The purpose of this document is to provide instructions to members of the Roger Williams University Athletic Department in the event of a medical emergency regarding student-athletes from Roger Williams University and visiting teams. A medical emergency is any life threatening injury or illness that requires immediate medical attention. Emergency situations may occur at any time during athletic participation. Action must be taken promptly in order to provide necessary treatment. This Emergency Action Plan will assist in the process of seeing that treatment is provided in a timely manner.

All members of the Athletic Department who work directly with athletes are required to familiarize themselves with this Plan. Throughout the year there might be many times in which an athletic trainer or medical professional is not immediately available. This places athletic personnel, most likely coaches, in the position of potentially providing emergency medical services in the form of cardiopulmonary resuscitation and basic first aid. Both Head and Assistant Coaches are required to have and maintain CPR/AED certification. The Athletic Training and Sports Medicine Department offers courses annually for basic CPR/AED. During the course the Athletic Department’s emergency policies are reviewed. Documentation of certification/re-certifications should be provided to and kept on file with the Athletic Training and Sports Medicine office.

Athletic personnel should review this Plan at the beginning of each academic year. Coaches should discuss the Plan in detail with the Certified Athletic Trainer assigned to their sport. A venue specific, individualized emergency plan must exist for all organized practices and competitions, including out of season training. Those with the highest level of medical training, such as a Team Physician, Certified Athletic Trainer, Emergency Medical Services Staff and or additional First Responders (Work Study Students employed by the Athletic Training & Sports Medicine Department) are responsible for the Plan at a session or event. If a member of the Athletic Training & Sports Medicine staff or individuals mentioned above are not available at a practice, then the Coach is responsible for the emergency action plan.

Ideally, potential medical emergencies will be avoided through physical screenings of an athlete prior to participation in any sport. However, accidents and injuries are inherent with sports participation. Therefore, proper preparation on the part of the Athletic Department staff will enable each emergency situation to be managed appropriately. If you have any questions about this Plan, please contact the Head Athletic Trainer, Joshua N. King or either Team Physician, Dr. Razib Khaund or Dr. Jeff Feden.
There are three basic components of this Plan: Emergency Personnel, Emergency Communication and Emergency Equipment.

1. Emergency Personnel

The type and degree of sports medicine coverage for an athletic event regardless of practice or contest may vary based on factors such as the particular sport or activity, the setting and the type of training or competition. With the majority of athletic contests and practices, the first responder to an emergency situation is typically a member of the Athletic Training and Sports Medicine Department, most commonly a Certified Athletic Trainer. Other Emergency Personnel include, University Emergency Medical Technicians (EMT), Athletic Training Work Study students, Team Coaches and Event Staff.

Roles of these individuals may vary depending on various factors such as number of members of the team, the athletic venue itself, or the preference of the Head Athletic Trainer. Defined within the emergency team include:

A. Immediate Care of the Athlete (by those with highest medical training)
B. Activation of Emergency Medical Services
C. Emergency Equipment Retrieval
D. Directions to the Emergency Site

A. Immediate Care of the Athlete

The first and most important role is immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training. This should be determined in advance of each event and or training session.

B. Activation of Emergency Medical Services (EMS)

The second role, EMS activation, should be done as soon as the situation is deemed an “emergency” or “life-threatening event”. The classification of the emergency shall be decided on by the on-site member of the Emergency Personnel. At this time, by Cellular Phone a designated person should dial 254-3333 on campus or if off campus dial 911. If you are on campus and do not have a cell phone, please use the Blue Light phone stations (Appendix B). See venue specific descriptions later in this document. Time is the most critical factor. Activating the EMS system may be done by the designee at the venue. However, the person chosen for this duty should be someone who is calm under pressure, who communicates well and who is familiar with the location of the sporting event.

C. Emergency Equipment Retrieval

The third role, equipment retrieval, may be done by the Emergency Personnel or someone assisting them who are familiar with the types and location of the specific equipment needed. Equipment such as AED, splint bags etc. should be at venues but this is not always the case. Important emergency equipment is listed below. (See Map of AED locations at end of document Appendix A)

D. Directions to the Emergency Site

After EMS has been activated, one member of the team should be responsible for meeting the emergency medical personnel as they arrive at the site of the event, if they are not already there. Depending on ease of access, this person should have keys to any locked gates, bollards and knowledge of entrance/exit routes for all emergency access vehicles. People appropriate for this position would be student workers, event managers and coaches.
2. Emergency Communication

A. Activation of Emergency Medical System

In the event that an emergency occurs on campus involving a student athlete, a member of the Emergency Team should promptly contact Public Safety (254-3333) and describe to the dispatch personnel the situation. **Do not call 911.** Some practice facilities may have a Blue Light Phone nearby (see venue specific description below); this is suitable for notifying Public Safety. It is the responsibility of the Certified Athletic Trainer or the Coach (if an athletic trainer is not present) to bring a cellular phone to the field. A back up communication plan should be in effect if there should be failure of the primary communication system. It is important to note in advance the location of a workable telephone, a cellular phone is preferred. *(See map of outdoor phone locations Appendix B)*

B. Contacting the Emergency Medical Services (Public Safety)

1. If EMT’s are at an event, a previously discussed signal should be given to summon them. (If an AED is going to be used, a call to dispatch is required)
2. If EMT’s are not on site (which would be the norm), call public safety at 254-3333. If an ambulance is needed by a Certified Athletic Trainer, please tell dispatch immediately.

3. The following information should be provided to the dispatcher:
   a) Your Name (If an ambulance is required, please let dispatch know at this time.)
   b) Exact location where the injury occurred and where someone will meet Public Safety or Bristol Fire.
   c) The number you are calling from
   d) Number of injured athlete(s)
   e) The condition of the athlete(s)
   f) The care being provided, what is needed by the staff tending to the situation (eg. Ambulance or EMT)
   g) Make sure that you hang up only after the dispatcher has hung up

4. Notify someone from the Athletic Training and Sports Medicine Department. Numbers are enclosed in this document and should be in the coaches/event manager’s cellular phone.
5. As EMS is being dispatched, make sure someone is designated to retrieve any needed emergency equipment from the sidelines.
6. Have the event manager/coaches serve as crowd control and keep all other athlete’s away from the injured party.
7. Send someone to meet Bristol Rescue at the designated spot.
8. A member of the Athletic Training and Sports Medicine Department (if possible), a student athlete or coach will accompany the injured athlete to the hospital. The member of the team that goes with the athlete will need to bring pertinent medical information with them to the hospital.

3. Emergency Equipment

The majority of emergency equipment will be under the control of a member of the Athletic Training and Sports Medicine staff (Physician/ Certified Athletic Trainer) or EMT’s. The highest trained provider at the event should be aware of what equipment is readily available at the venue or event. All necessary emergency equipment should be quickly accessible. Appropriate personnel should be familiar with the function and operation of available equipment. The equipment should be in good condition and checked bi-annually.

The highest trained member of the staff should determine in advance the type and manner in which any equipment is at or to be delivered to the site. Unless immediately adjacent to the Athletic Training room, non-sports medicine staff members should rely on emergency medical services for all equipment.
The following is a list of important available equipment and their location:

1. Automatic Electronic Defibrillators (AED’s)-Available in all EMS trucks and with Athletic Training Staff at certain events. AED also located on the bottom floor of the Recreation Center hanging on the wall at the bottom of the staircase. **If an AED is being used, make sure a call to dispatch is made.**

2. Spine board- Spine boarding is the responsibility of the Paramedics, EMT’s on the Ambulance. All qualified personnel on site will assist if needed.

3. Splints- Available at events with ATC’s as well as in the Athletic Training Rooms both in the Recreation Center and in the old Athletic Training Room.

**EMERGENCY PHONE NUMBERS**

**Emergencies on Campus/Public Safety**  x. 3333 or 254-3333
NEWPORT HOSPITAL EMERGENCY DEPARTMENT  401-845-1120
RHODE ISLAND HOSPITAL EMERGENCY DEPARTMENT  401-444-9292
MIRIAM HOSPITAL EMERGENCY DEPARTMENT  401-793-3000

**SPORTS MEDICINE STAFF**
TEAM PHYSICIANS  
**Dr. Razib Khaund**
(P) 401-350-4107
(O) 401-330-1439

**Dr. Jeffrey Feden**
(O) 401-519-1608
(C) 804-301-5036
(C) 401-623-9166

HEAD ATHLETIC TRAINER  
Joshua N. King, MS, ATC  
(O) 401-254-3287
(C) 401-743-6281

ATHLETIC TRAINERS  
Louise Humphrey-Arruda, MS, ATC  
(O) 401-254-3266
(C) 401-486-7379

Cory Viveiros, ATC  
(O) 401-254-3319
(C) 401-829-3597

**Administrators**
Athletic Director  Dave Kemmy  401-254-3428
Athletic Administrator  Donna Flannery  401-254-3050
IN CASE OF EMERGENCY, DO THE FOLLOWING:

I. PROVIDE EMERGENCY CARE (First Aid/CPR)

II. Contact Public Safety on campus at x.3333 or 254-3333
    Off campus use 911

III. Provide the following information:
    a. Your Name
    b. Exact Location
       Bayside Turf Field
       Baseball Field (Paolino)
       Softball Field (Paolino)
       Sailing Waterfront
       Tennis Courts
       North Field Complex
       Swimming Pool (Recreation Center)
       Recreation Center Gymnasium (Basketball Court)
       Recreation Center Field House
    c. Give the number you are calling from
    d. Number of injured athlete’s
    e. Condition of the injured athlete’s
    f. Care being given
    g. BE THE LAST PERSON TO HANG UP!!

IV. If needed, retrieve medical equipment per Physician or ATC

V. Notify the Sports Medicine Staff if working alone.

VI. Control the crowd (spectators/players)
Emergency Action Plan
Venue Specific

BAYSIDE TURF FIELD
1. All Gates should be unlocked prior to any event for access to field.
2. Mode of Communication- Cell phone use or Blue Light by the Press Box.
   3. AED Location: With ATC on site during all Varsity contests and practices. Coaches will know if an ATC is going to be at their practice. If no ATC, please be advised to wait for public safety.
4. Ambulance Entrance: Ambulance enters campus on North Road and parks alongside the north entrance to the field.

BASEBALL FIELD/PAOLINO
1. All Gates should be unlocked prior to any event for field access. When Emergency requiring Ambulance access remove Bollards at both ends of concourse.
2. Mode of Communication- Cell phone use or call box behind first base dugout/press box.
3. AED Location: With ATC on site for Games, No AED for practices.
4. Ambulance Entrance: North Campus Road, take right onto concourse drive to first base dugout, enter field.

SOFTBALL FIELD/PAOLINO
1. All Gates should be unlocked prior to any event for field access.
2. Mode of Communication- Cell Phone
3. AED Location: With ATC on site for Games, No AED for practices
4. Ambulance Entrance: Enter using North Campus road, take a right into Law School entrance, and enter via gate behind 3rd Base dugout.

TENNIS COURTS
1. All Gates should be unlocked prior to events for access.
2. Mode of Communication- Cell Phone
3. AED Location- with ATC for Matches, No AED for practices.
4. Ambulance will either park on the road or the access road for North Campus Residence Hall.

NORTH FIELD COMPLEX
1. Gates should be unlocked prior to events for emergency access.
2. Mode of Communication- Cell Phone
3. AED location- With ATC for Varsity Sports, AED with Club Sports ATC, no AED for practices.
4. Ambulance Entrance: Through North Campus Road, enter via dirt road after fields on right.

SAILING/WATERFRONT
1. Roadway should be clear for any emergency access, always check parking situation.
2. Mode of Communication- Cell Phone or Blue Light Phone.
3. AED Location- None
4. Ambulance Entrance: Through North Campus road, along Bayside and take roadway towards waterfront.

RECREATION CENTER-GYMNASIUM
1. Mode of Communication- Landline in Recreation Center/Cellular Phone.
2. AED Location- during Varsity Contests with ATC, Also stationed on lower level by staircase.
3. Ambulance use entrance either through main lobby and use elevator or use stairs by Commons.
RECREATION CENTER-POOL/DIVING  
1. Mode of Communication- Landline in Pool Office/Cellular Phone  
2. AED Location- Lower Level by Staircase.  
3. Ambulance use main entrance of Recreation center and access using the elevator.

RECREATION CENTER FIELD HOUSE  
1. Always make sure Garage Door in Field House is clear on both sides.  
2. AED Location is through the lobby and on the wall at the base of the staircase.  
3. Mode of Communication- Landline in Offices/Cellular Phone  
4. Team member needs to open gate by Parking Lot 11/12 to allow ambulance to enter the Field House.  
5. Ambulance Entrance: Ambulance enters through main gate, left into lot 11/12 access road, back up to the garage door.

PORTSMOUTH HIGH SCHOOL (Track & Field)  
1. Coaches are fully responsible for contacting 911 when off Campus  
2. AED brought by the ATC on site.  
3. Follow Emergency protocol, describe where you are etc.  
4. Mode of Communication- Cell Phone.  
5. Ambulance Entrance- Completely up to Bristol Fire & Rescue.

GLEN FARMS (EQUESTRIAN) (163 Glen Farm Rd. Portsmouth RI.)  
1. Coaches are fully responsible for calling 911 when off Campus  
2. Follow Emergency protocol, describe where you are etc.  
3. Mode of Communication- Cell Phone/Land Line if available.  
4. No AED on Site.  
5. Ambulance follow’s Portsmouth Fire and Rescue protocol.
ATHLETIC TRAINING COVERAGE

Teams participating in their traditional championship season (in-season) will have priority over teams participating in their non-traditional (off-season). Home events will take priority over teams traveling.

The following categories are based on injury rate, catastrophic index and treatment rate as calculated by the NCAA injury surveillance.

(H) = Head AT (JK); (A1) = AT (LH); (A2) = AT (CV)  (S)=Shared

High Risk Sports – because of the injury potential of these sports, it is recommended that there be a certified athletic trainer present during all practices and games.
Soccer – M (H)  Lacrosse – M (H)
Wrestling (H)

Moderate Risk Sports – because there is the potential for serious injury in these sports, it is recommended that a certified athletic trainer be within a 4 minute response time of practice and be present during games.
Basketball – M (A2)  Basketball -W (A1)

Low Risk Sports – because there is still some potential for serious injuries in these sports, it is recommended that a certified athletic trainer be available during practice and within a 4 minute response time for games.
Baseball (H)  *Equestrian (S)  Softball (A1)
*Sailing (H)  Tennis –W (A1)  Tennis - M (A1)
Swimming - M/W (S)  XC – M/W (A2)  *Track and Field – M/W (A2)

* direct coverage is not provided for Equestrian, Sailing and Track and Field for both on campus and off campus practices and events.
PRE-PARTICIPATION REQUIREMENTS

All first-time participants in RWU varsity athletic programs are required to have a current physical examination that specifically clears them for unrestricted athletic participation within 6 months of the sport they are playing. It is recommended that student-athletes have follow-up physical examinations every year due to the possibility of medical issues occurring at any time. Physical examinations that are on file with Health Services can fulfill this requirement for first year student athletes. Student-athletes with physicals on file at Health Services should get the necessary information transferred thought the Athletic Training Staff, not the Health Services Staff. All participants in varsity athletic programs are required to complete the on-line documentation through SWOL (Sportsware online). This program can be accessed at www.swol123.net, the student needs to fill out all pertinent information on the website (General Demographics, Emergency Contacts, Insurance information, Medical alerts and Medical History) These on-line forms will be reviewed by the staff Athletic Trainers and will be followed up with the student athlete at a check-in date. Also needed for eligibility is an updated insurance card. The SWOL website includes an area where pertinent insurance information can be typed in. The student athlete will also need a copy of an updated insurance card to be kept on file in the Athletic Training room. Written documentation is required for any current injuries or illnesses such as off season surgeries or other pertinent medical events that the Athletic Training staff needs to be made aware of. NCAA legislation now requires documentation from the health care provider regarding exceptions for prescription medication that are on the banned substances list. The Athletic Training staff needs to know about any medications or substances that the student athlete may be taking. It is important to know that there is no complete list of banned substances. Medical exception paperwork is available on-line and in the Athletic Training room. Staff ATs will annually review each medical history and ask specifically about history of sickle cell trait; and update this information on SWOL.

SCHEDULING

• The athletic training room will be open 2 hours prior to home varsity contests and 1 hour following home varsity contests.
• Staff athletic trainers will be available for appointments outside of operating hours, if deemed necessary by the athletic training staff and this needs to be coordinated by both the SA and ATC.
• The athletic training department requires 48 hours advanced notice of schedule changes (excluding changes due to weather).
• Saturday and Sunday practice times will occur during consecutive time slots approved by the scheduling coordinator and Head Athletic Trainer For example: Men’s and Women’s Basketball could not practice on a weekend day 9-11am and 4-6pm.
• Practice times outside of normal operating hours will need to receive prior approval from the scheduling coordinator. (Mike Gallagher) Limited time slots will be available in the early hours and late hours, but must be coordinated to not overlap in one day.
RETURN TO PARTICIPATION

Student–athletes participating in RWU varsity athletic programs are responsible for reporting injuries and illness to the athletic training staff. The athletic training staff and team physicians have final say on an athlete’s return to play. All athletes will undergo sport specific activities to make sure they are ready to return to full activities.

If the student-athlete is referred to an outside health care provider or Health Services, they must return written documentation to the athletic training staff. If the student-athlete chooses to visit a health care provider outside of the Roger Williams University referral network, they are still responsible for obtaining written documentation. The student-athlete will only be allowed to return to sport activities (conditioning, practice, games) when they produce a note from a health care provider that specifically states that they have been cleared to return to participation. Physician referral forms are available in the athletic training room and can be obtained for any scheduled appointments.

ATHLETIC TRAINING ROOM GUIDELINES

1. Please sign-in for all treatments received.
2. Proper dress is required; shorts and shirts should be worn at all times.
3. Foul language and horseplay will not be tolerated.
4. No self-treatments, please ask for help.
5. Keep the Athletic Training Room (ATR) neat and clean. Return things to the way that they were found.
6. The office, phone, and computer are for staff only.
7. Ice is for treatment only.
8. Please do not remove items from the ATR (towels, rehab equipment, scissors).
9. Please sign-in for all treatments received.
INSURANCE CLAIMS

The athletic department has a secondary coverage insurance plan for varsity and club sport related accidents. The role of the staff AT is to provide documentation for sport related injuries including filing a *Sports Injury Claim Form*, assist with filing of claims, and comply with the requirements of the insurance plan. If a student-athlete is involved with an athletic related injury requiring medical services beyond that of the athletic training department, they must see a physician within 30 days of the actual accident. The student-athlete and his/her parents are responsible for obtaining and submitting an itemized bill (from the provider) and an explanation of benefits-EOB (from the primary insurance company) to the Secondary Insurance Provider.

Procedure for submitting an insurance claim:
1. Staff AT should fill out a Sports Injury Claim Form with the student-athlete. Please refer to prior claim forms as an example. One copy of this form will be faxed to the insurance company and one copy will be given to the student-athlete (or sent to his/her parent or guardian). It is necessary to give a comprehensive description of where and how the injury occurred – the more specific the less likely there will be a follow-up request for more information.
2. Student-Athlete or Parents can directly submit itemized bills and explanation of benefits directly to the Secondary Insurance Provider together with their copy of the Sports Injury Claim Form.
3. The athletic training staff will keep copies of the claim form and any information transmitted by the athletic training staff to the Secondary Insurance Provider.
4. Student-Athlete or the Parent can follow up directly with the Secondary Insurance Provider for coverage and questions – phone number is available on claim form.
5. Staff ATs can follow up with any concerns directly with the Contact Person for Consolidated Health Plans. This information should not be shared with parents or student-athletes.

CONCUSSION MANAGEMENT & IMPACT TESTING

ImpACT baseline testing will be performed on the following sports based on NCAA ISS data:

- Baseball
- Softball
- Sailing
- Basketball (M&W)
- Lacrosse (M&W)
- Soccer (M&W)
- Divers
- Pole-vaulters
- Equestrian
- Wrestling

**Any athlete who had a concussion in the previous year will need a baseline impact test to start the next season.**

- All of the above sports will also undergo BESS testing prior to their season.
- Follow-up ImpACT testing after an injury will be done 24-72 hours following injury when possible and repeated when the student-athlete is symptom-free for 24 hours.
- If a student-athlete suffers a head injury and does not have a baseline test, they may still be evaluated with the ImpACT test.
- ImpACT testing is only one component of the evaluation of symptoms of a head injury; it will not take the place of physician referral for return to participation decisions.
- Roger Williams University Athletic Training Concussion Home Care Instruction Sheet will be given whenever possible to student-athlete suffering a head injury.
Clinical research has shown that an athlete's balance and/or cognitive functioning are often depressed following a concussion even in the absence of self-reported symptoms. It has been demonstrated that it typically takes anywhere from 3 to 10 days for an athlete to return to their normal state following a concussion. However, in some cases athletes can experience post-concussion syndrome in which the symptoms last beyond 3 weeks.

In the event of a suspected concussion, the RWU Sports Medicine concussion management protocol requires the evaluation of the athlete's symptoms and neurocognitive function which provide the sports medicine staff with the subjective information necessary to return the athlete to play safely. The findings of these post-injury assessments are then used in conjunction with pre-season baseline neurocognitive assessments, conducted on all student-athletes participating in contact sports during their first year. Any athlete sustaining a concussion during the previous season is also re-baseline tested at the start of the next season.

The RWU Athletic Training Concussion management begins with baseline testing. Every new (first-year or transfer) student-athlete participating in:

- Baseball
- Softball
- Basketball (M&W)
- Lacrosse (M&W)
- Soccer (M&W)
- Divers
- Pole-vaulters
- Sailing
- Equestrian
- Volleyball
- Wrestling

**Any athlete who had a concussion in the previous year will need a baseline impact test to start the next season.**

All student-athletes competing in the above sports must complete the ImPACT baseline test proctored by a certified Athletic Trainer prior to their first official practice.
All student-athletes, coaches and sports medicine staff will attend an informational session on concussions.

**All RWU student-athletes must read the NCAA Concussion Fact Sheet and sign the attached student athlete statement acknowledging that:**

1. They have read and understand the *NCAA Concussion Fact Sheet*
2. They accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.

**All RWU coaches (head coaches and assistant coaches) must read and sign the attached**

*Coaches statement acknowledging that they:*

1. Have read and understand the *NCAA Concussion Fact Sheet*
2. Will encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions; and that they accept the responsibility for referring any athlete to the medical staff suspected of sustaining a concussion.
3. Have read and understand the *RWU Concussion Management Protocol.*

**All RWU Athletic Trainers and team Physicians must read and sign the attached medical provider statement acknowledging that they:**

1. will provide athletes with the *NCAA Concussion Fact Sheet* and encourage their athletes to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
2. have read, understand, and will follow the *RWU Concussion Management Protocol*

**The head Athletic Trainer will coordinate the distribution, educational session, signing, and collection of the necessary documents. The Head Athletic Trainer will keep the signed documents on file in the Athletic Training Room in the student-athlete’s medical file.**
**Post-Concussion Protocol Procedures**

**Any student-athlete diagnosed with a concussion shall not return to activity for the remainder of that day**

1. An athlete suspected of sustaining a concussion will be evaluated by a staff Athletic Trainer with a sideline evaluation consisting of:
   a. Assessment of airway, breathing and circulation
   b. Assessment of cervical spine and skull for injury
   c. Assessment of neurological and mental status
   d. Assessment of retrograde or anterograde amnesia
   e. Assessment of balance
   f. Timeline of injury and presence of symptoms will be noted

2. Upon confirmation of the student athlete having a concussion, the team physician will be notified or seen in a sufficient manner.

3. At this time, the student athlete will be given instructions to give to his or her professors via email and the Dean of Students, SAS coordinator and Director of HS will be notified.

4. When the athlete is symptom free the ImPact test will be administered. A follow-up ImPact test will be done 48-72 hours after the initial test and 48 hours after until the athlete meets his or her baseline results.

5. The results of the ImPact test will be discussed with the Head Athletic Trainer and Team Physicians for interpretation.

6. A follow-up care take-home warning sheet will be discussed with the student-athlete and then the student-athlete will follow up with the Athletic Training staff daily.

7. After the athlete has sufficiently performed the ImPact test to the baseline results, they will start the return to play protocol set forth below.

It is important to note that if the athlete is not on the above team list and does not have a baseline, he or she will be evaluated using the SCATIII form and then ImPact tested.

**RETURN TO LEARN GUIDELINES**

Step 1: Athlete will not be allowed to attend classes from 24-36 hours depending on symptoms. Certain instances will increase time out of class depending on symptom scale. The athlete needs to know that they are to have brain rest, eg: texting, TV watching, homework, exercise etc. “if you aren’t bored, you are doing too much!”

Step 2: Class attendance- once symptoms have resolved completely, the student can begin returning to classes. The student should simply attend class and pay attention, but not participate or take notes. If symptoms return, leave class (notifying the teacher) and rest for 24 more hours and repeat.

Step 3: Class participation and homework- Once the student can sit in class without any recurrence of symptoms, begin attending class and actively participating. If that goes well, begin doing some work for approximately 30 minutes and taking breaks. Gradually increase the total time studying as tolerated. Start with easier tasks such as light reading, gradually increase the amount of time spent studying as tolerated.

Step 4: Full class participation and homework- Once the student can fully attend class and complete reading and homework assignments and has been asymptomatic for 24 hours, the student can consider returning to athletic participation. (Steps 5-9)
RETURN TO PLAY GUIDELINES

The presence or absence of symptoms will dictate protocol and plan of action. Medical clearance will be determined by the Sports Medicine staff which includes Athletic Trainers and Team Physicians.

The physician and Athletic Trainer will begin a graduated exertional return to play protocol (see below) with the athlete to assess for increasing signs and symptoms. If the athlete remains symptom free through the protocol, they may continue with their return to play.

If at any point during the return to play protocol the athlete becomes symptomatic, the athlete will be re-assessed and will be instructed to follow the protocol from the beginning.

Graduated Exertional Return to Play Protocol
(Updated 10/29/2014)

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

All steps will take place at least 24 hours apart.

Step 5: 20 minute stationary bike ride
Step 6: Interval bike ride: 30 sec sprint/30 sec recovery x 10 and bodyweight circuit: Squats, push-ups, sit-ups.
Step 7: 60 yard shuttle run x 10 (40 sec rest); and plyometric workout: 10 yard bounding/10 medicine ball throws/10 vertical jumps x 3; and non-contact, sports-specific drills for approximately 15 minutes
Step 8: Return to drills, limited contact for full practice.

Step 9- RETURN TO PLAY w/ NO RESTRICTIONS

****No athlete can return to full activity or competitions until they are asymptomatic in limited, controlled, and full-contact activities, and cleared by the team physician.

****If a student-athlete exhibits symptoms at any stage of the return to play protocol, the protocol resets and they start from Step 1.

These guidelines were developed with the aide of the 2010-11 NCAA Sports Medicine Handbook, the 2010-11 NCAA Concussion management Plan, NATA position statement on Concussion Management and the UNC Concussion Management Protocol as a reference.
COLD WEATHER POLICY

Based upon NCAA and NATA guidelines the Athletic Training Department has adopted a Cold Weather Policy and a general Weather Policy. The Athletic Training Department uses the MxVision on-line weather program that allows us to track inclement weather. The Athletic Training Staff will receive text messages when there is potentially dangerous weather in the area. If this weather threatens games or practices, the Athletic Training Staff will sound an air horn with 3 short blasts. This means that all events are suspended and will resume when the staff deems necessary.

In regards to severe cold weather, the Athletic Training Department has set a guideline that no practices or events are to take place when the “feels like” temperature drops to 15 degrees. The MxVision on-line weather program has a “feels like” temperature gauge that takes wind-chill into account when stating the temperature. Please use common sense when practicing outside and make sure your athlete’s are dressed appropriately, covering all exposed areas when it is extremely cold.

MONONEUCLEOSIS RETURN TO PLAY POLICY

Any student-athlete who has been diagnosed with Mononucleosis needs to be cleared with written notification from their primary care physician, team Physician or the Health Service Medical staff. Once this clearance has been obtained, the athlete needs to proceed through a one-week graded return to play. This return to play will be dictated by the team physician and athletic training department. Once this is performed the athlete will fully cleared to assume all sport-related activities.

EATING DISORDERS

- Guidelines set forth by the Roger Williams University Eating Disorder Treatment Team will be consistently followed for student-athletes with suspected eating disorders
- Every incident reported to the athletic training staff must be fully documented
- Student-athlete with a suspected eating disorder will be encouraged to report to the counseling center; the counseling center will be notified that the student-athlete has been referred with the reasoning
- Student-athlete with a suspected eating disorder should be monitored for signs and symptoms of eating disorders including: extreme weight loss, loss of menstrual periods, depression, preoccupation with weight issues, chronic nausea/vomiting, frequent dieting…
- Staff Athletic Trainer should investigate any chronic injuries or illnesses and refer to a physician if the student-athlete appears to be at an increased risk of injury or illness
- Based on objective information gathered by the staff athletic trainer, a student-athlete may be suspended from varsity athletic participation pending medical evaluation by the appropriate medical staff (physician and/or counseling center)
- If the student-athlete has self-reported the concern for an eating disorder, he/she should be referred to a physician for medical evaluation and referred to the counseling center
- Once a student-athlete has been under a physician’s care for an eating disorder, the student-athlete may be required to meet specific criteria for practice and game participation
- Notification of a varsity coach and parents will be evaluated on an individual basis with full consideration of confidentiality issues
- Staff athletic trainers shall always act in the best interest of the student-athlete
Work Study

The work study program in the Athletic Training Department at Roger Williams University is designed to allow undergraduate students the opportunity to work in a clinical athletic training environment while earning federal work study money. Students will be expected to provide a service for the athletic department. In turn, students should expect to gain knowledge and experience in the athletic training profession. Work study positions include: First Aid Staff and Administrative Assistants.

∙ Student workers are responsible for maintaining current CPR, First Aid, and AED certifications.
∙ Student workers must be working under the direct supervision of a staff athletic trainer (AT). Students will not be allowed to work alone at any time covering a varsity practice or event.
∙ Student workers will work together with ATs to provide treatments and help with rehabilitation. Under no circumstances should student workers: diagnose injuries, initiate treatment plans, change treatment parameters, refer to physician, give out supplies, or in any way exceed his/her level of training.
∙ Student workers will be responsible for assisting with: field/court set-up, athletic training room maintenance, record keeping, rule enforcement, and practice/game preparation and coverage.
∙ Student workers will be expected to attend in-service training sessions. Topics will include: emergency action plans, blood borne pathogen control, taping, therapeutic modalities, and various topics within the performance domains of athletic training
∙ The Athletic Training Room (ATR) is a medical facility with strict rules of confidentiality. Student workers will abide by these rules.
∙ Student workers will be expected to dress professionally during work hours. This includes: shirts that reach the beltline (no visible belly buttons); appropriate pants or shorts (no cut-offs, ripped jeans); and functional shoes (no flip-flops or high heeled shoes).
∙ The offices are for staff ATs; computers and telephone should not be used for personal business, please ask for permission before entering the office area.
∙ If a student worker is unable to work scheduled hours, the staff AT should be notified as soon as possible on the main athletic training phone line (401) 254-5721 or via email.