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1.0 INTRODUCTION

The purpose of this manual is to familiarize the coaches of the Binghamton University Athletic Department with the policies/procedures of the Binghamton University Sports Medicine Department. The Sports Medicine Department will function more effectively and efficiently, and therefore better serve our student-athletes, if all members will follow the guidelines listed. The manual is not all encompassing and does not have all the answers.

As a part of this Athletic Department, you agree to abide by the rules and regulations set forth in this manual. Questions not answered by this manual should be directed to the Director of Sports Medicine.

2.0 MISSION

The Binghamton University Sports Medicine Department will strive to provide the most efficient and effective interdisciplinary care available to help prevent and manage athletic related injuries or illnesses. Treatment of these conditions will be based on sound medical and rehabilitative principles considering personal and team goals, and always delivered in a professional and ethical environment.
3.0 STAFF

Christopher Downey, MS, ATC - Director of Sports Medicine
607-777-7011 (office) / 607-759-4199 (cell)

Noel Zeh, MS, ATC, CSCS - Associate Athletic Trainer
607-777-2989 (office) / 732-754-4613 (cell)

Brittany Buchheit, MS, ATC, PES - Assistant Athletic Trainer
607-777-2568 (office) / 814-594-8745 (cell)

Kara Gorgos, MSEd, ATC - Assistant Athletic Trainer
607-777-2784 (office) / 607-821-9831 (cell)

Will Dunn, MA, ATC - Assistant Athletic Trainer
607-777-2690 (office) / 315-427-1368 (cell)

Jonathan Clark, MS, ATC - Intern Athletic Trainer
585-857-2586 (cell)

Alycia Daniels, ATC - Intern Athletic Trainer
603-496-9032 (cell)

Sophie Lovice, ATC - Intern Athletic Trainer
845-417-4395 (cell)

Andrew McNutt, ATC - Intern Athletic Trainer
571-408-0891 (cell)

Marleen Clark - Sports Medicine Program Assistant / Insurance Coordinator
607-777-5571 (office) / 607-777-5577 (Fax Number)

Dr. Micah Lissy - Team Physician / Orthopedic Surgeon, UHS Sports Medicine

Dr. Jill Sadoski - Team Physician, UHS Sports Medicine

Dr. Stanley Hunter - Team Physician, UHS Sports Medicine
# 4.0 STAFF PHONE LIST

## 2019-2020 BINGHAMTON UNIVERSITY SPORTS MEDICINE PHONE LIST

### BINGHAMTON UNIVERSITY TEAM PHYSICIANS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Office</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. MICAH LISSY</td>
<td>Team Orthopedic</td>
<td>607-771-2220/SM Line 607-762-3865</td>
<td>914-363-0362</td>
</tr>
<tr>
<td>Dr. JILL SADOSKI / Dr. STANLEY HUNTER</td>
<td>Team Physicians</td>
<td>607-771-2220/SM Line 607-762-3865</td>
<td>320-339-1713 / 406-748-6837</td>
</tr>
</tbody>
</table>

### UHS ORTHOPEDICS

4433 Vestal Parkway E  
Vestal, NY 13850

<table>
<thead>
<tr>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHS WALK-IN (Vestal)</td>
</tr>
</tbody>
</table>

### BINGHAMTON UNIVERSITY SPORTS MEDICINE STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Office</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANIELLE DONLIN</td>
<td>Musculoskeletal Program Director</td>
<td>607-762-3355</td>
<td>607-201-6598</td>
</tr>
</tbody>
</table>

### BINGHAMTON UNIVERSITY SPORTS MEDICINE STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Office</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARLEEN CLARK</td>
<td>Program Assistant</td>
<td>607-777-5571</td>
<td>607-655-1202</td>
</tr>
<tr>
<td></td>
<td></td>
<td>607-777-5577</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>607-777-2989</td>
<td>732-754-4613</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<th>Cell</th>
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</thead>
<tbody>
<tr>
<td>NOEL ZEH</td>
<td>Associate Athletic Trainer</td>
<td>607-777-2989</td>
<td>732-754-4613</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>BRITTANY BUCHHEIT</td>
<td>Assistant Athletic Trainer</td>
<td>607-777-2568</td>
<td>814-594-8745</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<th>Cell</th>
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<tbody>
<tr>
<td>KARA GORGOS</td>
<td>Assistant Athletic Trainer</td>
<td>607-777-7011</td>
<td>607-759-4199</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Office</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILL DUNN</td>
<td>Assistant Athletic Trainer</td>
<td>607-777-2989</td>
<td>315-427-1368</td>
</tr>
</tbody>
</table>

## OFFICE/ WEST GYM ATHLETIC TRAINING ROOM

607-777-2989

### INTERN ATHLETIC TRAINERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>JONATHAN CLARK</td>
<td>585-857-2586</td>
</tr>
<tr>
<td>ALYcia DANIELS</td>
<td>603-496-9032</td>
</tr>
<tr>
<td>SOPHIE LOVICE</td>
<td>845-417-4395</td>
</tr>
<tr>
<td>ANDREW McNUTT</td>
<td>571-408-0891</td>
</tr>
</tbody>
</table>

### ON CAMPUS HEALTH CARE / EMERGENCY SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>607-777-2222 OR 911</td>
</tr>
<tr>
<td>University Police</td>
<td>607-777-2393</td>
</tr>
<tr>
<td>Decker Student Health Services</td>
<td>607-777-2221</td>
</tr>
<tr>
<td>University Counseling Center</td>
<td>607-777-2772</td>
</tr>
<tr>
<td>Harpurs Ferry Campus Ambulance</td>
<td>607-777-3399</td>
</tr>
</tbody>
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### LOCAL HOSPITALS

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilson Memorial Regional Medical Center</td>
<td>607-763-6000</td>
</tr>
<tr>
<td>Main Switchboard</td>
<td>607-763-6611</td>
</tr>
<tr>
<td>Our Lady of Lourdes Hospital</td>
<td>607-798-5111</td>
</tr>
<tr>
<td>Main Switchboard</td>
<td>607-798-5231</td>
</tr>
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</table>
## 5.0 STAFF SPORT ASSIGNMENTS

<table>
<thead>
<tr>
<th>Sport</th>
<th>Primary ATC</th>
<th>Secondary ATC</th>
<th>Travel</th>
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</thead>
<tbody>
<tr>
<td><strong>Fall</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men's Soccer</td>
<td>Will Dunn</td>
<td>Chris Downey</td>
<td>Yes</td>
</tr>
<tr>
<td>Women's Soccer</td>
<td>Kara Gorgos</td>
<td>Brittany Buchheit</td>
<td>Yes</td>
</tr>
<tr>
<td>Volleyball</td>
<td>Jonathan Clark</td>
<td>Noel Zeh</td>
<td>Yes</td>
</tr>
<tr>
<td>M/W X-C</td>
<td>Andrew McNutt</td>
<td>Kara Gorgos / Will Dunn</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Winter</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men's Basketball</td>
<td>Chris Downey</td>
<td>Will Dunn</td>
<td>Yes</td>
</tr>
<tr>
<td>Women's Basketball</td>
<td>Brittany Buchheit</td>
<td>Kara Gorgos</td>
<td>Yes</td>
</tr>
<tr>
<td>Wrestling</td>
<td>Noel Zeh</td>
<td>Will Dunn</td>
<td>Yes</td>
</tr>
<tr>
<td>M/W Indoor Track &amp; Field</td>
<td>Andrew McNutt</td>
<td>Kara Gorgos / Will Dunn</td>
<td>Yes</td>
</tr>
<tr>
<td>Distance</td>
<td>Andrew McNutt</td>
<td>Kara Gorgos / Will Dunn</td>
<td>Yes</td>
</tr>
<tr>
<td>M/W Swimming/Diving</td>
<td>Jonathan Clark</td>
<td>Noel Zeh</td>
<td>No</td>
</tr>
<tr>
<td><strong>Spring</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseball</td>
<td>Alycia Daniels</td>
<td>Chris Downey</td>
<td>Yes</td>
</tr>
<tr>
<td>Softball</td>
<td>Sophie Lovice</td>
<td>Brittany Buchheit</td>
<td>Yes</td>
</tr>
<tr>
<td>M/W Track &amp; Field</td>
<td>Andrew McNutt</td>
<td>Kara Gorgos / Will Dunn</td>
<td>Yes</td>
</tr>
<tr>
<td>Distance</td>
<td>Andrew McNutt</td>
<td>Kara Gorgos / Will Dunn</td>
<td>Yes</td>
</tr>
<tr>
<td>Men's Lacrosse</td>
<td>Will Dunn</td>
<td>Noel Zeh</td>
<td>Yes</td>
</tr>
<tr>
<td>Men's Tennis</td>
<td>Chris Downey</td>
<td>Will Dunn</td>
<td>No</td>
</tr>
<tr>
<td>Women's Lacrosse</td>
<td>Kara Gorgos</td>
<td>Brittany Buchheit</td>
<td>Yes</td>
</tr>
<tr>
<td>Women's Tennis</td>
<td>Brittany Buchheit</td>
<td>Kara Gorgos</td>
<td>No</td>
</tr>
<tr>
<td>Golf</td>
<td>Noel Zeh</td>
<td>Jonathan Clark</td>
<td>No</td>
</tr>
</tbody>
</table>
6.0 HOURS OF OPERATION

Monday - Friday: Events Center Athletic Training Room – 8:30 AM – 6:00 PM
West Gym Athletic Training Room – 2:00 PM – 8:00 PM

OR

Until official practice/events are completed
(Typically one hour after event/practice ends)

Weekend coverage is based on team’s practice and competition schedule. See your team’s Athletic Trainer to coordinate weekend treatment if you are not scheduled to practice or compete.

7.0 RULES, POLICIES AND PROCEDURES

7.1 INTERCOLLEGIATE ATHLETIC MEDICAL ELIGIBILITY

A. All physical examinations for new student-athletes will be scheduled through the Sports Medicine Staff. Head coaches will provide a current roster of all new and returning student-athletes to the Sports Medicine Department in the summer.

New Student-Athletes must accurately complete all medical forms before the examination will be scheduled. Returning student-athletes are required to complete a medical update form before being allowed to participate. These forms will be sent to the student-athlete’s summer addresses.

B. All potential student-athletes must pass a physical examination given by the Binghamton University Team Physician or his/her designee before the candidate is permitted to participate in all athletic activity.

1. Student-Athletes are allowed two weeks from the date of their physical examination to provide any additional medical information requested by the Team Physician.

C. The physical examination is effective for the duration of the student-athlete's athletic career; however, the Team Physician and/or Director of Sports Medicine may re-examine any student-athlete and change the student-athlete’s status at any time should the situation warrant.

D. Candidates with special conditions may be referred to specialists for examination and recommendations.

E. Failure to report special conditions will release Binghamton University from any liability in the event of another injury caused by or related to the unreported condition. Binghamton University will not be held financially responsible for any tests (x-rays included) or referral to specialists to complete a student-athlete’s physical examination. Any tests or referrals are the responsibility of the student-athlete and his/her family insurance.

F. Loss of one of the paired organs (e.g. kidney, eye) or any other condition that is determined by the Team Physician to be detrimental to the student-athlete’s health and
well-being may disqualify a candidate from participation in intercollegiate athletics.

G. Female Student-athletes who become pregnant must notify the Sports Medicine Department at the earliest known date. Continued participation will be determined by the consent of the student-athletes’ OBGYN and the Team Physician. Please see your team’s Athletic Trainer for further information.

7.2 SPORTS MEDICINE RULES
A. The Sports Medicine Staff is here to provide quality care for our student-athletes. Proper conduct is expected.

B. The athletic training room is a co-educational facility. All student-athletes are required to wear shorts and a t-shirt. Jogging bras, swimsuits, etc. are unacceptable attire.

C. Report all injuries and illnesses to an Athletic Trainer.

D. All treatments must be administered by or under the supervision of an Athletic Trainer. It is recommended that all injured student-athletes report for morning and afternoon treatments as directed.

E. Be on time for all treatments. Being late for treatment or a physician’s appointment is unacceptable. Failure to keep appointments will be interpreted as indifference and lack of desire to return quickly to full activity. Reports of tardiness and such indifference will be reported to your head coach.

F. All equipment will be turned on and off by an Athletic Trainer. NO ONE is to self-administer treatment. All equipment and supplies must remain in the athletic training room unless expressly permitted otherwise by an Athletic Trainer. In addition, please stay out of athletic training room cabinets and storage areas.

G. Records of treatment attendance are open to all coaches for review.

H. Student-athletes may not eat or drink in the athletic training room.

I. Coats, uniforms, book bags, etc. are to be placed in the storage areas provided just inside the entrance to the athletic training room.

J. The athletic training room is a medical facility. Please help us in keeping our facility clean. All student-athletes must shower after practice/workouts before receiving treatment. Do not report for treatment in dirty/sweaty practice/game gear. Also, please keep shoes off treatment tables.

K. Please do not use rehabilitation equipment (treadmill, elliptical trainer, etc.) without permission of an Athletic Trainer. This equipment is intended for rehab purposes and not for general conditioning.

L. The athletic training room is not a student-lounge. Please do not loiter while waiting for friends and teammates to finish their rehabilitation/treatment.
7.3 SPORTS MEDICINE COVERAGE
All home athletic events will be covered by a member of the Sports Medicine Staff and every attempt will be made to cover away events with a member of the Sports Medicine Staff. It is the responsibility of the sport to secure proper funding (housing, food, transportation) for the Athletic Trainer during road coverage.

Each coaching staff must send the Director of Sports Medicine their practice/event schedules two weeks in advance to their first practice. Any time alteration to a practice or event must be conveyed to the Sports Medicine Staff at least 48 hours prior to the event (unless due to inclement weather) to avoid not having Athletic Trainer coverage.

7.4 MEDICAL TREATMENT
A. The student-athlete must report all injuries or illnesses occurring as a result of practice or competition to an Athletic Trainer within three days from the occurrence. Binghamton University will not be responsible for payment of charges resulting from injuries/illnesses not reported within this designated time frame.

B. The Athletic Trainer will screen signs and symptoms and provide care; and refer the student-athlete the Team Physician or another physician as necessary.

C. In case of an emergency or medical problem outside of the athletic training room hours, contact your Athletic Trainer for assistance or advice immediately. If unable to contact your Athletic Trainer, contact the Binghamton University Health Services for assistance. If there is a true emergency or life-threatening situation, contact local emergency services by dialing 911. These problems should be immediately referred to the local hospital.

D. Treatments will be given under the direction of the Team Physician and under the supervision of an Athletic Trainer.

E. Binghamton University Health Services has the responsibility for health and welfare of the general student population. The Sports Medicine Department works in a cooperative effort with Health Services to assist with the needs of our intercollegiate student-athletes.

F. NCAA Rules restricts the Binghamton University Sports Medicine Department to care for only those injuries sustained while participating or playing in your selected intercollegiate sport. Binghamton University Sports Medicine is not permitted to provide outside medical treatment for non-athletically related injuries or illnesses.

G. All treatments and physician appointments will be handled under the direction of the Sports Medicine Department. Only the Team Physician and/or the Director of Sports Medicine may refer a student-athlete for outside treatment.

H. Student-Athletes may choose to seek outside treatment or referrals on their own. If this is the case, all costs are the sole responsibility of the student-athlete and their parents/guardians. Binghamton University will not be held responsible. The Sports Medicine staff must be informed of all referrals and/or second opinions. Payment of medical bills must be pre-approved by the Director of Sports Medicine.
7.5 HIPAA POLICY
The federal government passed regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), effective April 14, 2003, which are designed to protect the privacy of health information.

Each student-athlete has been given the opportunity to complete the “Authorization/Consent for disclosure of protected health information" form. This form allows the Binghamton University team physician, and Athletic Trainers to communicate with coaches, administrators, sports information, insurance coordinators, insurance carriers, etc. regarding a student-athlete’s medical status and medical condition. This consent/authorization is valid for six years and may be revoked at any time by the student-athlete.

7.6 ATHLETIC EXCESS INSURANCE POLICY
Binghamton University Athletic Department’s excess athletic insurance policy provides medical insurance coverage for student-athletes with injuries occurring only when participating in the play or practice of intercollegiate athletics. BU's athletic policy is considered “EXCESS” or “SECONDARY” to any other collectible group insurance benefits. Therefore, all claims must first be filed with the student-athletes/parents personal health insurance company. Only after all available benefits have been exhausted will the University’s insurance carrier consider payment for any remaining balances.

Marleen Clark, Sports Medicine Program Assistant, will coordinate our insurance claims. In order for her to process the claim, the attending Athletic Trainer must complete an insurance claim form. The student-athlete and parents must provide the Explanation of benefits (EOB) and itemized medical bills to the Sports Medicine Department. Claims cannot be processed without these items.

It is imperative that all parties cooperate in trying to ensure medical bills are covered by the student-athlete’s primary insurance first. DO NOT RELY ON OUR INSURANCE TO COVER ALL COSTS. Certain services (i.e. MRI’s) may be delayed in order to get approval from insurance carriers. Special circumstances must first be approved by the Director of Sports Medicine. This policy will help alleviate the dilemma of rising insurance premiums.

7.7 PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS POLICY
The Sports Medicine Department can provide over-the-counter (OTC) medications to student-athletes for conditions related to athletic participation. The Sports Medicine Department has only a small supply of OTC medications. The distribution must be logged and signed on the form provided. The cabinet where the OTC medications are stored must be locked at all times. Only Sports Medicine Staff will have access to this cabinet. This policy will be strictly enforced.

1. Prescription medication must be used by the person and the purpose for which it is prescribed and should not be given to anyone not named on the prescription. The Binghamton University Sports Medicine Staff is available and should be consulted for conditions where student-athletes believe medication is needed. DO NOT SHARE MEDS!!
All prescriptions must be either filled at the Health Services or at a pharmacy off-campus. Local Pharmacies:

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Phone Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS</td>
<td>607-772-0656</td>
<td>Pennsylvania Ave.</td>
</tr>
<tr>
<td>CVS</td>
<td>607-722-0354</td>
<td>Upper Front St. - 24 Hours</td>
</tr>
<tr>
<td>Target</td>
<td>607-729-6204</td>
<td>Vestal Parkway</td>
</tr>
<tr>
<td>UHS</td>
<td>607-729-2144</td>
<td>Across St.</td>
</tr>
</tbody>
</table>

2. Over-the-counter (OTC) medication in the athletic training room is limited to the following categories; anti-inflammatory, analgesic, decongestant, anti-histamine, anti-acid/gas, glucose and will be provided on an acute need, temporary (1-3 days) first aid basis only. Please note: any OTC medication received from the athletic training room does not imply a medical diagnosis or constitute medical advice.

3. OTC medication from the athletic training room is provided in single-dose packets, which include the name of medication, dosage, instructions for use, warnings and precautions, expiration date, and lot number pre-printed on them. It is the student-athlete’s responsibility to adhere to the package label information.

4. OTC medications from the athletic training room are provided as a courtesy upon request made to the Athletic Trainer. If you are ill, need medical advice, or need OTC medication on other than a temporary basis, you should contact Binghamton University Student Health Services, UHS walk-in clinics, or seek your own physician or pharmacy assistance.

5. Some prescriptions, OTC medications, dietary supplements, and energy food additives may contain substances banned by the NCAA. Steroids, Ephedra, high concentrations of caffeinated drinks (Red Bull) and some anti-asthma medications (primatene and corticosteroids) are types of NCAA banned substances.

In order to prevent unintended consequence, please consult with an Athletic Trainer, or obtain further educational information on NCAA banned substances and supplement warnings, please refer to the NCAA website at www.ncaa.org/health-safety, or the Drug Free Sports Resource Exchange Center at www.drugfreesport.com/rec and enter Division I, password ncaa1 about any medications or supplements you are taking or thinking of taking.

7.8 EQUIPMENT USAGE

Equipment issued to student-athletes must be returned at the end of each playing season. Water/ice coolers are to be issued by Athletic Trainers only. Please make sure all coolers are returned promptly and in clean condition.

7.9 CUSTOM MOUTH GUARDS

The Sports Medicine Department offers all student-athletes the opportunity to be fitted for a custom fit mouth guard. An appointment must be made during the morning hours in order for a dental impression to be made. If the student-athlete loses their custom mouthpiece, they will be responsible for the cost of replacing it.
7.10 BODY FAT TESTING
It is the policy of this department that we will not allow any staff member to mandate any body fat testing for their team in its entirety. The Wrestling program would be the obvious exception to this, as that program is required to test body fat for NCAA certification purposes. Coaches or other staff are allowed to request mandated testing of specific athletes if extreme health concerns are present, both for over-fat and under-fat concerns. Staff members should consult with the Director of Sports Medicine if such a request becomes necessary. Staff members are allowed to make body fat testing available to their team as a whole, but without mandating it.

7.11 BODY JEWELRY POLICY
NCAA rules prohibit student-athletes from wearing any visible jewelry for all practices and competition. This includes but is not limited to: earrings, necklaces, watches, finger and toe rings, and navel, nose, eyebrow, and tongue piercings. The use of jewelry during athletic participation can result in serious injury to you, your teammates, and/or your opponents.

7.12 VISITING TEAM PRIVILEGES
All visiting teams will be provided with coverage by a member of the Sports Medicine Staff. The visiting team locker room will be provided with a taping/treatment table, hydrocollator, ice, water and cups, and courtesy supplies for use by the visiting team Athletic Trainer.

The Sports Medicine Staff cannot perform any treatments consisting of electrical modalities without a written prescription or plan of care from a Physician or Certified Athletic Trainer.

Informational brochures will be sent out to each visiting team outlining the services that we will be provided. It is our goal to provide first class care and hospitality to all visiting teams and Athletic Trainers that visit Binghamton University. Please introduce yourself to all Athletic Trainers and assist them in any way possible.

8.0 DIETARY SUPPLEMENT INFORMATION
A list of banned-drug classes is provided and updated by the NCAA. This list is subject to change by the NCAA Executive Committee. Contact NCAA education services or https://www.ncaa.org/2017-18-ncaa-banned.drugs.list for the current list of banned-drug classes. For further information, student-athletes or coaches should contact the Sports Medicine and/or Strength and Conditioning Departments.

The following information is provided by the NCAA: Many nutritional/dietary supplements contain NCAA banned substances. In addition, the U.S. Food and Drug Administration purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. **The use of supplements is at the student-athlete’s own risk.**
9.0 SUBSTANCE ABUSE SCREENING AND DETERRENCE PROGRAM

The Department of Intercollegiate Athletics at Binghamton University believes that the use of controlled substances and performance enhancing drugs represents a danger to the health and careers of student-athletes and constitutes a threat to the integrity of intercollegiate athletics. Additionally, use or abuse of drugs can be extremely injurious to student-athletes and their teammates particularly when participating in athletic competition and/or practice.

Therefore, the department has implemented a mandatory program of drug education, screening and treatment (counseling/rehabilitation) to assist and benefit student-athletes at BU. The program seeks to protect student-athletes at BU from the risks and dangers of drug abuse through such measures as interventions and sanctions for violations of policy.

The goals of the Screening and Education Program include enhancing the health and well-being of all student-athletes while educating and safeguarding all participants in BU programs. In that BU believes that substance abuse can be both physically and emotionally destructive to student-athletes at any time during their careers. Substance abuse screening is randomly performed throughout the year regardless of whether student-athletes are in or out of season.

ATHLETIC DRUG ADVISORY COMMITTEE

The Athletic Drug Advisory Committee supervises the Substance Abuse Screening and Education Program. The committee is comprised of: The Athletic Director (or designee), Associate Athletic Director / Sport Programs, Sr. Associate for Student Services (or designee), Director of Sports Medicine (or Sports Medicine Staff designee), Head Strength and Conditioning coach, and representative(s) of the BU coaching staff.

A designee from BU’s Sports Medicine Area serves as the Substance Abuse Screening and Education Program coordinator and works closely with the Athletic Drug Advisory Committee. The Sports Medicine staff will collect and maintain the Substance Abuse Screening and Education Program Consent Form. The program coordinator will serve as the clearinghouse for all communications between the contracted laboratory and the Advisory Committee.

PROHIBITED SUBSTANCES

The use of the following substances are prohibited before, during, and after the sport season, except as prescribed by a physician qualified to treat the medical condition for which the prescription is made: Stimulants, Amphetamines, Barbiturates, Phencyclidine, Benzodiazepines, Cannabinoid, Synthetic Marijuana, Anabolic Steroids, Methaqualone, Cocaine, and Opiates.

PROCEDURES

Informed Consent: Student-athletes are asked to sign an “Informed Consent” waiver giving the BU Department for Intercollegiate Athletics permission to screen for banned substances. This consent expires at the end of the student-athlete’s athletic eligibility or six (6) years from the date it is signed.

Selection for Screening:

1. Institutional Random - Randomized individual and team screening will be performed throughout the year. Official team rosters will be maintained in the Athletic Compliance Office. The rosters will be provided to the contracted laboratory for the purpose of composing a list of student-athletes eligible to be randomly computer selected for screening. This random computerized list will be generated at various times throughout the year.
2. **Institutional Reasonable Cause** - In addition to random drug testing, Binghamton University Department for Intercollegiate Athletics reserves the right to screen a student-athlete anytime there is a reasonable cause that he/she may be engaged in the use of banned substances.

The term “reasonable cause” means, that information has been given to a member of the coaching staff, Sports Medicine Department, and/or athletics administrator, in good faith, from a reliable source or sources regarding a student-athlete’s use of banned substances. Furthermore, a student-athlete’s possession or use of a prohibited substance, arrest or conviction related to the possession of, use or trafficking of banned substances, and or abnormal conduct interpretable as being caused by the use of banned substances, all rise to the level of reasonable suspicion.

3. **Team Testing** - In addition to randomized testing, head coaches have the option of drug testing all members of their teams at their discretion. All expenses from team testing will be at the expense of that team’s budget. The head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges, travel, and/or termination of some or all future athletics financial aid as the result of a positive drug testing result.

4. **NCAA Championship / Post-Season Play** - Testing in the event of an individual or team qualifying for NCAA Championship competition, the individual or team is subject to drug testing prior to NCAA championship. A positive drug test prior to NCAA competition may result in immediate suspension from any further athletic participation for the current athletic season effective immediately, regardless of the number of past penalties. Final decision on penalties imposed will be made by the Athletic Drug Advisory Committee.

**Urine Collection** Members of the Sports Medicine Staff will collect urine samples and provide them to the contracted laboratory for analysis.

**Failure to Appear or Tampering:** Failure to appear or to produce an acceptable sample as identified by the contracted laboratory shall be considered a positive test result. Any attempt to circumvent the established screening protocols shall also be considered a positive test result. Cooperation of the student-athlete is defined as ingestion of 8 ounces of fluids every 15 minutes until an acceptable sample is produced. Uncooperative behavior will be treated as an attempt to circumvent and therefore result in a positive test result. Any evidence of tampering with or falsifying a sample will result in a positive test result.

**Confidentiality:** Identification of those participating in the urinalysis and all results will be strictly confidential. The contracted laboratory will notify the designated member of the Athletic Drug Advisory Committee of all results. That person will be the only person capable of matching positive test results with individual identification numbers.

**RESULTS**

In accordance with the purpose of this program, it will be assumed that all student-athletes will test negative to the drugs listed on the banned substances list. There will be no maximum number of times that each student-athlete may be tested during his or her career at BU. If a student-athlete does have a positive result from a urine test, then he or she will be placed on an active list and then may be randomly tested for the remainder of their career.

**First Positive Result:** If an individual’s sample tests positive, the contracted laboratory will retest the sample immediately to assure there is no error in the result. If a positive result is verified, an Athletic Drug Advisory Committee representative from BU’s Sports Medicine Area will be notified by the
laboratory. The Director of Sports Medicine will hand deliver a letter with notification of a positive result to the Athletic Director and Associate Athletic Director / Sport Programs. The Director of Sports Medicine will notify the student-athlete via a letter of the positive result. A copy of this letter will be forwarded to the Athletic Director and, the student-athlete’s Head Coach. The student will be directed to arrange a meeting with the Director of Sports Medicine within 3 days of notification. The student-athlete will begin attending intervention and education programming at the direction of the Director of Sports Medicine. Any positive test will result in a retest.

Failure to comply or refusal to participate with the counseling program set forth above will result in the immediate contact of the student-athlete’s Head Coach and disqualification from all athletic participation until the above guidelines are met.

The Student-athlete’s head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges, travel, and/or termination of some or all future athletics financial aid.

Second Positive Result: If an individual’s sample tests positive, the contracted laboratory will retest the sample immediately to assure there is no error in the result. If a positive result is verified, an Athletic Drug Advisory Committee representative from BU’s Sports Medicine Area will be notified by the laboratory. The Director of Sports Medicine will hand deliver a letter with notification of a positive result to the Athletic Director and Associate Athletic Director / Sport Programs. The Director of Sports Medicine will notify the student-athlete via a letter of the positive result. A copy of this letter will be forwarded to the Athletic Director, the student-athlete’s Head Coach. The student will be directed to arrange a meeting with the Director of Sports Medicine within 3 days of notification. The student-athlete will begin attending intervention and education programming at the direction of the Director of Sports Medicine. Any positive test will result in a retest.

Failure to comply or refusal to participate with the counseling program set forth above will result in the immediate contact of the student-athlete’s Head Coach and disqualification from all athletic participation until the above guidelines are met.

Additionally, the student-athlete shall be suspended immediately from competing, including all contest related activity. This suspension will last for approximately 20% of the scheduled and completed intercollegiate contests. The suspensions will be for those contests during the segment of the playing season that ends with an NCAA Championship or for any contests used to qualify for conference or NCAA post-season competition. Scrimmages and/or exhibitions (e.g. alumni games, foreign tours) shall not qualify as contests with reference to satisfying suspensions. Furthermore, contests that would generally qualify for the satisfaction of penalties but are not played for any reason may not be included. The number of games/competitions/matches for which the student-athlete will be suspended varies from sport to sport. Standard rounding procedures should be used when calculating a withholding penalty for a positive drug test. For example, 2.4 and below equals 2, and 2.5 and above equals 3. The period of suspension will carry over from season to season. Examples: (1) If the period of suspension is not concluded by the end of the regular season, the period of suspension will carry over to the conference and/or NCAA tournament contests; (2) If the period of suspension is not completed by the end of the segment of the playing season that ends with an NCAA Championship, the suspension will carry over to the next playing season that ends with an NCAA Championship.

Note: Student-athlete penalties will be assessed based on the scheduled contests for the sport(s) in which the student-athlete was on the roster at the time of the test. Any subsequent rosters to which the student-athlete is added during that year may lead to an increase in sanctions.
The Student-athlete’s head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges, travel, and/or termination of some or all future athletics financial aid.

**Third Positive Result**: If an individual's sample tests positive, the contracted laboratory will retest the sample immediately to assure there is no error in the result. If a positive result is verified, an Athletic Drug Advisory Committee representative from BU’s Sports Medicine Area will be notified by the laboratory. The Director of Sports Medicine will hand deliver a letter to the Assistant Director, Leadership/Student Services notifying them of the positive result. A copy of that letter will also be forwarded to all members of the Drug Advisory Committee.

A meeting of the student-athlete, Head Coach, and Athletic Director (or designee) will be arranged. At this meeting the student-athlete will be advised that he/she will be suspended from any further participation, effective immediately, and this suspension shall continue through the next academic semester. The continuance of any athletically related financial aid during the period of suspension shall be at the discretion of the Athletic Drug Advisory Committee and the Athletic Director (or his designee). The student-athlete will be referred for appropriate rehabilitation. In order to be considered for reinstatement, the student-athlete will have to undergo a fourth drug screening at the conclusion of the suspension period. If the results are positive, the student-athlete will no longer be eligible for participation in the Binghamton University Athletic Program. If the results are negative, the athletics eligibility shall be restored at the recommendation of the Athletic Drug Advisory Committee and the Athletic Director (or his designee).

The Student-athlete’s head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges, travel, and/or termination of some or all future athletics financial aid.

**Effect of Negative Result in Retesting to Confirm a Positive Result**. When the result of any retest for confirmation of a positive test is negative, it shall be assumed that the immediately prior positive result was an error, and that the prior test shall be treated as no violation.

**CONVICTIONS**
Any conviction of a drug related incident, whether on or off campus, will be considered a first violation of the Department of Intercollegiate Athletics Substance Abuse Screening and Education Program. Any subsequent incidents or involvements will be considered a second and/or third violation as outlined in the above mentioned policy.

**APPEALS AND REINSTATEMENT**
Student-athletes who test positive will be entitled to appeal the results of the findings before the Athletic Director (or designee) prior to the imposition of any sanction. Request for such a hearing must be made within 48 hours of notification of the positive drug test result. The hearing will be held no later than 96 hours after the request. An extension may be granted upon showing of good cause. The student-athlete will be informed of a decision within 24 hours of the hearing.
**10.0 PREGNANT STUDENT-ATHLETE PROTOCOL**

This policy for pregnant student-athletes has been established for the protection of Binghamton University female student-athletes and their developing child. Student-athletes are required to inform the Binghamton University Sports Medicine Department Staff of their pregnancy at the earliest date known. The Binghamton University Sports Medicine Department will then notify the Director of Athletics and the appropriate Head Coach.

The American College of Obstetrics and Gynecology (ACOG) has recommended that following a thorough clinical evaluation, healthy pregnant women should be encouraged to engage in regular, moderate intensity, physical activity. The safety to participate in each sport must be dictated by the movements and physical demands required to compete in that sport. The American College of Sports Medicine discourages heavy weight lifting or similar activities that require heavy straining. High intensity exercise required for competitions in nearly all sports has not been well studied and may increase fetal risk. (NCAA Sports Medicine Handbook 2013-2014).

The pregnant student-athlete will be permitted to participate athletically provided they present written consent from their OBGYN detailing the magnitude and extent of allowable participation. Additionally, the student-athlete’s participation must be approved by Binghamton University’s Team Physician. All medical costs that are a result of the pregnancy will remain responsibility of the student-athlete.

The risks and benefits of athletic participation by the pregnant student-athlete will be determined on an individual basis by the student-athletes’ OBGYN and the BU Team Physician. In cases where there is disagreement, the decision of the Binghamton University Team Physician will prevail. This decision will include the effects of pregnancy on competitive ability, the effects of strenuous physical training and competition on both the pregnant student-athlete and the fetus, and the warning signs to terminate exercise while pregnant.

Warning signs to terminate athletic participation and/or exercise include but are not limited to:

- Vaginal bleeding
- Shortness of breath prior to exercise
- Chest pain
- Calf pain or swelling
- Pre-term labor
- Decreased fetal movement
- Amniotic fluid leakage

**Athletic scholarship for the current year will not be revoked due to the pregnancy. Consideration of future athletic scholarship will be at the discretion of the Sport Administrator.**
11.0 SEVERE WEATHER GUIDELINES

Severe weather includes but is not limited to: heavy rain, blizzard conditions, hail, extreme cold (wind chill index below 0 degrees F), extreme heat (heat index above 104 degrees F), tornado and lightning (WeatherSentry® alert of 0-8 miles or flash to bang interval of less than 30 seconds).

Game officials (following NCAA rules) will determine if a contest will be delayed due to weather. In the event of lightning, the officials will be notified if the lightning detector has a reading of 0-8 miles.

In the event of severe weather ALL Binghamton University Athletic Department outdoor practices will be discontinued and the participants instructed to enter the nearest solid structure.

Practice Decision Making Procedures

It will be the responsibility of the Head Coach or the Coach in Charge and an assigned Sports Medicine Staff member (if present) at the practice to monitor the weather conditions. The Athletic Trainer will make recommendations to the Head Coach or the Coach in Charge regarding the discontinuation of practice. The decision to discontinue practice will be made by the Athletic Trainer or by the Head Coach or the Coach in Charge in the absence of the Athletic Trainer.

Competition Decision Making Procedures

The Binghamton University athletic training staff will notify athletics administration, the coaching staff and the officials about potential unsafe conditions and assist in making the decision to delay or cancel the contest. The athletic training staff will also assist in deciding what type of modifications would be most appropriate for specific temperature conditions.

Decision for cancelation.

In the event where the weather for an upcoming contest requires a cancelation or a time adjustment, that decision should be made within a reasonable time prior to the contest start. The decision to delay or cancel the contest should be made by the administration, in consultation with the athletic training staff. Binghamton University Athletics will make every attempt to make that decision prior to the departure of the visiting team from their campus. The Binghamton University Athletics administration should contact the visiting team’s administration, the officials, and the America East sport administrator regarding the delay or cancelation. At the time of the decision, the host institution should refer to the temperature that is projected for the duration of the contest and utilize that information in the final decision. In sports where the contests span multiple days (e.g. baseball, softball), decisions should be made individually for each separate contest.

Changes during competition.

In an event where the temperature during the contest either decreases (in cold) or increases (in heat) beyond the thresholds listed in Table 1 and Table 2 below, the athletic training staff and the designated game administrator will monitor closely. The contest shall continue, within reason and assuming the absence of an event (e.g. rainstorm, snowstorm, relative humidity increase) that causes a substantial change in temperature. If the conditions change in such a manner and the participants’ health and safety are at risk, the Binghamton University athletic training staff and home game administrator in conjunction with the head official, should decide to delay or discontinue the contest.

11.1 COLD EXPOSURE GUIDELINES

Temperature is a measure of the heat of a substance. When the forecaster tells you how warm or cold it is going to be outside, he or she is generally referring to the temperature of the air close to the surface of the Earth. Temperature alone will not tell you how cold you'll feel when you get outside, especially if the is wind blowing.
Why should we care about wind chill? A lower wind chill can increase the rate at which certain cold-weather dangers, such as frostbite and hypothermia can develop. There are precautions that we can take to avoid them when outside in extreme weather, such as wearing proper clothing and using appropriate equipment. You can also check yourself regularly for wet or cold areas on your body while outside in extreme weather, or use the buddy system to look for signs of danger and rewarm body parts as needed.

Here are some of the conditions that can lead to hypothermia:

- Cold temperatures
- Improper dress/equipment
- Wetness
- Poor food intake
- Prolonged exposure
- Exposed skin

The severity of hypothermia can vary, depending on how low the core body temperature gets. There are specific signs and symptoms to look for. The condition worsens as the core body temperature lowers.

**Mild Hypothermia** (core body temperature ranges from 99-95 degrees F):
- Involuntary shivering
- Inability to perform complex motor functions (such as skiing)

**Moderate Hypothermia** (core body temperature ranges from 95-90 degrees F):
- Slurred speech
- Violent shivering
- Dazed consciousness
- Irrational behavior
- Loss of fine motor coordination

**Severe Hypothermia** (core body temperature ranges from 90-75 degrees F):
- Pupils are dilated
- Skin is pale
- Pulse rate decreases
- Muscle rigidity develops
- Shivering occurs in waves, it is violent and then pauses; the pauses eventually grow longer and longer until shivering ceases
- Person falls to the ground and cannot walk; may curl into a fetal position to conserve heat
- Person loses consciousness, heartbeat and respiration are erratic
- Cardiac and respiratory failure, then death

In cold weather temperatures proper layered clothing should be worn and encouraged by Binghamton University Athletics department staff and coaches. These include:

- Layers around the core of the body, especially for individuals that are not active.
- Long pants designed to insulate. Cotton sweatpants are excellent. On very cold days a nylon shell or wind pant can be worn on top of them for wind break.
- Long sleeve shirt/sweatshirt/coat designed to insulate and break the wind.
- Gloves
- Ear protection/Hat or helmet.
• Face protection.
• Wicking socks that do not hold moisture inside. Wool is excellent. Cotton absorbs and holds in moisture.

Clothing should be **layered** to allow adjustments as activity level may increase and decrease within a practice which may elevate or drop body temperature. The first layer of clothing should wick sweat and moisture away from the body. The top layers should act as insulators to trap heat and block wind.

In addition to the above guidelines, it is recommended that additional directives are given to student-athletes:

• Cold exposure/activity requires more energy from a body. Additional calorie intake may be required.
• Cold exposure/activity requires similar hydration to room temperature; however, the thirst reflex is not activated. Conscious efforts before and after practice to hydrate should be initiated.
• **Never train alone.** A simple ankle sprain in cold weather may become life threatening!
• Student-athletes should be instructed on signs of cold stress (wind chill, frostbite and hypothermia). Fatigue, confusion, slurred speech, red or painful extremities, swollen extremities, blurred vision, red watery eyes, dizziness, headache, numbness, tingling of skin and extremities, shivering, uncontrollable shivering etc. are a few warning signs of cold stress.

![NWS Windchill Chart](http://forecast.weather.gov/MapClick.php?lat=42.054746794130324&lon=-76.04914288213752#.V4_TnzWANBc)

Web site that will calculate the wind chill for you:
http://forecast.weather.gov/MapClick.php?lat=42.054746794130324&lon=-76.04914288213752#.V4_TnzWANBc
**Practice Guidelines**
The following guidelines have been established for Binghamton University Athletics practice participation:

**Outside participation limited to 45 minutes:**
When the temperature or wind chill (real feel temperature) is 15°F – 1°F.

**Termination of outside participation:**
When the temperature or wind chill (real feel temperature) is 0°F or below.

**Competition Guidelines**
The following guidelines have been established for Binghamton University Athletics competitions:

If cold weather for an event is anticipated communication between involved institutions should occur in advance of the event to allow for appropriate planning. Decisions for event modification should be based on the recommendations in Table 1.

**Table 1**

<table>
<thead>
<tr>
<th>Sport(s)</th>
<th>Temperature (°F wind chill index)</th>
<th>Policy</th>
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</thead>
<tbody>
<tr>
<td>Soccer</td>
<td>&lt;5°</td>
<td>Cancel event</td>
</tr>
<tr>
<td>Field Hockey</td>
<td>5-20°</td>
<td>Shorter introductions; longer halftime; use portable heaters (if appropriate / available)</td>
</tr>
<tr>
<td>Cross Country</td>
<td>&gt;20°</td>
<td>Standard precautions</td>
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<tr>
<td>Lacrosse</td>
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<tr>
<td>Track &amp; Field</td>
<td>&lt;32°</td>
<td>Cancel event</td>
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<tr>
<td>Baseball</td>
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<tr>
<td>Softball</td>
<td>≥32°</td>
<td>Standard precautions (Use portable heaters, if appropriate / available)</td>
</tr>
</tbody>
</table>

Other practical considerations include:

- If there are blizzard conditions (defined as a storm which contains large amounts of snow or blowing snow, with winds in excess of 35 mph and visibilities of less than quarter mile for an extended period of time) and/or the outdoor playing surface is not adequately prepared, then the event should be canceled (adequately prepared would have the surface free of snow and ice).
- If the conditions prevent a student-athlete from control of their limbs, then activity should be canceled or modified to take place inside if possible.
- If the temperature appears high enough to allow outdoor participation, but a student-athletes begins to have signs or symptoms of a cold injury, then they must return indoors to re-warm the body.
- Allow for additional layers of clothing or protective gear consistent with rules of play.
- Rainy or wet conditions warrant a higher degree of precaution and potentially a more conservative recommendation for activity modification.
11.2 HEAT EXPOSURE GUIDELINES
Staff and coaches must watch student-athletes carefully for signs of trouble, particularly athletes who lose too much weight, overweight student-athletes, and the eager student-athletes who constantly competes at top capacity. Be aware of trouble signs such as nausea, incoherence, fatigue, weakness, vomiting, cramps, weak/rapid pulse, visual disturbances and unsteadiness.

Staff and coaches must know what to do in case of an emergency. They should be familiar with immediate first aid practices and prearrange procedures for obtaining medical care, including ambulance service.

Staff and coaches must know both the temperature and humidity of the activity location. The greater the humidity the more difficult it is for the body to cool itself.

Wet Bulb Globe Temperature (WBGT) is considered the gold standard for evaluation to assess level of heat risk. In the event WBGT is not readily available, the Temperature-Humidity Activity Index will be used.

If any student-athlete is noted to having difficulties in the heat, activity should be closely monitored or cancelled because others are likely also to have difficulties.

Signs and Symptoms of Heat Illness:
- Headache
- Dizziness
- Rapid pulse
- Nausea/Vomiting/Diarrhea
- Skin is flushed/cool and pale
- Disoriented/confusion
- Shallow breathing
- Muscle cramping
- Red, dry skin
- Seizures
- Loss of consciousness/Collapse
- Unusual behavior/Irritability

It is recommended that any student-athlete who collapses or demonstrates multiple signs and symptoms should have core body temperature checked by a rectal thermometer; if not available, oral, skin, and ear thermometers are acceptable. These student-athletes should be sent to the emergency room for evaluation.

**Exertional Heat Exhaustion:** Defined as an elevated core body temperature between 102-104 degrees F. This condition is not as severe as heatstroke but if left untreated it can progress to heat stroke. Initiate cooling immediately. No return to activity

**Exertional Heat Stroke:** Defined as core body temperature >104 degrees F. Delay in recognition/treatment could be fatal. Initiate Emergency Action Plan immediately.
### Heat Index Calculations

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</table>

(RELATIVE HUMIDITY)

Web site that will calculate the heat index for you:
http://forecast.weather.gov/MapClick.php?lat=42.05476794130324&lon=-76.04914288213752#.V4_TnzWANBc
## Practice Guidelines
The following guidelines have been established for Binghamton University Athletics practice participation:

<table>
<thead>
<tr>
<th>HEAT INDEX</th>
<th>88-95</th>
<th>96-99</th>
<th>100-104</th>
<th>Above 104</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBGT</td>
<td>82-83.9</td>
<td>84-85.9</td>
<td>86-89.9</td>
<td>Above 90</td>
</tr>
<tr>
<td>Provide ample amounts of water</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⭐️</td>
<td></td>
</tr>
<tr>
<td>10 min Mandatory water breaks every 30 min</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⭐️</td>
<td></td>
</tr>
<tr>
<td>Ice-Down towels for cooling</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⭐️</td>
<td></td>
</tr>
<tr>
<td>Watch/Monitor athletes carefully for necessary action</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⭐️</td>
<td></td>
</tr>
<tr>
<td>Alter uniform by removing items if possible</td>
<td></td>
<td></td>
<td>⭐️</td>
<td></td>
</tr>
<tr>
<td>Allow for changes to dry t-shirts and shorts</td>
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<td>⭐️</td>
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<tr>
<td>Recommend moving practices before 10:00 am or after 5:00 pm</td>
<td></td>
<td></td>
<td>⭐️</td>
<td></td>
</tr>
<tr>
<td>Reduce time of outside activity as well as indoor activity if air condition is unavailable</td>
<td></td>
<td></td>
<td>⭐️</td>
<td></td>
</tr>
<tr>
<td><strong>NO OUTDOOR ACTIVITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td>⭐️</td>
</tr>
</tbody>
</table>

*Special considerations for contact sports and activities with additional equipment.*

**Heat Index greater than 95:**
1. Helmets and other possible equipment removed while not involved in contact.
2. Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index.

**Heat Index greater than 100:**
1. Helmets and other possible equipment removed if not involved in contact or necessary for safety.
2. If necessary for safety, suspend activity.
3. Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index.

**Heat Index greater than 104:**
NO OUTDOOR ACTIVITIES
**Competition Guidelines**
The following guidelines have been established for Binghamton University Athletics competitions:

If hot weather for an event is anticipated communication between involved institutions should occur in advance of the event to allow for appropriate planning. Decisions for event modification should be based on the recommendations in Table 2.

**Table 2**

<table>
<thead>
<tr>
<th>Sport(s)</th>
<th>WBGT (°F)</th>
<th>Heat Index (°F)</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soccer Women’s Lacrosse</td>
<td>&gt;90°</td>
<td>&gt;104°</td>
<td>Cancel event</td>
</tr>
<tr>
<td></td>
<td>82° - 89.9°</td>
<td>90° - 104°</td>
<td>Increase half-time; allow water break mid-way through each half</td>
</tr>
<tr>
<td>Cross Country Field Hockey Track &amp; Field Men’s Lacrosse Baseball Softball</td>
<td>&gt;90°</td>
<td>&gt;104°</td>
<td>Cancel event</td>
</tr>
<tr>
<td></td>
<td>82° - 89.9°</td>
<td>90° - 104°</td>
<td>Refer to “Heat Procedures” listed below and proceed with caution</td>
</tr>
</tbody>
</table>

The Binghamton University athletic training staff will be responsible for the following preparation in the event the WBGT reaches 82-89.9°F, or if using Heat Index, 90-104°F:

**Preparation of Athletic Training Facilities**
- Ice / Water / Electrolyte Beverages
- Ice towels
- IV fluid station set up
- Ice tubs
- Temperature / Humidity monitoring program
- Transportation readily available (Gator, golf cart or van)
- Review / Revision of emergency action plans

**Field Preparation**
- Ice / Water / Electrolyte beverages
- Ice towels
- Coolers / Water bottles
- Dry towels
- “Cool area” / shaded area / fans
- Emergency equipment (AED, rectal thermometer, gator / van, etc.)
- IV preparation
- Rectal thermometer available on field for continuous monitoring

**During Competition**
- Monitor temperature and humidity during competition
- Communication with coaching staff:
  - Temperature and humidity
- Competition modifications (extra breaks, time, etc.)
- Heat illness recognition
- Communicate with student-athletes:
  - Heat illness recognition
  - Appropriate Hydration
  - Use of ice towels
  - Dry off as much as possible
- Ice / Water / Ice towel availability
- Electrolyte availability
- Physician communication as needed
- Use tent / Cool area / Fans as needed
- Use cold tubs as needed

11.3 LIGHTNING POLICY

It is in the understanding that outdoor sports pose a risk of a lightning strike with inclement weather. To monitor lightning, the Athletic Training staff will utilize WeatherSentry® and/or The Flash-Bang method.

**General Policy**
The head coach or assistant coach, if the head coach is not present, of that particular team is responsible to monitor and make the decision to suspend activity in the event of lightning. Exceptions are made during competition when officials are responsible to make the decision to suspend activity. The decision to suspend activity should be based on:

- WeatherSentry® - A Lightning Detector
- Utilizing the Flash-to-Bang method revealing lightning within 8 miles.

**Prior to Competition**
A member of the Sports Medicine Staff will meet with officials to explain our lightning policy.

**Suspension of Event Announcement**
Once it is determined that there is a possibility of a lightning strike, the officials will summon all student-athletes from the playing field or court (via horn, whistle, or announcement).

**Evacuation of the Playing Field**
Immediately following the announcement by officials for suspension of play, all student-athletes, coaches, officials, and support personnel are to evacuate to an enclosed grounded structure.

If no safe structure or location is within a reasonable distance, personnel should seek a flat area and assume the “lightning-safe” position (a crouched position in the ground with the feet together, weight on the balls of the feet, head lowered, and your ears covered). DO NOT LIE FLAT! Stay in this position until the storm passes.

**Evacuation of Stands**
Once officials have signaled to suspend activity, a member of the Athletic Communications Staff will make a PA announcement that fans are advised to immediately seek shelter.
Specific Venue Lightning Structures:
Baseball Field – Evacuate to the Events Center
Softball Field – Evacuate to the Events Center
Tennis Courts – Evacuate to the Gazebo or Events Center
Bearcat Sports Complex – Evacuate to the Events Center
East Gym Fields/Track – Evacuate to the East Gym

Resumption of Activity
Activity may resume once officials give permission for home events or the Athletic Trainer in charge gives permission for practice. The decision will be based on:
- At least 30 minutes have passed the last lightning flash or last sound of the thunder.
- Each time lightning is observed and/or thunder is heard, the 30-minute clock is reset.
- Consideration at night must also be considered as lightning can be seen at a farther distance.

Pre-Hospital Care of Victims of a Lightning Strike
- Lightning-strike victims do not remain connected to a power source and do not carry an electric charge; therefore, it is safe to touch the victim to move him/her to a safe location and to render medical attention.
- During an ongoing storm, lightning activity poses a deadly hazard to personnel responding to the victim. Personnel must consider his/her personal safety before putting themselves into a dangerous situation.
- First priority is to move the victim to a safe location.
- It is critical to initiate CPR and AED care as soon as safely possible.
- Treat the most critical victims first.
- Lightning strike victims should be evaluated and treated for hypothermia, shock, fractures, and burns.

Other Lightning Safety Tips
- There should be no contact with metal objects (bleachers, fences, bats, sticks, etc.)
- Standing next to single trees or in a group should be avoided.
- If there is no other shelter, you may seek refuge in a hard top vehicle. It is not the rubber tires that protect from lightning; it is the hard top metal roof that dissipates the lightning around the vehicle (NCAA, 1999).
- DO NOT LIE FLAT ON THE GROUND!
- Avoid using a landline telephone, taking showers and using plumbing facilities (including indoor and outdoor pools, jacuzzis and hot tubs).

Flash-to-Bang Method
- Begin counting (one, one thousand, two one thousand…) as soon as a lightning flash is seen
- Stop counting as soon as you hear the bang of thunder
- Take this number and divide it by 5
- This will give you an approximation of the distance, in miles, that lightning is from the practice/game area
- EXAMPLE: You see a flash of lightning and begin counting to 45 seconds. 45 divided by 5 = 9. This means lightning would approximately be 9 miles away.
12.0 CONCUSSION SAFETY PROTOCOL

The Binghamton University Sports Medicine Department recognizes that head injuries, particularly sport-induced concussions, pose a significant health risk for those student-athletes participating in intercollegiate athletics at the University. Consequently, Binghamton University has implemented policies and procedures to assess and identify those student-athletes who have suffered a concussion.

These policies and procedures are directed and overseen by the Team Physicians for Binghamton University Athletics. The Team Physician(s) or designee has final say over all return-to-play decisions. The following components have been identified by the NCAA as a recommended best practice for a Concussion / Traumatic Brain Injury Management Plan.

What is a Concussion?
Concussions are the most common form of head injury suffered by student athletes. Current medical consensus is that a concussion is a brain injury induced by biomechanical forces and causing a complex pathophysiological process that transiently disrupts brain function. A concussion can be caused directly by an impact to the head or indirectly from forces transmitted from an impact to the body. When a student-athlete sustains a concussion, linear and/or rotational acceleration forces cause microscopic damage to brain tissue, which in turn initiates a biochemical cascade. Together, these cause the symptoms of a concussion.

Just as the brain is responsible for a wide variety of functions, concussions can present with a wide variety of symptoms. Most concussions do not cause a loss of consciousness. The most common symptoms are headache, dizziness, and photophobia. Sometimes symptoms begin immediately after the concussion while other times symptom onset is delayed. The time frame for recovery from concussion varies substantially, and although there are some prognostic factors, there is no reliable way to predict how long it will take to recover from a concussion.

Some Signs and Symptoms:

<table>
<thead>
<tr>
<th>Signs:</th>
<th>Symptoms:</th>
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</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td>Nausea</td>
</tr>
<tr>
<td>Inappropriate playing behavior</td>
<td>Dizziness</td>
</tr>
<tr>
<td>Decreased playing ability</td>
<td>Confusion</td>
</tr>
<tr>
<td>Inability to perform daily activities</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Cognitive and memory dysfunction</td>
<td>Headaches</td>
</tr>
<tr>
<td>Sleep disturbances</td>
<td>Irritability</td>
</tr>
<tr>
<td>Vacant stare</td>
<td>Disorientation</td>
</tr>
<tr>
<td>Loss of bowel and/or bladder control</td>
<td>Seeing bright lights/stars</td>
</tr>
<tr>
<td>Personality change</td>
<td>Feeling of being stunned</td>
</tr>
<tr>
<td>Unsteadiness of gait</td>
<td>Depression</td>
</tr>
<tr>
<td>Slurred/incoherent speech</td>
<td>Ringing in the ears</td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>Reduced attention</td>
<td>Light headedness</td>
</tr>
</tbody>
</table>

Notification of Injury/Symptoms:
Due to the serious nature of this injury and potential dangerous results of returning to activity, concussions need to be recognized and diagnosed as soon as possible. It is required that student-athletes be truthful and forthcoming about their symptoms as soon as they are present. If/when he or she is diagnosed with a concussion, the student-athlete must report symptoms each day until he or she is cleared for full activity by the Team Physician or designee.
Concussion Education:
In accordance with NCAA recommendations; Student-Athletes, Coaches, Director of Athletics and Sports Medicine personnel will be annually presented with educational materials that provide information about the mechanisms of head injury, as well as the signs and symptoms of a concussion.
Subsequently, it will be required that all student-athletes sign the Binghamton University Assumption of Risk Form, which acknowledges the responsibility for truthfully reporting of his or her injuries and illnesses, including signs and symptoms of a concussion as well as indicating that concussion educational materials have been provided.

Each coach (including volunteer coaches) at Binghamton University will annually undergo concussion education as part of our annual First aid/CPR/AED and emergency action plan training. They must sign the acknowledgement form that proves they have received a copy of the NCAA Concussion Fact Sheet for Coaches and the Binghamton University Concussion/Traumatic Brain Injury Protocol. Also, further acknowledge that they have read the policy; that it has been outlined to them, and that they fully understand and will adhere to the provisions of the policy.
Sports Medicine personnel (Team Physicians and Certified Athletic Trainers) and the Binghamton University Athletic Director must sign the acknowledgement form that they have received a copy of the Binghamton University Concussion /Traumatic Brain Injury Protocol. Also, further acknowledge that they have read the policy; that it has been outlined to them, and that they fully understand and will adhere to the provisions of the policy.
Due to the severe nature of a concussion, Binghamton University believes in a conservative approach for treatment. This includes the student-athlete self-reporting his or her symptoms after suffering a concussion. Self-reporting of symptoms plays an integral role in tracking the severity and subsequent recovery of a concussion. Therefore, the student-athlete is responsible for reporting his or her signs and symptoms completely and honestly to the staff Certified Athletic Trainer and/or Team Physician as soon as they present and each day following the injury.

Baseline Testing:
A baseline assessment consisting of concussion and brain injury history, both subjective and objective tests, standardized cognitive and balance assessments, and physical evaluation will be performed on all student-athletes before the start of their competitive careers. If any student-athlete has a complicated or multiple concussion history the Team Physician has the authority to request for a new baseline, additional consultation or testing, and may disqualify a student-athlete from intercollegiate athletics.

Student-athletes will be baseline tested using the:

- Symptom Checklist (IMPACT)
- Neuropsychological testing (IMPACT)
- Postural sway test (SWAY)

Reducing Exposure to Head Trauma:
Binghamton University will take steps to reduce student-athlete exposure to head trauma and otherwise act in the best interest of student-athlete health and safety by taking a safety first approach. All coaches are encouraged to educate student-athletes in their respective sport on how to take the head out of contact.

Recognition, Evaluation and Confirmation:
Sports Medicine personnel with training in the recognition, evaluation and initial management of an acute concussion will be available at all NCAA varsity practices for the following contact/collision
sports, including but not limited to: basketball, lacrosse, pole vault, soccer, and wrestling. The Sports Medicine personnel will be available and contacted via telephone, messaging, email, or other immediate communication means, if not in person at said practice. Should an incident occur where a possible concussion is suspected, this communication will be used to make immediate arrangements for the student-athlete to be evaluated.

Sports Medicine personnel with training in the recognition, evaluation and initial management of an acute concussion will be present at all NCAA varsity competitions for the following contact/collision sports, including but not limited to: basketball, lacrosse, pole vault, soccer, and wrestling. The Sports Medicine personnel will be on site of the competition, whether the competition is on campus or at an off campus venue. The personnel can be from either team or a person that is independently contracted to work the competition.

When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the student-athlete shall be immediately removed from athletic participation until a thorough sideline head injury assessment can be performed by the Team Physician and/or staff Certified Athletic Trainer. The sideline head injury assessment to determine the presence of a concussion will include:

- SCAT5 (Sport Concussion Assessment Tool – 5th Edition)
- SWAY Balance (Postural sway test)

The Team Physician and/or staff Certified Athletic Trainer should suspect a concussion if any non-baseline symptoms are detected after a blow to the head. In addition, SCAT5/SWAY scores inconsistent with baseline scores should be interpreted as a possible concussion resulting in the removal of the student-athlete from athletic participation. If a staff Certified Athletic Trainer determines that a student-athlete has or may have a concussion, the staff Certified Athletic Trainer must report that fact to the student-athlete’s head coach and the Team Physician. The student-athlete must be evaluated by the Team Physician and/or appropriate qualified medical personnel acceptable to the Team Physician as soon after the concussion as is practical.

**Same Day Return-to-Play:**
A student-athlete diagnosed with a concussion shall be withheld from the competition or practice and will not return to any athletic activity for the remainder of that day and until cleared by the Team Physician and/or appropriate qualified medical personnel acceptable to the Team Physician.

**Referrals:**
Upon removal from athletic participation, the student-athlete will receive serial monitoring (approximately every 5 minutes) for signs of deterioration which can cease when the student-athlete stabilizes and improves or in the event the student-athlete’s condition warrants a referral according to the guidelines set forth herein.

**On-the-Field Immediate Referral:**
Upon initial evaluation, activation of the appropriate Emergency Action Plan and subsequent immediate referral to an appropriate emergency treatment facility is warranted with any of the following findings:
- Glasgow Coma Scale < 13
- Prolonged loss of consciousness
- Deteriorating level of consciousness
- High index of suspicion of spine or skull injury
- Seizure activity
- Evidence of hemodynamic instability/deterioration of vital signs
Off-the-Field Immediate Referral:
In the event that the student-athlete shows signs of deterioration from the status originally assessed on the field, an emergency off the field assessment is required and subsequent immediate referral to an appropriate emergency treatment facility is warranted with any of the following findings:

- Deterioration of neurological signs such as motor, sensory and cranial nerve deficits subsequent to initial on-field assessment
- Documented loss of consciousness
- Deteriorating level of consciousness
- Persistent vomiting
- Post-concussion symptoms that worsen

Non-Immediate Referral:
All student-athletes who have been diagnosed with a concussion will be evaluated by the Team Physician or designee under the direction of the Team Physician prior to return to unrestricted activity.

Follow-Up Care:
In the event of a concussion, student-athletes will receive serial monitoring for deterioration. Student-athletes will be provided with written home instructions upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions. Pertinent contact information will be provided in addition to scheduled follow up appointments.

Subsequent Testing:
Concussed student-athletes will be assessed daily with the assistance of a symptom checklist until released by the Team Physician or designee. Postural sway, balance, and reaction time will also be tested daily using the SWAY Balance test until baseline levels are reached. Student-athletes will be given an IMPACT test once they are asymptomatic and the test will be repeated every 48-72 (if appropriate) until results return to baseline levels.

Return to Learn:
When a student-athlete sustains a concussion, the Sports Medicine staff works in conjunction with the Binghamton University Student-Athlete Academic Success Center for all of the student-athlete's academic needs. Once a student-athlete is diagnosed with a concussion, the student-athlete's academic advisor and the Services for Students with Disabilities Office (SSD) are notified. The academic advisor acts as a liaison for the Athletic Department to communicate with SSD and faculty, after obtaining the consent of the student-athlete. Communication from the academic advisor will be in conjunction with, and not in place of, direct communication between the student-athlete and SSD staff or faculty. Student-athletes will be copied on all communication. The academic advisor may reach out via e-mail on behalf of the student-athlete to instructors explaining the potential acute symptoms of the concussion, which may impact their academics. The academic advisor will assist in scheduling an initial appointment for the student-athlete with SSD to explore supports (e.g. assistive technology) and services available for acute symptoms. Should the student-athlete continue to experience symptoms beyond 5-10 days, the academic advisor will assist in scheduling a follow-up appointment for the student-athlete with SSD to explore continued reasonable accommodations, supports, and services.

Initial accommodations may include, but are not limited to the following:
1. No classroom activity for the student-athlete on the same day as a suspected concussion.
2. If the student-athlete cannot tolerate light cognitive activity, he or she should remain at home or in the residence hall.
3. Once the student-athlete can tolerate cognitive activity without return of symptoms, he/she should return to the classroom, often in graduated increments.
Prolonged Recovery:
Should the student-athlete have prolonged symptoms (greater than two weeks) or worsening of symptoms due to physical or academic demands, the student-athlete would be re-evaluated by the Team Physician. The Team Physician would consider differential diagnoses and then order further testing by a neuropsychologist or any other medical professional that the Team Physician deems necessary. The recommendations from the medical professional following any visit or testing would be followed accordingly for the student-athlete in regards to their physical or academic needs. The SSD office may need additional documentation and potentially testing if reasonable academic accommodations are requested beyond a single semester.

Return to Play Guidelines:
Return-to-play is the process of deciding when an injured or ill student-athlete may safely return to practice or competition. It is the goal of Binghamton University to return an injured or ill student-athlete to practice or competition without putting the individual or others at undue risk for injury or illness.

When an asymptomatic status has been established and neurocognitive scoring and balance testing has returned to the baseline level, a progression will be utilized for return to play. The progression is a step-by-step procedure where an asymptomatic level is maintained as functional exercise is slowly added to the activity level. In severe cases progression to each subsequent stage occurs roughly every 24 hours, based on each individual's status. Progressions are individualized on a case by case basis. The student-athlete may not progress to the next step until they are completely symptom free in the current step. The staff Certified Athletic Trainer will be in direct contact with the Team Physician while progressing the student-athlete through the return to play protocol. Only the Team Physician or designee under the direct supervision of the Team Physician can give the student-athlete clearance to return to athletic participation. It is important to note that this timeline could last over a period of days, weeks, months or ultimately result in potential medical disqualification from the participation in Binghamton University Athletics.

The return to play progression is a 6 step process.
1. Limited physical activity- Directly after being diagnosed with a concussion, the student-athlete should have physical and mental rest. Once the student-athlete is asymptomatic at rest and baseline scores for IMPACT and SWAY have normalized in comparison to their baseline scores (if available), the student-athlete may progress to the next step.
2. Light aerobic exercise- Walking, swimming, or biking while keeping heart rate below 70% of max.
3. Sport-specific exercises- Basic low impact drills associated with the athletes sport. Can include the progressive addition of weight room activity. (No head impact activities)
4. Non-contact training drills- Progress to more complex drills.
5. Full contact Practice- After receiving medical clearance, athlete may resume normal training activities.
6. Return to Game Play

Special Considerations:
Every student-athlete responds and heals from a concussion differently. Recent research suggests that low, sub threshold aerobic activity may aid in the healing and reduction of symptoms from a concussion. In cases that the Team Physician deems appropriate, a student-athlete may participate in low aerobic activities (i.e., stationary cycling, walking on a treadmill) within the parameters set through the Buffalo Concussion Bike Test (BCBT) and Buffalo Concussion Treadmill Test (BCTT). These parameters include, but are not limited to, heart rate and energy expenditure. If at any time in the low aerobic activity a student-athlete has a recurrence of symptoms or cannot continue exercise,
it is the responsibility of the athletic trainer who is monitoring to end the exercise. The exercise will not be continued until the student-athlete has seen a Team Physician for a follow up appointment or symptoms have subsided. No additional exercise will occur on the same day of symptom recurrence. Once symptom free, the student-athlete will follow the return to play progression protocol as dictated in the previous section, beginning at the second phase.

**Conclusion:**
The Binghamton University Sports Medicine Department recognizes that head injuries, particularly sport-induced concussions, pose a significant health risk for those student-athletes participating in intercollegiate athletics at the University. Consequently, Binghamton University has implemented the above policies and procedures to assess and identify those student-athletes who have suffered a concussion.
**ASSUMPTION OF RISK AND INJURY, ILLNESS, AND MEDICAL PROCEDURES**

Dear Student-Athlete & Parents(s)/Guardian:

This is to advise you regarding the risks of injury and the medical requirements for those students who compete in intercollegiate athletics at Binghamton University.

1. **ASSUMPTION OF RISK** – Participation in Intercollegiate Athletics may constitute a dangerous activity involving risk of injury. Those dangers and risks of playing or practicing include but are not limited to death, severe neck and spinal injuries that may cause complete or partial paralysis, brain damage, severe internal injury, severe injury to bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. It is understood that such injury may result in serious impairment of future abilities to engage in activities of normal daily living.

2. **ATHLETIC MEDICAL ELIGIBILITY** - *All freshmen, transfer students, and new team candidates* must complete and pass a physical examination scheduled through the Sports Medicine Staff and administered by a Binghamton University team physician or his/her designee. The physical exam will be arranged after preliminary academic eligibility and insurance information has been provided. The physical examination is effective for the duration of the student-athlete’s career, however, at any time the team physician and/or Director of Sports Medicine may re-examine the student-athlete and change his or her status should the situation warrant. *All returning student-athletes* must complete a Medical Update Form at the start of each academic year. A physical examination will not be needed unless the team physician or Director of Sports Medicine feels it is necessary after reviewing the Medical Update Form.

3. **MEDICAL TREATMENT** - NCAA rules restrict the Binghamton University Sports Medicine staff to care for only injuries sustained while practicing or playing in your selected intercollegiate sport during the academic year. Binghamton University is not permitted to provide medical treatment for illness or injury resulting outside your intercollegiate sport. The student-athlete must report all injuries and illnesses occurring as a result of practice or competition to an Athletic Trainer within three days from the occurrence. Binghamton University will not be responsible for payment of charges resulting from injuries/illness not reported within this designated time frame.

4. **INJURY AND ILLNESS REPORTING** - Student-athletes are required to be an active participant in their own healthcare. As such, you have the direct responsibility for reporting all of your injuries and illnesses to the Sports Medicine Staff of Binghamton University (e.g., team physician, athletic training staff). Your true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. You are required to fully disclose in writing any prior medical conditions and will also disclose any future conditions to the Sports Medicine Staff at Binghamton University.

5. **CONCUSSIONS / HEAD INJURIES** By signing below, you further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. You have been provided with educational materials on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to my Sports Medicine Staff. This information is also provided in your team’s orientation meeting.

6. **MEDICAL INSURANCE** – All Binghamton University Students are required to have personal health insurance coverage. In the event that you suffer an *athletic injury* that results in medical bills, claims must FIRST be submitted through YOUR primary and secondary insurances. Binghamton University has an excess insurance plan that will pay the difference of what your personal insurance does not cover. In order to process a claim under BU’s excess insurance plan, itemized bills from the healthcare provider and an explanation of benefits (EOB) from your personal insurance carrier must be provided to BU’s Sports Medicine Department. Our excess insurance company will not make payments until your private insurance company has made a payment or denial. Enclosed is a letter further detailing our insurance policies and procedures.

Further information is enclosed detailing Binghamton University’s Sports Medicine Department’s Illness, Injury, and Medical procedures as well as NCAA information on concussions and sickle cell trait. Please read this information very carefully. After you have the opportunity to do so, kindly indicate your understanding and approval by signing below and returning this form along with the other requested information as soon as possible. Of course, should you have any questions, please bring them to our attention 607-777-7011 or 607-777-5571.

Sincerely,

The Department of Sports Medicine
Binghamton University

<table>
<thead>
<tr>
<th>Student-Athlete</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian (if under 18)</td>
<td>Date</td>
</tr>
</tbody>
</table>
Concussion Safety Protocol

I hereby acknowledge that I have received a copy of the NCAA Concussion Fact Sheet for Coaches and Binghamton University Concussion Safety Protocol. I further acknowledge that I have read the policy; that it has been outlined to me, and that I fully understand and will adhere to the provisions of the policy.

Any further inquiries or questions should be referred to the Director of Sports Medicine at Binghamton University.

After reading the NCAA Concussion Fact Sheet for Coaches and Binghamton University Concussion Safety Protocol, I am aware of the following information:

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

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

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

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

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

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

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

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

_____ I am aware that student-athletes diagnosed with a concussion will be assessed by the medical staff.
Initial

Signature of Coach

Date

Printed name of Coach
Concussion Safety Protocol

I hereby acknowledge that I have received a copy of the and Binghamton University Concussion Safety Protocol. I further acknowledge that I have read the policy; that it has been outlined to me, and that I fully understand and will adhere to the provisions of the policy.

Any further inquiries or questions should be referred to the Director of Sports Medicine at Binghamton University.

Dr. Micah Lissy
Team Physician

Dr. Stanley Hunter
Team Physician

Dr. Christopher Downey
Director of Sports Medicine

Noel Zeh
Associate Athletic Trainer

Will Dunn
Assistant Athletic Trainer

Brittany Buchheit
Assistant Athletic Trainer

Kara Gorgos
Assistant Athletic Trainer

Intern Athletic Trainer

Intern Athletic Trainer

Intern Athletic Trainer

Intern Athletic Trainer
**Post-Concussion Symptom Checklist**

Name: ___________________________  Date: __/__/____

Instructions: For each item please indicate how much the symptom has bothered you over the past 2 days.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>none</th>
<th>mild</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problem</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Visual Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Numbness/Tingling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pain other than Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Mentally Foggy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Slowed Down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping Less than Usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sleeping More than Usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble Falling Asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervousness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling More Emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Exertion:** Do these symptoms worsen with:
- Physical Activity  ☐ Yes  ☐ No  ☐ Not applicable
- Thinking/Cognitive Activity  ☐ Yes  ☐ No  ☐ Not applicable

**Overall Rating:** How different is the person acting compared to his/her usual self?
- Same as Usual  0  1  2  3  4  5  6  Very Different

**Activity Level:** Over the past two days, compared to what I would typically do, my level of activity has been ______ % of what it would be normally.
Concussion Information: Home Instruction Sheet

Name: ______________________________________________________ Date: __________________

You have a head injury or concussion and need to be watched closely for the next 24-48 hours. This Sheet should be read by you and given to your roommate or family member that will be with you for the next 24 hours.

<table>
<thead>
<tr>
<th>It IS OK to:</th>
<th>There is NO need to:</th>
<th>DO NOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use Tylenol</td>
<td>• Check eyes with a light</td>
<td>• Drink Alcohol</td>
</tr>
<tr>
<td>(Acetaminophen)</td>
<td>• Wake up every hour</td>
<td>• Eat Spicy Foods</td>
</tr>
<tr>
<td>• Use and ice pack to head or neck for comfort</td>
<td>• Stay in Bed</td>
<td>• Drive a car</td>
</tr>
<tr>
<td>• Eat a light meal</td>
<td></td>
<td>• Use aspirin, Aleve, Advil, ibuprofen or other NSAID products</td>
</tr>
<tr>
<td>• Go to sleep</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Special Recommendations: _____________________________________________________________

**WATCH FOR ANY OF THE FOLLOWING PROBLEMS:**

- Worsening Headache
- Vomiting
- Decreased level of consciousness
- Dilated pupils
- Increased confusion
- Stumbling / loss of balance
- Weakness in one arm/leg
- Blurred vision
- Increased irritability

If any of these problems develop, call your Athletic Trainer immediately. If there is any question that there is a true medical emergency, call for an ambulance at 607-777-2222 on campus or 911.

---

You need to be seen for a follow-up examination

REPORT TO: The Events Center or West Gym Athletic Training Room

ON: ____________________________ AT: _______________ AM / PM

**PHONE NUMBERS:**

Athletic Trainer: Office: ________________________ Cell: ________________

Department of Sports Medicine Office: 607-777-7011
Dear Faculty Member:

The Binghamton University Sports Medicine Department and the Student-Athlete Academic Success Center would like to inform you that __________________________ sustained a concussion during __________________ on ____ / ____/ ____.

He / she was evaluated by ____________________, Certified Athletic Trainer and _____________________________, Team Physician. ____________________ is being monitored daily and will undergo further concussion testing. A concussion or mild traumatic brain injury can cause a variety of physical, cognitive, and emotional symptoms. Concussions range in significance from minor to severe, but they all share one common factor - they temporarily interfere with the way the brain works. We would like to inform you that during the next few weeks, this student-athlete may experience one or more of these signs or symptoms:

- Headache
- Nausea
- Balance Problems
- Dizziness
- Double Vision
- Confusion
- Light Sensitivity
- Noise Sensitivity
- Difficulty Sleeping
- Feeling sluggish
- Blurred Vision
- Memory Problems
- Difficulty Concentrating

As a department, we wanted to make you aware of this injury and the related symptoms that the student-athlete may experience. Although we are hopeful the student will be able to attend class, please be aware that the side effects of the concussion may adversely impact their academic performance. Any consideration you may provide academically during this time would be greatly appreciated, we will continue to monitor the progress of this student and anticipate a full recovery. If a severe concussion dictates a prolonged absence from class, a letter from our team physician will be forthcoming.

Thank you in advance for your time and understanding with this circumstance. Should you have any questions or require further information, please do not hesitate to contact us.

Respectfully,

Department of Sports Medicine
607-777-7011
13.0 **EMERGENCY ACTION PLAN**

**Emergency Action Plan**

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

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

**Components of the Emergency Plan**
There are three basic components of this plan:
1. Emergency personnel
2. Emergency communication
3. Emergency equipment

**Emergency Plan Personnel**
With athletic department practice and competition, the first responder to an emergency situation is typically a member of the Sports Medicine Staff, most commonly a certified Athletic Trainer. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics 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, emergency medical technicians, Certified Athletic Trainers; sports medicine student interns; coaches; managers; and, possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the Director of Sports Medicine.

**Roles within the Emergency Team**
1. Immediate care of the student-athlete
2. Emergency equipment retrieval
3. Activation of the Emergency Medical System
4. Direction of EMS to scene

There are four basic roles within the emergency team. The first and most important role is immediate care of the student-athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training. The second role, emergency equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Sports medicine student interns, managers, and coaches are good choices for this role.
The third role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event.

After EMS has been activated, the fourth role in the emergency team should be performed, that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the contest. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A sports medicine student intern, manager, or coach may be appropriate for this role.

Activating the EMS System
Making the Call:

- On Binghamton University’s Campus – 777-2222 (BU Police dispatch)
- Off-campus - 911

Providing Information:

- Name, address, telephone number of caller
- Number of athlete(s)
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene ("come to the loading dock of the Events Center")
- 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 athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event, then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is the Emergency Telephones on campus. These phones are encased in a yellow box and can be located by the Blue light above each emergency phone. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

On Campus, call 777-2222 (BU Police Dispatch) to activate EMS. Off-campus, call 911.
Emergency Equipment
All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. 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 should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

The Binghamhamton University Sports Medicine Department (BUSMD) has 4 Orange Emergency bags. The Events Center Athletic Training Facility has three bags and the West Gym Athletic Training Room has one. A BUSMD Orange Emergency Bag is brought to the bench or track for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Splints, Cervical immobilizer, BP Cuff & Stethoscope, Emergency Blanket, Glucose 15, and Epi-pen.

Both Athletic Training facilities have additional splint bags, spine boards, crutches, and emergency blankets. The West Gym and Events Center have additional AED’s available.

Transportation
Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. Ambulances may be coordinated on site for other special events/sports, such as major tournaments or America East/NCAA regional or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

Conclusion
The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as Sports Medicine Staff. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, the athletic association helps ensure that the athlete will have the best care provided when an emergency situation does arise.
Emergency Plan: Bearcats Sports Complex – Game Field

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for practice and competition; additional Sports Medicine Staff accessible from West Gym or Event Center Athletic Training Rooms.

Emergency Communication: Working cellular phone or campus emergency phones located next to the back entrance of the West Gym from Lot G, the Northeast corner of the Events Center and near the spectator entrance to the Bearcats Sports Complex.

Emergency Equipment: A BUSMD Orange Emergency Bag is brought to the field for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. Also available are vacuum splint bag and spine board.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)
4. Direction of EMS to scene
   a. Behind West Gym and adjacent to Events Center. Fields can be accessed using the service road at the North end of the Events Center.
   b. Designate individual to "flag down" EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Access the Bearcats Sports Complex via the back service road of the Events Center which leads to the vehicle entrance to the fields. The Events Center is located in the Northeast corner of campus. The service road can be accessed by taking Bunn Hill Access Road that is between the tennis courts and Lot H (landmark is the Tennis court Pavilion). The service road is on the north end of the Events center, past the loading dock and parking area.

Escort Meeting Point: Events Center loading dock.  Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alycia Daniels (Cell): 603-496-9031</td>
<td>Sophie Lovice (Cell): 845-417-4395</td>
<td>Emergency: 777-2222 or 911</td>
</tr>
</tbody>
</table>
Entrance to Bearcats Sports Complex—Game Field
Emergency Plan: Bearcats Sports Complex – Practice Field

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for practice and competition; additional Sports Medicine Staff accessible from West Gym or Event Center Athletic Training Rooms.

Emergency Communication: Working cellular phone or campus emergency phones located next to the back entrance of the West Gym from Lot G, the Northeast corner of the Events Center and near the spectator entrance to the Bearcats Sports Complex.

Emergency Equipment: A BUSMD Orange Emergency Bag is brought to the field for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. Also available are vacuum splint bag and spine board.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete

2. Emergency equipment retrieval

3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)

4. Direction of EMS to scene
   a. Behind West Gym and adjacent to Events Center. Fields can be accessed using the service road at the North end of the Events Center.
   b. Designate individual to "flag down" EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Access the Bearcats Sports Complex via the back service road of the Events Center which leads to the vehicle entrance to the fields. The Events Center is located in the Northeast corner of campus. The service road can be accessed by taking Bunn Hill Access Road that is between the tennis courts and Lot H (landmark is the Tennis court Pavilion). The service road is on the north end of the Events center, past the loading dock and parking area. The practice field is beyond the game field and can be accessed past the concession stand.

Escort Meeting Point: Events Center loading dock. Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Downey (O)</td>
<td>607-777-7011 (Cell): 607-759-4199</td>
</tr>
<tr>
<td>Will Dunn (O)</td>
<td>607-777-2690 (Cell): 315-427-1368</td>
</tr>
<tr>
<td>Alycia Daniels (Cell)</td>
<td>603-496-9031</td>
</tr>
<tr>
<td>Kara Gorgos (O)</td>
<td>607-777-2784 (Cell): 607-821-9831</td>
</tr>
<tr>
<td>Noel Zeh (O)</td>
<td>607-777-2989 (Cell): 732-754-4613</td>
</tr>
<tr>
<td>Sophie Lovice (Cell)</td>
<td>845-417-4395</td>
</tr>
<tr>
<td>Brittany Buchheit (O)</td>
<td>607-777-2568 (Cell): 814-594-8745</td>
</tr>
<tr>
<td>EC Athletic Training Facility</td>
<td>607-777-5571</td>
</tr>
<tr>
<td>Emergency: 607-777-2222 or 911</td>
<td></td>
</tr>
</tbody>
</table>
Emergency Plan: Events Center – Athletic Training Room/Weight Room

Emergency Personnel: Certified Athletic Trainers and sports medicine student intern(s) on site in Athletic Training Room. Strength and Conditioning coaches are also certified in First Aid and CPR/AED.

Emergency Communication: In Athletic Training Room, telephone at front desk of Events Center Athletic Training Room or Telephone on counter near stereo or any office telephone. In Weight Room, use telephone in office. There is an emergency red telephone directly outside Events Center Athletic Training Facility. Note: cellular phones do not have signal in Athletic Training Room or the Weight Room.

Emergency Equipment: BU Sports Medicine Dept. (BUSMD) Orange Emergency Bag is located on top of Green cabinet just inside main entrance to Athletic Training Room. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. Additional Oxygen is located in physician’s office near staff offices. Spine board, splints, crutches, and emergency blankets are located in the training room also. Additional AEDs located at the bottom of the East staircase on the ground floor and on Concourse Level outside First Aid Room if BUSMD AED’s are on outdoor athletic fields.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)
4. Direction of EMS to scene
   a. Open appropriate doors at Loading Dock entrance – SW corner of building near Athletic Training Room. Doors will lock when closed.
   b. Designate individual to "flag down" EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Events Center is located in the Northeast corner of campus. The loading dock can be accessed by taking the unnamed road that is between the tennis courts and Lot H (landmark is the Tennis court pavilion). Loading dock is located at the end of this road.

Escort Meeting Point: Events Center loading dock. Athletic Training Facility is located just inside loading dock doors (Room G20). Weight room is located down the hall (Room G27).

<table>
<thead>
<tr>
<th>Name</th>
<th>Office Phone</th>
<th>Cell Phone</th>
<th>Role</th>
</tr>
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<tbody>
<tr>
<td>Chris Downey (O):</td>
<td>607-777-7011</td>
<td>607-759-4199</td>
<td></td>
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<tr>
<td>Will Dunn (O):</td>
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<td>315-427-1368</td>
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<td>603-496-9031</td>
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<td>571-408-0891</td>
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</tr>
<tr>
<td>Emergency:</td>
<td>607-777-2222 or 911</td>
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</tbody>
</table>
 Entrance to Events Center—Basketball Court/ Indoor Track/ Weight Room/ Sports Medicine Facility

N
Emergency Plan: Events Center - Basketball Court/ Indoor Track

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for practice and competition; additional Sports Medicine Staff accessible from Event Center Athletic Training Rooms. Team Physician and Harpur’s Ferry Ambulance are in attendance for home basketball games.

Emergency Communication: Working cellular telephone or telephone at front desk of Events Center Athletic Training Room. Emergency red telephone located directly outside Events Center Athletic Training Room and campus emergency telephone outside the Northeast doors of the Events Center ground floor. Note: cellular phone reception is weak in Events Center ground floor hallways.

Emergency Equipment: A BUSMD (BU Sports Medicine Dept.) Orange Emergency Bag is brought to the court or track for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. Additional AEDs located on the ground floor at the bottom of the East staircase and on Concourse Level outside the First Aid Room.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)
4. Direction of EMS to scene
   a. Open appropriate doors at Loading Dock entrance – SW corner of building near Athletic Training Room. Doors will lock when closed.
   b. Designate individual to "flag down" EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Events Center is located in the Northeast corner of campus. The loading dock can be accessed by taking the unnamed road that is between the tennis courts and Lot H (landmark is the Tennis court pavilion). Loading dock is located at the end of this road.

Escort Meeting Point: Events Center loading dock. Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.
Entrance to Events Center—Basketball Court/Indoor Track/Weight Room/Sports Medicine Facility
Evacuation Plan: Events Center – Concourse Level

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) are on site for practice and competition; additional Sports Medicine Staff accessible from Event Center Athletic Training Room.

Emergency Communication: Working cellular phone or campus emergency phone outside the building near the outside entrance next to the TAU Bearcat Clubroom. A landline pay telephone is located on the concourse level just inside the left, front entrance to the building across from the TAU Bearcat Clubroom.

Emergency Equipment: AED is located on wall outside First Aid Room on Concourse Level near the TAU Bearcat Clubroom. Another AED is located at the bottom of the East staircase on the ground floor. Additional emergency equipment is accessible from Event Center athletic training facility including the BUSMD Orange Emergency Bag which is located on top of Green cabinet just inside main entrance to Athletic Training Room. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)
4. Direction of EMS to scene
   a. Enter Events Center through Main Entrance on concourse level at Lot F.
   b. Designate individual to "flag down" EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Events Center is located in the Northeast corner of campus. The Concourse Level can be accessed through the main entrance of the Events Center off of Lot F.

Escort Meeting Point: Outside main entrance to Events Center at Lot F.

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

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<td>607-777-2222</td>
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</tr>
</tbody>
</table>
Emergency Action Plan

West Gym – Pool/Batting Cages/Sports Medicine Facility

**Emergency Plan:** West Gym – Pool/Batting Cages/West Gym Athletic Training Room

**Emergency Personnel:** Certified Athletic Trainer and sports medicine student intern(s) on site for competition; additional Sports Medicine Staff accessible from West Gym or Events Center Athletic Training Room.

**Emergency Communication:** A working cellular phone, red emergency telephone located in the hallway, Athletic Training Room phone located in the office, or campus emergency phone outside the back door entrance to the West Gym from lot G.

**Emergency Equipment:** AED located on the East Wall of the West Gym lobby. Additional AED located at the Northeast corner of the Pool Deck. The West Gym BUSMD Orange Emergency Bag is available in the West Gym athletic training room. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. During practices, it is kept in the West Gym Athletic Training Room under the first treatment table. Also available in the West Gym Athletic Training Room are splints, spine board and emergency blanket.

**Roles of First Responders**

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. Call 777-2222. (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
4. Direction of EMS to scene
   a. Open back door to West Gym by loading dock.
   b. Designate individual to "flag down" EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

**Venue Directions:** Enter using the main entrance to campus. After the information booth, bear right at the traffic circle. The West Gym is the first building on the right. Turn right before the West Gym and head to back entrance from Lot G. Enter back doors, which lead to the batting cages, on the left, and the Athletic Training Facility, on the right. The pool can be reached by turning right after entering the building from Lot G and following that hallway through the pool office.

**Escort Meeting Point:** Back door entrance to West Gym from Lot G. **Preferred Hospital:** Wilson Medical Center

**NOTE:** Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
Entrance to West Gym — Batting Cages/Pool Deck/Sports

Medicine Facility
Emergency Plan: West Gym – Gymnasium and Wrestling Room

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for practice and competition or available in the West Gym Athletic Training Room on the lower level of the West Gym.

Emergency Communication: Working cellular phone, red emergency phone located in the downstairs hallway between the West Gym Athletic Training Room and Issue Room or campus emergency phone located down the stairs from the Wrestling Room and outside the back door entrance to the West Gym from lot G.

Emergency Equipment: AED is located on the East wall of the West Gym lobby. Additional AED located on the Northeast end of the Pool Deck. The West Gym BUSMD Orange Emergency Bag is brought to the Gymnasium for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. During practices, it is kept in the West Gym Athletic Training room under the first treatment table. Also available in the West Gym Athletic Training Room are splints, spine board and emergency blanket.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete

2. Emergency equipment retrieval

3. Activation of emergency medical system (EMS)
   a. Call 777-2222. (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested

4. Direction of EMS to scene
   a. Open appropriate doors at West Gym main entrance
   b. Designate individual to “flag down” EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Enter using the main entrance to campus. After the information booth, bear right at the traffic circle. The West Gym is the first building on the right. Enter the building in the Main Front doors for the Gymnasium. The Gym is to the right after entering the building. The Wrestling room is located across the hall from the academic success center, down the hall from the Gym.

Escort Meeting Point: Sidewalk in front of main entrance to West Gym. Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

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<td>Emergency</td>
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</tr>
</tbody>
</table>
Entrance to West Gym — Gymnasium/ Wrestling Room
Emergency Plan: Baseball Field

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for competition and practices in the spring; additional Sports Medicine Staff accessible from Event Center Athletic Training Room. Coaches are on site for all practices and are certified in First Aid and CPR/AED.

Emergency Communication: Working cellular telephone or campus phones in either dugout. There are also two campus emergency phones along the walkway between the field and public tennis courts.


Roles of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)
4. Direction of EMS to scene
   a. Baseball field is located behind Tennis Courts on the Bunn Hill Access Road.
   b. Designate individual to "flag down" EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: The Baseball Field is located in the Northwest corner of campus at the intersection of the Bunn Hill Access Road and Bunn Hill Road. The field sits next to the Varsity Tennis courts. In order to enter the field, an ambulance must drive around tennis courts and down past the Events Center loading dock and parking area, using the paved service road to enter the field through the gate in right field.

Escort Meeting Point: Corner of Bunn Hill Road and the Bunn Hill Access Road (near the Pavilion).

Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

|-----------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
Emergency Plan: Softball Field

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for competition and practices in the spring; additional Sports Medicine Staff accessible from Event Center Athletic Training Room. Coaches are on site for all practices and are certified in First Aid and CPR/AED.

Emergency Communication: Working cellular phone or campus phones in either dugout. There is also a campus emergency phone located next to the concession stand behind the stands.

Emergency Equipment: A BUSMD Orange Emergency Bag is brought to the field for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. Also available are vacuum splint bags and spine boards.

Roles of First Responder

1. Immediate care of the injured or ill student-athlete

2. Emergency equipment retrieval

3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)

4. Direction of EMS to scene
   a. Behind Bearcats Sports Complex. Fields can be accessed using the service road at the North end of the Events Center.
   b. Designate individual to "flag down" EMS and direct to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Access the Softball fields via the service road north of the Events Center. Enter the field from the small paved walkway that leads to a gate on the third base side. The Events Center is located in the Northwest corner of campus. The service road can be accessed by taking Bunn Hill Access Road that is between the tennis courts and Lot H (landmark is the Tennis court Pavilion). The service road is on the north end of the Events center, past the loading dock and parking area.

Escort Meeting Point: Events Center loading dock. Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

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<th>Name</th>
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<th>Name</th>
<th>Phone/Cell Numbers</th>
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</thead>
</table>

60
Emergency Plan: Varsity Tennis Courts

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) are on site for competitions; additional Sports Medicine Staff accessible from Event Center Athletic Training Room. Coaches are on site for all practices and are certified in First Aid and CPR/AED.

Emergency Communication: Working cellular phone or campus emergency phone located under the Pavilion at the West end of the Tennis Courts. There are also two campus emergency phones on the walkway between the public tennis courts and baseball field.

Emergency Equipment: Emergency equipment including an AED is available in adjacent Events Center Athletic Training Facility. A BUSMD Orange Emergency Bag is brought to the location for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)
4. Direction of EMS to scene
   a. The West Tennis Courts sit between the Events Center and Bunn Hill Access Road.
   b. Designate individual to "flag down" EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: The Varsity Tennis Courts are located in the Northwest corner of campus, adjacent to the Bunn Hill Access Road and on the West side of the Events Center. The Varsity courts are the 6 courts on the southern end of the complex, which can be accessed from the paved walkway that is off Bunn Hill Access Road.

Escort Meeting Point: Corner of Bunn Hill Road and the Bunn Hill Access Road (Near the Pavilion).

Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

<table>
<thead>
<tr>
<th></th>
<th>Phone Numbers</th>
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</thead>
<tbody>
<tr>
<td>Alycia Daniels (Cell): 603-496-9032</td>
<td>Sophie Lovice (Cell): 845-417-4395</td>
</tr>
</tbody>
</table>
Emergency Plan: East Gym – Outdoor Track

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for competition and practices; additional Sports Medicine Staff accessible from Event Center Athletic Training Room. Coaches are on site for all practices and are certified in First Aid and CPR/AED.

Emergency Communication: Working cellular phone or campus emergency phone located behind the East Gym between the throwing area of the track and the East Gym. Additional campus emergency phones are located on the outside of the main entrance of the East Gym and at the recreation turf field.

Emergency Equipment: A BUSMD Orange Emergency Bag is brought to the track for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Splints, Cervical immobilizer, BP Cuff, Emergency Blanket, Albuterol Inhaler, and Epi-pen. Also available are vacuum splint bags and spine boards. Additional AED located in the Lobby of the East Gym.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)
4. Direction of EMS to scene
   a. Enter the Track and Stadium Field by going around East Gym by the Pre-school and entering via the road/sidewalk on the North side of the East Gym.
   b. Designate individual to "flag down" EMS and direct to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Enter using the main entrance to campus. After the information booth, go two-thirds of the way around the traffic circle and head east. Take the first left into Lot E and head towards the East Gym. An ambulance can enter the track and field by going around the East Gym and enter via the sidewalk on the north side of the East Gym.

Escort Meeting Point: Entrance to Lot E.         Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

Entrance to East Gym — Outdoor Track & Field
Emergency Plan: Cross Country Course/ Nature Preserve Trails

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for competition and practices in the spring; additional Sports Medicine Staff accessible from Event Center Athletic Training Room. Coaches are on site for all practices and are certified in First Aid and CPR/AED.

Emergency Communication: Working cellular phone or campus emergency phone directly behind the Softball field backstop and also on the Southwest corner of the Institute for Child Development. Additional campus emergency phone located at the East end of Lot E1.


Roles of First Responders

1. Immediate care of the injured or ill student-athlete

2. Emergency equipment retrieval

3. Activation of emergency medical system (EMS)
   a. Call 777-2222 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)

4. Direction of EMS to scene
   a. Enter the Cross Country race staging area by going around East Gym by the Pre-school and entering via Lot E1.
   b. Designate individual to "flag down" EMS and direct to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Enter using the main entrance to campus. After the information booth, go around the traffic circle and head west. Take the first left into Lot E and head towards the East Gym. An ambulance can enter the Cross Country race staging area by going around the East Gym and enter via Lot E1.

Escort Meeting Point: Entrance to Lot E, and Lot E1.

Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff Athletic Trainer responsible for the team as soon as possible if he/she is not present at the scene.

|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
Emergency Plan: 434 Sportsplex

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for competition; coaches certified in First Aid and CPR/AED are at all practices.

Emergency Communication: Working cellular phone or office phones in the lobby of the Sportsplex.

Emergency Equipment: A BUSMD Orange Emergency Bag is brought to the location for all in-season practices. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. There is an additional AED located in the UHS Sports Medicine room, which is in the lobby.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete

2. Emergency equipment retrieval

3. Activation of emergency medical system (EMS)
   a. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)

4. Direction of EMS to scene
   a. Enter the Chuckster’s/Sportsplex parking lot from 434 eastbound. The Sportsplex is on the left; the entrance is behind the building on the south side.
   b. Designate individual to "flag down" EMS and direct to scene.
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: The 434 Sportsplex is located at 1900 Vestal Parkway West, Vestal, NY 13850, adjoined to Chuckster’s Fun Park. The entrance to the parking lot is reached from the eastbound direction of 434; there is a U-turn just beyond the complex if coming from the east.

Escort Meeting Point: Front door of the Sportsplex

Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff athletic trainer responsible for the team as soon as possible if he/she is not present at the scene.

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Emergency Plan: Binghamton Tennis Center (BTC)

Emergency Personnel: Certified Athletic Trainer and sports medicine student intern(s) on site for competition; coaches certified in First Aid and CPR/AED are at all practices.

Emergency Equipment: A BUSMD Orange Emergency Bag is brought to the location for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. There is an additional AED located on the wall on court 1.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)
4. Direction of EMS to scene
   a. Enter the parking lot of the BTC from Mill Street.
   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. Ensure easy access to the court that the student-athlete is located on.

Venue Directions: The Binghamton Tennis Center is located at 3801 Mill St, Binghamton, NY 13903. Mill Street is easily accessed from Conklin Ave, just east of the Exchange Street Bridge.

Escort Meeting Point: Front entrance to the BTC
Preferred Hospital: Wilson Medical Center

NOTE: Please notify the staff athletic trainer responsible for the team as soon as possible if he/she is not present at the scene.

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<tbody>
<tr>
<td>Andrew McNutt (Cell): 571-408-0891</td>
<td>Jonathan Clark (Cell): 585-857-2586</td>
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</table>
Emergency Plan: The Links at Hiawatha Landing

**Emergency Personnel:** Certified Athletic Trainer and sports medicine student intern(s) on site for competition; coaches certified in First Aid and CPR/AED are at all practices.

**Emergency Communication:** Working cellular phone or office phones in the clubhouse.

**Emergency Equipment:** A BUSMD Orange Emergency Bag is brought to the location for all competitions. The Emergency Bag contains the following: AED, Emergency Oxygen, Ambu Bag, Airways, Manual Suction, Splints, Cervical Immobilizer, BP Cuff, Pulse Ox, Thermometer, Emergency Blanket, Albuterol Inhaler, and Epi-pen. There is an additional AED located in the clubhouse.

**Roles of First Responders**

1. Immediate care of the injured or ill student-athlete

2. Emergency equipment retrieval

3. Activation of emergency medical system (EMS)
   a. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment provided; specific directions; other information as requested)

4. Direction of EMS to scene
   a. Enter the Links at Hiawatha Landing from Marshland Road. The clubhouse/pro shop is located on the left side of the building, which is adjacent to the entrance, just past a small parking lot.
   b. Designate individual to "flag down" EMS and direct to scene, which may be on the course. Mode of transportation will be case dependent.
   c. Scene control: limit scene to first aid providers and move bystanders away from area.

**Venue Directions:** The Links at Hiawatha Landing is located at 2350 Marshland Road, Apalachin, NY 13732. Marshland Road is located off of Route 434.

**Escort Meeting Point:** Front door of the clubhouse/pro shop  

**Preferred Hospital:** Wilson Medical Center

**NOTE:** Please notify the staff athletic trainer responsible for the team as soon as possible if he/she is not present at the scene.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Cell Phone Number</th>
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<tbody>
<tr>
<td>Chris Downey</td>
<td>607-777-7011</td>
<td>607-759-4199</td>
</tr>
<tr>
<td>Will Dunn</td>
<td>607-777-2690</td>
<td>315-427-1368</td>
</tr>
<tr>
<td>Alycia Daniels</td>
<td>603-496-9031</td>
<td>845-417-4395</td>
</tr>
<tr>
<td>Andrew McNutt</td>
<td>571-408-0891</td>
<td>585-857-2586</td>
</tr>
<tr>
<td>Kara Gorgos</td>
<td>607-777-2784</td>
<td>607-821-9831</td>
</tr>
<tr>
<td>Noel Zeh</td>
<td>607-777-2989</td>
<td>732-754-4613</td>
</tr>
<tr>
<td>Sophie Lovice</td>
<td>845-417-4395</td>
<td></td>
</tr>
<tr>
<td>Brittany Buchheit</td>
<td>607-777-2568</td>
<td>814-594-8745</td>
</tr>
<tr>
<td>EC Athletic Training</td>
<td>607-777-5571</td>
<td></td>
</tr>
<tr>
<td>Andrew McNutt (Cell)</td>
<td>571-408-0891</td>
<td>585-857-2586</td>
</tr>
<tr>
<td>Jonathan Clark</td>
<td>585-857-2586</td>
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</tbody>
</table>
Introduction: This document serves an addition to the emergency action plan. If a cardiac arrest occurs, the emergency action plan should be initiated then the following steps should take place.

Definition: Cardiac Arrest
Sudden cardiac arrest is the sudden, unexpected loss of heart function, breathing and consciousness. Sudden cardiac arrest usually results from an electrical disturbance in your heart that disrupts its pumping action, stopping blood flow to the rest of your body.

Sudden cardiac arrest is a medical emergency. If not treated immediately, it causes sudden cardiac death. With fast, appropriate medical care, survival is possible. Administering cardiopulmonary resuscitation (CPR), treating with a defibrillator — or even just compressions to the chest — can improve the chances of survival until emergency personnel arrive.

CARDIAC ARREST – CRISIS MANAGEMENT PLAN
The following Cardiac Arrest Management Plan will be followed if an athlete or staff member sustains a suspected cardiac arrest:

1. The Athletics Emergency Action Plan will be initiated to insure proper care and transportation of the injured individual(s).

2. A BU Athletic Trainer or coach will accompany the injured individual to the medical facility.

3. Once at the medical facility, the designated individual will contact the Director of Sports Medicine with medical updates from the attending physician (if applicable).

4. The Director of Sports Medicine will contact the Crisis Management Team (CMT):
   A. Team Physician – Dr. Micah Lissy – cell – 914-363-0362
   B. Athletic Director – Patrick Elliott – cell – 646-739-2019
   C. Sport Administrator:
      1. Dennis Kalina (wrestling, golf) – cell – 607-759-9838
      2. Dave Simek (baseball, m-lacrosse, xc/track, softball, m-tennis) – cell – 607-761-2340
      3. Leigh Ann Savidge (w-soccer, w-lacrosse, swimming) – cell – 607-761-2546
      4. Ze Zeon (volleyball, m-soccer) – cell – 607-759-5624

D. Head Coach of sport involved

5. The CMT (The Team Physician, Director of Sports Medicine, Athletic Director and/or Sport Administrator, and head coach) will proceed to the medical facility (if applicable).
**ACTIONS TO BE TAKEN BY THE CMT:**

1. The CMT will gather all pertinent facts regarding the incident accurately and expeditiously.

2. Accurately document all events, list all participants and witnesses, and obtain all medical documents.

3. Secure any or all available materials / equipment involved, including equipment of student-athlete and game film.

4. Once the student-athlete has been stabilized at the medical facility, the Director of Sports Medicine, 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.

   A. The Director of Sports Medicine and/or his designee will continue to communicate with the family, and will provide medical updates when available.

5. The Athletic Director will contact the University President, the Associate Vice President for Communications and Marketing, Associate Athletic Director for Communications, and Vice President of Student Affairs.

6. The Sport Administrator will contact:

   A. An Associate Athletic Director for Student Services will contact the BU Counseling Center for the purpose of arranging psychologists, grief counselors, etc. for use by team and athletics department personnel.

   B. Campus Police Department – 607-777-2222 or 607-777-2393

   C. University Legal Counsel Office (if appropriate) – Barbara Westbrook Scarlett – 607-777-4438

7. The Head Coach will be responsible for assembling the team as soon as possible for a briefing on the emergency situation.

8. After receiving consent from the student-athlete and/or their family, the Director of Sports Medicine will contact the Associate Athletic Director for Communications and apprise them of the situation. The media should be contacted by the either the Sports Information Department or the University Communications office only when all facts are known and a statement has been made by the CMT. All information deemed appropriate for release to the media will be determined by the CMT.

9. The Director of Sports Medicine will contact the insurance providers:

   A. Secondary Insurance Broker – TBD

   B. NCAA Catastrophic Insurance – 1-800-245-2744
Mental Health Management Plan

Introduction: This document serves as an addition to the emergency action plan. If an emergency mental health episode occurs, the emergency action plan should be initiated then the following steps should take place.

Definition: Mental Health Care
The informal and formal evaluation and treatment of student-athletes with possible mental health concerns (including but not limited to mental health disorders or mental illness).

Routine Mental Health Referral: Any student-athlete who expresses a mental health concern to an athletics administrator and/or coach or who the athletics administrator and/or coach believes to have a mental health concern, will be referred to the University Counseling Center (UCC). This referral should be done by the Director of Sports Medicine. In the event that another athletics administrator or coach refers the student-athlete to UCC, the Director of Sports Medicine should be notified within 24 hours so he/she can follow-up with UCC accordingly. The Director of Sports Medicine will also notify the Dean of Students Office, if appropriate. At the same time, the Student-Athlete of Concern Committee (comprised of the Athletic Director, Director of Sports Medicine, and other senior level athletic administrators) will meet weekly to share and discuss any routine mental health referrals.

There are two primary types of mental health conditions that will require additional levels of support for the student-athlete experiencing symptoms beyond a routine referral:

1. Acute – Sudden changes in mental conditions that require an emergency level of care (i.e. suicidal or homicidal ideation, highly agitated or threatening behavior, psychosis, acute delirium/confusional state, acute intoxication or drug overdose, and sexual assault). These conditions often require hospitalization.
2. Chronic – Ongoing mental conditions that may include: depression, anxiety disorders, eating disorders or other previously diagnosed mental health conditions. The management of these conditions typically requires ongoing care.

ACUTE MENTAL HEALTH SITUATIONS – CRISIS MANAGEMENT PLAN
The following Crisis Management Plan will be followed if a student-athlete experiences a severe and sudden change in his/her mental condition. Athletic department staff or coaches may be made aware of this change in-person, via some other type of communication, or via a third party:

Acute Crisis Where There is No Immediate Safety Concern:
1. Weekdays during Binghamton University operating hours, if there is an acute mental health crisis that is not an immediate safety concern and the student-athlete is present, he or she should be walked up to UCC for an emergency appointment by an athletics staff member or coach. If the student-athlete is not physically present, but willing to receive help he or she should be contacted via phone and email, and directed to walk up to the counseling center and/or call UCC for an emergency appointment (607-777-2772 / Bldg. Old O’Connor, Room 264).

2. The Director of Sports Medicine should be notified of this referral immediately. He or she will reach out to UCC and follow up accordingly to verify the student-athlete has or will be receiving assistance, and the treatment plan moving forward.

Acute Crisis Where There is An Immediate Safety Concern:
1. The Athletics Emergency Action Plan will be initiated to insure proper care and transportation of the individual to Binghamton General Hospital’s CPEP unit. In this case the first responder may be an athletics staff member or coach.

2. If possible, an athletics staff member or coach should accompany the student-athlete in crisis to the medical facility.

3. Once the student-athlete has been transported to the medical facility, the athletics staff member or coach who was the first responder should contact the Director of Sports Medicine – Chris Downey – cell – 607-759-4199.
4. The Director of Sports Medicine will then notify the following athletic department staff members:
   b. Sport Administrator:
      i. Dennis Kalina (wrestling, golf)
      ii. Dave Simek (baseball, m-lacrosse, xc/track, softball, m-tennis)
      iii. Leigh Ann Savidge (w-soccer, w-lacrosse, swimming)
      iv. Ze Zeon (volleyball, m-soccer)
      v. Kristie Bowers (w-tennis)

5. The sport administrator will then notify the head coach.

6. The Director of Sports Medicine and/or his designee will communicate with the family and will provide medical updates when available (if appropriate).

7. Once notified of the transport to CPEP the Assistant AD for Student-Athlete Development will contact the Dean of Students case manager serving as a liaison to athletics and UCC.

8. Once the student-athlete is released from CPEP he or she is mandated by campus to meet with UCC prior to returning to classes.

Follow Up:
1. UCC will contact the Director of Sports Medicine to notify him or her of when the student-athlete is clear to return to classes and to discuss the treatment plan moving forward.

2. The Student-Athlete of Concern Committee will discuss the situation at the weekly meeting to debrief. Until UCC or an off campus provider determines that the student-athlete no longer needs counseling services the Director of Sports Medicine will communicate regularly with the provider, the Dean of Students office, and the Student-Athlete of Concern Committee.

CHRONIC MENTAL HEALTH CONCERNS – MANAGEMENT PLAN
The following Management Plan will be followed if a student-athlete is suffering from an on-going mental condition that is impacting his or her daily functioning. Athletic department staff or coaches may be made aware of this condition directly via the student-athlete or through a third party.

Referrals:
1. The student-athlete of concern should be referred to speak with the Director of Sports Medicine. If he or she is unwilling to speak with the Director of Sports Medicine he or she should be referred to speak with UCC and the Director of Sports Medicine should immediately be made aware of the referral. When possible, coaches or athletic administrators should either have the student-athlete call while present to set up an appointment with UCC or walk with the student-athlete up to UCC (607-777-2772 / Bldg. Old O’Connor, Room 264).

2. If the Director of Sports Medicine speaks with the student-athlete, he or she will then facilitate the student-athlete setting up an appointment with UCC (either via phone or by walking with him or her up to UCC). If the student-athlete does not see the Director of Sports Medicine in person he or she will be provided the contact information for UCC via phone and email (607-777-2772 / Bldg. Old O’Connor, Room 264).

Confidential Release of Information Form:
1. All student-athletes referred by the Athletic Department to UCC or an off-campus provider for what are believed to be persistent mental health concerns will be asked to sign a Confidential Release of Information Form. The Director of Sports Medicine will coordinate this process with UCC or, in the case of an off-campus provider, the student-athlete. Participation in intercollegiate athletics may be contingent on signing this form.

2. Once the Confidential Release of Information Form has been signed UCC will provide general updates to the Director of Sports Medicine notifying him or her of the general treatment plan and any information that may impact his or her participation in intercollegiate athletics. In the case of treatment being provided by an off-campus provider, the Director of Sports Medicine will coordinate with the student-athlete to receive official medical updates.

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Follow Up:
1. Once a referral is made by the Director of Sports Medicine, or he/she is made aware of the referral, the Student-Athlete of Concern Committee will be updated at the weekly meeting. The Director of Sports Medicine will also notify the Dean of Students, if appropriate.

2. Until UCC or an off campus provider determines that the student-athlete no longer needs counseling services, the Director of Sports Medicine will communicate regularly with the provider, the Dean of Students office and the Student-Athlete of Concern Committee.

Privacy: Of utmost importance throughout the process of treating a student-athlete with chronic mental health concerns is that his or her privacy be maintained to the greatest extent possible. Athletic department staff members and coaches will be notified of the situation only to the extent necessary to ensure the safety of the individual suffering from the illness and the campus as a whole.

Non-Compliance: In the event that a student-athlete who appears to be suffering from a chronic mental health condition has been directed by their coach, the Director of Sports Medicine or another athletics staff member to schedule and attend an appointment with a counselor in UCC and does not follow through, or is unwilling to sign the Confidential Release of Information, the Director of Athletics or Team Physician may remove the student-athlete from participation in intercollegiate athletics.

University Counseling Center:

Location – Old O’Connor 264

Phone # – 607-777-2772

Hours – 8:30am – 5pm (Monday – Friday)

Emergency Appointments – 1pm – 4pm (Monday – Friday)

After Hours Counseling – 5pm – 8:30am (Monday – Friday) / 24 hours (Saturday – Sunday)

Binghamton General Hospital’s Comprehensive Psychiatric Emergency Program (CPEP):

Location – 10-42 Mitchell Ave. Binghamton, NY 13850

Phone # – 607-762-2302

Hours – 24 hour survive
**Catastrophic Incident Management Plan**

**Introduction:** This document serves as an addition to the emergency action plan. If a catastrophic incident occurs, the emergency action plan should be initiated, and the following steps should take place in the event of a catastrophic incident.

**Definition:** Catastrophic Incident

A. Sudden death of a student-athlete, coach, or staff member at any time (accidents and illness as well)

B. Disabling and/or quality of life altering injuries such as a spinal cord paralysis or loss of a paired organ

**Catastrophic Incident**

A. Suicide of student-athlete, coach or athletic staff

B. Death of student-athlete, coach, or athletic staff (criminal circumstances)

C. Non-Athletic related death of student-athlete, coach or athletic staff

D. Vehicle Accident
   1. University Event
   2. Non-University Event

E. Death of student-athlete, coach or athletic staff (on the field)

F. Catastrophic Injury sustained by student-athlete, coach or staff member

**Catastrophic Injury – Crisis Management Plan**

The following Catastrophic Incident Management Plan will be followed if an athlete or staff member sustains a catastrophic injury:

1. The Athletics Emergency Action Plan will be initiated to ensure proper care and transportation of the injured individual(s).

2. A BU Athletic Trainer or coach will accompany the injured individual to the medical facility.

3. Once at the medical facility, the designated individual will contact the Director of Sports Medicine with medical updates from the attending physician (if applicable).
   

4. The Director of Sports Medicine will contact the **Crisis Management Team (CMT):**
   
   A. Team Physician – Dr. Micah Lissy – cell – 914-363-0362

   B. Athletic Director – Patrick Elliott – cell – 646-739-2019

   C. Sport Administrator:
      1. Dennis Kalina (wrestling, golf) – cell – 607-759-9838
      2. Dave Simek (baseball, m-lacrosse, xc/track, softball, m-tennis) – cell – 607-761-2340
      3. Leigh Ann Savidge (w-soccer, w-lacrosse, swimming) – cell – 607-761-2546
      4. Ze Zeon (volleyball, m-soccer) – cell – 607-759-5624

   D. Head Coach of sport involved

5. The CMT (The Team Physician, Director of Sports Medicine, Athletic Director and/or Sport Administrator, and head coach) will proceed to the medical facility (if appropriate).
ACTIONS TO BE TAKEN BY THE CMT:

1. The CMT will gather all pertinent facts regarding the incident accurately and expeditiously.

2. Accurately document all events, list all participants and witnesses, and obtain all medical documents.

3. Secure any or all available materials / equipment involved, including equipment of student-athlete and game film.

4. Once the student-athlete has been stabilized at the medical facility, the Director of Sports Medicine, 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.

   A. The Director of Sports Medicine and/or his designee will continue to communicate with the family, and will provide medical updates when available.

5. The Athletic Director will contact the University President, the Associate Vice President for Communications and Marketing, Associate Athletic Director for Communications, and Vice President of Student Affairs.

6. The Sport Administrator will contact:

   A. An Associate Athletic Director for Student Services will contact the BU Counseling Center for the purpose of arranging psychologists, grief counselors, etc. for use by team and athletics department personnel.

   B. Campus Police Department – 607-777-2222 or 607-777-2393

   C. University Legal Counsel Office (if appropriate) – Barbara Westbrook Scarlett – 607-777-4438

7. The Head Coach will be responsible for assembling the team as soon as possible for a briefing on the emergency situation.

8. After receiving consent from the student-athlete and/or their family, the Director of Sports Medicine will contact the Associate Athletic Director for Communications and apprise them of the situation. The media should be contacted by the either the Sports Information Department or the University Communications office only when all facts are known and a statement has been made by the CMT. All information deemed appropriate for release to the media will be determined by the CMT.

9. The Director of Sports Medicine will contact the insurance providers:

   A. Secondary Insurance Broker – TBD

   B. NCAA Catastrophic Insurance – 1-800-245-2744
15.0 **ADDITIONAL INFORMATION**

Additional information regarding sports medicine and related topics can be found at the brochure rack outside the athletic training room. Brochures include topics such as Sports Medicine Policies and Procedures, Illness Procedures, Nutrition Resources, MRSA, Student-Athlete Pregnancy Policy, Drug Testing Program, Eating Disorders, and BU Athletic Insurance Policies and Procedures, etc. Please feel free to see any Athletic Trainer if you ever have any questions or concerns.