETIC TRAINING STUDENT PARTICIPATION IN INTERCOLLEGIATE ATHLETICS

Cumberland University is rich in students who participate in intercollegiate sports. While many Athletic Training Programs do not permit students to also compete in intercollegiate athletics, Cumberland University has a carefully crafted action plan developed that will accommodate the practical hands-on training demands of the AT Program while allowing athletes to continue their playing careers. The AT Program requires a significant clinical component involving student commitment during afternoons, evenings and weekends. Time conflicts can often occur between intercollegiate sport demands and the program's clinical requirements. The athletic training faculty is committed to helping athletes succeed in the program; however the student must maintain a primary emphasis on the academic requirements of the Athletic Training Program.

The following guidelines have been established to help the student fulfill the requirements of both the Athletic Training Program and their sport:

1. Applicants to the Athletic Training Program, who are also student-athletes, will be given this statement once they express an interest in Athletic Training. A signed copy of this policy must be completed by both the student and their coach prior to their acceptance to the program.
2. Acceptance for student-athletes applying to the Athletic Training Program will not be denied because of participation in intercollegiate athletics, but the plan of course work will be established in their interview process.
3. Athletic training students must limit their participation to ONE intercollegiate athletic team.
4. Athletic training students who participate on an athletic team shall participate during the team's traditional season ONLY. Athletic training students will not be permitted to participate in the non-traditional season in scheduled practices or contests if it conflicts with clinical education or academic requirements.
5. Athletic training students who participate in intercollegiate athletics must, fulfill all educational and clinical education requirements before they graduate. All students must consult with the AT Program director early in their college education since effective planning is crucial to both their success in the program, as well as their ability to graduate on time.
6. All students are required to have at least one "equipment intensive" rotation (football) during their clinical education. Athletic training students that cannot complete this rotation because of their participation in athletics may have to:
 - 1) return for a fifth year
 - 2) work with an equipment intensive sport during their high school rotation.
7. If a student-athlete plans to enroll in a Clinical course while participating in an in-season sport, they must complete the Appeal Process, which includes submitting an appeal form, an appeal letter and meeting with both the AT Program Director and their coach to discuss the time requirements of both. At that time the decision will be made if the ATS will be able to participate in both at the same time. **This process must be completed each time the ATS plans to complete a Clinical course during their in-season.**
8. All Clinical hours must be completed with your assigned Preceptor and any hours working with the sport you play will not count toward your total hours.

Student Acceptance of Proposal

By signing this agreement, I agree to the terms of the policy and acknowledge that I was given the information prior to my acceptance into the program. I understand that in addition to being an athlete, Athletic Training requires dedication and commitment as well as excellent time management skills. I understand that in order to stay in good academic standing, I must complete all educational and clinical education requirements.

Athletic Training Student-Athlete Signature

Date

Athletic Training Student-Athlete Name

Sport

Coach's Acceptance of Proposal

By signing this agreement, I agree to the terms of this policy on Athletic Training Student Participation in Intercollegiate Athletics. I acknowledge that the student will be allowed to participate in athletics during the traditional season, and that athlete will have time requirements due to being an Athletic Training Student. I am aware that the student must complete the educational and clinical education components of the Athletic Training Education Program in order to graduate.

Coach's Signature

Date

Coach Name

AT Program Director's Signature

Date

Athletic Director Signature

Date

Cumberland University
Athletic Training Program

APPEAL FORM

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

CELL NUMBER: _____ **EMAIL ADDRESS:** _____

REASON FOR YOUR APPEAL:

REQUIREMENTS FOR APPEAL:

- Appeal Form completed and submitted
- Appeal Letter addressed to Katie Arnold, AT Program Director (see Appeal Process for instructions) completed and submitted
- Meet with Katie Arnold, Ron Pavan, and your sport's coach to discuss appeal

FOR OFFICIAL USE ONLY:

APPEAL APPROVED: _____ APPEAL DENIED: _____

REASONING FOR DECISION: _____

AT PROGRAM DIRECTOR SIGNATURE

DATE

ATHLETIC DIRECTOR SIGNATURE

DATE



RECOMMENDED COURSE SEQUENCE FOR BACHELOR OF SCIENCE IN ATHLETIC TRAINING

FRESHMAN YEAR

<u>FALL</u>		<u>SPRING</u>			
FSL 101	Scholarship & Learn.	2	HPER 230	Care and Prevention	3
ENG 101	Eng. Composition I	3	ENG 102	Eng. Composition II	3
HPER 200	Foundations of PE	3	CHEM 103	Fund. of Chemistry	4
MATH 111	College Algebra	3	PSY 201	General Psychology	3
HPER 227	Safety and First Aid	2	SPEE 220	Fund. of Speech	3
BIO 111	General Biology	3			
<hr/>			<hr/>		
Total		16	Total		16

SOPHOMORE YEAR

<u>FALL</u>		<u>SPRING</u>			
HPER 231	Evaluation Lower Ext.	3	HPER 352	Clinical in AT II	2
HIS	History 191 or 201	3	BIO 214	Anatomy & Phys II	4
BIO 213	Anatomy & Phys I	4	HIS	History 192 or 202	3
HPER 351	Clinical in AT I	2	HPER 232	Evaluation Upper Ext.	3
ENG 215/6	Choice of Literature	3	HPER 302	Medical Aspects	3
HPER 150	Lifetime Fitness	1			
<hr/>			<hr/>		
Total		16	Total		15

JUNIOR YEAR

<u>FALL</u>		<u>SPRING</u>			
HPER 311	Personal Health	3	HPER 404	Rehabilitation	4
SPAN 111	Elem. Spanish I	3	MATH 112	Trigonometry	3
HPER 401	Modalities	3	HPER 312	Nutrition	3
HPER 304	Org. & Adm. of AT	3	HPER 301	Physio. of Exercise	3
HPER 353	Clinical in AT	2	HPER 354	Clinical in AT IV	2
			HPER 403	Pathophys/Pharm	3
<hr/>			<hr/>		
Total		14	Total		18

SENIOR YEAR

<u>FALL</u>		<u>SPRING</u>			
SPAN 112	Elem. Spanish II	3	HPER 343	Adaptive PE	2
HPER 411	Measurement & Eval	3	HPER 320	Motor Learning	2
HPER 355	Clinical in AT V	2	GEC	Arts and Hum. Elect.	3
HPER 425	Kinesiology	3	PSY 211	Growth & Develop	3
PHY 201	Physics I	4	PSY 205	Statistics	3
HPER 430	Senior Seminar in AT I				
<hr/>			<hr/>		
Total		16	Total		13



Bachelor of Science in Athletic Training

Required General Education Core..... 43-46 hours

Area I – Foundation Skills 18-21 hours

Scholarship & Learning..... 2 hours

___ FSL 101 Foundations of Scholarship and Learning (2)

Rhetoric & Communication..... 15 hours

- ___ ENG 101 English Composition I (3)
- ___ ENG 102 English Composition II (3)
- ___ SPEE 220 Fundamentals of Speech (3)
- ___ SPAN 111 Elementary Spanish I (3)
- ___ SPAN 112 Elementary Spanish II (3)

Mathematics..... 3-4 hours

- ___ MATH 111 College Algebra (3)
- ___ MATH 121 Calculus (4)

** MATH 111 and MATH 112, or MATH 121 must be completed as prerequisites to PHY 201

Area II – A Liberal Arts Education 25 hours

Arts and Humanities (choose one)..... 3 hours

- ___ ART 191 Enhancing Art Understanding (3)
- ___ MU 129 Music Listening (3)
- ___ PHIL 201 Introduction to Philosophy (3)
- ___ THR 100 Introduction to Theater (3)

Literature in English (choose one)..... 3 hours

- ___ ENG 215 Introduction to Literature (3)
- ___ ENG 216 Topics in Literature (3)

The Social Sciences..... 6 hours

- ___ PSY 201 General Psychology (3)
- ___ PSY 211 Human Growth and Development (3)

History (choose one sequence)..... 6 hours

- ___ HIS 191 & 192 World Civilization (6)
- ___ HIS 201 & 202 History of the United States I & II (6)

The Natural Sciences. 7 hours

- ___ BIO 111 General Biology (3) **AND**
- ___ CHEM 103 Introduction to Chemistry (4) (cannot be paired with any other chemistry course)
- ___ CHEM 111 General Chemistry I (can be substituted for CHEM 103 for pre-physical therapy students)

Athletic Training Handbook

Required Psychology and Science Courses.....			15-18 hours
Course	Name		Credit Hours
_____	BIO 213	Human Anatomy and Physiology I	4
_____	BIO 214	Human Anatomy and Physiology II	4
_____	PHY 201	College Physics I*	4
_____	PSY 205	Statistics for the Behavioral Sciences	3
_____	MATH 112	Trigonometry (if MATH 121 is not taken)	3
Courses Required for the Major.....			61 hours
Course	Name		Credit Hours
_____	HPER 150	Lifetime Fitness	1
_____	HPER 200	Foundations of Health, P.E. and Athletic Programs	3
# _____	HPER 227	Safety and First Aid	2
# _____	HPER 230	Care and Prevention of Athletic Injuries	3
_____	HPER 231	Evaluation of Lower Extremity Injuries	3
_____	HPER 232	Evaluation of Upper Extremity Injuries	3
_____	HPER 301	Physiology of Exercise	3
_____	HPER 302	Medical Aspects of Sports Injuries	3
_____	HPER 304	Organization & Administration in Athletic Training	3
_____	HPER 311	Personal and Community Health	3
_____	HPER 312	Nutrition	3
_____	HPER 320	Motor Learning and Development	2
_____	HPER 343	Essentials in Adaptive Physical Education	2
_____	HPER 351	Clinical Experience in Athletic Training I	2
_____	HPER 352	Clinical Experience in Athletic Training II	2
_____	HPER 353	Clinical Experience in Athletic Training III	2
_____	HPER 354	Clinical Experience in Athletic Training IV	2
_____	HPER 355	Clinical Experience in Athletic Training V	2
_____	HPER 401	Therapeutic Modalities	3
_____	HPER 403	Pathophysiology & Pharmacology in Athletic Trainin	3
_____	HPER 404	Rehabilitation of Athletic Injuries	4
_____	HPER 423	Test and Measurements in Physical Education	3
_____	HPER 425	Kinesiology	3
_____	HPER 430	Senior Seminar in Athletic Training	1
_____ Total GEC Credit Hours (43-46 hours required)			
_____ Total Required Psychology & Science Courses (15-18 hours required)			
_____ Total Required Courses for the Major (61 hours required)			
120-124 Minimum Hours Required for Graduation			
All courses must have a grade of "C" (2.0) or higher.			
# HPER 227 and HPER 230 require a grade of a B or higher to be admitted into the Athletic Training Education Program			

**Cumberland University
Athletic Training Program
Confidentiality and Privacy Agreement**

I, _____, understand the importance of confidentiality while working or observing at any of the on-campus and off-campus sites for Cumberland University's Athletic Training (AT) Program. I will not discuss any patients and/or athletes that I may observe. I also understand that discussion of athletic related cases related to my educational experience in my courses is not to be discussed outside the confines of my clinical educational experience. I understand that breaking confidentiality is a violation of professional ethics and may result in a grad deduction, reprimand, recommendation of probationary terms, or removal from the assigned preceptor.

Print Name: _____

Signature: _____

Date: _____

Witness: _____



***This signed document will be kept in the student's personal file.**

Addendum II
Athletic Training Department
Organization and Management
Section B

Cumberland University Athletics: Insurance Information Form

NOTE: Complete all blanks. If all information is not completed this form will not be accepted.

1. Name of Athlete _____ Sport _____
Social Security # _____ Date of Birth _____
Home Address _____ Phone _____
City _____ State _____ Zip Code _____

2. Father/Guardian/Insured _____ Mother/Guardian/Insured _____
Social Security # _____ Social Security # _____
Date of Birth _____ Date of Birth _____

3. Father/Guardian/Insured's Employer _____ Mother/Guardian/Insured's Employer _____
Address _____ Address _____
Phone _____ Phone _____

4. LIST INSURANCE INFO FOR POLICY OR POLICIES THAT COVER THE ATHLETE
Policy Holder _____ Policy Holder _____
Insurance Company _____ Insurance Company _____
Address _____ Address _____
Phone # _____ Phone # _____
Policy # _____ Policy # _____
Group # _____ Group # _____

5. Does the athlete's insurance pay for prescriptions? Yes _____ No _____
If so, does the athlete have a prescription card? Yes _____ No _____

6. Is the company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)? _____ PPO _____ HMO

If it is an HMO, or insurance in which the athlete must be seen by or referred by his/her primary care physician first, please list the following information regarding your primary care physician:

Name _____ Phone # _____

I hereby authorize Cumberland University and their insurance carrier to inspect or secure copies of case history records, lab reports, diagnoses, x-rays, and any other data concerning any injuries or conditions affecting intercollegiate athletic participation. In addition, I authorize Cumberland University's secondary insurance administrators to pay the medical vendors directly for any bills incurred from accidents that are covered under the secondary insurance plan provided by Cumberland University.

Parent/Guardian's Signature _____ Date _____

Student-Athlete's Signature _____ Date _____

<p style="text-align: center;">Cumberland University Pre-Participation Packet</p>
--

Name: _____ Sport: _____

Date: _____ SS # _____ Date of Birth: _____

Father/Guardian: _____
(Last) (First)

Home Address: _____
(Street Address)

(City) (State) (Zip Code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Mother/Guardian: _____
(Last) (First)

Home Address: _____
(Street Address)

(City) (State) (Zip Code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax number: _____

- | | |
|---|--|
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Assumption of Risk |
| <input type="checkbox"/> Medical Policy | <input type="checkbox"/> Athletic Drug Policy |
| <input type="checkbox"/> Authorization to Release Information | <input type="checkbox"/> Shared Responsibilities |

Cumberland University Medical History Information

Has any blood relative ever had (please check all that apply)

	Relation to athlete	Yes	No	Explanation
<i>Ex. Cancer</i>	<i>Mother</i>	<i>X</i>		<i>Breast cancer in remission</i>
Cancer				
Diabetes				
Heart Trouble				
High Blood Pressure				
Stroke				
Epilepsy				
Sickle Cell Trait				
Other				

Have you ever been diagnosed with any of the following?

	Date (month/year)	Yes	No	Explanation
High Blood Pressure				
Heart palpitations or tachycardia				
Heart Murmur				
Marfan's syndrome				
Hypertrophic Cardiomyopathy				
Mitral valve prolapse				
Dizziness/syncope with activity				
Anemia				
Sickle Cell Anemia				
Any other cardiovascular disease				
Frequent Sore Throat				
Strep Throat				
Tonsilitis				
Mononucleosis				
Hay Fever				
(Exercise Induced) Asthma				
Respiratory Infection				
Ulcer				
Hernia				
Hemorrhoids				
Appendicitis				
Frequent Diarrhea				
Kidney/Bladder Infection				
Kidney/Bladder Stones				
Hepatitis				
Diabetes				
Concussion				
Frequent Headaches				
Epileptic seizures				
Heat exhaustion				
Heat stroke				
Cancer				
HIV/AIDS				
Genital Herpes				
Other sexually transmitted disease				
Other				

Are you allergic to any of the following?

	Yes	No	Date of last reaction	Severity of last reaction
Aspirin				
Codeine				
Penicillin				
Novocain/Anesthetics				
Other Medications				
Bee Stings				
Latex				
Grass or pollen				
Nuts				
Seafood				
Other foods				

Have you ever had any of the following conditions in reference to your ears?

	Yes	No	Month /Year	Explanation
Infections				
Surgery				
Hearing Loss				
Cauliflower Ear				

Have ever had any of the following treatments or conditions in references to your eyes?

	Yes	No	Month/Year	Explanation
Have you been seen by an eye doctor?				
Do you wear glasses?				
Do you wear contacts?				
Do you have eye discomfort or difficulty?				
Is your color vision normal?				
Do you believe you have normal vision?				
Have you had any serious eye injuries?				
Do you naturally have unequal pupil sizes?				

Dental History

	Yes	No	Date	Explanation
Date of your last dental exam.				
Have you ever had an injury to your tooth?				
Do you have any tooth pain?				
Have you ever had braces/retainers?				
Have you had wisdom teeth removed?				
Do you have any pain with your jaw?				
Have you ever broken you jaw?				
Do you wear protective mouth gear?				
Do you use tobacco products?				

Psychological History

	Yes	No	Date	Explanation
Has an immediate family member been treated for drug, alcohol, or emotional disorders?				
Have you ever been treated for drug, alcohol, or emotional disorders?				
Do you experience mood swings?				
Do you experience periods of depression?				
Do you experience increased states of anxiety?				
Have you ever been diagnosed with and/or taken medication for ADD/ADHD?				

Have you missed time from work or school due to drugs, alcohol, or mental/emotional reasons?				
Have you taken medication for a mental or emotional disorder?				

Women’s Health History

All female athletes please answer, males proceed to next section.

	Yes	No	Date	Explanation
Are your menses (period) regular?				
How often do you have your period?				
Is heavy bleeding ever a problem?				
Do you experience bleeding between periods?				
Do you experience unusual discharge?				
Are cramps a frequent problem?				
Are you currently on birth control medication?				
Do you have breast lumps or tenderness?				
Do you have frequent urinary tract infections?				
Have you ever been diagnosed with:				
Anemia?				
Eating disorders?				
Osteoporosis?				
Have you ever had an abnormal PAP smear?				
When was your last gynecological exam? _____				
Have you been diagnosed with ovarian cysts?				
Have you been diagnosed with endometriosis?				

Orthopedic

Have you ever sprained, strained, dislocated, fractured, had repeated swelling, or other injury to the following body parts?

	Yes	No	Injury	# of times	Dates	Treatment
<u>Head/Neck</u>						
Concussion						
Pinched Nerve/Stinger						
<u>Spine/Back</u>						
<u>Chest/Ribs</u>						
<u>Shoulder</u>						
Dislocations						
Rotator Cuff Injuries						
Labrum Tears						
<u>Arm/Elbow</u>						
<u>Hand/Wrist/Fingers</u>						
<u>Pelvis/Hips</u>						
<u>Thigh</u>						
Quadriceps/Hamstrings						
<u>Knee</u>						
Patella/Knee Cap						
<u>Shin/Calf</u>						
Achilles’ tendon						
<u>Ankle</u>						
<u>Feet/Toes</u>						

Do you require taping or bracing for any previous injury? If so, where and why?

Have you received any type of surgery for an injury you sustained? If yes, please explain.

Do you have any injury or condition that may require special considerations or that should be known about in an emergency situation? If so, what and/or why?

Do you currently have an injury or illness that is not completely healed or resolved? If so, what is the injury or illness and what type of treatment are you doing and/or what medication(s) are you taking?

**Cumberland University
Medical Policy Information**

Introduction:

The fact that injuries are an inherent part of athletic participation deems it the responsibility of any administration to provide for the health care of those athletes that participate and represent the organization. In accordance with this philosophy, Cumberland University provides adequate medical care for its athletes through the Athletic Training Department and its sports medicine team. Our Athletic Training Department, under the supervision of its team medical director, is primarily responsible for the delivery of the health care system to all athletic department sponsored student/athletes at Cumberland University. This care includes prevention, evaluation, referral, treatment, and rehabilitation of injuries or illnesses sustained during scheduled Cumberland University practices or games.

Prevention of Injuries:

The primary concern of the athletic training department is to prevent any athletic injuries to its athletes. Many of the policies and procedures are designed to meet this goal.

Pre-Participation Physical Examinations:

All athletes must receive a medical examination prior to participation in their respective sport. New athletes will complete the pre-participation packet including medical history and policies and procedures prior to undergoing a comprehensive pre-participation physical examination which is performed by the Cumberland University Athletic Training Department and sports medicine team. Returning athletes will complete the medical history questionnaire. If any new injuries/illnesses have occurred since the end of the previous competitive season, the athlete may be referred to the team physician. Individuals in a "try-out" situation shall be allowed to sign a waiver and will NOT be covered under the university athletic insurance plan. These individuals must have a physical exam and complete the required policies and procedures as soon as they are made permanent members of the team. All medical records will be kept in the Athletic Training Center. All athletes must sign and complete the required policies and procedures in order to compete in Cumberland University athletics.

Evaluation of Athletic Injuries

The team medical director and team physicians are the individuals responsible for diagnosis of all athletic injuries and illnesses. It is the responsibility of any athlete requiring medical assistance as a result of an athletic injury to report this injury to the athletic training staff as soon as possible. For every injury reported to the athletic training staff, an evaluation should be done and a complete injury report is to be filled out. No coach should overstep his or her legal bounds by diagnosing and/or performing or recommending treatment for an injury over a period of time. Referrals to specialist, or health care providers other than the team physicians, can be made only by the staff Certified Athletic Trainers or the Team Physician, and NO ONE ELSE. Any coach or athlete who takes it upon themselves to refer an athlete to an outside physician without approval by the Head Athletic Trainer or Team Physician will be solely responsible for all bills incurred.

Treatment of Athletic Injuries

It is the athlete's responsibility to follow recommended Athletic Training Department procedures for the care and handling of any athletic injury. Failure to do so may result in unnecessary, lengthy rehabilitation and prolonged absence from participation in that sport. The athletic training staff will administer immediate first aid to all injured athletes. If necessary, any medical diagnosis and prescribed treatment will be made through the team physician. Any athlete dissatisfied with his/her injury diagnosis or recovery

Athletic Training Handbook

progress should notify the athletic training staff and team physician and request additional consultation. The team physician shall make every effort to provide the best possible health care to the athlete. The team physician is the final authority in determining when an injured or sick athlete may return to practice or competition. Any injury occurring after Athletic Training Center hours or when an athletic trainer is not present shall be assessed as life threatening or non-life-threatening. In the case of a life-threatening injury, the coach should call 911 and activate the Emergency Medical System and then notify a member of the certified staff as soon as possible. In the case of a non-life-threatening injury, the coach should contact one of the certified staff as soon as possible to receive instructions on appropriate health care. All athletes injured on an away trip should be returned to Cumberland University if possible. When the team physician or athletic training staff do not accompany the team on a trip, the coach is responsible for obtaining the help necessary from the host school's certified athletic trainer, team physician or identified provider.

Previous Injuries:

The Cumberland University Athletic Department will not be financially responsible for any pre-existing injury or condition.

General Illness:

During the course of the year, it is not uncommon for a student-athlete to be referred to the Team Physician as a result of an illness. Sometimes these visits to the physician are not only necessary, but mandatory for the student-athlete prior to their release back into participation. Unfortunately, visits to the physician for non-athletic related illnesses are not covered by the Cumberland University's insurance. All visits to the physician for illnesses will be the **responsibility of the student-athlete**. It is recommended that students who have HMO plans to name a local physician (our team general medical physician is Dr. Bernie Sy) as their primary care physician to decrease paperwork and ensure speedy access to the physician.

Athletic Insurance:

All injuries due to athletic related accidents will be eligible for coverage under the Athletic Department insurance policy. As is standard with all university athletic insurance, our athletic insurance is considered a secondary policy. **This means that the athlete's personal health insurance will be utilized first, and then the athletic department's secondary insurance policy will make payment on any balance due.** Occasionally, there may still be a balance due after the athlete's primary and the institution's secondary insurances have made their payments. **The remaining balance is the responsibility of the student-athlete.**

In order to be eligible for secondary athletic insurance coverage, all referrals to physicians, hospitals, or other providers must be made through the CU Athletic Training Department prior to the visit. The Athletic Department utilizes members of the CU Sports Medicine staff which includes; medical director and team orthopedic physician Dr. Damon Petty at Petty Sports Medicine and Orthopaedics; team general medicine physician, Dr. Bernie Sy, and team optometrist, Dr. Jon Franklin at Franklin Family Eye Care. Failure to follow this procedure will result in denial of payment by the athletic department's secondary insurance policy administrators.

The university does recognize the athlete's and/or parent's right to utilize a physician or health care provider of their choice. The athletic department policy does not prohibit this option. Athletes may seek services from medical providers of their choice without coverage from Cumberland University's secondary insurance policy. Exceptions to this policy must receive written authorization from the Head Athletic Trainer prior to your visit in order for CU's secondary athletic insurance plan administrator to make payment on the expenses. Athletic injuries or medical conditions not related to a specific athletic accident while at Cumberland University, or injuries and conditions with a previous history or "pre-existing" conditions, shall not be covered by the athletic department's secondary insurance plan. However, any injury, illness, or physical condition which would preclude full participation in intercollegiate athletics must be fully disclosed to the athletic training staff.

Athlete and parental cooperation is the key to making sure the athlete's medical expenses get paid in a timely manner. Our secondary insurance plan administrator may request information from you, such as an explanation of benefits (EOB). If so, it is your responsibility to send that information to our insurance company as well as to the athletic training department. If this information is not provided the insurance company will eventually close the file and deny payment, therefore making the student/athlete responsible for the accrued expenses. The athlete or his or her parent/guardian's participation is vital to getting bills paid on time. Also, do not assume that bills have been sent to the athletic training department once your primary insurance has paid. Any remaining bills need to be sent to our athletic training department for payment. Also, if the athlete's primary health care insurance changes throughout the course of the academic year please notify the Athletic Training Department as quickly as possible. It is the athlete's responsibility to provide up to date primary healthcare insurance information to the athletic training department. Failure to do so may result in denial of coverage from Cumberland University's secondary insurance policy.

Every athlete at Cumberland University is required to have primary health care coverage that covers accidents that occur during intercollegiate athletics participation. If an athlete does not have primary health care insurance and must purchase

a short-term insurance policy, that policy must cover them for a minimum of nine (9) months or until the end of the academic year. Athletes will not be cleared to participate at Cumberland University until they have obtained this primary health care insurance. Athletes who purchase short-term insurance policies must make sure that their insurance policy covers injuries sustained during intercollegiate athletic participation.

A copy of the front and back of the athlete's insurance card (and prescription card, if applicable) is required for better service, so please include that with your information sheet. The athlete will not be permitted to participate in CU athletics in any way until this insurance information sheet is completed and returned along with a copy of the front and back of the insurance card (and prescription card, if applicable). Thank you for your cooperation.

I have read the above, and agree to follow the prescribed medical coverage procedures.

Athlete's Signature Date Age

Parent's Signature (if under 18 y/o) Date

Authorization to Release Information

I, _____, a member of the _____ team at Cumberland University, hereby authorize the Cumberland University Athletic Department, Athletic Training Department, and/or team physicians to release medical information on my behalf to representatives of the National Association of Intercollegiate Athletics, scouts from professional sports organizations, insurance providers, medical personnel and/or your coaching staff on a daily basis.

Athlete's Signature Date

Assumption of Risk

All athletes should understand that participation in any sporting event has the potential to result in catastrophic and/or life threatening injuries, regardless of the implementation of safety rules and regulations. By signing this document you acknowledge that there is a potential risk for life threatening injuries that may occur during your participation at Cumberland University and accept that risk. Any questions regarding particular participation risks should be directed to the coaching staff or athletic training department prior to participation. Your body is your responsibility. If you know, have reason to believe, or fear there may be risk factors particular to you in your sport, have this investigated prior to presenting as a candidate for participation. Come prepared to discuss any previous injuries, defects, or illnesses that you feel may be relevant (bring medical records with you). The pre-participation physical examinations are designed to give you this opportunity. They are not a substitute for your own knowledge and good sense, nor can they yet be designed to exclude all potential injuries or catastrophic events.

Throughout the course of your sports participation here at Cumberland University, should you become injured or have a health concern, it is your responsibility, and the expectation of the university, that you will bring to the attention of the Athletic Training Staff your condition or concern. The Athletic Training Department at Cumberland University is designed to cooperatively work with you, to ensure prompt and appropriate treatment for your injury or illness, and to enhance your ability to enjoy safe and healthy participation in your chosen sport. We sincerely want your participation to be a positive and enjoyable experience!

I acknowledge that I have read, understand, and agree with the above statement.

Athlete's Signature Date Age (years)

Parent's Signature (if under 18 y/o) Date

Shared Responsibilities in Reducing Sports Related Injuries (NOCSAE 2009)

Participation in sports requires an acceptance of risk of injury. Athletes rightfully expect that those who are responsible for the conduct of sports have taken reasonable precautions to minimize the risk of significant injury. Periodic analysis of injury patterns continuously leads to refinements in the rules and/or other guidelines.

However, to legislate precautions via the rule books and equipment standards, while often necessary, is seldom effective in and by itself. To rely on officials to enforce compliance with the rule book is as insufficient as to rely on warning labels to produce behavioral compliance with precautionary guidelines. Compliance means respect on everyone's part for the intent and purpose of the rule or guideline, not merely technical satisfaction through some of its phrasing.

Some sports-related maladies lend themselves readily to identification and solution (such as heat stroke and the administration of liquid freely during early football practice). However, other problems may be less clearly identified (such as head injuries), and solutions may be developed on selected assumptions and the premise that measurable standards are better understood than qualitative rhetoric (for example, purchasing a helmet manufactured in accordance with NOCSAE standards instead of "the best helmet possible"). Some problems continue because of questionable compliance with the legislated solutions (dental mouth guards, for example).

Using football head/neck injury prevention as an illustration with current significance, it is impossible, and should be unnecessary, to expect the game officials to examine each helmet of a squad before a game to ensure that each helmet has met the NOCSAE standard. Respect for approved precautionary measures should ensure that only equipment required by the respective rules-making bodies is available to be worn.

Optimal effectiveness, moreover, will come only from the athletes' informed compliance with all basic principles of head/neck injury prevention. The Committee therefore encourages football coaches to discuss the following information with their teams at the onset of the season, and then to remind them of the essentials periodically during the season:

1. Serious brain and neck injuries leading to death, permanent brain damage or quadriplegia (extensive paralysis from injury to the spinal cord at the neck level) occur in football. The toll is relatively small but persistent, averaging 1.44 fatal or severe, nonfatal brain or spinal cord injuries annually for every 100,000 players. **HELMETS DO NOT PROTECT THE NECK**, and none of these injuries can be completely prevented due to the tremendous forces occasionally encountered in football collisions; but they can be minimized by manufacturer, coach and player compliance with published rules of play, proper coaching, and in the case of head and brain injuries, compliance with accepted equipment standards.

2. The NOCSAE seal on a helmet indicates that a manufacturer certifies that it has complied with the NOCSAE standard. By keeping proper fit, by not modifying design and by reporting to the proper personnel any need for its maintenance, the athlete also is complying with the purpose of the NOCSAE standard.

3. The rules against intentional butting, ramming or spearing the opponent with the helmeted head are there to protect the helmeted person much more than the opponent being hit. The athlete who does not comply with these rules is the candidate for catastrophic injury. For example, no helmet can offer protection to the neck. The typical scenario of this catastrophic injury in football involves lowering one's head while making a tackle. Among 49 catastrophic neck injuries which occurred while tackling in the 1977-89 period, 35 were recorded as tackling with the head down. The momentum of the body tries to bend the neck after the helmeted head is stopped by the impact, and the cervical spine cannot be splinted as well by the neck's muscles with the head lowered as with the preferred "face up, eyes forward, neck bullied" position. When the force at impact is sufficient, the vertebrae in the neck can dislocate or break, cause damage to the spinal cord they had been protecting and thereby produce permanent loss of motor and sensory function below the level of injury.

4. Because of the impact forces in football, even the "face up" position is no guarantee against head or neck injury. Further, the intent to make contact "face up" is no guarantee that that position can be maintained at the moment of impact. Consequently, the teaching of blocking/tackling techniques that keep the helmeted head from receiving the brunt of the impact are now required by rule and by coaching ethics. Coaching techniques that help athletes maintain or regain the "face up" position during the course of a play must be respected by the athletes.

The preceding illustration covers only one significant problem in one sport. Other sports and other concerns within football can be similarly approached. Coaches should acquaint athletes appropriately with the risks of injury and the rules and practices they are employing to minimize the athlete's risk of significant injury while pursuing the many benefits of sport. The athlete and the athletic program have a mutual need for an informed awareness of the risks being accepted and for sharing the responsibility of controlling those risks.

Helmet Warning Statements

In an effort to warn players of the risk of injury, the NOCSAE Board of Directors has developed a warning statement, model adaptations of which are found on all football, baseball/softball batting and lacrosse helmets. The statements are a part of each standard and are intended to warn participants of the possibility of severe head or neck injury despite the fact a certified helmet is being worn. The helmet is designed to help protect the head. Neither football, baseball, softball, nor lacrosse helmets can protect the player's neck.

Athletic Training Handbook

NOCSAE urges that the warning statement be shared with members of the football, baseball, softball and lacrosse squads and that all coaches alert participants to the potential for injury. The wording of the warning statement as set forth in the NOCSAE standard is a general suggestion and may change from time to time.

All athletes should understand that participation in any sporting event has the potential to result in catastrophic and/or life threatening injuries, regardless of the implementation of safety rules and regulations. By signing this document you acknowledge that there is a potential risk for life threatening injuries that may occur during your participation here at Cumberland University and accept that risk.

Any questions regarding particular participation risks should be directed to the Coaching Staff prior to participation.

Athlete's Signature

Date

Age

Parent's Signature (if under 18 y/o)

Date



Cumberland University Sickle Cell Trait Testing Information

About Sickle Cell Trait:

- Sickle Cell Trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Although Sickle cell trait is most predominant in African-Americans, and those of Mediterranean, Middle Eastern, Indian, Caribbean, South America, and Central American ancestry, persons of any race and ancestry can test positive.
- Sickle cell is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of the red blood cells, which can accumulate in the bloodstream and block blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

Sickle Cell Trait Testing:

All Cumberland University student-athletes should have knowledge of their sickle cell trait status. If the student-athlete does not have knowledge of the sickle cell trait status, then Cumberland University advises that he/she undergo testing to confirm sickle cell trait status. Screening is performed through simple blood testing, which can be performed at most medical facilities. The NAIA currently does not have a policy regarding sickle cell trait testing; however, Cumberland University encourages all students to consider one of the following options:

1. Provide documented results from previous Sickle cell trait screening(usually done at birth); **or**
2. Voluntarily have the lab test performed and provide the results to Cumberland University; **or**
3. Sign and return a waiver, legally acknowledging the athlete's choice to refuse Sickle cell trait testing.

Sickle Cell Trait Testing Waiver

I, _____, understand and acknowledge that the
STUDENT ATHLETE PRINT NAME

Cumberland University Athletic / Athletic Training Department recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the Cumberland University Athletic Training Department.

I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless Cumberland University, its officers, employees, and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the recommendation of the Cumberland University Athletic / Athletic Training Department.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

STUDENT ATHLETE SIGNATURE

DATE

SPORT

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

DATE

PARENT /GUARDIAN PRINT NAME

Cumberland University Athletic Training

Cumberland University
Pre-Participation Physical Examination

Name: _____ Sport: _____

Date: _____ Date of Birth: _____ SS# _____

Local Address: _____

Street/Dorm Room

City

State

Zip Code

Local Phone Number: _____

Section Complete: N = Normal F= Flag for additional review

____ Urinalysis	____ Eye Exam
____ Height & Weight	____ Medical Exam
____ Blood Pressure & Pulse	____ Orthopedic Exam

Urinalysis (60 second dip)

Protein _____ Specific Gravity _____ Leukocytes _____
pH _____ Ketones _____
Blood _____ Glucose _____

Examiner: _____

Height/Weight

Height: _____ feet _____ inches Weight _____ lbs.

Examiner: _____

Blood Pressure/Pulse

BP 1: ____/____ BP 2: ____/____ BP 3: ____/____

Pulse 1: ____ bpm Pulse 2: ____ bpm Pulse 3: ____ bpm

Examiner: _____

Snellen Eye Examination

	<i>Right Eye</i>	<i>Left Eye</i>
With Glasses/Contacts	20/____	20/____
Without Glasses/Contacts	20/____	20/____

Athlete wears contacts _____ Athlete wears safety goggles _____ Athlete wears glasses _____

Comments:

Examiner's Signature: _____ Date: _____

Medical Examination

Circle One			Comments
Head	Normal	Abnormal	
Eyes	Normal	Abnormal	
Ears	Normal	Abnormal	
Nose	Normal	Abnormal	
Throat	Normal	Abnormal	
Lungs	Normal	Abnormal	
Heart	Normal	Abnormal	
Abdomen	Normal	Abnormal	
Genitalia	Normal	Abnormal	
Extremities	Normal	Abnormal	
Neuro/reflex	Normal	Abnormal	
Skin	Normal	Abnormal	

Comments:

Circle one:	Pass	Pass with Conditions	Fail
Reason:	_____		

Physician's Signature: _____

Date: _____

Orthopedic Examination

Circle One			Comments
Neck	Normal	Abnormal	
Spine	Normal	Abnormal	
Low Back	Normal	Abnormal	
Shoulder	Normal	Abnormal	
Elbow	Normal	Abnormal	
Wrist/Hand	Normal	Abnormal	
Hip	Normal	Abnormal	
Knee	Normal	Abnormal	
Ankle	Normal	Abnormal	
Feet	Normal	Abnormal	

Comments:

Circle one:	Pass	Pass with Conditions	Fail
Reason:	_____		

Physician's/ATC Signature: _____ Date: _____

OVER-THE-COUNTER MEDICATIONS

Addaprin (Ibuprofen, 200mg)

Indications- Pain Reliever/Fever Reducer. Relief of pains associated with colds, headaches, toothache, muscular ache, backache, minor pains of arthritis, menstrual cramps, and reduction of fever

Dosage- 1 to 2 tablets every 4 to 6 hours, not to exceed 6 per 24-hour period

Warning- Do not take if you have ever had an allergic reaction to any other pain reliever/fever reducer. Don't take for fever for over 3 days or for pain over 10 days. Discontinue use if stomach pain is experienced or any new or unexpected symptoms occur. **Do not take during the last three months of pregnancy.**

Alamag (Antacid, containing dried aluminum hydroxide gel 300 mg, and magnesium hydroxide 150mg)

Indications- For the relief of acid indigestion, heartburn, sour stomach and upset stomach associated with these symptoms

Dosage- 2 to 4 tablets 1 hour after meals and at bedtime or as directed by a physician. Tablets should be chewed or allowed to dissolve in the mouth.

Warnings- Not for patients who are severely debilitated or suffering from kidney disease. Do not take more than 16 tablets in a 24-hour period or use maximum dose for more than 2 weeks except under the advice and supervision of a physician.

Diamode (Anti-Diarrheal, containing loperamide hydrochloride 2mg)

Indications- Relief of the symptoms of diarrhea. (Drink plenty of clear fluids to help prevent dehydration.)

Dosage- 2 caplets after the first loose bowel movement followed by 1 caplet after each subsequent loose bowel movement, but no more than four caplets a day for no more than two days.

Warnings- Do not use more than two days. Do not use if diarrhea is accompanied by high fever, or if blood is present in the stool, or if you have a rash or other allergic reaction. If under the use of antibiotics or have liver disease, consult a physician before taking this medication.

Diphen (Antihistamine containing diphenhydramine hydrochloride 25 mg)

Indications- Relief of runny nose, sneezing, itching of the nose or throat and itchy, watery eyes due to hay fever or other upper respiratory allergies.

Dosage- 1 to 2 tablets every 4 to 6 hours, not to exceed 12 every 24 hours

Warnings- May cause excitability. Do not take this product unless directed by a physician, if you have a breathing problem such as emphysema or chronic bronchitis, or if you have glaucoma or difficulty in urination due to enlargement of the prostate gland. May cause marked drowsiness; alcohol, sedatives, and tranquilizers may increase the drowsiness effect. Avoid alcoholic beverages while taking this product. Do not take sedatives or tranquilizers unless directed by a physician while taking this product. Use caution when driving a motor vehicle or operating machinery.

Medi-Lyte (Electrolyte replacement containing potassium chloride 40 mg, calcium phosphate 18mg, and magnesium carbonate 9 mg)

Indications- An aid in the prevention of heat fatigue and muscle cramps due to excessive perspiration.

Dosage- 1 to 2 tablets with full glass of water, 5-10 times per day depending on temperature and condition. Not to exceed 10 tablets in any 24 hour period.

Medi-Meclizine (Motion sickness relief containing meclizine hydrochloride 25 mg)

Indications- For prevention and treatment of the nausea, vomiting, or dizziness associated with motion sickness

Dosage- 1 to 2 tablets daily or as directed by a doctor; not to exceed 2 tablets every 24-hour period (To prevent motion sickness, the first dose should be taken one hour before starting activity)

Warnings- Do not take this product unless directed by a physician, if you have a breathing problem such as emphysema or chronic bronchitis, or if you have glaucoma or difficulty in urination due to enlargement of the prostate gland. May cause marked drowsiness. Avoid alcoholic beverages while taking this product. Do not take sedatives or tranquilizers unless directed by a physician while taking this product. Use caution when driving a motor vehicle or operating machinery. Do not exceed recommended dose.

Non-Aspirin/APAP/Tylenol (Acetaminophen 325 mg)

Indications- Relief of minor aches and pains associated with the common cold, flu, headache, toothache, muscular aches, minor pains of arthritis, menstrual cramps, and for the reduction of fever.

Dosage- Adults: 2 tablet every four to 6 hours as needed, not to exceed 12 per 24 hour period

Warnings- If pain or fever persists or gets worse, if new symptoms occur, or if redness or swelling is present, consult a physician because these symptoms could be a sign of a serious condition. Do not take for more than 10 days for pain or for more than 3 days for fever unless directed from a physician.

Pepto-Bismol (Bismuth Subsalicylate (262 mg per tablespoon)

Indications- For relief of upset stomach, indigestion, nausea, heartburn, and diarrhea.

Dosage- 2 tablespoons every one half to 1 hour, not to exceed 8 doses per 24-hour period

Warnings- Those who have or are recovering from the chicken pox or the flu should not use this medicine to treat nausea or vomiting. If taken with aspirin and ringing in the ears occurs stop use. Do not use if you are allergic to aspirin. If symptoms persist, if diarrhea is accompanied by a high fever, or continues more than 2 days, ask a doctor.

Robitussin-DM

Indications- For temporary relief of cough due to minor throat and bronchial irritation as may occur with a cold and helps loosen phlegm and thin bronchial secretions to make coughs more productive

Dosage- 2 teaspoons every four hours, not to exceed 6 doses in 24 hours

Warnings- Do not take this product for persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, emphysema, or if cough is accompanied by excessive phlegm unless directed by a physician.

Sepasoothe/Sore Throat Relief (Anesthetic Throat Lozenges containing benzocaine, 10mg and cetylpyridinium chloride, .5 mg)

Indication- For temporary relief of minor sore throat pain, and minor pain and discomfort associated with tonsillitis and pharyngitis.

Dosage- 1 lozenge every two hours, if needed.

Warnings- If sore throat is severe, persists for more than 2 days, is accompanied or followed by fever, headache, rash, nausea, or vomiting, consult a physician promptly.

Sudodrin Forte (60 mg)/Sinus Decongestant (30mg) (contains pseudoephedrine hydrochloride)

Indication- For temporary relief of nasal congestion due to cold, hay fever, or other upper respiratory allergies and nasal congestion associated with sinusitis. Does not cause drowsiness

Dosage- 60 mg every 4 to 6 hours, not to exceed 4 doses per 24-hour period

Warnings- Do not exceed recommended dosage because at higher doses, nervousness, dizziness, or sleeplessness may occur. If symptoms do not improve within 7 days, or are accompanied by a high fever, consult a physician. Do not take if you have high blood pressure, heart disease, diabetes, thyroid disease, or difficulty in urination due to enlargement of the prostate. Do not take if you are taking a monoamine oxidase inhibitor (MAOI).



The Cumberland University Sport Concussion Policy

Developed by the Sports Medicine staff at Cumberland University

Implemented August 1, 2011



The Cumberland University Sports Medicine staff, made up of team physicians and certified athletic trainers is committed to treating potentially catastrophic brain injury in the safest manner. Our *concussion policy* and *concussion management protocol* have been developed and derived from the most recent literature on sport-related concussion.

The CU Sports Medicine staff will utilize a three-fold approach when determining an athlete's readiness to return to play following a concussion. In the event that the CU Sports Medicine staff suspects that an athlete has sustained a concussion, the *concussion management protocol* requires the evaluation of the athlete's symptoms, neurocognitive function, and balance which will provide the sports medicine staff the necessary information to return the athlete to play safely. The findings of these post-injury assessments are then compared to pre-season baseline assessments. Pre-season baseline assessments are conducted through the ImPACT Concussion Management system and by utilizing the Balance Error Scoring System . ImPACT is a computer based program that helps to objectively evaluate an athlete's cognitive status. ImPACT can also be used as a post-injury assessment tool by evaluating the athlete until they are symptom free and back to baseline. In the first year of implementation (2011-2012) of The Cumberland University Sport Concussion Policy, all CU athletes, newcomers and returners, will be baseline tested. Starting in the second year of implementation (2012-2013) only newcomer athletes will be baseline tested at the beginning of the season; unless, an athlete sustains a concussion during the previous season in which they will be re-baseline tested at the start of the next season.

The following *concussion policy* and *concussion management protocol* has been adopted by CU Sports Medicine and is to be followed by all teams for managing athletes suspected of sustaining a concussion.

CU Concussion Policy

- 1) All CU student-athletes must read the NCAA Concussion Fact Sheet and sign the attached student athlete statement acknowledging that:
 - a) they have read and understand 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 CU coaches (head coaches and assistant coaches) must read and sign the attached coaches statement acknowledging that they:
 - a) have read and understand the NCAA Concussion Fact Sheet
 - b) will encourage their 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 of referring any athlete to the medical staff suspected of sustaining a concussion.
 - c) Have read and understand the CU Concussion Management Protocol
- 3) All CU team physicians, athletic trainers, graduate assistant athletic trainers, and undergraduate athletic trainers, must sign the attached medical provider statement acknowledging that they:

Athletic Training Handbook

- a) will provide athletes with the NCAA Concussion Fact Sheet and encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
- b) have read, understand, and will follow the CU Concussion Management Protocol
- 4) The Head Athletic Trainer will coordinate the distribution, educational session, signing, and collection of the necessary documents. The signed documents will be kept in the student-athlete's medical file which is kept in the main athletic training room.
- 5) The Director of Athletics and the Head Athletic Trainer will coordinate the signing of the aforementioned documents on an annual basis for the medical personnel and coaches. The signed documents, along with the established *CU Concussion Policy* will be kept on file in the main athletic training room. A copy of the *CU Concussion Policy* will also be distributed to every coach, athletic trainer, and graduate assistant athletic trainer at the beginning of every school during the athletic department in-service day, which is held at the beginning of every August.
- 6) The Director of Sports Medicine will coordinate an annual meeting to review and update the Concussion Policy with the medical staff. Any changes made to the policy will go into effect on August 1 of that year.

CU Concussion Management Protocol

A concussion occurs when there is a direct or indirect trauma to the brain. As a result, momentary impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions do not result in loss of consciousness and, therefore, all suspected head injuries should be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

- 1) Concussion management begins with **pre-season baseline testing**. Every student-athlete in the sports baseball, basketball (men and women), cheerleading, cycling, football, golf, soccer (men and women), softball, tennis, volleyball, and wrestling must receive a pre-season baseline assessment for concussion involving a Balance Error Scoring System (BESS) and neuropsychological testing (computerized ImPACT test).
 - a. BESS and ImPACT testing will be conducted by the athletic training staff as part of every student-athletes pre-participation physical exam.
 - b. In the event of a suspected concussion, the student athlete will be re-assessed and compared to pre-season baseline measures according to the outlined protocol below.
 - c. The respective team's athletic trainers will keep a copy of baseline BESS and ImPACT scores on file so they can have easy access for to them at all times.
- 2) An athlete suspected of sustaining a concussion will be evaluated by the team's athletic trainer using a general signs and symptoms concussion evaluation, a symptom checklist, and BESS. Should the team physician not be present, the athletic trainer will notify the team physician ASAP to develop an evaluation and treatment plan. Ideally, an assessment of symptoms will be performed at the time of the injury and then serially thereafter (i.e. 2-3 hours post injury, 24 hours, 48 hours, etc.). The presence or absence of symptoms will dictate the inclusion of additional neurocognitive and balance testing.
 - a. Athletes will be provided with written home instructions upon discharge; preferably with a roommate, guarding, or someone that can follow the instructions.

- 3) Any student-athlete diagnosed with a concussion **shall not return** to activity for the remainder of that day. Medical clearance will be determined by the team physician or combination of team physician and athletic trainers involved with management of the concussion.
 - a. Student-athletes that sustain a concussion outside of their sport will be managed in the same manner as those sustained during sport activity.
- 4) Once asymptomatic for 1 day and post-concussion ImpACT and BESS scores have returned to 95% of baseline scores, the physician can instruct the athletic trainer to begin the *exertional return to play (ERTP) protocol* (see below).

If at any point during this process the athlete becomes symptomatic the athlete will be required to be asymptomatic for 1 additional day before they can begin the ERTP again.

Exertional Return to Play Protocol

This exertional protocol allows a gradual increase in volume and intensity during the return to play process. The athlete is monitored for any concussion-like signs/symptoms during and after each exertional activity.

The following steps are not ALL to be performed on the same day. In some cases, steps 1-6 may be completed on the same day, but typically will occur over multiple days. Steps 6 and 7 will each be performed on separate and subsequent days.

- 1) 10 min on stationary bike (10-14 mph)
- 2) 10 min continuous jogging on treadmill (4-6 mph)
- 3) Strength training (i.e. push-ups, sit-ups, squat thrusts)
- 4) Advanced cardiovascular training: sprint activities
- 5) Advanced strength training: weight lifting exercises
- 6) Sport specific agility drills (no risk of contact)
- 7) Limited, controlled, Non-contact return to practice
- 8) Full sport participation return to practice

No athlete can return to full activity or participation in practice or competitions until they are asymptomatic and cleared by the team physician.

References

1. University of North Carolina at Chapel Hill Sport Concussion Policy. Available at http://www.ncaa.org/wps/wcm/connect/50fd868043a7aa0aa3a9a36bc87ae7/UNC+Concussion+Policy_8-1-10.pdf?MOD=AJPERES&CACHEID=50fd868043a7aa0aa3a9a36bc87ae7
2. University of Georgia Concussion Management Guideline. Available at <http://www.ncaa.org/wps/wcm/connect/d9194f804351dec387f8876bc87ae7/UGAA+concussion+management+guidelines+2010.pdf?MOD=AJPERES&CACHEID=d9194f804351dec387f8876bc87ae7>

Cumberland University Athletic Training Department

Concussion Awareness Letter

Cumberland University Athletic Training Department would like to inform you that _____ sustained a concussion during _____ on ___/___/____. He/she was evaluated by _____, MD, team physician. _____ will undergo additional concussion testing today. A concussion or mild traumatic brain injury can cause a variety of physical, cognitive, and emotional symptoms. Concussions range in significance from minor to major, but they all share one common factor – they temporarily interfere with the way your brain works. We would like to inform you that during the next few weeks this athlete may experience one or more of these signs and symptoms.

Headache	Nausea
Balance Problems	Dizziness
Diplopia – Double Vision	Confusion
Photophobia – Light Sensitivity	Difficulty Sleeping
Misophonia – Noise Sensitivity	Blurred Vision
Feeling Sluggish or Groggy	Memory Problems
Difficulty Concentrating	

As a department, we wanted to make you aware of this injury and the related symptoms that the student athlete may experience. Although the student is attending class, please be aware that the side effects of the concussion may adversely impact his/her academic performance. Any consideration you may provide academically during this time would be greatly appreciated. We will continue to monitor the progress of this athlete and anticipate a full recovery. Should you have any questions or require further information, please do not hesitate to contact us.

Thank you in advance for your time and understanding with this circumstance.

Sincerely,

James M. Meadows

James M. Meadows, MSE, ATC, LAT
Head Athletic Trainer
(615) 547-1232
jmeadows@cumberland.edu



Cumberland University Athletic Training Department

Concussion Information: Home Instruction Sheet

Name: _____

Date: _____

You have had a head injury or concussion and need to be watched closely for the next 24-48 hours

It is OK to:	There is no need to:	DO NOT:
Use Tylenol (acetaminophen) Use an ice pack to head/neck for comfort Eat a light meal Go to sleep	Check eyes with a light Wake up every hour Stay in bed	Drink Alcohol Eat spicy foods Drive a car Use Aspirin, Aleve, Advil or other NSAID products Over stimulate the brain (i.e. video games, computer games)

Special Recommendations: _____

WATCH FOR ANY OF THE FOLLOWING PROBLEMS:	
Worsening Headache	Stumbling/loss of balance
Vomiting	Weakness in one arm/leg
Decreased level of Consciousness	Blurred Vision
Dilated Pupils	Increased Irritability
Increased Confusion	

If any of these problems develop, call your athletic trainer or physician immediately.

Athletic Trainer _____

Phone _____

Physician _____

Phone _____

You need to be seen for a follow-up examination at _____ AM/PM at: _____

Recommendations provided to _____

Recommendation provided by _____

Cumberland University Coaches Concussion Statement

I have read and understand the *CU Concussion Management Protocol*.

I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion Fact Sheet and reviewing the CU Concussion Management Protocol, I am aware of the following information:

_____ A concussion is a brain injury which athletes should report to the medical staff.
Initial

_____ A concussion can affect the athlete's ability to perform everyday activities, and affect reaction, balance, sleep, and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Initial

_____ I will not knowingly allow the athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.
Initial

_____ Athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.
Initial

_____ If I suspect one of my athletes has a concussion; it is my responsibility to have that athlete see the medical staff.
Initial

_____ I will encourage my athletes to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.
Initial

_____ Following concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.
Initial

_____ I am aware that every student-athlete participating on specified CU teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition, and balance if the athlete were to become injured.
Initial

_____ I am aware that athletes diagnosed with a concussion will be assessed at Petty Orthopaedics and Family Medical Associates once symptoms have resolved. Athlete will begin a graduated return to play protocol following full recovery of neurocognition and balance.
Initial

Signature of Coach

Date

Printed name of Coach

Cumberland University Medical Provider Concussion Statement

I have read and understand the *CU Concussion Management Protocol*.

I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion Fact Sheet and reviewing the CU Concussion Management Protocol, I am aware of the following information:

_____ A concussion is a brain injury which athletes should report to the medical staff.
Initial

_____ A concussion can affect the athlete's ability to perform everyday activities, and affect reaction, balance, sleep, and classroom performance.
Initial

_____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Initial

_____ I will not knowingly allow the athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.
Initial

_____ If I suspect the athlete has a concussion; it is my responsibility to refer that athlete to the appropriate medical staff.
Initial

_____ I will encourage the athlete to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.
Initial

_____ Following concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.
Initial

_____ I am aware that every student-athlete participating on specified CU teams must be baseline tested prior to participation in sport. These tests allow for comparison of symptoms, neurocognition, and balance if the athlete were to become injured.
Initial

_____ I am aware that athletes diagnosed with a concussion will be assessed at Petty Orthopaedics and Family Medical Associates once symptoms have resolved. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.
Initial

Signature of Medical Provider

Date

Printed name of Medical Provider

Cumberland University Student-Athlete Concussion Statement

I have read and understand the *CU Concussion Management Protocol*.

I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion Fact Sheet and reviewing the CU Concussion Management Protocol, I am aware of the following information:

_____ A concussion is a brain injury which athletes should report to my team physician or athletic trainer.
Initial

_____ A concussion can affect the athlete's ability to perform everyday activities, and affect reaction, balance, sleep, and classroom performance.
Initial

_____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Initial

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.
Initial

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
Initial

_____ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if they return to play before their symptoms resolve.
Initial

_____ In rare cases, repeat concussions can cause permanent brain damage, and even death.
Initial

Signature of Student-Athlete

Date

Printed name of Student-Athlete

**Addendum III
Athletic Training
Program/Department
Emergency
Policies and Procedures
Section D**

Emergency Plan: Nokes-Lasater Field (FOOTBALL)

Emergency Personnel: Certified athletic trainer on site for practice and competition; Football Coaching Staff trained in CPR and AED techniques will initiate emergency procedures in the absence of an ATC; additional sports medicine staff accessible from football athletic training facility (adjacent to football field).

Emergency Communication: Fixed telephone line in athletic training facility; certified athletic trainer carries cellular telephone (James Meadows 615-547-1232, 615-218-0632 FB); graduate assistant carries cellular telephone (FB)

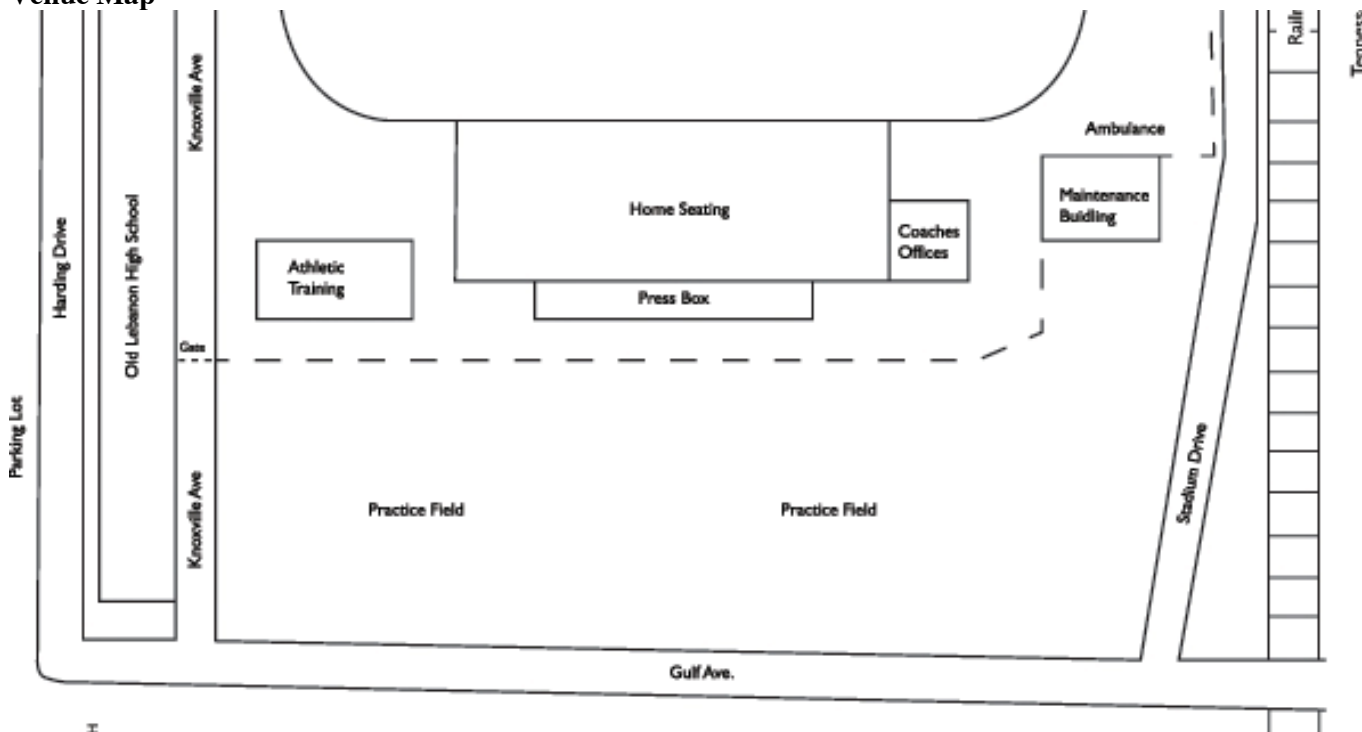
Emergency Equipment: Supplies kept in athletic training bag; additional emergency equipment (splint bag and AED- located in football athletic training facility)

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
3. Emergency equipment retrieval
4. Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate individual to “flag down” EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Nokes-Lasater Field at 415 Harding Drive, just off Tennessee Blvd. and adjacent to the old Lebanon High School. Practice fields are located just to the west of the football stadium on Gulf Ave. Entrance for ambulance to football field is located on Stadium Drive (the road running just to the south of the stadium and next to the railroad tracks) off Gulf Avenue, through the designated gated entrance.

Venue Map



Emergency Plan: Ernest L. Stockton Field-Woody Hunt Stadium (BASEBALL)

Emergency Personnel: Certified athletic trainer on site for in-season practices and competition; Baseball Coaching Staff trained in CPR and AED will initiate emergency procedures; additional sports medicine staff accessible from Main Athletic Training Facility (adjacent to soccer field). Athletic training staff is on-call for off-season practices and competitions.

Emergency Communication: fixed telephone line in baseball clubhouse (547-1366); certified athletic trainer carries cellular telephone (Eddie Breight 661-466-3262); and main athletic training facility (adjacent to soccer field) (257-9507 or 547-1232).

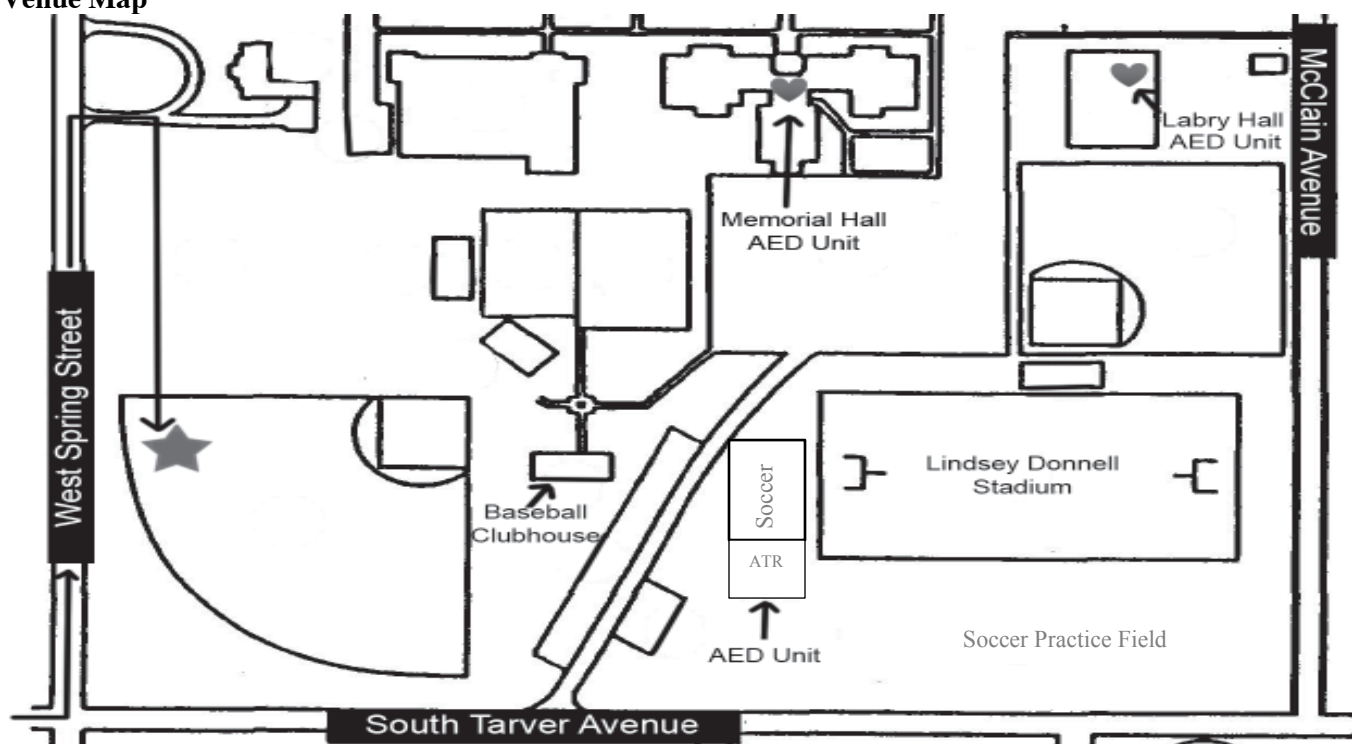
Emergency Equipment: supplies will be located in athletic training kit; emergency equipment (i.e. splint bag, AED), if not on site, is accessible from main Athletic Training Facility adjacent to soccer field.

Role of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS)
 - a. 8-911 (campus line) 911 (cell) (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions, other information as requested)
3. Emergency equipment retrieval
4. Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate individual to “flag down” EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Woody Hunt Stadium is located on the corner of S. Tarver Avenue and West Spring Street. The ambulance would enter Cumberland University at the Catron Alumni House from W. Spring St. turn right, come across the grass by the baseball hitting facility and enter the designated gate along right field of the baseball field complex.

Venue Map



Emergency Plan: Tommy Gray Memorial Tennis Courts (TENNIS)

Emergency Personnel: Certified athletic trainer on site for in-season practices and competition; Tennis Coaching Staff trained in CPR and AED techniques will initiate emergency procedures in the absence of an ATC; additional sports medicine staff accessible from Main Athletic Training Facility (adjacent to soccer field). Athletic training staff is on-call for off-season practices and competitions.

Emergency Communication: Fixed telephone line in main athletic training room adjacent to soccer field (453-6327); certified athletic trainer carries cellular telephone (La Keisha Fair 213-591-3352); additional fixed telephone lines accessible from Doris and Harry Vise Library (547-1351)

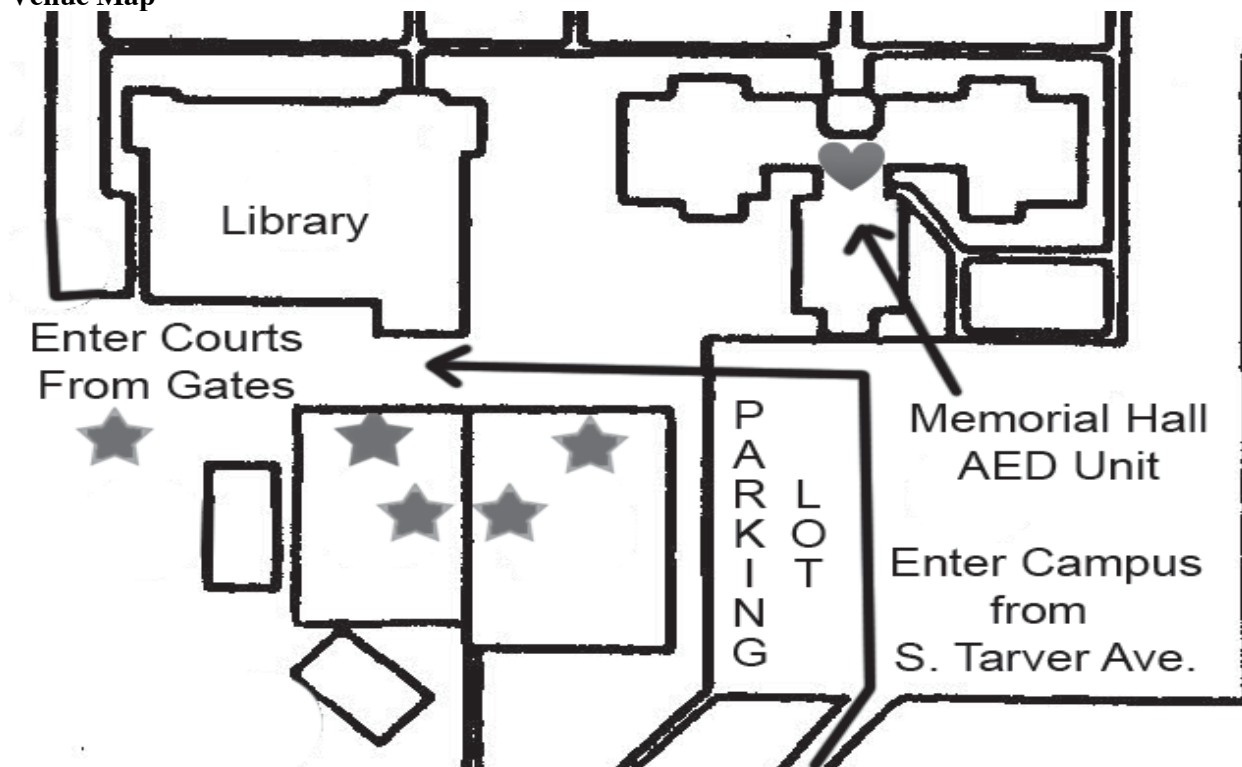
Emergency Equipment: Supplies will be located in first aid kit; emergency equipment (i.e. splint bag, AED), if not on site, is accessible from main Athletic Training Facility adjacent to soccer field.

Role of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS)
 - a. 8-911 (campus line) 911 (cell) (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions, other information as requested)
3. Emergency equipment retrieval
4. Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate individual to “flag down” EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Tennis Courts are located between the baseball facilities and Memorial Hall. Enter the campus from South Tarver Street past baseball facilities and veer left toward the tennis courts.

Venue Map



Emergency Plan: CU Softball Field (SOFTBALL)

Emergency Personnel: Certified athletic trainer on site for in-season practices and competition; Softball Coaching Staff trained in CPR and AED techniques will initiate the emergency procedures in the absence of an ATC; additional sports medicine staff accessible from Main Athletic Training Facility (adjacent to soccer field). Athletic training staff is on-call for off-season practices and competitions.

Emergency Communication: Certified athletic trainer carries cellular telephone (Layci Watts 703-598-9191 or 257-9507); additional fixed telephone lines accessible from the main Athletic Training Facility

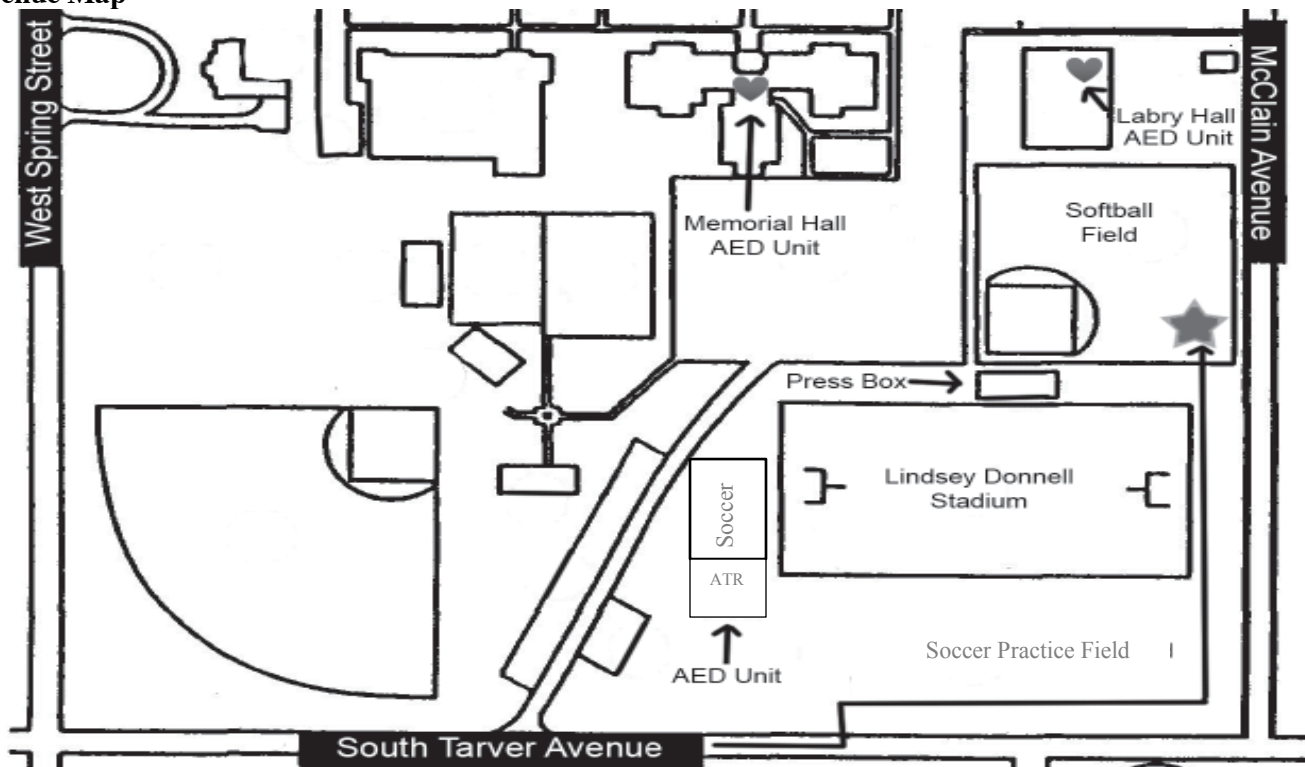
Emergency Equipment: Supplies will be located in athletic training kit (in-season); emergency equipment (i.e. splint bag, AED), if not on site, is accessible from main Athletic Training Facility adjacent to soccer field.

Role of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS)
 - a. 8-911 (campus line) 911 (cell) (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions, other information as requested)
3. Emergency equipment retrieval
4. Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate individual to “flag down” EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: The softball field is located along McClain Avenue, but to enter the softball field, first enter the gate along the football practice field on South Tarver Avenue, veer right and go along the fence line around the soccer playing field to the designated gate at the softball complex.

Venue Map



Emergency Plan: Dallas Floyd Recreation Center (Basketball, Volleyball, Wrestling)

Emergency Personnel: Certified athletic trainer on site for in-season practices and competition; Basketball, VB and WR Coaching Staffs trained in CPR and AED techniques will initiate emergency procedures in the absence of an ATC; additional sports medicine staff accessible from Main Athletic Training Facility (adjacent to soccer field). Athletic training staff is on-call for off-season practices and competitions.

Emergency Communication: Fixed telephone lines are located in Men's Basketball Coach's office (547-1345) or Women's Basketball Coach's Office (547-1319) or Women's Volleyball Coach's Office (547-1318); certified athletic trainer carries cellular telephone (Megan 615-315-1133), (Amy Swihart 402-202-4578).

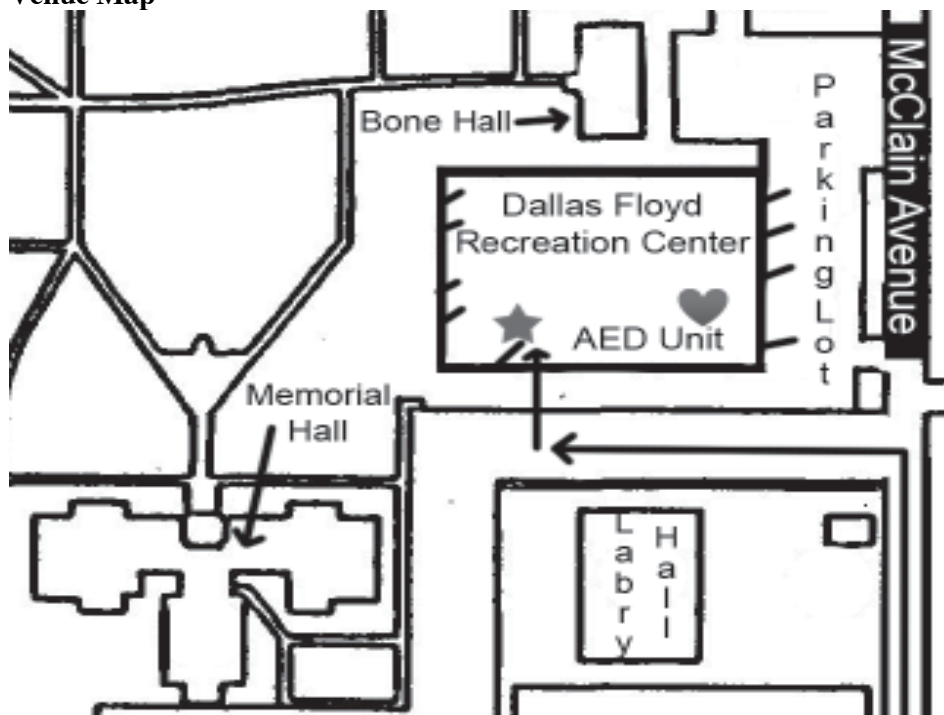
Emergency Equipment: Supplies will be located in athletic training kit (in-season); emergency equipment (i.e. splint bag, AED), if not on site, is accessible from satellite Athletic Training Facility in the lobby of the gymnasium.

Role of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS)
 - a. 8-911 (campus line) 911 (cell) (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions, other information as requested)
3. Emergency equipment retrieval
4. Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Dallas Floyd Gymnasium is located adjacent to McClain Avenue. Turn right onto the campus past the dormitories and the back of the gym is facing McClain Avenue. Entrance to the gymnasium for emergency personnel is located on the west side of the gymnasium through the glass doors.

Venue Map



Emergency Plan: Wrestling Building-Practice Area (Wrestling)

Emergency Personnel: Certified athletic trainer on site for in-season practices and competition; Wrestling Coaching Staff trained in CPR and AED techniques will initiate the emergency procedures in the absence of an ATC; additional sports medicine staff accessible from Main Athletic Training Facility (adjacent to soccer field). Athletic training staff is on-call for off-season practices and competitions.

Emergency Communication: There are no fixed lines in the wrestling facility. The certified athletic trainer will have a cellular phone to make emergency calls (Katie Arnold 865-617-3252)

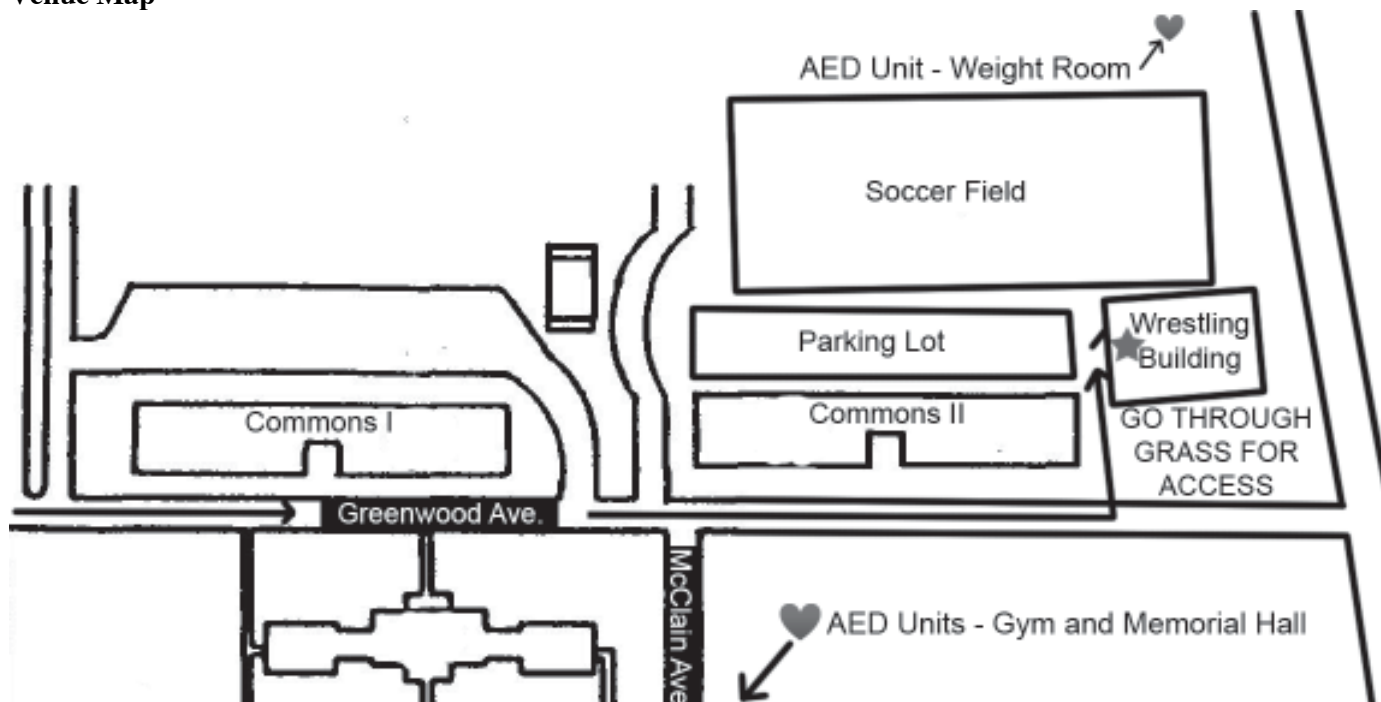
Emergency Equipment: Supplies will be located in athletic training kit; emergency equipment (i.e. splint bag, AED), if not on site, is accessible from satellite Athletic Training Facility in the lobby of the gymnasium.

Role of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS)
 - a. 8-911 (campus line) 911 (cell) (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions, other information as requested)
3. Emergency equipment retrieval
4. Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate individual to “flag down” EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: The wrestling practice facility is located on the corner of Leeville Pike and Greenwood Avenue next to the Commons II living facilities. From West Main Street, turn right onto S. Tarver Avenue, then turn left onto McClain Avenue and then right onto S. Greenwood Avenue and the facility is on the left before Leeville Pike.

Venue Map



Emergency Plan: Lindsey Donnell Football Stadium (SOCCER)

Emergency Personnel: Certified athletic trainer on site for practice and competition; Soccer Coaching Staff trained in CPR and AED techniques will initiate emergency procedures in the absence of an ATC; additional sports medicine staff accessible from athletic training facility (adjacent to soccer field).

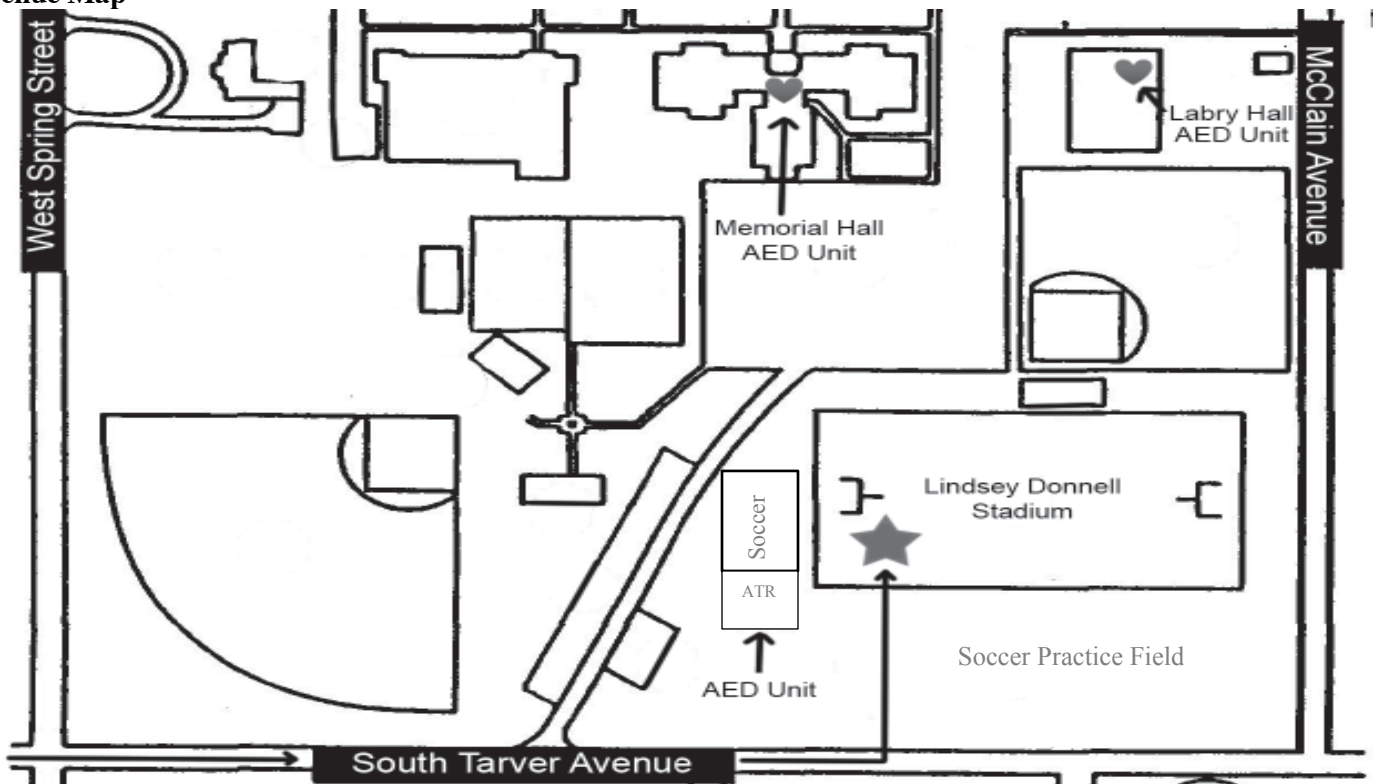
Emergency Communication: fixed telephone line in athletic training facility (453-6327); certified athletic trainer carries cellular telephone (La Keisha Fair 213-591-3352); graduate assistant carries cellular telephone (Eddie Bright 661-466-3262) Emergency Equipment: supplies kept in athletic training bag; additional emergency equipment (splint bag and AED-located in main athletic training facility)

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
3. Emergency equipment retrieval
4. Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate individual to “flag down” EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Lindsey Donnell Stadium is located on South Tarver Street (Cross Street is West Spring Street). Entrance for ambulance to soccer field is located on South Tarver Street on the west end of the practice field through the designated gated entrance.

Venue Map



Emergency Plan: Strength & Conditioning (Weight Room)

Emergency Personnel: A certified athletic trainer will be on-call for emergency situations related to the weight room. The Strength and Conditioning Coach trained in CPR and AED techniques should begin emergency procedures by contacting 9-1-1, a certified athletic trainer, and/or CU security as determined by the specific emergency.

Emergency Communication: The fixed telephone line to the weight room facility is 453-0559. To contact a certified athletic trainer on campus: James Meadows 547-1232; Katie Arnold 547-1334; La Keisha Fair 453-6327; Megan Bynum 547-1306; and/or graduate assistant 257-9507.

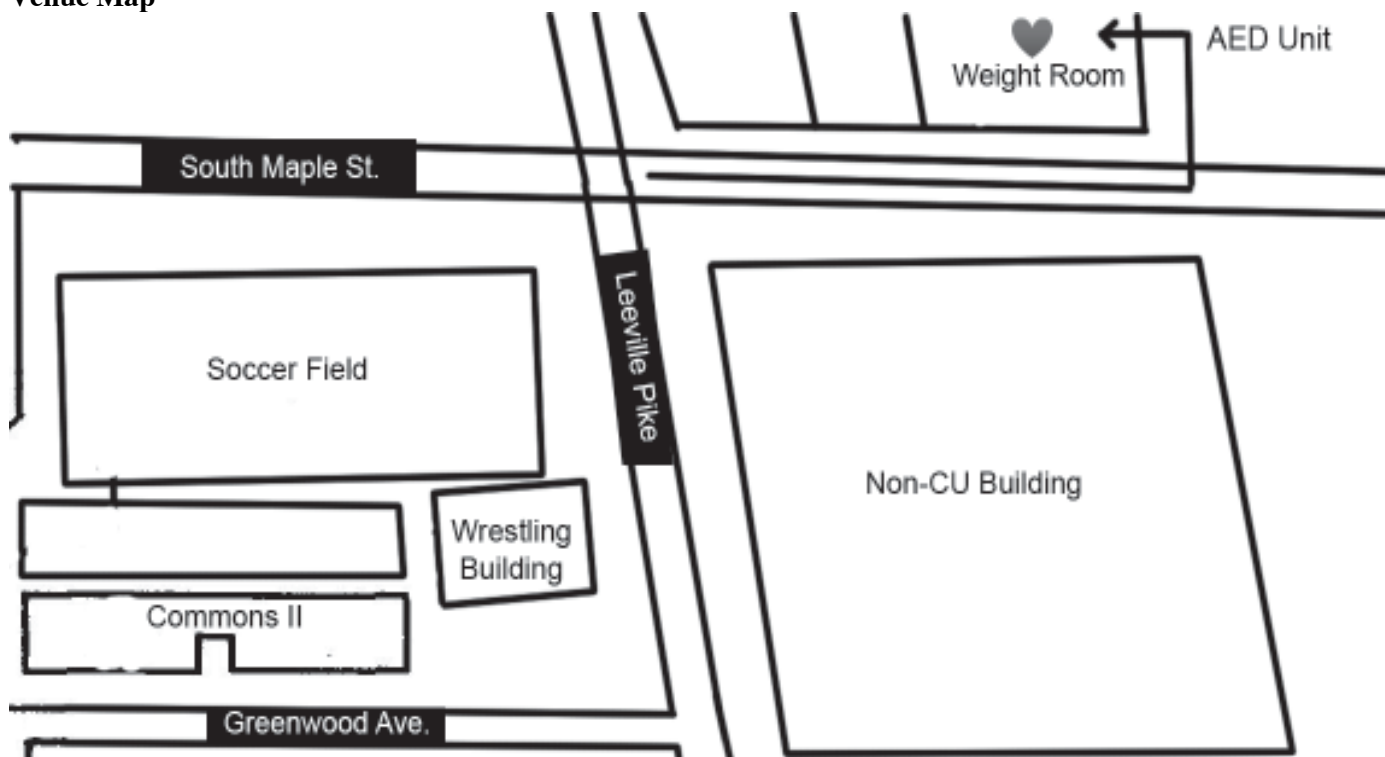
Emergency Equipment: Supplies will be located in a designated emergency kit; emergency equipment (i.e. splint bag, AED), if not on site, is accessible from satellite Athletic Training Facility in the lobby of the gymnasium.

Role of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS)
 - a. 8-911 (campus line) 911 (cell) (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions, other information as requested)
3. Emergency equipment retrieval
4. Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate individual to “flag down” EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: The CU Weight Room Facility is located at the Phoenix Plaza on S. Maple Street. Emergency personnel should be instructed to enter the southwest side of the building where the garage door access will be opened by the weight room personnel.

Venue Map



CUMBERLAND UNIVERSITY LIGHTNING POLICY

As stated in the Cumberland University Athletics Emergency Action Plan:

The Head Coach is the individual with primary responsibility for providing a safe environment. Decisions made by the Head Coach will be done in conjunction with the recommendations and input by the Athletic Training staff.

An unsafe environmental condition should be established when a “flash-to-bang” interval is decreasing and becomes equal to or less than 30 seconds.

In the event of an unsafe environmental condition, the following steps should be taken:

- All persons must immediately leave the athletic site and seek safe shelter.
- A safe shelter should be defined as (1) any sturdy building that has metal plumbing or wiring, or both, to electrically ground the structure, and (2) in the absence of a sturdy building as described above, any vehicle with a hard metal roof with the windows rolled up.
- If there is no safe shelter within a reasonable distance, crouch away from tall objects or in a dry ditch. Crouching with only your feet touching the ground and close together, wrap your arm around your knees and lower your head to minimize your body’s surface area. Do not lie flat!
- If you feel your hair stand on end or your skin tingle or hear crackling noises, immediately crouch as described above.
- Allow 30 minutes to pass after the last sound of thunder before resuming athletic activity.
- Do not use the telephone unless there is an emergency. People have been known to be struck by lightning while using a land-line telephone.
- Lightning victims do not carry an electrical charge. CPR is safe for the responder and has been shown to be effective in lightning victims.
- The PA announcer (if applicable) shall also provide appropriate warnings for spectators to seek safe shelter.

CUMBERLAND UNIVERSITY ATHLETIC TRAINING GUIDELINES: EXERTIONAL HEAT ILLNESSES

This statement provides recommendations for Cumberland University athletic trainers and coaches to (1) identify and implement preventive strategies that can reduce heat-related illnesses in sports, (2) characterize factors associated with the early detection of heat illnesses, (3) provide on-site first aid and emergency management of athletes with heat illnesses, (4) determine appropriate return-to-play procedures, (5) understand thermoregulation and physiologic responses to heat, and (6) recognize groups with special concerns related to heat exposure.¹

Condition Sign or Symptom

1. Exercise-associated muscle (heat) cramps
 - a. Dehydration
 - b. Thirst
 - c. Sweating
 - d. Transient muscle cramps
 - e. Fatigue
2. Heat syncope
 - a. Dehydration
 - b. Fatigue
 - c. Tunnel vision
 - d. Pale or sweaty skin
 - e. Decreased pulse rate
 - f. Dizziness
 - g. Lightheadedness
 - h. Fainting
3. Exercise (heat) exhaustion
 - a. Normal or elevated body-core temperature
 - b. Dehydration
 - c. Dizziness
 - d. Lightheadedness
 - e. Syncope
 - f. Headache
 - g. Nausea
 - h. Anorexia
 - i. Diarrhea
 - j. Decreased urine output
 - k. Persistent muscle cramps
 - l. Pallor
 - m. Profuse sweating
 - n. Chills
 - o. Cool, clammy skin
 - p. Intestinal cramps
 - q. Urge to defecate
 - r. Weakness
 - s. Hyperventilation
4. Exertional heat stroke
 - a. High body-core temperature (>40°C [104°F])
 - b. Central Nervous system changes
- i. Dizziness
 - ii. Drowsiness
 - iii. Irrational behavior
 - iv. Confusion
 - v. Irritability
 - vi. Emotional instability
 - vii. Hysteria
 - viii. Apathy
 - ix. Aggressiveness
 - x. Delirium
 - xi. Disorientation
 - xii. Staggering
 - xiii. Seizures
 - xiv. Loss of consciousness
 - xv. coma
- c. Dehydration
 - d. Weakness
 - e. Hot and wet or dry skin
 - f. Tachycardia (100 to 120 beats per minute)
 - g. Hypotension
 - h. Hyperventilation
 - i. Vomiting
5. Exertional hyponatremia
 - a. Body-core temperature <40°C (104°F)
 - b. Nausea
 - c. Vomiting
 - d. Extremity (hands and feet) swelling
 - e. Low blood-sodium level
 - f. Progressive headache
 - g. Confusion
 - h. Significant mental compromise
 - i. Lethargy
 - j. Altered consciousness
 - k. Apathy
 - l. Pulmonary edema
 - m. Cerebral edema
 - n. Seizures
 - o. Coma

CUMBERLAND UNIVERISTY PREVENTION CHECKLIST¹

1. Pre-event preparation

- Am I challenging unsafe rules (eg, ability receives fluids, modify game and practice times)?
- Am I encouraging athletes to drink before the onset of thirst and to be well hydrated at the start of activity?
- Am I familiar with which athletes have a history of heat illness?
- Am I discouraging alcohol, caffeine, and drug use?
- Am I encouraging proper conditioning and acclimatization procedures?

2. Checking hydration status

- Do I know the pre-exercise weight of the athletes (especially those at high risk) with whom I work, particularly during hot and humid conditions?
- Are the athletes familiar with how to assess urine color? Is a urine color chart accessible?
- Do the athletes know their seat rates and, therefore, know how much to drink during exercise?
- Is a refractometer or urine color chart present to provide additional information regarding hydration status in high-risk athletes when baseline body weights are checked?

3. Environment assessment

- Am I regularly checking the wet-bulb globe temperature or temperature and humidity during the day?
- Am I knowledgeable about the risk categories of a heat illness based on the environmental conditions?
- Are alternate plans made in case risky conditions force rescheduling of events or practices?

4. Coaches' and Athletes' responsibilities

- Are coaches and athletes educated about the signs and symptoms of heat illnesses?
- Am I double checking to make sure coaches are allowing ample rest and rehydration breaks?
- Are modifications being made to reduce risk in the heat (eg, decrease intensity, change practice times, allow more frequent breaks, eliminate double sessions, reduce or change equipment or clothing requirements, etc)?
- Are rapid weight-loss practices in weight-class sports adamantly disallowed?

5. Event management

- Have I checked to make sure proper amounts of fluids will be available and accessible?
- Are carbohydrate-electrolyte drinks available at events and practices (especially during a twice-a-day practices and those that last longer than 50 to 60 minutes or are extremely intense in nature)?
- Am I aware of the factors that may increase the likelihood of a heat illness?
- Am I promptly rehydrating athletes to pre-exercise weight after an exercise session?
- Are shaded or indoor areas used for practices or breaks when possible to minimize thermal strain?

6. Treatment Considerations

- Am I familiar with the most common early signs and symptoms of heat illness?
- Do I have the proper field equipment and skills to assess a heat illness?
- Is an emergency plan in place in case an immediate evacuation is needed?
- Is a kiddie pool available in situations of high risk to initiate immediate cold-water immersion of heat-stroke patients?
- Are ice bags available for immediate cooling when cold-water immersion is not possible?
- Have shaded, air-conditioned, and cool areas been identified to use when athletes need to cool down, recover, or receive treatment?
- Are fans available to assist evaporation when cooling?
- Am I properly equipped to assess high core temperature (ie, rectal thermometer)?

7. Other situation-specific considerations

Wet-Bulb Globe Temperature Risk Chart ¹

WBGT	Flag Color	Level of Risk	Comments
<18°C (<65°F)	Green	Low	Risk low but still exist on the basis of risk factors
18-23°C (65-73°F)	Yellow	Moderate	Risk level increases as event progresses through the day
23-28°C (73-82°F)	Red	High	Everyone should be aware of injury potential; individuals at risk should not complete
>28°C (82°F)	Black	Extreme or Hazardous	Consider rescheduling or delaying the event until safer conditions prevail; if the event must take place, be on high alert

CUMBERLAND UNIVERISTY HEAT ACCLIMATIZATION RECOMMENDATION

Universal WBGT Index:²

Heat Category	WBGT * F	Easy Work		Moderate Work		Hard Work	
		Work/Rest*	Water/Hour	Work/Rest	Water/Hour	Work/Rest*	Water/Hour
1	78-81.9	No Limit	½ qt	No Limit	¾ qt	40/20 min	¾ qt
2	82-84.9	No Limit	½ qt	50/10 min	¾ qt	30/30 min	1 qt
3	85-87.9	No Limit	¾ qt	40/20 min	¾ qt	30/30 min	1 qt
4	88-89.9	No Limit	¾ qt	30/30 min	¾ qt	20/40 min	1 qt
5	>90	50/10 min	1 qt	20/40 min	1 qt	10/50 min	1 qt

* Rest means minimal physical activity (sitting or standing) and should be accomplished in the shade if possible.

Football (5-Day) Acclimatization Period:³

(Recommendation that has not yet been approved as policy)

- Includes – freshmen, transfers, and returners
- 1 (3 hour) practice per day
 - 1 (1 hour) agility/speed practice – 1 (2 hour) practice per day
- Must provide 3 hours of continuous rest between practices
 - Can't include meetings, weights, testing, walkthroughs, etc.
 - Can include meals and medical treatments
- Walkthroughs don't count towards acclimatization, but they do count towards practice days
- Athletes can't practice separately
- First (2 days) helmets only
- Third and Fourth day helmets and shoulder pads
- Fifth day and thereafter full pads
- Sunday practice is counted as acclimatization day
- Students who arrive late must undergo (5 day) acclimatization period

Preseason after (5-Day) Acclimatization Period:³

(Recommendation that has not yet been approved as policy)

- Full pads can't be worn consecutive multiple practice days
- No more than (3 hour) practices on 1 practice days
- Must provide 3 hours of continuous rest between practices
 - Can't include meetings, weights, testing, walkthroughs, etc.
 - Can include meals and medical treatments
- Walkthroughs aren't considered on field practices (activities) as long as equipment is not used or worn
 - Counts as a day
 - Can't exceed (2 hours) on 1 practice days
 - Can't exceed (1 hour) on 2 practice days
- No more than (5 hours) of on field practice during multiple practice days
- (6 days) prior to first competition must be single practices

NCAA guidelines for preventing heat:²

- Obtain athletes' medical histories of previous heat illnesses.
- Allow a period of seven to ten days for acclimatization.
- Instruct athletes to wear appropriate clothing during the acclimatization period.
- Take regular measurements of the WBGT index.
- Encourage athletes to adequately replace fluids.
- Record body weight of athletes before and after practice.
- Identify susceptible athletes.
- Constantly monitor athletes for signs of heat illness.

Wrestling Weight Management: ⁴

- **Penalties for Weight-Management Violations. (3.1)**
 - Public or private reprimand
 - Financial penalty of \$100 per institution or \$50 per individual up to a \$300 maximum penalty
 - Forfeiture of contest(s)
 - Disassociation of the institutional staff member from all team activities for one or more competitions. If the violation occurs during the last event of the season, the disassociation carries to the next season
 - Team records or performance vacated
 - Other penalties the NCAA Wrestling Rules Committee deems appropriate.
- **Prohibited Practices (3.5)**
 - The use of laxatives, emetics, excessive food and fluid restriction, self-induced vomiting, hot rooms, hot boxes, saunas, and steam rooms is prohibited for any purpose. The use of diuretics at any time is prohibited by NCAA legislation for all sports. Regardless of purpose, the use of vapor-impermeable suits (e.g., rubber or rubberized nylon) or any similar devices used solely for dehydration is prohibited. Artificial means of rehydration (i.e., intravenous hydration) are also prohibited. Violators of these rules shall be suspended for the competition(s) for which the weigh-in is intended. A second violation would result in suspension for the remainder of the season.
- **Practice-Room Temperature (3.7)**
 - The wrestling practice facility must be kept at a temperature not to exceed 80 degrees Fahrenheit at the start of practice. It is understood that some practice facilities cannot maintain this exact temperature due to physical plant deficiencies. It is within the spirit of the rule that every effort shall be made to maintain the 80-degree temperature throughout the practice. The penalty for this violation is the same as for using prohibited dehydration methods and is assessed against the coach.
- **Nutritionist**
 - To help the athlete maintain proper eating habits while cutting weight.
 - Design individual dietary plan for each individual athlete.
 - Be available to answer any question concerning weight-management and dietary issues.

Recommendations for fluid replacement*:

- Athletes should begin all exercise session well hydrated.
- Establish a hydration protocol for fluid replacement.
- To ensure proper hydration, the athlete should consume seventeen to twenty ounces of water or a sports drink two to three hours before exercise and then seven to ten ounces twenty minutes before exercise.
- Fluid replacement beverages should be easily accessible during activity and should be consumed at a minimal rate seven to ten ounces every ten to twenty minutes.
- During activity, the athlete should consume the maximal amount of fluid that can be tolerated, but not to exceed the amount lost in sweat.
- A cool, flavored beverage at refrigerator temperature is recommended.
- The addition of proper amounts of carbohydrates and electrolytes to a fluid replacement solution is recommended for exercise events that last longer than forty-five to fifty minutes or are intense.
- For vigorous exercise lasting less than one hour, the addition of carbohydrates and electrolytes does enhance physical performance.
- A 6 percent carbohydrate solution appears to be optimal (fourteen grams of carbohydrate per eight-ounce serving). A concentration greater than 8 percent slows gastric emptying.
- Adding a modest amount of sodium (0.3 to 0.7 grams per liter) is acceptable to stimulate thirst and increase fluid intake.

*Based on recommendations from NATA, American College of Sports Medicine, and Gatorade Sport Science Institute.

References:

1. Binkley, H.M., Beckett, J., Casa, D.J., Kleiner, D.M., & Plummer, P.E. (2002). National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*, 37, Retrieved March, 2008, from 'http://www.journalofathletictraining.or'
2. Prentice, W.E. (2003). *Arnheim's Principles of Athletic Training A Competency-Based Approach*. New York, NY: McGraw-Hill.
3. NCAA Division I Manual
4. NCAA Division III Guidelines, <http://www.ncaa.org/releases/diviii/2003042602d3.htm>
5. NCAA Rule 3 Weight Certification, Classification and Weighing-In

Cumberland University Athletic Training Automated External Defibrillator Policies and Procedures

Medical Necessity for Use of an AED

Defibrillation is a recognized means of terminating certain potentially fatal arrhythmias during a cardiac arrest. A direct current defibrillator applies a brief, high-energy pulse of electricity to the heart muscle. Automated external defibrillators, or AEDs, were introduced in 1979. AEDs accurately analyze cardiac rhythms and, if appropriate, advise/deliver an electric countershock. AEDs are currently widely used by trained emergency personnel and have become an essential link in the “chain of survival” as defined by the American Heart Association (AHA):

- Early access
- Early CPR by first responders or bystanders
- Early defibrillation
- Early advanced life support

It is recognized that successful resuscitation is related to the length of time between the onset of a heart rhythm that does not circulate blood (ventricular fibrillation, pulseless ventricular tachycardia and defibrillation). The AHA states that with every minute it takes to respond, the chance of successful defibrillation decreases 7-10%. The provision of timely emergency attention saves lives. Athletic events (both practice and competition) present a high risk for cardiopulmonary emergencies. Therefore, by training certified athletic trainers and team physicians in the use of AEDs, the emergency response time is shortened.

Explanation of the Use of an AED

Automated external defibrillator, or AED, means a defibrillator which:

- Is capable of cardiac rhythm analysis
- Will charge and deliver a countershock after electrically detecting the presence of cardiac dysrhythmias
- Is capable is only one aspect of the medical care required to resuscitate a patient with a shockable
- Is capable of producing a hard copy of the electrocardiogram

Defibrillation is only one aspect of the medical care required to resuscitate a patient with a shockable ECG rhythm. Dependent on the situation, other supportive measures may include:

- Cardiopulmonary resuscitation (CPR)
- Administration of supplemental oxygen
- Drug therapy

Written Medical Protocol Regarding Use of AED

Use of the AED will follow the American Heart Association AED treatment algorithm. The AED is to be used only on patients in cardiopulmonary arrest. Before the device is utilized to analyze the patient’s ECG rhythm, the patient must be:

- Unconscious,
- Pulseless, and
- Not breathing spontaneously

The device is; however, not intended for children less than eight years of age and/or victims weighing less than 90 pounds. The AED units are programmed to administer an initial set of 3 shocks at 200 joules (J), 300 J, and 360 J. If ventricular fibrillation (VF) persists, the Cumberland University athletic training staff will repeat sets of 3 stacked shocks at 360 J with 1 minute of CPR between each set until “no shock indicated” message is received. Cumberland University athletic training staff will shock until VF is no longer present, the patient converts to a perfusing rhythm, or an advanced life support team arrives on scene and assumes control.

To prepare for ECG analysis and defibrillation:

- Verify that the patient is in cardiac arrest (unconscious, no respiration, no pulse)
- Press ON/OFF to turn the AED (the unit will display a green check). The connect electrodes message and voice prompt will occur until the patient is connected to the AED.
- Prepare the patient for electrode placement.
- Follow the screen messages and voice prompts provided by the AED.

Provisions to Coordinate with Local EMS

In the event of a cardiopulmonary emergency, the 911 emergency system should be activate as quickly as possible. The first responders should provide initial care as appropriate to the situation and coordinate with other emergency medical service providers upon their arrival in the provision of CPR, defibrillation, basic life support, and advanced life support.

Operator Considerations

Procedures for Training and Testing in Use of AED

Personnel using the AED must complete a training session each year, to include instruction in:

- The proper use, maintenance, and periodic inspection of the AED
- Defibrillator safety precautions to enable the user to administer a shock without jeopardizing the safety of the patient, the user, or other individuals.
- Assessment of an unconscious person to determine if cardiac arrest has occurred and the appropriateness of applying an AED
- Recognizing that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged
- Rapid, accurate assessment of the patient's post-shock status to determine if further activation of the AED is necessary
- The operation of the local emergency medical system, including methods of access to the emergency response system, and interaction with emergency services personnel.
- The role of the user and coordination with other emergency medical service providers in the provision of CPR, defibrillation, basic life support, and advanced life support.
- The responsibility of the user to continue care until the arrival of medically qualified personnel

Cumberland University Athletic Training Orthopedic Injury Protocol

Initial Evaluation

The primary goals of the initial orthopedic evaluation are to (1) determine whether or not a true orthopedic emergency is present, (2) begin appropriate treatment, and 3) determine the mode of transport for emergencies or routine extremity trauma.

Evaluation of neurovascular status is the first step in the initial evaluation. Distal pulse, motor, sensation, and capillary refill (PMSC) should be assessed with any deficiencies and/or changes noted. Visual inspection for deformity and palpation for deformity and point tenderness should be performed, followed by evaluation for gross joint instability. Clinical tests for suspected long bone fractures such as torque, compression and percussion may be utilized as appropriate by the athletic trainer. Application of splints for fracture or gross joint instability is the final step prior to transport. If splints are applied to an extremity injury, PMSC should be evaluated both before and after placement of splints.

***Never allow an obvious orthopedic injury to distract from an underlying injury or illness which may be life-threatening.**

Orthopedic Emergencies

The increased incidence of bleeding, neurovascular compromise, and treatment complications resulting from infection classify open fractures and/or dislocations as a true orthopedic emergency. Open fractures and dislocations should have a sterile compressive dressing applied as rapidly as possible. As with any open wound, direct pressure should be used to control major bleeding. If direct pressure does not stanch the flow of blood, arterial pressure points should be used. Tourniquets should not be applied to control bleeding. Treatment should then be identical to that of a closed fracture with immediate transport to the closest appropriate emergency facility by ambulance. The athletic trainer must also be aware of internal bleeding. Occult hemorrhage into the pelvis or femur fracture can account for significant blood loss. Large joint dislocations (shoulder, elbow, hip, knee and ankle) constitute an orthopedic emergency. Special attention should be given to knee and elbow dislocations as well as dislocations of the sternoclavicular joint. These most commonly result in neurovascular complications, necessitating emergency management. Delay in treatment of fractures and dislocations with neurovascular compromise may lead to disastrous consequences including loss of limb and even death. Immediate reduction or realignment by a physician should be performed. If a physician or an emergency facility is not readily available, the athletic trainer may attempt these maneuvers to restore circulation as a part of emergency medical care in a potentially life- or limb-threatening situation. This procedure may be performed by athletic training staff who:

1. Are emergency medical technician-intermediates (EMT-I) and have large joint dislocation reduction training;
2. **Have verbal orders from the team physician or physician assistant** in regards to joint reduction after consulting regarding patient's current signs and symptoms and medical history.

If, however, in the clinical opinion of the ATC/EMT-I, the athlete is in a life-threatening or limb-threatening situation that would benefit from joint reduction and a MD verbal order is not immediately available then the ACT/EMT-I should call 911 and may attempt to reduce the dislocation. If unable to reduce, the athletic trainer should immobilize the joint in the position found, continue monitor PMSC, and immediate transport to the closest appropriate emergency facility by ambulance. Any emergency situations where there is neurovascular compromise should be considered a **"load and go"** situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care of the Cumberland athlete, transportation to one of the utilized medical facilities is based upon the strengths of each facility. All vascular emergencies are to be transported to Baptist Hospital, and all other types of orthopedic injuries are to be transported to University Medical Center.

Splinting Guidelines

General rules to follow during the application of a splint include:

- Splinting is useful in emergency situations, for decreased pain, and to allow for easier transport.
- Deformity, gross instability, or crepitus is an indication for immediate splinting, and prompt referral of an unstable joint to an orthopedic surgeon is necessary.
- Assess neurovascular status (PMSC) prior to and after the application of a splint;
- Cover all wound with sterile compressive dressings prior to the application of a splint;
- Pad the splint to prevent local pressure;
- Immobilization of the joint above and below a fracture or dislocation will decrease movement at the injury site;
- Splinting can be performed in the position of deformity but with experience limb alignment may be helpful
- "When in doubt, splint"

Splinting of Orthopedic Injuries

Splints are used to decrease pain, increase ease of transportation, to prevent closed fractures from becoming open, to minimize damage to nerves, muscles and blood vessels, and to prevent movement at fracture sites or in the presence of gross instability. The basic rule of splinting is to splint in the position of function. With experience or in the presence of a physician, limb realignment before the application of a splint is acceptable. There are three basic types of splint: 1) rigid, 2) vacuum, 3) traction. Rigid splints are useful with non-aligned fractures or in the presence of gross instabilities of joints. Vacuum splints consist of a fabric or vinyl splint containing small Styrofoam beads. The splint is placed on the extremity and secured with straps. A pump is attached and the air is drawn from the splint, compressing the beads together and creating a hard splint conformed to the extremity. Vacuum splints are versatile because of their adaptability to the position of the injured extremity. Traction splints are most frequently used to treat lower extremity femoral fractures. They exert a steady longitudinal pull on the extremity. Traction splints are not suitable for the upper extremity because of potential damage to neurovascular structures in the axilla.

Procedures for Training in Orthopedic Evaluation and Splinting/Immobilization:

Personnel must complete a training session each year with review of signs and symptoms of orthopedic injury, evaluation techniques, and splinting/immobilization applications.

Cumberland University Athletic Training Suspected Spinal Injury Protocol

General Guidelines

- Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists. C-spine in-line stabilization should be maintained.
- The athlete's airway, breathing, circulation, level of consciousness (AVPU/Glasgow Coma Scale) and neurological status should be assessed. If airway is impaired, maintain c-spine in-line stabilization simultaneously with airway using a modified jaw thrust maneuver. If the athlete's breathing is adequate, assist ventilations with bag-valve-mask and supplemental oxygen.
- EMS should be activated.
- The athlete should not be moved until immobilized unless absolutely essential to maintain airway, breathing and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization.
- In a situation where it may not be appropriate for on-site medical personnel to transfer the athlete to a long spine board prior to EMS arrival (lack of enough qualified help or other factors), the rescuer(s) should maintain in-line stabilization, place a rigid cervical collar on (if possible), and continue to monitor baseline vital signs and complete secondary evaluation while awaiting EMS.

Spine Immobilization

- If possible, a correctly sized rigid cervical collar should be placed on athlete prior to moving.
- When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit by securing the athlete to a long spine board. Log-roll maneuver should be used to place the athlete on the long spine board. It is ideal that a minimum three (3) rescuers with preferably five to six (5-6) be in place to perform the log roll procedure.
- The rescuer controlling c-spine stabilization will be in command of log roll maneuver and long spine board immobilization.
- Once positioned onto long spine board, the athlete's torso and legs should be secured, using spider straps or speed clips (if speed clips are used, 5 straps should be applied: 2 crossing chest from shoulder to opposite axilla, one across chest under axilla, 1 across pelvis, and 1 across distal thighs). Athlete's arms should be left free from long spine board straps to facilitate vital sign monitoring and IV access. Athlete's wrists may be secured together in front of the body with Velcro strap or tape once secured to long spine board.
- Once torso and legs are secured, the head should be secured last. If necessary, padding should be applied under the athlete's head to fill any voids and maintain neutral in-line position. The head should be secured with lateral restraint pads and then secured to board with tape over forehead and at chin.
- Following securing athlete to board, neurological status should be reassessed.
- The secondary survey should be completed with baseline vital signs (reassessed every 5 minutes), head-to-toe survey, and SAMPLE history.
- Athlete should be transported to the most appropriate emergency medical facility and head team physician and appropriate subspecialist(s) notified.

Additional Guidelines for Care of Spine-Injured Football Athlete

- The facemask should be removed prior to transportation, regardless of current respiratory status.
- Tools for facemask removal (FM Extractor, Anvil Pruners, or ratcheting PVC pipe cutter) should be readily accessible.
- All loop straps of the facemask should be cut and the facemask removed from the helmet, rather than be retracted.
- The football helmet and chin strap should only be removed if:
 1. The helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not immobilize the head;
 2. The design of the helmet and chin strap is such that, even after removal of the facemask, the airway cannot be controlled nor ventilation provided;
 3. The facemask cannot be removed after a reasonable period of time; or
 4. The helmet prevents immobilization for transportation in an appropriate manner.
 - If the helmet must be removed, spinal immobilization must be maintained while removing. In most circumstances, it may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.

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- Shoulder pads do not necessarily have to be removed on site. The front of the shoulder pads can be opened to allow access for CPR and defibrillation.
- Should either the helmet or shoulder pads be removed-or if only one of these is present- appropriate spinal alignment must be maintained. Procedures for Training in Spine Immobilization: Personnel should review signs and symptoms of spine injury and complete a training session each year with in-line stabilization, rigid cervical collar application, log roll maneuver, and long spine board packaging. Personnel providing football coverage should review facemask removal with appropriate tools, helmet removal and shoulder pad removal.

Reference: University of Georgia Sports Medicine Handbook Written 11/12/01

Cumberland University Athletic Training Asthma Medication Metered Dose Inhaler (MDI) Policies and Procedures

Asthma Introduction

Although the exact causes of asthma are unknown, several factors, including exercise, may induce an asthma attack. The majority of patients with asthma and patients with allergies will have exercise induced bronchospasm (EIB). EIB usually occurs during or minutes after vigorous activity, reaches its peak 5-10 minutes after stopping the activity, and usually resolves in another 20-30 minutes.

Asthma Medications

Depending on the severity of asthma, medications can be taken on an as-needed basis (prn) or regularly to prevent or decrease breathing difficulty. Most of the medications fall into two major groups: quick relief medications and long-term control medications. Quick-relief medications are used to treat asthma symptoms or an asthma episode. The most common quick relief medications are the short-acting beta-agonists that relieve asthma symptoms by relaxing the smooth muscles around the airways. Common beta-agonists include Proventil and Ventolin (albuterol), Maxair (pirbuterol), and Alupent (metaproterenol). Atrovent (ipratropium), an anticholinergic, is a quick relief medication that opens the airways by blocking reflexes through nerves that control the smooth muscle around the airways. Steroid pills and syrups, such as Deltasone (prednisone), Medrol (methylprednisolone), and Prelone or Pediapred (prednisolone) are very effective at reducing swelling and mucus production in the airways; however, these medications take 48-72 hours to take effect. Long-term control medications are used daily to maintain control of asthma and prevent asthma symptoms. Intal (cromolyn sodium) and Tilade (medocromil) are long-term control medications which help prevent swelling in the airways. Inhaled steroids are also long-term control medications. In addition to preventing swelling, they also reduce swelling inside the airways and may decrease mucus production. Common inhaled steroids include Vanceril, Vanceril DS, Beclovent, and Beclovent DS (beclomethasone), Azmacort (triamcinolone), Aerobid (flunisolide), Flovent (fluticasone), and Pulmicort (budesonide). Leukotriene modifiers are new long-term control medications. They may reduce swelling inside the airways and relax smooth muscles around the airways. Common leukotriene modifiers include Accolate (zafirlukast), Zflo (zileuton) and Singulair (montelukast). Another long-term control medication, Theophylline, relaxes the smooth muscle around the airways. Common theophyllines in oral form include Theo-Dur, Slo-Bid, Uniphyl and UniDur. Serevent (salmeterol), in inhaler form, is also a long-term control medication. As long-acting beta-antagonist, it opens the airways in the lungs by relaxing smooth muscle around the airways.

Inhaled Medications

Inhaled medications are delivered directly to the airways, which is useful for lung disease. Aerosol devices for inhaled medications may include the metered-dose inhaler (MDI), MDI with spacer, breath activated MDI, dry powder inhaler or nebulizer. The most commonly used inhaled medications are delivered by the MDI, with or without the spacer. There are few side-effects the medicine goes right to the lungs and not to other parts of the body. It is critical that the patient use the prescribed MDI correctly to get the full dosage and benefit from the medication. Unless the inhaler is used in the right manner much of the medicine may end up on the patient's tongue, the back of their throat, or in the air. Use of a spacer or holding chamber helps significantly with this problem and their use is strongly recommended. A spacer is a device that attaches to a MDI and holds the medication in its chamber long enough for the patient to inhale it in one or two slow deep breaths. This eliminates the possibility of inadequate medicine delivery from poor patient technique.

Using the MDI

The Cumberland Athletic Training Staff may assist a student-athlete in the use of a prescribed MDI as follows:

- Remove the cap from MDI and hold the inhaler upright
- Shake the inhaler
- Tilt patient head back slightly and have patient breathe out
- Open mouth with inhaler 1-2 inches away (or mouth to spacer mouthpiece if spacer available)
- Press down on the inhaler to release the medication as patient starts to breathe in slowly
- Patient breathes in slowly for 3-5 seconds
- Patient holds breath for 10 seconds to allow the medication to reach deeply into the lungs
- Repeat puffs as prescribed; waiting 1 minute between puffs may permit the 2nd puff to go deeper into the lungs

If possible, auscultate breath sounds and measure peak expiratory flow rate (PEFR) prior to and after MDI administration.

Basic Life Support Treatment for Severe Asthma

Patients who have progressed to severe asthma experience a combination of the following: shortness of breath (>30 respirations/min), mental status changes (anxious, confused, combative, drowsy), inability to speak in sentences, sweaty and unable to lie down. If the patient is not responding to or is unable to properly use their MDI, the sports medicine staff should:

- Call for EMS (if not on-site or in-route)
- Maintain a patent airway
- Suction any secretions
- Administer oxygen therapy at 15 liters/minute with non-rebreather device
- Be prepared to assist ventilation with positive pressure ventilation with bag-valve mask
- Administer epinephrine by a prescribed auto-injector (refer to Epi-Pen Policies and Procedures)
- Initiate early emergency transport

Procedures for Training and Testing in Use of MDI

Personnel must complete at training session each year with review of signs and symptoms of asthma and instruction in the proper use of MDI with and without spacer.

Cumberland University Athletic Training Epi-Pen Policies and Procedures

Epinephrine Auto-Injector Introduction

Epinephrine is the drug of choice for the emergency treatment of allergic reactions to insect stings or bites, foods, drugs or other allergens and for basic life support treatment for severe asthma. Epinephrine mimics the responses of the sympathetic nervous system. It quickly constricts blood vessels to improve blood pressure, reduces the leakage from the blood vessels, relaxes smooth muscle in the bronchioles to improved breathing through bronchodilation and alleviates the wheezing and dyspnea, stimulates the heartbeat, and works to reverse the swelling and hives. The drug takes effect within seconds, but the duration of its effectiveness is short (about 10-20 minutes). Cumberland University Athletic Training Staff utilizes Epi-Pen Auto-Injector, a disposable delivery system for self-administration. The Epi-Pen has a spring activated needle that is designed to deliver a single precise dose (0.3mg of 1:1000 solution) of epinephrine to adults when activated. The Epi-Pen Jr. has a spring activated needle that is designed to deliver a single precise dose (0.15 mg of 1:1000 solution) of epinephrine to infants/children under 8 years old when activated. It may be necessary in very severe reactions to administer a second dose after five minutes if initial response is inadequate.

Emergency Care for Anaphylaxis and/or Severe Asthma with Epi-Pen

The athletic training staff should:

- Call for EMS (if no on-site or in-route)
- Maintain patent airway
- Suction any secretions
- Administer oxygen therapy at 15 liters/minutes with non-breather device
- Be prepared to assist in ventilation with positive pressure ventilations with bag-valve mask
- Administer epinephrine by a prescribed auto-injector
- Initiate early emergency transport

Indications/Contraindications for Epinephrine Administration

Epinephrine should be administered if the patient exhibits signs and symptoms of a severe allergic reaction (anaphylaxis), including respiratory distress and/or shock (hypoperfusion) or severe asthma. Patients who have progressed to severe asthma experience a combination of the following: shortness of breath (>30 respirations/min), mental status changes (anxious, confused, combative, and drowsy), inability to speak in sentences, sweaty and unable to lie down. There are no contraindications for the administration of epinephrine in a life-threatening allergic reaction or severe asthma; however, precautions should be taken with elderly patients or patients with heart disease or hypertension.

Administration of Epinephrine

- Check the Epi-Pen to ensure the medication has not expired, has not become discolored, and does not contain particulates or sediments.
- Prep skin site with alcohol
- Remove the gray safety cap from auto-injector
- Place the tip of the auto-injector against the lateral aspect of the patient's thigh midway between the waist and knee
- Push the injector firmly against the thigh until the spring-loaded needle is deployed and the medication is injected (at least 10 seconds)
- Dispose of the auto-injector in a biohazard container designed for sharp objects. Be careful not to prick yourself since the needle will now be protruding from the end of the injector
- Record that epinephrine was administered, the dose, and the time of administration

Side Effects

The patient may complain of side effects following the administration of epinephrine. Possible side effects include increased heart rate, pale skin (pallor), dizziness, chest pain, headache, nausea, vomiting, excitability and anxiousness.

Reassessment

Following the administration of epinephrine, it is necessary to reassess the patient. Reassessment should include continued evaluation of airway, breathing, and circulatory status. Decreasing mental status, decreasing blood pressure, and increasing difficulty in breathing indicate allergic reaction or severe asthma is worsening. If the condition is worsening, consider the

following interventions: injection of second dose of epinephrine if second auto-injector is available, provide emergency care for shock, be prepared to administer positive pressure ventilation with supplemental oxygen if breathing becomes inadequate, and be prepared to initiate CPR and apply AED if patient becomes pulseless. If the patient's condition improves the following administration of epinephrine, continue to perform ongoing assessments. Be aware patient may complain of side effects from the epinephrine. Conscious patients may also be administered 50 mg diphenhydramine orally or sublingually for antihistamine effects. Continue oxygen therapy with a nonbreather device and treat for shock if necessary. Any patient requiring epinephrine administration should be transported to the closest available medical facility for follow-up evaluation and treatment as soon as possible. Remember that epinephrine is short-acting (10-20 minutes) and signs and symptoms may return as drug wears off.

Procedures for Training and Testing in Use of Epi-Pen Auto-Injector

Personnel should complete a training session each year with review of signs and symptoms and emergency medical care for allergic reactions, anaphylaxis, anaphylactic shock, and severe asthma. Personnel should complete a training session each year with instruction in the proper use and maintenance of the Epi-Pen and practice with the Epi-Pen Trainer.



Sickling Collapse: Football and Other Sports

The first known sickling death in college football was in 1974. A defensive back from Florida ran a conditioning test on the first day of practice at altitude in Colorado. He had collapsed on the first day of practice the year before. This time, near the end of the first long sprint, at about 700 meters, he collapsed again – and died the next day. The most recent sickling death, a freshman defensive back at Rice University in the fall of 2006, is similar. He collapsed after running 16 sprints of 100 yards each – and died the next morning. The cause of death for both athletes was acute exertional rhabdomyolysis associated with sickle cell trait. Up to 13 college football players have died after a sickling collapse. The setting and syndrome in most are similar:

- Sickling players may be on-field only briefly, sprinting only 800-1,600 meters, often early in the season.
- Sickling can also occur during repetitive running of hills or stadium steps, during intense sustained strength training, if the tempo increases late in intense one-hour drills, or at the end of practice when players run “gassers.”
- Sickling can even occur rarely in the game, as when a running back is in constant action during a long, frantic drive downfield (7).

Sickling collapse is not limited to football. It has occurred in distance racing and has killed or nearly killed several college or high school basketball players (two were females) in training, typically during “suicide sprints” on the court, laps on a track, or a long training run. The harder and faster athletes go, the earlier and greater the sickling, which likely explains why exertional collapse occurs “sooner” in college football players sprinting than in military recruits running longer distances. Sickling can begin in only 2-3 minutes of sprinting– or in any other all-out exertion – and sickling can quickly increase to grave levels if the stricken athlete struggles on or is urged on by the coach.

Sickling Collapse: Telltale Features

Sickling collapse has been mistaken for cardiac collapse or heat collapse. But unlike sickling collapse, cardiac collapse tends to be “instantaneous,” has no “cramping” with it, and the athlete (with ventricular fibrillation) who hits the ground no longer talks. Unlike heat collapse, sickling collapse often occurs within the first half hour on-field, as during initial wind sprints. Core temperature is not greatly elevated. Sickling is often confused with heat cramping; but, athletes who have had both syndromes know the difference, as indicated by the following distinctions:

1. Heat cramping often has a prodrome of muscle twinges; whereas, sickling has none;
2. The pain is different – heat-cramping pain is more excruciating;
3. What stops the athlete is different – heat crampers hobble to a halt with “locked-up” muscles, while sickling players slump to the ground with weak muscles;
4. Physical findings are different – heat crampers writhe and yell in pain, with muscles visibly contracted and rock-hard; whereas, sicklers lie fairly still, not yelling in pain, with muscles that look and feel normal;
5. The response is different – sickling players caught early and treated right recover faster than players with major heat cramping (7).

This is not to say that all athletes who sickle present exactly the same way. How they react differs, including some stoic players who just stop, saying “I can’t go on.” As the player rests, sickle red cells regain oxygen in the lungs and most then revert to normal shape, and the athlete soon feels good again and ready to continue. This self-limiting feature surely saves lives.

Precautions and Treatment

No sickle-trait athlete is ever disqualified, because simple precautions seem to suffice. For the athlete with sickle cell trait, the following guidelines should be adhered to:

1. Build up slowly in training with paced progressions, allowing longer periods of rest and recovery between repetitions.
2. Encourage participation in preseason strength and conditioning programs to enhance the preparedness of athletes for performance testing which should be sports-specific. Athletes with sickle cell trait should be excluded from participation in performance tests such as mile runs, serial sprints, etc., as several deaths have occurred from participation in this setting.
3. Cessation of activity with onset of symptoms [muscle ‘cramping’, pain, swelling, weakness, tenderness; inability to “catch breath”, fatigue].

4. If sickle-trait athletes can set their own pace, they seem to do fine.
5. All athletes should participate in a year-round, periodized strength and conditioning program that is consistent with individual needs, goals, abilities and sport-specific demands. Athletes with sickle cell trait who perform repetitive high speed sprints and/or interval training that induces high levels of lactic acid should be allowed extended recovery between repetitions since this type of conditioning poses special risk to these athletes.
6. Ambient heat stress, dehydration, asthma, illness, and altitude predispose the athlete with sickle trait to an onset of crisis in physical exertion.
 - a. Adjust work/rest cycles for environmental heat stress
 - b. Emphasize hydration
 - c. Control asthma
 - d. No workout if an athlete with sickle trait is ill
 - e. Watch closely the athlete with sickle cell trait who is new to altitude. Modify training and have supplemental oxygen available for competitions
7. Educate to create an environment that encourages athletes with sickle cell trait to report any symptoms immediately; any signs or symptoms such as fatigue, difficulty breathing, leg or low back pain, or leg or low back cramping in an athlete with sickle cell trait should be assumed to be sickling (7).

In the event of a sickling collapse, treat it as a medical emergency by doing the following:

1. Check vital signs.
2. Administer high-flow oxygen, 15 lpm (if available), with a non-rebreather face mask.
3. Cool the athlete, if necessary.
4. If the athlete is obtunded or as vital signs decline, call 911, attach an AED, start an IV, and get the athlete to the hospital fast.
5. Tell the doctors to expect explosive rhabdomyolysis and grave metabolic complications.
6. Proactively prepare by having an Emergency Action Plan and appropriate emergency equipment for all practices and competitions. 4

IMMEDIATE ACTION CAN SAVE LIVES

What We Can Do

Though screening is done at birth; many athletes do not know their sickle-trait status, rendering self-report in a questionnaire unreliable. Many institutions have employed screening strategies to rectify this. A recent survey of NCAA Division I-A schools found that 64% (of respondents) screen (8). The NFL Scouting Combine screens for sickle cell trait. All considered, despite no evidence-based proof yet that screening saves lives, each institution should carefully weigh the decision to screen in the absence of documented newborn screen results.

The Consensus of this Task Force is:

1. There is no contraindication to participation in sport for the athlete with sickle cell trait.
2. Red blood cells can sickle during intense exertion, blocking blood vessels and posing a grave risk for athletes with sickle cell trait.
3. Screening and simple precautions may prevent deaths and help athletes with sickle cell trait thrive in their sport.
4. Efforts to document newborn screening results should be made during the PPE.
5. In the absence of newborn screening results, institutions should carefully weigh the decision to screen based on the potential to provide key clinical information and targeted education that may save lives.
6. Irrespective of screening, institutions should educate staff, coaches, and athletes on the potentially lethal nature of this condition.
7. Education and precautions work best when targeted at those athletes who need it most; therefore, institutions should carefully weigh this factor in deciding whether to screen. All told, the case for screening is strong.

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CUMBERLAND UNIVERSITY

Staph and MRSA in Athletics: Recognition and Prevention

What is “Staph” / MRSA?:

Staphylococcus aureus, often referred to as “staph”, is a common type of bacteria that can live harmlessly on the skin or in the nose of 25 to 35 percent of healthy people (this is often referred to as being “colonized” with the germ). Occasionally, staph can cause an infection. Staph bacteria are one of the most common causes of skin infection in the United States, but most of these infections are minor, such as pimples or boils. Most of these infections can be treated without antibiotics, however, some staph infections can cause serious infections, such as pneumonia, bloodstream, bone, and joint infections, and surgical wound infections. In the past, most serious staph bacterial infections were treated with a certain type of antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics. These resistant bacteria are called **methicillin-resistant staphylococcus aureus (MRSA)**. According to the Centers for Disease Control (CDC) 1% of the population is colonized with MRSA. MRSA is one type of skin infection among several that are of concern in competitive sports.

Who Gets “Staph” / MRSA?:

“Staph” infections, including MRSA, have been traditionally associated with outbreaks in health-care facilities, but they are becoming increasingly common in student-athletes participating in close contact sports (e.g. football, wrestling, lacrosse, etc.), although anyone, including coaches, staff, etc. who come into contact with colonized individuals, can contract the infection. “Staph” and MRSA are spread either by direct physical contact or indirect touching of contaminated objects. This includes touching, using, and/or sharing sheets, towels, clothes, equipment, dressings, personal items, bar soap, etc. which have been used by someone who has “staph” and/or MRSA, along with poor hygiene habits (e.g. hand washing, showering, etc.)

What Does “Staph” / MRSA Look Like?

“Staph” and/or MRSA usually first presents as some type of skin or soft tissue infection such as pimples, abscesses, pustules, and/or boils (see pictures below). Some can be red, swollen, painful, and/or have pus or other drainage. The pustules may be confused with insect bites initially, and may also be associated with existing turf burns and/or abrasions.



What to Do:

Without proper referral and care, more serious infections may cause pneumonia, bloodstream, bone, and/or joint infections, and/or surgical wound infections. If you or anyone you know has what appears to be what looks like “staph” and/or MRSA, please contact a Cumberland University Team Physician and/or University of Cumberland University Athletic Training staff member as soon as possible for evaluation.

Prevention of “Staph” and/or MRSA:

Although treatable, there can be complications associated with “staph” and MRSA infections, making prevention the best measure to combat these infections. The Centers for Disease Control suggest the following measures for preventing staphylococcal skin infections, including MRSA:

1. Practice good hand hygiene by washing hands frequently and in a thorough fashion with soap and warm water or using an alcohol-based hand sanitizer.
2. Take a shower with hot water and wash with soap (liquid antibacterial soap, not bar soap) following all activities (e.g. strength & conditioning sessions, practices, and competitions).
3. Avoid sharing towels, equipment, razors, soap (use liquid soap instead of bar soap), etc.
4. Use a barrier (e.g. clothing or a towel) between your skin and shared equipment.
5. Wipe surfaces of equipment before and after use.
6. Clean and properly cover any open wounds such as turf burns, abrasions, lacerations, etc. with an appropriate bandage at all times.
7. Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs if you have an open wound.
8. Maintain clean facilities and equipment.
9. Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to a Sports Medicine staff member and/or physician immediately.

** Adopted from University of Maryland Sports Medicine*

**Cumberland University
Athletic Training Program
Handbook Acknowledgement Statement**

I, _____ have read and understand the policies and procedures of this handbook. I understand that the policies and procedures of this handbook serve as a guideline for the Athletic Training Program and Athletic Training Department. Any questions that I have must be discussed with the Athletic Training (AT) Program Director for clarification before performing any duties or actions within the AT Program. I understand that I must comply with the requirements of this handbook and use sound judgment and decision-making skills based on the level of training that I have received in the AT Program. I also attest that all information that has been submitted to the AT Program regarding any certifications, memberships or health documents is correct. By signing below I acknowledge that I have read and understand the policies and procedures and will act according to those guidelines as a member of the Athletic Training Program.

Athletic Training Student Signature

Date

Athletic Training Program Director Signature

Date



***This document is to be signed and removed from each ATS Handbook. It will be kept in the Athletic Training Student's personal file.**