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4
SPORTS MEDICINE MANUAL OF POLICIES AND PROCEDURES

I. GENERAL POLICIES AND INFORMATION

A. DESCRIPTION AND PURPOSE OF THE SPORTS MEDICINE STAFF

The Sports Medicine Staff in the Department of Athletics at Azusa Pacific University (APU) is responsible for the coordination of health care to the student-athletes within the intercollegiate athletic program. Included in this responsibility are various administrative and clinical duties that are carried out by the Sports Medicine Staff. The administrative duties include determination of athletic medical clearance, development and implementation of an emergency medical plan, medical record maintenance, compiling injury statistics, instituting medical coverage and staffing policy as it relates to practices and contests, and budget management for the Sports Medicine Clinic (SMC). Clinically, the staff is responsible for injury/illness prevention and wellness protection, clinical evaluation and diagnosis, immediate and emergency care, treatment and rehabilitation, and organization and professional health and well-being (athletic training practice domains). This also includes coordination of physician referrals, determination of participation status, and the counseling and education of student-athletes. Additionally, the Sports Medicine Staff coordinates health care of student-athletes relating to general medical illnesses and orthopedic conditions that may affect athletic participation, which involves referrals to on-campus and off-campus health care providers as deemed necessary. Decisions regarding medical clearance and participation are the responsibility of the Athletic Trainers (ATs), the Team Physicians (Orthopedic and General Medical) and the APU Student Health Center.

The APU Sports Medicine Staff and students seek to follow and model the missions of Azusa Pacific University, the Athletics Department, and the National Athletic Trainers Association (NATA).

Azusa Pacific University Mission Statement
Azusa Pacific University is an evangelical Christian community of disciples and scholars who seek to advance the work of God in the world through academic excellence in liberal arts and professional programs of higher education that encourage students to develop a Christian perspective of truth and life.

Azusa Pacific University Athletics Department Mission Statement
Azusa Pacific's intercollegiate athletic program focuses on the student-athlete. Through modeling Biblical principles, the athletic program seeks to maximize each individual student-athlete’s God-given talent, bringing glory and honor to Jesus Christ through performance and ministry.
National Athletic Trainers’ Association Mission Statement

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.

Azusa Pacific University Sports Medicine Mission Statement

The Azusa Pacific University Sports Medicine Staff seek to be a community of disciples and scholars who serve the athletic department and its student-athletes by providing the highest quality of organization and administration, prevention, evaluation, treatment, rehabilitation and management of athletic injuries while being good stewards of the supplies and facilities that the University has provided.

The Sports Medicine Staff consists of full time Athletic Trainers (ATs) and Graduate Assistant/Intern Athletic Trainers who are certified by the National Athletic Trainers Association Board of Certification, Inc. The staff also consists of a Physical Therapist and Team Physicians both general medical and orthopedic. A local general practitioner specializing in sports medicine is contracted as the staff’s general medical physician. A local group of Orthopedic Doctors are contracted for orthopedic services and are available for emergency referrals permitting insurance authorization as well as free consultations The Orthopedic Doctors provide coverage for home and away football games.

The Sports Medicine Staff is sometimes assisted by Athletic Training Students and Sports Medicine Aides. Athletic training students (ATSs), who are studying athletic training at APU, assist the ATs by providing basic skills. Sports Medicine aides (SMA’s) also assist the ATs.

B. GENERAL POLICIES

GENERAL HOURS

The Felix Event Center SMC will be open as follows:

Monday – Wednesday – Friday
AM by appointment only
12:30pm-6:00pm

Tuesday – Thursday
9:00am-11:00am
12:30pm-6:00pm

Saturday
Only for scheduled practices or games

The Stadium SMC will be open one hour prior to the first practice of the day and will close 30 minutes after the end of the last practice of the day.
SPORTS MEDICINE CLINIC POLICIES

1. The Sports Medicine Clinics will be open specific times of the day.
2. Prior to meetings, practices and games, student-athletes must plan to get all taping and/or treatment done.
3. Injured players must report to each practice session. Injuries requiring missed practice time must be excused by the coach and AT.
4. Report all injuries immediately regardless of how minor.
5. New injuries or illnesses must be reported before 10 a.m. the following day so that the ATs may report player status to the coaching staff.
6. Following treatment for an injury that causes limited/missed practice you must be cleared by your AT prior to increasing your participation level. (Your coach will receive a report of player status daily.)
7. Student-athletes are to use the SMC for treatment only, not social gatherings or team meetings. If you are not currently receiving treatment, there is no need to be in the SMC.
8. Injuries not sustained in team functions will not be the responsibility of the APU Athletic Department.
9. If a coach refers you or if you seek care for any outside medical treatment without the approval of an APU Sports Medicine Staff member you will be held financially responsible for all bills incurred.
10. Ace wraps, crutches, ankle braces and many other items are used to help manage your injury. These items will be signed out to you by an AT. You are responsible for them and if they are not returned your coach will be charged for them.
11. Remember, the SMC is a place of business. Please keep conversation at an appropriate volume.
12. Abusive behavior or language will not be tolerated!
13. ATSS/SMAs shall be treated as any regular staff member.
14. All student-athletes will be expected to abide by the established SMC policies and rules.
15. On practice days, only student-athletes receiving treatment/rehabilitation will be taped.
16. On game days, all student-athletes may be taped.

SPORTS MEDICINE CLINIC RULES

1. The SMC is for the exclusive use of **APU INTERCOLLEGIATE ELIGIBLE STUDENT-ATHLETES**. It is not for the use of the APU general student body, alumni, family or friends. Non-student-athletes should not be brought into the SMC.
2. All student-athletes must check in with an athletic trainer for treatment.
3. The SMCs are co-ed, please wear appropriate clothing.
4. NO SHOES may be worn in the SMC.
5. No bags or equipment may be brought into the SMC.
6. Do not operate SMC equipment, use supplies or remove items from the medical kits. Treatments will be given by the Sports Medicine Staff.
7. First come, first served, come early to avoid the rush.
8. No food or drinks are allowed in the SMC.
9. Ice is for treatment only, not for drinking or eating.
10. Student-athletes may not operate the stereo. Content will be regulated/approved by Sports Medicine Staff and follow the APU Athletic Department Music Policy.
11. Student-athletes must shower prior to receiving post practice treatment.

RESPONSIBILITIES OF THE STUDENT-ATHLETE

In order that all student-athletes receive complete medical benefits, the following procedures must be followed:
1. For injury/illness occurring when not at practice, you should notify an AT immediately.
2. Upon receiving any injury during practice or game, (no matter how slight), the student-athlete must report immediately to their AT.
3. Report all new injury/illness problems to your AT by 10:00 a.m. the next day.
4. You must notify your Head Coach or Position Coach of all injuries/illnesses.
5. Injured student-athletes must follow these listed steps:
   a. Student-athlete receives an evaluation.
   b. Referral to the SMC for recommended treatment or to the doctor for additional evaluation.
   c. Go to the designated SMC for recommended treatment or rehabilitation daily.
   d. Injury will be re-evaluated daily.
   e. Complete insurance information if necessary.

6. Return to practice or competition after approval by AT and/or team physician.
7. The supervising AT should handle all insurance questions. All bills should be turned in promptly to the Insurance Carrier.
8. If emergency treatment is required while a student-athlete is away from campus, it is the responsibility of the coach to contact the host schools’ AT or host team physician to have the student-athlete receive necessary treatment. If a bill follows, a copy must be returned to the Insurance Carrier immediately upon arrival.
9. If emergency treatment is required while a student-athlete is injured during scheduled practice when the SMC is closed, it is the responsibility of the coach or the student-athlete to call the Sports Medicine Staff for procedures in receiving treatment.

II. EXPECTATIONS, CONDUCT, ETHICS AND PROFESSIONALISM

All Sports Medicine Staff (SMS) are expected to abide by Azusa Pacific University employee policies, general conduct and ethics and professionalism for sports medicine, philosophies of the “APU way” for Sports Medicine, and all other operations, policies and procedures listed in this manual. All employees will receive orientation training on these expectations. Please see Appendix H for forms and information.
A. AZUSA PACIFIC UNIVERSITY EMPLOYEE POLICIES

For full reference of the Azusa Pacific University Employee Handbook, see http://www.apu.edu/live_data/files/107/hr_employee_handbook.pdf. The following policies have been selected from the Employee Handbook. Please see the link for further clarification and other policies regarding employment at APU (Italics below imply excerpt taken directly from the Employee Handbook).

EXPECTATIONS OF ALL APU EMPLOYEES

According to the Azusa Pacific University Employee Handbook, Section 2.7, All employees of Azusa Pacific University are expected to maintain the highest of professional and personal standards. It is expected that each employee will approach his or her responsibilities with purpose, commitment, and a Christ-like attitude of service and care.

The following are general expectations of all employees regardless of classification:

1. Model a Christian lifestyle as outlined in the Word of God.
2. Uphold the university’s policies and enhance its educational purpose and ministry.
3. Protect university property.
4. Strive to be healthy in mind, body and spirit.
5. Obey the law and practice good citizenship both on and off campus.
6. Promote economy and prevent waste.
7. Abstain from the use of illegal drugs.
8. Abstain from the use of alcohol and tobacco on campus or any university properties.

(Date of Most Recent Policy Revisions and Approval: April 1, 2007)

EMPLOYMENT QUALIFICATIONS AND RESPONSIBILITIES

Each employee has been selected because of his or her qualifications for a particular position at Azusa Pacific University. Experience, education, skills, abilities, and spiritual life are very important factors in our selection process. Each employee represents the university and is often the only contact with some segment of the public.

The supervisor has the responsibility for keeping employees informed and for answering questions on university policies and procedures as they specifically affect an employee. The supervisor determines the day-to-day assignments and duties, evaluates performance, and will attempt to assist in planning vocational development and growth at Azusa Pacific University.

Each employee has an obligation to keep his or her supervisor informed of any difficulties s/he may encounter on their job. By working together, with a free exchange of information and ideas, the employee and the supervisor will find it easier to achieve mutual institutional objectives (Azusa Pacific University Employee Handbook, Section 3.1; Date of Most Recent Policy Revisions and Approval: April 1, 2007).
DATE POLICY

Any dating, romantic or highly socialized relationship between a university employee and an Azusa Pacific University student or between an employee and anyone who directly or indirectly supervises the employee, is deemed inappropriate and potentially harmful to both students and employees.

Employees may not and cannot be involved in dating or highly socialized relationships (including flirting, romantic or sexual relationships) with APU students or with any employee who is in the line of supervision. The establishment of such a relationship will require immediate resolution in a manner consistent with this policy. Failure to do so may result in disciplinary action or termination. [Note: All relationships must also comply with APU Policies on Sexual Conduct (Section 8.16)]. (Azusa Pacific University Employee Handbook, Section 3.16; Date of Most Recent Policy Revisions and Approval: February 1, 2015).

CONFIDENTIAL INFORMATION

Since the university deals with personal information, each employee holds a position of trust. All records, reports, memoranda, and correspondence must be kept confidential and must not be used or taken from the university premises except by written consent of the supervisor. Home telephone numbers and addresses of employees should not be used for personal reasons and should not be given to others or used for university or other business except by permission of the employee. Unauthorized disclosure or use of any information or activities that may be detrimental to the interests of the university may be justification for termination from employment (Azusa Pacific University Employee Handbook, Section 8.11; Date of Most Recent Policy Revisions and Approval: April 1, 2007).

WORK APPAREL

An employee’s personal appearance is very important because it reflects the image of the university. Therefore, all employees are expected to be well groomed and conservative in their clothing, hairstyle, make-up and accessories. Dress should be modest, conservative business attire and consistent with work requirements.

An employee’s dress should be appropriate to the job performed, and individual departments have the ability to establish standards based upon the work performed.

Examples of departments with specific requirements for uniforms and protective wear are Grounds and Facilities Management, Hospitality Services, and Campus Safety (Azusa Pacific University Employee Handbook, Section 8.14; Date of Most Recent Policy Revisions and Approval: April 1, 2007).

POLICY ON SEXUAL CONDUCT

As an evangelical Christian community, Azusa Pacific University expects that its faculty, staff and students will serve as examples of God-honoring excellence. This policy has been
established with that basic principle in mind and to underscore that faculty and staff will be held to a standard of exemplary conduct in the area of human sexuality consistent with biblical standards. Students are expected to comply with the policies set forth in the Student Standards of Conduct.

For all APU employees, sexual intimacy must only be expressed within the context of marriage between one man and one woman. Violations of this policy include, but are not limited to, sexual relations between unmarried persons, adulterous relationships, and viewing of pornography (unless part of a research project in the individual’s academic discipline approved in advance by the Provost upon recommendation by the Institutional Review Board). Failure to comply with this policy may result in counseling, disciplinary action or termination from employment (Azusa Pacific University Employee Handbook, Section 8.16; Date of Original Policy Approval: June 1, 2009).

For related policies, see Section 8.13 of the Employee Handbook (the policy on sexual harassment), and Section 3.16 of the Employee Handbook, (the dating policy).

All Sports Medicine Staff are required to participate in “Respect and Esteem” Training per the requirements of Human Resources.

SAFETY AND SECURITY

Please review Section 9.0 of the Azusa Pacific University Employee Handbook (Date of Most Recent Policy Revisions and Approval: February 1, 2015) and be familiar with them. It is important to review the general university policies available on the Emergency Preparedness website: www.apu.edu/response and know the evacuation procedures. Go to http://www.apu.edu/live_data/files/107/hr_employee_handbook.pdf for the body of the text.

GENERAL EMERGENCY PROCEDURES

Please see Section 9.1 in the Azusa Pacific University Employee Handbook for specific examples of what to do in emergency procedures for the following: Bomb Threats, Earthquakes, Evacuation, Fire, Flood, Medical, and Power Loss. In an emergency, first dial 911, then x3898 from an on-campus phone, or 626-815-3898 from an off-campus phone, or use a Code Blue Call Box to report the situation to the Department of Campus Safety (DCS). The university’s Emergency Response web site www.apu.edu/response will carry updated information on the status of each campus. Information will also be posted on the Emergency Information Hotline at 888-451-5583. For the body of the text, go to http://www.apu.edu/live_data/files/107/hr_employee_handbook.pdf. Date of Most Recent Policy Revisions and Approval: February 1, 2015.

EMERGENCY ILLNESS OR INJURY ON CAMPUS

Please see Section 9.2 in the Azusa Pacific University Employee Handbook for specific examples and procedures of what to do in the event of an emergency illness or injury to an

VIOLENCE PREVENTION


ILLICIT SUBSTANCES, ALCOHOL, AND SMOKING

The federal government mandated on October 1, 1990 that there be no unlawful possession, use, or distribution of illicit substances and alcohol by students, staff, or faculty on college campuses anywhere in the United States.

The university absolutely prohibits the manufacture, sale, purchase, offer to purchase, distribution, dispensation, possession, or transfer of any illegal controlled substance or alcohol on university grounds by its employees at any time.

Legal or legally prescribed medications only are excluded from this rule and are permitted to the extent that the use of such medications do not adversely affect the employee’s work ability, job performance or the safety of that individual or others.

For health and safety considerations, the university prohibits smoking and any other tobacco use on university premises. This prohibition extends to the use of smokeless tobacco products, unregulated nicotine products, hookahs and e-cigarettes (electronic cigarettes, vaping). (Azusa Pacific University Employee Handbook, Section 9.5; Date of Most Recent Policy Revisions and Approval: February 1, 2015).

DRUG-FREE WORKPLACE POLICY


USE OF ELECTRONIC, TELEPHONE, COMPUTER SYSTEMS


UNIVERSITY KEYS

USE OF ALCOHOL

In adopting the following policy on the use of alcohol in the APU community, we have considered our desire to conduct all of our affairs with God-honoring excellence, the need to be sensitive to the guidance of the university’s spiritual heritage and the convictions of other Christians, the alarming consequences of heavy drinking on college campuses\(^1\), and the need for administrators, faculty, and staff to serve as role models for our students.

Alcoholic beverages may not be consumed at a University facility or at a University sponsored event at any time. In addition, the cost of alcoholic beverages may not be charged to the University either directly or through a request for reimbursement. All members of the administration, faculty and staff (the “members”) are to be mindful of the dangers of underage drinking and serve as role models for Azusa Pacific University students with respect to the consumption of alcohol. Accordingly, members are prohibited from consuming alcoholic beverages where they are aware that University students are present (other than students who are part of the member’s family). Exceptions to this Policy may be made by the Office of the President upon written request in advance of any purchase or consumption of alcoholic beverages.

There may be times when members must exercise sound judgment under the leadership of the Holy Spirit in the application of this Policy. In all situations where the consumption of alcoholic beverages is permitted, the members must choose either abstinence or moderation and avoid drunkenness (Azusa Pacific University Employee Handbook, Section 9.12; Date of Most Recent Policy Revisions and Approval: April 1, 2007).

\(^1\) See, for example, the report of the Task Force of the National Institute on Alcohol Abuse and Alcoholism titled A Call to Action: Changing the Culture of Drinking at U.S. Colleges (NIAAA, 2002). The policy set forth above applies to administrators, faculty, and staff. Policies relating to students are found in the Student Standards of Conduct.

B. GENERAL CONDUCT AND ETHICS/PROFESSIONALISM

As an athletic trainer, professional conduct is necessary. It is important to understand that people are watching you. Athletic trainers are very easily in the public eye, and should act in a manner which reflects highly on the entire profession. Members of the athletic training profession assume responsibilities towards everyone they come in contact with and commit themselves to upholding the professional ideals.

As an Azusa Pacific University employee and Sports Medicine Staff member you should develop a sense of loyalty to the school, the athletic department, and the national and local organizations. Staff should adhere to the governing rules of the NAT (see Appendix J for Code of Ethics), Board of Certification (BOC), National Collegiate Athletic Association (NCAA), the Azusa Pacific University, the Azusa Pacific University Athletics Department, APU Student-Athlete Code of Conduct, the laws governing the state of California, and The United States of America.
1. Take initiative and pay attention to details.
2. Don’t assume. When in doubt ask questions.
3. You are in a service business, the three steps of service are: 1) A warm and sincere greeting. Use the person’s name if and when possible. 2) Anticipate and comply with the student-athlete’s needs. 3) Fond farewell. Use their name, if and when possible.
4. Dress neatly and professionally. Follow dress code for daily attire.
5. Always practice positive eye contact.
6. Create a positive work environment. Practice teamwork.
7. Check your email and the ATC calendar daily. Be sure that your co-workers know about any new (or old) information, COMMUNICATE!
8. Inform the Director of Sports Medicine and Wellness about broken/damaged machines/modalities/equipment etc. and supplies running low before they are gone.
9. Uncompromising levels of cleanliness are the responsibility of everyone.
11. Use proper telephone etiquette. Follow the guidelines stated previously.
12. You are here to learn, participate, improve your work ethic and develop your creative ability.
13. Phones should be used for athletic emergencies and necessary work-related communication only, NOT FOR PERSONAL USE.
14. Respond to the needs of others in a timely manner.
15. Remember there is no busywork in the Sports Medicine Clinic, everything has a purpose.
16. While attending workouts or practices remain very alert, attentive to the needs of student-athletes, and locate themselves nearby to activities. Generally stand adjacent to the workout area(s) and appropriately interact with student-athletes (e.g. provide water, first aid, etc.).
17. Sports Medicine Staff are advised against sitting, and prohibited from engaging in sport practice activities like throwing or shooting balls except when required to do so as a component of injury rehabilitation or as approved by the Supervising AT.
18. You should be at work on time and not leave until the work is done or until you are told to leave.
19. Know the expectations of the setting you are in.
20. Know the expectations of the supervisor you are working with.

C. PHILOSOPHIES OF “THE APU WAY” FOR SPORTS MEDICINE

Fit for Ability:
- Excellence in all domains of AT
  - Injury/illness and wellness prevention and protection
  - Clinical evaluation and diagnosis
  - Immediate and emergency care
  - Treatment and rehabilitation
  - Organizational and professional health and well being
- Leadership
• Emphasize excellence for student-athletes
  o Push limits of science and technology
• Protection of APU, Athletics, Staff, Coaches and SA

**Fit for Motivation:**
These should permeate all qualities listed under Ability and Environment
• Strong Work Ethic
  o *No one is above any menial task (e.g., Cleaning Duties), take initiative, ask what to do when you are done with tasks*
• Teamwork
  o *Put the needs of the team before your own. We all work with all teams, not just the ones specifically assigned. It takes a village...Limit use of language “my team/athletes”*
• Vision
• Emphasize needs over wants
  o *For the Department, the Program and the SA*
• God-Honoring Excellence
  o Apply Best Practices
• Challenging Status Quo
  o *Look for ways to make things better, look for injury trends, risk minimization, etc.*
• Constant Learner
  o *NATA, BOC, NCAA, “THE APU WAY”*
• Professionalism
  o *Conduct, Attire, Appropriate Communication (i.e. what, when, and how), Appropriate music at the appropriate volume*
• Flagship:
  o *Be the program that others want to emulate while constantly striving to be better to maintain that flagship status*

**Fit for Environment:**
• Spiritual and emotional maturity
  o *Stop gossip: concerns go up the chain not across laterally (Matt 18:15-17), “Do the right thing over the popular thing”, Be a positive role model/mentor/influence*
• Integrity
• Confident/Humble/Hungry
  o *Strive to keep this often difficult balance*
• Loyalty to APU, Athletics, Coaches, SA, fellow Staff Members, Physicians, Healthcare Professionals
  o *Staff discussions are open and honest but respectful; once a decision is made, everyone “buys in” and supports the decision; Treat others with grace and mercy*
  o *Communication with coaches needs to be respectful*
• Give specific medical guidelines/recommendations (i.e., activity percentage function levels, participation limitations, probability for reinjury, etc.), not general coaching recommendations (i.e., which game/player is more important, etc.)
• Work with the coaches, not against them
• Accountability with truth, love, and grace
  o Be approachable and moldable
• Good stewardship
  o Gain crutches, walking boots, immobilizers, Game Ready, etc. every year; Use tape to end of roll; Use flexiwrap sparingly: Nylatex wraps over flexiwrap when staying in SMC; Immaculately clean facilities: No shoes in SMC, bags in cubbies, etc.; Environmentally conscious: turn off lights, radio, recycle

**Athletics core values:**
1. Grounded in God and his word
2. Constant learner
3. Discipler
4. Competitive
5. Maintain high standard of excellence

**D. EXPECTATIONS OF GRADUATE ASSISTANT/INTERN ATHLETIC TRAINERS**

**GRADUATE ASSISTANT/INTERN MENTOR EXPECTATIONS**

Each Graduate Assistant/Intern (GA) Athletic Trainer will be paired up with a full time staff member (FT). Pairing may change dependent upon sport assignment throughout the year. The FT will coordinate this transition. In general mentoring or “checking-in” will start as a daily/every other day occurrence. As the GA gains experience, the FT will progress from daily to every other day to weekly to monthly “checking-in” as deemed necessary. Below are the guidelines and expectations of the FT for mentoring each GA.

**GRADUATE ASSISTANT MENTOR EXPECTATIONS:**

Each Graduate Assistant (GA) Athletic Trainer will be paired up with a full time staff member (FT). Pairing may change dependent upon sport assignment throughout the year. The FT will coordinate this transition. In general mentoring or “checking-in” will start as a daily/every other day occurrence. As the GA gains experience, the FT will progress from daily to every other day to weekly to monthly “checking-in” as deemed necessary. Below are the guidelines and expectations of the FT for mentoring each GA.

• Follow up with general orientation and policies and procedures: ☐ Week 1, ☑ Sept, ☑ Jan
• Mentor on integration of “the APU Way” (SEE BELOW): ☐ Week 1, ☐ Sept, ☐ Jan
• Spiritual mentoring – “checking-in” and getting planted in a church, support group, etc.: ☐ Weekly -> ☐ Monthly
• Personal life mentoring: ☐ Weekly -> ☐ Monthly
• Mentoring with team responsibilities: ☐ August, ☐ Sept
  o Mentoring on physical day SA clearances: pre first practice (fall/winter/spring)
• Mentoring with PPE checklist: overall physical clearances, follow up needed
• Mentoring/facilitating first meeting with coach for reviewing expectations with coach a few days before practice begins; Setup a follow up meeting one month later to check in on how things are going
• Setup and operations of specific team sports
• General Administration mentoring
• Chart review: IRs, SOAPS, Chart Organization, Physical Paperwork, Coach Reports, See also Charting guidelines: □ Daily -> □ Weekly -> □ Monthly 2nd Semester
• Mentoring with referrals: □ Daily as needed
  • Mentoring on General Organization and Administration: □ Daily -> □ Weekly -> □ Monthly
  • Mentoring with Excel hours and ATC Calendar: Check Often
  • Mentoring with time card: Checking off daily for first 2 weeks
  • Mentoring with GA as preceptor for skills, expectations, etc. (e.g. How to mentor, scheduling, daily interaction, completing two week evaluations)
  • Mentoring on General GA expectations (i.e. SA care, conduct, demeanor, traveling, etc.)

III. DAY TO DAY OPERATIONS

A. SPORTS MEDICINE DRESS CODE

DAILY ATTIRE

If the following are not met, you will be sent home and must return promptly with the appropriate changes. Students then must return promptly with appropriate attire.

1. Any Sports Medicine T-shirt or Polo. No sleeveless shirts (except for sleeveless shirts for women). All polos must be tucked in. If you tuck in your shirt, you must also wear a belt.
2. Maintain modesty and professionalism. Ensure your midsection and undergarments are covered at all times during all movements.
3. In general all clothing must be appropriately fitting, cleanly laundered, and wrinkle free.
4. Shorts must be walking shorts. No shorts which compromise modesty or professionalism. Exercise/athletic, ratty or frayed shorts are not acceptable.
5. Pants must not be excessively baggy or tight.
6. Close toed shoes with socks. Athletic shoes are required for outdoor sports. Shoes should be practical for the Sports Medicine environment. No sandals or open toed shoes of any kind.
7. Hats must be APU logo. Hats may not be worn backwards or sideways.
8. Hair should be neatly groomed and clean. In general appearance is to be professional.
9. Men should be clean shaven/neatly bearded. Women should be clean shaven.
10. Wear a watch.
11. Acceptable jewelry includes engagement and wedding rings, watch, small pierced earrings. No nose studs or rings in other visible body parts allowed.
12. If an SMS has a visible body piercing, they are asked to remove, replace, and/or cover up the piercing during clinical hours.
13. If an SMS has a tattoo, it must be covered by clothing during clinical hours.

OUTDOOR SPORTS GAME ATTIRE

1. Watch, fanny-pack/sling
2. Pre-designated game shirt
3. Pre-designated pants/shorts
4. Pre-designated jacket/warm-ups

INDOOR SPORTS GAME ATTIRE

1. Watch, fanny-pack/sling if applicable

A. ROAD TRIP PROCEDURES FOR SPORTS MEDICINE STAFF

1. Check if there is a dress code for travel. Determine game uniform. Determine if there are any other occasions or weather conditions for which you will need special clothing.
2. Find out the departure time and arrive at least 15 minutes early.
3. SMS are subject to the travel regulations of the team and the general Policies and Procedures of Azusa Pacific University.
4. SMS should never be ALONE in the hotel room of an opposite gender student-athlete.
5. SMS are encouraged to travel with the team to and from the contest. For travel involving a flight, SMS are required to travel with the team. Consultation with the Director of Sports Medicine and Wellness and the Athletics Director are required if the staff member would like to fly separate from the team.
6. SMS should eat with the team.
7. Pack necessary items for travel before departure. See appropriate packing lists.
8. Pack necessary items for travel the day before departure:
   a. Emergency Notebook
   b. Sports Medicine Kit
   c. Water bottles
   d. Fanny pack (If necessary)
   e. Any other specialty item needed
B. CLERICAL PROCEDURES

ANSWERING PHONES

When you answer, the caller should be greeted politely with a greeting of your choice that must include “Sports Medicine Clinic” (i.e. “Hello, Felix Event Center Sports Medicine Clinic” or “Good Morning/Afternoon, Sports Medicine Clinic”). If the caller asks for information that you don’t know about, either find out the information that he/she needs or get someone who can help him/her.

When taking messages, you should include the following:
1. Today’s date and time
2. Who the call was for
3. Who the call was from
4. The message from the caller
5. Print your name at the bottom
6. Do not take messages for any student-athletes. Student-athletes are not allowed to use the phones (for both receiving and making calls).

RADIOS

1. The radio should be powered on as soon as the student picks it up from the office. Do not wait until arriving at the court/field/etc. The radio should ALWAYS be powered on when it is in your possession.
2. These radios have a FCC licensed frequency; therefore, communicate only when necessary--this means no chatting. Be sure to speak slowly, enunciate clearly, and be succinct. Absolutely no profanity or derogatory remarks. Generally do not broadcast a person’s full name or personal information.
3. The radio should be attached to your person or under your direct supervision. Do not leave it unattended as someone may be attempting to communicate with you.
4. During inclement weather keep the radio dry.
5. Do not permit any unauthorized person to use the radio. Generally, the Sports Medicine Staff, Athletics Director, and when necessary athletic department staffs performing game management are the only authorized users.
6. Radios should be charged nightly after use. They are charging when the red light is illuminated, and are done charging when the green light is illuminated. Do not let the radios charge over the weekend or longer than overnight. Always check the charging radios at the beginning of your shift and before leaving for the day to see if they are done charging.

Radio Etiquette

1. Hold down the button for 2-5 seconds before speaking.
2. Speak clearly, enunciate and release the button 2-5 seconds after you finish speaking.
3. Identify yourself and who you are speaking to.
4. End sentences by saying “Over”.
5. Confirm by saying “10-4”.
6. If you don’t understand, say “Say Again”.
7. Finish communication by saying “Out”.

HOUR SHEETS/TIME CARDS AND REQUESTED TIME OFF

Hour Sheets/Time Cards
You are responsible for filling out your hour sheets/time cards. If they are not filled out in a timely manner, you will not be given an opportunity to resubmit your hour sheets/time cards. Preceptors for Athletic Training Students (ATSs) will not sign hour sheets if they are turned in more than one week later than the last date recorded on the sheet. Time cards for Graduate Assistants/Interns must up to date the Friday before they are due on Monday, weekend hours must be finalized by 8 am on Monday morning; failure to complete your time card on time may result in the entire University not being paid. Hour sheets/time cards are to be filled out daily with accuracy, ethically, and with regards to good stewardship.

Requested Time Off
If you need to have a certain time or day off, you must request the time you want off in writing two weeks prior to the requested date. The requesting time off form must be submitted and signed by the requestor and their Supervisor/Preceptor (see Appendix H).

C. PRACTICE AND GAME COVERAGE

Additional Sports Medicine Staff (SMS) will be asked to help cover football games, spring football, track meets, tournaments, and any other contests needing additional coverage.

GAME DAY PROCEDURES FOR FOOTBALL

1. SMS will cover all home or hosted football contests with the assistance of the students assigned to work with them as well as additional SMS and students.
2. Check with the Head Football Athletic Trainer (AT) Thursday or Friday to determine arrival time and game uniform.
3. Arrive promptly on game day to review game day procedures and for an in-service.
4. All game day staff will go to the team chapel and pre-game meal.
5. Return to the designated SMC to begin set-up (See Appendix G for Game Day Setup).
6. Set up the necessary supplies as determined by the game set-up list.
7. Consult with the supervising AT to determine if there is any other set-up necessary for the game.
8. Follow the game day itinerary.

GAME DAY PROCEDURES FOR ALL OTHER SPORTS

1. SMS will cover all home or hosted intercollegiate contests with the assistance of the students assigned to work with them.
2. Check with supervising AT to determine game uniform.
3. Arrive one hour before the team needs to start warm-up or as determined by the 
supervising AT.
4. Set up the necessary supplies as determined by the game set-up list (See Appendix G 
for Game Day Setup).
5. Consult with the supervising AT to determine if there is any other set-up necessary 
for the game.

PROCEDURES FOR TOURNAMENTS AND SPECIAL EVENTS
1. SMS will cover all home or hosted tournaments and special events with the 
assistance of the students assigned to work with them as well as additional SMS and 
students.
2. Consult with the supervising AT to determine scheduled working times for the 
events.
3. Check with the supervising AT two days prior to the tournament/special event to 
determine arrival time and event uniform.
4. Arrive promptly on event day to review event procedures.
5. Set up the necessary supplies as determined by the event set-up list.
6. Consult with the supervising AT to determine if there is any other set-up necessary 
for the event.
7. Follow the event itinerary.

DAILY SPORTS MEDICINE CLINIC COVERAGE
1. SMS are expected to arrive on or before their scheduled time.
2. If you are amongst the first to arrive at the SMC, do the appropriate opening duties 
and prepare for your event.
3. Be attentive to the SMC and greet all student-athletes when they enter. If the 
student-athlete does not come to you for direction, approach them to determine 
what they need. Don't assume someone else will take care of them.
4. In addition to caring for student-athletes, complete assigned Daily, Weekly, and 
Monthly Cleaning Duties.
5. If you experience down time, consult with the supervising AT what can be done in the 
SMC.
6. All SMS on duty at the end of the day must assist with closing duties, turning off 
radios and lights, and securing the facility when leaving.

D. SPORTS MEDICINE KITS
1. Each SMS working with a specific team will be responsible for maintaining the 
inventory of the medical kit (see Appendix H).
2. If a medical kit is used by more than one individual, the kit should be restocked after 
each use.
3. Student-athletes are prohibited from retrieving supplies from the kit.
4. Along with the medical kit, the Emergency Notebook should be maintained and taken to all practices and contests.
5. Each SMS is to have a properly stocked fanny pack/sling at all contests. Only a moderate amount of disposable goods are to be taken from the SMC. No non-disposable goods are to be taken from the SMC and used in fanny packs/slings.

E. DOCUMENTATION

1. Check all medical history forms and be aware of all student-athletes’ previous history of injuries/illnesses.
2. Be sure all medical records are complete.
3. Make note of all injuries of the past year.
4. Complete emergency information print outs from Athletic Trainer System (ATS), the electronic medical record software, for each student-athlete.
5. Keep track of all treatments given at home or while traveling.
6. Keep all information updated and recorded in the computer.

CHARTING PROTOCOLS

The following is the preferred order for chart placement of documents within a student-athlete’s medical chart/file:

- First Section: Treatment/Rehabilitation Records (SOAP notes), Rehabilitation Programs, Exercise Sheets, etc.
- Second Section: Athletic Injury Reports
- Third Section: PPE forms (Health History Questionnaire, PPE Evaluation, Orthopedic Physical Examination, Graded Symptoms Checklist, SAC, ADHD Medical Exceptions Notification Form, sickle cell test results), Physician reports or notes, diagnostic tests and reports, etc. Make sure Exit Health Interview form is on top at end of year in this section.
- Fourth Section: Demographic Information/Travel Information Report (address, emergency contact, etc.), insurance card

EVALUATION OF INJURIES AND INJURY REPORTS

The primary consideration in the treatment of athletic injury is early detection, ascertaining the nature of the injury, and its degree of severity. The optimum time to examine a student-athlete for injury is as soon as possible after it occurs. All injuries no matter how big or small are to be recorded on an injury report form. Always fill out the injury report in blue or black ink. Never scribble out anything recorded, simply put a line through your mistake and sign your initials (Example: error^AH).

Thorough and complete documentation of injuries is imperative. Documentation of all positive and negative tests are to be recorded. Charting by exception is not to be employed. Oftentimes re-evaluation is needed for follow-up. The following are steps in injury evaluation:
1. Record all of the pertinent patient information
   a. Student-Athlete’s Full Name
   b. Injury Date
   c. Report Date
   d. Sport
   e. Time of Injury
   f. Site of Accident (be specific: Cougar Stadium, Dillon Complex, Soccer Complex, Softball field, Felix Event Center, Baseball Field, Away, and Off-Campus, etc.).
   g. Record injury background information
      i. Mechanism of injury
      ii. Position
      iii. Level (freshmen, sophomore, junior and senior)
      iv. Activity (practice, game, conditioning, weight training or non-sport related)
      v. Season:
         1. Pre-Season: First practice day of year to day before first game; Part of the Championship season as defined by NCAA.
         2. In-Season: First game day to last competition of season; Part of the Championship season as defined by NCAA.
         3. Post-Season: First Day post last competition to last day of school; Part of the Nonchampionship season as defined by NCAA.
         4. Off-Season: Last day of school to day before first practice day of year

2. Subjective: (History and Symptoms) Most problems can be diagnosed from a good patient history. A thorough history will lead you to an accurate diagnosis. Determine location of pain, pain scale, severity, onset (chronic or acute; dig deeper for chronic onset injuries), numbness, tenderness, swelling, radicular symptoms, what did the student-athlete feel, student-athlete function (ADLs and sport-specific), percent of normal function, previous injury/treatment, and any MD or diagnostic tests.
   a. Mechanism of Injury: Contact versus non-contact, kinesiological forces involved in the injury, movement pattern or activity when injured.

3. Objective: formal tests and measurements, i.e. Inspection, Palpation, Range of Motion, Strength, Neurological, Ligamentous tests, etc.
   a. Observation: Antalgic movement, guarding, edema, ecchymosis, redness, etc.
   b. Bilateral Comparison: Every phase of evaluation should be compared with the opposite side (visual inspection, palpation, function, and range of motion).
   c. Palpation: Bone, ligament, muscle, tendon, etc. Purpose of palpation—to pick up significant differences from one side to another. Palpate for swelling, muscle tension, spasm, crepitus, defects, pain, etc. Palpating with your eyes closed or diverting your eyes can help hone the sense of touch.
   d. Circulatory: Note skin color, temperature, capillary refill of distal extremity, direct palpation of arteries distal to the injury.
e. **Range of Motion (ROM):** Record Active, Passive, and Resistant ROM. For resistive, use full ROM and brake testing. Muscle grading for resistance testing is 0-5 (most injuries will grade in the “4” range, i.e., 4 - or 4 +):
   i. 0 = no evidence of contractility
   ii. 1 = trace= evidence of slight contractility, no joint motion
   iii. 2 = poor, complete rom with gravity eliminated
   iv. 3 = fair, complete rom against gravity
   v. 4 = good, complete rom against with some resistance
   vi. 5 = normal, complete rom against gravity with full resistance

f. **Neurological:** Know the sensory level and motor level of the injured area and if possible, compare to opposite side.

g. **Special Tests:** Ligamentous tests and other tests specific to the body part injured, note pain and laxity involved with tests. Grading: laxity can be graded on a 1-3 scale with + and - , a 1-5 scale, or a description of laxity (i.e. no laxity no pain, no laxity with pain, mild laxity with solid endpoint, moderate laxity with soft endpoint, significant laxity with no endpoint).

4. **Assessment:** The extent of the injury must be determined from your recorded clinical impressions. Be careful to record the exact anatomical site of the injury, the type of injury (i.e. contusion, sprain, strain, etc.), the degree of injury and the determined mechanism of injury.

5. **Management/Treatment Plan:** Immediate steps were or are to be taken and may also set forth an outline of future plans. Patient education, instruction and any orthopedic appliances i.e. crutches, posterior splint, etc. should be noted.

6. **Limitation:** Record student-athlete’s playing status (i.e., Full Go, As Able, Modified, No Contact and Out).

7. Record all other information on the injury report.

At the end of the injury report, have the Athletic Training Student and the supervising AT print and sign their name at the bottom. Enter the injury into ATS and initial the space at the bottom. (See Appendix B)

**SOAP NOTES FOR DAILY TREATMENT**

The SOAP form is the preferred method. SOAP stands for (S) Subjective, (O) Objective, (A) Assessment, and (P) Plan of action. Always fill out the injury report in blue or black ink. Never scribble out anything recorded, simply put a line through your mistake and sign your initials (Example: errorAH).

**COMPOSING SOAP NOTES**

**SUBJECTIVE (S):** This is the interview portion with the student-athlete (SA). This includes the SA’s history (Hx), chief complaint (c/c) or complains of (c/o), pain levels, treatments attempted (Tx), limitations and percent function with ADLs and specific sport, how they responded to the last treatment, overall progression of the injury. Get specific information...
that you can compare on a daily basis. Do not use words “fine”, “same”, “good”; use measureable terms to track progress.

Example: Student-athlete is 6 weeks post-surgical reconstruction of the right Achilles tendon and is in a removable posterior splint. He complains of moderate pain and that he has not been active during that time. His is on crutches utilizing a 3-point gate but needs to start full weight bearing ambulation. He tells you that his leg is stiff and very weak. His is periodically taking Advil for his pain.

S: SA (or Â) is S/P 6 wks Achilles recon. C/o mod. Pň (or pI) & stiffness in R Achilles. NWB č crutches & post splint. Advil PRN.

OBJECTIVE (O::): This is the portion where measurements and that days treatments are recorded. Point tenderness, swelling, ROM, etc. Record the treatments given (i.e., modalities, stretching, rehabilitation exercises, proprioception, functional activities, etc.). Record parameter, sets, reps, times, etc. for each individual treatment.

Example: Student-athlete is tender over surgical scar at calcaneus with good healing, Mild swelling is present of Achilles tendon, Dorsiflexion is 5 degrees and plantarflexion is full. Eversion is 5 degrees and inversion is 10 degrees. Reflexes not tested. Girth at calf is ½ inch smaller than the left. Strength for plantarflexion was against gravity but less half the ROM with mild pain. For dorsiflexion was against resistance but only through available ROM. Eversion and inversion were against resistance but less than half the ROM. Dorsal pulse was okay. Treatment included warm whirlpool for 15 minutes; 50 heel slides on table; light towel stretch for 1 minute for 3 repetitions; towel curls inversion and eversion 3 sets 10 reps; Grade 1 joint mobilization for decreasing pain (dorsiflexion) and initial trial; AROM is all directions 10 times; Muscle re-education for gastrocnemius (low-level) with isometric contraction; Ice for 20 minutes and continued non-weight bearing with splint.

O: SA (or Â) pt. tender over recon site/scar č mild swelling. Pň. 5/10. Signif atrophy of R triceps surae of 4 cm.

<table>
<thead>
<tr>
<th>AROM</th>
<th>MMT</th>
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<tbody>
<tr>
<td>PF</td>
<td>50°</td>
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<td>DF</td>
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<td>2+/5 c pn.or LPF</td>
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<td>DF</td>
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<td>EV</td>
<td>3+/5</td>
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<td>IV</td>
<td>3+/5</td>
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Tx: WWP 15’; Heel slides 50x; Towel stretch 3x1’; Towel curls inv/ev ea 3x10; 1° JM for DF; AROM (PF, DF, Inv, Ev) 10x ea; Biphasic 10” on/20” off x 10’; Ice 20’; cont. NWB č brace.

Assessment (A::): This portion includes the actual injury or surgical procedure, include left or right, problem list, student-athlete compliance, and how student-athlete tolerated treatment.

Problem list:
1. Scar adhesions
2. ↓ dorsiflexion
3. ↓ plantarflexion strength
4. Still NWB b/c of pň and loss ROM in dorsiflexion
5. ↑ cardiorespiratory endurance c UBE

Goals:
1. Begin light cross friction massage
2. ↑ AROM in dorsiflexion (stretching, JM)
3. Plantarflexion t-band
4. Begin PWB when tolerated

Plan: This portion includes additions and changes for the subsequent treatments, treatment times/frequency, re-assessment plans, referrals, HEP instructions as well as increases in participation status, activity progression, especially full return to play, and discharge notes.

P: f/u visit in 2 wks ď Dr. Fraipont. HEP: cont. heel slides BID 50x. Add: STM cross friction, Ylw T-band 4-way.

SOAP NOTE PROTOCOLS/RECOMMENDATIONS

1. Start a SOAP note by writing the full date (month/day/year) in the left-hand column of the sheet so it is visible and stands out.
2. Write the student-athlete’s full legal name, not the nickname. Fill out the sport they’re participating in. Make sure their name is transferred to the other side.
3. When you are documenting multiple injuries on different body parts for one student-athlete, make sure the injuries are kept in separate SOAP notes.
   a. This will eliminate confusion when distinguishing the different treatments from one another.
   b. Also, if another Sports Medicine Staff member has to assist with treatments, there will not be any confusion what treatments to give.
   c. For example, a student-athlete has an injured shoulder biceps tendinitis along with a hamstring strain; compose two separate SOAP notes either on the same sheet or on different sheets. However, if the athlete has Medial Tibial Stress Syndrome along with an ankle sprain, it is up to the discretion of the Sports Medicine Staff to keep these injuries on the same SOAP note.
4. Ensure that the time spent and/or the set and repetition combination on a particular treatment or rehab are listed next to that treatment (i.e., double leg squats 2 x 15, or deep tissue mobilization 3 min, or quad stretch 2 x 30°, etc.).
5. Sign the bottom of the SOAP note with your full signature, not just your initials. ATs need to cosign multiple entries on each SOAP note.
6. Rehabilitation exercises on the exercise sheets should have sets, reps and weights specifically documented for the first treatment; subsequent treatments can just have a check mark if no changes are made.
7. Record dates when student-athletes do not come in for treatment.
8. Report conversations, texts, emails, etc. with physicians regarding student-athlete participation and injury or playing status in a simple dated entry.
9. Record daily concussion progressions in the SOAP notes (i.e., subjective information, symptoms, assessment tool scores compared to baseline levels, etc.).

COMMON MEDICAL ABBREVIATIONS

Medical abbreviations are used as a time and space saver while writing notes. In order to ensure everyone understands the student-athlete’s care and what has been written in a chart by others, most medical facilities have a list of approved abbreviations, and these are the only abbreviations that should be used. This list will be posted in the Felix Event Center SMC and Stadium SMC (See Appendix B).

F. CLEANING AND DISINFECTING PROCEDURES

DELEGATION OF TOWELS

Towels will be used in the following manner:

- Gatorade Towels - For Treatment and Field Use
- Small Charcoal Gray Hand Towels - Treatment
- White or Tinted Green Towels (Rags) - Cleaning
- Light Blue Wash Cloths - Ice Towels

APPROVED CLEANING SOLUTIONS AND PROCEDURES FOR APU SPORTS MEDICINE

The Following procedures should be followed when cleaning the Sports Medicine Clinics and the subsequent Sports Medicine equipment.

Listed By Approved Cleaning Products

Comet Disinfecting Bathroom Cleaner: Hospital-grade disinfectant used for general disinfection

Treatment tables, taping countertops, countertops, cardiovascular equipment, rehabilitation equipment, whirlpools, and stools should be cleaned once daily, or periodically as needed due to high traffic and or possible contact with bodily fluid.

Spartan Shine Plus: Multi-surface protectant for vinyl, plastic, wood, leather, rubber and Formica

Treatment tables, taping countertops, stools, Total-Gym, stationary bicycle seat and portable tables should be cleaned weekly as per the weekly duties.
Spartan Stainless Steel Cleaner & Polish: Stainless steel cleaner
Whirlpools, ice machines, sinks, faucets, water spigots, hydrocollators and modality carts should be cleaned weekly per weekly duties.

Spic and Span All-Purpose Spray and Glass Cleaner: A hospital-grade disinfectant and three-in-one cleaner for glass and most hard surfaces (cuts grease, cleans stainless steel, glass, mirrors, ceramic tile, and formica desk tops and most surfaces for the removal of soil)
Countertops, modalities, refrigerator, microwave, cabinets, taping countertops, cardiovascular machines, rehabilitation equipment, AC vents, door handles, fans, blinds, ledges, clacks cabinets, and walls should be cleaned daily or weekly as per the daily and weekly cleaning duties. All glass surfaces should be cleaned daily or weekly as per the daily and weekly cleaning duties.

P&G Pro Line Disinfecting Floor and Surface Cleaner: Hospital grade disinfectant and all-purpose cleaner
Floors, and other surfaces. Use P&G Pro Line Disinfecting Floor and Surface Cleaner to clean wet area floors. Use a larger container of a diluted mixture (1 to 1 1/2 ounces solution per gallon of water) if a large area is needed to be cleaned (use bristled brush to break up stains and dirt).

Tape Remover: Use tape remover to clean build-up of tape adherent on taping surfaces and cabinets; the buildup will be “sticky” and leave a yellow tint on cabinets
Taping Tables, taping blocks, cabinets, floor and anything else that has tape adherent build-up.

Vacuum
Vacuum as needed throughout the day, specifically in high traffic areas and or after an outdoor sport has left the facility. Housekeeping services will vacuum on a daily basis at night.
Carpets, floor mats, vents of ice machines and AC (use hose and attachment for these). Check bag regularly to ensure adequate suction. Or empty container after each use.

Paraffin
Paraffin baths should be cleaned periodically to remove dirt and other sediment that has been introduced to the wax. To clean the paraffin wax, place 2-3 tongue depressors upright in the hot wax. Hold the tongue depressors upright using tape. Turn off the paraffin bath and leave overnight to harden. Flip the bath on its side and using the tongue depressors “wiggle” the entire piece of wax out of the bath. Using another tongue depressor, scrape the bottom of the wax until all dirt and sediment is removed. Place back into the paraffin bath, and turn it back on. Remove the tongue depressors once the wax has softened up. These should be cleaned monthly or as needed due to build-up of dirt and sediment.
Listed By Equipment

Treatment / Taping Tables, Rehabilitation Equipment, Countertops & Stools
1. Treatment tables, taping tables, rehabilitation equipment, countertops and stools must be cleaned every day and/or following a possible contamination using Comet, a one-step disinfectant, germicidal detergent and deodorant.
   a. Pour Comet into the spray bottle.
   b. No dilution is necessary.
2. Clean / Disinfect tables, equipment, countertops and stools in the following manner:
   a. Spray the Comet solution generously saturating on the surface to be cleaned
   b. Allow the solution to sit on the surface for ten (10) minutes.
   c. Wipe down the surface with a towel.

Coolers
1. Coolers must be cleaned and disinfected every day following use, or as needed following every possible contamination using a diluted solution of household dishwashing detergent or other appropriate cleaner.
2. Coolers are to be cleaned in the following manner:
   a. Squirt the detergent solution inside and outside the cooler and inside and outside the cooler top / lid.
   b. Partially fill the cooler with hot water.
   c. Use the scrub brush to thoroughly scrub the inside and outside of the cooler and the inside and outside of the cooler top / lid.
   d. Allow the soapy solution to circulate through the cooler spigot and use a 6” cotton-tipped applicator to clean the spigot.
   e. Thoroughly rinse the cooler and cooler top / lid using hot water.
   f. Allow the hot water to circulate through the cooler spigot for rinsing.
   g. Coolers should be towel dried and then allowed to air dry.
   h. Store coolers upside down in the designated storage area(s).
   i. Cooler tops / lids should be stored standing up in their designated area(s).
3. Monthly Cooler Sanitizing
   a. Mix 10 gallons of water and 1/3 of a cup of common household bleach in the cooler.
   b. The standard solution must have one (1) hour of contact time to disinfect completely.
   c. When the contact time is complete, open the spigot and drain the cooler.
   d. Refill the cooler with water and purge the system by allowing the cooler to drain through the spigot.

Waterboy Hoses
1. Waterboy Hoses must be cleaned and disinfected every day following use, or as needed following every possible contamination using a diluted solution of household dishwashing detergent or other appropriate cleaner.
2. Waterboy Hoses are to be cleaned in the following manner.
a. Squirt the detergent solution inside the cooler.
b. Partially fill the cooler with hot water.
c. Open the hose valves to allow soapy contents to flow through hoses.
d. Continue to add clean water until contents flowing out of the hoses is clear.

3. Monthly Waterboy Hose Sanitizing
   a. Mix 10 gallons of water and 1/3 of a cup of common household bleach in the cooler.
   b. Open hoses valves and run until a distinct odor of chlorine is detected the shut valves.
   c. The standard solution must have one (1) hour of contact time to disinfect completely.
   d. When the contact time is complete, open the hose valves and drain the cooler.
   e. Refill the cooler with water and purge the system by allowing the cooler to drain through the hose.

Water Bottles, Water Bottle Lids & Carriers
1. Water bottles, water bottle lids & carriers must be cleaned and disinfected every day following use, or as needed following every possible contamination using a diluted solution of household dishwashing detergent (e.g. Sun Light, Dawn, Joy, etc.) or other appropriate cleaner.
2. Water bottles, water bottle lids and carriers are to be cleaned using the dish washer.
   a. Rinse off all dirt and mud.
   b. Place water bottles on bottom rack upside down.
   c. Place lids on top rack.
   d. After removing water bottles, water bottle lids and carriers from dishwasher; store water bottles upside down in their carriers in designated area(s).
   e. Store water bottle lids in the designated container marked for lids.

Towels
Cloth towels should only be used on a single patient and should be laundered following every use.

Hydrocollator Packs / Covers
1. A cloth towel/second layer should be placed between the patient and the hydrocollator pack cover.
2. Hydrocollator covers should be laundered every week and/or following a possible contamination.

Soft Goods
1. Soft goods (e.g. ace wraps / neoprene braces / sleeves, knee / elbow / forearm / shin pads, splints, lace-up ankle braces, shoulder harnesses, walking boot liners, cast shoes, back braces, etc.) should be laundered upon return to the Sports Medicine
Clinic BEFORE being returned to inventory and/or administered to another student-athlete.

2. Soft goods that cannot be laundered (e.g. cervical collars ankle braces, hard splints, etc.) should be disinfected using the aforementioned guidelines for rehabilitation equipment. DO NOT PUT THEM IN THE DRYER.

Whirlpools
1. Whirlpools shall be cleaned on a daily basis, or as needed following every possible contamination.
2. Whirlpools are not to be used by student-athletes with open/draining wounds or who have not showered with soap.
3. Whirlpools are to be cleaned using Comet disinfectant and Spic and Span cleaner.
4. Whirlpools are to be cleaned in the following manner:
   a. Drain Whirlpool. When water level reaches half full, while turbine is still immersed, add Comet with the hose for 5 seconds, turn turbine on for one minute to clean the turbine.
   b. Spray the Comet in and around the sides of the whirlpool.
   c. Allow the Comet to sit for ten (10) minutes.
   d. Spray the whirlpool with Spic and Span cleaner.
   e. Using the long-arm brush/sponge and hot water, scrub all surfaces of the whirlpool, including the bottom, sides, turbine, etc.
   f. Rinse the tank very well with hot water and allow it to drain.
   g. Towel dry or air dry.

Ice Machines
1. Ice machines are to be cleaned weekly with stainless steel cleaner.
2. Ice machines vents are to be cleaned monthly with a vacuum cleaner.
   a. Remove the vent cover.
   b. Vacuum vent cover as well as internal fabric filter
   c. Replace vent cover
3. Ice machine water filters are to be replaced annually. Facilities management schedules filter replacements.

Rice Buckets
1. Student-athletes are to wash their hands before and after each use.
2. Rice will be replaced and buckets will be cleaned every five years.

IV. END OF YEAR OPERATIONS

A. INVENTORY

Inventory will be done annually in May after all of the sports seasons have concluded. It will be supervised by the staff athletic trainer in charge of inventory and ordering with the assistance of the rest of the Sports Medicine Staff. The annual inventory list
can be found in the Sports Medicine Folder on the M drive under Annual Categories; SMC Budgets, Finances and Inventory; and the corresponding year of the inventory. The following guidelines should be followed when counting the yearly inventory:

- The inventory should be counted section by section to ensure that no items are overlooked.
- Pay attention to how each item is counted (i.e. ind, box, bag, pair, etc).
- Pull out and do not count items that are worn and no longer serviceable (i.e. Ace wraps, neoprene sleeves/braces, electrodes, rusty pedi-corn blades, etc).
- Check all expiration dates. Pull out and DO NOT count items that expire prior to October of the current year (i.e. Medications, Betadine, Save-a-Tooth, Saline, Monsel’s Blood Clotting ampoules, 3M Casting Splints, etc.). Note the number for each expired item that is pulled out on the inventory sheet.
- Item that are designated kits are to be considered fully stocked unless otherwise noted and should be counted as such. These items will have a tag that lists the items that are included in the kit. If anything is missing it should be replaced from the general inventory prior to counting so that the kit is considered complete. If there is insufficient items to make a kit complete from general inventory then count the kit but note the items that need to be purchased to make it complete. The following is a list of the stocked kits and what is included in them:
  1. Biohazard Kit – RED Z Fluid Control Solidifier; Comet Disinfectant; Universal Blood Spill Kit; Gloves; Gauze; Blood Buster; Biohazard Bags
  2. Vacuum Splint Kit – Vacuum Splint (Long & Short); Pump & Tubing; 2 Universal Cervical Collars; Bag Valve Mask
  3. Crutch Kit – Crutches (Short & Tall); Knee Immobilizer (Short & Long); Sam Splint; Ace Wraps (6” Single & Double, 4” Single & Double); Arm Sling (S/M/L/XL); Cast Splint (4x15 & 4x30); Emergency Blanket
- Each Sports Medicine Staff member is responsible for the contents of their team travel kit and should empty all disposable items and restock them prior to the inventory. Non-disposable items should be left in the kit and replaced as necessary. The list of these items are as follows:
  1. 2 Bushwalker Bandage Organizers
  2. 1 Littman Stethoscope
  3. 1 Blood Pressure Cuff
  4. 1 Heavy Duty Tape Scissors
  5. 1 Shark
  6. 1 Neurological Hammer
  7. 1 CPR Mask
  8. 1 Instrument Case with Iris Scissor (straight and curved), Tweezers, Nail Clippers, Callus File
B. END OF THE YEAR REPORTS

The Sports Medicine Staff (SMS) annually compiles the injuries that accrued for each APU athletic team over the course of the year (August to July). Using injury tracking software, data are generated which assist the SMS in creating a report for each athletic team on the type and number of injuries, noted trends and other points of interest. This report is submitted to each sport’s head coach and to the Athletic Director. The report contains the current year’s injuries and compares previous year’s injuries in order make recommendations for changes in training, strength and conditioning, etc. The report also contains an analysis of budget, facilities, and Sports Medicine staffing. Specific instructions on how to create end of year injury reports are in the Sports Medicine network drive under Annual Categories in the Annual AT Report folder.

V. SPORTS MEDICINE ADMINISTRATION

A. CONFIDENTIALITY

Athletic Training is an allied health profession. Therefore, whenever student-athlete medical records are retained or initiated, confidentiality must be maintained. Medical records must not be left unattended, removed from the Sports Medicine Clinic, or copied without the student-athlete’s written permission. At no time should there be discussion about an injury or injured student-athlete with anyone other than the sports medical staff, or appropriate personnel as outlined in FERPA. This includes parents for whom the student-athlete has not consented, roommates, coaches, professors and administrators who don’t have a need to know, the media, and others in the community. All sports medicine staff must always be aware of their surroundings and other persons present before discussing any confidential information.

B. STUDENT PRIVACY POLICY

The Sports Medicine program has adopted the following policy regarding student-athlete privacy in order to protect the student-athlete while also providing appropriate communication between University officials, medical providers and others to protect the health and safety of each student-athlete.

The Sports Medicine Staff, coaches, and Student Health Center staff will have access to student-athlete health records and will communicate amongst each other on a need to know basis for the purpose of protecting the health and safety of the student-athlete. When a student-athlete sustains an injury the Sports Medicine Staff may be approached by a member of the Azusa Pacific University (APU) Sports Information and/or outside media agencies. Student-athletes are given the opportunity to approve or decline the release of medical information to such persons at the beginning of the school year. Approval can be revoked at any time by the student-athlete. If authorized by the student-athlete, information released to the media will be limited to the nature of the injury, the anticipated period of time before the student-athlete is able to compete again, and, if hospitalized,
condition of the student-athlete as designated by the hospital (e.g., good, fair, stable, critical).

It will frequently be necessary for the University Student Health Center or the Sports Medicine Staff to communicate with a team physician or other medical providers concerning the medical history or medical care of a student-athlete. Student-athletes sign an information release form at the beginning of each school year. Approval to release medical information to parties outside the university may be revoked at any time by the student-athlete; however the revocation of authority to release student-athlete medical information to outside medical providers will impair the medical staff’s ability to protect the health and safety of the student-athlete. Failure to allow the University Student Health Center and/or the Sports Medicine Staff to communicate with outside medical providers can jeopardize the student-athlete’s ability to continue to participate in intercollegiate athletics at Azusa Pacific University.

When a student-athlete sustains an injury the Sports Medicine Staff may be contacted by or may need to contact the student-athlete’s insurance carrier, APU’s insurance carrier, or medical providers. Student-athletes are given the opportunity to approve or decline the release of medical information to such persons at the beginning of the school year. Approval can be revoked at any time by the student-athlete; however, revocation of authority to provide information to an insurance company may result in the student-athlete’s personal financial responsibility for any medical care received.

When a student-athlete sustains an injury, the student-athlete’s parents may request information about the injury from the Sports Medicine Staff. Student-athletes are given the opportunity to approve or decline the release of medical information to parents at the beginning of the school year. Approval can be revoked at any time by the student-athlete.

Athletic training students (ATSS) in the athletic training program (ATP) will work with the student-athletes under the direct supervision of an Athletic Trainer. All ATSS sign a confidentiality waiver upon admission to the ATP and are trained to maintain all student-athlete medical information in strict confidence. All Sports Medicine Assistants (SMAs) sign a confidentiality waiver upon employment with the Sports Medicine Staff and are trained to maintain all student-athlete medical information in strict confidence.

No student-athlete medical record should leave the Sports Medicine Clinic. If medical records are needed for a case study by an athletic training student, the athletic training student must complete an Authorization To Release Healthcare Information form and have it approved by both the student-athlete and the Director of Sports Medicine and Wellness. This form provides the athletic training student access to the medical records of only the athlete noted on the form. The records may not be photocopied and may not be removed from the facility.
C. COMMUNICATION WITH STUDENT HEALTH CENTER

Upon enrollment into Azusa Pacific University (APU), a medical file/chart is created for each student in the Student Health Center (SHC) located on the East Campus. As an intercollegiate student-athlete with APU, each student-athlete’s chart will be marked with a colored sticker indicating that they are participating in the Intercollegiate Athletics Program.

When a student-athlete is referred to the SHC for an injury or illness or enters the SHC on their own accord, the SHC will communicate all subsequent referrals, pertinent diagnoses, prescribed medications and directions given to the student-athlete that may interfere with their participation in practices, contests, conditioning workouts, travel and play. These communications will be faxed daily and kept private with only the student-athlete, the Sports Medicine Staff, the SHC, any other medical professionals that are involved directly or indirectly with the student-athlete’s diagnosis and/or other parties designated on the “Client Authorization to Release Information Form” signed by the student-athlete during pre-participation physical examinations.

In either of the aforementioned instances, the SHC will report any illnesses pertinent or not that may affect the health and wellbeing of the student-athlete’s teammates, coaches, athletic trainers or any other persons involved with this student-athlete in the Intercollegiate Athletics Department (i.e. infectious disease, influenza, etc.).

In the case of any student-athlete that has contracted an infectious disease that is at the level of the state and/or county public health department, the SHC must not only report this outbreak to the proper authorities, but the outbreak, including the identity of the positive carrier, must be reported immediately to the Director of Sports Medicine and Wellness so that subsequent outbreaks are contained and can be dealt with properly. This is to ensure the health and safety of the entire student-athlete population along with the staff and faculty in the Intercollegiate Athletics Department is not compromised.

D. ATHLETIC INSURANCE POLICY

In the event that a student-athlete is injured due to participation with their intercollegiate team, the student’s primary insurance is used. APU’s athletic insurance covers all allowable charges not covered by the student-athlete’s primary insurance. In the event that the student-athlete does not have health insurance, APU’s athletic insurance covers all allowable charges. In the event that the student-athlete lives more than fifty miles from APU and has an HMO insurance, the student-athlete is viewed as having no billable insurance with the exception of emergency treatment.

In order to be eligible for the APU athletics insurance for an injury that occurred due to participation in the intercollegiate athletics, a student-athlete must be referred by a member of the Sports Medicine Staff. The referring AT will fill out a medical referral sheet and an insurance claim form to be given to the Insurance Carrier and then the physician (see
Appendix C). The referring AT will determine what physician the student-athlete can be referred to depending on the student-athlete’s primary insurance.

If a student-athlete seeks medical attention without a referral from an AT, any medical expenses incurred will not be covered by APU’s athletic insurance.

If a student-athlete’s insurance will not allow them to be seen by APU’s designated Orthopedic Doctors they can be seen by the Medical Group for a consultation free of charge.

PREVIOUS INJURIES
The APU Athletics Department will not be responsible for any pre-existing injury or any operation not covered by our insurance.

TRYOUT INJURIES
Prospective Student-Athletes (PSA) that have completed all of the necessary paperwork with the Office of Compliance in order to try out for/with an intercollegiate athletics team are covered for accidental athletic injuries under the APU Athletics Insurance Policy. This is a limited policy through the same company as APU’s Secondary Athletic Insurance carrier and operates as another excessive policy that may be used after a primary insurance has been exhausted. Exclusions to the Tryout Insurance Policy are similar with regards to pre-existing injuries and eligibility criteria for medical bills generated without a referral from an APU AT. Injuries occurring during PSA Tryouts need to be reported to the team’s AT within 90 days to meet qualification.

DENTAL COVERAGE
Treatment of cavities or cleaning of the teeth will not be paid by the APU Athletic Department. Any damage to teeth must be reported to an AT immediately. Any payment of bills for dental work resulting from injury must be authorized by an AT and includes only bills for repair of damage to relatively healthy teeth caused during regularly scheduled practices or contests. Damage to decayed teeth will not be covered.

VISION COVERAGE
Corrective lenses are not furnished by the APU Athletic Department. If the need is determined by the Team Physician for participation, it is the financial responsibility of the student-athlete.

E. SCHEDULING
When scheduling contests, per the Athletics Director, the subsequent information needs to be followed: Winter coaches are advised that when scheduling pre-season away contests during the fall sports’ championship season playoffs, an AT may not be able to attend
contests during this time. The scheduling of practices and contests during the nonchampionship season needs to be avoided during Homecoming.

F. ROAD TRIP PROCEDURES FOR SPORTS TRAVELING WITHOUT A SPORTS MEDICINE STAFF MEMBER

1. The Staff AT will travel to all away games, if possible.
2. ATs will not travel with low risks sports to away games. Low risk sports include Tennis, Cross Country, Swimming and Diving, and Water Polo.
3. If an AT is unable to travel the Head Coach is responsible for the health care coverage of the team while away from Azusa Pacific campus if no AT is present.
4. If an AT is not traveling with the team, the coach shall arrange to get the emergency notebook, treatment notes and a Sports Medicine kit to travel with.
5. Advise coaches of the sensitive personal information contained within the emergency notebook and that they should keep it on their person at all times.

G. SPORTS MEDICINE STAFF COVERAGE

Every formal intercollegiate athletic practice or contest should have some level of medical staff coverage. Every attempt is made to provide on-site or on-campus coverage. Coverage is defined as on-site, on-campus, or First Aid/CPR coverage. Staff size relative to the number of scheduled practices or contests dictates what coverage the Sports Medicine Staff is able to provide. Coverage is defined as having Sports Medicine Staff or designee who is responsible for carrying out the Injury Management Plan or the Emergency Medical Plan. In some limited cases the designee is a coach who has First Aid and CPR/AED training.

Proper notification of team scheduling and appreciation of staffing and time limitations of the Sports Medicine Staff will help insure that no scheduled activity is uncovered. It is requested that any practice or contest changes be immediately communicated to the Sports Medicine Staff to inquire about staffing availability. It cannot be assumed that staffing is always available. Every attempt will be made to provide staffing if notification is received at least 48 hours in advance. It is also requested that changes in game scheduling be made in writing to a member of the Sports Medicine Staff. Changes in practice schedules are to be given to the supervising AT.

Practices occurring over holiday periods or finals weeks must be set up to a minimum of one week prior to the practice period. Practices over the Christmas Break must be set up prior to finals week. Scheduling needs to be made in writing to the Director of Sports Medicine and Wellness and or the supervising AT.

INTERCOLLEGIATE CONTESTS

All home championship season intercollegiate athletic contests will be covered on-site by an AT and the appropriate number of ATSs/SMAs. All home nonchampionship season intercollegiate athletics contests will be covered on-site if possible if the AT is informed of
the contest two weeks ahead of time and the AT is not covering a championship season event. If the contest is not covered with an AT on-site, there will be an AT on-campus if the contest is scheduled during normal business hours (i.e. Monday through Friday 9am to 5pm). In such instances, the CPR/AED trained coach assumes the responsibility in providing coverage.

Away contests will be covered by an AT and an ATS/SMA whenever possible. AT’s will travel with teams in championship season with the exception of Cross Country, Tennis, and Aquatics (Water polo and Swimming and Diving). The cost of travel for the Sports Medicine Staff is included in the team’s budget. Football must travel with a minimum of four athletic trainers. All other sports must allow for at least one athletic trainer in their travel budget and two for post-conference championship play.

SPORT SPECIFIC TRAVEL COVERAGE FOR INTERCOLLEGIATE CONTESTS DURING CHAMPIONSHIP SEASON

The following teams will travel with a minimum number of designated Sports Medicine Staff:

1. Local Travel (Non-Overnight):
   - Football will travel with 4 ATs, 5 whenever possible.
   - M/W Soccer and M/W Basketball (3 ATs when traveling together and 2 ATs each when traveling alone).
   - Volleyball, Softball, and Baseball will each travel with 2 ATs.
   - Acrobatics and Tumbling will travel with 1 AT.
   - Cross Country may travel with 1 AT depending on the meet.
   - Track and Field will travel with 4 ATs if a large number of the team is participating.
   - Tennis, Swimming and Diving, and Waterpolo will not be covered for local travel.

2. Travel involving overnight stays:
   - Football (4 ATs).
   - M/W Soccer and M/W Basketball (3 ATs when traveling together and 2 ATs each when traveling alone).
   - Track and Field will travel with 4 ATs if a large number of the team is participating.
   - Baseball will travel with 2 ATs.
   - Volleyball, Softball, and Acrobatics and Tumbling will all travel with 1 AT.
   - Tennis, Swimming and Diving, and Waterpolo will travel when possible with 1 AT if it is a multi-day match or tournament, TBD by Director of Sports Medicine and Wellness.

3. Travel to Nationals:
   - Football and Track and Field will each travel with 4 ATs.
   - M/W Soccer, Volleyball, M/W Basketball, Baseball, Softball, and Acrobatics and Tumbling will each travel with 2 ATs.
   - Cross Country, Swimming and Diving, and Water Polo, and Tennis will each travel with 1 AT.
INTERCOLLEGIATE PRACTICES

On-campus championship season practice sessions will be covered either on-site or on-campus by an AT and ATSs/SMAs when available. There may be circumstances when no AT is available for coverage (i.e. a non-tape practice, weight room workouts, nonchampionship season events scheduled during outside of normal operating hours, etc.). In such instances, the CPR/AED trained coach assumes the responsibility in providing coverage.

Nonchampionship season practices will not be covered on-site by an AT due to staffing limitations, with the exception of Spring Football practices. Injuries resulting from such practices can be treated during Felix Event Center SMC open hours. If a life-threatening or serious injury occurs during practice, EMS should be notified and then an on-campus AT should be notified immediately. Nonchampionship season coaches are encouraged to schedule practices during normal hours of operation of the Sports Medicine Clinic. If not, they must have the approval of the Athletics Director. If practices are scheduled outside of the hours of operation of the Sports Medicine Clinic, then the CPR/AED trained coach is directly responsible for carrying out the Injury Management Plan and the Emergency Medical Plan. Each team will designate one person to ensure first aid kit provided by the Sports Medicine Staff will be at each official practice, conditioning session, or training session. First aid kit will be stocked with a Universal Precautions Kit, Sam Splint, arm sling, 2 ace wraps, gloves, gauze, pocket mask, biohazard bags, saline solution (for eye and wound irrigation), hand sanitizer, 1 roll of 1 ½” athletic tape, 1 roll of stretch tape, 1 roll of prewrap, scissors, and Band-Aids.

Off-campus practice sessions will have to depend on the CPR/First Aid licensed coach to provide coverage. The coach should have the emergency notebook, containing the emergency action plan and Sports Medicine kit for their sport with them at such times.

Teams’ regularly practicing off-campus will not be covered. The team will have contact with their assigned AT by phone. They will be covered by their First Aid and CPR/AED trained coach. The assigned AT will cover all home contests.

The Sports Medicine Staff cannot cover unofficial or “captain’s practices”.

H. MEDICATIONS

The Azusa Pacific University Sports Medicine Staff follow federal and state guidelines for the management, handling, and dispensing of nonprescription medications in its facilities. Management of over-the-counter medication is critical to the health, well-being and integrity of Azusa Pacific University team physicians, athletic trainers and student-athletes.

The primary responsibility of the Azusa Pacific University over-the-counter (OTC) drug program will lie with the Azusa Pacific University team physicians.

- Jerett A. Zippin, D.O., general medical team physician will be responsible for overseeing the OTC drug program.
- Michael J. Fraipont, M.D., orthopedic team physician and surgeon with Congress Medical Associates.
The secondary responsibility lies with the Azusa Pacific University Sports Medicine Staff.
- April Hoy, Director of Sports Medicine and Wellness
- Benjamin Fuller, Associate Athletic Trainer
- Jesse Cops, Associate Athletic Trainer
- Hollie Tirrell, Assistant Athletic Trainer
- Jessalyn Coleman, Graduate Intern Athletic Trainer
- Rachel Rodeheaver, Graduate Intern Athletic Trainer
- Ashley Saunders, Graduate Intern Athletic Trainer
- Ryan Yamakawa, Graduate Intern Athletic Trainer

The Azusa Pacific University team physician and consultation with the Sports Medicine Staff will determine which over-the-counter medications are to be stored in the Azusa Pacific University Sports Medicine Clinics. Azusa Pacific University will primarily house over-the-counter (OTC) medications in its Sports Medicine Clinics. The only prescription medications that will be housed in the Sports Medicine Clinics will be prescriptions for student-athletes for which the student-athlete has signed the “Prescription Release Assignment of Benefits” paperwork (form located in Appendix A). Such medications will only be given to the student-athletes for whom they are prescribed. All prescriptions will be handled in the Azusa Pacific University Student Health Center or medical office that is prescribing.

This over-the-counter medication protocol is a recommendation and is not a replacement for treatment and consultation with a physician. Before administering any over-the-counter medication always obtain a SAMPLE (Signs/Symptoms, Allergies, Medications, Pertinent Past History, Last Oral Intake, Events Leading to the Injury or Illness) history. When questioning the student-athlete about the use of any medications (OTC, Rx) also screen for any nutritional supplements. Always instruct student-athlete to follow guidelines on package when taking any over-the-counter medications. Instruct student-athlete to read guidelines about precautions that persist when taking over-the-counter medications.

SAMPLE HISTORY

Signs/symptoms
Allergies
Medications
Pertinent past history
Last oral intake
Events leading to the injury or illness
- Always ask student-athlete about any allergic conditions.
- Always ask student-athlete if presently taking any medications (Rx, OTC) or nutritional supplements.
- Avoid the use of alcoholic beverages when using any medication.
• Always ask when their last food intake was.
• Always ask if they have been hit in the head recently or currently suffering from a head injury.

*See Appendix D for a list of illnesses and proper medication and dosage recommendations*

An affirmative (“yes”) response to any of these questions may indicate that further information may be needed before medication is administered. This information will be documented in the patient’s chart in a SOAP note. In addition, caution should be taken with administration of medications during practices/contests, or within 30 minutes of activity. For many medications, time is needed to get the drug out of the stomach and into the system for it to work. Also, some medications may cause GI distress if taken during activity.

MANAGEMENT OF OVER THE COUNTER MEDICATIONS IN THE SMC

Over-the-counter medications are regulated by the Food and Drug administration. Azusa Pacific University will check expiration dates and quality of packaging to ensure compliance with all federal laws.

MAINTENANCE OF INCOMING MEDICATIONS

All over-the-counter medications will be handled in the following method:
• Ordered in single-dose packages when available.
• Any discrepancies shall be immediately reported and corrected if necessary.
• All medications shall be immediately stored and secured properly within the designated confines of the designated Azusa Pacific University Sports Medicine Clinic.

STORAGE OF OVER-THE-COUNTER MEDICATIONS

The Sports Medicine Clinics is defined as any space in which Sports Medicine services are provided. The most common Sports Medicine facilities are the formal Sports Medicine Clinic, the field of practice and ancillary associated facility with travel. All over-the-counter medications should be stored in a locked cabinet that is environmentally controlled and secured by tamper-proof locks. This storage should be inaccessible to student-athletes, and other unauthorized individuals, with access limited to authorized personnel.
• All over-the-counter medications will be stored in a locked cabinet in each of the Sports Medicine Clinics at Azusa Pacific University.
  o Felix Event Center Sports Medicine Clinic, locked cabinet in first aid area.
  o Stadium on East Campus Sports Medicine Clinic, locked unlabeled cabinet behind Sports Medicine Clinic desk.
  o Only ATs will have keys for the cabinet.
• Portable Sports Medicine Kits
  o Portable medical treatment kits (“kit”) will be used only to be used when an athletic team is traveling, practicing, competing at home or in some other designated location or event.
- The kit is to be stocked as to the needs of that particular team or practice.
- All medication administered shall be hand written on the medication log for portable kits and electronically recorded according to protocol as soon as possible.

- **Travel**
  - The ATs traveling with the team will keep all OTC’s with them. For airline travel it is recommended that they keep the OTCs in their carry-on baggage.
  - When a prescription is held by the ATs during travel (i.e. inhaler), the medication and a copy of the prescription release form will be kept in their possession. For airline travel it is recommended that the medication is kept with the AT in their carry-on baggage.

**DOCUMENTATION OF OVER-THE-COUNTER MEDICATIONS**

Accurate accounting of over-the-counter medications is the responsibility of all members of the Sports Medicine Staff to record on the medication log for portable kits, over-the-counter medication administered to a student-athlete, coach, staff member, or other appropriate person. Administration of over-the-counter medication should be recorded at the Sports Medicine Clinic to maintain inventory control and patient records for quality and accurate treatment. All new stock of OTC medications will be inventoried upon receipt.

Azusa Pacific University student-athletes who wish to receive over-the-counter medications shall give written permission to the authorized Azusa Pacific University personnel to act as their agent when forwarding a prescription request by an Azusa Pacific University Team Physician and/or a personal physician to a specified pharmacy, when receiving, storing, transporting, and securing prescription medications prescribed for them on their behalf. This document Prescription Release Form will be signed on an annual basis.

- **A copy of the Prescription Release Form will be:**
  - Maintained with pertinent travel documents by Azusa Pacific University personnel
  - Filed within the Azusa Pacific University Sports Medicine Clinic.

- **When a dosage of over-the-counter medication is administered to a student-athlete, coach or staff, the medication will be logged on an over-the-counter medication log.**

  - When recording the dispensing of medication to a student-athlete in the Athletic Trainer System (ATS) software, indicate medication dosage by how many packets were administered.

**INVENTORY OF OVER-THE-COUNTER MEDICATIONS**

Inventory of over-the-counter medications should be taken on a regular basis to reconcile the amount of medication distributed and ordered with the current amount available. Periodically the inventory of OTC medication will be checked for expiration dates.
PACKAGING/LABELING OF OVER-THE-COUNTER MEDICATIONS

Over-the-counter medications should be maintained in single-dose packets, complete with information required by the FDA’s 7-point label guidelines. The purchase of unit-of-use packages is preferred over bulk containers to avoid repackaging.

- Azusa Pacific University will only purchase over-the-counter medications that come in unit-of-use packages when available.

DISPOSAL OF OVER-THE-COUNTER MEDICATIONS

Expired over-the-counter medication should be disposed of properly per federal and state guidelines.

- The Director of Sports Medicine and Wellness and/or the designee(s) shall perform a periodic inspection of all medications contained within the Spcrts Medicine Clinic.
- Expired Over-The-Counter medications shall be disposed of in biohazard waste containers and disposed of as per the Azusa Pacific University OSHA/Biohazard Waste Removal Procedures.

I. EQUIPMENT CHECK-OUT

Equipment such as knee braces, ankle braces, knee sleeves, etc. can be checked out to medically cleared student-athletes with AT approval. An equipment check out list will be filled out by the AT (see Appendix H).

All equipment will be collected at the completion of the regular championship season.

Equipment not returned by the requested date will be billed to the coach’s restricted account for the price of replacement equipment.

Rules for Issuing Equipment

1. All equipment handed out must be approved by an AT.
2. When equipment is issued, fill the pertinent information on the equipment sign out sheet.
3. Sign-in equipment when it is returned.
4. Do not allow student-athletes to get their own equipment, make sure the equipment fits, and the student-athlete knows how to use and care for the equipment properly.
5. If a student-athlete has previously signed out equipment they may not have another one unless it is a one for one exchange.
6. If a student-athlete has an item checked out from a previous injury that they are not using, they may not be issued new equipment until the previous has been returned or paid for.
J. LIST OF MEDICAL SPECIALISTS

Team Physicians
Michael J. Fraipont, M.D. (Orthopedic)
Jerett Zipin, D.O. (General Medical)

Orthopedic Surgery
Congress Medical Associates – Pasadena Office
Richard C. Diehl, M.D.                     Thomas G. Harris, M.D.
Gregory J. Adamson, M.D.                  In Chang Kim, M.D.
Roy F. Ashford, M.D.                      Timothy J. Jackson, M.D.
William M. Costigan, M.D.                  Kenneth R. Sabbag, M.D.
Todd B. Dietrick, M.D.                    James A. Shankwiler, M.D.

Congress Medical Associates – Arcadia Office
John Quigley, M.D.
Rishi Garg, M.D.
Gary Moscarello, M.D.
Bradford Hack, M.D.
Joe Y.B. Lee, M.D.
Steven D. Lin, M.D.

Dentist
Andrew W. Kwon, DDS, FICOI

Otolaryngology (Ear Nose and Throat)
James G. Williams, M.D.

Kaiser Permanente
Andrew Sierra, M.D.
Raffy Mirzayan, MD.
Greg Maletis, MD.
Bradley Reynolds, P.A.-C. (P.A. for Dr. Mirzayan)

Kerlan-Jobe Orthopaedic Clinic
Ralph A. Gambardella, M.D.
Phillip K. Kwong, M.D.
Jae H. Chon, M.D.
Kenneth S. Jung, M.D.
Neal S. El Attrache, M.D.

Physical Therapy
Congress Medical Associates – Pasadena/Arcadia Office
Barry I. Shafer, PT, DPT, ATC
K. TELEPHONE NUMBERS

Sports Medicine Staff Athletic Trainers
April Hoy
Office: 626-815-6000 x5191       Cell: 626-712-7282

Benjamin Fuller
Office: 626-815-6000 x5167       Cell: 626-710-3709

Jesse Cops
Office: 626-815-6000 x5189       Cell: 434-473-9192

Hollie Tirrell
Office: 626-815-6000 x5192       Cell: 909-856-4657

Jesselyn Coleman
Office: 626-815-6000 x5190       Cell: 253-670-3474

Rachel Rodeheaver
Office: 626-815-6000 x5190       Cell: 619-459-93097

Ashley Saunders
Office: 626-815-6000 x5190       Cell: 317-847-3088

Ryan Yamakawa
Office: 626-815-6000 x5190       Cell: 310-613-2027

Sports Medicine Clinics
Stadium Sports Medicine Clinic     626-815-6000 x 3212

Felix Event Center Sports Medicine Clinic 626-815-6000 x 5190

Medical or Emergency Assistance
Department of Campus Safety        626-815-3898 or x 3898

Emergency                     911
   Azusa Police Department     626-812-3200
   Azusa Fire Department      626-444-2581

Student Health Center          626-815-2100 or x 2100

University Counseling Center   626-815-6000 x 3252
L. ADMINISTRATIVE RECORDS

GENERAL FILES

1. Active Student-Athlete Files: Records of currently participating student-athletes. Student-Athlete Emergency Information: Records of emergency contact information for all student-athletes in the school year (hard copy files located in locked offices and file cabinets).
2. Inactive Student-Athlete Files: Records of students that have graduated or those who have discontinued participation. These files are kept in the Sports Medicine Clinic for one year and then kept in A.R.K. (University secure digital network storage) for an additional six years after the student-athlete’s last recorded documentation year (hard copy files located in locked offices and file cabinets).
3. Treatment Files: Records of daily treatment logs and current rehabilitation programs (see Appendix B) (hard copy files located in locked offices and file cabinets).
4. Athletic Training System (ATS) Computer Program: Emergency contact information, clearance status, injury records, and treatment logs for all intercollegiate student-athletes. (Encrypted cloud storage)
5. Inventory and Distribution tracking of over-the-counter medication.
6. ImPACT Concussion Management Program: Neuropsychological assessment tool for baseline assessments and assessments post-concussion. (Encrypted cloud storage)
7. Athletic Department Injury Report Files: Records of all APU Athletic Department Injury Report. These files are kept for seven years.
8. Supply inventory file: inventory of all SMC supplies (University Network drive).
9. Budget/Purchase Requisition Files: Records of purchase requisitions, budgets and bids from past years (located in university network drive).
10. Vendor Files: Records of vendors and supply catalogs used for ordering supplies (hard copy and located in university network drive).
11. Clothing Files: Records of purchase requisitions, budgets and bids from past years. (located in university network drive and hard copies in offices).
12. Emergency Notebook: Notebook kept for each intercollegiate team including a team roster, emergency information for each student-athlete, emergency and medical directory, medical facility maps, injury instructions, and doctor’s reports (hard copy maintained by each Sports Medicine Staff and coaches).
14. Logs and In-services Notebook (hard copy in the Sports Medicine Clinic).

SPECIFIC RECORDS

1. Student-Athlete Chart/File Folder: Contains all medical and insurance records for each student-athlete (actual files in locked offices and locked cabinets).
2. Athletic Pre-participation Physical Exam Packet: Contains personal information, emergency contact information, assumption of risk, medical history and physical examination, both general and orthopedic (see Appendix A).
3. Student-Athlete Injury Report: Record of each individual injury including SOAP notes and circumstances surrounding the injury (see Appendix B).
4. Daily Treatment Log: Daily register of clinical treatments (see Appendix B).
5. Treatment and Rehabilitation Notes: Continuing care and rehabilitation program for a student-athlete’s injury (see Appendix B).
6. SMC Physician’s Report: Form for Team Physicians to fill out when they see a student-athlete in the SMC (See Appendix C).
7. Medical Referral: Form taken with student-athletes to Doctors appointments informing the Sports Medicine Staff of the injury diagnosis and participation status (see Appendix C).
8. Equipment Checkout Forms: Record of when student-athletes check out items and when they are returned (see Appendix H).
9. Head Injury Forms: Instructions for care after a head injury has been sustained (see Appendix F).
10. Crutch Training: Instructions for the use of crutches with a lower extremity injury (see Appendix B).
11. Medical Facility Maps: Maps to local medical facilities (see Appendix E).
12. Emergency and Medical Directory: Phone numbers for Athletic Department Administration, Sports Medicine Staff members, Student Administration, and local medical facilities (see Appendix E).
13. SMC Rules: General guidelines for behavior of student-athletes in the SMC (see Appendix H).
14. Practice Set Up Items: A list of the necessary equipment needed to be set up for practice.
15. Game Set Up Items: A list of the necessary equipment needed to be set up for intercollegiate competitions.
16. Daily Duties (Opening and Closing): A list of all of the tasks to be performed when opening and closing the SMC (see Appendix H).
17. Weekly Duties: A list of all of the tasks to be performed weekly in the SMC (see Appendix H).
18. Monthly Duties: A list of all of the tasks to be performed monthly in the SMC (see Appendix H).
19. Biohazards drop-off record (see Appendix H)

VI. EMERGENCY MANAGEMENT PROCEDURES

A. EMERGENCY ACTION PLAN

Emergency situations may arise at any time during athletic contests. Expedient action must be taken in order to provide the best possible care to the student-athletes in emergency and/or life threatening situations. The development and implementation of an emergency plan will help ensure that the best care will be provided. APU Sports Medicine has developed an emergency plan that may be implemented immediately when necessary to provide appropriate standards of health care to all sports participants. In emergency situations, the Director of Sports Medicine and Wellness is to be notified at the earliest convenience.

B. COMPONENTS OF THE EMERGENCY ACTION PLAN

EMERGENCY PLAN PERSONNEL

With athletic practice and competition, the first responder to an emergency situation is typically a member of the Sports Medicine Staff. A team physician may not generally be present at organized practices or competitions. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the inherent risk of 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 CPR, first aid, prevention of disease transmission, and emergency plan review is required for all relevant Athletic Department Personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, EMTs/Paramedics, ATs, ATSS/SMAs, coaches, managers and possibly bystanders.

Roles within the Emergency Team

- Immediate care of the student-athlete
- Emergency equipment retrieval
- Activation of the Emergency Medical System
- Direction of EMS to scene
Activating the EMS System

Making the Call:

- 911
- Azusa Police Dept. – 626-812-3200

Providing Information:

- Name, address, telephone number of caller
- Number of student-athletes
- Condition of student-athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene ("come to south entrance of coliseum")
- Other information as requested by dispatcher

When forming the emergency 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 team to function even though certain members may not always be present.

Emergency Communication

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured student-athletes. Communication prior to the contest 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 contest 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, will be assured. The communications system will be checked prior to each practice or competition to ensure proper working order. A back-up communication plan is in effect in the event that there is a failure of the primary communication system. The most common method of communication is a land-line telephone. However, a cellular phone is preferred if available. Radios are the back-up plan for telephone failure. A radio will be present at all event sites. One radio at each site will have direct communication with APU Department of Campus Safety. 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 will be established if it is not easily accessible.

EMERGENCY EQUIPMENT

All necessary emergency equipment will be at the site and quickly accessible. Personnel must be familiar with the function and operation of each type of emergency equipment.
Annual training is provided to all ATs and ATSs/SMAs. Equipment must be in good operating condition. Emergency equipment will be checked on a regular basis and emergency personnel should rehearse its use. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment will be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

C. TRANSPORTATION

APU coordinates on-site ambulances for competition in football. Ambulances may be coordinated on-site for other special events/sports, such as major tournaments or Conference/NCAA regional or championship contests. 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 an emergency situation, the student-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 student-athletes in inappropriate vehicles. Please refer to the “Guidelines for transportation of injured student-athlete” in the injury section of this document. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the student-athlete.

D. AMBULANCE PROTOCOL FOR STUDENT-ATHLETES (ON-SITE AMBULANCE)

1. Qualification of Rig Staffing is to maintain current and in good standing with all licensing and certifications:
   a. 1 Paramedic – state licensed and can perform all medical procedures within his/her scope of practice.
   b. 1 EMT – trained to assist the paramedic, as required by LA County.
2. Arrival time: No less than 30 minutes before kickoff in order to ensure a timely briefing. If Crew is not able to arrive 30 minutes before kickoff, the APU Sports Medicine Staff must be contacted via phone PRIOR TO being late.
4. Transporting under ALS:
   a. Criteria – i.e., inserting advanced airway, giving meds, administering an IV, open fracture or life threatening assistance;
   b. Protocol – Per LA County, base contact to hospital is required for further instruction. However, the on-site MD has control of the scene; base contact will be used to inform rather than to dictate transport. Despite this contact, transport should begin once directed by the on-site MD and the APU Sports Medicine Staff.
If directed to begin transport, the rig is expected to be rolling while said base contact is made along the way. Base contact will not be required to begin transportation yet will serve as a means to provide the best, appropriate and quality patient care.

c. The replacement rig must be activated immediately.

d. A Basic Life Support (BLS) rig may be requested by the ALS rig in the event that a minor or non-life threatening injury (i.e., mild ankle sprain, shoulder injury, etc.) arises in order to allow the ALS rig to remain at the contest.

e. Preferred medical facility – Foothill Presbyterian Hospital for ALS, as it is the nearest location.

5. Professional Services: The Medic-1 crew will be focused and dedicated to the football field involving the student-athletes, referees and coaches for the game at hand. The Medic-1 crew has been instructed that Department of Campus Safety will be required to monitor the first aid needs of the fans. The holding location for the rig and crew will intentionally be placed on the north side of a fence, separating them from the stands, as to reduce the chances of a direct contact situation. Furthermore, the Medic-1 crew should be stationed at the rig at all times during their shift to ensure a dependable access, and not to be found elsewhere (i.e., at concessions). Any replacement rig and crew are understood to arrive within 20 minutes with the same staffing credentials, and will be expected to operate under these same contractual provisions.

6. Contacts for Medic-1:

   a. Point person: Matthew Chalette (626) 422-3529
   b. 24 hour supervisor (626) 337-9868
   c. On call dispatcher (661) 713-4225
   d. Office (626) 385-0440
   e. General (800) 814-1160

**E. AMBULANCE PROTOCOL FOR SPECTATORS AT FOOTBALL GAMES**

All home football games will be covered by the APU Sports Medicine Staff, a team physician, and a contracted Advanced Life Support (ALS) Ambulance crew. In the event that a spectator or other attendee not directly associated with on-field competition is injured or incapacitated during the course of the athletic event, Department of Campus Safety (DCS) will assess the situation and if an EMS needs to be activated, the DCS will call upon immediate services of the contracted Ambulance crew as well as contact outside EMS. DCS will also immediately contact the Athletic Director or the highest ranking Athletics Administrator on-site who in turn will stop the game.

If the injured/incapacitated party is out of the line of sight of spectators, the game may resume as soon as the contracted Ambulance crew is relieved by-EMS and a new ambulance crew. If the injured party is in the line of sight, discernment of game administrators will be used to determine whether or not to resume the game before the injured party is transported by the new ambulance.
F. GUIDELINES FOR TRANSPORTATION OF INJURED STUDENT-ATHLETE

When a student-athlete is injured and the decision is made to transport the student-athlete to the hospital for care, 911 should be called if the following criteria are met:

1. The student-athlete is unconscious or lost consciousness at any time due to trauma.
2. The student-athlete has lost the ability to breathe at any time.
3. The student-athlete had no pulse at any time.
4. The student-athlete has severe bleeding (i.e. arterial bleeding) that is uncontrollable.
5. The student-athlete is suspected of having any vertebral injury in which immobilization (spine boarding) is required.
6. The student-athlete has an obvious fracture that has presented itself as needing emergency medical care (i.e. compound fracture, contracture, etc.).
7. If the student-athlete’s injury requires extrication or removal of an impaled object (i.e. from a fence, or throwing implement).
8. If there is any life threatening condition (i.e. heat stroke, severe bleeding, shock, etc.).
9. If movement of the student-athlete would exacerbate the student-athlete’s condition.
10. If the Sports Medicine Staff will be shorthanded if they were to transport the student-athlete themselves.

April Hoy – Director of Sports Medicine and Wellness – 626-712-7282 (cell)

Benjamin Fuller – Associate Athletic Trainer – 626-710-3709 (cell)

Jesse Cops – Associate Athletic Trainer – 434-473-9192 (cell)

Hollie Tirrell – Assistant Athletic Trainer – 909-856-4657 (cell)

If the aforementioned cannot be contacted, send the student-athlete to:

Citrus Queen of the Valley
1115 South Sunset Ave.
West Covina, CA 91790
626-962-4011 (ER ext. 23493)

Foothill Presbyterian Hospital
250 S. Grand Ave.
Glendora, CA 91741
626-963-8411

If a life-threatening situation exists, the coach should immediately contact CALIFORNIA EMERGENCY SERVICE-911 and then call one of the ATs.

G. VENUE SPECIFIC EMERGENCY ACTION PLANS (EAP)

Venue specific EAPs have been created for all of APU’s Athletic Teams’ home competition and practice sites, including the weight room. They are provided in the Appendix E.

H. ROAD TRIP EMERGENCY PROCEDURES
When traveling Sports Medicine Staff and/or Coaches will follow procedures as outlined in the Emergency Action Plan, for emergencies either at the contest or during travel to or from the contest. If a Sports Medicine staff member is present they will treat the student-athlete per normal protocols with the assistance of other on-site medical personnel if present. Once the situation is controlled the Sports Medicine Staff will contact the Director of Sports Medicine and Wellness, who will in turn contact the Athletics Director. If there is no APU Sports Medicine staff member present the First Aid/CPR Certified Coach will initiate emergency care and the Emergency Action Plan along with the other on-site medical personnel if present. Once the situation is controlled the Coach will contact their designated Sports Medicine staff member who will in turn contact the Director of Sports Medicine and Wellness, who will contact the Athletics Director.

I. EMERGENCY HAND SIGNALS

<table>
<thead>
<tr>
<th>SIGNAL</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tapping Head</td>
<td>Get Ambulance</td>
</tr>
<tr>
<td>Signing Talking on Telephone</td>
<td>Call 911</td>
</tr>
<tr>
<td>Hand on Fist</td>
<td>Bring Ice</td>
</tr>
<tr>
<td>Fist in Air</td>
<td>Bring Doctor</td>
</tr>
<tr>
<td>Grab Elbow</td>
<td>Bring Splints</td>
</tr>
<tr>
<td>Arms @ 90</td>
<td>Bring Spine board</td>
</tr>
<tr>
<td>Holding 2 Fingers</td>
<td>Bring two players on sideline to carry student-athlete</td>
</tr>
<tr>
<td>Hand on forehead</td>
<td>Bring Shark</td>
</tr>
<tr>
<td>Hands in a U</td>
<td>Restroom Break</td>
</tr>
<tr>
<td>Point to eyes then</td>
<td>Watch Area Pointed to area to be monitored</td>
</tr>
<tr>
<td>Writing in the air on your hand</td>
<td>Emergency Notebook</td>
</tr>
<tr>
<td>Pounding fists in front of chest</td>
<td>AED</td>
</tr>
</tbody>
</table>

J. APU AUTOMATED EXTERNAL DEFIBRILLATOR POLICY AND PROCEDURE FOR USE

PURPOSE

To establish an action plan for responding to a medical emergency.

TRAINING REQUIREMENTS

Any employee that is expected to provide emergency care to a patient will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heartsaver AED standards or the equivalent American Red Cross AED training.
DESIGNATED EMERGENCY MEDICAL RESPONDERS

The following employees will be trained in the use of CPR/AED. It is the goal to have at least (1)-trained responder available during business hours.

Name/Position
1. Department of Campus Safety (DCS) Officers
2. Sports Medicine Staff
3. Athletics Department Coaches
4. Student Health Center Personnel
5. Other Trained First Responders including building coordinators

EMERGENCY MEDICAL RESPONSE PLAN ACTIVATION

Internal Notification – Once notified of an emergency, DCS will notify the facilities emergency responders. The emergency responders will be notified with the following procedure:

“911” Notification – Once notified of an emergency, DCS will call “911” to initiate public safety agencies. The caller should give the “911” operators the following information:

1. Type of emergency
2. Address of facility
3. Location of emergency
4. Phone number they are calling from
5. Further information requested from “911” operator.

TYPE OF MEDICAL EMERGENCY

Sudden Cardiac Arrest – Follow “Indications for AED Use” in section VI of the plan.
Other Medical Emergencies – Responder should provide only the patient care that is consistent with his/her training.

INDICATIONS FOR AED USE

Your AED is intended to be used by personnel who have been trained in its operation. The user should be qualified by training in basic life support or other physician-authorized emergency medical response. The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive and not breathing. Post-resuscitation, if the victim is breathing, the AED should be left attached to allow for acquisition and detection of the ECG rhythm. If a shockable ventricular tachyarrhythmia recurs, the device will charge automatically and advise the operator to deliver therapy.

*Apply the AED if: Unresponsive and Not Breathing
PROCEDURES

Assess scene safety. Is the scene free of hazards?

Rescuer makes sure there are no hazards to them. Some examples are:
- Electrical dangers (downed power lines, electrical cords, etc.)
- Chemical (hazardous gases, liquids or solids, smoke)
- Harmful people (anyone that could potentially harm you)
- Traffic (make sure you are not in the path of traffic)
- Fire, flammable gases such medical oxygen, cooking gas, etc.

Determine if patient is: Unresponsive Not Breathing

Opening lid “turns on” the AED. Follow Voice Prompts:

1. Place Electrodes: **AED will prompt:** “Tear open package and remove electrodes” followed by “Peel one electrode from plastic liner.”

2. Once electrode is peeled:
   **AED will prompt:** “Place one electrode on bare upper chest” two times. Rescuer should place electrode as shown on electrode diagram.

3. **AED will prompt:** “Place second electrode on bare lower chest as shown”. Rescuer should place the second electrode as shown on electrode diagram.

   **For patients under 8 years of age or weighs less than 55lbs (25kg): Use Pediatric Attenuated Defibrillation Electrodes model #9730. Therapy should not be delayed to determine the patient’s exact age or weight:**
   a. Locate pediatric electrodes stored with AED.
   b. Open pediatric electrodes.
   c. Connect electrodes to AED.
   d. Peel one electrode and place as shown on electrode diagram.
   e. Peel second electrode and place as shown on electrode diagram.

4. Analyze Rhythm
   **AED will prompt:** “Do not touch patient. Analyzing rhythm.”

5. Charges
   **AED will prompt:** “Shock advised, charging”

6. Delivers Defibrillation Pulse (Wall units will not require responder to push flashing button to deliver pulse)

   **AED will prompt:** “Stand clear. Push flashing button to deliver shock.”
The rescuer will state “clear” and make a visual head-to-toe check of the patient making sure that he/she and any other rescuers are “clear” of contact with the patient. Once this is accomplished, the rescuer will press the “rescue button” to deliver a defibrillation pulse.

7. Analyze/Charge/Pulse
After the first defibrillation shock, the AED will re-analyze the patient’s heart rhythm.

**AED will prompt:** “Do not touch patient. Analyzing rhythm.”
If a shockable rhythm is detected, the AED will charge and prompt the rescuer to deliver another defibrillation pulse.

Continue this cycle until delivery of 3 defibrillation pulses.

*If at any time during this cycle the AED detects a heart rhythm that does not require defibrillation, the voice prompt will say “Check for breathing. If not breathing, give patient two breaths.” The next voice prompt issued will be “Check for signs of circulation, if no signs of circulation start CPR.”

**Remember that the AED will not advise to defibrillate all pulse less patients. Some cardiac rhythms do not respond to defibrillation.

***Call “911” at this time, if not already done.

8. Rescuer Gives CPR for One Minute
After the 3rd defibrillation shock:

**AED will prompt:** “Check for breathing. If not breathing give patient two breaths. Check for signs of circulation. If no circulation, start CPR.”

9. Repeat Analyze/Charge/Defibrillation Pulse
After one minute of CPR, the voice prompt will say:

**AED will prompt:** “Do not touch patient. Analyzing rhythm.”
If the cardiac rhythm is shockable, the AED will guide the rescuer though another 3-defibrillation pulse sequence, followed by one minute of CPR. This sequence should continue until:
- No shockable rhythm is detected or
- The electrodes are disconnected or
- Until ambulance personnel arrive on the scene.

10. Patient Converts to a Non-Shockable Rhythm
If at some point during the rescue the patient converts to a heart rhythm that does not require defibrillation:
**AED will prompt:** “Check for breathing. If not breathing give patient two breaths” followed by “Check for signs of circulation, if no signs of circulation, start CPR.”

At this point, call “911” or the local emergency access phone number if not already done. If a pulse is found on the patient and the patient is not breathing, continue rescue breathing. Leave electrodes in place and follow voice prompts. If the patient regains consciousness, leave AED electrodes in place and make patient as comfortable as possible until ambulance personnel arrive on scene.

**POST INCIDENT PROCEDURE**

The steps should be completed as soon as possible:
- Replace electrodes.
- Check expiration date on the electrode package
- Replace pocket mask and other supplies used
- Check the battery fuel gauge to assure sufficient battery life
- Close lid of AED and ensure the status indicator is GREEN (for Powerheart AED G3 only)
- Retrieve rescue data and forward to Oversight Physician or AED Program Medical Director.

**PHYSICIAN OVERSIGHT & PROGRAM COORDINATION**

Physician Oversight for the university will be provided by Jerett A. Zipin, D.O. Physician Oversight will include the following items:
- Development and review of policies and procedures defining the standards of patient care and utilization of the AED.
- Review of response documentation and rescue data for all uses of the AED.
- Oversee the initial and continuing AED training.
- Provide advice regarding the medical care of those in need of such care.

Program Coordination will be the responsibility of the Safety Manager in Human Resources.

Program Coordination will include the following:
- Oversight of purchase and installation of new units
- Arranging training for all AED users
- Perform annual maintenance on units
- Replacement of expired parts and arranging for repair/replacement of non-functioning units

**QUALITY ASSURANCE**

A response documentation form (included in the AED case) should be completed for each use of the AED. The AED Program Coordinator (APU Safety Manager) and the Oversight Physician should review this form. Additionally, the rescue data should be reviewed for appropriate treatment (see appendix E).
BASIC MAINTENANCE

Each department will be responsible for developing and implementing policies and procedures for the following:
Daily Maintenance

Each department will be responsible for daily maintenance:

<table>
<thead>
<tr>
<th>AED</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Safety Units</td>
<td>Campus Safety</td>
</tr>
<tr>
<td>Sports Medicine Units</td>
<td>Sports Medicine</td>
</tr>
<tr>
<td>Health Center Units</td>
<td>Health Center</td>
</tr>
<tr>
<td>Public Wall-Mounted Units</td>
<td>Campus Safety</td>
</tr>
</tbody>
</table>

For the Powerheart AED G3, check the STATUS INDICATOR to ensure that it is GREEN. When the indicator is GREEN, the Powerheart AED G3 is ready for a rescue. If the indicator is RED, refer to the Troubleshooting Table in the manual.

*The Sports Medicine Staff will maintain the AEDs as part of the normal daily duties.

Monthly Maintenance

Each department will be responsible for monthly maintenance:

<table>
<thead>
<tr>
<th>AED</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Safety Units</td>
<td>Campus Safety</td>
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<tr>
<td>Sports Medicine Units</td>
<td>Sports Medicine</td>
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<tr>
<td>Health Center Units</td>
<td>Health Center</td>
</tr>
<tr>
<td>Public Wall-Mounted Units</td>
<td>Campus Safety</td>
</tr>
</tbody>
</table>

1. Open the AED lid.
2. Wait for the AED to indicate status:
   a. For the FirstSave AED G3, press the SHOCK/CONTINUE button when the LED’s are illuminating. Listen for a beep. This indicates that the audible indicator is working. OR:
   b. For the Powerheart AED G3, observe the change of the STATUS INDICATOR to RED. After less than 5 seconds, verify that the STATUS INDICATOR returns to GREEN.
3. Observe the expiration date on the electrodes.
4. Listen for the voice prompts.
5. Close the lid and confirm that STATUS INDICATOR remains GREEN, (for Powerheart AED G3 only).

*The Sports Medicine Staff will keep a log of the maintenance checks in the Logs and In-service binder in the west campus SMC.
Annual Maintenance

The Program Coordinator will perform annual maintenance. Perform the following tests annually to confirm that the diagnostics are functioning properly and to verify the integrity of the case.

Check the Integrity of the Electrodes and Circuitry
1. Open the AED lid.
2. Remove the electrodes.
3. Close the lid.
4. Confirm that the STATUS INDICATOR turns red, (for Powerheart AED G3 only).
5. Open the lid and confirm that the Electrode indicator is lit.
6. Reconnect the electrodes and close the lid.
7. Make sure the expiration date is visible through the clear window of the lid.
   a. For the Powerheart AED G3, check to make sure that the STATUS INDICATOR is GREEN.
   b. For the FirstSave AED G3, open the lid and check to make sure the ELECTRODE indicator LED is NOT lit. If the electrodes are not installed properly, the ELECTRODE indicator will illuminate; call Customer Service for assistance.
8. Open the lid and confirm that no diagnostic indicators are lit.
9. Check the expiration date of the electrodes; if expired, replace them.
10. Check the electrode’s packaging integrity.
11. Close the lid.

*The APU Risk Manager will perform the annual maintenance.

K. CATASTROPHIC INJURY AND EMERGENCY NOTIFICATION PLAN

The policy of the Azusa Pacific University Athletic (APU) Sports Medicine program with regards to a student-athlete who has sustained an emergent or catastrophic injury in which EMS was activated shall be as follows:

1. The APU Sports Medicine program’s emergency action plan with regards to a home practice/game will be followed.
2. An APU athletic department representative will accompany the injured student-athlete to the medical facility.
3. Once at the medical facility, the APU athletic department representative will contact the team athletic trainer with medical updates from the attending physician (if applicable). The Director of Sports Medicine and Wellness will be contacted in the event that they are not the team AT.
4. The Director of Sports Medicine and Wellness will then contact the following individuals:
   - Team Physician:
     - Michael J. Fraipoint, M.D.
     - Jerett A. Zipin, D.O.
   - Administration:
     - Athletics Director: Gary Pine – C:626-712-7219 H: 909-392-9225
- The Athletics Director will contact other Athletics department and University administrative personnel as deemed necessary.

- **Head Coach**

5. The team physician, team athletic trainer, the Athletics Director and/or a designee, and the head coach will immediately proceed to the medical facility (if applicable).

6. Once the student-athlete has been stabilized at the medical facility, the team athletic trainer, in consultation with the team physician, Athletics Director, and head coach will make every effort to notify the injured student-athlete’s family of the emergency situation.

7. The team athletic trainer will continue to communicate with the injured student-athlete’s family, and will provide medical updates as available.

8. After receiving consent from student-athlete’s family, the Director of Sports Medicine and Wellness, team physician, head coach, and Athletics Director, in consultation with the APU Sports Information, may release an official statement to the media.

9. The APU Sports Information may not release a statement until the student-athlete’s family has given their consent, and the team physician and Athletics Director have approved and authorized the statement.

10. The team athletic trainer and coaching staff will be responsible for assembling the team as soon as possible for a briefing on the emergency situation.

11. The team will be addressed by the head coach, team physician, and/or Athletics Director regarding the student-athlete and the emergency situation, and will be advised not to speak to any members of the media.

12. The APU team athletic trainer will also be responsible for contacting the APU University Counseling Center and authorities at the medical facility for the purpose of arranging psychologists, grief counselors, etc. for the use of all team and athletics department personnel.

13. The APU team athletic trainer and/or a designee will be responsible for collecting all equipment and materials involved and secure in a locked area. Also, the Director of Sports Medicine and Wellness will prepare a report concerning the incident for the purposes of seeking advice from the University General Counsel for legal advice regarding potential claims.


**Contact Information:**

**Administration:**
- Athletics Director: **Gary Pine** C: 626-712-7219; H: 909-392-9225
- Associate Athletic Director: **Sharon Lehman** C: 626-825-2583; H: 626-334-8951
- Assistant Athletic Director: **April Hoy** C: 626-712-7282 H: 909-392-6978
- Assistant Athletic Director: **Aaron Bartholomew** C: 626-945-9836

**Sports Medicine:**
- Team Physician: **Michael J. Fraipoint, M.D.** C: 626-898-2629; W: 626-795-8051
- Director of Sports Medicine and Wellness: April Hoy C: 626-712-7282
- Associate Athletic Trainer: Benjamin Fuller C: 626-710-3709
- Associate Athletic Trainer: Jesse Cops C: 434-473-9192
- Assistant Athletic Trainer: Hollie Tirrell C: 909-856-4657
- Graduate Intern: Jessalyn Coleman C: 253-670-3474
- Graduate Intern: Rachel Rodeheaver C: 619-459-9309
- Graduate Intern: Ashley Saunders C: 317-847-3088
- Graduate Intern: Ryan Yamakawa C: 310-613-2027

APU University Counseling Center
- Director of Counseling: Bill Fiala C: 626-786-2990

L. SPORTS MEDICINE POWER EMERGENCY PROCEDURES

In the event that there are power shortages, the Sports Medicine program has set procedures for requesting minimum power usage and needs. The Sports Medicine Staff will work with the University in every way to conserve energy while maintaining a minimum standard of care for the student-athlete population. To conserve energy the lights in the SMCs as well as any modalities are turned off whenever we are not treating student-athletes

“BROWNOUT” – VOLUNTARY REDUCTION IN POWER USAGE

In the event of a brownout, in which the University shuts down power to reduce electrical usage, the SMC will comply but must retain some electrical power for medical treatments. The SMCs will limit power by turning off lights, stereo, computers and other non-essential equipment. However, the SMCs will request to have power in order to use modalities and ice machines. The use of modalities is necessary to provide appropriate medical care to the University’s student-athletes in order for them to remain in competition. The use of ice machines is necessary to maintain proper hydration and to prevent heat illnesses for competing student-athletes. Lights would only be turned on if necessary for wound care.

“BLACKOUT” – LOSS OF ELECTRICAL POWER

In the event of a blackout, a minimum amount of power is necessary in the SMCs. If athletic competitions continue, the use of ice machines essential. Generators will be necessary to keep the ice machines running. At a minimum the Sports Medicine Staff must have access to ice for the reasons stated above. Without access to ice the effects of heat illnesses can be severe. In the event that generators are not accessible, ice will either have to be purchased or competitions may have to be ceased.
VII. MEDICAL ISSUES

A. ADD/ADHD

The NCAA bans classes of drugs that can be harmful to student-athletes and that can create unfair advantages during competition (NCAA Bylaw 31.2.3). Some medications are prescribed for legitimate medical reasons contain NCAA banned substances. The NCAA, through the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS) has a Medical Exceptions Procedure to review and approve the use of medications that contain NCAA banned substances. Effective August 1, 2009, with respect to the use of banned stimulant medications used to treat Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), and/or like conditions, (e.g. Ritalin, Stattera, Adderall, Concerta, etc.); the NCAA now requires documentation of a comprehensive clinical evaluation to support treatment with NCAA banned stimulants and a current prescription.

Student-athletes who have been prescribed stimulant medications for the treatment of ADHD, ADD, and/or like conditions should immediately notify a member of the Azusa Pacific University Sports Medicine Staff to ensure that they have the necessary documentation on file. At a minimum, student-athletes prescribed NCAA-banned stimulants for the treatment of ADHD, ADD, and/or like conditions must provide the following documentation from the prescribing physician:

1. Evidence of comprehensive clinical evaluation (recording observations and results from standardized rating scales and/or neuropsychological testing), a physical exam and any lab work (attaching all documentation)
   - A simple statement from a prescribing physician that he/she is treating the student-athlete for ADHD, ADD, and/or like conditions with the prescribed stimulant IS NOT adequate documentation
2. Statement of diagnosis, including when diagnosis was confirmed
3. History of ADHD, ADD, and/or like conditions treatment (previous and ongoing)
4. Recommended treatment (attaching current prescription)
5. Statement that a non-banned ADHD alternative has been considered and why banned stimulant was prescribed
6. Annual follow-up with prescribing physician and updated letter or copy of medical record is required in each year of eligibility

Individuals with specific questions regarding the NCAA Bylaws related to banned substances, drug testing, and/or medical exceptions can view the NCAA website (www.ncaa.org/health-safety) and/or contact a member of the Sports Medicine Staff.

B. MILD TRAUMATIC BRAIN INJURY (MTBI)/CONCUSSIONS

GENERAL INFORMATION

Azusa Pacific University (APU) Sports Medicine recognizes that concussion/mild traumatic brain injuries (MTBI) pose a significant risk for all student-athletes. These injuries should be
taken seriously by all people involved including but not limited to student-athletes (SA), their families, medical staff, coaches, and academic staff. The management plan for APU concussions includes: Education, acute injury management for suspected concussion, and treatment of concussion and return-to-play decisions.

EDUCATION

Education is the first step of concussion management at APU. All student-athletes, coaches, and athletic medical staff will have education/training appropriate to their position. All coaches and student-athletes will receive education on concussion during their annual preseason Sports Medicine orientation. Medical staff receives annual training on concussion symptoms/management, emergency action plans for our venues, and common/serious medical conditions.

Student-athletes will sign the “Injury and Concussion Acknowledgement Form” stating they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. This will be done annually.

ASSESSMENT

APU Sports Medicine follows the latest position statements for concussion assessment. This model of concussion assessment involves the use of brief screening tools to evaluate post-concussion signs and symptoms, cognitive function, and postural stability. These three assessment tools can be helpful in making a determination about severity of injury and post-injury recovery when baseline data for an individual are available. In addition, a thorough clinical evaluation including history and signs and symptoms check list, formal cognitive and postural-stability testing is recommended to assist in objectively determining injury severity and readiness to return to play (RTP). No one test should be used solely to determine recovery or RTP, as concussion presents in many different ways.

Baseline testing provides an indicator of what is “normal” for that particular student-athlete. Preseason baseline testing is conducted before student-athletes are exposed to the risk of concussion during sport participation.

Student-athletes must complete a pre-participation physical before participation in any organized athletic activity for APU. Elements of that process related to concussion include (but are not limited to):

• Receiving education and educational materials about concussions
• A review of their history of concussions and head injuries
• Confirmation of the SA’s responsibility to report injuries and illnesses (including signs and symptoms of concussions), and review of their signature accepting that responsibility
• Baseline computerized neuropsychological testing using the ImPACT program, signs and symptoms, sideline assessment of concussion (SAC), and Balance Error Score System (BESS).
For the 2015-2017 academic years, APU will be participating in the National Collegiate Athletic Association (NCAA) – Department of Defense (DoD) Grand Alliance: Concussion Assessment, Research, and Education (CARE) Consortium, a joint research study on concussions/mild traumatic brain injury. For the purposes of APU’s participation in the study, the additional required baseline assessments are listed in the CARE Assessment Manual located in the Director of Sports Medicine and Wellness’ office. These additional assessments will continue for the duration of APU’s participation in the study.

See Appendix F for MTBI/Concussion Forms

ACUTE INJURY MANAGEMENT FOR SUSPECTED CONCUSSION

At the time of the injury, student-athletes and coaches are required to report, if any, symptoms that are present. A student-athlete is to be held out of all activity until they are evaluated by a medical staff member experienced in the evaluation and management of concussion (Athletic Trainer, Team Physician or designee). The medical staff shall operate within their scope of professional practice during evaluation and treatment of a concussion.

The medical staff member will perform an appropriate evaluation to determine if a MTBI/concussion is present. If a MTBI/concussion is present the student-athlete is withheld from practice or competition for the remainder of that day. The medical provider’s return-to-play decision is final and may not be challenged. Student-athlete will have serial evaluations on the day of the injury as indicated. He/She will then have to be cleared by the Team Physician or their designee prior to returning to active participation in practice or competition. Following the initial evaluation, determination of the severity of the injury, the need for emergent or urgent transportation, medical evaluation or treatment, frequency and duration of serial evaluations will be made.

Medical staff responsibilities at the time of diagnosis:
1. Student-athlete education: injured student-athlete will be given written and verbal review of concussions, factors that make symptoms worse, activity restrictions, and warning signs for more serious symptoms or signs that would require emergent treatment and advice to call 911 should those symptoms/signs be observed.
2. Notification and education of person staying with injured student-athlete. Injured SAs should be discouraged from staying alone following a head injury.
3. Documentation of the injury, evaluation, and plan for the SA will be kept in their medical record.

TREATMENT OF CONCUSSION AND RETURN-TO-PLAY DECISIONS

A student-athlete will be evaluated by a team physician or designee at intervals while symptomatic and prior to return to any sports participation including exercise, weight training, individual workouts, practice or competition. Evaluation will typically include physical examination, review of symptoms at rest/exertion, as well as review of results of
neuropsychological testing (ImPACT program with comparison to their baseline results, and other baseline assessment scores). An individualized progression back into sport will be established for each student-athlete following APU’s return-to-play progression guidelines. Additional testing, evaluation and neuropsychologist consultation will be at the discretion of the Team Physician or designee. Consideration will be given to involving academic staff for academic accommodations or limitations as well.

NOTE: This is a guideline for the management of MTBI/concussion, based on the medical knowledge and experience of our staff, available guidelines, and recommendations of the NCAA. All injuries, including MTBI/concussion, are unique to the events surrounding the injury and to the person sustaining the injury. Each case will be managed with awareness of this uniqueness and with the goal of ensuring the student-athlete's health and wellness.

GUIDELINES FOR BASELINE TESTING

A. Neuropsychological Assessment – ImPACT
   1. New Student-Athletes
   2. Returning Student-Athletes with concussion in previous year
   3. Returning Student-Athletes re-tested every two years

B. Standardized Assessment of Concussion
   1. New Student-Athletes
   2. Returning Student-Athletes with concussion in previous year

C. Symptoms Check List
   1. All Student-Athletes tested annually for baseline at every pre-participation exam

D. Balance Error Scoring System (baseline at initial pre-participation exam will be videotaped and kept on file)
   1. The following sports get tested: football, soccer, volleyball, basketball, acrobatics and tumbling, divers, baseball, softball, pole vaulters, and waterpolo
   2. Returning Student-Athletes who sustain a concussion or lower extremity injury in previous year should be retested for baseline measurements

E. Record Keeping: Baseline scores for all student-athletes will be kept in their medical chart/file and respective emergency notebooks on the sideline at all times

ACUTE ASSESSMENT GUIDELINES

Sideline Evaluation (Note: Whenever possible the student-athlete should be moved to a quiet area to be assessed. Ensure that the student-athlete does not rush through the tests.)
   a. Thorough History
   b. Clinical Evaluation – including assessment of airway, breathing, and circulation (ABCs) and cervical spine and skull for associated injury
   c. Concussion Symptoms Check List
   d. Standardized Assessment of Concussion (SAC)
   e. BESS test, modified, stable surface only
f. Team Physician Evaluation when available (generally FB games only). Team physician can be contacted via phone for consultation.

g. Immediately refer student-athletes to a physician if above assessment warrants, and/or if post-concussive symptoms worsen.

h. Immediately refer student-athletes to emergency medical services if the severity of the injury exceeds the comfort level of the responding Sports Medicine Staff.

i. Student-athletes sustaining a concussion should be sent home with another person and educated regarding the Concussion Home Instruction Sheet.

j. Return to Play
   i. Same Day
      a. The student-athlete will be held from participation until it can be determined if they have sustained a concussion, which could take a minimum of ten minutes or more.
      b. If the student-athlete is deemed to have sustained a concussion, the student-athlete will not be allowed to return to play that day.
      c. If it is determined the student-athlete did not sustain a concussion after all testing, they may return to play.

RETURN-TO-PLAY PROGRESSION GUIDELINES

1. After injury, the student-athlete shall receive follow-up evaluation testing:
   i. Concussion Symptoms Check List
   ii. ImPACT
   iii. BESS
   iv. Physician evaluation

2. Once a student-athlete has sustained a concussion, a physician (i.e. team physician, or other specialist) will be consulted and a treatment plan devised.

3. No activity, complete rest. Monitor student-athlete and follow-up regularly with detailed information about their condition especially early post-injury. Treatment plan will be adjusted accordingly.

4. Once symptom free per Concussion Symptoms Check List and cognitive recovery is demonstrated, student-athlete is considered Self Report Asymptomatic (SRA).

5. Generally each step should take 24 hours so that the student-athlete can safely proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. However, at the discretion of the AT and or a physician the progression can be expedited and the timeline progressed more quickly or more conservatively based upon the student-athletes’ symptoms and injury presentation.
   a. If any post-concussion symptoms occur while in the step wise program, the student-athlete should drop back to the previous asymptomatic level and try to progress again after a further 24 hours period of rest has passed.
   b. Day 1 SRA
      i. Concussion Symptoms Check List
      ii. ImPACT
iii. BESS
iv. If student-athlete had reached normal baseline levels on the ImPACT and BESS testing the student-athlete is now considered Asymptomatic (ASY) Day 1. If baseline levels on ImPACT and BESS are not attained the student-athlete is considered SRA and follows up with rest, daily Concussion Symptoms Check Lists and periodic ImPACT and BESS testing until they are ASY.

c. Step 1 ASY
   i. 20-30 minutes of cardio activity (e.g. walking, stationary bike) Light intensity weight training (no bench, no squat)
   ii. Goal: 30-50% max Heart Rate. Activity for up to 20 minutes.
   iii. Monitor symptoms

d. Step 2 ASY
   i. Start with 30 minutes of cardio activity (e.g. jogging at medium pace, sports-specific agility drills), sit ups, pushups, lunge walks (30-50 reps each); begin regular, light weight lifting.
   ii. No head ImPACT activities
   iii. Goal: 50-80% max Heart Rate; movement, endurance, coordination
   iv. Monitor symptoms

e. Step 3 ASY
   i. Begin intense, non-contact, sport-specific training. Duration 45-60 minutes (including 10 minute warm up and stretch). Resume regular weightlifting. Progression to more complex training drills.
   ii. Goal: 80-100% max Heart Rate; “Game Speed”, Increase cognitive load
   iii. Monitor symptoms

f. Step 4 ASY
   i. ImPACT testing when possible
   ii. Participate in full contact practice. Following medical clearance the student-athlete may participate in normal training activities.
   iii. Goal: to restore confidence and assess functional skills by coaching staff
   iv. Monitor symptoms

g. Step 5 ASY
   i. Resume full participation in competition
   ii. Monitor symptoms

ACADEMIC AND AUXILIARY SUPPORT FOR STUDENT-ATHLETES WITH CONCUSSIONS AND OTHER INJURIES/ILLNESSES

If a student-athlete requires academic accommodations due to a concussion or other long-term injuries or illnesses (i.e. requiring surgery, etc.), Sports Medicine Staff (SMS) will liaise with the office of Learning Enrichment Center (LEC) and the Office of Student Life. The Office of Student Life will assist with missed class, chapel, and/or other relevant accommodations. The LEC will assist with academic support services.
The phone number for the Office of Student Life is 626-815-2067. The people to contact are Shino Simons, the Associate Dean of Students (ssimons@apu.edu), and Jeanette Garces, the Administrative Assistant to the Associate Dean (jngarces@apu.edu). An email may be sent to inform them of the needs of the student-athlete.

If it is necessary for the student-athlete to miss any classes or chapel due to their injury, the SMS will fill out a "student notification" email to be sent on their behalf. The form that must be filled out is located in the APU Google Drive (document sharing system) called “The Student Notification Request Form”; a request must be made to gain access to the document. The name and information regarding a student-athlete and their injury can be directly input into the form and saved. Make sure to indicate on the form somewhere that the injury (i.e. concussion) is an “Athletics” injury (or in the “Source” column if looking at the Google spreadsheet document) so the LEC and Student Life can track who put the injury on the Care Team List. Make sure to indicate the date that you input the injury and the date of the first day of the concussion or injury. The date(s) of the missing class(es) and/or chapel(s) must be indicated along with specifics on the loss of time due to the injury/disability. Inform the student-athlete that the chapel accommodation does not clear them of all chapel responsibilities and they must personally follow up with the Chapel Programs Office. For concussions, add the accommodation dates for a minimum of one (1) week. If the student-athlete does not recover within this time frame, add more dates/resubmit the form weekly as needed. For all other injuries, such as surgery, or illnesses, etc., indicate the dates the student will need excuses, accommodations, etc.

The Learning Enrichment Center (LEC) is the office to be contacted if the student-athlete needs to consider temporary accommodations to help them during a temporary or long-term injury. The LEC also offers other academic support services for all students such as tutoring and supplemental instruction and extended time for taking tests or exams. This request would be for Temporary Disability Accommodations to help with a temporary or long-term injury/illness. A letter must be submitted from the diagnosing MD on his/her official letterhead stipulating how long the disability will last, what the specific needs are, the assistance needed for the extended time for test taking, and specifying any suggestions for accommodations to alleviate the symptoms of the injury/temporary disability. The LEC Director, Elizabeth (Beth) Chamberlain, and Dr. Victoria Stuard, the Associate Director, are the contact persons in the LEC. Beth Chamberlain can be reached at the main phone number for the LEC at 626-815-3849 or echamberlain@apu.edu; Victoria Stuard can be reached at 626-815-6000 x3321 or at vstuard@apu.edu.

**Note:** All student-athletes should be notified that filling out the forms which add them to the Care Team List does not excuse them from completing the assignments/work that are due; the forms only give them accommodations for completion, etc. The AT needs to inform them that they should personally contact their professors about their concussion/injury and must also personally contact the Office of Student Life to make arrangements of how to compensate for the missed chapels.
REPORTING HEAD INJURY CLAIMS TO INSURANCE

When a student-athlete has sustained a concussion or head injury resulting in coma, behavioral disorders, personality changes, seizures, aphasia, or permanent disorientation, the liability insurance carrier for APU Athletics requires the reporting of all the indicated cases in a timely manner. Any questions about how to do this can be directed to the Director of Sports Medicine and Wellness and the Risk Manager.

C. EATING DISORDER RESPONSE PROTOCOL

In response to the recommendations by the NCAA and the ACSM, the APU Athletics Department has developed the following guidelines to assist student-athletes who are identified as at risk for eating disorders. The central component is the formulation of an eating disorder assistance team that utilizes formally established procedures. The goal of the program is to support the health and athletic performance of all student-athletes, with special attention to those identified with or suspected of eating disorders. Members of the Team include a Physician, the Director of Sports Medicine and Wellness, Supervising Athletic Trainers (ATs), a Dietitian, and a Mental Health Professional (MHP).

It is important to establish the responsibilities of the members of the eating disorder response team. The general responsibilities are as follows:

- **Team Physician:** Assesses and monitors the medical status of the student-athlete, diagnoses eating disorders and refers student-athlete to Team members, and makes decisions regarding participation.
- **AT:** Acts as a liaison between the Team members and administrative personnel, and as a liaison between the student-athlete and administrative personnel. Coordinates eating disorder response Team procedures and acts as a liaison between Team members, and between the student-athlete and Team members. Monitors daily status of student-athlete and ensures compliance with Team recommendations. Maintains appropriate documentation.
- **Dietitian/Nutritionist:** Monitors nutritional status and eating patterns of the student-athlete, and educates the student-athlete regarding energy and nutrient adequacy to support health and performance. Identifies problems in eating patterns and helps develop strategies to normalize eating patterns.
- **MHP:** Conducts an initial assessment and develops treatment recommendations. Addresses related underlying issues related to weight and body that are driving the disordered eating behavior.

The protocol is set into motion once a student-athlete is identified by a coach, athletic trainer, fellow student-athlete, another student, or the student-athlete themselves as having symptoms of an eating disorder. The response procedures are as follows:

1. The Director of Sports Medicine and Wellness should be notified of the potential eating disorder.
2. The Director of Sports Medicine and Wellness will then notify the Eating Disorder Response Team (EDRT).
3. At this point an AT will confront the student-athlete. Which AT confronts the student-athlete will be determined by the Director of Sports Medicine and Wellness and the Supervising AT and will be based upon gender and existing relationships built with the student-athlete.
4. Once the student-athlete is confronted with the information that was brought to the attention of the Sports Medicine Staff, they shall be sent to the proper medical specialists for evaluation.
5. The student-athlete shall be referred to a Dietician to determine the student-athletes approximate intake and what their intake should be based upon their daily activities.
6. The student-athlete shall also be sent to a Physician to determine physical health status.
7. The student-athlete shall also be sent to a MHP to assess and diagnose mental status and underlying issues related to the possible eating disorder.

These evaluations are mandatory and must be completed as soon as the AT secures the appointments. The AT will be responsible to ensure that initial appointment are set and attended.

Following evaluation by all three medical specialists, the EDRT will meet. The medical specialists will present their findings and make recommendations for the student-athlete. The Team will then discuss possible treatment options and determine a plan of action. The Team will then draft the plan on a contract to be signed by all members of the team as well as the student-athlete.

The Head or Supervising AT will then meet with the student-athlete to present the EDRT findings and plan of action. If the student-athlete wishes to continue athletic participation they must agree to and sign the contract. The coordinating AT will then monitor the activities of the student-athlete to ensure that they are abiding by the contract. The AT will also maintain proper documentation of the activities and progress of the student-athlete. If the student-athlete complies with the contract they will be allowed to continue athletic participation. If the student-athlete fails to comply with the contract they will be pulled from athletic participation until further review by the EDRT and the Athletics Director. This policy may not be waived by any student-athlete. It is important for all professionals involved in athletics to recognize that any student suffering from an eating disorder needs help, may be reluctant to face their condition or admit to the need for treatment, and must not be allowed to dissuade the evaluating professionals from taking action based on independent professional judgment.

D. SICKLE CELL
IDENTIFICATION

All student-athletes (SA) will be screened for sickle cell trait/anemia during their initial pre-season pre-participation physical examination unless documented results of a prior test are provided to the APU Sports Medicine Staff. All SA are encouraged to contact their birth hospital to obtain a record of sickle cell testing prior to their pre-participation physical exam. If the SA is unable to provide this record prior to their pre-participation physical exam (PPE), they will be required to get tested at no expense to them during their PPE. All SAs are given a sickle cell information fact sheet in the pre-participation summer mailing packet. If a SA is tests positive, the team physician will educate the head coach, the athletic trainer (AT) and the SA on the risks of having sickle cell trait and physical activity; all parties will sign the acknowledgement form of this education on the Sickle Cell Trait Positive Form (see Appendix A). No student-athlete with positive sickle cell trait is ever disqualified; however, appropriate education and precautions will be taken.

RECOGNITION

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 student-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, student-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 student-athlete is different-heat crampers hobble to a halt with “locked-up” muscles, while sickling player’s 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.

This is not to say that all student-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 student-athlete soon feels good again and ready to continue. This self-limiting feature surely saves lives.

PRECAUTIONS

For the student-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 pre-season strength and conditioning programs to enhance the preparedness of student-athletes for performance testing which should be sports-specific. Student-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 student-athletes can set their own pace, they seem to do fine.

5) All student-athletes should participate in a year-round, periodized strength and conditioning program that is consistent with individual needs, goals, abilities and sport-specific demands. Student-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 student-athletes.

6) Ambient heat stress, dehydration, asthma, illness, and altitude predispose the student-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 a student-athlete with sickle trait is ill
   e. Watch closely the student-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 student-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 student-athlete with sickle cell trait should be assumed to be sickling (7).

EMERGENCY TREATMENT

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 student-athlete, if necessary.
4) If the student-athlete is obtunded or as vital signs decline, call 911, attach an AED, start an IV, and get the student-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.

E. INCLEMENT WEATHER

APU LIGHTNING POLICY

Detection Method: Telvent Weather Monitoring System and Flash-to-Bang
The National Severe Storms Laboratory and the National Athletic Trainers Association recommend determining an effective means of monitoring local weather to help determine when cover should be taken. The primary means of lightning detection will be the Telvent Weather Monitoring System. As a secondary means the flash-to-bang method or the Thunderbolt lightning monitor can be utilized. To determine flash to bang begin counting when sighting of lightning flash. Counting is stopped when the associated bang (thunder) is heard. Divide this count by five to determine the distance to the lightning flash (in miles).

Example: a flash-to-bang count to fifty seconds equates to a distance of ten (10) miles.

Criteria for Suspension of Activity

The Telvent monitoring system will give alerts as the storm approaches of lightning within 20, 15 and 10 miles. By the time it reaches 10 miles and/or the flash-to-bang count approaches 50 seconds or less, all individuals should immediately seek the assigned safe structure or location. An activity will be postponed or suspended when a thunderstorm appears imminent before or during an activity/contest (regardless of whether lightning is seen or thunder heard) until the hazard has passed. Signs of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning activity.

Chain of Command

Whenever possible a full-time Sports Medicine Staff member will advise the coaching staff and administration via email by noon of the potential of inclement weather, including possible lightening. The Telvent monitoring system is running constantly. All outdoor coaches and Sports Medicine Staff will receive text messages as to lightning strikes within 20, 15 and 10 miles of the University. Whenever possible, the Sports Medicine Staff will advise the coach supervising the activity as to the danger and proximity of lightning threat. However, the responsibility still remains with the supervising coaches to remove their teams or individuals from a field or event site. With the information and background on lightning presented in this policy, the coach or Sports Medicine Staff, or both, can make an intelligent and safe decision regarding the removal of a team or individuals from an athletic site or the stopping of play during dangerous thunderstorm activity.

Practices:
Upon the first sign of lightning or thunder activity both the Sports Medicine Staff and the coach will receive alerts via the Telvent monitoring system for lightening within 20 miles. When Telvent detects alerts of lightning within 10 miles, or the “flash-to-bang” count reaches 50 seconds it is no longer safe to participate in outdoor activities. Both the coach and the Sports Medicine Staff will receive a text alert. When the decision is made to clear the field, then all student-athletes, coaches, and staff members should seek shelter at the recommended areas listed below. On days where thunderstorms are probable, a Sports Medicine Staff member will send out an email to the athletics department informing all coaches that they are not to send student-athletes “off-campus on a run”. All student-
athletes will run on campus so that if a lightning strike does occur within 10 miles the student-athletes can be removed from outdoor activities.

Games:
The responsibility of the Sports Medicine Staff at Azusa Pacific University (APU) will be to obtain weather reports with any anticipation of inclement weather and inform the Athletics Director, Head coach and the visiting team’s athletic trainer. The Athletics Director will then in turn contact the officials/referees/umpires and head coach’s scheduled to compete that day of the probability of inclement weather and of APU’s inclement weather plan.

The decision to delay or cancel the start of a contest due to adverse weather conditions will be decided by the Athletics Director and the Sports Medicine Staff on-site with assistance from the game management officials. Once game has begun, decision to postpone contests due to field conditions will be decided by the officials/referee/umpire with input from the Sports Medicine Staff and game management officials. Decisions to suspend contests related to adverse weather conditions i.e. proximity of lightening will be made by the Athletics Director and Sports Medicine Staff member per APUs inclement weather policies and procedures. If the decision is made to clear the field, then all student-athletes, coaches, and staff members should seek shelter at the recommended areas listed below.

The responsibility of removing student-athletes from a practice or contest area due to the threat of lightning lies with the Azusa Pacific University head coach of that particular sport. In the event that the head coach is not present, an assistant coach designated by the head coach will assume responsibility.

Appropriate Shelter/By Venue

A safe shelter location is any substantial, frequently inhabited building. The building should have four solid walls (not a dug out), electrical and telephone wiring, as well as plumbing, all of which aid in grounding a structure. The secondary choice for a safer location from the lightning hazard is a fully enclosed vehicle with a metal roof and the windows completely closed. It is important to not touch any part of metal framework of the vehicle while inside it during ongoing thunderstorms. It is not safe to shower, bathe or talk on a land line phone while inside a safe shelter during a thunderstorm (cell phones are OK). The table below shows the designated locations outdoor Azusa Pacific University outdoor athletics.

<table>
<thead>
<tr>
<th>Sport</th>
<th>Primary Location</th>
<th>Secondary Location</th>
<th>Other Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football</td>
<td>Football Locker Room</td>
<td>Adams Hall and Smith Hall</td>
<td>East Campus SMC and Cars</td>
</tr>
<tr>
<td>M/W Track and Field</td>
<td>Football Locker Room</td>
<td>Adams Hall and Smith Hall</td>
<td>East Campus SMC and Cars</td>
</tr>
<tr>
<td>M/W Soccer</td>
<td>Adjacent Restrooms</td>
<td>Cars</td>
<td>Felix Event Center</td>
</tr>
<tr>
<td>M/W Tennis</td>
<td>Adjacent Restrooms</td>
<td>Cars</td>
<td>Felix Event Center</td>
</tr>
<tr>
<td>Softball</td>
<td>Adjacent Restrooms</td>
<td>Cars</td>
<td>Felix Event Center</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
<td>------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Cross Country</td>
<td>Closest Inhabited Building</td>
<td>Cars</td>
<td></td>
</tr>
<tr>
<td>Baseball</td>
<td>Baseball Locker Room</td>
<td>Engstrom Hall</td>
<td>Cars</td>
</tr>
<tr>
<td>Swimming/Water polo</td>
<td>Adjacent Locker Room</td>
<td>Cars</td>
<td></td>
</tr>
</tbody>
</table>

Individuals who feel their hair stand on end or skin tingle or hear crackling noises should assume the lightning-safe position. The position is crouched on the ground, weight on the balls of feet, feet together, head lowered and covered. DO NOT LIE FLAT ON THE GROUND! You must minimize the amount of contact that you have with the ground.

**Criteria for Return to Activity**

If a game, practice or other activity have been suspended or postponed, wait at least 30 minutes after the last sound of thunder or lightning flash before resuming an activity or returning outdoors. Each time lightning is seen or thunder is heard the 30-minute clock should be reset. The athletic trainer or coach in charge on-site is responsible for monitoring the weather. The Telvent system will send an “all clear” text 30 minutes after the last strike in the 20, 15 and 10 mile zones.

**Managing Victims of Lightning Strikes**

In the event that a person is struck by lightning proper care should be given. Lightning strike victims do not remain connected to a power source; they do not carry an electric charge and may be safely handled. However, personal safety must be considered before venturing into a dangerous situation to render care. If care is decided to be given, the first priority should be to move the victim to a safe location. It is imperative to treat lightning victims promptly. In the case of a lighting strike incident in which there are multiple victims, care should be administered to the apparently “dead” first.

1. Activate the APU Emergency Action Plan and EMS
2. Survey the scene for safety.
3. Carefully move the victim to a safe area, if needed.
4. Perform a primary evaluation.
5. Perform a secondary evaluation.
6. Treat for any necessary findings.

Post any action taken regarding lightning, the Department of Campus Safety requests a report of the conditions and any response taken due to the lightning.

**APU EXERTIONAL HEAT ILLNESS POLICY**

Prevention

PPE
A pre-participation medical screening will be conducted before the season starts to identify student-athletes predisposed to heat illness on the basis of risk factors. Included in the PPE is a general medical history form, orthopedic medical history form and a drug program notification form.

Common Risk factor to note:
   a. Past history of heat illness
   b. Family history of heart disease
   c. Obesity
   d. Poor physical condition
   e. Prescription drugs or supplements
   f. Low body fat
   g. Ill student-athletes

Acclimatization
Acclimatization will be recommended to all outdoor sport coaches prior to the championship season starting. The recommendation will include:
   a. Gradual increase of practice length.
   b. Gradual increase in intensity of practice.
   c. Gradual increase in amount of equipment worn.

Appropriate Clothing
Coaches will be informed by the staff athletic trainer working the specific sport about appropriate clothing during workouts. Minimizing the amount of clothing and equipment worn can help prevent heat illnesses. Wearing loose fitting, absorbent, light colored clothing or mesh Dri-fit materials is best.

Hydration
Proper hydration will be promoted prior, during and after practice. A urine color chart and a fluid replacement chart will be posted in the east campus SMC, west campus SMC, baseball locker room, women’s track locker room, men’s basketball locker room, women’s basketball locker room, volleyball locker room, visitor’s locker room, and football locker room.

   a. Prior to practice 12-20 oz. of cold water/sport drink every 10-20 minutes
   b. During practice 12 oz. of cold water/sport drink every 10-15 minutes
   c. After practice 24 oz. of cold water/sport drink for every one (1) pound lost during practice

Adequate Rest/ Proper Diet
Student-athletes will be encouraged to get adequate rest. Student-athletes should get at least 6-8 hours of sleep a night. Rest periods between training sessions for mealtime should allot 2-3 hours for food, fluids, nutrients, digestion and rest. Student-athletes will also be encouraged to eat a balanced diet based on the food pyramid to replenish nutrients and electrolytes. A copy of the USDA food guide pyramid and recommendations will also be posted in the east campus SMC, west campus SMC, baseball locker room, women’s track
locker room, men’s basketball locker room, women’s basketball locker room, volleyball
locker room, visitor’s locker room, and football locker room.

Supplement Use Warning
Student-athletes will be encouraged to stop taking all supplements during double days and
the “hot” part of the championship season. Some supplements may predispose a student-
athlete to dehydration.

Heat Index
The heat index is a rating based on ambient air temperature, relative humidity, air motion,
and the amount of radiating heat from the sun and other sources. This will be monitored by
all staff athletic trainers who work with outdoor sports. Using a sling psychrometer and
indications for athletic participation will be based on the following scale:

<table>
<thead>
<tr>
<th>WBGT</th>
<th>Level of Risk</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;65</td>
<td>Low Risk</td>
<td>low but may exist on the basis of risk factors</td>
</tr>
<tr>
<td>65-73</td>
<td>Moderate Risk</td>
<td>level increases as event progresses through the day</td>
</tr>
<tr>
<td>73-82</td>
<td>High Risk</td>
<td>everyone should be aware of injury potential; individuals at risk should not compete</td>
</tr>
<tr>
<td>&gt;82</td>
<td>Extreme Risk</td>
<td>consider rescheduling or delaying the event until safer conditions prevail; if the event must take place, be on high alert</td>
</tr>
</tbody>
</table>

This reading and recommendations will be recorded in the daily environmental notebook.

Weight Loss Charts
No more than 2-3% of body weight should be lost during a practice session. For every pound
lost 24 oz. of water/sport drink should be consumed. The first hour after practice is the
most ideal time for hydration. During double day practices, outdoor sports will keep track of
weight loss as deemed necessary by the supervising AT.

  a. Weigh-in prior to first practice
  b. Weigh-in after first practice
  c. Highlight those who do not weigh in (yellow), those who lost >3%(orange)
  d. Recommend hydration to those with weight loss
     a. every pound lost 24 oz of water/sport drink
  e. Weigh-in prior to next practice
  f. Weigh-in after 2nd practice

Pre-Practice
  1. Monitor weather and Heat Index
  2. Communicate with student-athletes
     a. Hydration (12-20oz of water/sport drink every 10-20 minutes)
     b. Weigh-In
     c. Heat Guard/FosFree
  3. Communication with coaches
     a. Practice times
b. Uniforms

c. Breaks

d. Intensity

4. Weight Charts
   a. Athletic Training Student/Sports Medicine Aide Monitor
   b. Highlight those who don’t weigh in (yellow)

5. Urine Color Charts posted in locker rooms

6. Fluid replacement chart posted in locker rooms

7. Food Guide Pyramids/Recommendations posted in locker rooms

8. Availability of FosFree and Heat Guard

9. Field Preparation
   a. Ice/Water/Ice Towels
   b. Dry Towels
   c. Designate a “cool area”
   d. Emergency Equipment
   e. Emergency Action Plan

During Practice

1. Sports Medicine Staff availability at each drill, if possible.

2. Monitor Heat Index

3. Communication with coaches
   a. Heat Index
   b. Practice Modifications
   c. Heat illness recognitions

4. Ice/Water/Ice Towels Availability

5. Heat Guard and FosFree Availability

6. “cool area”

7. Sports Medicine Staff communication on the field

Post-Practice

1. Communication with student-athletes
   a. Weight charts
   b. Urine color charts
   c. Fluid replacement charts
   d. Food Guide Pyramids/Recommendations
   e. FosFree and Heat Guard
   f. Importance of rest
   g. Importance of staying out of the sun

2. Communication with coaches
   a. Injury report
   b. Practice times
   c. Uniforms
   d. Breaks
   e. Intensity
3. Weight Charts
   a. Athletic Training Student/Sports Medicine Aide Monitor
   b. Highlight those who do not weigh in (yellow), those who lost >3 (orange)

4. Urine Color Charts posted in locker rooms
5. Fluid replacement chart posted in locker rooms
6. Food Guide Pyramids/Recommendations posted in locker rooms
7. Availability of FosFree and Heat Guard

Definitions/Signs & Symptoms/Treatments

Exercise-Associated Muscle (heat) Cramps:

a. Signs & Symptoms include: dehydration, thirst, sweating, transient muscle cramps, and fatigue is likely experiencing exercise-associated muscle (heat) cramps.
b. To relieve muscle spasms, the student-athlete should stop activity, replace lost fluids with sodium-containing fluids, and begin mild stretching with massage of the muscle spasm.
c. Fluid absorption is enhanced with sports drinks that contain sodium. A high-sodium sports product may be added to the hydration beverage to prevent or relieve cramping in student-athletes who lose large amounts of sodium in their sweat. A simple salted fluid consists of two 10-grain salt tablets dissolved in 1 L (34 oz.) of water.
d. Put student-athlete in the recumbent position to allow more rapid redistribution of blood flow to cramping leg muscles.

Heat Syncope:

a. Signs & Symptoms: possible brief episode of fainting associated with dizziness, tunnel vision, pale or sweaty skin, and a decreased pulse rate but has a normal temperature.
b. Move the student-athlete to a shaded area, monitor vital signs, elevate the legs above the level of the head, and hydrate.

Exercise (heat) Exhaustion:

a. Signs & Symptoms: cognitive changes are usually minimal, but assess central nervous system function for bizarre behavior, hallucinations, altered mental status, confusion, disorientation, or coma to rule out more serious conditions.
b. If feasible, measure body-core temperature (rectal temperature) and assess cognitive function and vital signs. Rectal temperature is the most accurate method possible in the field to monitor body-core temperature. The AT should not rely on the oral, tympanic, or auxiliary temperature for student-athletes because these are inaccurate and ineffective measures of body-core temperature during and after
exercise. However, when oral, tympanic or auxiliary temperature is the only available temperature reading that will be used.
c. If the student-athlete’s temperature is elevated, remove his or her excess clothing
to increase the evaporative surface and to facilitate cooling.
d. Cool the student-athlete with fans, ice towels, or ice bags.
e. Remove the student-athlete to a cool or shaded environment if possible.
f. Start fluid replacement.
g. Transfer care to Emergency Room.

Exertional Heat Stroke:
   a. If feasible, measure the rectal temperature to differentiate between heat
      exhaustion and heat stroke. With heat stroke, rectal temperature is elevated
      (generally higher than 40.8°C [104.8°F]).
      However, when oral, tympanic or auxiliary temperature is the only available
      temperature reading that will be used.
   b. Assess cognitive function, which is markedly altered in exertional heat stroke.
   c. Lower the body-core temperature as quickly as possible: remove clothes and
      equipment and immerse the body (trunk and extremities) into a pool or tub of cold
      water. When immersion is not feasible: remove the clothing; sponging down the
      student-athlete with cool water and applying cold towels; applying ice bags to as
      much of the body as possible, especially the major vessels in the armpit, groin, and
      neck; providing shade; and fanning the body with air.
   d. Monitor the temperature during the cooling therapy and recovery (every 5 to 10
      minutes). Once the student-athlete’s rectal temperature reaches approximately
      38.3°C to 38.9°C (101.8°F to 102.8°F) or oral, tympanic or auxiliary temperature
      reaches 100°F, he or she should be removed from the pool or tub to avoid
      overcooling.
   e. Activate the emergency medical system, transfer care to Emergency Room.
   f. Monitor the student-athlete’s vital signs and other signs and symptoms of heat
      stroke.
   g. During transport: remove the clothing; sponging down the student-athlete with
      cool water and applying cold towels; applying ice bags to as much of the body as
      possible, especially the major vessels in the armpit, groin, and neck; providing shade;
      and fanning the body with air.

Exertional hyponatremia:
   a. Attempt to differentiate between hyponatremia and heat exhaustion.
      Hyponatremia is characterized by increasing headache, significant mental
      compromise, altered consciousness, seizures, lethargy, and swelling in the
      extremities. The student-athlete may be dehydrated, normally hydrated, or
      overhydrated. The body temperature is usually less than heat exhaustion.
   c. If hyponatremia is suspected, immediate transfer to Emergency Room.
   d. A student-athlete with suspected hyponatremia should NOT be administered fluids
      until a physician is consulted.
Chain of Command

Coaches will be notified of current weather conditions in terms of heat index and the ensuing risk level of participating under such conditions. Sports Medicine Staff will also try to inform coaches of the hydration level of the student-athletes they can observe or are informed of. Coaches will make the determination of the appropriate level of conditioning, time of practice, and equipment level for the associated heat index. When the heat index reaches the level of Extreme Risk as defined on the heat index chart, all outdoor practices will be rescheduled or delayed until safer conditions prevail.

APU AIR QUALITY POLICY

Detection Method

The Azusa Pacific University Sports Medicine Staff will monitor the Air Quality Index using www.air-watch.com, www.airnow.gov and www.aqmd.gov for readings and statistics. These readings and recommendations will be recorded in the sport specific daily notebook. The APU Incident Command Team (ICT), the University Risk Manager, the Athletics Director and the Director of Sports Medicine and Wellness will dialogue as to the safest decision regarding activity for the APU athletic teams. The APU Sports Medicine Staff will continually update the following people in regards to air quality and recommendations for outdoor activities.

a. APU Athletics Director
b. Sport specific Head Coaches
c. Game officials/referees/umpires
d. Visiting team head coach and athletic trainer (if available)

Air Quality Index

The Air Quality Index (AQI) is an index for reporting daily air quality. It shows how clean or polluted your outdoor air is and what associated health care effects might be. The AQI focuses on health affects you may experience within a few hours or days after breathing polluted air. The five major air pollutants include: ground-level ozone, particle pollutants, carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each pollutant the Environmental Protection Agency has established national air quality standards to protect the public health. The Azusa Pacific University Sports Medicine Staff will utilize the following table with regards to the Air Quality Index to make recommendations for activity restrictions.
<table>
<thead>
<tr>
<th>Air Quality Index (AQI)</th>
<th>Color</th>
<th>Description</th>
<th>Practice Restriction Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 50</td>
<td>Green</td>
<td>Good</td>
<td>Air quality is satisfactory and air pollution poses little or no risk.</td>
</tr>
<tr>
<td>51 - 100</td>
<td>Yellow</td>
<td>Moderate</td>
<td>Air quality is acceptable; however student-athletes with respiratory illnesses should be closely monitored.</td>
</tr>
<tr>
<td>101 – 150</td>
<td>Orange</td>
<td>Unhealthy for sensitive groups</td>
<td>Those student-athletes with respiratory illnesses should be removed from outside activity.</td>
</tr>
<tr>
<td>150 – 200</td>
<td>Red</td>
<td>Unhealthy</td>
<td>Those student-athletes with respiratory illnesses should be removed from outside activity. All other student-athletes should be closely monitored.</td>
</tr>
<tr>
<td>201 – 300</td>
<td>Purple</td>
<td>Very Unhealthy</td>
<td>ALL student-athletes should be removed from outside activity.</td>
</tr>
<tr>
<td>&gt; 300</td>
<td>Maroon</td>
<td>Hazardous</td>
<td>ALL student-athletes should be removed from outside activity.</td>
</tr>
</tbody>
</table>

**Chain of Command**

Whenever possible, the Sports Medicine Staff will advise the coach supervising the activity as to the air quality. However, the responsibility still remains with the supervising coaches to remove their teams or individuals from a field or event site. With the information and background on air quality presented in this policy, the coach or athletic trainer, or both, can make an intelligent and safe decision regarding the removal of a team or individuals from an athletic site or the stopping of play during poor air quality.

**Practices:**
The Sports Medicine Staff will inform all outdoor coaches of air quality using the air quality index referenced above. It is the coach’s responsibility to determine length and type of practice based upon the recommendations of the Sports Medicine Staff. When the AQI reaches the “Very Unhealthy” rating as listed above the Sports Medicine Staff will inform the Athletics Director that all student-athletes should be removed from outdoor activity. The Athletics Director or designee will then inform coaches that all student-athletes are to be removed from outdoor activity.

**Games:**
The responsibility of the Sports Medicine Staff at Azusa Pacific University (APU) will be to obtain weather reports with any anticipation of inclement weather and inform the Athletics Director, Head coach and the visiting team’s athletic trainer. The Athletics Director will then
in turn contact the officials/referees/umpires and head coach’s scheduled to compete that day of the probability of inclement weather and of APU’s inclement weather plan.

The decision to delay or cancel the start of a contest due to adverse weather conditions will be decided by the Athletics Director and the Sports Medicine Staff on-site with assistance from the game management officials. Decisions to suspend contests related to adverse weather conditions i.e. poor air quality will be made by the Athletics Director and the Sports Medicine Staff member per APUs inclement weather policies and procedures.

F. METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Staphylococcus aureus, often referred to simply as "staph," is a bacteria commonly found on the skin and in the nose of healthy people. Methicillin Resistant Staphylococcus Aureus (MRSA) refers to a type of bacteria that is resistant to many antibiotics.

MRSA is spread either by direct physical contact or indirect touching of personal items (bar soap, clothes, etc.) which have been used by someone who has MRSA along with poor hygiene habits (washing hands, showering, etc.). MRSA usually present as some type of skin or soft tissue infection such as pimples, abscesses, pustules and/or boils. 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 burrs and/or abrasions. Without proper referral and care, more serious infections may cause pneumonia, bloodstream, bone and/or joint infections, and/or surgical wound infections.

MRSA infections can be diagnosed when a doctor obtains a sample or specimen from the site of infection and submits it to a laboratory. MRSA cannot be effectively treated with antibiotics such as methicillin, nafcilin, cephalosporin, penicillin, etc. Prevention is the best measure to combat MRSA. An excellent reference for the recognition, diagnosis, and treatment of skin diseases is [www.dermnet.com](http://www.dermnet.com).

MRSA PREVENTION AND POST-EXPOSURE PROTOCOL

Prevention

In order to maintain proper sanitary conditions within the Azusa Pacific University Sports Medicine Clinic and to prevent the outbreak of Methicillin Resistant Staphylococcus Aureus (MRSA) and other harmful infections, the following procedures will be in place per the National Athletic Trainers Association (NATA) and the Center for Disease Control and Prevention (CDC). For cleaning recommendations (See Appendix H).

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) immediately following all activities (e.g. strength & conditioning sessions, practices, and competitions).
3. Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common 
tubs if you have an open wound.
4. Avoid sharing towels, equipment, razors, daily athletic gear, and soap (use liquid soap 
instead of bar soap), etc.
5. Properly wash athletic gear and towels after each use.
6. Maintain clean facilities and equipment. Wipe surfaces of equipment before and 
after use.
7. Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to a 
Sports Medicine Staff member and/or physician immediately.
8. Clean and properly cover any open wounds such as turf burns, abrasions, lacerations, 
etc. with an appropriate bandage at all times.
9. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
10. Use a barrier (e.g. clothing or a towel) between your skin and shared equipment.

Post-Exposure Protocol

In the case of a student-athlete with a possible or confirmed MRSA infection the Azusa 
Pacific University Sports Medicine Staff will follow protocols to ensure the safety of the 
student-athlete and anyone who could have or will possibly come in contact with the 
student-athlete. The post-exposure protocol will ensure that all necessary personnel are 
aware of the infection, all necessary facilities are disinfected and the student-athlete is 
receiving proper treatment. The following outlines a case and how the Sports Medicine Staff 
and Student Health Center will activate the post-exposure protocol for the safety of all 
parties.

When a student-athlete presents signs and symptoms of possible MRSA to a member of the 
Sports Medicine Staff:

1. The athletic trainer (AT) will examine the spot that the student-athlete is concerned 
about and will decide to treat or to refer the student-athlete to the Student Health 
Center (SHC) and/or Team Physician for further examination.
2. At this time the possible MRSA infection will be covered for protection of the student- 
athlete and others.
3. If the AT decides that the spot does not need to be referred to the SHC and/or Team 
Physician, the AT will educate the student-athlete on the signs and symptoms of MRSA 
and continue to monitor the site for changes.
4. If the AT refers the student-athlete to the SHC/Team Physician, the head coach of the 
team and the Director of Sports Medicine and Wellness will be notified of a possible case 
of MRSA exposure.
5. The SHC/Team Physician will then examine the spot and decide to culture it if necessary 
and treat it as MRSA or treat and educate the student-athlete on management of skin 
infections. The SHC will perform the culture in the SHC whereas the Team Physician will 
take the culture at his office.
6. The SHC/Team Physician will notify the AT of the plan.
a. If the culture results are negative, the treatment plan can be changed based on the SHC/Team Physician recommendations.

b. If the culture results are positive for MRSA, the treatment will remain the same and the AT will be notified by the SHC/Team Physician.

7. Once a student-athlete is suspected with a possible case of MRSA, the AT will find out if the student-athlete is on-campus or off-campus.
   a. For all on-campus MRSA cases, the AT will notify the APU Risk Manager and Facilities Management to have the living spaces, locker room, and athletic facilities disinfected.
   b. All off-campus MRSA cases will be sent home with cleaning supplies and directions on disinfecting living spaces. The AT will notify the APU Risk Manager and Facilities Management to have the locker room and athletic facilities disinfected.

8. Infected area will remain covered until spot is healed.

9. A MRSA post exposure flow chart can be seen in Appendix H.

G. INFECTIOUS DISEASE PREVENTION AND MANAGEMENT

WOUND CARE MANAGEMENT

Open wounds or skin lesions should be appropriately treated in a timely manner. Whenever a student-athlete suffers a laceration or other wound where oozing or bleeding occurs, he/she will be removed from practice or competition as early as possible. The student-athlete will not be allowed to return to play until the appropriate care has been given, any contamination hazards have been eliminated, the wound is properly cleaned and covered with a secure bandage, and the Sports Medicine Staff deem that activity does not pose a risk to the health of the student-athlete.

BLOOD BORNE PATHOGEN (BBP) GENERAL GUIDELINES

APU Sports Medicine follows the University’s Blood Borne Pathogens Exposure Control Plan (ECP) in accordance with the Cal/OSHA Blood borne Pathogens Standard, California Health and Safety Code Sections 117600 – 118360 (the Medical Waste Management Act) as well as the California Code of Regulations, Title 8, Section 5193. Blood Borne Pathogens (See Appendix I).

The Program Administrator is responsible for the implementation of the Blood Borne Pathogen Exposure Control Plan. The University Risk Manager is the Program Administrator and works in conjunction with the BBP Athletics Department Coordinator. The Athletics Department Coordinator will be directly responsible for ensuring that all elements of the Azusa Pacific University Blood borne Pathogen Program are in compliance with respect to the Athletics Department.

The Exposure Control Plan shall be reviewed by the Athletics Department Coordinator to:
1. Review, maintain, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures and work practices outlined in this ECP.
2. Ensure that all medical actions are performed and that appropriate employee health and OSHA records are maintained.
3. Train, record documentation of training, and make the written ECP available to employees, OSHA, and NIOSH representatives.
4. Ensure that all personal protective equipment, engineering controls (e.g., sharps containers), labels, and red bags are in place, as required by the Standard.
5. Ensure that adequate supplies of the aforementioned equipment are available.

Each employee of Azusa Pacific University has the following responsibilities in the Exposure Control Plan.

- Know where the ECP is located.
- Follow universal precautions established for the Sports Medicine Clinics and the task being performed.
- Use work practices, engineering controls, and protective equipment outlined in the Exposure Control Plan.
- Report all exposures to blood or other potentially infectious materials (OPIM) to their manager, and/or the Department Coordinator who will notify the Program Administrator. If the Department Coordinator is not available, the Program Administrator shall be notified.
- Those employees who are determined to have occupational exposure must comply with the procedures and work practices outlined in the ECP.
- Employees should report any inconsistencies, alterations, errors, and non-compliance of the ECP to the Program Administrator or Department Coordinator. In addition employees may be called upon to discuss the efficacy of current medical devices and review new ones.
- Attend initial and annual training reviewing the Blood borne Pathogen Plan.

To review the University Blood Borne Pathogens Exposure Control Plan (ECP), refer to the Sports Medicine Network Drive under “Blood Borne Pathogens”.

UNIVERSITY & SPORTS MEDICINE BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN

Exposure Determination

The Blood Borne Pathogen Exposure Control Plan applies to all Sports Medicine Staff (SMS) including Athletic Trainers, Athletic Training Students/Sports Medicine Aides, Athletic Coaches, Equipment Managers, and Equipment Student Workers who have the potential for exposure to blood or other potentially infectious materials (OPIM) in the course of their assigned duties.

Implementation and Methods
Cal/OSHA also requires that this plan include the methods of implementation for the various requirements of the standard.

**Universal Precautions**

Universal precautions should be used in order to prevent contact with blood or OPIM. In the care of all student-athletes, medical history and examination cannot always reliably identify student-athletes with infections. In situations where the differentiation or identification of body fluids is difficult or impossible, all body fluids will be considered infectious, regardless of the perceived status of the source individual.

Due to occupational exposure of the Sports Medicine Staff, personnel protective equipment shall be utilized. This approach is recommended by the Centers for Disease Control and Prevention (CDC) to prevent the transmission of all infectious disease.

**Work Practices**

Work practice controls will be utilized to eliminate or minimize exposure to SMS. In order to facilitate the success of the ECP, some general work procedures have been established, as well as a list of prohibited activities. These must be followed by all SMS covered under this plan whenever they are performing tasks or procedures with exposure to blood or OPIM. Work Practice controls shall be evaluated and updated on a regular or annual schedule to ensure their effectiveness.

<table>
<thead>
<tr>
<th>General Work Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>All SMS will utilize universal precautions e.g. all human blood and certain body fluids will be treated as if known to be infectious for HIV, HBV, and HCV.</td>
</tr>
<tr>
<td>All SMS should take precautions to prevent exposure injuries caused by potentially contaminated needles, scalpel blades, lancets, scissors, and other sharp instruments or items.</td>
</tr>
<tr>
<td>Any suspicious waste must be treated as infectious.</td>
</tr>
<tr>
<td>Wash hands thoroughly and vigorously (using friction) with soap and water or antimicrobial gel or foam after contact with any blood or OPIM.</td>
</tr>
<tr>
<td>Remove and replace soiled gloves and clothing as soon as possible after contamination. Wash hands after removal of gloves.</td>
</tr>
<tr>
<td>Clean up spills of blood or OPIM as directed in Blood borne Pathogen Training, using appropriate materials.</td>
</tr>
<tr>
<td>Dispose of all sharps into approved containers only.</td>
</tr>
<tr>
<td>Replace sharps containers when 2/3rds full or indicated by ‘fill line’.</td>
</tr>
<tr>
<td>Remove all contaminated personal protective equipment, double bag, and dispose per policy. Medical waste will be transported by rigid, wheeled containers to pick up sites.</td>
</tr>
<tr>
<td>All procedures involving blood or OPIM shall be performed in a manner to minimize splashing, spraying, or splattering of blood or OPIM.</td>
</tr>
<tr>
<td>Specimens of blood or OPIM shall be placed in leak proof containers.</td>
</tr>
<tr>
<td>Broken glassware, which may be contaminated, is picked up using mechanical means such as a brush, dustpan, forceps or tongs.</td>
</tr>
</tbody>
</table>
Surfaces shall be disinfected as soon as possible after completion of procedures. Report all exposure incidents to the Program Administrator and Department Coordinator. Exposures must also be reported to HR.

Wash hands or any other potentially contaminated skin with soap and water, also as soon as feasible after the removal of gloves or other personal protective equipment.

Hand-to-Hand transfer of contaminated sharps is forbidden.

Blood or OPIM are to be placed in a biohazard container that prevents leakage during collection, handling, processing, storage, transportation, and shipping. If the primary container could be punctured, then it must be placed in another container that is puncture resistant and labeled with a biohazard label.

Contaminated equipment or instruments must be decontaminated prior to servicing or shipment. If these are unable to be decontaminated, proper labeling and notification is required.

Specimens are to be placed in a properly labeled container. Any other specimens will be labeled with the biohazard label, color-coded, or packaged properly prior to transport or shipping.

Contaminated instruments/sharps are to be placed immediately, or as soon as possible after use, into an appropriate puncture resistant, leak proof, container with a biohazard label.

<table>
<thead>
<tr>
<th><strong>Prohibited Work Practices</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, etc. in treatment areas or any areas where there is a likelihood of exposure to blood or OPIM.</td>
</tr>
<tr>
<td>Food, drink and cosmetics shall NOT be kept in refrigerators, freezers, shelves, and cabinets or on counter tops or benches where blood or OPIM are stored or handled.</td>
</tr>
<tr>
<td>Shearing, breaking, recapping, or removal of contaminated needles.</td>
</tr>
<tr>
<td>Bending or recapping contaminated sharps or reusing disposable sharps.</td>
</tr>
<tr>
<td>Using equipment other than what is currently approved.</td>
</tr>
<tr>
<td>Washing or reusing single use disposable gloves.</td>
</tr>
<tr>
<td>Handling broken glassware or other contaminated sharps directly with hands.</td>
</tr>
<tr>
<td>Leaving the work area wearing contaminated protective clothing or equipment.</td>
</tr>
<tr>
<td>Placing hands in sharps container or otherwise trying to remove contaminated needles.</td>
</tr>
</tbody>
</table>

**Engineering Controls**

Engineering controls will be provided to reduce the likelihood of exposure to blood or OPIM wherever feasible. The following control measures will be provided to minimize exposure:

<table>
<thead>
<tr>
<th><strong>Engineering Controls</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps containers shall be provided in each Sports Medicine Clinic (SMC) on the counters where sharps are used. Each sharps container shall be kept in the upright position, replaced routinely when 2/3 full, not allowed to overfill, and kept on the counter to allow SMS to see when it is full.</td>
</tr>
<tr>
<td>Biohazard bags and/or containers for waste and contaminated equipment, laundry, or personal protective equipment shall be provided in both SMCs as well as at each athletic event where they might be needed. All bags are red and labeled with the biohazard label.</td>
</tr>
<tr>
<td>If leakage might be possible from a primary container, then a secondary leak-proof container shall be provided for collection, transport, and storage and must be labeled with biohazard label.</td>
</tr>
</tbody>
</table>
warning.

Designated areas or containers for the collection of used PPE and Personal Protective Clothing for disposal or laundering will be clearly marked.

Hand washing facilities are located in each SMC where personnel may incur exposure to blood or OPIM. Antiseptic hand sanitizers will be placed in each Sports Medicine Kit where water is not readily available.

Any biohazard generated off-campus at an away event shall be left with the host and not transported back to APU.

Any uniforms or equipment that has been soiled/contaminated must be transported back by the individual student-athlete. The SMS will provide the student-athlete with the proper red biohazard bag to separate the soiled garment.

Personal Protective Equipment
The BBP Department Coordinator is responsible for ensuring that the personal protective equipment used will be provided without cost to employees. Personal protective equipment, such as gloves, will be chosen based on the anticipated exposure to blood or OPIM.

1. All SMS must use appropriate personal protective equipment unless the employer shows that the SMS temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the SMS’s professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the SMS makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. The employer shall encourage employees to report all such instances without fear of reprisal.
   a. Accessibility: APU will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Latex-free gloves are readily accessible to those employees who are allergic to the gloves normally provided.
   b. Gloves should be worn when there is a potential for the Sports Medicine Staff to be in contact with blood or OPIM, which might involve blood or body fluids, mucous membranes, non-intact skin and when handling or touching contaminated items or surfaces.
      1. Employees should be aware that gloves are not puncture-resistant, nor do they provide 100% protection against infectious agents.
      2. Disposable (single use) gloves such as surgical or examination gloves are not to be washed or decontaminated for reuse.
      3. Disposable (single use) gloves are to be replaced, as soon as is feasible, when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

2. Fluids that have been recognized by the CDC as directly linked to the transmission of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and/or Human Immunodeficiency Virus
(HIV) are: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomit, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response; or any unfixed tissue or organ (other than intact skin) from a human (living or dead).

3. Although saliva has not been implicated in HIV transmission, to minimize the risk in the need for emergency rescue breathing (mouth-to-mouth resuscitation), mouthpieces, resuscitation bags, or other ventilation devices are available for use.

Housekeeping/Laundry

All contaminated work surfaces will be decontaminated after completion of a procedure, immediately after any spill of blood or OPIM, and on a routine basis. Housekeeping is responsible for cleaning up spills of blood or OPIM. Decontamination will be done by utilizing the materials and schedule found in the University’s BBP ECP.

In the event of a large area or multiple surface contaminations, the Custodial Service Manager shall determine appropriate cleanup procedures to effectively decontaminate the area.

Laundry saturated with blood or OPIM will be handled as little as possible and with minimum agitation. It will be placed and transported in an approved properly labeled rigid, wheeled container from the location where it was contaminated to the medical waste pick up site for disposal.

If the laundry has minor soiling, it can be washed in the Athletics Department washing machine; the garment should be saturated with 10% bleach or an approved disinfectant for 10 minutes and washed in hot water. This laundry will not be sorted or rinsed outside the laundry area. Personal protective equipment will be worn for all contaminated laundry procedures.

If a personal garment of an employee is contaminated, then the Program Manager or Department Coordinator may choose to dispose of the garment as biohazardous waste, and the employee will be reimbursed for the garment.

Regulated Waste Disposal

Regulated Waste shall be handled only by participants of the ECP who have been trained according to the requirements of this plan.

All containers for regulated waste (red bags) shall be placed in designated department locations. Disposal of regulated waste will be done per APU Medical Waste Management Plan.
Facilities:
Azusa Pacific University  
FEC Sports Medicine Clinic  
701 East Foothill Blvd.  
Azusa, CA91702

Azusa Pacific University  
Stadium Sports Medicine Clinic  
901 East Alosta Ave.  
Azusa, CA91702

Types of Medical Waste Generated:
BLOOD OR BODY FLUIDS - Liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids.

SHARPS - All objects used that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

Azusa Pacific University Sports Medicine program is a small quantity generator. The estimated volume of medical waste generated is less than 20 pounds. The Sports Medicine program does not treat any medical waste on-site. All waste is removed by a registered medical waste hauler and treated at an approved off-site treatment facility.

Disposable Sharps Containers
Contaminated sharps shall be discarded immediately, or as soon as possible, in containers that are closable, puncture resistant, leak proof on sides and bottom, and properly labeled.

Containers for contaminated sharps shall be easily accessible to personnel and located in close vicinity to the area where sharps are used. The containers shall be maintained upright throughout use, replaced routinely when the container is 2/3rd full or to the fill line, and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. When placed in a second container it shall be promptly labeled to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury. Sharps containers will be disposed per procedure in the Medical Waste Management Plan.

Other Regulated Waste
Other regulated waste shall be placed in containers that are closable, constructed to contain all contents, and prevent leakage of fluids or protrusion of contents during handling, storage, transport, or shipping. Bins and pails are cleaned and decontaminated as soon as possible after visible contamination following approved disinfectant guidelines.
Note: Disposal of all regulated waste shall be in accordance with applicable State and local regulations.

Hepatitis B Program and Immunization Policy

The Health Center is the designated site for the Hepatitis B Immunization Program and recordkeeping. Azusa Pacific University shall make the Hepatitis B vaccine and vaccination series available to all employees who have occupational exposure, as-well-as post-exposure follow up to employees who have had an incident. The Program Administrator shall ensure that all medical evaluations, procedures including the Hepatitis B vaccination series and post-exposure follow-up and prophylaxis, are provided by competent medical personnel.

This practice will comply with OSHA guidelines for Hepatitis B CCR, - Title 8 5193 and the CDC recommendations explained in “Immunization of Health Care Workers: Recommendations of ACIP and HICPAC, Vol. 46, No. RR-18, 12/26/1997 MMWR.

All designated Athletics Department personnel, ATs and athletic training students/sports medicine aides should have the Hepatitis B vaccination series. A record showing evidence of this (or declination for vaccination) for each ATS is documented in the Athletic Training Program Director’s office. All other files are documented by the Athletics Department’s Blood Borne Pathogen Coordinator’s office and filed in the Logs and In-services Binder in the Sports Medicine Clinic. Documentation of the Hepatitis immunization will include the employee’s identification number, dates of immunization administration, and a titer, or the signed declination. It will be kept in a confidential manner for 30 years beyond termination of the employee’s job. Copies will be supplied at the request of the employee or the former employee.

Post-Exposure Evaluation, Treatment & Follow-Up Protocol

The Blood borne Pathogens Standard requires that the healthcare professional responsible for administering the Hepatitis B vaccination shall be provided a copy of the Standard. The Standard also requires that the healthcare professional caring for the employee after an exposure incident be provided with:

- A copy of the regulation CCR Title 8 – 5193
- A written description of the exposed employee’s duties as they relate to the written exposure incident.
- Written documentation of the route of the exposure and circumstances under which the exposure occurred; results of the source blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee, including vaccination status.

Each clinical coordinator will be provided a Post Exposure Packet. However, if the treating facility does not receive one these documents it will be sent to the treating healthcare facility upon notification.
The following forms will be used in compliance with the treatment and reporting sections of the Standard.

<table>
<thead>
<tr>
<th>Document</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Protocol for Needle Stick or Other Exposure to Human Blood or Body Fluid</td>
<td>Provided in training. Used by employee, Department Coordinator, or other manager when responding to an employee exposure. Found in “post-exposure packet”.</td>
</tr>
<tr>
<td>Hepatitis B Vaccination Documentation and Risk Status form</td>
<td>Completed during BBP training. Provided to the healthcare facility treating the employee with an exposure by the Human Resources once notified of exposure.</td>
</tr>
<tr>
<td>Healthcare Professional’s Written Opinion</td>
<td>This document will be sent to the employer by the treating healthcare facility. A copy will be provided to the employee within 15 days. Provided in the “post exposure packet”</td>
</tr>
<tr>
<td>Sharps Injury Record</td>
<td>Filled out by the employee and Dept. Coordinator or other designated employee within 10 days and returned to the Health Center. Found in “post-exposure packet”.</td>
</tr>
<tr>
<td>Sharps Injury Log</td>
<td>Maintained by the Program Administrator.</td>
</tr>
<tr>
<td>Sharps Injury Confidential Identifier</td>
<td>Maintains the confidential number identifying the Sharps Injury Record to the Sharps Log.</td>
</tr>
<tr>
<td>Report of Emergency Incident Involving Treatment Where Employee Was Unable to Use Appropriate PPE</td>
<td>Filled out if these circumstances were involved.</td>
</tr>
<tr>
<td>Procedure for the Evaluation of Circumstances Surrounding Exposure Incidents</td>
<td>Filled out by Program Manager, Department Coordinator or designated individual.</td>
</tr>
<tr>
<td>Informed Refusal of Post-Exposure Medical Evaluation</td>
<td>To be filled out as soon as possible by patient. Provided to treating facility (found in Post-exposure packet)</td>
</tr>
<tr>
<td>Post-Exposure Prophylaxis Protocol and Procedure For All Employees</td>
<td>Provided to treating facility. Also in “post exposure packet”</td>
</tr>
<tr>
<td>Recommended HBV Post-Exposure Prophylaxis</td>
<td>Provided to treating facility. Also in “post exposure packet”</td>
</tr>
<tr>
<td>Copy of Cal/OSHA Blood borne Pathogen Standard</td>
<td>Provided to treating facility. Also in “post exposure packet”. Provided upon request. Found in Department ECP Notebook</td>
</tr>
<tr>
<td>Azusa Pacific University Non-sharp Blood borne Pathogen Exposure</td>
<td>Provided to treating facility. Also in “post exposure packet”. Similar to the Sharps Record, except applicable for splashes, sprays etc.</td>
</tr>
</tbody>
</table>

*Blood Borne Pathogen Exposure Packet Contents*
Post-Exposure Packets containing the following information and forms will be given to any person with a blood borne pathogen exposure.

Packets containing the following forms are located in the Department Blood borne Pathogen Program binder at each department.

1. Emergency Protocol for Needle Stick or Other Exposure to Human Blood or Body Fluids.
2. Health Care Professional’s Written Opinion – sent to APU after evaluation.
3. Sharps Injury Record (completed by exposed employee and supervisor).
4. Informed Refusal of Post-Exposure Medical Evaluation.
6. Hepatitis B Vaccination Documentation and Risk Status
7. Sharps Injury Log
8. BBP Confidential Log Identifier
9. Report of Incident Involving Treatment When The Employee Was Unable to Use PPE
10. Procedure For Evaluating Circumstances Surrounding BBP Exposure Incident
11. Non-sharp BBP Exposure

Health Care Professional’s Written Opinion

The Program Administrator shall obtain and provide the employee with a copy of the evaluating health care professional’s written opinion within 15 days of the completion of the evaluation.

The health care professional’s written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information

- Whether vaccination is indicated for the employee and the employee has received such vaccination.
- A statement that the employee has been informed of the results of the evaluation and;
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

All other written findings or diagnosis shall remain confidential and shall not be included in the written report.

Post-Exposure to Blood Borne Pathogens

Following a report of an exposure incident, APU shall make immediately available to the exposed individual a confidential medical evaluation and follow-up, including at least the following elements:
A. APU shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred.

B. APU shall identify and document the source individual, unless APU can establish that identification is infeasible or prohibited by state or local law.
   i. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, APU shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
   ii. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.
   iii. Results of the source individual's testing shall be made available to the exposed individual, and the individual shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

C. APU shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status.
   i. The exposed individual's blood shall be collected as soon as feasible and tested after consent is obtained.
   ii. If the individual consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the individual elects to have the baseline sample tested, such testing shall be done as soon as feasible.
   iii. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

D. APU shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

E. APU shall provide for counseling and evaluation of reported illnesses

Emergency Care for Needle Stick or Other Exposure to Human Blood or Body Fluid

Prompt evaluation is important if a person has been exposed (by needle stick, splash, or direct contact) with human blood or body fluids.

1. Notify your Department Coordinator or the highest-ranking person in your department. If known, document the name of the source (person who the exposure came from).

2. Remove contaminated clothing and place in biohazard container. If injured with a sharps instrument, secure instrument using one-handed technique in approved container.
3. Skin - Wash the wound/area thoroughly with soap and warm water for 15 minutes. Care should be taken not to scrub the skin vigorously as this may cause small breaks in the skin's surface and increase the chance of infection.

4. Eyes or Mucous Membranes - Flush eyes or other area with saline or tepid water for 15 minutes.

5. Seek Help:

<table>
<thead>
<tr>
<th>On Campus:</th>
<th>Off Site Exposures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Your Department Coordinator</td>
<td>Notify your Department Coordinator</td>
</tr>
<tr>
<td>Go to: Irwindale Industrial Clinic</td>
<td>Go to: Irwindale Industrial Clinic</td>
</tr>
<tr>
<td>6000 N. Irwindale Avenue</td>
<td>6000 N. Irwindale Avenue</td>
</tr>
<tr>
<td>Irwindale, CA 91706</td>
<td>Irwindale, CA 91706</td>
</tr>
<tr>
<td>(626) 969-9800</td>
<td>(626) 969-9800</td>
</tr>
<tr>
<td>(Maps are available at The Health Center &amp; HR)</td>
<td>(Maps are available at The Health Center &amp; HR)</td>
</tr>
<tr>
<td>You may drive yourself or call Campus Safety to transport you.</td>
<td>Take a copy of the post-exposure packet and the University ECP with CDC treatment guidelines</td>
</tr>
<tr>
<td>Call Human Resources</td>
<td>Call Human Resources</td>
</tr>
<tr>
<td>(626) 815-4526</td>
<td>(626) 815-4526</td>
</tr>
<tr>
<td>If no reply, leave a message stating you had an occupational injury with your phone number.</td>
<td>If no reply, leave a message stating you had an occupational injury with your phone number.</td>
</tr>
</tbody>
</table>

For any questions regarding non-emergent blood borne pathogen training, exposure or treatment, call the Department Coordinator or Program Administrator.

Post-Exposure Prophylaxis Protocol and Procedure for All Employees


Cal/OSHA requires all employers to offer post-exposure evaluation and follow-up, including counseling and post-exposure prophylaxis, to any employee who sustains an exposure to blood or other potentially infectious materials. It begins with informed consent for testing, followed by testing of the exposed employee and source patient for HBV, HCV and HIV.
Information about the exposure incident, results of both test results, and available clinical information about the source, all contribute to the decisions concerning further actions.

**Hepatitis B**
- If the source patient is negative for HbsAg and HbcAg, and the exposed employee has been immunized against HBV, no further HBV prophylaxis is needed.
- If the exposed employee has not been fully immunized against HBV, the exposed employee should immediately begin receiving the series, regardless of the HBV status of the source patient.
- If the exposed employee has been vaccinated but did not respond (i.e. protective antibody titer soon after the third shot was < 10 mlu/ml), the exposed person should begin the series again and receive at least one dose of HB Immune Globulin (HBIG). If the exposed employee did not respond after two complete series, the exposed employee may receive one injection of HBIG at the time of the incident, and another injection one month later.
- If the exposed employee had started but not completed the vaccination series, the series should be continued with HBIG added.
- If the source patient is positive for HBV and the exposed person has been immunized against HBV, the exposed employee’s antibody titer should be established. If it is low, the employee should start receiving the series again and receive HBIG.
- If the exposed employee is protected, (HBV antibody titer > 10 mlu/ml), no further prophylaxis is needed.

**Hepatitis C**
Immune Globulin (including interferon) and antiviral agents (such as ribavirin) are not recommended for PEP for HCV. They do not seem to be effective in preventing the infection and are not approved by the FDA for that use.

If the source patient is positive for HCV, then the exposed employee should be retested according to Cal/OSHA guidelines – 1, 3, and 6 months post exposure for anti HCV and for ALT activity. Anti-HVC positive results should be confirmed by enzyme immunoassay. Because acute HCV virus frequently resolves, Immune Globulin and anti-viral agents are usually administered only after chronic infection is established. There are some indications in which these drugs may be beneficial when started early in the acute phase. A specialist should be consulted.

**HIV**
If the source individual has no symptoms or clinical indications of AIDS and is HIV negative, no further actions are necessary.

If the source individual is HIV positive or is highly likely to have HIV, post-exposure prophylaxis should be initiated within 24 – 36 hours. Again, a specialist should be consulted. The low probability of transmission of the disease and the possible toxicity of the drugs must be considered.
If the source individual is HIV positive, the exposed person should be tested for HIV at 72 hours, 6 weeks, 12 weeks, and 6 months. If the source individual is positive for both HIV and HCV, the exposed person should be retested for HIV at 12 months. When PEP is indicated, it should be initiated as soon as possible and continued for 4 weeks, if tolerated. A combination of 2 drugs is recommended:

- Zidovudine (ZDV) and lamivudine (3TC) or
- 3TC and stavudine (d4t) or
- Didanosine (ddI) and d4t

If there is an increased chance of transmission (e.g. the source patient is in the terminal stage) a third drug should be added. If the source person’s HIV is known or suspected to be resistent to one or more drug, different drugs should be used or prophylaxis.

If the source patient is unknown or if the source patient cannot be tested, information about the exposure (e.g. suture needles vs. hollow bore needle used for collecting blood) along with demographics of the population served may be used to determine appropriate prophylaxis. If HIV PEP is initiated, and the source later is found to be HIV negative, the PEP should be discontinued.

HIV PEP is usually discouraged during pregnancy and lactation. Some individuals discontinue the drugs before the end of the four-week period due to unpleasant side effects (Nausea and Diarrhea). These side effects can be controlled with other medications.

Counseling
Counseling is an important part of the post-exposure follow-up, and should be offered to every exposed employee. Counseling should include information about the possibility of the acquiring disease from exposure, symptoms, prognosis and available treatment. It should also include information about the possibility of secondary transmission of diseases.

Individuals exposed to HBV, HCV or HIV-positive blood should not donate blood, plasma, organs, tissue or semen.

No occupational changes are indicated. Exposed individuals should refrain from sexual activity or use condoms, refrain from pregnancy and discontinue breastfeeding if applicable.

Exposed individuals should seek immediate medical attention for any acute illness or symptoms experienced during the follow-up period. This includes rash, fever, myalgia, fatigue, malaise or lymphadenopathy.

Healthcare professionals who develop HCV, HBV, or HIV infection should use extra precautions to prevent transmission of the infection. Occupational modifications may be indicated in some cases.

**Recommended HBV Post-Exposure Prophylaxis**

<table>
<thead>
<tr>
<th>HBV Vaccination Status of</th>
<th>Treatment:</th>
</tr>
</thead>
</table>

99
<table>
<thead>
<tr>
<th>Exposed Employee:</th>
<th>Source HbsAg Positive</th>
<th>Source HbsAg Negative</th>
<th>Source Unknown or Not tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>Initiate vaccination series; 1 injection of HBIG</td>
<td>Initiate HB vaccination series</td>
<td>Initiate HB vaccination series</td>
</tr>
<tr>
<td>Vaccinated</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Responder (titer &gt; 10 mlu/ml)</td>
<td>Initiate repeat series, plus 1 injection of HBIG; or 2 injections of HBIG</td>
<td>None</td>
<td>If known or suspected high risk, treat as HBV positive</td>
</tr>
<tr>
<td>Non Responder (titer &lt; 10 mlu/ml)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Test exposed person for anti-HBs • Titer &gt; 10 = no treatment • Titer &lt; 10 = 1 injection of HBIG and 1 vaccine booster One dose of HBIG is 0.06 mL/kg. IM.</td>
<td>None</td>
<td>Same as HbsAg Positive</td>
</tr>
</tbody>
</table>

Post Exposure Record Keeping

An APU staff exposure will be reported to the Director of Human Resources and appropriate APU procedures implemented. All exposures would be referred to Student Health Center for care and tracking. All reported student exposure incidents will be documented with the Program Director and the Director of Sports Medicine and Wellness.

Cleaning and Decontamination of the Worksites

1. General Requirements.
   a. SMS shall ensure that the worksite is maintained in a clean and sanitary condition.
   b. SMS shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.
   c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:
      B. Location within the facility.
      C. Type of surface or equipment to be treated.
      D. Type of soil or contamination present.
      E. Tasks or procedures being performed in the area.
   d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

2. Specific Requirements.
a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:
   i. Surfaces become overtly contaminated.
   ii. There is a spill of blood or OPIM.
   iii. Procedures are completed.
   iv. At the end of the work shifts if the surface may have become contaminated since the last cleaning.

b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

c. Non-disposable instruments. All such instruments which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Medical Waste Segregation, Containment, Labeling, and Collection Procedures:

Medical waste is contained separately from other wastes at the point of generation. All medical waste will be placed into RED biohazard bags labeled with the word, “Biohazard”. These bags are to be impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal use and handling. All waste placed in a red bag will be considered to be medical waste. The bags will be tied to prevent spillage in the event the bag is dumped upside down.

All sharps will be placed in a sharps container labeled with the words “Sharps Waste” or with the international biohazard symbol and the word “Biohazard”. Sharps containers will be rigid puncture proof containers that when sealed are leak resistant and not able to be reopened without great difficulty. Sharps containers shall be considered “full” when they reach 2/3 capacity or the manufacturer’s fill line. Lids on filled sharps containers must be snapped closed, taped, or otherwise sealed to prevent loss of contents prior to disposal.

Medical waste will be picked-up at the point of generation by the registered medical waste hauler. Waste consisting of medical and non-medical waste will be handled as medical waste except as follows:

1. Medical waste mixed with hazardous waste will be treated as hazardous waste.
2. Medical waste mixed with radioactive waste will be treated as radioactive waste.
3. Medical waste mixed with hazardous and radioactive waste will be treated as radioactive waste.

Medical Waste Storage Methods
All medical waste will be collected and stored in the biohazardous waste containers until transported by the medical waste hauler. All biohazardous waste shall be stored, handled or transported in containers that are leak resistant, have tight fitting covers and are kept clean and in good repair. Areas that medical waste is generated shall be marked with warning signs saying in English, “CAUTION – Biohazardous Waste – Unauthorized persons keep out.”

Since the Sports Medicine program generates less than 20 pounds of biohazardous waste per month, the waste shall not be stored above 0 degrees Centigrade (32 degrees Fahrenheit) at any on-site location for more than 30 days. Filled sharps containers shall not be stored for more than 7 days at a temperature above 32 degrees Fahrenheit. This 7-day period begins when any waste has been placed in the container.

All reusable rigid containers used for medical waste are thoroughly washed and decontaminated each time they are emptied, unless the surfaces of the containers have been completely protected from contamination by disposable liners, bags, or other devices removed with the waste. These containers will be maintained in a clean and sanitary manner. The approved method for decontamination at this facility is the use of the university approved hospital grade disinfectant. The solution should be allowed contact with the surface for a minimum of 10 minutes.

Medical Waste Treatment and Disposal Method

All medical waste generated in the FEC Sports Medicine Clinic will be taken via the designated wheeled, rigid, biohazard container to the Physical Therapy Department located in the Mary Hill building. When transporting the wheeled rigid biohazard container, the athletic trainer or Athletic Training Student/Sports Medicine Aide must wear gloves to prevent contamination. Each time biohazard is transported to the above mentioned facilities, it will be recorded on the biohazard drop-off record, located in the biohazard notebook, housed in the FEC Sports Medicine Clinic. The date, items transported and the person who transported the infectious material will be listed on the drop-off record. All medical waste will be picked up once per month, (or more frequently if abnormally high medical waste generation occurs), by a licensed medical waste hauler and treatment vendor and transported to their off-site treatment facility. Records of medical waste transported by the licensed medical waste hauler and treatment vendor will be kept in the Physical Therapy Research files and retained for a minimum of three years.

All medical waste generated in the Stadium Sports Medicine Clinic will be taken via the designated wheeled, rigid, biohazard container to an enclosed storage area adjacent to the Ray V. Anderson Building. When transporting the wheeled rigid biohazard container, the athletic trainer or Athletic Training Student/Sport Medicine Aide must wear gloves to prevent contamination. Each time biohazard is transported to the above mentioned facilities, it will be recorded on the biohazard drop-off record, located in the biohazard notebook, housed in the Stadium Sports Medicine Clinic. The date, items transported and the person who transported the infectious material will be listed on the drop-off record. All
medical waste will be picked up once per month, (or more frequently if abnormally high medical waste generation occurs), by a licensed medical waste hauler and treatment vendor and transported to their off-site treatment facility. Records of medical waste transported by the licensed medical waste hauler and treatment vendor will be kept in the APU Student Health Center files and retained for a minimum of three years.

Sharps Injury Log

As a part of our Exposure Control Plan, exposures involving contaminated sharps will be documented. This will be included in our evaluation and selection of safer sharps and will be maintained for five years. Injuries will be documented and treated according to our Post Evaluation and Follow-up Policy.

The sharps Injury Log will be maintained 5 years from the date of when the incident occurred. The Log will be kept in the Program Administrator’s office. The Confidential Identifier document will be kept in a locked file.

When possible the exposed employee will fill out the Azusa Pacific University Sharps Injury Record (confidential). The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

The Department Coordinator or Program Administrator will investigate the incident and corrective actions will be taken.

Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

The Sharps Injury Log shall be provided upon request for examination and copying to employees, to employee representatives, the Chief, to DHHS and to NIOSH. This is one method to evaluate the efficacy of the ECP.

The Sharps Injury log has the following in the description of the exposure incident:
• Date and time of the injury/exposure incident.
• Department or work area where the exposure incident occurred.
• Job Title or classification of the exposed employee.
• If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism, or after activation of the mechanism, if applicable.
• If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
• Device type and brand/name of sharp involved in the exposure incident.
• The body part involved in the exposure incident and whether it was left or right side.
• The procedure that the exposed employee was performing at the time of the incident and how the incident occurred.
• The employee’s opinion about whether any engineering, administrative or work practice control could have prevented the injury.

Labels and Signs

Biohazardous warnings, either biohazard sign or bright orange-red coloring, will be used to alert persons of the potential contamination of:
  • Containers of contaminated waste & sharps
  • Containers used to store, transport, or ship blood or OPIM

Exceptions:
  a. Containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use.
  b. Individual containers of blood or OPIM that are placed in a labeled container during storage, transportation or shipment.
  The label shall include the universal biohazard symbol and the legend BIOHAZARD.

In case of regulated waste, the word BIOHAZARD WASTE may be substituted for the BIOHAZARD legend. The label shall be florescent orange or orange-red. Regulated waste red bags or containers must also be labeled.

Training

All designated Athletics Department personnel and SMS receive annual training in blood borne pathogens. This training for each ATS is documented in the Athletic Training Program Director’s office. All other files are documented by the Athletics Department’s Blood Borne Pathogen Coordinator’s office and filed in the Logs and In-services Binder in the Sports Medicine Clinic.

<table>
<thead>
<tr>
<th>Blood borne Pathogen Training Shall Include:</th>
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<tbody>
<tr>
<td>• An accessible copy and explanation of the standard.</td>
</tr>
<tr>
<td>• An explanation of our ECP and how to obtain a copy.</td>
</tr>
<tr>
<td>• Explanation of the epidemiology and symptoms of blood borne disease.</td>
</tr>
<tr>
<td>• The modes of transmission of blood borne pathogens.</td>
</tr>
<tr>
<td>• Appropriate methods to recognize tasks and other activities that may involve exposure to blood or OPIM, including what constitutes an exposure incident.</td>
</tr>
<tr>
<td>• An explanation of the use and limitations of engineering controls, work practices and PPE with regard to exposure potential.</td>
</tr>
<tr>
<td>• An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE.</td>
</tr>
</tbody>
</table>
• Information on the hepatitis B vaccine, including efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be provided free of charge.

• An explanation of the procedure to follow if an exposure incident occurs including the method of reporting the incident and the medical follow-up that will be made available.

• Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following the exposure incident.

• An explanation of the signs and labels and/or color-coding required by the facility.

• An opportunity for interactive questions and answers with persons conducting the training session

Training records shall be kept for 5 years from the date on which the training occurred. Training records shall include the following information:

1. The dates of the training sessions.
2. The contents or a summary of the training sessions.
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training sessions.
5. Hepatitis acceptance/declination form
6. Exposure Identification form

GUIDELINES FOR BLOOD ON UNIFORMS, SKIN, EQUIPMENT AND SURFACES

Careful attention should be paid to any student-athlete who is bleeding and to those with whom that individual comes in contact.

1. A student-athlete who is bleeding should be addressed consistent with the aggressive-treatment statement above. While the wound is being attended, medical personnel should make an assessment of the individual’s skin, uniform and equipment. All blood on the skin should be thoroughly cleaned. Any tape, padding or uniform that is saturated with blood and that could come in contact with other student-athletes should be changed. This equipment should be cleaned using the University approved blood-borne pathogen disinfectant.

2. Other participants at the time of injury should be evaluated by an Athletic Trainer for the presence of blood from the injured student-athlete. All blood on the skin of non-bleeding individuals should be thoroughly cleaned. Any equipment, including tape, padding or uniform, that is saturated with blood should be changed. Although small amounts of blood that do not saturate a uniform or equipment may present a theoretical risk for transmission of blood-borne pathogens, current scientific evidence suggests that this risk is minimal to nil. Athletic Trainers should base a change of equipment or uniform in this situation on a reasonable interpretation of the potential risk.

3. Surfaces such as floors, walls and tabletops are not known to be associated with disease transmission. However, prudent hygienic practices would suggest that blood on surfaces should be treated in one of the follow two manners. For small quantities
of blood such as drops should be lightly sprayed with the university approved hospital grade disinfectant. It should then sit for a minimum of 10 minutes before being wiped up with a clean towel or gauze. The now infected towel should be dealt with using the same methods listed in laundry portion of this section. Larger areas such as pools or puddles of blood should initially soaked up with Red Z (Polyacrylate polymer matrix) and scoped up using the provided scoop contained in the Universal Precautions Compliance Kit located in the Biohazard Kits. The surface should be lightly sprayed with the university approved hospital grade disinfectant. It should then sit for a minimum of 10 minutes before being wiped up with a clean towel or gauze. The now infected towel should be dealt with using the same methods listed in laundry portion of this section. These recommendations should be appropriate for most non-absorbent athletics surfaces. Surfaces should be allowed to dry sufficiently to prevent possible injuries due to slipping during subsequent athletics activity.

4. Finally, after each practice or game, any equipment or uniform soiled with blood should be handled and laundered in accordance with hygienic methods normally used for treatment of any soiled equipment or clothing prior to subsequent use. This would include provisions for bagging the soiled items in a manner to prevent secondary contamination of other items or personnel.

FIRST AID PROCEDURES FOR ROAD TRIPS

When traveling either out of state or locally with athletic teams, SMS and coaching personnel must comply with all established blood borne pathogen regulations. In order to comply with said regulations staff must have protective equipment such as gloves and gauze available with them at all times during travel. When caring for APU personnel in such travel situations SMS are covered by the University as they would be while working on-campus. If SMS choose to assist non APU persons while traveling to or from an APU function, they do so as a volunteer and are not covered by the University, but they are encouraged to follow blood borne pathogen regulations and are covered by the Good Samaritan Law.

H. COMMUNICABLE DISEASE POLICY

The communicable disease policy is designed to provide methods for reducing the transmission of infectious diseases from Sports Medicine Staff (SMS), which includes Athletic Trainers (AT), Athletic Training Students (ATS) and/or Sports Medicine Aides (SMA), to patients and from patients to SMS. Prevention of transmission of such diseases includes immunizations for vaccine preventable diseases, isolation precautions to prevent exposures to infectious agents, and management of SMS exposure to infected persons. The objectives of this policy include the following: (1) education for the SMS about the principles of infection control and stressing individual responsibility for infection control (2) collaboration with other departments to help ensure adequate surveillance of infections in personnel and provision of prevention services (3) providing care to SMS for work-related illnesses or exposures, and (4) identification of work-related infection risks and instituting appropriate preventative measures. This policy will follow the guidelines set by the Centers for Disease Control and Prevention in the “SPECIAL ARTICLE, Guideline for infection control in health
Sports Medicine Staff are encouraged to report any infectious disease/problem condition to their direct supervisor. SMS are restricted from patient contact, or contact with the patient’s environment if they have an infectious communicable disease. ATs would report to the Director of Sports Medicine and Wellness while ATSs/SMAs would report to their Preceptor and the Athletic Training Program Director. Personnel who have been acutely exposed to a potentially infectious disease should follow the SMC Biohazard Exposure Control Plan. In the case that SMS refuse or are unwilling to report their condition to their supervisor for any reason, they must make sure they restrict themselves from patient contact or contact with the patient’s environment.

Sports Medicine Staff known to be infected with a communicable disease (See Table 3 in the Guideline for infection control in health care personnel) can be excluded from duty. The type and duration of work restrictions will be dependent upon the type of disease/problem, by the mode of transmission and the epidemiology of the disease. The Athletic Training Program Director, Director of Sports Medicine and Wellness, APU Team Physician, and/or treating Physician, will determine the duration and type of work or clinical restriction imposed for athletic training students/sports medicine aides. The Director of Sports Medicine and Wellness, APU Team Physician, and/or treating Physician, will determine the duration and type of work or clinical restriction imposed for ATs. Copies of the “SPECIAL ARTICLE, Guideline for infection control in health care personnel, 1998” are on file in the Sports Medicine Clinics and in the Athletic Training Program office (see http://www.cdc.gov/hicpac/pdf/infectcontrol98.pdf for full document).

1. WEB-SITES & TELEPHONE HOTLINE NUMBERS FOR PROFESSIONAL HELP AND ADVICE

American Cancer Society
www.cancer.org (800) 227-2345

American Diabetes Association
www.diabetes.org (800) 342-2383

American Heart Association
www.americanheart.org (800) 242-8721

American Kidney Foundation
www.kidney.org (800) 622-9010

American Lung Association
www.lungusa.org (626) 797-5864

American Social Health Association/National STD Hotline
www.ashasta.org (800) 227-8922

Epilepsy Foundation of Los Angeles
www.epilepsy-socalif.org (800) 564-0445
National Heart, Lung Blood Institute www.nhlbi.nih.gov (301) 496-4236
Crisis Intervention Agency (Domestic Violence Hotline) www.ndvh.org (800) 978-3600
Eating Disorders, Bulimia/Anorexia Hotline www.anad.org (847) 831-3438
National Council on Alcoholism of East San Gabriel and Pomona Valleys www.ncadd.org (800) NCA-CALL
National Runaway Hotline www.nrscrisisline.org (800) RUNAWAY
Suicide Prevention Crisis Hotline www.suicidepreventionlifeline.org (800) 273-TALK
National Head Injury Foundation www.headinjury.com (206)621-8858
National Spinal Cord Injury Association www.spinalcord.org (800) 962-9629
Poison Control Center www.aapcc.org (800) 876-4766
National Athletic Trainers’ Association www.nata.org (800) TRY-NATA
Far West Athletic Trainers Association www.fwata.org

California Athletic Trainers Association www.cata-usa.org
Institute for College Sports Medicine http://www.csm-institute.com/
American College of Sports Medicine www.acsm.org
College Athletic Trainers Society www.collegeathletictrainer.org
NCAA www.ncaa.org
Center for Disease Control
VIII. MEDICAL CLEARANCE POLICY

A. STUDENT-ATHLETE PRE-PARTICIPATION PHYSICAL EXAMINATION (PPE) POLICY AND SCHEDULING

In January the Athletics Director, Compliance Officer, and the Director of Sports Medicine and Wellness will determine due to NCAA regulations the start dates for all sports: Fall, Winter, and Spring. The Athletics Director and the Director of Sports Medicine and Wellness will then determine the dates for pre-participation physical examinations. Coaches are responsible for notifying student-athletes of these dates. The Sports Medicine Staff will use the Jump Forward database to attain team rosters for scheduling of pre-participation physical examinations.

B. STUDENT-ATHLETE PRE-PARTICIPATION PHYSICAL EXAMINATION (PPE) PROCEDURES

1. The Azusa Pacific University (APU) Athletics Department requires all student-athletes to receive medical approval/certification from the APU Sports Medicine BEFORE a student-athlete is issued equipment and/or permitted to attend any practice, strength and conditioning sessions, and/or compete in any intercollegiate athletic contests. The pre-participation physical examination must be administered by a Sports Medicine Staff member. This procedure must be completed on an ANNUAL basis. No member of the Athletics Department will permit a student-athlete to participate, nor will APU provide insurance coverage to any student-athlete who has not completed the pre-participation physical examination procedure. Pre-participation physical examinations will not be performed for prospective student-athletes (PSA). All PSAs must follow the Athletics Department Policies for on-campus tryouts. Athletics Department compliance personnel will inform the appropriate athletic trainer (AT) of on-campus tryouts.

2. A log-in and password for a sports medicine website will be emailed to all student-athletes. The information and forms listed below must be completed before SAs can complete their PPEs. Once completed by the student-athlete the forms will be immediately uploaded and available on the current injury tracking software (see Appendix A for forms).
   a. Medical History Questionnaire
   b. Primary Insurance and Emergency Contact Information
   c. APU Intercollegiate Athletic Insurance Information
   d. Assumption of Risk
   e. Client Authorization to Release Information
   f. ADHD Medical Exception Notification
   g. Photocopy (front and back) of Student-Athlete Health Insurance Card
   h. Banned Substance Fact Sheet
3. The following forms are filled out during the PPE. The Athletic PPE is performed by the Sports Medicine Staff, Team Physician, and the Student Health Center Staff at pre-arranged times for each team. Upon successfully completing the Athletic PPE, the student-athlete is then medically cleared for participation (see Appendix A for forms).
   a. Athletic Pre-participation Physical Examination
   b. Orthopedic Physical Examination
   c. Symptoms Check List for Concussions
   d. Standardized Assessment of Concussion
4. SAs who do not receive their Medical Clearance Forms over the summer will need to fill the forms out electronically before receiving their PPE.
5. Student-athletes will not be allowed to receive their PPE until all forms are completed. Incomplete forms will not be accepted.
6. PPE Procedures
   All SA must have the above mentioned forms completed and on file with APU Sports Medicine in order to be considered for medical clearance. Every SA must also undergo a PPE done by the Sports Medicine Staff and Team Physician and/or his/her designee. The PPE will include, but is not limited to, the following:
   • Medical history review
   • Height, weight, and vision screen
   • Pulse and blood pressure
   • Questions regarding the use of Banned Stimulants for the Treatment of ADHD, ADD and/or like conditions
   • Medical Physical examination
   • Sickle Cell blood tests (new SAs only)
   • Orthopedic screening examination
   • Concussion Baseline Testing
   • Functional Movement Screening (FMS) as developed by Gray Cook and Lee Burton
     • The seven movements tested are: Deep Squat, Hurdle Step, In-line Lunge, Shoulder Mobility, Active Straight Leg Raise, Trunk Stability Push-up, Rotary Stability. The movement assessment sheets will be included in Appendix A for PPE Procedures. During testing, it is ideal to have the student-athlete in athletic shoes.
     • The grading scale of the functional movements is on a scale of zero to three (0-3). The general criteria for movement observations are as follows:
       o Zero (0) is given if the student-athlete experiences any pain during the movement
       o One (1) is given if they are unable to perform the movement properly or there is movement dysfunction
       o Two (2) is given if one or more of the scoring criteria is not performed
Three (3) is given if movement is performed flawlessly.

- There are four main things to watch for when scoring FMS movements:
  1. A score of zero (0) = an automatic follow up to find out why there is pain
  2. A total score of 15 is the FMS cutoff
  3. Asymmetrical “1’s” and “3’s” meaning imbalances requiring further examination of the documented individual score
  4. Non-asymmetrical scores of “1’s”

Selected individuals may also be required to complete additional tests such as:

- Blood test
- Urinalysis
- EKG and/or Echocardiogram
- X-ray, MRI, CT scan, and/or bone scan
- Other diagnostic test(s) as prescribed by the Team Physician and/or his/her designee.

7. If, for any reason, the SA is not medically cleared for intercollegiate athletics participation, they will be notified by the Team Physician and/or a member of the Sports Medicine Staff at the end of the PPE.
   - Costs associated with any tests, consultations, and/or medical procedures needed to gain medical clearance for participation will be the sole financial responsibility of the SA.

8. If, for any reason, the student-athlete is medically cleared for intercollegiate athletics participation on contingency that they need to follow up with the Team Physician for further examination of a medical condition (such as high blood pressure; heart, lung, or diabetes monitoring; asthma acclimatization; etc.), they will be notified by the Team Physician and/or a member of the Sports Medicine Staff during the PPE process and will be informed what they need to do to become fully medically cleared.

9. High Blood Pressure Protocol
   - Student-athletes flagged as having high blood pressure by the team physician at the time of PPEs must:
     - Take five (5) self-checks within one month of PPEs, either in the SMC, at home or at a local pharmacy (CVS, Walgreens, etc.) in order to test their blood pressure levels.
     - Once they have taken five blood pressure readings, they will follow up with the team physician.

10. Azusa Pacific University reserves the right to refuse medical clearance for participation in intercollegiate athletics based on the medical opinion of the Team Physician and/or his/her designee. Under no circumstances may a SA seek medical clearance from a private (non-APU) physician.

11. If a coach would like to have a medical screen done on a prospective student-athlete prior to attending APU, the Prospective Student-Athlete Medical Pre Screen form is available to all coaches. This is not a required form to pass the pre-participation physical examination. (see appendix A)
C. EXIT HEALTH INTERVIEW

At the end of each athletic season (championship and nonchampionship) all student-athletes will fill out an Exit Health Interview (Appendix A). This form will be signed by the student-athlete and the supervising APU Sports Medicine Staff. During this time the Sports Medicine Staff will determine if the student-athlete:

1. Is currently still under the care of the APU Sports Medicine Staff or outside health care professional.
2. If the student-athlete believes there any health reasons they should no longer participate in APU intercollegiate athletic programs.
3. Would like to discuss any health concerns or follow up care with the team physician or APU Sports Medicine Staff.

IX. INJURIES AND TREATMENT

A. VISITING AND NON-ATHLETIC RELATED INJURIES

VISITING TEAM INJURIES

If the injured person is visiting from another school for the purpose of competition with APU you may treat them as you would an APU student-athlete. If the visiting team is traveling without an AT, an APU AT will contact their AT with information regarding the injury and what actions were taken. All visiting student-athletes MUST have written instructions from their schools’ AT if they are requesting the use of modalities. Per the PacWest Conference, the APU AT will make recommendations to the visiting coach regarding injured student-athlete playing status; the visiting team coach will make the final decision regarding return to play.

NON-APU STUDENT-ATHLETE INJURIES

If an individual is injured that is neither a visiting intercollegiate student-athlete nor an APU student-athlete and you are requested to give aid, the following procedures shall be used:

1. Provide only immediate first aid, i.e. ice, stop bleeding, CPR etc.
2. Inform the person that he/she is liable for all medical bills.
3. Notify appropriate authorities; Police, EMS, Student Health Service (if APU student) x2100, Department of Campus Safety x3898.
4. Recommend that they see a doctor if emergency care is not necessary.
5. Make a report with the Department of Campus Safety.

NON-ATHLETIC RELATED INJURY PROCEDURES

If an APU student-athlete is injured outside of practice/game and an AT is called or the student-athlete comes to the SMC, the following procedures should be followed:

1. Provide only immediate first aid (i.e. clean wounds, ice, brace, etc.).
2. Inform the student-athlete that he/she will be liable for all medical bills.
3. Ask them if they would like to see our team physician. Again they will be responsible for all bills, but seeing our team physician makes follow-up care easier.
4. We can provide follow-up care as long as there is no cost involved.
5. If an ambulance needs to be called, call one if requested. It is the student-athlete’s financial responsibility.
6. Record information in student-athlete’s folder.

FIRST AID PROCEDURES FOR SPECTATOR INJURIES DURING HOME CONTESTS

Basketball and Football Games:
For Spectators, the Department of Campus Safety (DCS) will be called to assess the situation, give first aid, and call EMS if needed. For contests in the Felix Event Center, qualified Event Staff and or DCS personnel will respond immediately to life threatening situations.

Softball, Soccer, Tennis, Track and Field and Baseball Games:
For non-life threatening injuries, the Athletic Trainers or event managers (sports information staff or equipment managers) will contact DCS. For life threatening injuries the Athletic Trainers will assist in helping the injured and contact DCS. As soon as the situation is determined to be life threatening and the athletic trainers begins treating the injured, the head coach will stop the contest until the athletic trainer releases the situation to qualified personnel. Athletic Trainers will follow pre-determined emergency action plans developed for each venue. In situations in which spectators are not compliant to athletic trainer suggestions or advice, DCS will be informed and will write up a report.

B. INJURY CLEARANCE CHAIN OF COMMAND

1. If an injured student-athlete (SA) is sent to a Physician, the Physician will determine when the injury has healed enough that the student-athlete may return to participation. If the Physician is someone other than one of the designated APU Athletics Team Physicians, then the Sports Medicine Staff may require clearance from one of the designated Team Physicians.
2. Once a SA has been cleared for return to play by a physician the AT determines when the SA is prepared to return to practice and game situations.
3. Once a SA has been cleared by the AT to participate in practice and or games it is the coaches’ discretion as to when the student-athlete will resume participation.

C. REHABILITATION PROTOCOLS

Congress Medical Associates, our orthopedic team physician medical group, has provided their protocols for rehabilitation of specific injuries and/or surgeries. These protocols can be found on the Sports Medicine network drive under “Rehab.”

Also included on the network drive are other examples of rehabilitation programs for use as preventative measures as well as for reference and program design.
D. ATHLETIC TRAINER SYSTEM (ATS) INJURY TRACKING SOFTWARE

ATS is the current injury tracking software used by Azusa Pacific University Sports Medicine. The Pre-Participation Physical Examination paperwork is digitally available to student-athletes to fill out over the summer. Throughout the year, injuries are documented into ATS and end of the year reports are made using the database mining capabilities.
APPENDIX A

PRE-PARTICIPATION PHYSICAL EXAM (PPE) FORMS

1. Pre-participation Physical Exam Paperwork Annual Checklist
2. Medical Insurance Information (Blue)
3. Intercollegiate Athletic Insurance Information (Green)
4. Warning, Agreement to Obey Instructions, Release, Assumption of Risk and Agreement to Hold Harmless (Yellow)
5. Client Authorization to Release Information (Pink)
6. ADHD Medical Exception Notification Form
7. Injury and Concussion Acknowledgement Form
8. Pre-participation Physical Evaluation: Medical History
9. Orthopedic Examination
10. Student Health Center Exam
11. NBS Results, Genetic Disease Screening Program Form
12. Sickle Cell Trait Positive Test Form
13. Exit Health Interview
14. Prospective Student-Athlete Medical Pre Screen
15. Assignment of Benefits (for Release of Prescription Medications)
16. FMS Scoring Sheet
17. FMS Scoring Criteria Sheet
PRE-PARTICIPATION PHYSICAL EXAM (PPE) PAPERWORK ANNUAL CHECKLIST
(To be completed for EACH SPORT)

PRE PPE

- Google Drive Student-Athlete (SA) Spreadsheet
  - Update with Jump Forward Rosters and Athletic Trainer System (ATS) Software Roster
  - Update with completed paperwork from ATS
  - Update concussion info if not already done (uncheck if SA had concussion or LE injury): SAC, ImPACT, BESS

- Create folders/medical charts for new SA corresponding to appropriate file colors (Red=Soccer, Blue=Volleyball, Manilla=Football, Yellow=Basketball, Tan=Acrobatics & Tumbling and Baseball, Gray=Aquatics, Green=Softball, Salmon=Track & Field, Pink=Tennis)

- Print and file paperwork in SA charts (HHQ form from ATS and Insurance cards). See directions for generating reports/printing forms in PRINTING ATS PAPERWORK below

- Look in ATS for additional documents uploaded by the SA

- Verify missing info with coach

- Close all outstanding injuries as of July 31st, open new injury dated Aug 1st if injury not resolved

DURING PPE

- Print HHQ and Insurance Cards if missing from SA Charts (at Check-In)

- Look at SA FMS sheet for any scores of zero (0); further evaluate orthopedically immediately

- Supervise physicals for your sport (Communicate all questionable pre-existing injuries to Director of Sports Medicine and Wellness for clearance!)

- Create a list of all SAs with General Medical and Orthopedic issues and schedule follow up appointments for both

- Keep charts on your desk for SAs who are not cleared for Gen Med or Ortho reasons. Make sure Head Team Physician signs charts with Ortho flunks (Have SA return chart to you at end of physicals)

POST PPE

- Associate AT will input Sickle Cell Test (SCT) results into Google Drive SA Spreadsheet

- Input positive SCT results in ATS

- Schedule meeting for review of all positive SA SCTs: SA/Coach/Gen Mec MD and yourself

- Update Google Drive SA Spreadsheet:
  - Transfer ADHD results from ATS (see directions for generating report in PRINTING ATS PAPERWORK below)
  - Transfer Info release “No’s” from CAR form in ATS (see directions for generating report in PRINTING ATS PAPERWORK below)
  - Record INS Card and Type (see directions for generating report in PRINTING ATS PAPERWORK below)
  - Transfer Concussion info (SAC, ImPACT Validity, BESS, SX)
  - List in Alerts: Allergies, Gen Med Conditions, etc.
  - List in Notes: Ortho info for prehab, Minors, etc.

- Check for Head Team Physician final signature on PPE Physical Eval form; confirm SA clearance

- Create a SA “BP Check” list (5 self-checks within one month of PPEs)
  - SA must follow up with Gen Med MD once have 5 readings within one month

- Scan and email yourself the individual PPE Physical Eval Form and save as PDF to put in ATS for each SA; forward emails to Gidget Wood (gmwood@apu.edu) at the Student Health Center

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• Save a PDF Report from ATS of the **HHQ** and **CAR** forms; email both to yourself and Gidget Wood (gmwood@apu.edu) at the Student Health Center (see directions for generating report in PRINTING ATS PAPERWORK below)
• Send SAs **Height/Weights** to Joe Reinsch (Height only for Women)
• Create Weight In/Out Logs (Football only)
• Verify and double check that Insurance information in ATS matches the Ins cards (typos can happen!)
• Generate **Travel Information Report with Addresses 1/page** from ATS for SA Chart and Travel Notebook, print one copy for each SA chart and put in section 4; then export the report to Word, delete all SSNs (including SA AND parent SSNs if listed), then print for Travel Notebook. (See directions for generating report in PRINTING ATS PAPERWORK below)
• Print **Emergency Contact List** from ATS for Travel Notebook (See directions for generating report in PRINTING ATS PAPERWORK below)
• Place **Assignment of Benefit for Prescription Medication** form in Travel Notebook
• Grade/Rate **BESS** videos for each SA and place stable & unstable/AirEx surface scores on Google Drive SA spreadsheet (i.e. 3/8 meaning 3 is total score for stable and 8 is unstable/AirEx score)
• Print Google Drive **SA Spreadsheet** with hidden sections for Travel Notebook. Make sure to hide columns B-M (all columns for checking whether forms/info has been turned in/uploaded)
• If a SA who DOES have ADD/ADHD diagnosis AND is taking medication to treat it, there is required paperwork needed for the SA’s chart (see **NCAA Medical Requirements For ADD/ADHD And Sickle Cell Trait Form** in Sports Med Network Drive)
• Collect and label SA’s extra contact lenses, inhalers, etc.
• Create folder of your team’s BESS videos and save on personal/accessible drive, label SA names
• Open incoming injuries on ATS from summer or earlier, dating August 1st
• Create new injury in ATS and IR for any injuries found during PPE that will require rehab, tx, etc.
• Score FMS sheets and look for the following:
  - Scores of zero (0) indicating painful movement; follow up immediately if haven’t already
  - Total scores (15 is the FMS cutoff)
  - Asymmetrical scores of “1’s” and “3’s” indicating imbalances
  - Non-Asymmetrical scores of “1’s”

**PRINTING ATS PAPERWORK**

• **Generate/Print HHQ, ADHD and CAR Reports** – Go to Report; Athlete Form Report; For Athletes; Results for a Specific Form and Team by Date Range; //1-present; Select team; Choose Forms (HHQ, ADHD or CAR); export to PDF. Save each form report per team to ATS Paperwork in Network Drive: Sports Medicine; Annual Categories; Athlete Physicals.
• Print **HHQ** for SA Chart, place in Section 3 of SA chart
• Print **Insurance Cards** for Section 4 of SA Chart
• **Generate/Print Travel Information Report** – Reports; Team Reports; Travel Info Report; Travel Info with Address 1 /page; Choose Team; Print and place in SA Chart in section 4; and then export the report to Word, delete all SSNs (including SA AND parent SSNs if listed), then print for Travel Notebook
• **Generate/Print Emergency Contact List** – Reports; Team Reports; Athlete & Emergency Contact List; Choose Team; Place in Travel Notebook
MEDICAL INSURANCE INFORMATION FORM
FOR INTERCOLLEGIATE ATHLETICS
Azusa Pacific University ATHLETICS DEPARTMENT

The Athletics Department at Azusa Pacific University is concerned with the health care of all its student-athletes. The goals of the Sports Medicine program include prevention, evaluation, treatment and rehabilitation of athletic injuries. The Athletics Department WILL NOT be responsible for any pre-existing injury. Medical expenses due to illness are NOT covered by the University’s intercollegiate athletics insurance policy.

In order that all student-athletes receive complete medical benefits from the health care personnel, the following procedures MUST BE FOLLOWED:

Upon receiving ANY injury during any practice or game, the student-athlete MUST REPORT IMMEDIATELY to the APU Athletic Trainer. If referred to a hospital, physician or emergency clinic, the student-athlete will need to assist in filing insurance claims.

If an injury occurs and treatment is required while a student-athlete is away from campus, it is the responsibility of the coach to contact the host school’s Athletic Trainer or host team physician to have the student-athlete receive necessary treatment. As soon as possible the student-athlete must report the injury to the APU Athletic Trainer. If a bill ensues, a copy must be sent immediately to: Gallagher Koster c/o APU Athletics Excess Insurance (500 Victory Rd., Quincy, MA 02171; or fax to 617-479-0860).

Referrals for any off-campus non-emergency medical treatment can only be made by an APU Athletic Trainer. If a coach refers a student-athlete or the student-athlete seeks care for any non-emergency outside medical treatment without the approval of an APU Athletic Trainer, the student-athlete will be held responsible for all bills incurred.

In order to complete your medical insurance file, please fill in the appropriate information as completely and accurately as possible. It is your responsibility to contact the Director of Sports Medicine and Wellness IMMEDIATELY if at any time any changes occur in the information listed below.

STUDENT-ATHLETE'S NAME_________________________SPORT(S)_________________________BIRTHDATE_________________________

YEAR IN SCHOOL________________STUDENT ID #________________SOCIAL SECURITY ________________________

PERMANENT PHONE_________________CELL PHONE________________

PERMANENT ADDRESS________________________Street__________________City________________State/Zip_________________

MEDICATIONS__________________________ALLERGIES__________________________

MEDICAL CONDITIONS__________________________

EMERGENCY CONTACT__________________________RELATIONSHIP__________________________

HOME PHONE_________________WORK PHONE_________________CELL PHONE________________

SECONDARY EMERGENCY CONTACT__________________________RELATIONSHIP__________________________

HOME PHONE_________________WORK PHONE_________________CELL PHONE________________

Do you have health insurance in your (or your spouse's) name or through parents/guardians? Yes __ No __

(NOTE: Most insurance companies will cover dependents until age 26 if the dependent is a full-time student).

If you answered yes to the above question, provide the information requested below:

INSURED'S EMPLOYER'S FULL NAME__________________________EMPLOYER__________________________

EMPLOYEE SOCIAL SECURITY xxx-xx-____________EMPLOYEE BIRTHDATE__________________________

EMPLOYER ADDRESS______________________________________

WORK PHONE_________________CELL PHONE_________________HOME PHONE________________

INSURANCE CO NAME__________________________PHONE__________________________

INSURANCE CO. ADDRESS__________________________

GROUP #____________________POLICY #____________________INSURANCE TYPE (circle one) HMO PPO
dental insurance company__________________________PHONE__________________________

dental insurance co address__________________________

POLICY/GROUP NUMBER__________________________INSURANCE TYPE (circle one) HMO PPO
dental insurance company__________________________PHONE__________________________

STUDENT-ATHLETE’S SIGNATURE__________________________DATE__________________________
INTERCOLLEGIATE ATHLETIC INSURANCE INFORMATION

Azusa Pacific University ATHLETICS DEPARTMENT

STUDENT-ATHLETE'S NAME ___________________ SPORT (S) ______________

As a student-athlete at Azusa Pacific University you should understand the nature of the medical insurance policy that the university retains in the event that you are injured while participating as a student-athlete. We feel it is important that you understand the type of policy that we hold; in order to do so, we require your signature on this form to indicate that you have been made aware of the coverage. Also, we want to ensure that you have provided accurate information on any other insurance by which you might be covered.

The most frequently utilized type of athletic insurance used by universities today is "excess" or "secondary" insurance. This means that our athletic insurance coverage only goes into effect after ALL other insurance you might have for yourself (whether through your employer, your parent/guardian and/or your spouse) has been exhausted. Most insurance companies will cover a dependent until the age of 26, if the dependent is a FULL TIME STUDENT (which you should be since a student-athlete has to be enrolled full time in order to compete). Insurance companies can and will check on other expenses incurred.

If you are injured in an "official" (supervised) practice or game, you must first be referred for medical treatment by an APU Athletic Trainer. All injuries must be reported immediately in order to preserve medical coverage. Submit your medical bills to your "primary" or "private" insurance company first. After that insurance company has paid its share, the balance of the bills will then be submitted to the Gallagher Koster c/o APU Athletics Excess Insurance (500 Victory Rd., Quincy, MA 02171; or fax to 617-479-0860). If a coach refers you or if you seek care for any outside medical treatment without the approval of an APU Athletic Trainer, you will be held responsible for all bills incurred.

REMEMBER: Doctors and hospitals will hold you responsible for all payments until the insurance companies pay. Lack of cooperation with the Sports Medicine Staff could result in the loss of YOUR credit rating.

If you have any questions about our policy or the claim process, please contact Gallagher Koster, APU Athletics Excess Insurance at 877-345-8928; or April Hoy, Director of Sports Medicine and Wellness.

Your signature below and the signature of your parent/guardian signifies acknowledgement of the above terms and policy.

STUDENT-ATHLETE SIGNATURE ___________________ DATE ____________

PARENT/GUARDIAN SIGNATURE ___________________ DATE ____________

I, ________________________, hereby authorize the Azusa Pacific University Sports Medicine Staff, to communicate with insurance companies, medical providers and parent/guardian regarding insurance claims.

STUDENT-ATHLETE SIGNATURE ___________________ DATE ____________

I believe that I am physically able to practice and compete in intercollegiate athletics. If at any time during my intercollegiate participation at Azusa Pacific University I am unable to compete or practice, due to illness or injury, it is MY RESPONSIBILITY TO NOTIFY the covering Athletic Trainer and head coach IMMEDIATELY.

STUDENT-ATHLETE SIGNATURE ___________________ DATE ____________
WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS

Azusa Pacific University ATHLETICS DEPARTMENT

Printed Name

Sport(s)

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspect of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I recognize the importance of following coaches’ instructions regarding playing techniques, training, and other team rules, and I agree to obey such instructions.

In consideration of Azusa Pacific University permitting me to try out for Azusa Pacific’s __________ team and to engage in all activities related to the team, including, but not limited to practicing or playing/participating in that sport, I hereby assume all the risks associated with participating and agree to hold Azusa Pacific University, its employees, agents, representatives, coaches, and volunteers, harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Azusa Pacific University’s __________ team. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

The following is to be completed only if the sport is football, acrobatics and tumbling, soccer, basketball, baseball, track field events, softball, diving, and for ALL other sports requiring weight training:

I specifically acknowledge that __________ is a potentially dangerous, high risk or violent contact sport involving greater risk of injury than some other sports. __________ (Initial)

Signature of Student-Athlete

Date
CLIENT AUTHORIZATION TO RELEASE INFORMATION FORM

Azusa Pacific University ATHLETICS DEPARTMENT

I, ____________________________, hereby authorize the Azusa Pacific University Sports Medicine Staff, to release the pertinent information designated below from my clinical records and personal information. Information may include my social security number, date of birth, address, name, insurance providers, pre-participation examination results, and other information needed by physicians and billing service providers.

In addition, I authorize the Sports Medicine Staff to provide my demographic and insurance information to the Institute of Collegiate Sports Medicine, PO Box 669582, Pompano Beach, FL, 33066, United States of America, for the purposes of billing my primary insurance for my athletic pre-participation examination.

I authorize release of information to:
Azusa Pacific University Athletics (Sports Medicine Staff, Coaches, and Athletics Director) and the Azusa Pacific University Student Health Center
901 East Alosta, Azusa, CA 91702-7000

Congress Medical Associates
800 S. Raymond Ave., Pasadena, CA 91105

Other Medical Providers not specified above; Athletic Trainers that host intercollegiate events at other sites (i.e. Colleges and Universities)

For the purpose of: Treating injuries or other medical conditions, drug testing, maintaining healthy student-athletes, and determining participation in the event of pregnancy

And (Initial all that you will allow release of information to):
   ___ Sports Information Office at Azusa Pacific University
   ___ Outside Media
   ___ Parent/Guardians of the student-athlete

For the purpose of: Media reports, and press releases, insurance claims, and parental/guardian participation in medical decisions

Authorization valid from: August 1, 2015 to July 1, 2016

Designated Information:
Pre-participation examination, general medical history and health information (including but not limited to information regarding pregnancy), injury reports and diagnoses, drug testing reports (to the extent permitted by the Policy Statement: Drug Education and Testing Program for Azusa Pacific University Student-Athletes), coaches reports, and medical referral information.

I understand that I may revoke this consent at any time and that upon fulfillment of the above stated purpose(s), this consent will automatically expire without my express revocation.

__________________________________________  ____________________________
Student Signature                        Date

__________________________________________  ____________________________
Parent or Legal Guardian Signature for minor students  Date

Relation to Client

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ADHD MEDICAL EXCEPTIONS NOTIFICATION FORM

Azusa Pacific University ATHLETICS DEPARTMENT

I, ________________________________ affirm that I have been informed by Azusa Pacific University Sports Medicine personnel on ________________ about the NCAA Banned Substances List and NCAA Medical Exceptions Policy as it specifically pertains to the use of banned stimulant medications (e.g. Ritalin, Stattera, Adderall, Concerta, etc.) that are used to treat Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), or like conditions. I attest that:

<table>
<thead>
<tr>
<th>Initial</th>
<th>I AM NOT presently taking and/or have taken within the last 12 months any banned stimulant medications (e.g. Ritalin, Stattera, Adderall, Concerta, etc.) that are used to treat Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), or like conditions.</th>
</tr>
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<tbody>
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<td>________</td>
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</table>

<table>
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<tr>
<th>Initial</th>
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</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>Medication ____________________________________________________________________________________________________________________________________________</td>
</tr>
</tbody>
</table>

I, the undersigned, do hereby affirm that I understand that I am to immediately notify a member of the Azusa Pacific University Sports Medicine Staff should I ever be prescribed the aforementioned stimulant medications and that I must obtain and submit appropriate documentation from the prescribing physician.

I further attest that I have had any and all questions regarding the NCAA ADHD Medical Exceptions Policy answered to my satisfaction.

_________________________________________ Date __________________________
Student-Athlete Signature

_________________________________________ Date __________________________
Athletic Trainer Signature

_________________________________________
Athletic Trainer Print Name
INJURY AND CONCUSSION ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM

I acknowledge and agree that all future injuries, medical/dental/mental problems, ailments, complaints, re-injuries, and aggravations of old injuries must be immediately reported to the University’s Team Physician, the Director of Sports Medicine and Wellness or his/her designee, no matter how minor or insignificant I may deem them to be.

I understand that my responsibility to report injuries and illnesses includes, but is not limited to, signs and symptoms of concussions. I acknowledge that a concussion is a potentially serious head injury that can result in brain injury or death. I acknowledge that I have received and understand the current NCAA Concussion Fact Sheet for Athletes, as well as the concussion education I received from the Sports Medicine Staff. I understand the signs, symptoms and mandatory reporting of concussions and I will immediately report to the Sports Medicine Staff if I suspect a teammate has a concussion. I will immediately report to the Sports Medicine Staff if, following a blow to the head or body, I experience signs and symptoms of a concussion. I understand that I will not return to practices or games if experiencing concussion-like symptoms following a blow to the head or body. I understand that a repeat concussion is more likely when I return to play before symptoms resolve. I understand that helmets, face shields, mouth guards, and other protective equipment do not eliminate the risk of concussions.

I understand the risk of sustaining a concussion as a result of participating in Intercollegiate Athletics at Azusa Pacific University. I also understand that Azusa Pacific University has the authority to permanently retire an athlete from playing Intercollegiate Athletics if they determine the risks of concussive injury present a serious threat to his or her safety and well-being. I hereby assume all the risks associated with participating in Intercollegiate Athletics at Azusa Pacific University and agree to hold Azusa Pacific University, its employees, agents, representatives, coaches, and volunteers, harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Azusa Pacific University. I hereby waive my right to sue Azusa Pacific University for losses arising out of a concussion injury.

Student Athlete Signature

Student Athlete Print Name

Parent/Guardian Signature (IF UNDER 18 YEARS OF AGE)

Parent/Guardian Print Name

Witness

SPORT

Date

Date

Date
AZUSA PACIFIC UNIVERSITY
SPORTS MEDICINE

Student-Athlete Health History Questionnaire

Name: ___________________________ Sport: ___________________________ Date: ____________ DOB: ____________

Explain each “yes” answer below and circle questions you don’t know the answers to.

1. Has a doctor ever denied or restricted your participation in sports for any reason? __ Yes __ No __
2. Do you have an ongoing medical condition (like diabetes or asthma)? __ Yes __ No __
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills? __ Yes __ No __
4. Do you have allergies to medicines, pollens, foods, or stinging insects? __ Yes __ No __
5. Have you ever passed out or nearly passed out DURING exercise? __ Yes __ No __
6. Have you ever passed out or nearly passed out AFTER exercise? __ Yes __ No __
7. Have you ever had discomfort, pain, or pressure in your chest during exercise? __ Yes __ No __
8. Does your heart race or skip beats during exercise? __ Yes __ No __
9. Has a doctor ever told you that you have (check all that apply):
   □ High blood pressure □ A heart murmur
   □ High cholesterol □ A heart infection __ Yes __ No __
10. Has a doctor ever ordered a test for you heart? (for example: ECG, echocardiogram) __ Yes __ No __
11. Has anyone in your family died for no apparent reason? __ Yes __ No __
12. Does anyone in your family have a heart problem? __ Yes __ No __
13. Has any family member or relative died of heart problems or of sudden death before age 50? __ Yes __ No __
14. Does anyone in your family have Marfan syndrome? __ Yes __ No __
15. Have you ever spent the night in a hospital? __ Yes __ No __
16. Have you ever had surgery? __ Yes __ No __
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, which caused you to miss practice or game? If yes, circle affected area below:
   __ Yes __ No __
18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle affected area below:
   __ Yes __ No __
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle affected area below:
   __ Yes __ No __

20. Have you ever had a stress fracture? __ Yes __ No __
21. Have you been told that you have or have you had an x-ray for atlanto-axial (neck) instability? __ Yes __ No __
22. Do you regularly use a brace or assistive device? __ Yes __ No __

Explain “Yes” answers here:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
Signature of athlete ___________________________ Signature of parent/guardian ___________________________ Date ____________
APU ORTHOPEDIC PHYSICAL EXAMINATION

Name: __________________ Date: _______ Sport: _______________ Eligibility: ___________

CHIEF COMPLAINTS: __________________________________________________________

__________________________________________________________________________

HISTORY:___________________________________________________________________

__________________________________________________________________________

HEAD AND NECK
L____ R____ Lateral Bending
_____/____ Flexion/Extension
_________Compression

__________________________________________________________________________

LOWER EXTREMITY TESTING
KNEE
L____ R____ Anterior Drawer
L____ R____ Posterior Drawer
L____ R____ Lachmans
L____ R____ Valgus
L____ R____ Varus
L____ R____ McMurrays

__________________________________________________________________________

UPPER EXTREMITY TESTING
L____ R____ Sulcus Sign
L____ R____ Apprehension Test
L____ R____ Impingement

__________________________________________________________________________

ANKLE
L____ R____ Anterior Drawer
L____ R____ Talar Tilt

__________________________________________________________________________

LUMBAR SPINE
___________ Scoliosis/Kyphosis
___________ SLR
___________ Fabers

__________________________________________________________________________

FUNCTIONAL MOVEMENTS
N/ABN _______ Squat
N/ABN _______ Duck Walk
N/ABN _______ Push Up

__________________________________________________________________________

EXAMINER COMMENTS: ______________________________________________________

__________________________________________________________________________

ATS NAME AND SIGNATURE: ________________________________________
ATC SIGNATURE: ____________________________ DATE: ____________
APU ORTHOPEDIC PHYSICAL EXAMINATION

Athletes: Please place a circle around any body part on the diagram below where you have sustained an injury. For example, anything you have injured, had taped, wrapped, braced been out of competition for, had and X-Ray, MRI or surgery.

KEY: S= Surgery, M=MRI, X= X-Ray, T= Time Loss, W=Wrap, Brace or Tape

NOTES:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Student-Athlete Pre Participation Physical Evaluation**

Name: ________________  Sport: ________________  Date: ________________

Height (FT/IN): ________________  Weight: ________________  Pulse: ________________  BP( / )  ( / )

Vision: R 20/_________  L 20/_________  Corrected: Y / N  Pupils Equal: Y / N

Allergies: __________________________________________________________________________

Asthma: Y / N  Albuterol use in past year: Y / N  Peak Flow: Actual: __________  Expected: __________

**Physical Examination:**

<table>
<thead>
<tr>
<th>Medical Examination</th>
<th>Normal</th>
<th>Abnormal Findings</th>
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**Orthopedic Evaluation**

NOT CLEARED ☐  Injury: ________________________________

Follow up Needed:____________________________________________________________________

________________________________________Signature of MD: ____________________________

FINAL ORTHO MD CLEARED ☐  ________________________________Date: _______________________

**General Medical**

NOT CLEARED ☐  Cleared after evaluation/treatment of: ________________________________

Needs Follow up for: __________________________________________________________________

________________________________________Signature of MD/NP/PA: __________________________Date: _______________________

CLEARED ☐  Team Physician: ________________________________Date: _______________________


NCAA Student Athlete Request for Newborn Screening Hemoglobin Results

Please Note

**** It can take up to 30 days to process your request. If you need your results in less time, we recommend having a sickle cell test run by your physician.

**** Results are only available for California births after 2/28/1990.

- You must have Adobe's Acrobat Reader (http://get.adobe.com/reader/) to use this form.
- Enter data on form, print it, sign it and mail or fax it. You can also scan or take a picture and email it (see contact information below).
- Parents cannot request results for offspring 18 years or older.
- For more information go to www.cdph.ca.gov/programs/nbs and select NCAA Athletes.
- Required questions are underlined - enter N/A if you do not have the answer.

STUDENT'S INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

(Results only on birthdates after 2/26/1990)

WERE YOU PART OF A MULTIPLE BIRTH?

(If other words were you a twin, triplet or more?)

NO

YES

(Usually A, B, C or 1, 2, 3 etc.)

IF YES, WHERE WERE YOU IN THE BIRTH ORDER?

GENDER

MALE

FEMALE

BIRTH HOSPITAL

CITY WHERE BIRTH HOSPITAL LOCATED

BIRTH MOTHER’S INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

MAILING NAME

OTHER NAMES USED

CITY MOTHER LIVED IN AT TIME OF STUDENT'S BIRTH

RELEASE RESULTS TO

AUTHORIZATION FOR THE RELEASE OF RECORDS WILL EXPIRE ON: 07/28/2016

(If providing more than one address, separate addresses using a semi colon (;))

SIGNATURE

The undersigned hereby authorizes the release of newborn screening hemoglobin test results from the records of the California Genetic Disease Screening Program. Must be signed by student if 18 or older, parent or legal guardian should sign only if student under the age of 18.

SIGNATURE (STUDENT IF OVER 18, PARENT/GUARDIAN IF STUDENT NOT OVER 18)

PRINTED NAME

DATE SIGNED (MM/DD/YYYY)

07/29/2015

PHONE NUMBER TO REACH YOU (Just type in numbers, parentheses and slashes will fill in)

YOU HAVE THE RIGHT TO RETAIN A COPY OF THIS CONSENT. YOU HAVE THE RIGHT TO REVOKE THIS CONSENT AT ANY TIME BY WRITING TO: Chief, Genetic Disease Screening Program at 880 Marina Bay Parkway, F175, Richmond, CA 94804. The genetic disease screening program is not responsible for further disclosures of the information by other parties that may result from complying with this consent.

I understand that any person who requests or obtains any record containing personal information from the California Department of Public Health under false pretenses will be guilty of a misdemeanor and fined up to $5,000 or imprisoned up to one year or both.

PRIVACY NOTIFICATION

The Genetic Disease Screening Program (GDSP) is defined as a health care provider under HIPAA and is a covered entity. GDSP is therefore required to distribute a Notice of Privacy Practice (NPP).

The collection and exchange of personal health information between covered providers for the purpose of treatment, payment, or health care operations with GDSP and our agents in connection with the newborn and prenatal screening programs is permitted byHIPAA and required by state law without special authorization or Business Associate Agreements.
I, _______________________________ affirm that I have been informed by Azusa Pacific University Sports Medicine personnel on ______________ that I have tested positive for the following condition:

**Sickle Cell Trait Positive**

**Date**

**Initial**

About Sickle Cell Trait-

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.
- Likely sickling settings include timed runs, all out exertion of any type for 2 – 3 continuous minutes without a rest period, intense drills and other spurts of exercise after prolonged conditioning exercises, and other extreme conditioning sessions.
- Common signs and symptoms of a sickle cell emergency include, but are not limited to: increased pain and weakness in the working muscles (especially the legs, buttocks, and/or low back); cramping type pain of muscles; soft, flaccid muscle tone; and/or immediate symptoms with no early warning signs.

I, the undersigned, do hereby affirm that I have been informed that I am sickle cell trait positive. I further attest that the physical findings and recommendations have been discussed with me by a member of the Azusa Pacific University Sports Medicine Staff and the Team Physician; and that I fully understand the recommendations and have had any and all questions answered to my satisfaction. I have been told to notify my private physician as soon as possible that I am sickle cell trait positive, and I agree to do so. I also have been advised to share this information with my parent or guardian. I further attest that I will notify a member of the Azusa Pacific University Sports Medicine Staff as well as my coach immediately should I begin to feel weakness, cramping sensations, difficulty breathing and/or catching my breath, and/or any other signs or symptoms of distress during or after exercise without fear of repercussion.

_________  ________________________
Student-Athlete Signature (If under 18, include parent/guardian signature) Date

_________  ________________________
Examing Physician Signature Printed Name Date

_________  ________________________
Athletic Trainer Signature Printed Name Date

_________  ________________________
Coach Signature Printed Name Date
Exit Health Interview

Name: 

Sport: 

Cell: 

Eligibility: 

Please answer the following questions by circling the appropriate answer YES or NO

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<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<td>Are you currently under the care or supervision of the APU Sports Medicine Staff or outside health care professional for any major injuries or medical condition?</td>
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<td>If YES, please explain:</td>
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<td>Do you know of, or do you believe there are any health reasons you should no longer participate in the APU intercollegiate athletic program?</td>
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<td>If YES, please explain:</td>
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<tr>
<td>Would you like to discuss any health concerns or follow up care with the Team Physician or APU Sports Medicine Staff?</td>
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<tr>
<td>**** If YES, please have APU Sports Medicine Staff complete the following section****</td>
<td>Yes</td>
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<th>Injury</th>
<th>Recommendations</th>
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Please check the following box if it pertains to you:

- [ ] I am finishing the season with no Athletic Injuries to declare. I do not wish to follow up with a physician regarding any physical ailments that occurred during my athletic season.

The undersigned:

a. Affirm that the information contained on this page any attached pages is true and correct to the best of my knowledge.

b. Attest that any physical findings and/or recommendations have been discussed with me by a member of the APU Sports Medicine Staff.

c. Understand that I must refrain from practice while ill or injured, whether or not receiving medical treatment, until the APU Sports Medicine Staff discharges me from treatment and given permission to restart participation.

d. Understand that any and all visits to clinical practitioners must be coordinated through the APU Sports Medicine Staff prior to each visit.

e. If any information is false or omitted, I will be financially responsible for all follow-up care.

Student-Athlete Signature

Date

129
Azusa Pacific University
Prospective Student-Athlete Physical Pre-Screen

Name: ________________________ DOB: _______ Ht: _____ Wt: ______

I am a…
 □ High School Student
 □ Transfer Student

Sport(s)
 □ Football
 □ Men’s Soccer
 □ Women’s Soccer
 □ X-Country
 □ Volleyball
 □ Men’s Basketball
 □ Women’s Basketball
 □ Baseball
 □ Softball
 □ Men’s Track and Field
 □ Women’s Track and Field
 □ Men’s Tennis
 □ Women’s Tennis

Have you had any of the following? (Check all that apply, explain on Pg. 3)

Head Injury
 □ Concussion
 □ Loss of Consciousness
 □ Eye Injury
 □ Nose Injury
 □ Fracture
 □ Other

Ankle
 □ Sprain
 □ Fracture
 □ Surgery
 □ Other

Shoulder
 □ Chronic Pain
 □ Dislocation
 □ Subluxation
 □ Separation
 □ Impingement
 □ Surgery
 □ Other

Elbow/Wrist
 □ Fracture
 □ Dislocation
 □ Neuropathology
 □ Tendonitis
 □ Sprain
 □ Surgery
 □ Other

Back
 □ Backaches
 □ Pinched Nerve
 □ Disc Problems
 □ Strain
 □ Chronic Pain
 □ Surgery
 □ Other

Knee
 □ Ligament Injury
 □ Cartilage
 □ Meniscus
 □ Knee Cap Injury
 □ Surgery
 □ Tendonitis
 □ Other
 □ Shin Splints
 □ Foot Pain
 □ Stress Fractures
 □ Glasses
 □ Contacts

I affirm that the above is true regarding my medical history.

Athlete Signature: ___________________________ Date: ____________

Guardian Signature: ___________________________ Date: ____________
Azusa Pacific University
Prospective Student-Athlete Physical Pre-Screen

General Medical
☐ Ulcers
☐ High Blood Pressure
☐ Amenorrhea
☐ Heart Murmurs
☐ Mono
☐ Diabetics
☐ Sickle Cell
☐ Asthma
☐ Heat Illness
☐ Other

Due to an injury/illness, have you missed any games/practice in the last three years?
☐ No
☐ Yes
If Yes, Please Explain

Have you been hospitalized in the last three years?
☐ No
☐ Yes
If Yes, Please Explain

Have you had to participate in rehabilitation or physical therapy in the last three years?
☐ No
☐ Yes
If Yes, Please Explain

Do you require any special equipment or treatment?
☐ No
☐ Yes
If Yes, Please Explain

Is there any medical reason why you could not play today?
☐ No
☐ Yes
If Yes, Please Explain

Have you ever had any of the following?
☐ MRI
☐ CAT Scan
☐ X-Ray
☐ Bone Scan
If Yes, Please Explain

I affirm that the above is true regarding my medical history.

Athlete Signature: ___________________________ Date: __________________

Guardian Signature: ________________________ Date: __________________
Azusa Pacific University
Prospective Student-Athlete Physical Pre-Screen

Explanation of all Injuries/ Illnesses marked on pg 1.

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I affirm that the above is true regarding my medical history.

Athlete Signature: _________________________ Date: _______________________

Guardian Signature: _________________________ Date: _______________________

Pg. 3
Azusa Pacific University
Assignment of Benefits

I authorize my Athletic Trainer under supervision and protocol of the Team Physician, to act as my caretaker and agent to receive, procure, store and issue any medications, which are prescribed for me. I will take the necessary precautions to keep the non-child-safety resistant blister packs out of the reach of children.

My signature below authorizes the above statements.

Sport: __________________________ Athletic Trainer: __________________________

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<td>Deep Squat</td>
<td>• Upper torso parallel with tibia or toward vertical</td>
<td>* Add heel raise</td>
<td>• Unable to perform movement properly</td>
</tr>
<tr>
<td></td>
<td>• Femur below horizontal</td>
<td>• Same criteria as score of III</td>
<td>with heel raise</td>
</tr>
<tr>
<td></td>
<td>• Knees aligned over feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Feet straight forward</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dowel aligned over feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hurdle Step</td>
<td>• Hips, knees &amp; feet aligned in sagittal plane</td>
<td>• One or more of scoring criteria for</td>
<td>• Contact between foot &amp; hurdle</td>
</tr>
<tr>
<td></td>
<td>• Erect posture maintained</td>
<td>III is not performed</td>
<td>• Loss of balance</td>
</tr>
<tr>
<td>In-line Lunge</td>
<td>• Dowel contacts remain with head, T-spine &amp; sacrum</td>
<td>• One or more of scoring criteria for</td>
<td>• Loss of balance</td>
</tr>
<tr>
<td></td>
<td>• Dowel, knees &amp; feet aligned in sagittal plane</td>
<td>III is not performed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Knee touches board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td>• Fists are within one hand length</td>
<td>• Fists are within 1 1/2 hand lengths</td>
<td>• Fists are not within 1 1/2 hand lengths</td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Straight</td>
<td>• Ankle passes mid-thigh point</td>
<td>• Ankle between knee &amp; mid-thigh</td>
<td>• Ankle does not pass knee</td>
</tr>
<tr>
<td>Leg Raise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trunk Stability</td>
<td>• Males: 1 rep; thumbs aligned with top of forehead</td>
<td>• Males: 1 rep; thumbs aligned with chin</td>
<td>• Males: unable to achieve score of II</td>
</tr>
<tr>
<td>Push-up</td>
<td>• Females: 1 rep; thumbs aligned with chin</td>
<td>• Females: 1 rep; thumbs aligned with</td>
<td>• Females: unable to achieve score of II</td>
</tr>
<tr>
<td></td>
<td>• Movement completed in one motion with trunk stability</td>
<td>clavicle</td>
<td></td>
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<tr>
<td>Rotary Stability</td>
<td>• Performs unilateral repetition</td>
<td>• Performs diagonal repetition</td>
<td>• Unable to perform diagonal repetition</td>
</tr>
<tr>
<td></td>
<td>• Spine parallel to board</td>
<td>• Same criteria as III</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Knee &amp; elbow touch over board</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* FMS created by: Gray Cook, PT, OCS, CSCS & Lee Burton, PhD, ATC, CSCS

Note: Pain = 0
APPENDIX B

Injury Recording Information

1. Athletic Injury Report
2. Common Medical Abbreviations
3. Rehabilitation/Treatment Record
4. Daily Treatment Log
5. Exercise Sheet
   a. Ankle
   b. Back
   c. Elbow
   d. Knee
   e. Shoulder
   f. Hip/Groin
   g. General
6. Crutch Training
AZUSA PACIFIC UNIVERSITY
ATHLETIC INJURY REPORT

NAME:__________________________SPORT:_______POSITION:________________

INJURY DATE:____ REPORTED DATE:____ SITE OF ACCIDENT:________________

INJURY/ILLNESS:

BODY PART:____________________SIDE: Left Right Bilateral Midline N/A

ONSET: ACUTE SUBACUTE CHRONIC REINJURY

INJURY BACKGROUND

MECHANISM OF INJURY (Kinesiological):________________

PLAYING SURFACE: Ath Mat Dirt/Clay Field Turf Grass Ten Ct Track Wood Floor Water Other

HAPPENED DURING: Practice Game Conditioning Weight Lifting Non-sport Related

EVALUATION:

SUBJECTIVE (History, Symptoms):________________________________________

________________________________________

________________________________________

OBJECTIVE (Signs): Inspection:________________________________________

Palpation:________________________________________

AROM:________________________________________

PROM:________________________________________

RROM:________________________________________

SPECIAL TESTS:________________________________________

________________________________________

ASSESSMENT (Type/Site/Severity):________________________________________

________________________________________

________________________________________

MANAGEMENT/TREATMENT PLAN (Action, Referral, Rehab):________________

________________________________________

________________________________________

________________________________________

LIMITATION: Full Go As Able Modified No Contact Out

AT Student (Print):__________________________ ATC:__________________________

Recorded in ATS (INT):__________ Return to Play Date:__________ Injury Resolve Date:__________
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>A:</td>
<td>Assessment</td>
</tr>
<tr>
<td>Â</td>
<td>Before</td>
</tr>
<tr>
<td>a.m.</td>
<td>Morning</td>
</tr>
<tr>
<td>AAROM</td>
<td>active assistive range of motion</td>
</tr>
<tr>
<td>abd.</td>
<td>Abduction</td>
</tr>
<tr>
<td>Ac</td>
<td>before meals</td>
</tr>
<tr>
<td>AC joints</td>
<td>Acromioclavicular Joints</td>
</tr>
<tr>
<td>ACL</td>
<td>anterior cruciate ligament</td>
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<td>Act.</td>
<td>Active</td>
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<tr>
<td>ad lib</td>
<td>at discretion</td>
</tr>
<tr>
<td>add.</td>
<td>Adduction</td>
</tr>
<tr>
<td>ADL</td>
<td>activities of daily living</td>
</tr>
<tr>
<td>AE</td>
<td>above elbow</td>
</tr>
<tr>
<td>AK</td>
<td>above knee</td>
</tr>
<tr>
<td>AMA</td>
<td>against medical advice</td>
</tr>
<tr>
<td>amb</td>
<td>Ambulation</td>
</tr>
<tr>
<td>ant.</td>
<td>Anterior</td>
</tr>
<tr>
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<td>anterior-posterior</td>
</tr>
<tr>
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<td>active range of motion</td>
</tr>
<tr>
<td>AROM</td>
<td>Active Range of Motion</td>
</tr>
<tr>
<td>ASA</td>
<td>Aspirin</td>
</tr>
<tr>
<td>ASAP</td>
<td>as soon as possible</td>
</tr>
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<td>ASIS</td>
<td>Anterior Superior Iliac Spine</td>
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<tr>
<td>assist.</td>
<td>assistance/assistive</td>
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<td>below elbow</td>
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<td>twice a day</td>
</tr>
<tr>
<td>bilat.</td>
<td>Bilateral</td>
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<tr>
<td>BK</td>
<td>below knee</td>
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<td>bowel movement</td>
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<tr>
<td>BOS</td>
<td>base of support</td>
</tr>
<tr>
<td>BP</td>
<td>blood pressure</td>
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<td>beats per minute</td>
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<tr>
<td>C</td>
<td>Centigrade</td>
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<td>C</td>
<td>With</td>
</tr>
<tr>
<td>c/o</td>
<td>complains of</td>
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<tr>
<td>C1,C2, etc.</td>
<td>first cervical vertebra, second cervical vertebra, etc.</td>
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<td>Cancer</td>
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<tr>
<td>Cal</td>
<td>Calories</td>
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<td>Full Form</td>
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<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>CAT</td>
<td>computerized axial tomography</td>
</tr>
<tr>
<td>CBC</td>
<td>complete blood count</td>
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<td>CBI</td>
<td>closed brain injury</td>
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<td>chief complaint</td>
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<td>Centimeter</td>
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<td>CNS</td>
<td>central nervous system</td>
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<td>CO</td>
<td>cardiac output</td>
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<td>carbon dioxide</td>
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<td>Continue</td>
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<td>cerebral spinal fluid</td>
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<td>Cardiovascular</td>
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<td>cerebrovascular accident</td>
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<tr>
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<td>Crutch Walking Instructions</td>
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<td>D/C</td>
<td>Discontinued</td>
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<td>deep friction massage</td>
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<td>distal interphalangeal joint</td>
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<td>diabetes mellitus</td>
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<td>DOB</td>
<td>date of birth</td>
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<td>deep vein thrombosis</td>
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<td>emergency room</td>
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<td>Electrocardiogram</td>
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<tr>
<td>EEG</td>
<td>Electroencephalogram</td>
</tr>
<tr>
<td>FFNT</td>
<td>ears, eyes, nose &amp; throat</td>
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<td>Electromyogram</td>
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<td>eval.</td>
<td>Evaluation</td>
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<tr>
<td>ext.</td>
<td>Extension</td>
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<td>F</td>
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<td>family history</td>
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<td>flex.</td>
<td>Flexion</td>
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<td>foot, feet [as a measurement]</td>
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<td>full weight bearing</td>
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<td>Fracture</td>
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<td>good (muscle strength)</td>
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<td>Gastrointestinal</td>
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<td>Gram</td>
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<td>Gynecology</td>
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<td>Hb, Hgb</td>
<td>Hemoglobin</td>
</tr>
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<td>HEP</td>
<td>home exercise program</td>
</tr>
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<td>HI</td>
<td>head injury</td>
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<td>hot pack</td>
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<td>heart rate</td>
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<td>at bedtime</td>
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<td>Hematocrit</td>
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<td>Height</td>
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<td>History</td>
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<td>history of</td>
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<td>insulin dependent diabetes mellitus</td>
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<td>IK</td>
<td>Infrared</td>
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<td>Intramuscular</td>
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<td>IMP, imp.</td>
<td>Impression</td>
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<td>Kilocalories</td>
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<td>Kilogram</td>
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<td>l, l.t.</td>
<td>left</td>
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<tr>
<td>L, l.</td>
<td>Liter</td>
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<tr>
<td>L1, L2, etc.</td>
<td>first lumbar vertebra, second lumbar vertebra, etc.</td>
</tr>
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<td>lb.</td>
<td>pound [as measurement]</td>
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<tr>
<td>LBP</td>
<td>lower back pain</td>
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<tr>
<td>LE</td>
<td>lower extremity</td>
</tr>
<tr>
<td>LOC</td>
<td>level of consciousness</td>
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<td>LTG</td>
<td>long term goals</td>
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<td>m</td>
<td>Meter</td>
</tr>
<tr>
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<td>minimal erythemal dose</td>
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<td>Medications</td>
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<td>muscle function test</td>
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<td>Definition</td>
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<td>--------------</td>
<td>------------</td>
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<td>mg</td>
<td>Milligram</td>
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<td>Minutes</td>
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<td>manual muscle test</td>
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<td>Month</td>
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<td>Moderate</td>
</tr>
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<td>MP, MCP</td>
<td>Metacarpalphalangeal</td>
</tr>
<tr>
<td>MRSA</td>
<td>methicillin resistant staphylococcus aureus</td>
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<tr>
<td>MS</td>
<td>multiple sclerosis</td>
</tr>
<tr>
<td>N</td>
<td>normal (muscle strength)</td>
</tr>
<tr>
<td>neg.</td>
<td>Negative</td>
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<tr>
<td>NIDDM</td>
<td>Non-insulin dependent diabetes mellitus</td>
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<tr>
<td>noc</td>
<td>night, at night</td>
</tr>
<tr>
<td>NPO</td>
<td>nothing by mouth</td>
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<tr>
<td>NWB</td>
<td>non-weight bearing</td>
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<td>Outpatient</td>
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<td>operating room</td>
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<td>Objective</td>
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<tr>
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<td>Obstetrics</td>
</tr>
<tr>
<td>od</td>
<td>once daily</td>
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<td>ORIF</td>
<td>open reduction internal fixation</td>
</tr>
<tr>
<td>oz.</td>
<td>Ounce</td>
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<td>P</td>
<td>poor (muscle strength)</td>
</tr>
<tr>
<td>p</td>
<td>After</td>
</tr>
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<td>P.A.</td>
<td>physician’s assistant</td>
</tr>
<tr>
<td>p.o.</td>
<td>by mouth</td>
</tr>
<tr>
<td>P:</td>
<td>Plan</td>
</tr>
<tr>
<td>pr</td>
<td>after meals</td>
</tr>
<tr>
<td>per</td>
<td>by/through</td>
</tr>
<tr>
<td>PERRLA</td>
<td>pupils, equal, round, reactive to light and accommodation</td>
</tr>
<tr>
<td>PHx, P.H.</td>
<td>past history</td>
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<td>PNF</td>
<td>proprioceptive neuromuscular facilitation</td>
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<td>pos.</td>
<td>Positive</td>
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<td>Possible</td>
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<tr>
<td>post-op</td>
<td>after surgery (operation)</td>
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<tr>
<td>PRE</td>
<td>progressive resistive exercise</td>
</tr>
<tr>
<td>pre-op</td>
<td>before surgery (operation)</td>
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<tr>
<td>prn</td>
<td>whenever necessary</td>
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<td>passive range of motion</td>
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<td>pron.</td>
<td>Pronation</td>
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<td>PSIS</td>
<td>posterior superior iliac spine</td>
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<td>Description</td>
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<td>--------------</td>
<td>-------------</td>
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<td>physical therapy</td>
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<td>pt., Pt.</td>
<td>Patient</td>
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<td>peripheral vascular disease</td>
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<td>PWB</td>
<td>partial weight bearing</td>
</tr>
<tr>
<td>PA</td>
<td>posterior anterior</td>
</tr>
<tr>
<td>PCL</td>
<td>posterior cruciate ligament</td>
</tr>
<tr>
<td>q</td>
<td>Every</td>
</tr>
<tr>
<td>qd</td>
<td>every day</td>
</tr>
<tr>
<td>qh</td>
<td>every hour</td>
</tr>
<tr>
<td>qid</td>
<td>four times a day</td>
</tr>
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<td>qn</td>
<td>every night</td>
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<td>Quart</td>
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<td>Right</td>
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<td>R/O</td>
<td>rule out</td>
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<td>rheumatoid arthritis</td>
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<td>red blood cell count</td>
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<td>Regarding</td>
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<td>Respiration</td>
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<td>range of motion</td>
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<td>treatment, prescription</td>
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<td>s</td>
<td>Without</td>
</tr>
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<td>S/P</td>
<td>status post (after)</td>
</tr>
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<td>sternoclavicular joint</td>
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<td>spinal cord injury</td>
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<td>seconds [as measurement]</td>
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<td>sacro-iliac</td>
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<td>sig</td>
<td>directions for use, “give as follows”</td>
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<td>SLR</td>
<td>straight leg raises</td>
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<td>SOAP</td>
<td>subjective, objective, assessment, plan</td>
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<td>shortness of breath</td>
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<td>stat.</td>
<td>Immediately</td>
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<td>short term goals</td>
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<td>Supination</td>
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<td>Symptoms</td>
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<td><strong>T</strong></td>
<td>trace (muscle strength)</td>
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<td>-------------------------</td>
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<td>Tablet</td>
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**Sport:** 

**Injury Date:** 

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| SV/CC |
# ANKLE EXERCISE SHEET

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## MODALITIES

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## ENDURANCE

- Treadmill
- Bike
- Elliptical

## STRETCHES

- Towel
- Incline Board

## EXERCISES

- Marbel Pick-Ups
- Towel Curls
- Towel Pulls- Inv
- Towel Pulls- Ev.
- Seated BAPS
- T-Band Inv.
- T-Band Ev
- T-Band DF
- T-Band PF
- PNF D1/D2
- MRE
- Lunges
- Total Gym- Squats
- Total Gym-Toe Raises
- Standing Toe Raises
- Toe Raises on Incline
**ANKLE EXERCISE SHEET**

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### PROPRIOCEPTION
- SL Stance
- Balance Board I/E
- Balance Board P/D
- Balance Board Circular
- Standing BAPS
- Airex
- Airex With Ball Toss
- BOSU
- Mini Tramp
- Red Disk

### FUNCTIONAL EXER.
- Slideboard
- Steps Ups
- Lateral Step Ups
- Box Jumps
- Obstacle Course
- Cup Pick Up
- Sprints
- Sport Cord
- 5 Dot Drill
- Balance Step and Reach (3)
- Lung/Carioca/SideStep
- Plyo Jump Progression
- Ladder Progression
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<tr>
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<td>Quad</td>
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<tr>
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**Name:**

**Date:**

**Modalities:**

- Bike
- Stationary Bicycle
- Treadmill

**Endurance:**

- Angular
- Flexion
- Extension
- Horizontal Abduction
- Pronation
- Supination
- Pendulum

**Stretches:**

**Exercises:**

- ER
- Flexion
- T-Band FR
- T-Band Extension
- T-Band Horiz. Abd.
- T-Band Erector Can.
- Pronation
- Supination
- Digi Flex Grip
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**ENDURANCE**

- Treadmill
- Bike
- Elliptical
- UBE

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**STRETCHES**

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### MODALITIES

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### ENDURANCE

- Treadmill
- Bike
- Elliptical

### STRETCHES

- Quad
- Hip Flexor
- Hamstring
- Calf
- IT Band
- Foam Roll
- Ball Roll

### EXERCISES

- Quad Sets
- Prone/Stool Hip Rotations
- Prone HS Curls/Gluts
- March/Dying Bug Progress.
- SLR
- Plank Progression
- Hip ADD
- Hip ABD
- Hip EXT
- Hip ER
- Knee Flexion-Standing
- Bridging Progression
- Clams
- Wall Slides
- Total Gym- Squats
- Lunges
# HIP/GROIN EXERCISE SHEET

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## PROPRIOCEPTION

- SL Stance
- Balance Board I/E
- Balance Board P/D
- Balance Board Circular
- Standing BAPS
- Airex
- Airex With Ball Toss
- BOSU
- Mini Tramp
- Star/Clock → Cup Pick Up

## FUNCTIONAL EXER.

- Balance Squats
- Slideboard
- Step Ups
- Lateral Step Downs
- Lateral Step Ups
- Box Jumps
- Obstacle Course
- Sprints
- Sport Cord
- 5 Dot Drill
- Balance Step and Reach (3)
- Lung/Carioca/SideStep
- Plyo Jump Progression
- Monster Walks
- Ladder Progression
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## MODALITIES

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## ENDURANCE

- UBE
- Bike
- Treadmill

## STRETCHES

- Corner Stretch
- Flexion
- Extension
- Horizontal Abduction
- Horizontal Adduction
- External Rotation
- Internal Rotation
- Pendulum

## EXERCISES

- ER
- IR
- Flexion
- Extension
- T-Band ER
- T-Band IR
- T-Band Flexion
- T-Band Extension
- T-Band Horiz. Abd.
- T-Band Horiz Add.
- T-Band Empty Can
- PNF D1
- PNF D2
- Wall Pushups
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<thead>
<tr>
<th><strong>SHOULDER EXERCISE SHEET</strong></th>
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<tr>
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<tr>
<td>Scapular Retraction</td>
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<td>Scapular Protraction</td>
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<td>Bicep Curls</td>
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<td>Tricep Extension</td>
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<td>Cross Over Symmetry</td>
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<td>Scapular Program</td>
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<td>Abduction</td>
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<td>Iron Cross</td>
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<td>Pull-ups</td>
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<th><strong>PROPRIOCEPTION</strong></th>
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<tr>
<td>Body Blade @ 90</td>
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<td>Body Blade</td>
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<tr>
<td>Rythmic Stab.</td>
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<tr>
<td>Slide Board ADD/ABD</td>
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<tr>
<td>Pushups</td>
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<tr>
<td>BOSU Push-Ups</td>
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</tbody>
</table>
Crutch Training

GENERAL INSTRUCTION

To Stand:
1. Place crutches together on the injured side; hold onto the handgrips with one hand.
2. Push up with the other hand against the chair seat or armrest, but never the back of the chair because it will tip over.
3. Stand up.
4. Place one crutch under the arm of the uninjured side and use it to balance while placing the second crutch under the other arm.

To Sit:
1. Back up until you feel the chair on the back of your legs.
2. Place crutches together on the injured side; hold onto the hand grips with one hand;
3. Reach for the seat of armrest of the chair with the other hand. DO NOT reach for the back of the chair!
4. Sit down holding the injured leg out in front.

To Walk:
1. Simultaneously, move both crutches and injured leg forward. (Make sure the crutches are even and are far enough apart to keep a wide base of support and allow the hips to pass through)
2. Push on the handgrips to lift body weight- swing the uninjured leg through the crutches. DO NOT use armpits to support body weight! The underarm pads should rest about two inches below the armpit.
3. Be sure to swing all the way through the crutches, not just to them.

Ascending Stairs or Curbs:
1. Leave the crutches on the level where you are standing.
2. Put weight on hands.
3. Raise uninjured (GOOD) foot to higher step, training the injured leg.
4. Straighten the uninjured leg and bring crutches up with good leg.

Descending Stairs or Curbs:
1. Place crutches on lower step while extending injured (BAD) leg forward.
2. Place weight on hands.
3. Bend uninjured leg while slowly lowering body to lower step.
4. When body weight is shifted to lower step, move strong leg to lower step.

STAIRS: “Up with the GOOD and down with the BAD.”

BEWARE:
1. Wear sturdy, low-heeled shoes. No heels or “flip-flops”.
2. Watch out for water spots, they can be very slippery.
3. Do not plant crutches on throw rugs and be careful when stepping on them.
4. Avoid any loose objects on the floor.
APPENDIX C

Medical Referral

1. Medical Referral
2. Sports Medicine Clinic Physician’s Report
3. Student Health Center Referral
4. Insurance Claim
AZUSA PACIFIC UNIVERSITY SPORTS MEDICINE
MEDICAL REFERRAL

NAME ____________________ SPORT ______ POSITION ______ YEAR ______ DATE ______

INJURY DATE _______ INJURY OCCURED IN: PRACTICE _____ GAME _____ OTHER _____

BODY PART INJURED ________ PREVIOUS HISTORY ________________________________

MECHANISM ________________________________________________________________

ATHLETIC TRAINER’S EVALUATION
__________________________________________________________

TREATMENT TO DATE
__________________________________________________________

__________________________________________________________

EVALUATED BY ______________________________ TITLE ______________________________

TO BE COMPLETED BY PHYSICIAN:

PHYSICIAN’S DIAGNOSIS
__________________________________________________________

PHYSICIAN’S RECOMMENDATIONS FOR TREATMENT/REHABILITATION
__________________________________________________________

MEDICATION(S) (IF ANY): ________________________________

ACTIVITY LEVEL:
_____ No restrictions, may participate fully
_____ Full participation with appropriate treatment/rehabilitation
_____ Full participation when the following criteria are met: __________________________

_____ Activity limited to: ________________________________

_____ Treatment and rehabilitation only, no sport participation until: ________________

_____ No activity until seen by: ____________________________ on ________________

_____ No activity until: ________________________________

Physician ___________________________ Date _______________ Date

OTHER SUGGESTIONS/COMMENTS:
__________________________________________________________

__________________________________________________________

Physician ___________________________ Date _______ Follow-up Appt. Date ___________ Time _______
NAME:_________________________DATE:_____________________
BODY PART:____________________PHYSICIAN:_________________
SPORT:________________________

HISTORY:____________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

M.D./D.O. EVALUATION:________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

DIAGNOSIS:____________________________________________________
________________________________________________________________

RECOMMENDATIONS:____________________________________________
________________________________________________________________
________________________________________________________________

X-RAY: Y/N ASPIRATE: Y/N
MEDICATION: Y/N TYPE:________________________
DOSAGE: mg. BID TID QID
# OF TABLETS:________________________

RETURN FOR REXAM: Y/N DATE:________________________

ADDITIONAL COMMENTS:________________________________________
________________________________________________________________
________________________________________________________________

COMPLETED BY:________________________
M.D./D.O.’S INITIALS:____________________

149
AZUSA PACIFIC UNIVERSITY
Student Athlete Information Referral
Student Health Center (SHC)

Student-Athlete:_________________________  Date:__________________
Sport: __________________________________
Findings/Conditions: ________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Recommendations/Concerns/Medications: ________________________________
____________________________________________________________________
____________________________________________________________________
Ok to Play/Practice/Restrictions: ________________________________________
____________________________________________________________________
Return to SHC: _________________________________________________________

Treating Physician/Nurse/Nurse Practitioner: ______________________________

PLEASE FAX TO SPORTS MEDICINE AT 626-815-5442
April Hoy (626-712-7282) Football; Jesse Cops (434-473-9192) Football, M/W Track & Field; Rachel Rodeheaver (619-459-9309) Football, M/W Track & Field; Benjamin Fuller (626-710-3709); M/W Cross Country, M/W Basketball; Hollie Tirrell (909-856-4657) W Soccer, Softball; Ashley Saunders (317-847-3088) Volleyball, Baseball; Ryan Yamakawa (310-613-2027) Acrobatics & Tumbling; Swim; Jessalyn Coleman (253-670-3474); M Soccer, M/W Tennis; Water polo.
HOW TO FILE A CLAIM:
1. Complete this form within 90 days.
2. Attach Itemized Bills and Primary Carrier Statements
3. Mail to: Gallagher Student Health & Special Risk, 500 Victory Rd. Quincy, MA 02171; 617-479-0860 (Fax) Ph: 877-345-8928

ANY PERSON WHO KNOWINGLY AND/OR WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY OR OTHER PERSONS FILE A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO CRIMINAL AND SUBSTANTIAL CIVIL PENALTIES.

This part must be completed and signed by an official of the policyholder or the claim cannot be processed

<table>
<thead>
<tr>
<th>PART 1A: POLICYHOLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>School/Organization</td>
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<tr>
<td>Policy#</td>
</tr>
<tr>
<td>School Mailing Address</td>
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<tr>
<td>City, State, Zip</td>
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<tr>
<td>Injured Person's Name</td>
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<tr>
<td>Birth date</td>
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<tr>
<td>Male □ Female □</td>
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<tr>
<td>Date of Injury</td>
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<tr>
<td>Time</td>
</tr>
<tr>
<td>Type of Sport</td>
</tr>
<tr>
<td>Part of body injured</td>
</tr>
</tbody>
</table>

How did Injury occur?

Sport Designation: Intercollegiate □ Intramurals □ Practice □ Game □ Other □

At the time of the injury, was the injured involved in an activity sponsored and supervised by the policy holder? YES □ NO □

Name of Supervisor
Was he/she a witness to the accident? YES □ NO □

Signature of Supervisor/Official
Title
Date

<table>
<thead>
<tr>
<th>PART 1 B: INJURED PERSON'S INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE INJURED PERSON'S SOCIAL SECURITY NUMBER MUST BE PROVIDED AS REQUIRED BY THE CENTER FOR MEDICARE SERVICES</td>
</tr>
</tbody>
</table>

Injured Person's Social Security Number

Injured Person's Home Address (Street, City, State, Zip)

Is the injured Person Employed? YES □ NO □ If yes, please fill out Section A below.

Is the injured Person Married? YES □ NO □ Spouse's Name

Is the Spouse Employed? YES □ NO □ If yes, please fill out Section B below.

Are you covered by any other insurance policy, either as a dependent, group, individual, automobile medical or liability YES □ NO □

If Yes: Name of Insurance Carrier
Policy #.

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN INFORMATION</th>
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<tbody>
<tr>
<td>Father/Guardian Name</td>
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<tr>
<td>Mother/Guardian Name</td>
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<tr>
<td>Address (Street, City, State, Zip)</td>
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<tr>
<td>Address (Street, City, State, Zip)</td>
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<tr>
<td>Home Phone</td>
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<tr>
<td>Home Phone</td>
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Is the Father Employed? YES □ NO □ Is the Mother Employed? YES □ NO □

<table>
<thead>
<tr>
<th>SECTION A (INSURED/FATHER)</th>
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<tbody>
<tr>
<td>Employer</td>
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<tr>
<td>Address (Street, City, State, Zip)</td>
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<tr>
<td>Business Phone</td>
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<td>Insurance Company</td>
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<tr>
<th>SECTION B (SPOUSE/MOTHER)</th>
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</thead>
<tbody>
<tr>
<td>Employer</td>
</tr>
<tr>
<td>Address (Street, City, State, Zip)</td>
</tr>
<tr>
<td>Business Phone</td>
</tr>
<tr>
<td>Insurance Company</td>
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MEDICAL INFORMATION AUTHORIZATION ASSIGNMENT OF BENEFITS:
You are hereby authorized to furnish at the request of and to BM Benefits, LLC or the underwriting companies with which it works, information which you may possess, including findings and treatment rendered, X-rays and copies of all hospital and medical records, all occasioned by professional services and hospital care rendered on my behalf. The foregoing authorization is granted with the understanding that any legal rights I may ordinarily have to claim communications between us as privileged are hereby expressly and voluntarily waived. A Photostat of this authorization shall be considered as effective and valid as the original, PAYMENT WILL BE MADE TO THE PROVIDER(S) OF SERVICE (HOSPITAL, PHYSICIAN AND OTHERS), UNLESS A PAID RECEIPT OR STATEMENT ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals or omits any information concerning the claim is guilty of a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Claimant or Authorized Person’s Signature
Date
APPENDIX D

General Medical

1. Cold/Sore Throat
2. Contact Dermatitis
3. Cough
4. Diarrhea
5. Earache
6. Headache
7. Indigestion
8. Insect Bites
9. Nausea/Vomiting
10. Soft Tissue Injury
11. Med Log
COLD/SORE THROAT

Screening Questions:
1. Nasal drainage (color, duration)?
2. Sore throat? Difficulty swallowing?
3. Hydration and appetite?
4. Exposure to strep throat? Other illness exposure? Past history?
5. History of mononucleosis or allergies?
6. Sneezing?
7. Coughing? Productive cough (color, odor)?
8. Ear pain?

Physical Findings:
1. Fever
2. Swollen Tonsils
3. Tender/Swollen lymph nodes (palpations)
4. Appearance of patient

Treatment for adult patients:
1. Decongestant(a.m.) and/or Anti-Histamine(p.m. – note: may cause drowsiness)
2. Gargling for sore throat with salty water
3. Robitussin-DM or Cough Drops for cough
4. Bed Rest
5. Push fluids (electrolytes, water, juices)
6. Intranasal (topical) Afrin (no more than 2-3 days)

Dosage of OTC:
1. Decongestants
   a. Pseudoephedrine: 30-60mg q 4-6 hours. 240mg max per day
   b. Phenylephrine: 10-20mg q 4 hours
2. Anti-Histamines
   a. Diphenhydramine: 25-50mg q 6 hours. 300mg max per day

Physician Referral Criteria:
1. Fever greater than 100° for 24 hours
2. Breathing difficulty
3. Sore throat for two days despite continued treatment or other significant associated symptoms such as extreme fatigue
4. Signs of dehydration (dry mucous membranes, extreme thirst, weight loss, tachycardia, hypotension, nausea, color & frequency of urination)
5. Unable to practice due to symptoms

Notes:
1. Cold symptoms usually last 7-10 days
2. Medication may not shorten the length of the symptoms

Cautions:
1. Pseudoephedrine: reduce dose if patient has renal insufficiency, Diabetes, Hypertension, hyperthyroidism, glaucoma, ADHD or on a stimulant.
2. Phenylephrine has interactions with ephedra, yohimbe, marijuana.
3. Diphenhydramine: caution with driving, asthma, hypertension, glaucoma or thyroid dysfunction.
CONTACT DERMATITIS

Screening Questions:
1. Allergic reactions?
2. Been outside?

Physical Findings:
1. Redness and Swelling?
2. Possible oozing of fluid from vesicle and crust formation
3. Itching

Treatment:
1. Give Diphen for itching (note: may cause drowsiness)
2. May apply calamine lotion as needed topically
3. Wash area thoroughly with warm soapy water
4. A topical application of 1-2% hydrocortisone cream may be used for up to 3 days

Dosage of OTC:
Anti-Histamines
   Diphenhydramine: 25-50mg q 6 hours. 300mg max per day

Physician Referral Criteria:
1. Open sore/exudate
2. Signs of infection
3. Failure to respond to treatment

Notes:
Consider outlining the area with pen to aid in evaluating size changes.

Cautions:
Diphenhydramine: caution with driving, asthma, hypertension, glaucoma or thyroid dysfunction.
COUGH

Screening Questions:
1. Duration?
2. Association with upper respiratory infection: sore throat? Sinus pressure?
3. When is cough worse (morning or night)?
4. Activity and appetite?
5. Chronic problems as asthma, bronchitis, or pneumonia, in past?

Physical Findings:
1. Fever (duration and highest point)
2. Wheezing (auscultation) or difficulty breathing
3. Productivity of cough (color and consistency)

Treatment:
1. Monitor temperature every 4-8 hrs
2. May take decongestant if associated with upper respiratory infection
3. Robitussin-DM or Cough Drops for cough
4. Force fluids

Dosage of OTC:
Cough Suppressants
1. Dextromethorphan: 30mg q 6 hours. 120mg max per day
2. Guaifenesin: 400mg q 4 hours. 2.4g max per day

Physician Referral Criteria:
1. Difficulty breathing, wheezing, or croup
2. Productive cough with dark colored (green or brown) sputum
3. Fever greater than 100
4. Unable to practice due to symptoms

Notes:
Monitor temperature every 4-8 hours

Cautions:
1. Dextromethorphan: interactions with SSRI’s may increase side effects.
2. Guaifenesin: May cause dizziness, possible kidney stones.
DIARRHEA

Screening Questions:
1. Frequency and consistency of stools (rule out diarrhea) including color of stools (blood, pus, or mucous)
2. Treatment to date?
3. Other symptoms (fever, vomiting, abdominal pain)?
4. Roommates or close friends with history of illness?
5. Medications (OTC or Rx)?
6. Onset, duration, and intensity?
7. Diet history (previous problems/episodes)?

Physical Findings:
1. Signs/symptoms of dehydration (dry mucous membranes, extreme thirst, weight loss, tachycardia, hypotension, nausea, color & frequency of urination)
2. General appearance (i.e. skin color and temperature)
3. Consider blood pressure standing/saced supine to R/O orthostatic hypotension

Treatment:
1. Encourage electrolytes and clear fluids with small but frequent amounts
2. Avoid milk and dairy products the first 24 hours
3. If improved, progress intake of food to bland types (day 2 - see below)
4. Stress hand washing
5. Medications do not shorten course of illness, but may minimize symptoms.

Considerations:
Viral: May last several days up to 2 weeks; only real danger is dehydration and medications may not shorten course – should not practice with fever and/or dehydration
Bacterial: Blood, pus, or mucous in stools (fever or loss of bowel control)

Progressive Diet:
Day 1 Water or electrolyte drinks (preferred)
Day 2: (If improved) saltine crackers, toast, bland soups, and oatmeal
Day 3: Lean meat, noodles, and soft eggs (no fried foods, raw fruits or vegetables, beans, spices, dairy products) "Gradual Progression to Regular Diet"

Dosage of OTC:
Anti-Diarrhea
     Loperamide: 4mg initially followed by 2mg after each loose stool. 12mg max per day.

Physician Referral Criteria:
1. Lethargy
2. Signs/symptoms of dehydration (refer to #3 in screening questions section)
3. Bloody stools
4. Associated continuous abdominal pain greater than two hours
5. More than one stool each hour that persists for one day
6. Fever

Cautions:
1. Avoid Diamodi if blood in diarrhea
2. Loperamide: Stop if distention occurs.
EARACHE

Screening Questions:
1. Duration?
2. Change in hearing?
3. Other symptoms (sore throat, swollen glands)?
4. Mechanism of injury?
5. Previous history?
6. History of swimmer's ear/upper respiratory tract infection?

Physical Findings:
1. Fever
2. Discharge
3. Tender/swollen lymph nodes (palpation)
4. Otoscopic evaluation

Treatment:
May use heat

Dosage of OTC:
Analgesics
   Acetaminophen 325mg 2-4qid

Physician Referral Criteria:
1. Ear pain- severe and/or persistent or associated with other systemic signs or symptoms
2. Discharge
3. Temperature 100°F or above with symptoms
4. Swollen erythematous ear or canal
HEADACHE

Screening Questions:
1. Mechanism of injury (contact) or exertional activity or illness?
2. What effects headache (location, duration, type of pain)?
3. Severity of headache (Rate headache: 1-10 scale; 10 = severe, 1 = minimal)?
4. History of migraines or seizures (diagnosed) or headaches?
5. Any neck stiffness present?
6. Previous history/associated symptoms?
7. Previous treatment?

Physical Findings:
1. Level of consciousness (dizziness, nausea, light headed)
2. Check pulse size and reaction to light
3. Neurological evaluation

Treatment:
Bed Rest

Dosage of OTC:
Analgesics
   Acetaminophen 325mg 2-4qid

Physician Referral Criteria:
1. Altered level of consciousness
2. Neurological deficit
3. Mechanism of injury- trauma
4. Persistent headache
5. Fever
6. Failure to respond with Analgesics
INDIGESTION

Screening Questions:
1. Alcohol use, tobacco usage (cigarettes, smokeless tobacco), stress?
2. Does position change symptoms?
3. Pain relative to eating?
4. Do certain foods cause problems?
5. Stress?
6. Past/family history?
7. Previous treatment?

Physical Findings:
1. Rule out abdominal quadrant tenderness/rigidity

Treatment:
Avoid large meals and fatty foods

Dosage of OTC:
1. Antacids
   a. Ranitidine 75mg 1-2 twice daily
   b. Famotidine 10-20mg twice daily
2. Pepto Bismol
   2 tabs or 30 mg q 6 hours. 8 tabs max per day

Physician Referral Criteria:
1. Worsening pain despite taking an over the counter medicine(s) for 2 days
2. Associated with other systemic symptoms (fever, weight loss, dehydration)

Cautions:
Antacids: caution with patients with renal insufficiency.
Long term use could cause B12 deficiency or confusion
May decrease effectiveness of many drugs

PeptoBismol avoid with patients with renal impairment, chicken pox or influenza, history of GI bleeding or coagulopathy.
May cause dark stools, tongue discoloration or tinnitus.
INSECT BITES

Screening Questions:
1. Allergic Reactions?

Physical Findings:
1. Itching
2. Possible Rash
3. Small Puncture Wound
4. Swelling

Treatment:
1. Apply ICE to insect stings to reduce swelling
2. Apply Medicaine Swab or Camphophenique over area of sting
4. Give Diphen for itching (note: may cause drowsiness)
5. Continue to assess for possible signs/symptoms of allergic reaction (hives, itching, flushed skin, cyanosis, edema, increased heart rate, stridor, decreased blood pressure, severely increased or decreased respiratory rate with severe respiratory distress or absent) for 15-30 minutes
6. Refer to EpiPen protocol, if needed

Dosage of OTC:
Anti-Histamine

Diphenhydramine 25-50mg q 6 hours. 300mg max per day

Physician Referral Criteria:
1. Signs of allergic reaction
2. Open wound/exudates
3. Signs of infection
4. Neurotic tissue

Notes:
Consider outlining area to aid in evaluating change in size.
Assess for signs and symptoms of allergic reactions for 15-30 minutes after bite.

MRSA can be mistake as an insect bite.

Cautions:
Diphenhydramine: caution with driving, asthma, hypertension, glaucoma or thyroid dysfunction.
NAUSEA/VOMITING

Screening Questions:
1. Associated diarrhea (changes in bowel movement or stool character)?
2. Other symptoms (fever or abdominal pain)?
3. Other ill family members and friends?
4. Medications (OTC or Rx)?
5. Ask about vomit (color, amount)?
6. Onset, duration, and intensity?
7. What causes or relieves symptoms?
8. Previous history (alcohol use, gastrointestinal disorders, peptic ulcer disease)?

Physical Findings:
1. General appearance (i.e. skin color and temperature)
2. Signs of dehydration (dry mucous membranes, extreme thirst, weight loss, tachycardia, hypotension, nausea, color & frequency of urination)
3. Assess/monitor weight loss
4. Rule-out pregnancy in female student-athlete

Treatment:
1. Encourage electrolytes and clear fluids in small but frequent amounts
2. First 24 hours (avoid milk and dairy products)
3. If improved, progress intake of food to bland types (day 2 - see below)
4. Medications may relieve gastrointestinal distress. Aldroxicon II may be taken as an antacid/anti-gas aid. Nausatrol may be taken for nausea associated with an upset stomach. Diotame may be taken for diarrhea, heartburn, indigestion, upset stomach, and nausea.

Progressive Diet
Day 1: Clear liquids (electrolytes)
Day 2: (If improved) saltine crackers, toast, bland soups, and oatmeal
Day 3: Lean meat, noodles, and soft eggs (no fried foods, raw fruits or vegetables, beans, spices, dairy products) "Gradual Progression to Regular Diet"

Dosage of OTC:
1. Antacids
   a. Ranitidine 75mg 1-2 times daily
   b. Famotidine 10-20mg twice daily
2. Pepto Bismol
   2 tabs or 30 mg q 6 hours. 8 tabs max per day
3. Anti-Diarrhea
   Loperamide 4mg initially followed by 2mg after each loose stool. 12mg max per day.

Physician Referral Criteria:
1. Lethargy
2. Symptoms of dehydration (refer to #2 in physical findings)
3. Associated continuous abdominal pain greater than two hours
4. Symptoms unrelieved with home treatment
5. Fever

Cautions:
Antacids: caution with patients with renal insufficiency.
Long term use could cause B12 deficiency or confusion
May decrease effectiveness of many drugs
Pepto Bismol avoid with patients with renal impairment, chicken pox or influenza, history of GI bleeding or coagulopathy.
May cause dark stools, tongue discoloration or tinnitus.

Loperamide: Stop if distention occurs.
SOFT TISSUE INJURY
"Contusion-Strain-Sprain"

Screening Questions:
1. Pain (rate on scale of 1-10; 10 = severe, 1 = minimal)?
2. Loss of function?
3. Mechanism of injury (finish activity)?
4. Previous injury?

Physical Findings:
1. Edema/effusion (localized or diffuse)
2. Tenderness (localized or diffuse)
3. Ecchymosis
4. Decreased ROM, strength
5. Neurovascular status
6. Crepitation, clicking, or popping

Treatment:
1. Ice-Compression-Elevation
2. Therapeutic modalities as indicated

Dosage of OTC:
NSAIDS
   Ibuprofen 200mg 2-4 qid
   Naproxen 250mg 2 bid
Analgesic
   Acetaminophen 325mg 2-4 qid

Physician Referral Criteria:
1. Pain increased with weight bearing or resisted use
2. Swelling not controlled with ice, elevation, and rest
3. Loss of sensation or motor function
4. If deformity and/or crepitation develop, immobilize and see your physician

Cautions:
NSAIDS: caution with prior PUD, chronic steroid use, SSRI’s, hypertension.
Do Not Use with renal insufficiency, hypercalcemia, prior hemorrhage blood thinners, kidney cirrhosis, heart failure and dehydration.
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>OTC</th>
<th>AMT.</th>
<th>REASON</th>
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APPENDIX E

Emergency Action Plan

1. Catastrophic Injury and Emergency Notification Contact Form
2. AED Use Reporting Forms
3. Emergency Plan by Venue
   a. Baseball Stadium
   b. Felix Event Center – Basketball, Volleyball, and Acrobatics & Tumbling
   c. Cougar Stadium/Dillon Recreation Complex – Football Practice
   d. Cougar Stadium – Football Contests
   e. Citrus College Stadium – Football Contests
   f. Cougar Stadium- Track & Field and other Events
   g. Citrus College Stadium – Track and Field Throwers
   h. Softball Stadium
   i. Soccer Fields – Soccer and Football Practice
   j. Tennis Complex
   k. Citrus College Swimming Pool
   l. James Slauson Community Pool – Swimming and Waterpolo Practice
   m. Fitness Center/Weight Room
   n. Cougar Dome – Acrobatics & Tumbling Practice
   o. Felix Event Center Sports Medicine Clinic
   p. Stadium Sports Medicine Clinic
4. Emergency Phone Numbers
5. Emergency Medical Facilities
7. Emergency Medical Plan Designated Roles
8. Caregiver Instructions
Date:_____________  Time:_____________  Place:__________________________

Visitor Contact: ________________________________________________________

Emergency Transport: ____________________________________________________

Emergency Transport Personnel: ___________________________________________

__________________________________________________________

Hospital: ___________________________  Attending Physician(s): _____________

__________________________________________________________

__________________________________________________________

Family Emergency Contact: ______________________________________________

Notes:

__________________________________________________________

__________________________________________________________

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AED USE REPORTING

The following form should be completed each time an AED is used in a rescue:

Date: ___________________________ Incident #: ___________________________

Patient Information:

Name: _________________________________________________________________

Address: ______________________________________________________________

______________________________________________________________

Age: _______________ Gender: _______________

Site of Incident: _______________________________________________________

Witnessed arrest: □ Yes □ No

Breathing upon arrival of designated responders □ Yes □ No

Pulse upon arrival of designated responders □ Yes □ No

Bystander CPR □ Yes □ No

Cardiac arrest after arrival □ Yes □ No

Number of defibrillation shocks: _____________

Comments:_____________________________________________________________________

_____________________________________________________________________________

Rescuer’s Name: ____________________________________________________________

Rescuer’s Signature: _________________________________________________________
AZUSA PACIFIC UNIVERSITY SPORTS MEDICINE DEPARTMENT
Automated External Defibrillator (AED) Use Report / Post-Event Checklist

Incident Date ___________________________ Incident Time ___________________________ am / pm

Incident Location _______________________

AED Used- UMD # _________ Serial # ____________________ Location ______________________

# of shocks given __________________________

Patient Name ___________________________

Responding EMS Service ___________________________ List. Response Time ______________

Patient transported to what medical facility? ___________________________

Persons involved in the use of the AED:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Name ___________________________ Address ___________________________ Phone ______________

Witnesses:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Name ___________________________ Address ___________________________ Phone ______________

Review of circumstances leading up to the use of the AED unit:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Review of PC Data Card / Emergency Algorithm:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

AED Supplies Used:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Item ___________________________ Quantity ___________________________ Replaced ______________ Date / By Whom? ______________
General evaluation of the safety, efficiency, speed, troubleshooting, completeness of care, & interactions:


Recommendations for the improvement of future emergency situations / AED use:


General Comments


Post-Event Checklist / Inspection:

<table>
<thead>
<tr>
<th>Item</th>
<th>Inspected / Replaced</th>
<th>Date</th>
<th>Initials</th>
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<tbody>
<tr>
<td>AED Case Integrity</td>
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<td>Rescue Ready Window</td>
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<td>AED Battery</td>
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<td>AED Pads #1 (Main)</td>
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<td>AED Pads #2 (Spare)</td>
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<td>Disposable Razor</td>
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<td>Absorbent Towel</td>
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<td>Oxygen Tank / Pressure</td>
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<td>Non-Rebreather Oxygen Mask</td>
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<td>Bag-Valve Mask Resuscitator</td>
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<td>CPR Micromask</td>
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<td>Nasal Cannula</td>
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<td>Manual Suction Unit / Catheters</td>
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<td>BP Cuff / Stethoscope</td>
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<td>Oral Airway Kit</td>
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<td>Rescue Blanket</td>
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<td>First Aid Supplies</td>
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<td>Trash bag</td>
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<tr>
<td>Glucose 15 / Glucose Tabs</td>
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AED Program Coordinator Signature

AED Program Coordinator Print Name

Date
EMERGENCY ACTION PLAN – Baseball Stadium

Emergency Personnel:
-Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) practices and contests
-ATSs/SMAs on-site when available for CS practices and contests
-CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests
-Additional Sports Medicine Staff accessible from the Stadium Sports Medicine Clinic when available

Emergency Communication:
-Cellular phone as primary

Emergency Equipment:
-CS practices – Sports Medicine Kit, Vacuum Splints/Ambu Bag, Ice, AED, Spine board, Crutches,
-CS contests – Sports Med Kit, Vacuum Splints/Ambu Bag, Ice, AED, Spine board, Crutches, Biohazard Kit
-Nonchampionship Season (NCS) practices and contests – Coaches First Aid Kit
-Additional emergency equipment accessible from the Stadium Sports Medicine Clinic 626-815-6000 Ext. 3212
-Additional AED available in atrium of Cougar Dome via wall mount

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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 to allow for unobstructed access for EMS and SMS
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
The baseball stadium is located on APU’s East Campus at 901 E. Alosta Avenue across the street from the McDonald’s. Enter campus from Alosta Avenue. Citrus Avenue and Alosta Avenue are the nearest cross streets.

Environmental Conditions – Lightning:
Safe Shelter Locations
   Baseball Clubhouse/Locker Room
   Engstrom Hall
   Cars (not convertibles or golf carts)
EMERGENCY ACTION PLAN – FELIX EVENT CENTER (FEC): Basketball, Volleyball, and Acrobatics & Tumbling

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) practices and contests
- ATSS/SMAs on-site when available for CS practices and contests
- CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests
- Additional Sports Medicine Staff accessible from the FEC Sports Medicine Clinic when available

Emergency Communication:
- Cellular phone as primary
- Fixed telephone in Felix Event Center SMC as secondary

Emergency Equipment:
- CS practices – Sports Medicine Kit, Vacuum Splints/Ambu Bag, Ice, AED, Biohazard Kit
- CS contests – Sports Med Kit, Vacuum Splints/Ambu Bag, Ice, AED, Spine board, Biohazard Kit
- Nonchampionship Season (NCS) practices and contests – Coaches First Aid Kit
- Additional emergency equipment accessible from FEC Sports Medicine Clinic 626-815-6000 Ext. 5190
- AED available via wall mounts on north/west corner of Felix Event Center

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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 to allow for unobstructed access for EMS and SMS
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
The Felix Event Center is located on APU’s West Campus at 701 E. Foothill Blvd. one block West of Citrus Ave. The FEC has multiple entrances. The following provides the quickest access to the court level as well as the Sports Medicine Clinic.

Court level entrance: Enter the west driveway up to the south west corner of the Felix Event Center. Enter the building on the southwest ramp to enter into the gym court or enter by the west/south ramp to enter the Room.

Building Evacuation:
Walk, do not run, to the nearest exit. Proceed to the designated area in the drive-in parking lot.
EMERGENCY ACTION PLAN – COUGAR STADIUM/DILLON RECREATION COMPLEX: Football Practice

Emergency Personnel:
-Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season CS) practices and contests
-ATSS/SMAs on-site when available for CS practices and contests
-CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests
-Additional Sports Medicine Staff accessible from the Stadium Sports Medicine Clinic when available

Emergency Communication:
-Cellular phone as primary
-Radio System as secondary

Emergency Equipment:
-Practice – Sports Medicine Kit, Ice, Spine board, Vacuum Splints/Ambu Bag, Biohazard Kit, AED
-Additional emergency equipment accessible from Stadium Sports Medicine Clinic across parking lot from stadium 626-815-6000 Ext. 3212
-Contests – Same as practice with an ambulance on-site (see separate EAP for Football Contests)

Roles of First Responders:
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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 to allow for unobstructed access for EMS and SMS
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
Cougar Stadium and Dillon Recreation Complex are located on APU’s East Campus at 901 E. Alosta Avenue. Enter campus from Citrus Avenue between Alosta Avenue and Foothill Blvd. The Stadium will be visible to the left/north of the entrance. The Dillon Recreation Complex located to the north/east corner of the main parking lot on the north side of Adams Hall.

Environmental Conditions – Lightning:
Safe Shelter Locations
    Football Locker Room
    Adams Hall and Smith Hall
    Stadium SMC
    Cars (not convertibles or golf carts)
EMERGENCY ACTION PLAN – COUGAR STADIUM: Football Contests

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) practices and contests
- ATSS/SMAs on-site when available for CS practices and contests
- CPR/AED Certified Head Coach (and Assistant Coaches) on-site for all contests
- Designated Physician
- Emergency Medical Services (EMS) Paramedic Ambulance

Emergency Communication:
- Cellular phone as primary
- Radio System as secondary

Emergency Equipment:
- Sports Medicine Kit, Ice, Spine board, Cervical Collars, Crutch Bag, Vacuum Splints/Ambu Bag, Biohazard Kit, MD Kit, AED
- Additional emergency equipment accessible from the Stadium Sports Medicine Clinic across parking lot from stadium 626-815-6000 Ext. 3212
- Emergency Medical Services (EMS) Paramedic Ambulance on-site

Roles of First Responders:
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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 to allow for unobstructed access for EMS and SMS
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
Cougar Stadium is located on APU’s East Campus at 901 E. Alosta Avenue. Enter campus from Citrus Avenue between Alosta Avenue and Foothill Blvd. The Stadium will be visible to the north of the campus entrance.

Environmental Conditions – Lightning:
Safe Shelter Locations
   Football Locker Room
   Adams Hall and Smith Hall
   Stadium SMC
   Cars (not convertibles or golf carts)
EMERGENCY ACTION PLAN – CITRUS COLLEGE STADIUM: Football Contests

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) practices and contests
- AT5s/SMAs on-site when available for CS contests
- CPR/AED Certified Head Coach (and Assistant Coaches) on-site for all contests
- Designated Physician
- Emergency Medical Services (EMS) Paramedic Ambulance

Emergency Communication:
- Cellular phone as primary
- Radio System as secondary

Emergency Equipment:
- Sports Medicine Kit, Ice, Spine board, Cervical Collars, Crutch Bag, Vacuum Splints/Ambu Bag, Biohazard Kit, MD Kit, AED
- Emergency Medical Services (EMS) Paramedic Ambulance on-site

Roles of First Responders:
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and AT5s/SMAs
3. Activation of emergency medical system (EMS) – Coaches and Department of Campus Safety (DCS)
   a. Notify and retrieve EMS Paramedic Staff or
   b. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   c. Notify Citrus Security at 626-963-8611
   d. Notify APU DCS at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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 to allow for unobstructed access for EMS and SMS
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
Citrus Stadium is located on Citrus College’s main campus at 1000 West Foothill, Glendora. Enter campus from Barranca Avenue between Foothill Blvd. and Route 66 at the parking lot south of the stadium.

Environmental Conditions – Lightning:
Safe Shelter Locations
- Nearest four wall inhabitable building
- Citrus Football Locker Room – where team goes during halftime
- Cars (not convertibles or golf carts)
EMERGENCY ACTION PLAN – COUGAR STADIUM: Track & Field and Other Events

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) practices and contests
- ATSS/SMAs on-site when available for CS practices and contests
- CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests
- Additional Sports Medicine Staff is accessible from Stadium Sports Medicine Clinic

Emergency Communication:
- Cellular phone as primary
- Radio System as secondary

Emergency Equipment:
- CS practices and contests – Sports Med Kit, Vacuum Splints/Ambu Bag, Ice, AED, Spine board, Biohazard Kit
- Nonchampionship Season (NCS) practices and contests – Coaches First Aid Kit
- Additional emergency equipment accessible from the Stadium Sports Medicine Clinic across parking lot from stadium 626-815-6000 Ext. 3212

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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.
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
Cougar Stadium is located on APU’s Main Campus at 901 E. Alosta Avenue. Enter campus from Citrus Avenue between Alosta Avenue and Foothill Blvd. The Stadium will be visible to the left/north of the entrance.

Environmental Conditions – Lightning:
Safe Shelter Location
- Football Locker Room
- Adams Hall and Smith Hall
- Stadium SMC
- Cars (not convertibles or golf carts)
Emergency Personnel:
- Sports Medicine Staff (SMS) are accessible from Stadium Sports Medicine Clinic and/or APU stadium.
- CPR/AED Certified Head Coach on-site for all practices and contests

Emergency Communication:
- Cellular Phone as primary
- Radio System, if available

Emergency Equipment:
- Championship Season (CS) practice and contests – All emergency equipment accessible from the Stadium Sports Medicine Clinic across parking lot from stadium 626-815-6000 Ext. 3212
- Nonchampionship Season (NCS) practice and contests – Coaches First Aid Kit

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSs/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSs/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify Citrus Security at (626) 963-8611
   c. Notify Citrus ATs at 626-914-8670 (Scott Norman) or 626-914-8657 (Steve Handy) if possible.
   d. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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.
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
Citrus Stadium is located on Citrus College’s main campus at 1000 West Foothill, Glendora. Enter campus from Barranca Avenue between Foothill Blvd. and Route 66 at the parking lot south of the stadium.

Environmental Conditions – Lightning:
Safe Shelter Location
- Nearest four wall inhabitable building
- Citrus Football Locker Room
- Cars (not convertibles or golf carts)
EMERGENCY ACTION PLAN – SOFTBALL STADIUM

Emergency Personnel:
-Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) practices and contests
-ATSSs/SMAs on-site when available for CS practices and contests
-CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests
-Additional Sports Medicine Staff is accessible from Felix Event Center (FEC) Sports Medicine Clinic

Emergency Communication:
-Cellular Phone as primary
-Radio System as secondary

Emergency Equipment:
-CS practice and contests – Sports Medicine Kit, Ice, Spine board, Vacuum Splints/Ambu Bag, Biohazard Kit, AED
-Nonchampionship Season (NCS) practice and contests – Coaches First Aid Kit
-Additional emergency equipment accessible from FEC Sports Medicine Clinic 626-815-6000 Ext. 5190

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSSs/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSSs/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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.
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
Cougar Softball Stadium is located on APU’s West Campus at 601 E. Foothill Blvd. Turn north on Stein, then right at Eighth Street. Enter the parking lot at the end of the cul-de-sac and the field is to your left.

Environmental Conditions – Lightning:
Safe Shelter Location
   Adjacent Restroom
   Cars
   Felix Event Center
EMERGENCY ACTION PLAN – SOCCER FIELDS: Soccer and Football Practice

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) practices and contests
- ATSS/SMAs on-site when available for CS practices and contests
- CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests
- Additional Sports Medicine Staff is accessible from Felix Event Center (FEC) Sports Medicine Clinic

Emergency Communication:
- Cellular Phone as primary
- Radio System as secondary

Emergency Equipment:
- CS practice and contests – Sports Medicine Kit, Ice, Spine board, Vacuum Splints/Ambu Bag, Biohazard Kit, AED
- Nonchampionship Season (NCS) practice – Coaches First Aid Kit
- Additional emergency equipment accessible from FEC Sports Medicine Clinic 626-815-6000 Ext. 5190

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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.
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
Cougar Soccer fields are located on APU’s West Campus at 601 E. Foothill Blvd. Enter the parking lot directly off Foothill Blvd. and the fields are directly adjacent to the parking lot.

Environmental Conditions – Lightning:
Safe Shelter Location
   Adjacent Restroom
   Cars
   Felix Event Center
EMERGENCY ACTION PLAN – TENNIS COMPLEX

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) contests
- ATSS/SMAs on-site when available for CS contests
- CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests

Emergency Communication:
- Cellular phone as primary

Emergency Equipment:
- CS practice – Basic Sports Medicine Kit
- CS contests – Sports Medicine Kit, Ice, Vacuum Splints/Ambu Bag, Biohazard Kit
- Nonchampionship Season (NCS) practice and contests – Coaches First Aid Kit
- Additional emergency equipment accessible from FEC Sports Medicine Clinic across parking lot from Stadium 626-815-6000 Ext. 3212
- AED available upon request from FEC Sports Medicine Clinic

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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.
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
APU Tennis Facility is located on APU’s West Campus at 601 E. Foothill Blvd. Turn north on Stein, then right at Eighth Street. Enter the parking lot at the end of the cul-de-sac the courts should be in front of you.

Environmental Conditions – Lightning:
Safe Shelter Location
   - Adjacent Restrooms
   - Cars (not convertibles or golf carts)
   - Felix Event Center
EMERGENCY ACTION PLAN – CITRUS COLLEGE SWIMMING POOL

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) contests
- ATSs/SMAs on-site when available for CS contests
- CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests

Emergency Communication:
- Cellular phone as primary

Emergency Equipment:
- CS practice – Basic Sports Medicine Kit
- Nonchampionship Season (NCS) practice and contests – Coaches First Aid Kit
- Additional emergency equipment accessible from Stadium Sports Medicine Clinic across parking lot from stadium 626-815-6000 Ext. 3212.
- AED available upon request from Stadium Sports Medicine Clinic or Cougar Stadium.

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSs/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSs/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify Citrus Security at (626) 963-8611
   c. Notify Citrus ATs at 626-914-8670 (Scott Norman) or 626-914-8657 (Steve Handy) if possible.
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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.
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
Citrus Swimming Pool is located on Citrus College’s main campus at 1000 West Foothill Blvd., Glendora. Enter campus from Barranca Avenue between Foothill Blvd. and Route 66 at the parking lot 0.2 miles south of Foothill Blvd. Park next to Physical Education building and follow signs to the pool area.

Environmental Conditions – Lightning:
Safe Shelter Location
- Nearest four wall inhabitable building
- Cars (not convertibles or golf carts)
EMERGENCY ACTION PLAN – JAMES SLAUSON COMMUNITY POOL: Swimming and Waterpolo

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) contests
- ATSS/SMAs on-site when available for CS contests
- CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests

Emergency Communication:
- Cellular phone as primary

Emergency Equipment:
- CS practice – Basic Sports Medicine Kit
- CS contests – Sports Medicine Kit, Ice, Spine board, Vacuum Splints/Ambu Bag, Biohazard Kit
- Nonchampionship Season (NCS) practice and contests – Coaches First Aid Kit
- AED available upon request from Stadium Sports Medicine Clinic or Cougar Stadium

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches and DCS
   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.
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
James Slauson Community Pool is located at Azusa Aquatics Center at 501 E. 5th Street Azusa, CA. From Foothill Blvd., travel south on N Cerritos Avenue 0.3 miles, turn Right (West) on 5th Street the Azusa Aquatics Center will be on your Right in 0.1 miles.

Environmental Conditions – Lightning:
Safe Shelter Location
- Adjacent Locker rooms
- Nearest four wall inhabitable building
- Cars (not convertibles or golf carts)
EMERGENCY ACTION PLAN – BUILDING 2: FITNESS CENTER AND WEIGHT ROOM

Emergency Personnel:
-None

Emergency Communication:
-Fixed telephone in Fitness Center 626-815-6000 x5512

Emergency Equipment:
-First Aid Kit with minimal supplies
-AED available via wall mount on south west wall of fitness center

Roles of First Responders (If Coaches are present, assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – Coaches (if present)
2. Emergency equipment retrieval – Coaches (if present)
3. Activation of emergency medical system (EMS) – Coaches (if present)
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Coaches (if present)
   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.
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS

Venue Directions:
Building 2 is located on APU’s West Campus at 701 E. Foothill Blvd. one block West of Citrus Avenue. Building 2 has multiple entrances. The following provides the quickest access to Fitness Center and Weight Room:

Enter the west driveway adjacent to the Segerstrom Science building up to the North West corner of Building 2. Enter the building up the ramp adjacent to the loading lock, through the double doors, proceed immediately left through another set of double doors and then right down the first hallway to the Fitness Center and Weight Room.

Building Evacuation:
Walk, do not run, to the nearest exit. Proceed to the designated area in the drive-in parking lot.
EMERGENCY ACTION PLAN – COUGAR DOME: Acrobatics & Tumbling Practice

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site for Championship Season (CS) practices and contests
- ATSSS/SMAS on-site when available for CS practices and contests
- CPR/AED Certified Head Coach (and Assistant Coaches when available) on-site for all practices and contests
- Additional Sports Medicine Staff is accessible from Stadium Sports Medicine Clinic or at Baseball Stadium (during Spring season)

Emergency Communication:
- Cellular phone as primary
- Landline from nearby Communiversity Office as secondary

Emergency Equipment:
- CS practices and contests – Sports Med Kit, Vacuum Splints/Ambu Bag, Ice
- Nonchampionship Season (NCS) practices and contests – Coaches First Aid Kit
- Additional emergency equipment accessible from the Stadium Sports Medicine Clinic across parking lot from Cougar Stadium 626-815-6000 Ext. 3212

Roles of First Responders (When SMS are not present, Coaches assume all of the following responsibilities):
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAS
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAS
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3256
4. Direction of EMS to scene – Coaches and DCS
   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.
5. Initiate crowd control of other student-athletes and spectators – Coaches and DCS
6. Prevention of parents, students, etc. from coming onto the field, court, Sports Medicine Clinic, etc. without permission/authorization from the SMS – Coaches and DCS

Venue Directions:
Cougar Dome is located on APU’s East Campus at 901 E. Alostia Avenue. Enter campus from Alostia Avenue and the Cougar Dome is located to the west of the parking lot. Citrus Avenue and Alostia Avenue are the nearest cross streets.

Building Evacuation:
Walk, do not run, to the nearest exit. Proceed to the designated area in the parking lot.
EMERGENCY ACTION PLAN – FELIX EVENT CENTER (FEC) SPORTS MEDICINE CLINIC (SMC)

Emergency Personnel:
- Sports Medicine Staff Athletic Trainer (SMS) on-site
- ATSS/SMAs on-site when available

Emergency Communication:
- Fixed telephones in the SMC or in adjacent offices
- Cellular phone as secondary

Emergency Equipment:
- Sports Med Kit, Vacuum Splints/Ambu Bag, Ice, AED, Spine board, Biohazard Kt
- AED available in SMC under a treatment table or via wall mounts on north/west corner of Felix Event Center

Roles of First Responders:
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSS/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSS/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Extra SMS and DCS
   a. Designate individual to "flag down" EMS and direct to scene
   b. Scene control: limit scene to first aid providers and move bystanders away from area to allow for unobstructed access for EMS and SMS
5. Initiate crowd control of other student-athletes and spectators – Extra SMS and DCS
6. Prevention of parents, students, etc. from coming into Sports Medicine Clinic, etc. without permission/authorization from the SMS – Extra SMS and DCS

Venue Directions:
The Felix Event Center Sports Medicine Clinic is located on APU’s West Campus at 701 E. Foothill Blvd. one block West of Citrus Ave. The FEC has multiple entrances. The following provides the quickest access to the Sports Medicine Clinic.

Enter the west driveway up to the south west corner of the Felix Event Center. Enter the building by the west/south ramp to enter the Sports Medicine Clinic.

Building Evacuation:
Walk, do not run, to the nearest exit. Proceed to the designated area in the drive-in parking lot.
EMERGENCY ACTION PLAN – STADIUM SPORTS MEDICINE CLINIC (SMC)

Emergency Personnel:
-Sports Medicine Staff Athletic Trainer (SMS) on-site
-ATSs/SMAs on-site when available

Emergency Communication:
-Fixed telephone on the desk in the SMC
-Cellular phone as secondary

Emergency Equipment:
-Sports Med Kit, Vacuum Splints/Ambu Bag, Ice, AED, Spine board, Biohazard Kit
-AED available in SMC under a treatment table

Roles of First Responders:
1. Immediate care of the injured or ill student-athlete – SMS
2. Emergency equipment retrieval – SMS and ATSs/SMAs
3. Activation of emergency medical system (EMS) – SMS and ATSs/SMAs
   a. Call Azusa Police at 626-812-3200 or Call 911 – Provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific cirections; other information as requested
   b. Notify APU Department of Campus Safety (DCS) at 626-815-3898
4. Direction of EMS to scene – Extra SMS and DCS
   a. Designate individual to "flag down" EMS and direct to scene
   b. Scene control: limit scene to first aid providers and move bystanders away from area to allow for unobstructed access for EMS and SMS
5. Initiate crowd control of other student-athletes and spectators – Extra SMS and DCS
6. Prevention of parents, students, etc. from coming into Sports Medicine Clinic, etc. without permission/authorization from the SMS – Extra SMS and DCS

Venue Directions:
The Stadium Sports Medicine Clinic is located in the Ray V. Anderson building on APU’s Main Campus at 901 E. Alosta Avenue. Enter campus from Citrus Avenue between Alosta Avenue and Foothill Blvd. The Cougar Athletic Stadium will be to the left (north). Cross the bridge north to where the Cougar Stadium is located. The Ray V. Anderson building is to the right (east) of the parking lot.

Building Evacuation:
Walk, do not run, to the nearest exit. Proceed to the designated area in the parking lot.
AZUSA PACIFIC UNIVERSITY
EMERGENCY PHONE NUMBERS

APU Main 626-969-3434 or 626-815-6000
Athletics Department 626-815-5087 Fax 626-815-5084
Department of Campus Safety 626-815-3898
Student Health Center 626-812-2100
Felix Event Center Sports Medicine Clinic 626-815-6000 Ext. 5190 Fax 626-815-5442
Stadium Sports Medicine Clinic 626-815-6000 Ext. 3212 Fax 626-815-3850

Associate Athletic Director, Director of Sports Medicine and Wellness, Senior Women’s Administrator
APRIL HOY
   Cell 626-712-7282

Associate Athletic Trainer
BENJAMIN FULLER
   Cell 626-710-3709

Associate Athletic Trainer
JESSE COPS
   Cell 434-437-9192

Assistant Athletic Trainer
HOLLIE TIRRELL
   Cell 909-856-4657

Graduate Assistants Office 626-815-6000 Ext. 5190/3212
Jessalyn Coleman Cell: 253-670-3474
Rachel Rodeheaver Cell: 619-459-9309
Ashley Saunders Cell: 317-847-3088
Ryan Yamakawa Cell: 310-613-2027

Athletic Director
GARY PINE
   Office 626-815-5087
   Home 909-392-0709
   Cell 626-712-7219

Assistant Athletic Directors
AARON BARTHOLOMEW
   Office 626-815-5085
   Cell 626-945-9836

JACKSON STAVA
   Office 626-815-6000 Ext. 5182
   Cell 626-945-6231
Team Physicians
Congress Medical Associates
MICHAEL FRAIPONT, M.D. Office 626-795-8051

Healthcare Partners
JERETT ZIPIN, D.O. Office: 626-358-4862

Dentist
ANDREW KWON, D.D.S.
Office 626-960-2766 Fax 626-962-8216

Hospitals
Foothill Presbyterian Hospital (Glendora) 626-963-8411
Huntington Memorial Hospital (Pasadena) 626-397-5000 (ER 626-397-5112)
Citrus Queen of the Valley (West Covina) 626-962-4011 (ER Ext. 23493)
Kaiser Baldwin Park 626-851-1011

Kaiser Physicians
DR ANDREW SIERRA Sports Medicine Consultant 626-851-5370
GREG MALETIS, M.D. Asst. Chief of Ortho (Knee) 626-851-5904
RAFFY MIRZAYAN, M.D. Ortho Surgery Shoulder, Elbow 626-851-5341
Bradley Reynolds, P.A.-C. (Dr. Mirzayan’s PA) 626-851-5557

Do not give these direct phone numbers to athletes

Kerlan Jobe Orthopaedic Clinic
L.A. Offices 310-665-7200 Fax 310-665-7295
Pasadena Offices 626-568-9030
RALPH GAMBARDELLA, M.D. Sports Medicine, Shoulder, Elbow, Knee Surgery
PHILLIP KWONG, M.D. Foot and Ankle
JAE CHON, M.D. Back and Neck
NEAL S. ELATTRAHCHI, M.D. Shoulder, Elbow, Knee
KENNETH S. JUNG, M.D. Foot and Ankle
<table>
<thead>
<tr>
<th>Number</th>
<th>Location</th>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Foothill Presbyterian Hospital</td>
<td>250 S. Grand Avenue</td>
<td>Glendora, CA</td>
<td>91741</td>
<td>626-963-8411</td>
</tr>
<tr>
<td>2.</td>
<td>Congress Medical Associates – Pasadena</td>
<td>800 S. Raymond Avenue</td>
<td>Pasadena, CA</td>
<td>91105</td>
<td>626-795-8051</td>
</tr>
<tr>
<td>3.</td>
<td>Congress Medical Associates – Arcadia</td>
<td>289 W. Huntington Drive</td>
<td>Arcadia, CA</td>
<td>91007</td>
<td>626-821-0707</td>
</tr>
<tr>
<td>4.</td>
<td>Sunset Dental Professionals</td>
<td>1042 West Covina Parkway</td>
<td>West Covina, CA</td>
<td>91790</td>
<td>626-960-2766</td>
</tr>
<tr>
<td>5.</td>
<td>Healthcare Partners – Dr. Jerett Zipin</td>
<td>831 E. Huntington Drive, Suite 101</td>
<td>Monrovia, CA</td>
<td>91016</td>
<td>626-358-0269</td>
</tr>
<tr>
<td>6.</td>
<td>Orthopedic Medical Group and Athletic Rehabilitation Center</td>
<td>1050 Lakes Drive, Suite 100</td>
<td>West Covina, CA</td>
<td>91790</td>
<td>626-918-6655, 626-917-2393</td>
</tr>
<tr>
<td>8.</td>
<td>Orthopedic Medical Groups and Athletic Rehabilitation Center</td>
<td>412 W. Carroll Avenue, Suite 107</td>
<td>Glendora, CA</td>
<td>91741</td>
<td>626-914-4890, 626-914-2117</td>
</tr>
<tr>
<td>9.</td>
<td>Dr. James Williams (ENT)</td>
<td>202 W. College Street</td>
<td>Covina, CA</td>
<td>91723</td>
<td>626-966-2111</td>
</tr>
<tr>
<td>10.</td>
<td>California Diagnostic Imaging (CDI)</td>
<td>828 S. Grand Avenue, Suite 104</td>
<td>Glendora, CA</td>
<td>91740</td>
<td>626-963-2057</td>
</tr>
<tr>
<td>11.</td>
<td>Magan Medical Clinic</td>
<td>420 W. Rowland Street</td>
<td>Covina, CA</td>
<td>91723</td>
<td>626-331-6411</td>
</tr>
<tr>
<td>12.</td>
<td>Huntington Memorial Hospital</td>
<td>100 W. California Boulevard</td>
<td>Pasadena, CA</td>
<td>91105</td>
<td>626-397-5000</td>
</tr>
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</table>

**ADDITIONAL FACILITIES NOT ON MAP**

<table>
<thead>
<tr>
<th>Facility</th>
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<th>City, State</th>
<th>Zip Code</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Dr. David Bolton (Chiropractor)</td>
<td>340 S. Glendora Avenue, Suite 4</td>
<td>Glendora, CA</td>
<td>91741</td>
<td>626-335-1007</td>
</tr>
<tr>
<td>Casa Colina</td>
<td>255 E. Bonita Avenue</td>
<td>Pomona, CA</td>
<td>91767</td>
<td>800-926-5462</td>
</tr>
<tr>
<td>Citrus Queen of the Valley</td>
<td>1115 S. Sunset Avenue</td>
<td>West Covina, CA</td>
<td>91790</td>
<td>626-962-4011 (E.R. ext.23493)</td>
</tr>
<tr>
<td>Kerlan-Jobe (L.A.)</td>
<td>6801 Park Terrace</td>
<td>Los Angeles, CA</td>
<td>90045</td>
<td>310-665-7200</td>
</tr>
<tr>
<td>Kerlan-Jobe (Pasadena)</td>
<td>301 N. Lake Avenue, Suite 201</td>
<td>Pasadena, CA</td>
<td>91101</td>
<td>626-568-9030</td>
</tr>
<tr>
<td>Kerlan-Jobe (Anaheim)</td>
<td>2400 E. Katella Avenue, Suite 400</td>
<td>Anaheim, CA</td>
<td>92806</td>
<td>714-937-1338</td>
</tr>
<tr>
<td>Concussion Institute – Los Angeles</td>
<td>5230 Pacific Concourse Drive, Suite 300</td>
<td>Los Angeles, CA</td>
<td>90045</td>
<td>310-643-9595</td>
</tr>
<tr>
<td>Concussion Institute – Anaheim</td>
<td>2400 E. Katella Avenue, Suite 450</td>
<td>Anaheim, CA</td>
<td>92806</td>
<td>657-224-9681</td>
</tr>
</tbody>
</table>
Emergency Action Plan Flow Chart

1. Injury to Athlete
   - Evaluation of Injury: Primary/Secondary
     - Removed from Activity
       - Athlete Evaluated by Staff
         - Ambulance Transports Athlete
           - Parents Notified
         - APU Staff Transports Athlete
           - Parents Notified
     - No Further Action
       - Referral to Physician
         - No Further Action
       - Checked After Activity
         - No Further Action
       - Return to Activity
<table>
<thead>
<tr>
<th>Name of Staff</th>
<th>Designation in an Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___________</td>
<td>Attends to the injured person.</td>
</tr>
<tr>
<td>2. ___________</td>
<td>Calls Azusa Police at 626-812-3200 for EMS &amp; Department of Campus Safety at 626-815-3898</td>
</tr>
<tr>
<td>3. ___________</td>
<td>Initiates crowd control.</td>
</tr>
<tr>
<td>4. ___________</td>
<td>Meets emergency personnel at the nearest Pre-determined entrance.</td>
</tr>
<tr>
<td>5. ___________</td>
<td>Fills out Injury Report.</td>
</tr>
</tbody>
</table>
The person attending the injured person should:

1. Determine the state of consciousness.
2. Determine if the person is breathing and has a pulse.
3. Determine if they are bleeding profusely.
4. Determine the nature of the injury.

HAVE THE PERSON DESIGNATED TO CALL EMS CALL AZUSA POLICE at 626-812-3200 (DO NOT CALL 911 FROM A CELLULAR PHONE), THEN CALL Department of Campus Safety (DCS) at 626-815-3898, THEN CALL THE ATHLETIC TRAINER, AND GIVE THEM THE ABOVE INFORMATION.

5. Give the appropriate care to the injured person.
   a. Start rescue breathing if they are not breathing.
   b. Start CPR if they have no pulse.
   c. Apply pressure and gauze if they are bleeding.
   d. DO NOT MOVE THEM IF YOU SUSPECT A SPINE INJURY
APPENDIX F

MTBI/Concussion Forms

1. Standardized Assessment of Concussion Tests (A, B, C)
2. Graded Symptoms Check List
3. Balance Error Scoring System (BESS)
4. Concussion Home Instructions
STANDARDIZED ASSESSMENT OF CONCUSSION - SAC

NAME: ____________________________
TEAM: __________ EXAMINER: __________
DATE OF EXAM: __________ TIME: __________
EXAM (Circle One): BLIND INJURY POST-GAME
FOLLOW-UP DAY: __________

INTRODUCTION:
I am going to ask you some questions.
Please listen carefully and give your best effort.

ORIENTATION
What Month is it? __________ 0 1
What's the Date today? __________ 0 1
What's the Day of Week? __________ 0 1
What Year is it? __________ 0 1
What Time is it right now? (within 1 hr) __________ 0 1
Award 1 point for each correct answer.

ORIENTATION TOTAL SCORE

IMMEDIATE MEMORY
I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.

<table>
<thead>
<tr>
<th>LIST</th>
<th>TRIAL 1</th>
<th>TRIAL 2</th>
<th>TRIAL 3</th>
</tr>
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<tr>
<td>BABY</td>
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<td>0 1</td>
<td>0 1</td>
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<tr>
<td>MONKEY</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>PERFUME</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>SUNSET</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>IRON</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trials 2 & 3: I am going to repeat that list again.
Repeat back as many words as you can remember in any order, even if you said the word before.

Complete all 3 trials regardless of score on trial 1 & 2. 1 pt. for each correct response. Total score equals sum across all 3 trials.

Do not inform the subject that delayed recall will be tested.

IMMEDIATE MEMORY TOTAL SCORE

EXERTIONAL MANEUVERS:
If subject is not displaying or reporting symptoms, conduct the following maneuvers to create conditions under which symptoms likely to be elicited and detected. These maneuvers need not be conducted if a subject is already displaying or reporting any symptoms. If not conducted, allow 2 minutes to keep time delay constant before testing Delayed Recall. These methods should be administered for baseline testing of normal subjects.

EXERTIONAL MANEUVERS
5 Jumping Jacks 5 Push-Ups
5 Sit-ups 5 Knee Bends

SEE REVERSE SIDE FOR IMPORTANT USER WARNINGS

NEUROLOGIC SCREENING

| Loss of Consciousness/Witnessed Unresponsiveness |
| No | Yes |
| POST-TRAUMATIC AMNESIA? | No | Yes |
| Poor recall of events after injury | No | Yes |
| RETROGRADE AMNESIA? | No | Yes |
| Poor recall of events before injury | No | Yes |

STRENGTH -
Right Upper Extremity
Left Upper Extremity
Right Lower Extremity
Left Lower Extremity

SENSATION - examples:
FINGER-TO-NOSE/ROMBERG

COORDINATION - examples:
TAPESTEP WALK FINGER-TO-NOSE-FINGER

CONCENTRATION

Digits Backward: I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.
If incorrect, go to next string length. If incorrect, read trial 2. 1 pt. possible for each string length. Stop after incorrect on both trials.

1-4-2 6-5-8 0 1
6-8-3-1 3-4-8-1 0 1
4-9-1-5-3 6-8-2-5-1 0 1
3-7-6-5-1-9 9-2-6-5-1-4 0 1

Months in Reverse Order: Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November...Go ahead. 1 pt. for entire sequence correct.

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan 0 1

CONCENTRATION TOTAL SCORE

DELAYED RECALL

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order. Circle each word correctly recalled. Total score equals number of words recalled.

BABY MONKEY PERFUME SUNSET IRON

DELAYED RECALL TOTAL SCORE

SAC SCORING SUMMARY

Exertional Maneuvers & Neurologic Screening are important for examination, but not incorporated into SAC Total Score.

| ORIENTATION | 5 |
| IMMEDIATE MEMORY | 15 |
| CONCENTRATION | 5 |
| DELAYED RECALL | 5 |

SAC TOTAL SCORE /30
STANDARDIZED ASSESSMENT OF CONCUSSION - SAC

NAME: __________________________
TEAM: ___________ EXAMINER: __________________________
DATE OF EXAM: ___________ TIME: ___________
EXAM (Circle One): BLEVE INJURY POST-GAME FOLLOW-UP DAY: ___________

INTRODUCTION:
I am going to ask you some questions. Please listen carefully and give your best effort.

ORIENTATION
What Month is it? ___________
What's the Date today? ___________
What's the Day of Week? ___________
What Year is it? ___________
What Time is it right now? (within 1 hr.) ___________
Award 1 point for each correct answer

ORIENTATION TOTAL SCORE ___________

IMMEDIATE MEMORY
I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.

List | Trial 1 | Trial 2 | Trial 3
--- | --- | --- | ---
Candle | 0 | 1 | 0 | 1
Paper | 0 | 1 | 0 | 1
Sugar | 0 | 1 | 0 | 1
Sandwich | 0 | 1 | 0 | 1
Wagon | 0 | 1 | 0 | 1
Total

Trials 2 & 3: I am going to repeat that list again. Repeat back as many words as you can remember in any order, even if you said the word before.

Complete all 3 trials regardless of score on trial 1 & 2. 1 pt. for each correct response. Total score equals sum across all 3 trials.

Do not inform the subject that delayed recall will be tested.

IMMEDIATE MEMORY TOTAL SCORE ___________

EXERTIONAL MANEUVERS:
If subject is not displaying or reporting symptoms, conduct the following maneuvers to create conditions under which symptoms likely to be elicited and detected. These measures need not be conducted if a subject is already displaying or reporting any symptoms. If not conducted, allow 2 minutes to keep time delay constant before testing Delayed Recall. These methods should be administered for baseline testing of normal subjects.

EXERTIONAL MANEUVERS
5 Jumping Jacks 5 Push-Ups
5 Sit-ups 5 Knee Bends

SEE REVERSE SIDE FOR IMPORTANT USER WARNINGS

NEUROLOGIC SCREENING

LOSS OF CONSCIOUSNESS/
WITNESSED UNRESPONSENESS

Post-Traumatic Amnesia?
Poor recall of events after injury

Retrograde Amnesia?
Poor recall of events before injury

STRENGTH -
Right Upper Extremity
Left Upper Extremity
Right Lower Extremity
Left Lower Extremity

SENSATION - examples:
Finger-To-Nose/Romberg

COORDINATION - examples:
Tandem Walk/Finger-Nose-Finger

NORMAL | ABNORMAL

CONCENTRATION

Digits Backward: I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

If correct, go to next string length. If incorrect, read trial 2: 1 pt. possible for each string length. Stop after incorrect on both trials.

5-2-6 4-1-5 0 1
1-7-9-5 4-9-6-8 0 1
4-8-5-2-7 5-1-8-4-3 0 1
8-3-1-9-6-4 7-2-4-8-5-6 0 1

Months in Reverse Order: Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November...Go ahead. 1 pt. for entire sequence correct.

Dec-Nov-Oct-Sep-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan 0 1

CONCENTRATION TOTAL SCORE ___________

DELAYED RECALL

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order. Circle each word correctly recalled. Total score equals number of words recalled.

Candle Paper Sugar Sandwich Wagon

DELAYED RECALL TOTAL SCORE ___________

SAC SCORING SUMMARY

Exertional Maneuvers & Neurologic Screening are important for examination, but not incorporated into SAC Total Score

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Immediate Memory</th>
<th>Concentration</th>
<th>Delayed Recall</th>
</tr>
</thead>
<tbody>
<tr>
<td>/5</td>
<td>/15</td>
<td>/5</td>
<td>/5</td>
</tr>
</tbody>
</table>

SAC TOTAL SCORE ___________
STANDARDIZED ASSESSMENT OF CONCUSSION - SAC

NAME: ___________ EXAMINER: ___________
DATE OF EXAM: ___________ TIME: ___________
EXAM (Circle One): BLINE INJURY POST-GAME FOLLOW-UP DAY: ___________

INTRODUCTION:
I am going to ask you some questions.
Please listen carefully and give your best effort.

ORIENTATION
What Month is it? ___________ 0 1
What’s the Date today? ___________ 0 1
What’s the Day of Week? ___________ 0 1
What Year is it? ___________ 0 1
What Time is it right now? (within 1 hr.) ___________ 0 1

Award 1 point for each correct answer.

ORIENTATION TOTAL SCORE

IMMEDIATE MEMORY
I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.

<table>
<thead>
<tr>
<th>LIST</th>
<th>TRIAL 1</th>
<th>TRIAL 2</th>
<th>TRIAL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELBOW</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>APPLE</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>CARPET</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>SADDLE</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>BUBBLE</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trials 2 & 3: I am going to repeat that list again.
Repeat back as many words as you can remember in any order, even if you said the word before.

Complete all 3 trials regardless of score on trial 1 & 2. 1 pt. for each correct response. Total score equals sum across all 3 trials.

Do not inform the subject that delayed recall will be tested.

IMMEDIATE MEMORY TOTAL SCORE

EXERTIONAL MANEUVERS:
If subject is not displaying or reporting symptoms, conduct the following maneuvers to create conditions under which symptoms likely to be elicited and detected. These measures need not be conducted if a subject is already displaying or reporting any symptoms. If not conducted, allow 2 minutes to keep time delay constant before testing Delayed Recall. These methods should be administered for baseline testing of normal subjects.

<table>
<thead>
<tr>
<th>EXERTIONAL MANEUVERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Jumping Jacks</td>
</tr>
<tr>
<td>5 Sit-ups</td>
</tr>
</tbody>
</table>

SEE REVERSE SIDE FOR IMPORTANT USER WARNINGS

NEUROLOGIC SCREENING

| LOSS OF CONSCIOUSNESS/ WITNESSED UNRESPONSIVENESS |
| No | Yes |
| Length: | |
| POST-TRAUMATIC AMNESIA? | Poor recall of events after injury |
| No | Yes |
| Length: | |
| RETROGRADE AMNESIA? | Poor recall of events before injury |
| No | Yes |
| Length: | |

STRENGTH -
Right Upper Extremity
Left Upper Extremity
Right Lower Extremity
Left Lower Extremity

SENSATION - examples: FINGER-TO-NOSE/RIMBERG

COORDINATION - examples: TANDEM WALK/FINGER-TO-NOSE-FINGER

CONCENTRATION

Digits Backward: I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

If correct, go to next string length. If incorrect, read trial 2. 1 pt. possible for each string length. Stop after incorrect on both trials.

4-9-3 6-2-9 0 1
3-8-1-4 3-2-7-9 0 1
6-2-9-7-1 1-5-2-8-6 0 1
7-1-3-4-6-2 5-3-9-1-4-8 0 1

Months in Reverse Order: Now tell me the months of the year in reverse order. Start with the last month and go backward. So you’ll say December. November...Go ahead. 1 pt. for entire sequence correct.

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan 0 1

CONCENTRATION TOTAL SCORE

DELAYED RECALL

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order. Circle each word correctly recalled. Total score equals number of words recalled.

ELBOW APPLE CARPET SADDLE BUBBLE

DELAYED RECALL TOTAL SCORE

SAC SCORING SUMMARY

Exertional Maneuvers & Neurologic Screening are important for examination, but not incorporated into SAC Total Score.

<table>
<thead>
<tr>
<th>ORIENTATION</th>
<th>IMMEDIATE MEMORY</th>
<th>CONCENTRATION</th>
<th>DELAYED RECALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ 5</td>
<td>/ 15</td>
<td>/ 5</td>
<td>/ 5</td>
</tr>
</tbody>
</table>

SAC TOTAL SCORE /30
Here is a list of symptoms that people often feel when they have a concussion. After reading each symptom please circle the number that best describes how severe you have experienced the symptom during the previous 24-hour period.

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>Never</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fatigue</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Trouble Falling Asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sleeping more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sleeping less than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nervousness</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Feeling more emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Feeling mentally foggy</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Visual problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total Symptom Score:**

193
Balance Error Scoring System (BESS) Procedures

Student-athlete Position
1. Shoes Off
2. Roll pant legs above ankles
3. Feet narrowly together
4. Hands on the iliac crests
5. Eyes closed

Test Procedures
1. Test Begins when the patient closes his/her eyes
2. Patient is instructed to make any necessary adjustments in the event that they lost their balance and to return to the testing position as quickly as possible
   a. Test 1 Double Leg Stance
   b. Test 2 Single Leg Stance (non-dominant foot, free leg should be bent to 90 degrees)
   c. Test 3 Tandem Stance (non-dominant foot in rear, weight evenly distributed)
3. 20 seconds per test
4. Each test is performed on a firm surface (grass, turf, court) and a 10 cm thick foam/unstable surface

Scoring
The student-athlete is given 1 point for every error (see list of errors below). However, if the student-athlete commits more than one error simultaneously, only one error is recorded.

The maximum total number of errors for any single position is 10.
The numbers of balance errors on each of the six tests are added together for a total BESS score.

Balance Errors
1. Hands lift off the iliac crests
2. Opening eyes
3. Step, Stumble, or Fall
4. Moving hip into more than 30 degrees of flexion or abduction
5. Remaining out of testing position for more than 5 seconds
6. Lifting forefoot or heel
Balance Error Scoring System (BESS) Testing Positions
CONCUSSION HOME INSTRUCTIONS

I believe that ________________ sustained a concussion on ________. To make sure that he/she recovers, please follow the following important recommendations:

1. Please remind ________________ to follow up with ________________ their athletic trainer tomorrow either in person in the Sports Medicine Clinic or by phone ____________________________.

2. Please review the items listed below. If any of these problems develop prior to his/her follow up visit, please call ________________ at __________________________ or contact the local emergency medical system or your family physician.

   a. Loss of Consciousness
   b. Amnesia lasting over 15 minutes.
   c. Deterioration of neurologic function.
   d. Decreasing level of consciousness.
   e. Decrease or irregularity in respirations.
   f. Decrease or irregularity in pulse.
   g. Increase in blood pressure.
   h. Unequal, dilated, or unreactive pupils.
   i. Any signs or symptoms if associated injuries, spine or skull fracture or bleeding.
   j. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation.
   k. Seizure activity.
   l. Vomiting.
   m. Motor deficits.
   n. Sensory deficits.
   o. Balance deficits.
   p. Post-concussion symptoms that worsen.
   q. Additional post-concussion symptoms.
   r. Post-concussion symptoms begin to interfere with student-athlete’s daily activities

3. Check on person every few hours while they are sleeping, DO NOT WAKE THEM UP!! Just check breathing.

4. If there is no signs of breathing, then wake them up if possible, call 911 immediately.

5. The person may eat any food they want in moderate amounts. However, avoid spicy foods.

6. DO NOT GIVE THE INJURED PERSON ANY ALCOHOLIC DRINKS, SEDATIVES, OR ASPRIN.

Other instructions: __________________________________________

__________________________________________________________

Recommendations provided to: ________________________________________________________________

Recommendations provided by: ___________________________ Date: __________ Time: ______________

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

Signature: ___________________________ Date: ___________________________
APPENDIX G

Practice and Game Set-Up

1. Football
2. Volleyball
3. Soccer
4. Cross Country
5. Basketball
6. Tennis
7. Baseball
8. Softball
9. Track and Field
10. Waterpolo
11. Swimming / Diving
12. Acrobatics and Tumbling
13. Football Airplane Travel List
14. Football Bus Travel List
15. Football Game Set Up
16. FB Home Field Diagram
17. Football Practice Set Up
PRACTICE SET-UP

FOOTBALL
- TRASH BAGS
- 2 (10 GALLON) WATER
- 2 WATER TRIPods
- 3 WATERBOY ROLLING STATIONS
- 1 COOL COIL
- TEN GALLON COOLER OF ICE FOR WATER
- ICE CHEST WITH CRUSHED ICE AND ICE SCOOP
- ICE BAGS
- 1 ROLLS OF FLEXI-WRAP
- SPINE BOARD
- VACUUM SPLINTS/AMBu BAG
- CERVICAL COLLARS
- EMERGENCY NOTEBOOK
- CRUTCH BAG
- WHITE HOSE
- CMA CART
- AED
- BIOHAZARD
- EXTRA FOOTBALL EQUIPMENT
- TOWELS
- TREATMENT TABLE
- WALKIE-TALKIES
- OPTIONAL
- SLING PSYCHROMETER
- SLUSH BUCKET WITH TOWELS
- (36) WATER BOTTLES

VOLLEYBALL
- (1) TEN GALLON WATER
- (12) WATER BOTTLES
- AT KIT
- SPLINT BAG/AMBu BAG
- BIOHAZARD KIT
- TOWELS
- CELLULAR PHONE

SOCCER
- (1) TEN GALLON WATER
- (12) WATER BOTTLES
- AT KIT
- SPLINT BAG/AMBu BAG

- SPINE BOARD
- CRUTCH BAG
- BIOHAZARD KIT
- (1) 48 QT CRUSHED ICE
- ICE BAGS
- ICE SCOOP
- FLEXI-WRAP
- TOWELS
- PORTABLE TABLE
- CELLULAR PHONE
- AED

CROSS COUNTRY
- COACHES FIRST AID KIT

BASKETBALL
- (1) TEN GALLON WATER
- (12) WATER BOTTLES
- AT KIT
- SPLINT BAG/AMBu BAG
- BIOHAZARD KIT
- TOWELS
- CELLULAR PHONE

TENNIS
- COACHES FIRST AID KIT
- (1) TEN GALLON WATER
- (12) WATER BOTTLES

BASEBALL
- (1) TEN GALLON WATER
- (12) WATER BOTTLES
- AT KIT
- BIOHAZARD KIT
- SPLINT BAG/AMBu BAG
- (1) 48 QT CRUSHED ICE/BAGS/SCOOP
- FLEXI-WRAP
- TOWELS
- SPINE BOARD
- CELLULAR PHONE
SOFTBALL
- (1) TEN GALLON WATER
- (12) WATER BOTTLES
- SPORTS MEDICINE KIT
- SPLINT BAG/AMBU BAG
- CRUTCH BAG
- SPINE BOARD
- BIOHAZARD KIT
- (1) 48 QT CRUSHED ICE/BAGS/SCOOP
- 1 FLEXI WRAP
- TOWELS
- PORTABLE TABLE
- CELLULAR PHONE

WATERPOLO
- COACHES FIRST AID KIT
- CELLULAR PHONE

SWIMMING/DIVING
- COACHES FIRST AID KIT
- CELLULAR PHONE

ACROBATICS AND TUMBLING
- (1) SEVEN GALLON WATER
- (6) WATER BOTTLES
- AT KIT
- SPLINT BAG/AMBU BAG
- (1) 48 QT CRUSHED ICE/BAGS/SCOOP
- FLEXI-WRAP
- CELLULAR PHONE

TRACK AND FIELD
- (2) SPIDER 10 GALLON
- (2) TRIPOD
- (12) WATER BOTTLES
- CMA CART
- SPLINT BAG/AMBU BAG
- BIOHAZARD CAN
- TOWELS
- CELLULAR PHONE
- WALKIE-TALKIES
GAME SET-UP

VOLLEYBALL
- (2) TEN GALLON WATER
- (12) WATER BOTTLES
- AT KIT
- SPLINT BAG/AMBU BAG
- BIOHAZARD KIT (per bench)
- CRUSHED ICE/BAGS
- FLEXI.WRAP
- TOWELS
- CELLULAR PHONE

FLEXI.WRAP
- TOWELS
- CELLULAR PHONE

TENNIS
- (2) TEN GALLON WATER
- (12) WATER BOTTLES
- AT KIT
- CRUSHED ICE/BAGS
- SPLINT BAG/AMBU BAG
- BIOHAZARD KIT
- FLEXI.WRAP
- TOWELS
- CELLULAR PHONE
- AED

BASEBALL
- (2) TEN GALLON WATER (3 for double header days so away teams has 2)
- (18) WATER BOTTLES
- AT KIT
- SPLINT BAG/AMBU BAG
- (2) BIOHAZARD KITS
- SPINE BOARD
- (2) 48 QT CRUSHED ICE/BAGS/SCOOP
- FLEXI.WRAP
- TOWELS
- CELLULAR PHONE

CROSS COUNTRY
- AT KIT
- SMALL CRUSHED ICE COOLER/BAGS
- BIOHAZARD KIT
- PORTABLE TABLE
- SPINE BOARD
- SPLINT BAG/AMBU BAG
- CELLULAR PHONE

SOFTBALL
- (2) TEN GALLON WATER
- (12) WATER BOTTLES
- AT KIT
- SPLINT BAG/AMBU BAG
- (2) BIOHAZARD KITS
- (2) 48 QT CRUSHED ICE
- ICE BAGS
- ICE SCOOP
- FLEXI.WRAP
- TOWELS
- TREATMENT TABLE
- CELLULAR PHONE

BASKETBALL
- (2) TEN GALLON WATER
- (18) WATER BOTTLES
- AT KIT
- SPLINT BAG/AMBU BAG
- BIOHAZARD KIT (per bench)
- SPINE BOARD
- CRUSHED ICE/BAGS
**TRACK AND FIELD**
- (2) 10 GALLON SPIDERS
- (2) TRIPODS
- (4) TEN GALLON WATER
- (10) SLEEVES OF CUPS
- CMA CART
- SPLINT BAG/AMBU BAG
- SPINE BOARD
- CRUTCH BAG
- BIOHAZARD CAN
- (3) 48 QT CRUSHED ICE
- ICE BAGS
- ICE SCOOP
- FLEXI-WRAP
- TOWELS
- CELLULAR PHONE
- (3) WALKIE-TALKIES
- SLANT BOARD
- EZ UPS WITH WALLS
- TREATMENT TABLES
- FOAM ROLLERS
- HYDROCOLLATOR
- HOT PACK COVERS
- MODALITY CART

**WATERPOLO**
- (2) TEN GALLON WATER
- (12) WATER BOTTLES
- AT KIT
- (1) 48 QT CRUSHED ICE/BAGS
- SPLINT BAG/AMBU BAG
- SPINE BOARD
- BIOHAZARD KIT
- FLEXI-WRAP
- CELLULAR PHONE

**SWIMMING/DIVING**
- (1) TEN GALLON WATER
- (12) WATER BOTTLES
- AT KIT
- (1) 48 QT CRUSHED ICE/BAGS
- SPLINT BAG/AMBU BAG
- SPINE BOARD
- BIOHAZARD KIT
- FLEXI-WRAP
- CELLULAR PHONE
- AED

**ACROBATICS AND TUMBLING**
- (2) TEN GALLON WATER
- (12) WATER BOTTLES
- (2) WATER CARTS
- AT KIT
- TOWELS
- (2) 48 QT CRUSHED ICE/BAGS/SCOOP
- SPLINT BAG/AMBU BAG
- (2) BIOHAZARD KIT
- FLEXI-WRAP
- CELLULAR PHONE
FOOTBALL AIRPLANE TRAVEL ITEMS

- **Rubbermaid Gray Trunk**
  - Towels
  - Braces-Variety
  - Box White Tape
  - Box Mixed Tape
  - Walkie-Talkies
  - Earpieces
  - Chargers (Walkie-Talkie)
  - Cups
  - Powerade/Gatorade with spoon
  - 4 piece Hydrocollator/Hot Packs
  - (12) water bottles
  - MD Kit

- **(2) AT Kit**

- **Modality case**
  - Six Leads
  - Combo lead
  - Electrodes
  - Ultrasound Gel

- **Duffle Bag**
  - Fanny Packs
  - Extension cord
  - Gatorade Powder
  - 3 Gallon Cooler

- **Game Ready**

- **Carry On**
  - Emergency Notebook
  - Medication
  - First Aid Supplies
FOOTBALL BUS TRAVEL ITEMS

- **Rubbermaid Grey Trunk**
  - Towels
  - Braces-Variety
  - Box White Tape
  - Box Mixed Tape
  - Walkie-Talkies
  - Earpieces
  - Chargers (Walkie-Talkie)
  - Cups
  - Powerade/Gatorade with spoon
  - 4 piece Hydrocollator/Hot Packs
  - (12) water bottles
  - MD Kit

- **CMA Cart**
- **Crutch Kit**
- **Vacuum Splints/Ambu Bag**
- **Modality case**
  - Six Leads
  - Combo lead
  - Electrodes
  - Ultrasound Gel

- **Duffle Bag**
  - Fanny Packs
  - Extension cord
  - Gatorade Powder
  - 3 Gallon Cooler

- **Game Ready**
FOOTBALL GAME SET-UP

VISITOR’S LOCKER ROOM

☐ Two 10 Gallon water coolers
☐ Four Sleeves of Cups
☐ Injury Ice/Ice Bags/Flexi Wrap
☐ Biohazard Can
☐ Two Portable Treatment Tables
☐ Visitor Folder (Maps and Emergency Numbers)
☐ Modalities

VISITOR’S SIDELINE

☐ (3) Tables
☐ Three 10 Gallon water coolers
☐ (1) Sleeve of Cups
☐ Injury Ice (Bags made but not tied)
☐ Treatment Table
☐ Two Trash Cans
☐ Biohazard Can
☐ (24) Water Bottles

APU SIDELINE

☐ Rubbermaid Trunk
☐ CMA Cart
☐ Two Treatment Tables
☐ Biohazard Can
☐ Vacuum Splints/Ambu Bag
☐ Crutch Bag
☐ Variety of Braces/Bledsoe Parts
☐ Spine Board
☐ 105 Qt Cooler with Ice, Scoop, Bags, Flexi Wrap
☐ Six sets of Water Bottles
☐ Four 10 Gallon Water Coolers
☐ Two Cup Trays
☐ Ten Sleeves of Cups
☐ Trash Can
☐ MD Kit
☐ Walkie-Talkies with Ear Pieces
☐ Short White Hose

RUBBERMAID TRUNK ITEMS

☐ Emergency NB
☐ Towels
☐ Cup Trays
☐ Jackets
Field with AT: Take water out @ time-outs, watch the line and QB
Water Station: Keep the table full of cups of water, take water to teams when they come off the field, look for players bleeding and send them to first aid, keep an eye on first aid to see if they need help. Have water bottles in hand and filled at all times.
First Aid One person is gloved at all times, the other will assess injuries and calls AT if someone needs attention. Ask for help form water/sideline if you need help
Sideline Observation: Watch the field when AT goes out. Bring the Doc to first aid or the field when they are requested.
APU Set-up: Two water tables with 2 10 gal. Coolers, cups and cup carriers @ each table. Two portable tables, football trunk, Rubbermaid trunk, 105 QT ice chest, Bio-hazard can, Emergency NB, AT Kit, Doctor’s Bag, Crutch Bag, Splint bag/Ambu Bag, Spine board.
Visitor Set-up: Two water tables with 1 10 gal cooler, cups @ each table. One portable table. 2 48 QT ice chests.
Visitor Half Time: Transport visiting AT equipment to locker rooms.
FOOTBALL PRACTICE SET UP

- 1 – Cool Coil
- 3 – Waterboys
- Hand cart tower
- Tripod tower
- 2 – 10 gallon water jugs
- Portable H2OPumps
- 6 – Racks of water bottles
- Walkie-Talkies
- Splint bag/Ambu Bag
- Crutch bag
- Treatment Table
- Large Ice Chest (bags, scoop, and flexi-wrap)
- Football Trunk
- Emergency Notebook
- Towels
- Tent
- Sling Psychrometer
- Trash Bags
- Spine Board
- Football Equipment Bag
- Sports Chair
- Biohazard Kit
- Long White Hose
- Short White Hose
- Splitter
APPENDIX H

Sports Medicine Clinic

1. Azusa Pacific University Employee Handbook weblink:
2. Sports Medicine Employee Orientation Form
3. Policies/Rules
   a. Commitment Form
4. Code of Conduct
   a. APU ATS Code of Conduct
   b. APU Student-Athlete Code of Conduct
5. ATS/SMA Forms
   a. Request Time-Off Form
6. Sports Medicine Kit Supplies
   a. Sports Medicine Kits
   b. Rolling Trunk
   c. Biohazard Kits
   d. Emergency Crutch Bag
   e. Splint Bag
   f. Coach First Aid Kits
   g. Coach Medical Kits
7. Equipment Check Out Form
8. Biohazard Drop-Off Record
9. MRSA Post Exposure Flow Chart
10. SMC Cleaning Duties (FEC and Stadium)
    a. Daily
    b. Weekly
    c. Monthly
APU SPORTS MEDICINE EMPLOYEE ORIENTATION

☐ Description and Purpose of the Sports Medicine Staff
   ☐ General Policies
   ☐ General Hours
   ☐ Sports Medicine Clinic Policies
   ☐ Sports Medicine Clinic Rules
   ☐ Responsibilities of the Student-Athlete

☐ Expectations, Conduct, Ethics and Professionalism
   ☐ Azusa Pacific University Employee Policies
      ☐ Dating Policy
      ☐ Use of Electronic, Telephone, Computer Systems
      ☐ University Keys
      ☐ Use of Alcohol
   ☐ General Conduct and Ethics/Professionalism
   ☐ Philosophies of “The APU Way” For Sports Medicine

☐ Graduate Assistant/Intern Mentor Expectations

☐ Day To Day Operations
   ☐ Dress Code
   ☐ Road Trip Procedures for Sports Medicine Staff
   ☐ Clerical Procedures
      ☐ Radio Etiquette
      ☐ Hour Sheets/Time Cards
      ☐ Requested Time Off
   ☐ Practice and Game Coverage
      ☐ Game Day Procedures for Football
      ☐ Game Day Procedures for All Other Sports
      ☐ Procedures for Tournaments and Special Events
      ☐ Daily Sports Medicine Clinic Coverage
   ☐ Sports Medicine Kits
   ☐ Documentation
      ☐ Charting Protocols
      ☐ Injury Reports
      ☐ Soap Notes
         ☐ Composing Soap Notes
         ☐ Protocols/Recommendations
   ☐ Cleaning and Disinfecting Procedures
      ☐ Listed By Equipment

☐ Sports Medicine Administration
   ☐ Confidentiality
   ☐ Student Privacy Policy
   ☐ Communication with Student Health Center
   ☐ Athletic Insurance Policy
      ☐ Previous Injuries
      ☐ Tryout Injuries
      ☐ Dental Coverage
      ☐ Vision Coverage
      ☐ Submitting Insurance Claims (Emailing Yourself, Ag, Nila, Etc)
   ☐ Sports Medicine Staff Coverage
      ☐ Sport Specific Travel Coverage for Intercollegiate Contests During Championship Season
   ☐ Medications
      ☐ Sample History
□ Documentation of Over-The-Counter Medications
□ Equipment Check-Out
□ List of Medical Specialists (Review Map/Contact List)
□ Emergency Management Procedures
  □ Call HAT Immediately Post Injury
  □ Venue Specific Emergency Action Plans (EAP)
  □ Road Trip Emergency Procedures
  □ Emergency Hand Signals
  □ Post Incident Procedure
  □ Catastrophic Injury and Emergency Notification Plan
□ Medical Issues
  □ ADD/ADHD
  □ Mild Traumatic Brain Injury (MTBI)/Concussions
  □ Eating Disorder Response Protocol
  □ Sickle Cell
  □ Inclement Weather
    □ APU Lightning Policy
    □ APU Exertional Heat Illness Policy
    □ APU Air Quality Policy
  □ MRSA
    □ Prevention
    □ Post Exposure
  □ Infectious Disease Prevention and Management *(During Annual OSHA Training w/ Athletics)*
    □ Sharps Injury Log
    □ Cleaning and Decontamination of the Worksite
    □ Laundry
  □ Communicable Disease Policy
□ Medical Clearance Policy (PPE, etc.)
□ Injuries and Treatment
  □ Visiting and Non-Athletic Related Injuries
  □ Injury Clearance Chain of Command
□ Software
  □ Athletic Trainer System (ATS) Injury Tracking Software
  □ Impact
  □ Google Docs
□ BOC Facilities and Logs/In-Services Notebook

EMPLOYEE PRINTED NAME ________________________________  DATE COMPLETED __________

EMPLOYEE SIGNATURE ________________________________
FELIX EVENT CENTER SPORTS MEDICINE CLINIC

Hours of Operation
- Monday-Friday
- 12:30 pm Daily
- Tuesday & Thursday
- 9:00 am- 11:00 am

Sports Medicine Clinic (SMC) Policies for Student-Athletes

1. It is the student-athletes’ responsibility to get all taping and/or treatment done in time for practices and games.
2. Following treatment for an injury that causes limited/missed practice you must be cleared by your AT prior to increasing your participation level.
3. Student-athletes are to use the SMC for treatment only, not social gatherings or team meetings. If you are not currently receiving treatment, there is no need to be in the SMC.
4. Injuries not sustained in team functions will not be the responsibility of the APU Athletics Department.
5. If a coach refers you or if you seek care for any outside medical treatment without the approval of an APU Sports Medicine Staff AT, you will be held financially responsible for all bills incurred.
6. Championship season student-athletes will be served first and Nonchampionship season student-athletes served next. Nonchampionship season student-athletes are encouraged to seek treatment in the A.M. to receive the best timeliest treatment.
7. Ace wraps, crutches, ankle braces and many other items are used to help manage your injury. These items will be signed out to you by an AT. You are responsible for them and if they are not returned your coach will be charged for them.
8. Remember, the SMC is a place of business. Please keep conversation at an appropriate volume.
9. Abusive behavior or language will not be tolerated!
10. ATSs shall be treated as any regular staff member.
11. On practice days, only student-athletes receiving treatment/rehabilitation will be taped.
12. On game days, all student-athletes may be taped.
Sports Medicine Clinic Rules

1. The SMC is for the exclusive use of APU INTERCOLLEGIATE ELIGIBLE STUDENT-ATHLETES. It is not for the use of the APU general student body, alumni, family or friends. Non-student-athletes should not be brought into the SMC.
2. All student-athletes must check in with an athletic trainer for treatment.
3. The SMCs are co-ed, please wear appropriate clothing.
4. NO SHOES may be worn in the SMC.
5. No bags or equipment may be brought into the SMC.
6. Do not operate SMC equipment, use supplies or remove items from the medical kits.
7. No food or drinks are allowed in the SMC.
8. First come, first served, come early to avoid the rush.
9. Ice is for treatment only, not for drinking or eating.
10. Student-athletes may not operate the stereo. Content will be regulated/approved by AT Staff and follow the APU Athletics Department Music Policy.
11. Student-athletes must shower prior to receiving post practice treatment.
Azusa Pacific University Athletic Training Student/Sports Medicine Aide Code of Conduct

A presumption is made which assumes that all those doing their clinical rotation at Azusa Pacific University possess a sincere desire to promote a program of Christ-centered excellence. The spirit of this code requires Athletic Training Students/Sports Medicine Aides to follow these principles throughout their clinical rotations and allow them to be a motivating force in their lives.

The Role of the Athletic Training Student/Sports Medicine Aide:

- Demonstrates a willingness to follow the designated leaders, as well as recognizes he/she can provide personal leadership among those who can be influenced by his/her actions, words or deeds.

- Strives to become more knowledgeable by regular class attendance and performance in the Sports Medicine Clinic.

- Develops good stewardship of time by scheduling outside and academic commitments in an organized manner, and gives proper attention to instruction on the Sports Medicine Clinic.

- Presents him/herself in a manner which would bring credit to Azusa Pacific University and all those with whom he/she is associated by appropriate conduct, speech and appearance.

- Agrees that use of alcohol, tobacco and controlled substances (such as cocaine, marijuana and steroids) will not be tolerated especially during team functions, team travel or with Azusa Pacific University Intercollegiate student-athletes who are in championship season.

- Shares individual and team related concerns with Preceptor.

- Sets realistic, yet high, individual standards of excellence academically, athletically, socially and spiritually.

- Demonstrates loyalty to his/her classmates, Preceptors, coaches, team, the athletic program and Azusa Pacific University by being dependable, prompt, responsible and cooperative.

- Shows proper respect for persons associated with the program, university officials, and opponents as well as equipment and facilities used.


- Supports the Azusa Pacific University Sports Medicine Mission Statements:

| Azusa Pacific University’s Sports Medicine program seeks to be a community of disciples and scholars who serve the athletics department and its student-athletes by providing the highest quality of organization and administration, prevention, evaluation, treatment, rehabilitation and management of athletic injuries while being good stewards of the supplies and facilities that the University has provided. |

I have read the above Sports Medicine code of conduct and agree to abide by its standards.

_________________________   __________________________
Signature                          Date
Azusa Pacific University Intercollegiate Athletic Program
Student-Athlete Code of Conduct

A presumption is made which assumes that all those involved in the intercollegiate athletic program at Azusa Pacific University possess a sincere desire to promote a program of Christ-centered excellence. The spirit of this code requires student-athletes to follow these principles throughout the school year and allow them to be a motivating force in their lives.

The Role of the Student-athlete:

- Demonstrates a willingness to follow the designated leaders, as well as recognizes he/she can provide personal leadership among those who can be influenced by his/her actions, words or deeds.
- Strives to become more knowledgeable by regular class and chapel attendance. Meets the prescribed course expectations, develops an organized study program, and gives proper attention to instruction on the athletic field as well as in the classroom.
- Recognizes personal goals as secondary to team goals and values the worth of all team members.
- Presents him/herself in a manner which would bring credit to Azusa Pacific University and all those with whom he/she is associated by appropriate conduct, speech and appearance.
- Agrees that use of alcohol, tobacco and controlled substances (such as cocaine, marijuana and steroids) will not be tolerated. Such use may lead to suspension and/or removal from the athletic program.
- Shares individual and team concerns with coaches and team leaders.
- Sets realistic, yet high, individual standards of excellence academically, athletically, socially and spiritually.
- Demonstrates loyalty to his/her teammates, coaches, the athletic program and Azusa Pacific University by being dependable, prompt, responsible and cooperative.
- Shows proper respect for persons associated with the program, university officials, and opponents as well as equipment and facilities used.
- Supports the Azusa Pacific University athletic mission statement which reads:

| Azusa Pacific's intercollegiate athletic program focuses on the total development of the student-athlete. Through modeling Biblical principles, the athletic program seeks to maximize each individual student-athlete's God-given talent, thus bringing glory and honor to Jesus Christ through performance and ministry. |

I have read the above athletic code of conduct and agree to abide by its standards.

__________________________________________  __________________________
Signature                                                      Date
Athletic Training Students/Sports Medicine Aide
Request for Time off Form

If you need to have a certain time or day off you must request the time you want off in writing two weeks prior to the requested date. The requesting time off form must be signed by the ATS/SMA requesting time off and the Preceptor.

Dates Requested: ____________________________________________

Reason Being Requested: ____________________________________________

__________________________________________________________

Student Signature: ____________________________________________ Date: _____________

Preceptor: ____________________________________________ Date: _____________
## Sports Medicine Kits

1 ½” J&J Tape
1” J&J Tape
½” J&J Tape
3” Elastikon
2” Elastikon
1” Elastikon
2” Lightplast
3” Lightplast
Leukotape
Cover Roll
PreWrap
Tuffskin
Shark Tape Cutter
Tape Remover

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- Regular Duoderm
- Alcohol Prep Pads
- Thin Duoderm
- Sav-a-tooth
- Tongue Depressors
- Contact Solution
- Speed Clot
- Eye Wash
- Blood Remover
- Eye Drops
- Gloves
- Sun Screen
- CPR Microshield
- Eye Black
- Biohazard Bags
- Hydrocortisone
- Bacitracin
- Zinc Oxide
- Safety Pins
- Skin Lube
- 2nd Skin
- Lotion
- Flex-all
- Tinactin

- Plastic bags
- Flexi-wrap
- Fingernail Clippers
- Ibuprofen
- Toenail Clippers
- Acetaminophen
- Mirror
- Aleemed
- Large Scissors
- Decongestant
- Small Scissors
- Antihistamine
- Mirror
- Antacid
- Pen Light
- Cough Syrup
- Razors
- Cough Drops
- Scalpels
- Immodium
- Needles
- Fosfree
- Syringes
- Heatguard
- BP Cuff

- Iodine
- Peroxide
ROLLING TRUNK ITEMS

Tape Compartment
Cover roll
Leukotape
1 ½ White
2” Liteplast
3” Liteplast
2” Elastikon
3” Elastikon
1” Costretch
2” Costretch
3” Costretch
heel and lace pads
sharks
roll of moleskin

Ointment compartment
Tuffskin
Dehesive

Sunscreen
Saline
Eye Wash
Eye Drops
Mirror

Lotion
Flexall
Skin lube
Second Skin
Foot powder
Tinactin spray
Baby powder
Wound spray
Heat Guard
Fosfree

Iodine
Iodine spray
Blood clot spray
Peroxide
Blood Buster

Top Tray
Football Equipment bag
Med Container/Case
Helmet Pump
Instrument Tray
Scissors, Trainers Angels,
Sharks, Callous Shaver
Compression Sleeves(A-G)
Mouthpieces
Slings(M-XL)
Ace Wraps

2”, 4”, 4”DL, 6”, 6”DL

Top Tray
Non Adhere Pads
Sterile Gauze
Non Sterile Gauze
Large Gloves
Medium Gloves
Cotton Tip Applicators
Sterile Cotton Tip Applicators
Tongue Depressors
Sterile Tongue Depressors
Cover roll sheets
Nose Plugs
Syringes
Needles
Stick It Swabs
Medicaine Swabs
Kleenex
Roller Gauze
Duoderm
Band-Aid Case
Scalpels #10, #11

Bottom of Case
Sling Psychrometer
Trash Bags
Biohazard Bags
Ice Bags
Assorted Padding
Horseshoes
Hot packs
Cold packs
Heel Cups
Flexi Wrap
Plaster casting
Blood Buster
Cast padding
Blood Kit
FB pads
Green Jerseys
Biohazard Kit Contents

RED Z Fluid Control Solidifier
Universal Blood Spill Kit
Gauze
Biohazard Bags

Comet Disinfectant
Gloves
Blood Buster

Emergency Crutch Bag

Short Crutches >5’9”
Long Knee Immobilizer 24”
Sam Splint
Emergency Blanket
Cast Splint (4 x 15 & 4 x 30)

Tall Crutches < 5’9”
Short Knee Immobilizer 20”
Ace Wrap (6”double, 4” double, 6”, 4”)
Arm Sling (S, M, L, XL)

Splint Bag

Bag Valve Mask
Short Leg Vacuum Splint Pump

2 C-Spine Collars (Universal)
Long Leg Vacuum Splint

Coach First Aid Kits

Universal Precautions Kit
2 Ace Wraps
Pocket Mask
1 Roll 1½” Tape
1 Roll Stretch Tape
Band-Aids

Sam Splint
Gloves
Biohazard Bags
Hand Sanitizer
1 Roll Pre-Wrap

Arm Sling
Gauze
Saline Solution
(for eye and wound irrigation)
Scissors

Coach Medical Kits

Universal Precaution Kit (1)
Sam Splint (1)
2nd Skin
Arm Sling (1)
Scissors (1)
CPR Pocket mask (1)
Hand Sanitizer (1)
Biohazard Bags (2)
Gloves

Alcohol Prep Pads
Antibiotic Ointment
Saline Solution: for eye and wound irrigation (1)
Band-Aids (various sizes)
Non-Adherent Pads
Gauze Pads
Nose Plugs
Heel & Lace Pads
Tough Skin (1)

1½” Tape
2” or 3” Elastikon
2” or 3” PowerFlex
Pre-Wrap
2”Single Ace Wrap (1)
4” Single Ace Wrap (1)
4” Double Ace Wrap (1)
6” Double Ace Wrap (1)
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</tbody>
</table>
**Biohazard Drop-Off Record**

<table>
<thead>
<tr>
<th>Date</th>
<th>Contents</th>
<th>Transporter</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

* Biohazardous waste shall be transported no less frequently than every 30 days.
Student-Athlete Reports Signs and Symptoms of MRSA

AT Recognizes S&S of MRSA

Notify Coach, Head AT, Facilities Manager, and Risk Manager of possible MRSA case

Refer to Team Physician or Student Health Center (SHC)

Team Physician or SHC Agrees

Culture

Treat/Cover

Positive Culture

Keep Treating/Team AT

On Campus

Notify Facilities Management and Risk Manager of confirmed MRSA case

Negative Culture

Change Treatment

Off Campus

Treat/Cover/Educate

Team Physician or SHC Disagrees

Educate Student-Athlete on MRSA Signs and Symptoms of Infection

Monitor Wound
# Daily Duties

## Opening Duties

<table>
<thead>
<tr>
<th>Task</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check AED Status Indicator</td>
<td>Portable</td>
</tr>
<tr>
<td>Fold Laundry (towels and ace wraps)</td>
<td>FEC Hall</td>
</tr>
<tr>
<td>Fill Whirlpools</td>
<td>Warm</td>
</tr>
<tr>
<td></td>
<td>Cold</td>
</tr>
</tbody>
</table>

## Mid Day/Team Post-Prep Duties

<table>
<thead>
<tr>
<th>Task</th>
<th>BEN</th>
<th>HOLLIE</th>
<th>ASHLEY</th>
<th>RYAN</th>
<th>RACHEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restock Taping Table (do not overstock)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restock First Aid Containers and Bandaged Trays</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfect Treatment Tables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(w/ Comet, let it sit 10', Wipe Down)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Disinfect Taping Table</td>
<td></td>
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<tr>
<td>(w/ Comet, let it sit 10', Wipe Down)</td>
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</tr>
<tr>
<td>Disinfect Used Rehab/Exercise Equipment</td>
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<td></td>
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<tr>
<td>(w/ Comet, sit 10', Wipe)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Straighten and Organize Hydrocollator Covers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straighten and Organize Rehabilitation Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straighten and Organize Modality Carts</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## End of Day/Closing Duties

<table>
<thead>
<tr>
<th>Task</th>
<th>BEN</th>
<th>HOLLIE</th>
<th>ASHLEY</th>
<th>RYAN</th>
<th>RACHEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take Laundry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check/Refill Used Ice Cups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfect Taping Table</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(w/ Comet, let it sit 10', Wipe Down)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfect Treatment Tables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(w/ Comet, let it sit 10', Wipe Down)</td>
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</tr>
<tr>
<td>Disinfect Total Gym</td>
<td></td>
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</tr>
<tr>
<td>(w/ Comet, let it sit 10', Wipe Down)</td>
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</tr>
<tr>
<td>Disinfect Countertops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(w/ Comet, sit 10', Wipe Down, Spic&amp;Span, Wipe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drain and Disinfect Whirlpools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(w/ Comet, sit 10', Spic&amp;Span, Hot H2O, Wipe)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Turn Off and Straighten Modalities</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Turn Off Treadmill and StairMaster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn Off Stereo System</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refill Empty Containers on Modality Carts</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Check Hydrocollator Water Level &amp; Fill Below the Crack</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Start Dishwasher</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Close Office Doors</td>
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</tbody>
</table>

**Updated 5/2015**

**Sign off with initials**

**Do not use check marks**
## Opening Duties

<table>
<thead>
<tr>
<th>Task</th>
<th>Date: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get the Gator from Storage Container</td>
<td></td>
</tr>
<tr>
<td>Check AED Status Indicator Lights Both Portables</td>
<td></td>
</tr>
<tr>
<td>Check Water Levels of Hydrocollators and Fill As Needed</td>
<td></td>
</tr>
<tr>
<td>Set Up Water for Practice/Game (Use White Hose Only)</td>
<td></td>
</tr>
<tr>
<td>Fold Laundry (towels and ace wraps)</td>
<td></td>
</tr>
<tr>
<td>Fill Whirlpools One Warm</td>
<td></td>
</tr>
<tr>
<td>Fill Whirlpools One Cold</td>
<td></td>
</tr>
</tbody>
</table>

## Mid Day/Team Post-Prep Duties

<table>
<thead>
<tr>
<th>Task</th>
<th>Football</th>
<th>Track</th>
<th>Baseball</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restock Taping Table (do not overstock)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restock First Aid Containers and Bandaid Trays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfect Treatment Tables (w/ Comet, let it sit 10’, Wipe Down)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Disinfect Taping Table (w/ Comet, let it sit 10’, Wipe Down)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfect Used Rehab/Exercise Equipment (w/ Comet, sit 10’, Wipe)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straighten and Organize Hydrocollator Covers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straighten and Organize Rehabilitation Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straighten and Organize Modality Carts</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

## End of Day/Closing Duties

<table>
<thead>
<tr>
<th>Task</th>
<th>Date: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put Away and Lock Up Gator in Storage Container</td>
<td></td>
</tr>
<tr>
<td>Take Laundry</td>
<td></td>
</tr>
<tr>
<td>Check/Refill Used Ice Cups</td>
<td></td>
</tr>
<tr>
<td>Restock On-Field Ice Bag Rolls</td>
<td></td>
</tr>
<tr>
<td>Disinfect Taping Table (w/ Comet, let it sit 10’, Wipe Down)</td>
<td></td>
</tr>
<tr>
<td>Disinfect Treatment Tables (w/ Comet, let it sit 10’, Wipe Down)</td>
<td></td>
</tr>
<tr>
<td>Clean Countertops (w/Comet, let it sit 10’, Wipe Down, Spic&amp;Span, Wipe)</td>
<td></td>
</tr>
<tr>
<td>Drain and Disinfect Whirlpools (w/ Comet, sit 10’, Spic&amp;Span, Hot Water, Wipe)</td>
<td>Warm</td>
</tr>
<tr>
<td>Drain and Disinfect Whirlpools (w/ Comet, sit 10’, Spic&amp;Span, Hot Water, Wipe)</td>
<td>Cold</td>
</tr>
<tr>
<td>Turn Off, UNPLUG and Straighten Up Electrical Modalities</td>
<td></td>
</tr>
<tr>
<td>Refill Empty Containers on Modality Carts US Gel, Alcohol Prep Pads</td>
<td></td>
</tr>
<tr>
<td>Check Hydrocollator Water Level &amp; Fill Below the Crack</td>
<td></td>
</tr>
<tr>
<td>Clean Off Desk &amp; File Paperwork, Treatment/SOAP Notes, Files in Cabinet</td>
<td></td>
</tr>
<tr>
<td>Put Emergency &amp; Treatment Notebooks in Filing Cabinet &amp; Lock Cabinet</td>
<td></td>
</tr>
<tr>
<td>Start Dishwasher</td>
<td></td>
</tr>
<tr>
<td>MAKE SURE HOT WATER LEVERS ARE TURNED OFF in wet area!</td>
<td></td>
</tr>
<tr>
<td>TURN OFF Stereo System, Lights, and CLOSE ENTRY DOOR SECURELY</td>
<td></td>
</tr>
</tbody>
</table>

*Updated 5/2015*
AZUSA PACIFIC UNIVERSITY  
FELIX EVENT CENTER  
SPORTS MEDICINE CLINIC

**WEEKLY DUTIES**

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>WEEK OF: __________</th>
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</thead>
<tbody>
<tr>
<td>Check gas level in Gator and contact Mike to refill if at 1/2 tank or below</td>
<td></td>
</tr>
<tr>
<td>Identify forms that need more copies</td>
<td></td>
</tr>
<tr>
<td>Clean office windows, ledges, blinds, wall mounts (in/outside w/ Spic&amp;Span)</td>
<td></td>
</tr>
<tr>
<td>Clean/Disinfect Dirty Instruments (w/ Comet, let sit 10', Wipe Down)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TUESDAY</th>
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</thead>
<tbody>
<tr>
<td>Clean/Disinfect/Wipe Down ALL Cardio and Rehab Equipment:</td>
<td></td>
</tr>
<tr>
<td>Cardio: Bike, Treadmill, UBE, Stairmaster (w/ Spic&amp;Span)</td>
<td></td>
</tr>
<tr>
<td>Foam Rolls (w/ Comet, let sit 10', then Spic&amp;Span)</td>
<td></td>
</tr>
<tr>
<td>Cuff Weights (w/ Comet, let sit 10', then Spic&amp;Span)</td>
<td></td>
</tr>
<tr>
<td>AirEx, Bosu, PhysioBall, Med Balls (w/ Comet, let sit 10', wipe down)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEDNESDAY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wipe down vinyl surfaces w/ Vinyl solution at end of day (include Total Gym)</td>
<td></td>
</tr>
<tr>
<td>De-adhesive and Clean Taping Area</td>
<td></td>
</tr>
<tr>
<td>Clean/Microwave Sponges &amp; Toe Caps (Wet them 1st, 90 sec)</td>
<td></td>
</tr>
<tr>
<td>Refill Empty First Aid Containers on Counter</td>
<td></td>
</tr>
<tr>
<td>Clean/Lubricate DMS (unscrew DMS head, add 2 drops multipurpose oil)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THURSDAY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stainless Steel Clean:</td>
<td></td>
</tr>
<tr>
<td>Ice machine</td>
<td></td>
</tr>
<tr>
<td>Whirlpools</td>
<td></td>
</tr>
<tr>
<td>Hydrocollators</td>
<td></td>
</tr>
<tr>
<td>Sinks and Faucets</td>
<td></td>
</tr>
<tr>
<td>Modality Carts</td>
<td></td>
</tr>
<tr>
<td>Laundry Hamper</td>
<td></td>
</tr>
<tr>
<td>Instrument Containers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRIDAY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash Hot Pack Covers (with laundry)</td>
<td></td>
</tr>
<tr>
<td>Make heel and lace pads (at least 1 full drawer)</td>
<td></td>
</tr>
<tr>
<td>Organize Student Desk Area</td>
<td></td>
</tr>
<tr>
<td>Lubricate Game Ready and attachment connections (w/ 500 Psi sports spray)</td>
<td></td>
</tr>
</tbody>
</table>

Updated 5/2015

SIGN OFF WITH INITIALS
DO NOT USE CHECK MARKS
# AZUSA PACIFIC UNIVERSITY
## STADIUM SPORTS MEDICINE CLINIC

### WEEKLY DUTIES

#### MONDAY
- Check gas level in Gator and refill if at 1/2 tank or below
- Identify forms that need more copies
- Clean office windows, ledges, blinds, and mirrors (w/ Spic&Span)
- Clean/Disinfect Dirty Instruments (w/ Comet, let sit 10', Wipe Down)

#### TUESDAY
- Clean/Disinfect/Wipe Down ALL Cardiac and Rehab Equipment:
  - Cardio: Bikes and UBE (w/ Spic&Span)
  - Foam Rolls (w/ Comet, let sit 10', then Spic&Span)
  - Cuff Weights (w/ Comet, let sit 10', then Spic&Span)
  - AirEx, Bosu, PhysioBall, Med Balls (w/ Comet, let sit 10', wipe down)

#### WEDNESDAY
- Wipe down vinyl surfaces with Vinyl Solution at end of day
- De-adhesive and Clean Taping Area
- Clean/Microwave Sponges & Toe Caps (Wet them 1st, 90 sec)
- Refill Empty First Aid Containers on Counter
- Clean/Lubricate DMS (unscrew DMS head, add 2 drops multipurpose oil)

#### THURSDAY
- Stainless Steel Clean:
  - Ice Machines
  - Whirlpools
  - Hydrocollators
  - Sink, Faucet and Water Fountain
  - Modality Carts
  - Laundry Hamper
  - Instrument Containers

#### FRIDAY
- Wash Hot Pack Covers (w/ Laundry)
- Make heel and lace pads (at least 1 full drawer)
- File any papers in "To Be Filed" Tray
- Soak Water Wagon mouth pieces in 1:10 Bleach Solution
- Lubricate Game Ready and attachment connections (w/ 500 Psi sports spray)

*Updated 5/2015*

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# AZUSA PACIFIC UNIVERSITY
# FELIX EVENT CENTER
# SPORTS MEDICINE CLINIC

## MONTHLY DUTIES

### WEEK 1

<table>
<thead>
<tr>
<th>MONTH OF: ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPORT</strong></td>
</tr>
<tr>
<td>Schedule cleaning of wet area floors with FEC Staff</td>
</tr>
<tr>
<td>Drain and clean hydrocollators and check hot packs for leaks, stains, etc.</td>
</tr>
<tr>
<td>Check bolts on all equipment (esp. rebounder, tables)</td>
</tr>
<tr>
<td>Lubricate handle extension joints on Gatorade rolling carts with WD40</td>
</tr>
</tbody>
</table>

### WEEK 2

<table>
<thead>
<tr>
<th><strong>SPORT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Check shark blades and replace as needed (in drawers and locker rooms)</td>
</tr>
<tr>
<td>Clean the paraffin bath as needed</td>
</tr>
<tr>
<td>Wash and wipe down Gator at softball restroom spigot</td>
</tr>
</tbody>
</table>

### WEEK 3

<table>
<thead>
<tr>
<th><strong>SPORT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean refrigerator and freezer and throw away old food</td>
</tr>
<tr>
<td>Clean drains and clear away any obstructions</td>
</tr>
<tr>
<td>Clean Walls/Cupboard Doors (w/ Spic&amp;Span)</td>
</tr>
</tbody>
</table>

### WEEK 4

<table>
<thead>
<tr>
<th><strong>SPORT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Biohazard/Sharps Containers and Sign Off on Log (30 days or 2/3 full)</td>
</tr>
<tr>
<td>Sanitize Coolers and Ice Chests (w/ 1.5 cups bleach to 9 gallons water)</td>
</tr>
<tr>
<td>Clean/Vacuum AC vents, fans, ice machine vents</td>
</tr>
</tbody>
</table>

Updated 5/2015

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AZUSA PACIFIC UNIVERSITY  
STADIUM  
SPORTS MEDICINE CLINIC  

MONTHLY DUTIES  

MONTH OF: ____________  

**WEEK 1**  
- Clean wet area floor: Comet, scrub, spray down with water  
- Drain and clean hydrocollators and check hot packs for leaks, stains, etc.  
- Check bolts on all equipment (esp. rebounder, tables and WaterBoys)  
- Lubricate handle extension joints on Gatorade rolling carts with WD40  

**WEEK 2**  
- Check shark blades and replace as needed  
- Clean the paraffin bath as needed  
- Clean ice machine air intake fins (w/ vacuum and Spic&Span)  

**WEEK 3**  
- Defrost and clean refrigerator and freezer  
- Clean drains and clear away any obstructions  
- Clean walls and cabinet doors (w/ Spic&Span)  

**WEEK 4**  
- Check Biohazard/Sharps Containers and Sign Off on Log (30 days or 2/3 full)  
- Sanitize coolers, Ice Chests, Water Boy hoses & Spider Hoses (bleach 1:10)  
- Wash and wipe down the Gator at car wash station by gas pumps  

*Updated 5/2015*  

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APPENDIX I

Centers for Disease Control and Prevention
www.cdc.gov
California Department of Public Health
www.cdph.ca.gov

1) CDC for Healthcare Providers
   http://www.cdc.gov/CDCForYou/healthcare_providers.html

2) Healthcare-Associated Infections and Protecting Healthcare Workers from Bloodborne Pathogens
   http://www.cdc.gov/hai/

3) Emerging Infectious Diseases
   http://wwwnc.cdc.gov/eid/

4) Diseases and Conditions
   http://www.cdc.gov/DiseasesConditions/

5) Medical Waste Management Act
   http://www.cdph.ca.gov/certlic/medicalwaste/Documents/MedicalWaste/MedicalWasteManagementAct.pdf

6) See Logs/In-services Notebook in each Sports Medicine Clinic for further references of:
   1. University Blood Borne Pathogen Exposure Control Plan
   2. BOC Facilities

7) SPECIAL ARTICLE Guideline for Infection Control in Health Care Personnel, 1998
APPENDIX J

NATA STATEMENTS
(As of June 2015)

1. Code of Ethics
2. Position Statements
3. Position Statement Disclaimer
4. Consensus Statements
5. Official Statements
6. Support Statements
NATA Code of Ethics

September 28, 2005

PREAMBLE
The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:
Members shall respect the rights, welfare and dignity of all.
1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care without a release unless required by law.

PRINCIPLE 2:
Members shall comply with the laws and regulations governing the practice of athletic training.
2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and abide by all National Athletic Trainers’ Association standards, rules and regulations.
2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:
Members shall maintain and promote high standards in their provision of services.
3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:
Members shall not engage in conduct that could be construed as a conflict of interest or that reflects
negatively on the profession.
4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
4.2 National Athletic Trainers’ Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
4.3 Members shall not place financial gain above the patient’s welfare and shall not participate in any arrangement that exploits the patient.
4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

NATA Position Statements

- Management of Sport Concussion (March 2014)
- Preparticipation Physical Examinations and Disqualifying Conditions (February 2014)
- Conservative Management and Prevention of Ankle Sprains in Athletes
- Lightning Safety for Athletics and Recreation (March 2013)
- Evaluation of Dietary Supplements for Performance Nutrition (February 2013)
- Anabolic-Androgenic Steroids (Sept. 2012)
- Heat Illness Treatment Authorization Form
- *Please see Consensus Statements for Heat Illness Guidelines
- Pediatric Overuse Injuries (April 2011)
- Preventing, Detecting, and Managing Disordered Eating in Athletes (Feb. 2008)
- Management of the Athlete with Type 1 Diabetes Mellitus (Dec. 2007)
- Management of sport-related concussion (Sept. 2004) | PowerPoint presentation
- Management of asthma in athletes (Sept. 2005) | PowerPoint presentation
- Endorsed by the American Academy of Pediatrics
- Head down contact and spearing in tackle football (March 2004) | PowerPoint presentation
- Heads Up video
- Fluid replacement for athletes (June 2000) | PowerPoint presentation
- Exertional heat illnesses (Sept. 2002) | PowerPoint presentation
- Emergency planning in athletics (March 2002) | PowerPoint presentation
- Environmental Cold Injuries
- Acute management of the cervical spine-injured athlete
- National Athletic Trainers' Association: Skin Disease
NATA Position Statement Disclaimer

The NATA publishes its position statements as a service to promote the awareness of certain issues to its members. The information contained in the position statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules, or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA advises its members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The position statement should not be relied upon as an independent basis for care, but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from NATA’s position statements. The NATA reserves the right to rescind or modify its position statements at any time.

NATA Consensus Statements

- Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement (March 2015)
  - Press Release
- Inter-Association Recommendations in Developing a Plan for Recognition and Referral of Student-Athletes with Psychological Concerns at the Collegiate Level (October 2013)
  - Executive Summary
  - Press Release
- Preventing sudden death in secondary school athletics
- Inter-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions: Best Practices Recommendations
  - News Release
  - Fact sheet
  - Press Conference Speaker Bios
- Preseason heat-acclimatization guidelines for secondary school athletics (2009)
- Managing Prescriptions and Non-Prescription Medication in the Athletic Training Facility (Jan. 2009)
- Appropriate medical care for secondary school-age athletes (Feb. 2003)
- Inter-Association Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs (March 2007)
  - Executive Summary
- Inter-Association Task Force on Exertional Heat Illnesses (June 2003)
- Prehospital Care of the Spine-Injured Athlete (2001)
- Acute Management of the Cervical Spine Injured Athlete position statement
- Sickle Cell Trait and the Athlete
  - News Release
  - Fact Sheet
NATA Official Statements

- **Meaningful Use Statement (Aug 2014)**
- **Proper Supervision of Secondary School Student Aides (June 2014)**
- **Pre-hospital Care of the Athlete with Cervical Spine Injury (May 2014)**
- **Friday Night Tykes (January 2014)**
- **Automated external defibrillators (2003)**
- **Commotio cordis (Oct. 2007)**
- **Communicable and Infectious Diseases in Secondary School Sports (March 2007)**
- **Community-acquired MRSA infections (March 2005)**
- **Calling Crown of the Helmet Violations (August 2013)**
- **Full-time, on-site athletic trainer coverage for secondary school athletic programs**
- **Proper Supervision of High School Athletic Training Student Aides (Mar. 2010)**
- **Providing Quality Health Care and Safeguards to Athletes of All Ages and Levels of Participation (December 2011)**
- **Steroids and performance enhancing substances (March 2005)**
- “**Time Outs” Before Athletic Events Recommended for Health Care Providers (August 2012)**
- **Use of qualified athletic trainers in secondary schools (Feb. 2004)**
- **Youth football and heat related illness (July 2005)**

NATA Support Statements

- **The Coalition to Preserve Patient Access to Physical Medicine and Rehabilitation Services (Dec. 2005)**
- **American Academy of Family Physicians’ support of athletic trainers for high school athletes (2007)**
- **American Medical Association’s support of athletic trainers in secondary schools (July 1998)**
- **Appropriate medical care for secondary school-age athletes (Manuscript) (2004)**
- **Endorsement of NATA Lightning Position Statement by the American Academy of Pediatrics (April 2002)**
- **Recommendations and guidelines for appropriate medical coverage of intercollegiate athletics (revised Jan. 2010)**
- **NCAA support of Recommendations and guidelines for appropriate medical coverage of intercollegiate athletics (Aug. 2003)**
APPENDIX K

References
References

Concussions/MTBI


Infection Control


Bloodborne Pathogens


California Codes Health and Safety Code. Section 1250-1264.

California Codes Health and Safety Code. Section 117625-117780.


Center for Disease Control and Prevention. Sterilization or Disinfection of Medical Devices. 2002.


MRSA


University of Maryland Sports Medicine Staph and MRSA in Athletics: Recognition and Prevention.

Collegiate Sports Medicine Foundation Division of MRSA.

Air Quality

University of Maryland Sports Medicine Policy Statement on Air Quality.

Heat Illness


Inter-Association Task Force on Exertional Heat Illnesses Consensus Statement.


Belmont University Athletics/Athletic Training/Sports Medicine Exertional Heat Illness Policy.

University of Georgia Sports Medicine Exertional Heat Illness Protocol.

“Bringing Terps to Water” Heat Illness Prevention and Management Program.
NATA Consensus Statement: Sickle Cell Trait and the Athlete.

Lightning


NCAA Guideline 1d Lightning Safety.

Florida Atlantic University Sports Medicine Lightning Policy.

Southeast Missouri State University Lightning Safety and Severe Weather Policy.

Stetson University Lightning Policy.

Winthrop University Athletic Department Lightning Policy.

Over-the-Counter Medications


California State Board of Pharmacy. (2003).


**Miscellaneous**

NATA Code of Ethics [http://www.nata.org/codeofethics](http://www.nata.org/codeofethics)
APPENDIX L

NATIONAL COLLEGIATE ATHLETIC ASSOCIATION and
DEPARTMENT OF DEFENSE
Concussion Assessment, Research and Education (CARE)
Consortium - Longitudinal Clinical Study Core
Assessment Manual

(Available in the office of the Director of Sports Medicine and Wellness)