# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mission/Vision Statement</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Policies and Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Student Expectations</td>
<td>4</td>
</tr>
<tr>
<td>Professionalism</td>
<td>4</td>
</tr>
<tr>
<td>Attendance</td>
<td>5</td>
</tr>
<tr>
<td>General Athletic Training Room Policies &amp; Procedures</td>
<td>5</td>
</tr>
<tr>
<td>Recording Clinical Experience Hours</td>
<td>6</td>
</tr>
<tr>
<td>Athletic Training Student Clinical Duties and Responsibilities</td>
<td>9</td>
</tr>
<tr>
<td>Disciplinary Action Policy</td>
<td>13</td>
</tr>
<tr>
<td>Staff Sport Coverage Assignments</td>
<td>14</td>
</tr>
<tr>
<td>Medical Records</td>
<td>15</td>
</tr>
<tr>
<td>Therapeutic Athlete Privacy, Confidentiality &amp; HIPAA</td>
<td>16</td>
</tr>
<tr>
<td>Media Relations</td>
<td>21</td>
</tr>
<tr>
<td>Concussion Evaluation Procedures</td>
<td>22</td>
</tr>
<tr>
<td>Turf Burn Protocol</td>
<td>29</td>
</tr>
<tr>
<td>Staph Infection/MRSA Infection Policy</td>
<td>30</td>
</tr>
<tr>
<td>Sickle Cell Trait Policy</td>
<td>34</td>
</tr>
<tr>
<td>Physician Referrals / Consultations</td>
<td>35</td>
</tr>
<tr>
<td>Transportation of Student-Athletes Policy</td>
<td>38</td>
</tr>
<tr>
<td>Over the Counter Medications (OTC) Policy</td>
<td>38</td>
</tr>
<tr>
<td>Fluid Replacement, Rehydration and Heat Illnesses Policy</td>
<td>38</td>
</tr>
<tr>
<td>Gatorade Product Use</td>
<td>44</td>
</tr>
<tr>
<td>Direct Supervision of Athletic Training Students</td>
<td>45</td>
</tr>
<tr>
<td>Morning Treatments</td>
<td>45</td>
</tr>
<tr>
<td>Daily Injury Report Procedures</td>
<td>46</td>
</tr>
<tr>
<td><strong>Emergency Action Plan</strong></td>
<td>47</td>
</tr>
<tr>
<td>Emergency Communication Hand Signals</td>
<td>50</td>
</tr>
<tr>
<td>Emergency Phone Numbers</td>
<td>50</td>
</tr>
<tr>
<td>Emergency Action Plans (Venue Specific) located in Appendix B</td>
<td>52</td>
</tr>
<tr>
<td>Catastrophic Injury Plan</td>
<td>74</td>
</tr>
<tr>
<td>Policy Statement on Thunder &amp; Lightning</td>
<td>81</td>
</tr>
<tr>
<td><strong>Exposure Control Plan (Communicable Disease Policy/Blood-Borne Disease Control)</strong></td>
<td>85</td>
</tr>
<tr>
<td>(exposure to blood and other potentially infectious materials)</td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B Vaccination Policy</strong></td>
<td>101</td>
</tr>
<tr>
<td>Hepatitis B Vaccine Information Sheet</td>
<td>103</td>
</tr>
<tr>
<td>Hepatitis B Vaccine Declaration / Declination Form</td>
<td>104</td>
</tr>
<tr>
<td><strong>HPC Hydrotherapy Room Policies</strong></td>
<td>105</td>
</tr>
<tr>
<td><strong>Sexual Harassment</strong></td>
<td>109</td>
</tr>
<tr>
<td><strong>Sexual Assault / Rape Treatment/Referral</strong></td>
<td>109</td>
</tr>
<tr>
<td><strong>Mental Health Treatment/Referral</strong></td>
<td>110</td>
</tr>
<tr>
<td><strong>UNI Intercollegiate Athletics Substance Abuse Policy (Drug Testing)</strong></td>
<td>111</td>
</tr>
</tbody>
</table>
Appendices:

Appendix A .................................................................................................................................................................................. 124
  NCAA Banned Substance List

Appendix B .................................................................................................................................................................................. 125
  Athletic Training Administrative Forms
UNIVERSITY OF NORTHERN IOWA
ATHLETIC TRAINING SERVICES

Mission / Vision Statement:

The UNI Athletic Training Services / Sports Medicine Department will provide comprehensive, state-of-the-art health care and wellness services as it pertains to the well-being of the student-athlete. Each member of the UNI Athletic Training Services / Sports Medicine Department will do his or her part to provide professional, first-class leadership and counseling necessary to prevent, manage, and rehabilitate the student-athlete. The UNI Athletic Training Services Department strives to provide leadership in education for athletic training students through quality didactic and clinical experiences. UNI Athletic Training Services / Sports Medicine serves as a major intellectual and creative resource for the UNI Division of Athletic Training, school of Health, Physical Education and Leisure Services, College of Education and Intercollegiate Athletics developing interactive partnerships with allied health professionals, and participates in the exploration and development of the student-athlete’s health and well-being.

The Vision of the University of Northern Iowa Athletic Training Services / Sports Medicine Department is ...

... to become a nationally recognized Athletic Training Services program focusing on first-class, state-of-the-art health care services to the UNI Intercollegiate Athletics Department, and a respected and prominent leader with the reputation of providing quality educational experiences to athletic training students within the Division of Athletic Training at UNI.
UNIVERSITY OF NORTHERN IOWA ATHLETIC TRAINING SERVICES
Athletic Training Student Policies & Procedures

I. STUDENT EXPECTATIONS:

All athletic training students should:

- Be intellectually inquisitive;
- Be enthusiastic & self-motivated;
- Possess good communication skills;
- Be good listeners;
- Be able to accept constructive criticism;
- Show concern & respect for others;
- Be punctual & dependable for all assigned tasks & activities.

Above everything else, UNI athletic training students are expected to be honest and forthright in all endeavors, and display dedication and commitment at all times to the health and welfare of the student-athletes, as well as the UNI Athletic Department and UNI Athletic Training Division as a whole.

Insubordination, disloyalty, breach of duty, unprofessional behavior, theft/vandalism, sexual harassment, substance abuse, and conduct unbecoming of an athletic training student among others will not be tolerated and may result in decreased evaluations, a meeting with the AT Program Director, and disciplinary action.

Keep in mind that most problems that arise are due to a lack of communication. It is expected that UNI athletic training students will be familiar with all policies, procedures, and expectations. If there are ever any questions, comments, and/or concerns, it is expected that these will be communicated immediately to Director of Athletic Training Services.

II. PROFESSIONALISM:

Statement on professionalism-

1. As an athletic training student at UNI, you are a representative of the University, the Athletic Department, the Athletic Training Services, the Division of Athletic Training and the athletic team to which you are assigned. Your professional conduct and dress is expected to reflect this at all times.
2. Athletic training students are expected to adhere to the NATA Code of Professional Practice and Ethical Principles at all times.
3. Do not publicly express opinions of treatment and/or care rendered by a physician or athletic trainer.
4. Information heard or discussed at team meetings, practices, games, etc. by coaches, athletes, and/or administrators is considered confidential and should not be discussed with other individuals.
5. Respect all coaches, professional staff, administrators, etc. at all times. Avoid confrontations if at all possible, and if a confrontation or other problem develops, notify the staff athletic trainer responsible for that sport immediately.
6. No tobacco products or alcohol is to be consumed while representing UNI’s Athletic Department and/or the Athletic Training Services.
7. No profane language, horseplay, etc. will be tolerated.
8. Use of personal cell phones during clinical experience times are prohibited except for emergency situations.
III. ATTENDANCE
1. Athletic Training Students must be in attendance during their assigned sport’s competitive season during the team’s practices, competitions, full-team strength and conditioning sessions, etc. as arranged with their preceptor.
2. **UNI Athletic Training activities take precedence over all outside employment, intramural/open recreation, high school football, or other personal activities.**
3. Except for emergencies, the preceptor must be notified in writing at least 72 hours in advance of an absence.

IV. GENERAL ATHLETIC TRAINING ROOM POLICIES & PROCEDURES
In order to ensure proper and precise medical care and treatment, the following guidelines MUST be followed at all times.

1. Use of the athletic training room is strictly for those individuals involved in the UNI Intercollegiate athletics program.
2. Student-athletes must shower before receiving treatment.
3. Food and drinks should not be consumed in the athletic training room.
4. Athletes must report to the athletic training room for taping, treatment, and rehabilitation in proper attire (i.e. shorts, sweats, t-shirts, sports bras, etc).
5. Unnecessary clothing and equipment (i.e. cleats, helmets, shoulder pads, gloves, balls, etc.) should not be brought into the athletic training room. Inform the athlete that he/she is to leave their equipment in the hall or in their locker.
6. Student-Athlete treatments/rehab sessions must be recorded in SportsWare/Touchworks EVERY time.
7. No supplies are to be taken from the athletic training room without the permission of a staff athletic trainer.
8. All equipment is to be signed-out before being removed.
9. Shoes ARE NOT allowed on the treatment tables.
10. Abusive and/or foul language is not allowed in the athletic training room.
11. Horseplay, loud talking, and/or loitering are not allowed in the athletic training room.
12. It is the responsibility of every athletic training student to make sure the athletic training room remains clean and neat at all times. After the completion of every treatment, make sure all equipment is turned off and returned to its proper location and the table is disinfected properly. At the completion of every practice / game, the athletic training room is to be cleaned according to the posted maintenance schedule.
13. All student-athletes and athletic training students are expected to strictly adhere to the rules and regulations of the UNI Athletic Training Services. Failure to comply with and enforce the rules and regulations may result in disciplinary sanctions.

Daily Dress Code-
- Khaki / tan pants
- Dress pants/slacks
- Khaki shorts during summer months
- Wind / warm-up pants
- University of Northern Iowa Athletic Training collar shirt (t-shirt if outside)
- University of Northern Iowa Athletic Training T-shirt
- University of Northern Iowa clothing apparel (polo shirts, fleeces, mock turtle necks, etc.)
- University of Northern Iowa athletic team apparel
- Friday- “Casual Day” (when appropriate)
  - UNI t-shirts
  - Collared shirts, button-down collar shirts, business casual, etc.

Game Day Dress Code- (may vary, determined by Staff ATC responsible for sport)
- Khaki / tan pants or shorts (if appropriate temperature);
- University of Northern Iowa Athletic Training collared shirt as determined by the staff athletic trainer responsible for the sport;
- Graduate Assistants directly responsible for a sport can determine game day dress with consultation of the Director of Athletic Training Services/Head Athletic Trainer.
General Dress Code Information-

- Athletic training students are strongly encouraged to keep fingernails relatively short and trim at all times.
- Facial hair is permitted as long as it is kept neatly groomed.
- Visible body piercings, except earrings, and visible tattoos are prohibited.
- When traveling with athletic teams, athletic trainers and athletic training students are expected to adhere to the athletic team’s dress code. However, if no dress code exists for the athletic team, athletic trainers and athletic training students should keep in mind they are representing the UNI Athletic Training Division and dress accordingly.
- Athletic trainers or athletic training students not properly attired may be subject to further disciplinary action under the University of Northern Iowa Athletic Training Services Department Discipline Action Policy and the University of Northern Iowa AT Program Handbook.
- The Director of Athletic Training Services and the Chair of the Division of Athletic Training reserves the right to change and/or modify the dress code at any time.

Prohibited Items-

- Blue Jeans (exception on occasion casual day);
- Jean shorts;
- Elastic bottom / cotton sweatpants;
- Cut-off / frayed jeans, pants, and/or shorts;
- Excessively baggy pants, and/or shorts;
- Excessively tight shirts / pants, and/or “body-shirts”;
- Cut-off / mid-riff “belly” shirts;
- Tank tops, sports bras, and/or spandex;
- Open-toed shoes, flip flops, and/or sandals;
- Visible tattoos
- Earrings and/or other visible body piercings in males;
- Visible body piercings (besides earrings);
- Tongue piercings;
- Clothing with holes, stains, etc.;
- Apparel promoting alcohol, tobacco, sex, and/or other distasteful items;
- Apparel from other schools, Greek organizations; and
- Other apparel and/or accessories as deemed by the Certified Athletic Trainer in charge of the sport and/or the Chair of the Division of Athletic Training / Director of Athletic Training Services.

V. RECORDING CLINICAL EXPERIENCE HOURS

1. Correct daily recording of clinical hours is the responsibility of each individual athletic training student.
2. Students are required to record their daily hours in ATrack. Clinical Hours are to be signed on a weekly basis by the preceptor.
3. Time spent traveling to and from games and practices shall not be counted toward completion of the student’s clinical experience requirement.
4. Any student who is found to be falsifying his/her clinical hours will be immediately cited for disciplinary action, reported to the Athletic Training Program Director / Clinical Coordinator, and possibly reported to the Office of the Dean of Students for disposition within the University’s Undergraduate Student Judicial System.

VI. TOBACCO, ALCOHOL, & ILLICIT (“STREET”) DRUGS POLICY:

The University of Northern Iowa’s Drug and Alcohol Policy will be in effect for all athletic training students at all times. The University of Northern Iowa does not condone the use of tobacco, alcohol, and illicit (“street”) drugs in any form. Any athletic training student found in violation of this policy will incur the penalties outlined in the policy.

Alcohol Consumption-

- Only students of legal age may possess or consume alcoholic beverages in private living quarters in accordance with state law.
- Only alcoholic beverages, which are in a container, with their original seal, may be transported outside one’s room. Alcoholic beverages must be limited to a container size of one gallon.
• Beverages may not be brought into the dining centers. Any sale or distribution of alcohol must be in accordance with state law.
• Enforcement of the alcohol policy will include requiring person(s) to provide proof of age, having underage person(s) or others in possession of alcohol in inappropriate locations dispose of the alcohol as directed.
• Non-residents may be required to leave the residence hall if
  1) they are underage and in possession of alcohol,
  2) they are in possession of alcohol in inappropriate locations, or
  3) they are disruptive or are acting inappropriately.
• Each incident will be documented for possible disciplinary action and/or referral of students to University Health Services.
• The Department of Public Safety may be called to assist and arrest, when necessary.

State of Iowa Alcohol Related Policies-

• The legal drinking age in the state of Iowa is 21 years old. State law prohibits:
  o Consuming or possessing an alcoholic beverage in a public place.
  o Possessing an open or unsealed container in a motor vehicle (when the container is within the immediate reach of the driver).
  o Public intoxication
  o Pretending to be intoxicated
  o Consuming or possessing an alcoholic beverage if you are under 21.
  o Giving or selling an alcoholic beverage to someone under age 21.
  o Giving or selling an alcoholic beverage to anyone who is intoxicated.
• Each of these violations is a Simple Misdemeanor offense punishable by up to 30 days in jail and/or a fine of up to $100.
• Being convicted more than once for giving/selling to an underage person results in enhanced penalties.

Fake I.D.

• Anyone under the age of 21 who alters, displays, or possesses a fictitious or fraudulently altered license and uses it to purchase alcohol can lose their drivers license for up to 6 months.
• This offense is also a Simple Misdemeanor.

Operating While Intoxicated (OWI)

• Under state law, it is illegal to operate a motor vehicle while under the influence of drugs or alcohol. This means driving with a blood alcohol concentration of 0.10 or greater, or driving while under the influence of another drug, such as marijuana or certain prescription medications.

  First Offense-
  A person convicted of a first offense OWI will be fined at least $500 and can be imprisoned in county jail for between 48 hours and one year.

  Second Offense-
  For a second offense, the individual will be confined for a minimum of seven days, and fined not less than $750.

  Third or greater offense-
  For a third or subsequent OWI conviction, the individual is imprisoned for at least thirty days and up to one year, and is assessed a fine ranging from $750 to $7500.

• In addition to fines and jail time, OWI offenders forfeit their driving privileges for a minimum of 180 days (the revocation is even greater if the individual refuses the blood alcohol test OR has previous OWI convictions).
• In the past, OWI violators could obtain work or school permits even though their license had been revoked. With recent legislative changes, there is now a "hard suspension" period, during which time, no temporary licenses are granted.
• After the hard suspension period has passed, a work or school permit will only be granted after the installation of an ignition interlock system.

**Zero Tolerance/.02 law**

• According to state law, if you’re under 21, you will lose all driving privileges for up to 60 days if you’re caught driving with a **blood alcohol level of .02 or greater**. The law went into effect on July 1, 1995.
• If your license is revoked, you are NOT eligible for a temporary license- not even a school or work-permit.
You can't avoid penalty by refusing the blood alcohol test. If you’re asked to take the test and decline, they take your license for a minimum of 240 days.

**Illegal Drugs**

• The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance on property owned or leased by the University of Northern Iowa or in conjunction with a university-sponsored activity is prohibited.
• Violations will result in disciplinary action, possible civil prosecution, and referral to UNI Substance Abuse Education and Prevention.

**VII. GRIEVANCE PROCEDURES**

In the event that an athletic training student has a grievance against a preceptor, the following guidelines should be considered and followed:

**Criteria for Grievance-**

- Harassment
- Unfair practices
- Dishonesty
- Unprofessional behaviors
- Conduct Unbecoming
- Other

**Procedures-**

1. Confront the individual with whom you have the grievance.
2. Try to resolve the grievance with the individual.
3. If the problem cannot be resolved, inform the individual that a grievance will be filed.
4. Fill out a Grievance Form and submit it to the Director of Athletic Training Services and/or the AT Program Director.
   - In the event that the grievance is against the Director of Athletic Training Services or the AT Program Director, submit the Grievance Form to the Chair of the Division of Athletic Training.
5. Once the grievance has been received, the Director of Athletic Training Services/AT Program Director and/or his/her designee will review the form.
6. If necessary, a meeting will be arranged with all involved parties.
7. Appropriate disciplinary action, if applicable, will be administered as per the UNI Athletic Training Discipline Policy.

**VIII. OFFICE PHONE & COMPUTER USE:**

Offices, phones, computers, fax machines, etc. in the athletic training rooms are for the official use of members of the Athletic Training Services only, not for personal business. It is a NCAA violation for student-athletes to use phones, computers, and other office machines in the Athletic Training Services. It is expected that all athletic training students will adhere to this policy at all times or risk further disciplinary action.
IX. ATHLETIC TRAINING STUDENT CLINICAL DUTIES & RESPONSIBILITIES

General Information:
- All coach’s reports, initial evaluation forms, consultation/referral forms, and athlete charts/folders are to be completed in **BLACK or BLUE INK** only!
- Coach’s reports are to be completed daily (after practice for the next day’s practice), these reports should be created with your supervising certified athletic trainer before leaving for the day;
- Initial evaluation forms are to be completed as soon as possible after an injury;
- SportsWare/Touchworks records are to be completed every day!
- Referrals/Consultations to physicians and medical specialists are to be made by a staff athletic trainer only!
- Make sure that all treatment/rehab sessions are recorded in SportsWare/Touchworks **EVERY** time;
- Do not “loan” coolers to other teams, intramurals, miscellaneous personnel, etc. without first checking with a staff athletic trainer;
- If a piece of equipment is broken, missing, malfunctioning, etc., please notify a staff athletic trainer ASAP; and place a sign on the piece of equipment indicating that it is broken and not to be used.
- Sign out and account for every piece of equipment that is given to an athlete (i.e. TENS units, thigh sleeves, crutches, Cryo-Cuffs, wrist splints, Aircasts, etc.); and make sure that the equipment is returned after the athlete has finished using it.

General Athletic Training Room Maintenance Duties:
1. Make sure hot pack covers are hanging on the drying rack;
2. Re-stock the taping tables; make sure that you **ROTATE** the tape!
3. Re-stock tilt boxes, sundry jars, cabinets, & drawers;
4. Place all equipment in its appropriate location;
5. Make sure all modalities leads are neatly arranged and that all electrodes are properly placed on their plastic backings.
6. Fill the hydrocollator with water.
7. Make sure coolers are cleaned & stored properly on the cooler racks;
8. Make sure **ALL** ice bags are disposed of properly;
9. Take dirty towels to the laundry room;
10. Empty trash cans underneath the taping tables into the large trash can;
11. Make sure that there are full ice cups in the freezer;
12. Refill all ultrasound & massage lotion containers;

Traveling with UNI Athletic Teams:

During the clinical experiences at UNI many athletic training students will have the opportunity to travel with UNI athletic teams. Traveling with an athletic team is a great opportunity to learn, to network with other athletic trainers (both certified & students), and an opportunity to experience different methods of treatment, equipment, etc. When traveling with a UNI athletic team, please adhere to the following guidelines:

- Traveling with UNI athletic teams is a privilege usually reserved for the most senior athletic training student working with the team. In the event that the most senior student cannot travel, the next student in line will travel.
- When traveling, athletic training students **MUST** be directly supervised by a UNI athletic trainer. Athletic training students shall **NEVER** travel unless supervised by a UNI preceptor.
- The UNI staff athletic trainer will find out what services will be available, what equipment and/or supplies need to be taken, and what will be provided by the host team.
- Make sure your kit and pad bag are well stocked. Too much is better than not enough!
- Carry extra tape and ice bags, especially on overnight trips;
- Along with your preceptor, seek out the host athletic trainer, introduce yourself and make arrangements for handling any injury situations through the team physician and host certified athletic trainer;
• The dress code for athletic training students when traveling with athletic teams shall be the same dress code as for the team members. If the team has no dress code, you should remember that you are representing the UNI Sports Medicine Department and dress accordingly;
• Athletic training students must always abstain from tobacco, alcohol, and drugs while on trips.

Taping Table Stocking Guide:

♦ Each taping station should include the following items:
  • 16 rolls of 1.5” white tape
  • 4 rolls of 1” white tape
  • 2 rolls of ½” white tape
  • 16 rolls of pre-wrap
  • 2 rolls of 2” lite elastic stretch tape
  • 2 rolls of 3” lite elastic stretch tape
  • 4 rolls of 3” elastic tape
  • heel & lace pads
  • 1 can of tape spray

♦ Whoever stocks the table is responsible for rotating the tape EVERYDAY!

WHAT TO PUT IN YOUR ATHLETIC TRAINING KIT:

This list is intended to serve as a guide as to what should be put in athletic training kits and pad bags. It is not all-inclusive; therefore the list will need to be modified depending on the specific sport, the supervising athletic trainer’s expertise level, & the specific supplies available. Make sure that the athletic training kit is re-stocked DAILY and that the pad bag is thoroughly stocked before any game and/or trip.

sterile gauze
rubber gloves
assorted adhesive bandages
Telfa pads
nose sponges
eye patches
Steri-strips / butterfly bandages
red bags
CPR mask
uniform blood spray
hard surface blood spray
handwash solution
alcohol / alcohol prep pads
hydrogen peroxide
povidine-iodine solution
triple antibiotic
petroleum jelly
tongue depressors (sterile & non-sterile)
cotton-tipped applicators (sterile & non-sterile)
tape remover pads
tape spray
heel & lace pads
pre-wrap
white tape (1/2”; 1”; 1.5”)
elastic stretch tape (2”; 3”)
elastic tape (2”; 3”)
Cover roll / Leukotape
pre-cut moleskin strips (1.5”; 3”)
turf toe strips
plantar fascia strips (small & large)
assorted foam / felt
pre-cut ankle compression pad
foam/felt donuts
Second Skin
scissors
tape cutters
scalpels
fingernail/toenail clippers
callous shaver
tweezers
penlight
razor
thermometer
screwdriver
safety pins
matches/lighter
eye glass repair kit
mirror
contact lens case
contact lens rewetting solution
saline solution / eyewash
Flex-All, etc.
throat lozenges/cough drops
sling
shoe strings
aluminum finger splints
ice bags
wrist wraps
assorted ace bandages
mouthpieces
tooth preserving system / Save-a-tooth
blood pressure cuff/stethoscope
athlete emergency information/numbers
quarters
## WHAT TO PUT IN YOUR PAD BAG:

<table>
<thead>
<tr>
<th>Items in Pad Bag</th>
<th>Items in Bag</th>
</tr>
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<tbody>
<tr>
<td>assorted foam / felt</td>
<td>thigh pad</td>
</tr>
<tr>
<td>Orthoplast</td>
<td>elbow/knee pads</td>
</tr>
<tr>
<td>assorted miscellaneous padding</td>
<td>extra blood uniforms</td>
</tr>
<tr>
<td>thigh sleeves (assorted sizes)</td>
<td>towels</td>
</tr>
<tr>
<td>arm sling</td>
<td>extra gloves, gauze, &amp; bandages</td>
</tr>
<tr>
<td>wrist/forearm splints</td>
<td>Theraband roll</td>
</tr>
<tr>
<td>clavicle splint/harness</td>
<td>extra taping supplies</td>
</tr>
<tr>
<td>cervical collars</td>
<td>crutches</td>
</tr>
<tr>
<td>miscellaneous splints, harnesses, &amp; braces</td>
<td>knee immobilizer</td>
</tr>
<tr>
<td>Aircast (long &amp; short)</td>
<td>vacuum splints</td>
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<tr>
<td>nose guard</td>
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Criteria for Disciplinary Action: *(not all inclusive)*

- Insubordination
- Unprofessional Behavior
- Breach of Duty
- Unexcused Absences
- Chronic Tardiness
- Dress Code Violations
- Disloyalty
- Theft / Vandalism
- Sexual Harassment
- Falsifying Hours
- Academic Dishonesty
- Substance Abuse
- Conduct Unbecoming an Athletic Trainer
- Other actions as determined by the Athletic Training Staff

Disciplinary Action:

- **1st incident =**
  1. Written and Verbal Warning;
  2. Deferred Athletic Training Sport Assignment Suspension for one (1) week;
  3. Notation in permanent athletic training room file;
  4. Decreased Athletic Training Student Evaluation
  5. Scheduled meeting with the Athletic Training Program Director and/or Director of Sports Medicine

- **2nd incident =**
  1. Suspension from the assigned sport for one (1) week; **
  2. Deferred Athletic Training Room Suspension for one (1) week;
  3. Notation in permanent athletic training room file;
  4. Decreased Athletic Training Student Evaluation
  5. Scheduled meeting with the Athletic Training Program Director and/or Director of Sports Medicine

- **3rd incident =**
  1. Suspension from the Athletic Training Room for one (1) week;
  2. Deferred Athletic Training Room/Program Expulsion and all athletic training room privileges for the remainder of the semester
  3. Suspension from the assigned sport for the remainder of the semester; **
  4. Notation in permanent athletic training room file;
  5. Decreased Athletic Training Student Evaluation
  6. Scheduled meeting with the Athletic Training Program Director and/or Athletic Training Room Staff

- **4th incident =**
  1. Athletic Training Room Expulsion for a minimum of one (1) semester; ##
  2. Loss of all athletic training room privileges for a minimum of one (1) semester;
  3. Notation in permanent athletic training room file;
  4. Decreased Athletic Training Student Evaluation
  5. Scheduled meeting with the Athletic Training Program Director and/or Athletic Training Room Staff

** = Athletic training students may not attend practice sessions, games, and/or travel with the respective athletic team.

## = Athletic training students must re-apply to the Athletic Training Program upon the completion of the expulsion period; Athletic training students must meet with the Athletic Training Staff before readmission;
X. **STAFF SPORT/DUTY COVERAGE ASSIGNMENTS FOR 2015-16:**

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<thead>
<tr>
<th>DUTY / ASSIGNMENT</th>
<th>Head</th>
<th>Assistant(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football</td>
<td>Travis Stueve</td>
<td>Andrew Vereen/Danny Drees</td>
</tr>
<tr>
<td>Men’s Basketball</td>
<td>Don Bishop</td>
<td>Ben Mitchell</td>
</tr>
<tr>
<td>Women's Basketball</td>
<td>Andy Jedlicka</td>
<td>Ashley Lindahl</td>
</tr>
<tr>
<td>Women’s Soccer</td>
<td>Ashley Lindahl</td>
<td>Andy Jedlicka/Miranda Pomije</td>
</tr>
<tr>
<td>Volleyball</td>
<td>Megan Brady</td>
<td>Pam Hosto/Miranda Pomije</td>
</tr>
<tr>
<td>Cross Country / Track &amp; Field</td>
<td>Melissa Stueve</td>
<td>Ben Mitchell</td>
</tr>
<tr>
<td>Wrestling</td>
<td>Troy Garrett</td>
<td>Pam Hosto</td>
</tr>
<tr>
<td>Softball</td>
<td>Matt Frericks</td>
<td>Megan Brady</td>
</tr>
<tr>
<td>Tennis</td>
<td>Miranda Pomije</td>
<td>Troy Garrett</td>
</tr>
<tr>
<td>Swimming &amp; Diving</td>
<td>Pam Hosto</td>
<td>Miranda Pomije</td>
</tr>
<tr>
<td>Men’s &amp; Women’s Golf</td>
<td>Pam Hosto</td>
<td>Don Bishop</td>
</tr>
<tr>
<td>Cheerleading</td>
<td>Miranda Pomije</td>
<td>Pam Hosto</td>
</tr>
<tr>
<td>Insurance Coordinator</td>
<td>Andy Jedlicka</td>
<td>Don Bishop</td>
</tr>
<tr>
<td>Summer Camps Coordinator</td>
<td>Megan Brady</td>
<td>Travis Stueve</td>
</tr>
<tr>
<td>CPR/AED Emergency Response</td>
<td>Troy Garrett</td>
<td>Megan Brady</td>
</tr>
<tr>
<td>Hydrotherapy Maintenance</td>
<td>Travis Stueve</td>
<td>Andrew Vereen/Danny Drees</td>
</tr>
</tbody>
</table>
XI. MEDICAL RECORDS:

1. All medical records are legal and binding documents and should be treated as such.
2. All medical records and medical information about a student-athlete are private and confidential. Anything seen or heard concerning an athlete should remain confidential.
3. The student-athlete’s folder/chart may not be taken home or out to practices and/or games under any circumstance (other than necessary travel information).
4. The student-athlete’s medical chart/computer file should be updated on a daily basis using an initial SOAP note form and the SportsWare/Touchworks computerized electronic medical record program in conjunction with Cedar Valley Medical Specialists (CVMS).
5. In addition to an initial injury SOAP note, the staff athletic trainer needs to record daily treatments in an appropriate method.
6. The athletic training student for each sport is responsible for preparing a Daily Injury Report for his/her team (under the supervision of the staff athletic trainer assigned to the sport). This report may be done using a document template on Microsoft Word. This report must be reviewed and countersigned by the faculty/staff athletic trainer responsible for your sport before presenting it to the head coach.
7. All referrals to outside physicians and/or specialists must come from a staff athletic trainer only!
8. All notes from doctor visits, including surgical notes, office visits, and diagnostic study reviews must be accumulated in the athlete’s file.
9. All notes MUST be written in BLUE or BLACK ink only!
10. Student-Athlete medical folders will be organized by color and will be stored alphabetically according to sport-
   - football .............................................. purple
   - track & field (men’s & women’s)........... maroon
   - cheerleading / spirit squad ................ pink
   - volleyball ......................................... red
   - tennis ............................................. green
   - men’s basketball ............................... blue
   - softball ........................................... goldenrod
   - women’s basketball .............................. yellow
   - wrestling ......................................... lavender
   - women’s soccer ................................. gray
   - swimming & diving .............................. white
   - golf (men’s & women’s) ....................... orange

9. Each individual medical folder will be arranged in the following manner-
   - left side:
     - health history questionnaire; immunization record; yearly physical examination & recertification information; photo copy of insurance card; health insurance form; HIPPA form; authorization waiver; assumption of risk; permission for student-athlete to participate; CVMS HIPPA form
   - right side:
     - daily injury, treatment, & rehabilitation records; prescriptions; physician notes & orders; waivers; letters, etc.
10. All student-athletes will also have a corresponding insurance folder (manila) will be stored and maintained by the staff athletic trainer who serves as the Insurance Coordinator. The insurance folder will be arranged in the following manner:
   - left side- insurance information form; photocopies of the insurance card
   - right side- bills; referral forms; explanation of benefits
11. All folders must have a typed label identifying the student-athlete and his/her sport (see example below). A document template for making folder labels can be found on Microsoft Word (C:MSOffice / templates / folder labels.dot).

```
DOE, JOHN
Men’s Basketball
```

12. All labels are to be placed on the folders in the following manner, organized by the first letter of the student-athlete’s last name-

<table>
<thead>
<tr>
<th>LEFT TAB</th>
<th>CENTER TAB</th>
<th>RIGHT TAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
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<tr>
<td>D</td>
<td>E</td>
<td>F</td>
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<tr>
<td>G</td>
<td>H</td>
<td>I</td>
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<tr>
<td>J</td>
<td>K</td>
<td>L</td>
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<td>M</td>
<td>N</td>
<td>O</td>
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<td>P</td>
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<td>R</td>
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<td>S</td>
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<td>U</td>
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<td>V</td>
<td>W</td>
<td>X</td>
</tr>
<tr>
<td>Y</td>
<td>Z</td>
<td></td>
</tr>
</tbody>
</table>

Example:
- Doe, John- label will be placed on a folder that has a left tab
- Lewis, Sam- label will be placed on a folder that has a right tab
- Williams, Sandy- label will be placed on a folder that has a center tab

14. All papers are to be secured within the folders at all times.

XII. STUDENT-ATHLETE PRIVACY, CONFIDENTIALITY & HIPAA PROCEDURES:

All members of the UNI Athletic Training Services Department and UNI Athletic Training Program are expected to respect an injured athlete’s right to privacy. It is the responsibility of all personnel within the Athletic Training Services to ensure that all patient information, personal, medical, or education related, remain confidential. Due to the varied number of staff personnel that may be involved with a student-athlete’s case, it is essential that a policy of confidentiality be observed in order to maintain an atmosphere of mutual trust. It is illegal for any personnel to gain access to patient information, through any and all means, unless the information is needed in order to treat the patient, or because their job would require such access.

All members of the UNI Athletic Training Services and Athletic Training Education Program must be aware of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA was implemented to standardize electronic management and sharing of individuals’ medical information, curb abuses of the data, and make health insurance easier to obtain and maintain during transition. HIPAA covers health care providers, health insurance plans, and anyone involved with electronic transactions involving individual patients’ medical records, which means the UNI Athletic Training Services Department members are most likely subject to HIPAA rules—termed “covered entities”.

In order to guard against improper disclosure of personal health information (PHI) it is imperative all student athletes complete the Student Athlete Authorization/Consent For Disclosure of Protected Health & Medical Information (HIPAA) Form (see Appendix) as part of their pre-participation paperwork. The student-athlete has the right to revoke authorization to any and all individuals listed on the form at any time, which must be documented in writing.
All University of Northern Iowa student-athletes will also be required to sign a Cedar Valley Medical Specialist (CVMS) HIPPA form that is used directly for any health care professional affiliated with CVMS. This form allows medical records to be released to various agencies such as the NCAA, and the Missouri Valley Conference for the purpose of making decisions regarding a student-athlete’s eligibility status while a student-athlete at the University of Northern Iowa.

Definitions:

**HIPAA**
Health Insurance Portability and Accountability Act

**Individually Identifiable Health Information**
Created or received by a health care provider, health plan, or health-care clearinghouse. Must relate to the past, present or future physical or mental health condition of the individual. Identifies an individual or there is reasonable basis to believe the information can be used to identify the individual.

**Protected Health Information (PHI)**
Information that is individually identifiable since it contains one or more patient identifiers such as: Name, SSN, address, phone, medical record entries, photographs, etc.

**Notice of Privacy Practices**
Document which describes a physician’s office / hospital’s legal duties in the use and disclosure of PHI. Also outlines a patient’s individual rights to their PHI.

**Covered Entity**
Organizations that electronically transmit medical information such as claims, enrollment or eligibility information, referrals, or authorizations (e.g. health plans, health care clearinghouses, health care providers).

**Business Associates**
Persons or companies that perform or assist in the performance of health care services on behalf of the covered entity and have access to PHI (e.g. shredding companies, imaging companies, housekeeping services, couriers, etc.) Business Associates are required to sign an agreement that they will maintain confidentiality of patient and business information.

**Consent & Authorization**
Patients may be required to sign Consent to use and disclosure of PHI for purposes of treatment, payment, and health care operations (TPO) at the time of registration. Patients may also be required to sign an Authorization when the use or disclosure of PHI is for any other purpose than TPO.

**Minimum Necessary**
Use or disclosure of PHI must be limited to the “minimum necessary” to accomplish an intended purpose.

**Reasonable Safeguards**
Must be implemented to protect a patient’s privacy.

**Confidentiality Policy:**
The University of Northern Iowa, including its Athletics Department, is committed to safeguarding the confidentiality of protected health information and other confidential information which is or may be contained in the records of the University and to ensuring that protected health information and other confidential information is used and/or disclosed only in accordance with the University’s policies and procedures and applicable state and federal law.
All University employees must hold confidential information used or obtained in the course of their duties in confidence. All protected health information and other individually identifiable health information must be treated as confidential in accordance with professional ethics, accreditation standards, and legal requirements. All employees with access to confidential information, including patient / student-athlete medical records information, employment information, and/or information systems must read and sign the Confidentiality and Security Agreement, which will be kept on file and updated periodically.

PRIVACY REQUIREMENTS:

Everyone with access to health information and other confidential information is responsible for safeguarding its confidentiality. Health information and other confidential information may be in paper, electronic, verbal, video, oral, or any other form, and must be protected regardless of form.

Access to health information in any format must be limited to those persons who have a valid business or medical need for the information, or otherwise have a right to know the information. Individuals who access clinical records from other organizations are expected to follow that organization’s requirements.

Any knowledge of a violation of this confidentiality policy must be reported to an immediate supervisor. The supervisor will present the information to the Program Coordinator or Privacy Officer, as appropriate, for review and investigation.

Designated Record Set. A group of records, including medical and billing records, regardless of medium, that contains protected health information, maintained by the University of Northern Iowa and used to help make decisions about patients.

POLICY ELEMENTS:

- Discuss patient / student-athlete information with authorized personnel only and only in a private location where unauthorized persons cannot overhear.
- Keep medical records and other confidential information secure and unavailable to persons not authorized to review or obtain those records or information.
- Follow specified procedures for use of electronic information systems, including use of individual passwords, logging off when finished, proper data entry techniques, and protection of displayed or printed information from unauthorized users.
- Omit the patient / student-athlete’s name and other unique identifiers when using case reports or hypotheticals for educational or training purposes.
- Verify with the patient / student-athlete what information may be given to the patient/student-athlete’s family and friends with the patient/student-athlete’s knowledge and permission.
- Screen requests for access to all patient / student-athlete and other confidential information so that the minimum necessary amount of information is made available and made available only to those persons who are legitimately involved in patient care, billing or administrative operations.
- Release patient / student-athlete medical records and other confidential information to external sources only upon receipt of written authorization from the patient/student-athlete.
- Use appropriate information security procedures for users of electronic information systems.

DE-IDENTIFICATION OF HEALTH INFORMATION:

Health information is considered de-identified, and therefore not subject to the rules for protected health information only if all the following information has been removed:

- Names, including patient, family, employer, and attending physician
- Geographic subdivisions smaller than a state, including street address, city, county, precinct, zip-code
- Elements of date (except year) for dates directly related to an individual, including birth-date, admission date, discharge date, date of death
• All ages over 89 and all elements of date (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
• Telephone numbers
• Fax numbers
• Electronic mail addresses
• Social security numbers
• Medical record numbers
• Health plan beneficiary numbers
• Account numbers
• Certificate or license numbers
• Vehicle identifiers and serial numbers, including license plate numbers
• Device identifiers and serial numbers
• Web universal resource locators (URLs)
• Internet Protocol (IP) address numbers
• Biometric identifiers, including finger and voice print
• Full face photographic images and any comparable images
• Any other unique identifying number, characteristic, or code

Information, which has been identified for all of the factors listed above, may be handled outside the constraints of this policy. However, even de-identified health information should be handled with care and with an awareness of the need to protect the identity of the person to whom the information refers.

Information Systems:

The University of Northern Iowa Athletic Training Services Department’s information systems contain confidential information pertaining to student-athletes / patients, health care professionals, the department, and the UNI Department of Athletics. These systems may include computer hard drives, removable media storage mediums, filing cabinets, and medical records. This information is a major asset to the UNI Athletic Training Services Department and is required by law to be protected. The use of information systems is shared by many individuals and imposes many obligations. The UNI Athletic Training Services Department’s Confidentiality / Security Agreement aims to inform individuals who use these resources of their responsibilities and to secure their agreement to abide by the associated policies and procedures.

Medical Records / Folders:
• All medical records / folders are the property of the UNI Athletic Training Services Department and should remain in a lockable file cabinet and/or desk at all times.
• Student-athlete medical records / folders should not be left out on desks and/or stored in mailboxes.
• Student-athlete medical records / folders ARE NOT permitted to leave the Athletic Training Services facility at any time.
• Only authorized personnel are permitted to handle student-athlete medical records / folders.

Release of Protected Health Information:
• All members of the UNI Athletic Training Services Department will receive and verify appropriate Consent and Authorization before releasing PHI.
• All releases of PHI must be appropriately documented / logged in the student-athlete’s medical record and/or SportsWare/Touchworks file.

Daily Injury Reports:
• UNI Athletic Trainers will not print paper copies of daily injury reports and/or fax daily injury reports to members of the coaching staff and/or Media Relations Department.
• All daily injury reports will be emailed to the appropriate personnel.
• UNI Athletic Trainers should also verbally communicate the contents of the daily injury report to the coaching staff and/or Media Relations Department in the privacy of their offices.
**Media Relations:**

- UNI Athletic Trainers and members of the UNI Media Relations Department will only release the following to working media members as necessary:
  - student-athlete’s name;
  - game status (e.g. full, probable, questionable, doubtful, or out); and
  - region of the body that is injured (e.g. upper body; lower body).

- **UNI Athletic Trainers who release additional information without the written permission of the student-athlete are in direct violation of University of Northern Iowa Athletic Training Services Department policies and are subject to disciplinary action, including, but not limited to a decreased performance appraisal and/or termination.**

**Surgery Observations:**

UNI athletic trainers and/or athletic training students wishing to observe surgical procedures must follow the procedures below.

1) The athletic trainer making the surgery appointment must inform the physician’s secretary / surgery scheduler well in advance that a UNI athletic trainer and/or athletic training student wishes to observe the surgery.
   - The athletic trainer should request that the secretary / surgery scheduler inform physician of such request.

2) A UNI athletic trainer should confirm with the physician’s secretary / surgery scheduler at least 24 hours before the surgery that the request to observe has been made and to clear up any further problems.

3) The student-athlete must fill-out and sign any patient consent form the physician’s office may use authorizing the individual to observe the surgical procedure.

**HIPAA Forms:**

All forms must be completed and signed in **BLUE or BLACK INK!**

All forms are valid for a maximum of **one (1) year** from the date signed.

**Confidentiality and Privacy Policy**-

- Must be signed by all UNI Athletic Training Services staff and athletic training students every year.
- Completed forms will be filed in the employee’s personnel file and athletic training student’s file.

**Authorization for Use, Disclosure, and Release of Health Information Form**-

- Must be completed by every student-athlete during the course of their pre-participation physical examination at the beginning of every school year and whenever needed throughout the course of the year.
- Designed to be a blanket authorization for all general uses. Specific entities might require a more specific form to be completed.
- UNI Athletic Trainer should sign and print in the “witness” section.
- Expires **one (1) year** from the date signed.
- **Write student-athlete’s sport on the upper right corner of the form**
- Make **FOUR (4) copies**:
  - Original- File on left side of student-athlete’s medical folder, underneath of health history & physical exams
  - Travel binder
  - Give **three (3) copies (paperclipped)** to Megan for:
    - Dr. Clark’s Office Binder
    - HyVee Pharmacy Binder
    - Cedar Valley Physical Therapy Binder

**Student-Athlete Authorization/Consent for Disclosure of Protected Health & Medical Information (HIPAA) Form**-
Must be completed by every student-athlete during the course of their pre-participation physical examination at the beginning of every school year and whenever needed throughout the course of the year.

- Designed to be a blanket authorization that permits the release of specific PHI to various outlets.
- UNI Athletic Trainer should sign and print in the "witness" section.
- File the original on left side of student-athlete’s medical folder, underneath of health history, physical exams, and Authorization for the Use, Disclosure, and Release of Health Information Form.

XIII. MEDIA RELATIONS:

All relations with the media concerning an injured member of an UNI athletic team will be handled by the UNI Media Relations Department in consultation with the Team Physician and the Staff Athletic Trainer assigned to a particular sport. **At no time are UNI athletic training students permitted to talk with members of the working media concerning a member of an UNI athletic team.** It is imperative to remember that the student-athletes’ medical information is private and should be respected as such. It is highly recommended the UNI Athletic Training Services staff should only release the fact that an athlete was injured and what body part was involved with a general common terminology of the injury. Additional information can and should be gained from the athlete directly to guard against improper disclosure of PHI.

XIV. INJURY TREATMENT PROCEDURES

1. Every treatment/rehab session must be recorded into SportsWare/Touchworks.
2. If an athletic training student assesses an injury, the student must go over the evaluation with their preceptor and/or team physician before any service can be rendered.
3. If you believe that an injured student-athlete should be referred to a physician and/or specialist, notify a staff athletic trainer. Athletic training students **ARE NOT** permitted to independently refer athletes to outside physicians and/or specialists.
4. If a student-athlete you are not familiar with comes into the athletic training room for assistance, the following procedures should be followed:
   a) direct the athlete to an athletic training student and/or preceptor assigned to his/her sport;
   b) if an athletic training student and/or staff athletic trainer assigned to his/her sport is not available, refer to the student-athlete’s computer file, re-evaluate the injury, discuss treatment / rehabilitation options with a staff athletic trainer, and assist the athlete as needed under the supervision of your assigned preceptor; and
   c) make sure that you enter everything that you do for the student-athlete into SportsWare/Touchworks and inform the staff athletic trainer assigned to that sport as soon as possible.
5. Student-athletes are not allowed to turn on physical therapy modalities or tape themselves (except for wrist circles & bandages for minor/non-infected wounds, etc.). Ask the student-athlete how you may help them. Student-athletes who attempt to treat themselves should be immediately informed of the athletic training room policy and one of the staff athletic trainers should be notified if the problem persists.

XV. THERAPEUTIC MODALITIES TREATMENT POLICY

1. Athletic training students may not independently use therapeutic modalities. A preceptor must directly supervise all athletic training students at all times.
2. Once athletic training students have successfully completed the competency for a specific modality, they may use the therapeutic modality under the direct supervision of a preceptor.
3. A preceptor must approve all treatment programs using therapeutic modalities before the program is implemented.
4. Athletic training students may not independently change and/or modify therapeutic modality treatment programs.
5. All precautions, warnings, and contraindications must be followed at all times.
6. Proper operating instructions and safety protocols must be followed at all times.
7. If you determine a therapeutic modality is not working properly, do not use the modality and notify the Director of Athletic Training Services immediately. Place a sign on the modality indicating that it is broken and should not be used.
8. Provide the patient with a thorough explanation of the treatment procedure, including sensation(s) to be experienced. Tell the patient to notify you as soon as possible if they experience any adverse reactions.
9. Each year an in-service will be given to the entire Athletic Training Services Staff to review all therapeutic modalities.
10. If a full time staff member or graduate assistant is unfamiliar with a modality they should ask another staff member to demonstrate/teach them how to use the modality.

XVI. CONCUSSION EVALUATION PROCEDURES:

Guidelines for Assessment, Management and Return to Athletic Participation

The following policy and procedures on baseline testing, subsequent assessment and management of concussions as well as return to play guidelines have been developed in accordance with the University of Northern Iowa Sports Medicine/Athletic Training Services Department Mission Statement to provide quality healthcare services and assure the well-being of each student-athlete at UNI.

PURPOSE:

The University of Northern Iowa Sports Medicine/Athletic Training Services Department recognizes that sport induced concussions pose a significant health risk for those student-athletes participating in athletics at UNI. With this in mind, the UNI Sports Medicine/Athletic Training Services Department has implemented policies and procedures to assess and identify those student-athletes who have suffered a concussion. The Department also recognizes that baseline neurocognitive testing on student-athletes who participate in those sports which have been identified as collision and or contact sports and/or who have had a history of concussions prior to entering the University of Northern Iowa will provide significant data for return to competition decisions. Baseline testing data combined with clinical assessment and a 5-step progressive exertional testing protocol will allow student-athletes to return to play only when their injuries are completely healed and they are physically prepared to return to competition.

CONCUSSION DEFINITION:

A Concussion occurs when there is direct or indirect insult to the brain itself. As a result of this trauma, transient impairment of mental functions such as memory, balance/equilibrium and vision may occur. A concussion will not necessarily result in a loss of consciousness and, therefore, all suspected head injuries should be taken seriously. All UNI coaches and teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or may potentially be trying to hide the injury to stay in a game or practice.

The University of Northern Iowa recognizes that concussions may occur outside of participating in a sport. Therefore the acute management of the student-athlete with such a concussion may occur outside the scope of this document. However, return to play decisions for the student athlete that may have suffered a concussion outside of sport participation will be guided by this policy. This policy includes, but is not limited to the management principles mandated by the NCAA.

EDUCATION:

Prior to each preseason, student-athletes will be educated on how to recognize signs and symptoms of concussion, the University of Northern Iowa Athletic Training Services/Sports Medicine Department Concussion Management Policy, as well as current trends in concussion management.
At the conclusion of the educational session, student-athletes will sign a statement acknowledging the receipt of the education, as well as their role in reporting any student-athlete exhibiting signs and symptoms of a concussion to the appropriate member of the Athletic Training/Sports Medicine Staff.

**SIGNS AND SYMPTOMS OF CONCUSSION:**

Certified athletic trainers and athletic training students all need to be aware of the signs and symptoms of concussion to properly recognize and intervene on behalf of the student-athlete. Signs and symptoms of a concussion may include, but are not limited to the following:

<table>
<thead>
<tr>
<th>Physical Symptoms</th>
<th>Cognitive Symptoms</th>
<th>Emotionality Symptoms</th>
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<tbody>
<tr>
<td>Headache</td>
<td>Memory Loss</td>
<td>Irritability</td>
</tr>
<tr>
<td>Vision Difficulty</td>
<td>Attention Disorders</td>
<td>Sadness</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Reasoning difficulty</td>
<td>Nervousness</td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td>Sleep Disturbances</td>
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<tr>
<td>Balance Difficulties</td>
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<tr>
<td>Light sensitivity</td>
<td></td>
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<tr>
<td>Fatigue</td>
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<tr>
<td>Tinnitus (ringing ears)</td>
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Exercise or activities that require a lot of concentration may cause symptoms to re-appear or worsen, thus increasing the time one needs to recover from a concussion.

**BASELINE TESTING**

1) **Student Athlete Concussion Statement:** All UNI student-athletes must read the NCAA Concussion Fact Sheet and sign the attached student-athlete statement acknowledging that:
   a. They have read and understand the NCAA Concussion Fact Sheet
   b. They accept the responsibility for reporting their injuries and illnesses to the UNI Sports Medicine/Athletic Training Services staff.

   ***Student Athlete Concussion Statement will be included in each incoming student-athletes pre-participation exam and recertification exam so that athletes are educated each calendar year***

2) **Obtain Baseline Testing:** The process of concussion management begins with the completion of baseline testing for all first year or transfer student-athletes within the sports of Football, Wrestling, Men’s and Women’s Basketball, Softball, Soccer, Swimming and Diving and Track and Field (Pole Vaulters only) or new student-athletes with any pertinent medical history of concussion(s). Baseline Assessments should include neuro-psychological testing: ImPACT (impacttest.com), King-Devick Test and SCAT2/SCAT3.

**ACUTE MANAGEMENT OF A CONCUSSION**

**Removal from participation** - When a UNI student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete will be removed from practice or competition,
by either a member of the coaching staff or Athletic Training/Sports Medicine Staff immediately. On-field or sideline assessment of a concussion can be done by the presence of concussion symptoms, balance assessment, King-Devick Test and/or Maddock’s Score (Portion of SCAT II). Following evaluation from the Sports Medicine/Athletic Training Staff, decisions will be made whether the athlete should be transported to a local hospital for emergency care and/or further diagnostic testing. Any athlete that is diagnosed with a concussion by the athletic training/sports medicine staff shall not return to participation for the remainder of that day. This is to ensure that the athlete does not negatively influence the nature of the injury by further exerting themselves.

POST-ACUTE CONCUSSION MANAGEMENT

Initial Injury - A student-athlete who has sustained a concussion and has been removed from participation will not under any circumstances be allowed to return to play the same day as the injury.

a. A student-athlete who has sustained a concussion outside of their sport participation will be managed in the same manner as those sustained during athletic participation.

b. Visiting sport team members, sports camp participants or Iowa High School athlete evaluated by a UNI Sports Medicine/Athletic Training Services staff member will be managed in the same manner as UNI student-athletes.

1) Referral: Upon initial assessment of the student-athlete following the sustained concussion, the UNI Sports Medicine/Athletic Training Services staff member may deem it necessary for immediate referral to a UNI Team Physician or Sartori/Allen Emergency Room based upon assessed severity of the injury or possible presence of a cervical spine injury.

2) Monitoring and Education: The student-athlete will receive monitoring for deterioration. Athletes will be provided with written home instructions upon discharge from a UNI Athletic Training Services staff member. It is recommended that said athlete only be discharged to the oversight of a roommate, guardian or someone that can effectively follow the given instructions and provide care to the athlete overnight.

3) Post-concussion Return to Learn Protocol will be incorporated into the student-athletes management plan. The student-athlete’s academic advisor in the UNI Athletics Department will be notified and the protocol will be initiated.

Phase One

- COMPLETE REST
  - Must be for minimum 24 hours, preferably a full calendar day especially if more than the simplest of concussions.
  - May be longer than 1 day if initial high severity and/or symptom burden.
  - Minimum rest period estimation determined by MD at initial evaluation and communicated directly to team ATC who will then communicate plan with coach and athlete.
  - Physical rest – no exceptions
  - Mental rest – may be excepted if asymptomatic
    - No homework/studying… this would include film room and meetings
    - No class attendance
  - Note written by athletic training/sports medicine staff, communication with academic advisor for sport and /or office of student services if needed

Phase Two

- When athlete reports he/she is asymptomatic (no symptoms):
  - The athlete will report his/her symptoms every 24 hours to the team ATC
Obtain post-injury ImPACT® computer test, King Devick Test and SCAT2 Re-evaluation by athletic training/sports medicine staff, including assessment of ImPACT® test and SCAT2 results in chart
  - Must pass tests, within 95% or above compared to baseline on all 3 tests in order to proceed with activity
- Light aerobic activity
- This step to last one calendar day minimum
- Exercise bike preferred for first session for 20-30 minutes
  - ATC present at first session to monitor for signs and symptoms
  - If ANY signs/symptoms, return to full rest and do not resume this step until physician re-evaluation

**Phase Three**

- Light strength training / sport specific drills
- This step to last one calendar day
- 50% strength training activity
- Could add sport specific drills that day if all goes well for 20-30 minutes
  - Proceed in stepwise fashion, simple and easy to more complex and intense
  - There should be no risk of contact (including accidental) at all and not include the rest of the team
- Noncontact drills; no pads (all directed by ATC)
- Initial sessions monitored by ATC for signs and symptoms
  - If ANY symptoms develop, return to Phase One until re-evaluation by physician
- Complete exertional ImPACT Test following activity
  - Must pass ImPACT Test within 95% or above compared to baseline

**Phase Four**

- Non-contact practice directed by coach (football- helmet only)
- This step to last one calendar day minimum
- Full strength training activity
- If ANY symptoms develop, return to Phase One until re-evaluation by physician

**Phase Five**

- Return to full-contact practice after clearance by physician or physician’s orders
  - If ANY symptoms develop, return to Phase One until re-evaluation by physician
- This step to last one calendar day minimum

**Phase Six**

- Return to full-participation/game participation
  - No athlete will return to full activity or competition until they are asymptomatic in limited/non-contact practice, non-limited/full contact practice and cleared by UNI Team Physician or designee (UNI Sports Medicine/Athletic Training Services Staff member)
  - If ANY symptoms develop, return to phase one until re-evaluation by physician

**Other**
As mentioned above, minimum time periods for each step are mentioned above but maybe longer depending on initial presentation and subsequent course.

- A planned time period for each step should be discussed between MD and ATC after each evaluation and only then is the plan communicated to athlete, coach, others…understanding that these time estimates are subject to change
- Consider additional post-injury ImPACT® testing beyond the first asymptomatic day if setbacks occur or during subsequent return to activity steps in complex cases

**FACTORS IN CONCUSSION MANAGEMENT**

The University of Northern Iowa Athletic Training/Sports Medicine Department recognizes that there are several factors that influence the concussion management policy. These factors include, but are not limited to:

- Medical History
- Symptoms
- Age
- Medication
- Sport

If it is determined by the UNI Athletic Training/Sports Medicine staff that the athlete should follow an adapted concussion management protocol, it is in an effort to ensure the safety of the student-athlete during their recovery from a concussion. At any point throughout the recovery of the student athlete, a neurologist, or other specialist specifically trained in concussion management may be consulted as determined by the Physician.

The entire management process from initial evaluation, until eventual return to full participation, including any diagnostic testing, shall be documented in the student athletes medical file.

**SUMMARY:**

The University of Northern Iowa Sports Medicine/Athletic Training Services Department is committed to providing quality health care services for all student-athletes. As such, the UNI Sports Medicine/Athletic Training Services Department is very proactive in the assessment and management of concussions. To do so will minimize the risks of concussions associated with athletics, and the potential catastrophic and long-term complications from said concussions.
UNI CONCUSSION PROTOCOL – COORDINATION OF CARE

Initial Injury—Anyone suspected of having a concussion
Remove from participation for remainder of that day

Notify Team Physician

Concussion Diagnosed
Rule out other more severe injury
Determine initial complexity / symptom burden

Initiate Concussion Management Policy and Return to Learn Protocol

PHASE ONE
Complete Rest

PHASE TWO
Athlete is Asymptomatic
ImPACT Testing

PHASE THREE
Cardio / Light Strength Training / Sport Specific Drills

PHASE FOUR
Non-Contact Practice

PHASE FIVE
Return to Full Practice

PHASE SIX
Game Participation

Any Return of Symptoms
Return to PHASE ONE
<table>
<thead>
<tr>
<th>STEPS</th>
<th>PROGRESSION</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.)</td>
<td>HOME- Total Rest (first 24 hours)</td>
<td>No mental exertion- No Computer, Texting, Video Games or Homework. Stay at home. No Driving.</td>
</tr>
<tr>
<td>2.)</td>
<td>HOME- Light Mental Activity</td>
<td>Up to 30 minutes mental exertion. No prolonged concentration. Stay at home. No Driving.</td>
</tr>
</tbody>
</table>

Progress to the next level when able to handle up to 30 minutes mental exertion without worsening of symptoms.

| 3.)   | RETURN TO ACADEMICS PART TIME- (30 minutes per class) Maximum Accommodations Shortened Classes/Schedule Built-in Breaks | Provide quiet place for scheduled mental rest. No significant testing. Modify academics. Provide extra time and extra help. |

Progress to the next level when able to handle up to 45 minutes mental exertion without worsening of symptoms.

| 4.)   | RETURN TO ACADEMICS PART TIME- (45 minutes per class) Moderate Accommodations | Modified classroom testing. Moderate decrease of extra time, help, and modification of assignments. |

Progress to the next level when able to handle 60 minutes mental exertion without worsening of symptoms.

At this point student-athlete may be considered for Exertional Testing Protocol.

| 5.)   | RETURN TO ACADEMICS FULL TIME- Minimal to No Accommodations | Attends all courses. Routine testing to be resumed. Continue decrease of extra time, help, and modification of assignments. |

It is important to note: Progression is individual, all concussions are different. The student-athlete may start at any step as symptoms dictate and remain at that step as long as needed. Return to previous step if symptoms worsen.
XVII. **TURF BURN PROTOCOL:**

Due to the increased numbers of MRSA infections nationally and within our program an aggressive and comprehensive Turf Burn Protocol has been established.

Definitions:

**First Degree Turf Burn:**
- Epidermis has been damaged;

**Second Degree Turf Burn:**
- Epidermis and dermis have been damaged;
  - Consider the use of prescription Silvadene Cream or similar antibiotic cream;

**Third Degree Turf Burn:**
- Epidermis, dermis, and subcutaneous tissue have been damaged;
- Refer to physician for sterile debridement and antibiotics (oral and topical)

**Signs of Infection:**
- S welling
- H eat
- A ching / pain
- R edness / red streaks
- P us

The policy of the University of Northern Iowa Athletic Training Services Department with regards to the care and treatment of turn burn abrasion injuries shall be:

**General Procedures (On-the-Field)--**

- Adhere to Universal Precautions and OSHA engineering and work practice controls;
- Stop the bleeding via direct pressure with sterile gauze;
- Clean the wound and surrounding area by using saline, water, and/or hydrogen peroxide;
- Begin at the center of the wound and move outward;
- Never retrace the area;
- If using hydrogen peroxide, rinse the wound with saline / water following the application of hydrogen peroxide;
- Cover the wound with an appropriate sized sterile gauze pad, telfa pad, and/or adhesive bandage. Secure the bandage with elastic tape if needed.
- Dispose of all soiled materials & gloves in a RED BIOHAZARD BAG.
- Hands should be washed immediately after treating the wound and removing the gloves.
- Blood stained towels, uniforms, and other linens should not be placed in the dirty laundry basket. Instead, place the blood-soiled linens in a red bag and take them specifically to the equipment personnel for special laundering.

* **Current NCAA policy mandates that participants with active bleeding be removed from activity as soon as is practical.** Any participant whose uniform is saturated with blood, regardless of the source, must have that uniform evaluated by appropriate medical personnel for infection potential and changed if necessary before return to competition. Furthermore, any open wound must be covered with a dressing sturdy enough to withstand the activity demands of the student-athlete before he/she may continue participation in a practice or competition.

**General Procedures (Athletic Training Room)--**
• Ensure that the athlete has taken a shower and cleansed the wound with soap and water before reporting to the training room for care;
• Adhere to Universal Precautions and OSHA engineering and work practice controls;
• Stop the bleeding via direct pressure with sterile gauze;
• Clean the wound and surrounding area by using saline, water, and/or hydrogen peroxide;
• Begin at the center of the wound and move outward;
• Never retrace the area;
• If using hydrogen peroxide, rinse the wound with saline / water following the application of hydrogen peroxide;
• Evaluate the wound to determine the severity of the turf burn;
• Assess whether or not the athlete has any allergies and/or has ever had any adverse reactions to antibiotic ointments;
• If no allergies / adverse reactions are present, apply antibiotic ointment (i.e. triple antibiotic, bacitracin, Neosporin, etc.) to the wound using a cotton tipped applicator and/or a tongue depressor. Do not re-use the cotton tipped applicator to get more antibiotic ointment.
• Clean the surfaces and areas touched by the athlete with a disinfectant and towel.

Acute Turf Burns (1-3 Days)-
• Cover the wound with an appropriate sized sterile gauze pad, telfa pad, and/or adhesive bandage.
• Secure the bandage with elastic tape if needed.
• Advise the athlete on how to care for the wound and to watch for signs of infection;
• Give the athlete additional bandages and 1-2 foil packets of antibiotic ointment for dressing the wound at home;
• Advise the athlete to periodically clean the wound and re-dress the wound;
• Advise the athlete to keep the wound covered at all times;
• Advise the athlete to return to the athletic training room everyday before and after practice for re-evaluation and re-dressing of the wound;
• If signs of infection are present, refer the athlete to appropriate medical personnel for evaluation and treatment.

Subacute – Chronic Turf Burns (> 3 days)-
• Advise the athlete to cover the wound only if he/she will be have clothing over the wound, will be participating in an athletic activity, and/or at night before going to bed;
• Advise the athlete on how to care for the wound and to watch for signs of infection;
• Give the athlete additional bandages and 1-2 foil packets of antibiotic ointment for dressing the wound at home;
• Advise the athlete to return to the athletic training room everyday before and after practice for re-evaluation and re-dressing of the wound;
• If signs of infection are present, refer the athlete to appropriate medical personnel for evaluation and treatment.

Reminders:
• Dispose of all soiled materials in a RED BAG.
• Hands should be washed immediately after treating the wound and removing the gloves.
• Blood stained towels, uniforms, and other linens should not be placed in the dirty laundry basket. Instead, place the blood-soiled linens in a red bag and take them specifically to the equipment personnel for special laundering.
• Use disinfectant on all possible contaminated areas.

XVIII. STAPH INFECTION / MRSA INFECTION POLICY

BACKGROUND

Outbreaks of skin infections caused by antibiotic-resistant bacteria have been increasingly reported in sports teams. This policy is provided to assist in the control and prevention of these infections. The
athletic department, coach, athletic trainers, physical plant building services and athletes share responsibility and must work together to ensure prevention and control of these skin infections.

**Staphylococcus aureus**

*Staphylococcus aureus*, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people. Approximately 25% to 30% of the population is colonized (when bacteria are present, but not causing an infection) in the nose with staph bacteria. It can also be carried in the armpit, groin, or genital area. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics.

However, staph also can cause serious infections such as pneumonia, bloodstream infections, and joint infections. Most infections occur through direct physical contact of the staphylococci with a break in the skin (cut or scrape). The staph can be spread by the infected person to someone else or to an object. Inanimate objects, such as clothing, bed linens, sports equipment, personal items (soap or wash cloths) or furniture, may be a source of infection if they become soiled with wound drainage and a non-infected person comes into contact with them. If there is no break in the skin, contact with infected persons or contaminated objects may result in colonization. Susceptibility to infection depends on factors such as immunity and general state of health. In the past, these staph infections typically have been easy to treat with an inexpensive, short course, usually well-tolerated antibiotics. Now in most communities in the U.S., over half of the staph causing skin infections are resistant to commonly used antibiotics.

**Methicillin-resistant Staphylococcus aureus (MRSA)**

MRSA is *Staphylococcus aureus* that is resistant to the penicillin, including dicloxacillin or other methicillin-related antibiotics. These bacteria are also resistant to the cephalosporins, such as Keflex ®. Originally MRSA was confined to hospitals and long-term care facilities; talking antibiotics was a risk factor for infection with MRSA. Many of these hospital-associated MRSA infections caused very serious complications and were resistant to all oral antibiotics. More recently a newer, more virulent strain of MRSA has emerged in the community that causes boils, abscesses, and other soft tissue infections that is not linked to previous antibiotic use. It is called community-associated MRSA. The frequency of infections with community associated MRSA appears to be higher than those caused by staph in the past, particularly in athletic teams. The reasons for this increase are not known, but it is clear that the community associated MRSA strains did not originate with from the strains of MRSA that cause infections in hospitals and other healthcare facilities.

I. PREVENTION AND MANAGEMENT OF STAPH & CAMRSA INFECTIONS

a. Surveillance (Monitoring and Recording Infections)

Community-associated MRSA is easily spread from person to person, either through direct contact or through contact with surfaces contaminated with the bacteria. A single infected athlete can quickly become the source of an outbreak that can affect the entire team. Therefore it is essential that athletic trainers and coaches know about every skin infection as soon as it occurs, and that every athlete knows to be evaluated at the first sign of a possible infection.

Each team’s athletic trainer will evaluate all skin infections and maintain a record of such infections. At the beginning of each athletic season, all team members should be told that they must report all possible skin infections, such as a red bump that is larger than a pimple, to the team’s athletic trainer. The team athletic trainer will make a determination if the student athlete will be excluded from specific activities, and when excluded student athletes can return to those activities. The athletic trainer will maintain a record of these reports.

b. Hygiene

**HAND WASHING IS THE SINGLE MOST IMPORTANT BEHAVIOR IN PREVENTING THE SPREAD OF INFECTIOUS DISEASE. AN INDIVIDUALS HANDS MUST BE CLEAN BEFORE THEY TOUCH THEIR EYES, MOUTH, NOSE, OR ANY CUTS OR SCRAPES ON THE SKIN.**

1. **Hand washing**
   a. Use warm water.
   b. Wet hands and wrists.
c. Use a bar or liquid soap. Antimicrobial soap is not necessary to disinfect against MRSA.
d. Work soap into a lather and wash palms, back of hands up to wrists, between fingers, around thumbs, and under fingernails for at least 15 seconds.
e. Dry hands, using a disposable paper towel or hand-dryer.
f. Provide and encourage the use of alcohol-based hand sanitizers to wash hands in places where hand-washing facilities are not available or to wash hands immediately if personnel or athletes come in contact with any body fluid on the playing field.

All athletic training staff, athletic training students, and student-athletes should wash their hands as described above:
• After sneezing, blowing or touching the nose;
• After using the toilet;
• Before and after practice, games, working out, or whenever there is bare skin contact with others or with shared surfaces or equipment.

2. Personal Hygiene
   a. Shower with soap and water as soon as possible after direct contact sports.
   b. Dry using a clean, dry towel.
   c. Do not share towels, soap, or other personal care items.

3. Equipment Room (Laundry)
   a. When handling dirty laundry or clothing, it should be held away from the body to keep the handler from contaminating their clothing.
   b. Prewash or rinse items that have been grossly contaminated with body fluids
   c. Wash towels, uniforms, scrimmage shirts, and any other laundry in hot water (>160°F for at least 25 minutes) and ordinary detergent and dry on the hottest cycle the fabric will tolerate. Items that can be bleached should be bleached. Alternatively, shared linens may be washed at a lower temperature if an oxygenated detergent is used.
   d. Dry linens with a mechanical dryer.
   e. Distribute towels, uniforms, etc. only when they are completely dry.
   f. Student-athletes should follow these precautions if laundry is taken home (laundry must be in an impervious container or plastic bag for transporting home).

4. Cleaning of Athletic Facilities and Equipment
   a. Disinfect frequently touched areas on shared equipment and in the athletic area daily using a commercial Environmental Protection Agency (EPA)-registered detergent disinfectant with a label claim for Staphylococcus aureus, or a fresh (mixed daily) solution of one part bleach and 100 parts water (1 tablespoon bleach in one quart of water). For disinfection to occur, the surface must be clean, and there must be 10 minutes wet contact time.
   b. Equipment that comes into contact with bare skin such as athletic training tables should be thoroughly cleaned between each use. Consider making spray bottles of disinfectant active against Staphylococcus aureus available for use; provide instructions for safe use. Alternately, containers of disinfectant wipes may be used.
   c. Repair or dispose of equipment and furniture with damaged surfaces that cannot be adequately cleaned.
   d. Student-athletes with open wounds, whether covered or not, should not use athletic training therapeutic pools or whirlpools, and should be discouraged from using private hot tubs. If they use a whirlpool or tub, the equipment must be cleaned and disinfected immediately after use following manufacturer’s recommendations for disinfection.

II. INFECTION OUTBREAK REPORTING ROLES
If an athlete develops a staph infection during the course of a season, the possibility of an outbreak should be considered and must be immediately reported by the staff athletic trainer to the Director of Athletic Training Services/Head Athletic Trainer who will report the outbreak to the following:

- Department of Intercollegiate Athletics Administration;
- Physical Plant Building Services Department for increased cleaning measures;
- Equipment room.

If there are more than two (2) student-athletes infected additional measures should be considered, including cultures of uninfected athletes to detect those carrying the bacteria without illness (colonized), and eradication of MRSA colonization (decolonization). Culturing should only be done in consultation with the local and State health departments.

**III. TREATMENT/CARE & RETURN TO PLAY RECOMMENDATIONS**

Consider a wound infectious if there is any purulent drainage (pus) from the wound, especially if accompanied by fever, redness or tenderness around the wound or if the person is receiving treatment for a wound that had pus drainage. Once the wound has no drainage, and the treating clinician and/or a representative from the athletic training staff clears the athlete, the person can be considered non-infectious. Additional information is available for physicians (see last page).

**A. INITIAL PRECAUTIONS:**

1. Treat any draining wound as a potential MRSA infection.
2. Remove the infected student-athlete from direct physical contact with other students.
3. The student-athlete with an active infection, as indicated above, must be evaluated by a physician or other advanced practice clinician (Nurse Practitioner or Physician's Assistant).
4. Inform the clinician of the possibility of MRSA.
5. Treat uncultured wounds as MRSA.
6. Wounds that contain significant amounts of pus and which are not yet draining should be evaluated by a clinician to see if medical drainage of the pus is indicated. (Significant amount of pus can render antibiotics ineffective at the wound site.)

**B. PARTICIPATION / RETURN TO PLAY:**

An athlete who has a draining wound and is in a sport where there is regular physical contact with others should be evaluated by a physician or qualified health provider for participation in that sport.

Considerations for continuing participation in the sport while the wound is still leaking fluid would include:

1. Ability to completely contain the drainage with a clean, dry bandage;
2. Stability of equipment/padding that covers the wound;
3. Amount of drainage;
4. Location of the draining wound; and/or
5. The nature of the contact. Frequent pressure on a bandaged wound (for example, against a piece of athletic equipment) may both delay healing and contaminate the point of contact.

**C. TREATMENT:**

1. The physician should perform a culture and susceptibility test to determine what bacteria the athlete has and what antibiotic will be the most effective with the fewest side effects. If the physician determines that the athlete does not have a bacterial infection, the athlete will not receive an antibiotic as antibiotics are not effective for nonbacterial infections. Also many of the community-associated MRSA infections, while caused by bacteria, may not require antibiotics for treatment: good wound care could be sufficient to clear the infection.

2. If an antibiotic is prescribed, it is essential that the student-athlete take all medication even after the infection seems to have healed. Student-athletes may participate in sports even while on antibiotics. If a topical ointment is prescribed, it should be applied as directed. Note that student-athletes should be educated that ointments or antibiotics must not be shared.

3. The athlete should follow all other directions as instructed by the responsible clinician. The clinician must be informed if the athlete does not respond to treatment, and consideration be given to not clearing the non-compliant athlete.
D. HOME WOUND CARE FOR THE STUDENT-ATHLETE:
1. The wound must remain covered. The dressing must be changed at least twice a day or more frequently if drainage is apparent or as directed by the clinician. Consider using clean, disposable, nonsterile gloves to change bandages.
2. The athlete must wash hands frequently, especially before and after changing band aids, bandages, or wound dressings.
3. Isopropyl alcohol and friction should be used to disinfect reusable materials, such as scissors or tweezers.
4. Reusable equipment that come in contact with the wound must be disinfected with a fresh (daily) mix of one tablespoon of household bleach to one quart of water or a phenol-containing product. Contact time of the item in the disinfectant solution should be limited to manufacturer's recommendations so as to not corrode the reusable item. A phenol-containing spray can also be used to disinfect any cloth or upholstered surface.
5. Place disposable items that have come in contact with the infected site, including soiled dressings, in a separate trash bag and close the bag before placing in the common garbage or household trash.

E. PREVENTION OF SPREAD TO OTHERS
1. Anyone with close contact with the infected student-athlete should wash their hands frequently with soap and warm water, especially if they change the athlete's bandages or touch the infected area or anything that might have come in contact with the infected area.
2. Laundry should be carried away from the body in a plastic or other lined bag that will not allow wet articles to drain through.
3. All clothing, towels, linens that come in contact with the wound should be handled separately from those of other members of the household. This includes using a separate hamper or laundry bag.
4. Articles that come in contact with the wound should be washed in the hottest water the fabric will tolerate with the usual detergent.
5. Clothing should be dried thoroughly using the hottest setting the fabric will tolerate.
6. Change towels and linens daily if possible.
7. The athlete should be instructed to not share personal items (e.g., towels, washcloths, razors, clothing, or uniforms) or other items that may have been contaminated by wound drainage with family members or housemates.
8. Utensils and dishes do not require special handling. They should be washed in the usual manner with soap and hot tap water or using a standard home dishwasher.

F. WOUND CARE IN THE UNI ATHLETIC TRAINING FACILITIES:
1. Instruct the athlete to carry and use an alcohol-based hand sanitizer when soap and water are not available.
2. Clean and disinfect sports equipment or any part of the athletic area that comes in contact with the wound with commercial disinfectant or fresh solution of diluted bleach before any other athlete comes in contact with the equipment or area.
3. Athletic trainers, athletic training students, or others who care for the wound should use clean non-sterile gloves.
4. Put on clean gloves just before touching broken skin.
5. Remove gloves promptly after use and discard.
6. Wash hands immediately after contact with the wound even if gloves were worn.
7. Wash hands between tasks and procedures on the same athlete to prevent cross contamination of different body sites.
8. Place disposable items that have come in contact with the infected site in a Red Biohazard bag for proper disposal.
9. Do not give other team members prophylactic antibiotics.

XIX. SICKLE CELL TRAIT (SCT) POLICY:
Sickle Cell trait is a rare condition that affects the type of hemoglobin found within the red blood cell. Hemoglobin is responsible for carrying oxygen within the red blood cell. During normal daily activities, those affected by sickle cell trait show no symptoms and have no adverse health issues related to the abnormal hemoglobin. However, when stressed physically under extreme conditions (extreme heat, high level exertion in the presence of an active illness, exertion at altitude, or exertion at intensity levels greater than normally experienced by the student-athlete), the individual may begin to manifest symptoms of the disorder. Symptoms can include severe muscle cramps, dizziness, nausea, and extreme shortness of breath. If not recognized and treated relatively early, it may progress to multi organ damage and possibly sudden death. Although rare, sudden death among athletes has occurred and been linked to carrying the trait. For a variety of reasons, the condition seems to affect those aged 18-24 years of age at greater degrees than younger individuals. Although sickle cell trait is most prominent in African-Americans, and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.

Policy

The NCAA is mandating that all student-athletes must be tested for sickle cell trait, show proof of a prior test or sign a waiver releasing the Institution of liability if they decline to be tested. In accordance with this legislation the University of Northern Iowa Sports Medicine / Athletic Training Services is mandating that all student-athletes must be tested for sickle cell trait, show proof of a prior test or sign a waiver releasing the State of Iowa, the University of Northern Iowa, its officers, employees and agents from any and all costs, liability, expense claims, demands or causes of action on account of any loss or personal injury that might result from my non-compliance with the mandate of the NCAA and the University of Northern Iowa Sports Medicine / Athletic Training Services and Intercollegiate Athletics.

If identified as carrying the abnormal hemoglobin, the athlete can continue to participate in their respective sport without significant restrictions. Care would be taken and restrictions imposed only if the athlete had an active febrile infection or one that affected their respiratory system, if the athlete were training at altitude, or in extreme weather conditions (especially heat). Ensuring adequate hydration during practice and competition, and training at reasonable exertion levels is another important factor in preventing adverse health issues.

Infants born after 1984 were tested for the sickle cell trait and therefore the documentation should be available from their family pediatrician. The screening test can be performed at the University of Northern Iowa Human Performance Center medical facilities and the University of Northern Iowa Student Health Center for a fee or with their family physician. If the initial screening test does come back positive for sickle cell, a follow up test can be performed to determine if the athlete has Sickle Cell Disease vs. Sickle Cell Trait. Educational sessions around the topic of sickle cell and the precautions that need to be undertaken due to the serious nature of the condition will be required for all those individuals who are sickle cell trait positive.

See Appendix: UNI Sickle Cell Disclosure Form and UNI Sickle Cell Waiver Form

For athletes who carry the sickle cell trait the following simple steps will be taken:

1. The athlete will watch the NCAA educational video about sickle cell trait and athletic participation.
2. The athlete will meet with a team physician to answer any questions and to make sure the athlete understands the issue and the steps he/she needs to take to make remain safe while participating (staying hydrated, recognize early symptoms of heat illness/sickle cell crisis, and report them to sports medicine staff and coaches immediately).
3. Sport and strength/conditioning coaches will be notified of athlete's trait status to ensure that the athlete is allowed access to fluids as needed, is not forced to participate in timed physical tests before becoming acclimated to heat and exertion at the beginning of a season, and any complaints of exhaustion are taken seriously and activity stopped until evaluation by sports medicine staff is completed.
4. Sports medicine / athletic training staff present at official practices and workouts will monitor the athlete’s status closely and encourage adequate hydration. The sports medicine / athletic training
staff will also monitor environmental conditions and possibly limit or halt exercise if risk is determined to be high.

Note: The vast majority of the time if the student-athlete is allowed to self regulate when they start to struggle they will recover on their own and be ready for the next day’s activities. The majority of the deaths associated with sickle cell trait have occurred when the student-athlete was brow-beaten or cursed, or even allowed, to finish when they obviously struggling, pushing them into the abyss.

XX. RETURN TO PLAY CRITERIA:

The University of Northern Iowa Team Physician or his/her designee, in consultation with the staff certified athletic trainer, has the final authority in deciding if and when an injured student-athlete may return to practice and/or competition. Any student-athlete seen by an outside (off-campus) physician must return to the athletic training room for follow-up and final clearance prior to active participation status. If a student-athlete is under the care of a private physician for an injury or illness and the physician's treatment precludes or alters the activity in intercollegiate athletics, the student-athlete must secure in writing, a release to reinstate the student-athlete to full participation. No student-athlete will be allowed to return to participation until the UNI Athletic Training Services Department has received a release and it is added to the medical records.

XXI. EATING DISORDER INTERVENTION PROTOCOL:

If a member of the UNI Athletics staff has a concern, or if an individual(s) express concern to a UNI Athletic staff member, that a student-athlete may be at risk because of disordered eating, the following procedural steps should be taken:

1. The staff member should meet confidentially with the concerned individual(s) and gather specific information regarding the behavior of the student-athlete suspected of disordered eating and then refer the concerned individual(s) to one of the UNI Staff Certified Athletic Trainers (ATC).

2. The UNI Staff ATC will arrange to meet with the student-athlete to discuss the concerns raised regarding his/her disordered eating behavior. Based on the objective information gathered by the ATC the following steps may be taken:
   a. No direct intervention will be taken, however monitoring may occur.
   b. Request that the student-athlete be evaluated by a University Health Services (UHS) Clinician (Medical Doctor, Physicians Assistant, Nurse Practitioner, etc.) for further objective findings (i.e. significant weight loss, BMI, low % of body fat, blood testing, etc.). The UHS Clinician will facilitate a counseling and nutritional referral.

3. If step 2b above is chosen, the ATC will contact the UHS directly to arrange for examination of the student-athlete. All referrals made between the ATC and UHS will possess written consent from the student-athlete for release of pertinent medical information.

4. Based on the results of the evaluations, the UHS Clinician will determine one of the following:
   a. The student-athlete is not in any immediate risk. If medical clearance is recommended for the student-athlete the UHS Physician will notify the ATC immediately via telephone and in writing.
   b. The student-athlete may be at risk physically or emotionally. Temporary suspension from participation in intercollegiate athletics may be instituted pending further medical intervention. The UHS Physician in consultation with the ATC will make the final decision regarding athletic participation. The ATC will communicate all decisions to the student-athlete directly. It must be made clear to all parties concerned that the UHS Clinician and the ATC shall act in the best interest and personal safety of the student-athlete.
5. If the student-athlete has not been cleared or if further intervention is necessary, the Eating Disorders Intervention Team (EDIT) will be assembled as soon as possible to develop a formal healthcare plan and written compliance contract with the student-athlete. EDIT may consist of the following members:

   a. Student-athlete
   b. Student-athlete’s chosen representative
   c. UHS Clinician
   d. ATC
   e. Nutritional support personnel
   f. Counseling clinician
   g. Other medical professional, if desired

6. The healthcare plan and compliance contract developed by EDIT will include a process for determining the student-athlete’s compliance with the contract and the consequences of non-compliance.

7. The student-athlete may or may not be cleared for athletic participation following review by EDIT.

The health and welfare of the student-athlete will be the primary consideration throughout the consultation and intervention process. Furthermore, medical confidentiality applies to all information shared with the ATC and the UNI Student Health Clinic, which includes the UNI Student Health Center Counseling Services and members of EDIT.

Support Services Available at UNI

The Wellness and Recreation Services Center provides nutritional information programs for all UNI students. These programs may include eating disorder screening, nutrition information, and support, weight management education, and referral when indicated. Appointments can be made by referral through the team certified athletic trainer. Teams may also schedule an appointment for the nutritionist to meet with the team through the team’s certified athletic trainer.

The University of Northern Iowa Athletic Training Services can also coordinate a multi-disciplinary treatment approach to eating disorders. This program involves the screening of athletes for eating disorders, educational programs, and comprehensive medical care of the athlete. Our team includes physicians, mental health professionals, nutritionists and other allied health care providers who are qualified and experienced in the evaluation and treatment of eating disorders in athletes. Student athletes should feel free to contact their team certified athletic trainer to discuss any case in private.

XXII. PHYSICIAN REFERRALS / CONSULTATIONS:

All student-athlete referrals to physicians and specialists must come from an UNI staff athletic trainer, unless it is an emergency. Before leaving for an appointment with a physician / medical specialist, the student-athlete must have a signed Referral/Consultation Form to present to the doctor/specialist and a copy of the student-athlete’s insurance form and card. All bills must first be forwarded to the student-athletes insurance company, and UNI acts as a SECONDARY insurance carrier for athletic related injuries.

Although it is advisable for a staff athletic trainer to accompany a student-athlete to his/her appointment, it is not the responsibility of any member of the UNI Athletic Training Services Department to use personal transportation to fulfill these referral situations.
XXIII. TRANSPORTATION OF STUDENT-ATHLETES POLICY:

The policy of the University of Northern Iowa Division of Athletic Training with regards to the transportation of student-athletes to doctor’s appointments, diagnostic tests, surgeries, etc. will be:

- UNI athletic training students will not transport student-athletes to doctor’s appointments, diagnostic tests, physical therapy appointments, etc. with their own personal vehicles under any circumstances.

- UNI certified athletic trainers will make a reasonable effort to attend a student-athlete’s doctor’s appointment, although, this may not be possible in all situations.

- UNI certified athletic trainers are not required to provide transportation to/from and/or attend a student-athlete’s diagnostic tests, physical therapy appointments, etc.

- If the student-athlete has a viable means of transportation, he/she will be responsible for his/her own transportation to and from the appointment.

- If a student-athlete does not have a viable means of transportation and/or is not able to drive due to an injury/illness, a UNI staff athletic trainer and/or graduate assistant athletic trainer will make every effort to arrange for transportation for the student-athlete in a timely manner.

Due to the time sensitive nature of some appointments and restrictions in an athletic trainer’s availability, members of the coaching staff may be asked to assist with the transportation of student-athletes.

XXIV. OVER-THE-COUNTER (OTC) MEDICATIONS POLICY:

- All over-the-counter (OTC) medications will be stored in a locked cabinet within the HPC Athletic Training Room, McLeod Center Athletic Training Room, and the West Gym Athletic Training Room. Only staff certified athletic trainers and team physicians will be permitted to access the medication supply and its contents will be tightly controlled.

- All OTC medications, which are given to student-athletes and/or athletic department staff members, must first be logged on the appropriate form(s) located within the secured storage space recording the following information:
  1. record of the athlete’s name
  2. indications for use
  3. record the medication, dosage, frequency
  4. date dispensed

- The staff certified athletic trainer is expected to convey orally or in writing, information about the drug, indications for use, side effects, and interactions with other drugs or foods.

- The staff certified athletic trainer shall assess the patient’s understanding of compliance with the medication regimen.

- The medication shall be provided in a unit dose package or in an envelope or dispensing container marked with the patient’s name, the dispensing date, the name of the drug, quantity and directions for use.

- Minors shall not be provided with over-the-counter medications without parental consent, such consent and administration being recorded and that record kept on file.

XXV. FLUID REPLACEMENT, REHYDRATION AND HEAT ILLNESSES POLICY:

The following policy on fluid replacement, rehydration, and exertional heat illnesses has been developed in accordance with the NATA Fluid Replacement Position Statement, the NATA Exertional Heat Illnesses
DEFINITION OF EXERTIONAL HEAT ILLNESS:

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

Exercise-Associated Muscle (Heat) Cramps:
- Occurs during or after intense exercise as an acute, painful, and involuntary muscle contraction
- Causes may include dehydration, electrolyte imbalances, neuromuscular fatigue, or a combination of factors.
- Signs and Symptoms: dehydration, thirst, sweating, transient muscle cramps, fatigue.

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

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

PREVENTION OF HEAT ILLNESS GUIDELINES:

- All pre-participation examinations will identify student-athletes who may be predisposed to heat illness or have a history of heat illness.

- The Athletic Training Services/Sports Medicine Staff will be onsite at practices and competitions to assist in providing hydration and access to further cooling supplies. Along with graduate assistant athletic trainers and athletic training students, the staff will be aware of the signs and symptoms of heat illness to properly recognize and intervene on behalf of the student-athlete.

- The certified athletic trainer will also help educate athletes and coaches regarding the necessary time needed to have student-athletes adapt to their environment. Acclimatization should be a gradual progression. Well-acclimatized athletes should be able to train 1 to 2 hours under the same heat conditions that will be present for their event.

- In addition, the certified athletic trainer should know how to use a wet-bulb globe temperature (WBGT) and/or a sling psychrometer, decipher the corresponding temperature graphs for these instruments, and base the level of physical activity upon the gathered information. This will be used as one of the factors in determining any risk of heat illness associated with relevant environmental conditions.
5 PILARS OF EXERTIONAL HEAT STROKE PREVENTION

The 5 Pillars of Exertional Heat Stroke Prevention will be followed:

- Hydration
- Body Cooling
- Work to Rest Ratios
- Acclimatization
- Education

TREATMENT OF HEAT ILLNESS:

The Athletic Training Services/Sports Medicine Staff will treat heat illness by recognizing its signs and symptoms, understanding the causes of heat illness, and taking the necessary measures to ensure an efficient and safe recovery for the student-athlete.

**Exercise-Associated Muscle (Heat) Cramps:**

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

**Exercise (Heat) Exhaustion:**

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

**Exertional Heat Stroke:**

- Activate the emergency medical system.
- Assess cognitive function and vital signs, measuring rectal temperature if feasible to differentiate between heat exhaustion and heat stroke (heat stroke is 104°F or higher).
- Lower the body-core temperature as quickly as possible by removing excess clothing and immersing the body into a tub of cool water (35 - 59°F) while checking temperature every 5 to 10 minutes. Remove athlete from water if temperature reaches 101 to 102°F to prevent overcooling.
- A rectal temperature is the only viable field option to assess body temperature in an exercising individual. Aural, oral, tympanic, axillary and forehead measurements have all been shown to not to be effective for measuring body temperature in exercising individuals.
- Continue using cooling methods mentioned for heat exhaustion while transporting to decrease body-core temperature.
- Maintain and monitor airway for breathing and circulation.

**RECOVERY OF HEAT ILLNESS:**

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

**EMERGENCY PREPAREDNESS:**
The UNI Intercollegiate Athletics Department and the UNI Sports Medicine/Athletic Training Services will have available for use the following supplies on the field, in the locker room, and at various other stations:

- Rectal thermometer;
- Lubricating gel;
- A supply of cool water or sports drinks or both to meet the needs of student-athletes;
- Towels;
- Water source;
- Ice for active cooling (ice bags, tub cooling) and to keep beverages cool during exercise;
- Telephone/Cell Phone or 2-way radio to communicate with medical personnel and to summon emergency medical transportation if necessary;
- Tub, wading pool, kiddy pool, or whirlpool to cool the trunk and extremities for immersion cooling therapy.
The University of Northern Iowa UNI Sports Medicine/Athletic Training Services will use the Marine Corps Heat Index Physical Exercise Chart for guidelines in regards to physical activity and/or practices conducted outside:

### Heat Index and Physical Exercise Chart

<table>
<thead>
<tr>
<th>WBGT Index (F)</th>
<th>Heat Condition Warning System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 82</td>
<td>Normal Activities, but at least separate rest breaks (involving both unlimited hydration intake, e.g. water or sports drinks, and rest (football helmet removed) in a &quot;cooling zone&quot; out of direct sunlight each hour of minimum duration of 3 minutes each during workout.</td>
</tr>
<tr>
<td>82.0 – 86.9</td>
<td>Use discretion for intense or prolonged exercise; watch at-risk players carefully; Provide at least three separate rest breaks each hour of a minimum of 4 minutes duration each [Note: if WBGT reading over 86.0, ice towels and spray bottles filled with ice water should be available at the “cooling zone” and cold immersion tubs must be available for practices for the benefit of any player showing early signs of heat illness].</td>
</tr>
<tr>
<td>87.0 – 89.9</td>
<td>Maximum practice times are two hours. For football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rest breaks each hour of a minimum of 4 minutes each.</td>
</tr>
<tr>
<td>90.0 – 92.0</td>
<td>Maximum practice length is one hour; no protective equipment may be worn during practice and there may be no conditioning activities. There must be 10 minutes of rest breaks provided during the hour of practice.</td>
</tr>
<tr>
<td>Above 92.0</td>
<td>No outdoor workouts; cancel exercise; delay practices until a cooler WGBT reading occurs.</td>
</tr>
</tbody>
</table>
RETURN-TO-PLAY AFTER EXERTIONAL HEAT STROKE

- A student-athlete who survives exertional heat stroke should be fully evaluated by a team physician prior return-to-play.
- Prior to return-to-play the individual who suffered exertional heat stroke should demonstrate the ability to tolerate exercise in the heat.
- Student-athletes who suffered exertional heat stroke likely had a predisposing factor at the time of their injury. Predisposing factors should be identified and remediated before returning an athlete to activity.
- Return-to-play should be gradual and medically monitored throughout. When medically cleared, exercise should begin at a low intensity in a temperate environment. The student-athlete can progress intensity in a temperate environment if no complications persist. The athlete should then perform the same progression of intensity in a hot environment before they are allowed to full return.

RATIONALE OF FLUID REPLACEMENT:

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

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

SIGNS AND SYMPTOMS OF DEHYDRATION:

Staff athletic trainers, graduate assistant athletic trainers, and athletic training students all need to be aware of the signs and symptoms of dehydration to properly recognize and intervene on behalf of the student-athlete.

*Signs and Symptoms are:*

1. Thirst
2. Irritability
3. General discomfort
4. Headache
5. Weakness
6. Dizziness
7. Nausea
8. Cramps
9. Chills
10. Vomiting
11. Head or neck heat sensations
12. Decreased performance

REHYDRATION GUIDELINES:

The Athletic Training Services/Sports Medicine Staff at the University of Northern Iowa has developed the following rehydration guidelines based on national accepted criteria. The Athletic Training Services/Sports Medicine Staff and UNI athletic training students will assist in promoting the consumption of fluids/beverages. All fluids/beverages will be provided onsite when requested or as deemed necessary.

1. **Prior to Exercise:**
   - All athletes should be encouraged to drink 17 to 20 fluid ounces of water or sports beverage 2-3 hours before exercise;
Ten to twenty minutes before the beginning of practice or competition, athletes should be encouraged to drink an additional 7-10 fluid ounces of water or sports beverage.

2. **During Exercise:**

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

3. **After Exercise:**

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

**Sport beverages should ideally contain a carbohydrate level of no more than 8%. A higher carbohydrate level can retard fluid absorption and cause stomach problems.**

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

**WEIGHT LOSS/GAIN GUIDELINES:**

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

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

**INTRAVENTOUS (IV) FLUID REPLACEMENT:**

In certain instances IV fluids may be administered for athletes experiencing dehydration, severe cramping, shock, or as a prophylactic means of hydration. Need for IV fluids will be determined by the team medical staff including the team physician, team nurse, emergency medical technicians, and athletic trainers. IV administration will be performed by the team physician, team nurse, or paramedics with assistance by the certified athletic trainers and athletic training students. For more details concerning IV Fluid Replacement, refer to the UNI IV Fluid Replacement Policy.

XXVI. **GATORADE POLICY:**

- Practices-
Days in which the outside temperature, at the time of practice, is greater than 78 degrees Fahrenheit, Gatorade will be available (based on availability) for consumption by student-athletes.

- **Games:**
  Based on availability, Gatorade will be made available at all games/competitions in UNI’s locker room and/or UNI’s team bench. Each staff athletic trainer is to meet with the Director of Athletic Training Services to determine their team’s needs and allotment.

- NOTE: THE DIRECTOR OF ATHLETIC TRAINING SERVICES SHOULD BE CONSULTED ON THE DECISION FOR USE OF GATORADE PRODUCTS.

**XXVII. DIRECT SUPERVISION OF ATHLETIC TRAINING STUDENTS:**

The policy of the University of Northern Iowa Athletic Training Services with regards to direct supervision of athletic training students by staff athletic trainers will be-

“Direct supervision of athletic training students involved in the clinical experience portion of the Athletic Training Program means that the preceptor will be physically present and have the ability to intervene on behalf of the athletic training student and the patient.”

(CAATE Standards Clinical Education Terminology)

Athletic training students are to be directly supervised by their preceptor at all times. If it becomes impossible for the preceptor to directly supervise his/her students, students will no longer be assigned to that particular preceptor.

Any incidences in which students are not directly supervised must be reported to the AT Program Director or Clinical Education Coordinator immediately by the involved student(s) or preceptor. Students who do not report violations of the Direct Supervision Policy will receive disciplinary action as per the UNI Athletic Training Student Handbook. Preceptors who fail to provide direct supervision at all times will no longer be assigned athletic training students.

**XXVIII. MORNING TREATMENTS:**

Morning treatments will be done in the HPC Athletic Training Room or other satellite facilities Monday through Friday for all student-athletes. Injured student-athletes are to make arrangements with the staff certified athletic trainer assigned to their sport. It is expected that this time will be used for one-on-one interaction between the staff athletic trainer, athletic training student if available, and student-athlete. It is imperative that all injury treatments be entered into SportsWare/Touchworks immediately after treatment is given.
XXIX. DAILY INJURY REPORT PROCEDURES:

In order to maintain continuity among all UNI Athletic Training staff and athletic training students, as well as the UNI Coaching Staff, the UNI Media Relations Department and the local media, the following procedures for reporting the status of injured student-athletes will be utilized.

Format-
- MS Word Coach’s Report template
- e-mail template

Delivery Options-
- e-mail
- In-person communications in office refer to HIPAA Policies.

<table>
<thead>
<tr>
<th>SPORT</th>
<th>IN-SEASON</th>
<th>OFF-SEASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football</td>
<td>Daily</td>
<td>Weekly</td>
</tr>
<tr>
<td>Women’s Soccer</td>
<td>Daily</td>
<td>Weekly (as needed)</td>
</tr>
<tr>
<td>Volleyball</td>
<td>Every 1-2 days</td>
<td>Weekly (as needed)</td>
</tr>
<tr>
<td>Men’s / Women’s Basketball</td>
<td>Every 1-2 days</td>
<td>Weekly (as needed)</td>
</tr>
<tr>
<td>Wrestling</td>
<td>Daily</td>
<td>Weekly (as needed)</td>
</tr>
<tr>
<td>Baseball / Softball</td>
<td>Every 2-3 days</td>
<td>Weekly (as needed)</td>
</tr>
<tr>
<td>Tennis</td>
<td>Every 2-3 days</td>
<td>As needed</td>
</tr>
<tr>
<td>Track &amp; Field</td>
<td>Every 2-3 days</td>
<td>Weekly (as needed)</td>
</tr>
<tr>
<td>Swimming &amp; Diving</td>
<td>Every 2-3 days</td>
<td>As needed</td>
</tr>
<tr>
<td>Golf</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Cheerleading</td>
<td>Every 2-3 days</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Terminology-

Game Status-

<table>
<thead>
<tr>
<th></th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>No limitations</td>
</tr>
<tr>
<td>Probable</td>
<td>75% chance that the athlete will play / 25% chance that the athlete will not play</td>
</tr>
<tr>
<td>Questionable</td>
<td>50 / 50 that the athlete will or will not play</td>
</tr>
<tr>
<td>Doubtful</td>
<td>25% chance that the athlete will play / 75% chance that the athlete will not play</td>
</tr>
<tr>
<td>Out</td>
<td>Athlete will not play</td>
</tr>
</tbody>
</table>

Game-Day / Game-Time Decision

Decision on the athlete’s status will be made on the day of the game / before the game after further observation of the athlete.

Practice Status-

<table>
<thead>
<tr>
<th></th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>No limitations to the athlete’s participation</td>
</tr>
<tr>
<td>Limited</td>
<td>Athlete is limited in what he/she can do at practice; must list limitations (i.e. no sprinting; weightroom limitations/modifications; drill/activity exclusions, etc.)</td>
</tr>
<tr>
<td>No Contact</td>
<td>Athlete is not allowed to participate in drills / activities that involve physical contact</td>
</tr>
<tr>
<td>Activity to Tolerance / As Tolerated</td>
<td>Athlete is allowed to participate in activities to his/her tolerance</td>
</tr>
<tr>
<td>Out</td>
<td>Athlete will not participate in practice</td>
</tr>
</tbody>
</table>
The following emergency plan is a general outline for the University of Northern Iowa’s Athletic Training Services/Sports Medicine and UNI Athletic Department. Specific emergency plans for each individual sport and/or athletic facility detailing emergency phone numbers, entrances and access routes, emergency phone locations, etc. are available in each athletic training room and/or can be found in the Appendix of the Athletic Training Services/Sports Medicine Policies & Procedures Manual.

An emergency is any sudden life threatening injury or illness that requires immediate medical attention. Emergency situations can occur at any time during athletic participation. Expedient action must be taken in order to provide the best possible treatment. This emergency plan will help ensure the best care is provided.

Athletic personnel should review the policy at the beginning of each academic year. Coaches should discuss the policy in detail with the athletic trainer assigned to their sport. An emergency plan must exist for all organized practices and competitions, including out of season training, strength training and conditioning workouts. Those with the highest level of health training, such as a Team Physician, Certified Athletic Trainer, Emergency Medical Staff, Strength and Conditioning Staff, or Athletic Training Student are responsible for the emergency plan at a session or event. If a member of the sports medicine or strength training staff is not available at a practice, then the Coach is responsible for the emergency plan. Legal liability is very important to consider, and ALL athletic staff should understand this plan.

Hopefully, potential emergencies will be avoided by thorough physical screenings of an athlete prior to participation in any sport. Also, safe practices, including training techniques, and adequate medical coverage should be taken into consideration. However, accidents and injuries are inherent with sports participation. Therefore, proper preparation on the part of the athletic staff will enable each emergency situation to be managed appropriately.

There are three basic components of this plan: Emergency Personnel, Emergency Communication, and Emergency Equipment. A summary emergency template is provided at the end for your convenience.

**1) EMERGENCY PERSONNEL**

The type and degree of athletic training/sports medicine coverage for an athletic event (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/sports medicine staff, most commonly a Certified Athletic Trainer (ATC). A Team Physician may also be present at some high-risk events and practices. Other members of the emergency team may include Strength and Conditioning Staff, Emergency Medical Technicians (EMT), Athletic Training Students, Team Coaches, and/or Equipment Managers. EMTs will be available at the following contests: football, women’s soccer, men’s and women’s basketball and men’s wrestling. They are also at all Missouri Valley, Mid-American Conference and NCAA championship events hosted by the University of Northern Iowa.
Roles of these individuals within the emergency team 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. Roles within the emergency team include:

- Immediate Care of the Athlete (by those with highest level of health training)
- Emergency Equipment Retrieval
- Activation of Emergency Medical Services
- Directions to the Emergency Site (EMS)

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 training session.

B. Emergency Equipment Retrieval
   The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Athletic training students, coaches and equipment personnel are good staff members for this role. Important emergency equipment is noted below.

C. Activation of Emergency Medical Services (EMS)
   The third role, EMS activation, should be done as soon as the situation is deemed an “emergency” or “life-threatening event”. Time is the most critical factor. 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, who communicates well, and who is familiar with the location of the sporting event. STEPS FOR ACTIVATION ARE NOTED BELOW.

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 contest, if they are not already there. Depending on ease of access, this person should have keys to any locked gates or doors that may hinder the arrival of medical personnel. An athletic training student, manager or coach may be appropriate for this role.

2) EMERGENCY COMMUNICATION

A. Activation of Emergency Medical System (EMS)
   In the event that an emergency occurs involving a student athlete, a member of the Emergency Team should promptly contact Emergency Medical Services (EMS). Phone numbers of emergency personnel should be posted by the phone or in the medical kit. If there isn’t a phone on the field, 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. Prearranged access to the phone should be established if it is not easily accessible. A cellular phone is preferred.

B. Contacting the Emergency Medical Services (EMS)
   1. If EMT’s are at the event, then a signal discussed in advance (overhead circular signal) should be given to summon them forward.

   2. If EMS is not on site, call UNI Police/Public Safety at 319-273-4000 or call 911.
3. The following information should be provided to the dispatcher:

   a) Your name
   b) Exact location where the injury occurred and where you will meet them
   c) The number you are calling from
   d) Number of injured athletes
   e) The condition of the athlete(s)
   f) The care being provided
   g) Make sure that you hang up only after the dispatcher has hung up

4. Notify someone from the athletic training/sports medicine staff. Numbers are enclosed below.

5. As EMS is being dispatched, make sure someone is designated to retrieve any needed emergency equipment from the sidelines.

6. Have the coaches’ serve as crowd control and keep other athletes away from victim.

7. Send someone to meet the ambulance at the designated spot.

8. A member of the athletic training/sports medicine staff or coach will accompany the injured athlete to the hospital. The member of the athletic training/sports medicine staff should bring medical and/or insurance information with them to the hospital if accessible
UNI ATHLETIC TRAINING EMERGENCY COMMUNICATION HAND SIGNALS-

- “touch body part”- indicates the injured body part
- “raised fist”- ATC / MD is needed;
- “scuba OK” (pat top of head)- ATC / MD is not needed;
- “overhead circular”- activate EMS immediately
- “baseball safe signal”- spine board/stretcher is needed;
- “hand pumping motion”- splints are needed;
- “steering wheel motion”- cart/motorized transportation is needed;
- “fist pound on heart”- automated external defibrillator (AED) is needed;

EMERGENCY PHONE NUMBERS-

<table>
<thead>
<tr>
<th>Ambulance/Police/Fire</th>
<th>9-911 (on-campus phone)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>911 (off-campus/pay phone)</td>
</tr>
<tr>
<td>Poison Control Center</td>
<td>1-800-222-1222</td>
</tr>
<tr>
<td>UNI Police / Public Safety</td>
<td>(319) 273-4000</td>
</tr>
<tr>
<td>UNI Student Health Services</td>
<td>(319) 273-2009</td>
</tr>
</tbody>
</table>

Staff Contact Information

<table>
<thead>
<tr>
<th>Staff Contact Information</th>
<th>Athletic Training Staff Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don Bishop, Head Athletic Trainer</td>
<td>319-415-9337</td>
</tr>
<tr>
<td>Megan Brady, Assistant Athletic Trainer</td>
<td>319-230-3636</td>
</tr>
<tr>
<td>Travis Stueve, Assistant Athletic Trainer</td>
<td>806-584-8473</td>
</tr>
<tr>
<td>Troy Garrett, Assistant Athletic Trainer</td>
<td>319-415-4037</td>
</tr>
<tr>
<td>Melissa Stueve, Assistant Athletic Trainer</td>
<td>319-239-3590</td>
</tr>
<tr>
<td>Andrew Jedlicka, Assistant Athletic Trainer</td>
<td>563-219-2200</td>
</tr>
<tr>
<td>Ashley Lindahl, Graduate Assistant</td>
<td>763-354-0941</td>
</tr>
<tr>
<td>Matt Frericks, Graduate Assistant</td>
<td>507-304-3856</td>
</tr>
<tr>
<td>Ben Mitchell, Graduate Assistant</td>
<td>605-201-8007</td>
</tr>
<tr>
<td>Pam Hosto, Graduate Assistant</td>
<td>319-238-2091</td>
</tr>
<tr>
<td>Danny Drees, Graduate Assistant</td>
<td>563-451-8010</td>
</tr>
<tr>
<td>Andrew Vereen, Graduate Assistant</td>
<td>712-490-9197</td>
</tr>
<tr>
<td>Miranda Pomije, Graduate Assistant</td>
<td>952-594-1104</td>
</tr>
</tbody>
</table>

3) EMERGENCY EQUIPMENT

The majority of emergency equipment will be under the control of a member of the athletic training/sports medicine staff (ie: physician, ATC) 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 regularly.

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 an 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. **Anaphylaxis Kit / Epipen**: Available in athletic training rooms and/or ATC kits.
2. **Spine board:** Spine boarding is the responsibility of the EMT, Physician, and/or ATC. Available in Athletic Training Rooms and EMS trucks.

3. **Splints:** Available in athletic training rooms or on site with ATC which will be handled by ATC, athletic training student or physician.

4. **Automatic Electronic Defibrillators (AED's):** Available in all EMS trucks and police vehicles, as well as the following locations:
   - WRC: mobile unit at the WRC front desk
   - HPC Weight Room: mobile unit in the weight room
   - HPC Athletic Training Room: 4 mobile units in the HPC athletic training room
   - UNI-Dome: fixed unit on the south concourse wall
   - McLeod Center: fixed unit on the event level entrance east wall
   - West Gym: mobile unit in the West Gym athletic training room
IN CASE OF EMERGENCY,
DO THE FOLLOWING:

I. PROVIDE EMERGENCY CARE (First Aid/CPR)

II. Contact Emergency Medical Services
   - Signal EMT (on site) or call (319) 273-4000 (on campus) or 911 (off campus)

III. Provide the following information:
   - Your name
   - Exact location where injured
     - Exact site locations
   - Where you will meet EMS
   - Number you are calling from
   - Number of injured individuals
   - Condition of the injured individuals
   - Care being provided
   - Wait for emergency person to end call

IV. Send someone to meet EMS

V. If appropriate, retrieve medical equipment per MD, ATC or EMT

VI. Notify the sports medicine staff (numbers on back)

VII. Control crowd to keep person safe

VIII. Staff member should accompany individual to emergency room
Emergency Personnel: A member of the athletic training services staff is on-site for practices. Additional Personnel may be available in the Human Performance Center Athletic Training Room.

Emergency Communication: Portable two-way radio during practice and by cellular phone.

Emergency Equipment: First aid supplies (athletic trainers’ kit and body substance isolation (BSI) bag), AED, vacuum splints, spine board, and crutches are available on the sidelines.

Roles of Emergency Care Team Members

2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
   a. Identify yourself and your role in the emergency
   b. Specify your location and telephone number (if calling by phone)
   c. Condition of victim(s)
   d. Time of the incident
   e. Care being provided
   f. Give specific directions to the scene of the emergency
4. Direction of EMS to the scene
   a. Assist University Public Safety with directing EMS to scene
   b. Clear a path for EMS (open appropriate doors, move cars, move other obstructions, etc.)
   c. Designate individual to “flag down” EMS and direct to scene
   d. Scene control: keep non-emergency medical team members away from the scene

Venue Directions: Practices for football outside will take place at the outdoor football practice fields north west of the corner of PE Center Drive and Panther Parkway, directly west of the “R” North Dome parking lot. Emergency access for the outdoor football practice fields is via North Panther Parkway through the “R” North Dome parking lot; north west of the UNI Dome. Approach campus via Hudson Road, turn west on PE Center Drive, turn north on Panther Parkway and turn west through the R Parking lot, the practice fields will be straight ahead on the west side.

Inclement Weather: Seek shelter in the WRC locker rooms.
University of Northern Iowa Athletic Training Emergency Action Plan
UNI-Dome

Emergency Personnel: A member of the athletic training services staff is on-site for practices and competitive events taking place in the UNI-Dome. Possibly additional staff located in the Human Performance Center Athletic Training Room.

Emergency Communication: Portable two-way radio during football practices and games, access to a stationary telephone landline on the east sideline of the UNI-Dome, and by cellular phone.

Emergency Equipment: First aid supplies (athletic trainers’ kit and body substance isolation (BSI) bag) available at sideline or medical area. AED is mounted on the South wall by the Hall of Fame pictures. Additional AED, breathing devices, vacuum splints, spine board, and crutches are also available in the Human Performance Center Athletic Training Room.

Roles of Emergency Care Team Members

2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
   a. Identify yourself and your role in the emergency
   b. Specify your location and telephone number (if calling by phone)
   c. Condition of victim(s)
   d. Time of the incident
   e. Care being provided
   f. Give specific directions to the scene of the emergency
4. Direction of EMS to the scene
   a. Assist University Public Safety with directing EMS to scene
   b. Clear a path for EMS (open appropriate doors, move cars, move other obstructions, etc.)
   c. Designate individual to "flag down" EMS and direct to scene
   d. Scene control: keep non-emergency medical team members away from the scene

Venue Directions: Practices, games and competitions for various sports take place in the UNI Dome. Emergency access for activities in UNI Dome is via “WRC” (Wellness and Recreation Center) Lot to the Northwest (NW) Loading Dock Entrance (Garage Door), which is on the ground floor on the Northwest side of the Dome. Approach the Northwest (WRC) Parking lot campus via PE Center Street off of Hudson Road and turn north into the WRC metered parking lot.

Inclement Weather: Seek shelter in the Football locker room and/or McLeod locker rooms.
Emergency Personnel: A member of the athletic training services staff is on-site for practices and competitive events for Women’s Soccer and Women’s Rugby. Additional Personnel may be available in the Human Performance Center Athletic Training Room.

Emergency Communication: Staff Athletic Trainer, Athletic Training Student, or Coaching Staff cellular phone.

Emergency Equipment: First aid supplies (athletic trainers’ kit and body substance isolation (BSI) bag), AED, vacuum splints, and crutches are available on the sidelines.

Roles of Emergency Care Team Members

2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
   a. Identify yourself and your role in the emergency
   b. Specify your location and telephone number (if calling by phone)
   c. Condition of victim(s)
   d. Time of the incident
   e. Care being provided
   f. Give specific directions to the scene of the emergency
4. Direction of EMS to the scene
   a. Assist University Public Safety with directing EMS to scene
   b. Clear a path for EMS (open appropriate doors, move cars, move other obstructions, etc.)
   c. Designate individual to "flag down" EMS and direct to scene
   d. Scene control: keep non-emergency medical team members away from the scene

Venue Directions: Practices for Women’s Soccer and Rugby take place at the 27th Street practice fields. Emergency access for activities at the soccer practice fields is via 27th Street, which is West of the UNI Dome. Approach campus via Hudson Road, turn west on 27th Street, and the practice fields will be on the right (North).

Inclement Weather: Seek shelter in the McLeod Center, UNI Dome and/or WRC locker rooms.
Emergency Personnel: A member of the athletic training services staff is on-site for practices and competitive events for Volleyball, Women's Basketball, Men's Basketball, Indoor Track and Wrestling Matches. Additional Personnel may be available in the Human Performance Center Athletic Training Room.

Emergency Communication: Staff Athletic Trainer, Athletic Training Student, or Coaching Staff cellular phone. Portable two-way radio during competition events and access to a stationary telephone landline in the McLeod Center Athletic Training Room (ATR). Also, a landline stationary telephone is located inside the security ground floor check-in office next to the ground floor Hudson Road access to the arena.

Emergency Equipment: First aid supplies (athletic trainers' kit and body substance isolation (BSI) bag), AED, vacuum splints, and crutches are available in the McLeod Center ATR.

Roles of Emergency Care Team Members

2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
   a. Identify yourself and your role in the emergency
   b. Specify your location and telephone number (if calling by phone)
   c. Condition of victim(s)
   d. Time of the incident
   e. Care being provided
   f. Give specific directions to the scene of the emergency
4. Direction of EMS to the scene
   a. Assist University Public Safety with directing EMS to scene
   b. Clear a path for EMS (open appropriate doors, move cars, move other obstructions, etc.)
   c. Designate individual to "flag down" EMS and direct to scene
   d. Scene control: keep non-emergency medical team members away from the scene

Venue Directions: Practices, games and competitions take place in the McLeod Center Arena. Emergency access for activities in McLeod Center Arena is via the ground floor Hudson Road Loading Dock Entrance; which is on the Northeast side of the arena. Approach campus via southbound Hudson Road. Upon entering the arena at the security check point, go straight ahead and take an immediate left to enter the arena.

Inclement Weather: Seek shelter in the McLeod Center locker rooms.
University of Northern Iowa Athletic Training
Emergency Action Plan
Cedar Valley Soccer Complex

Emergency Personnel: Certified Athletic Trainer and Athletic Training Student(s) on site for practice and competition. Coaching staff as needed.

Emergency Communication: Staff athletic trainer, athletic training student, or coaching staff cellular phone.

Emergency Equipment: First aid supplies (athletic trainers’ kit and body substance isolation (BSI) bag), AED, vacuum splints, and crutches are available on the sidelines.

Roles of Emergency Care Team Members

2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
   a. Identify yourself and your role in the emergency
   b. Specify your location and telephone number (if calling by phone)
   c. Condition of victim(s)
   d. Time of the incident
   e. Care being provided
   f. Give specific directions to the scene of the emergency
4. Direction of EMS to the scene
   a. Assist University Public Safety with directing EMS to scene
   b. Clear a path for EMS (open appropriate doors, move cars, move other obstructions, etc.)
   c. Designate individual to "flag down" EMS and direct to scene
   d. Scene control: keep non-emergency medical team members away from the scene

Venue Directions: Located on West Ridgeway Avenue 1 mile east of highway 58. Turn right onto DeWitt Road and then take an immediate left. An athletic training student or coach will be waiting at the gate to give further directions.

Inclement Weather: Seek shelter in the Concessions/Rest Room Building and/or personal vehicles.
Emergency Personnel: Certified Athletic Trainer and Athletic Training Student(s) on site for practice and competition. Coaching staff as needed.

Emergency Communication: Staff athletic trainer, athletic training student, or coaching staff cellular phone.

Emergency Equipment: First aid supplies (athletic trainers’ kit and body substance isolation (BSI) bag), AED, vacuum splints, and crutches are available in the trailer/satellite athletic training facility at the complex.

Roles of Emergency Care Team Members

2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
   a. Identify yourself and your role in the emergency
   b. Specify your location and telephone number (if calling by phone)
   c. Condition of victim(s)
   d. Time of the incident
   e. Care being provided
   f. Give specific directions to the scene of the emergency
4. Direction of EMS to the scene
   a. Assist University Public Safety with directing EMS to scene
   b. Clear a path for EMS (open appropriate doors, move cars, move other obstructions, etc.)
   c. Designate individual to "flag down" EMS and direct to scene
   d. Scene control: keep non-emergency medical team members away from the scene

Venue Directions: Travel on Hudson Road, turn east on 19th Street and take first right possible into the Child Development Center “B” parking lot. Enter the complex through NE gate entrance.

Inclement Weather: Seek shelter in the main Mark Messersmith Complex Building (the “Bunker”) and Child Development Center.
Emergency Personnel: Certified Athletic Trainer and Student Athletic Trainer(s) on site for practice and competition; additional athletic training staff possibly available in the West Gym Athletic Training Room. Coaching staff if needed.

Emergency Communication: Staff athletic trainer, athletic training student, or coaching staff cellular phones. Possible land line in Wrestling, Softball, or Track offices.

Emergency Equipment: supplies (splint kit, spine board, cervical neck collars, AED, first aid kit) available in the West Gym.

Roles of Emergency Care Team Members

2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
   a. Identify yourself and your role in the emergency
   b. Specify your location and telephone number (if calling by phone)
   c. Condition of victim(s)
   d. Time of the incident
   e. Care being provided
   f. Give specific directions to the scene of the emergency
4. Direction of EMS to the scene
   a. Assist University Public Safety with directing EMS to scene
   b. Clear a path for EMS (open appropriate doors, move cars, move other obstructions, etc.)
   c. Designate individual to "flag down" EMS and direct to scene
   d. Scene control: keep non-emergency medical team members away from the scene

Venue Directions: When going Northbound on Hudson Road, turn right (east) onto West 23rd Street. Make the first right (south) and park EMS vehicle in the "Latham Field" parking lot, next to the West Gym.

Inclement Weather: Seek shelter in the West Gym locker rooms.
Emergency Personnel: Head Coach Certified in ECSI CPR and AED; Certified Athletic available by phone: additional sports medicine staff located at the West Gym Athletic Training Room, or Human Performance Center Athletic Training Facility (2351 Hudson Road).

Emergency Communication: Staff Athletic Trainer, Coaching Staff, or Athlete Cellular Phone, Land line located in Bender Hall.

Emergency Equipment: first aid kit on site for practice and games.

Roles of Immediate Care Providers (Athletic Trainers, Coaches, and Athletes)
1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical system (EMS)
   a) Notify the emergency center at 911
   b) Provide necessary information to EMS personnel:
      • name, address, telephone number of caller
      • number of victims; condition of victims
      • first-aid treatment initiated
      • specific directions as needed to locate scene
      • other information as requested by dispatcher
3. Emergency Equipment Retrieval
4. Direction of EMS to scene
   a) open appropriate gates
   b) designate individual to “flag down” EMS and direct to scene
   c) injury scene control: limit scene to first aid providers and move bystanders away from the area
5. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed

Venue Directions: When going Southbound on Hudson Road, turn left (East) onto West 23rd Street. Turn left (north) onto Campus Street. Turn left and park EMS vehicle in “Campbell” CP parking lot.

Inclement Weather: Seek shelter in Bender Hall, Dancer Hall, or WRC locker rooms.
Emergency Personnel: Certified Athletic Trainer and Athletic Training Student(s) on site for practice and competition;

Emergency Communication: fixed telephone line in concession stand at the field; Staff Athletic Trainer, Athletic Training Student(s), or Coaching Staff Cellular Phone.

Emergency Equipment: First aid supplies (athletic trainers' kit and body substance isolation (BSI) bag), AED, vacuum splints, and crutches are available on the sidelines.

Roles of Emergency Care Team Members

2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
   a. Identify yourself and your role in the emergency
   b. Specify your location and telephone number (if calling by phone)
   c. Condition of victim(s)
   d. Time of the incident
   e. Care being provided
   f. Give specific directions to the scene of the emergency
4. Direction of EMS to the scene
   a. Assist University Public Safety with directing EMS to scene
   b. Clear a path for EMS (open appropriate doors, move cars, move other obstructions, etc.)
   c. Designate individual to "flag down" EMS and direct to scene
   d. Scene control: keep non-emergency medical team members away from the scene

Venue Directions: The address is 3626 West 12th Street. Traveling South on Hudson Road, turn West onto 12th Street and continue until the fields are on the Left (South). Turn South into the fields’ parking lot, turn into the left parking lot and proceed towards the gates that lead to the fields.

Inclement Weather: Seek shelter in the storm shelter at the complex.
Emergency Personnel: Certified Athletic Trainer and Athletic Training Student(s) on site for practice. Coaching staff if necessary.

Emergency Communication: Staff Athletic Trainer, Athletic Training Student(s) or coaching staff cell phone, land line in the Human Performance Center Hydrotherapy Room, or Wellness and Recreation Center.

Emergency Equipment: Located in the Human Performance Center Athletic Training Room.

Roles of Emergency Care Team Members

2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
   a. Identify yourself and your role in the emergency
   b. Specify your location and telephone number (if calling by phone)
   c. Condition of victim(s)
   d. Time of the incident
   e. Care being provided
   f. Give specific directions to the scene of the emergency
4. Direction of EMS to the scene
   a. Assist University Public Safety with directing EMS to scene
   b. Clear a path for EMS (open appropriate doors, move cars, move other obstructions, etc.)
   c. Designate individual to "flag down" EMS and direct to scene
   d. Scene control: keep non-emergency medical team members away from the scene

Venue Directions: Instruct EMS to arrive at the "WRC Metered Lot" to the NW loading dock of the UNI-Dome. Approach the Northwest (WRC) Parking lot campus via PE Center Street off of Hudson Road and turn north into the WRC metered parking lot. Flag down EMS so they enter through the HPC West Doors near the medical clinics and to the Elevator to the 2nd Floor to the WRC/PEC.

Inclement Weather: Seek shelter in the WRC locker rooms.
Emergency Personnel: Head Coach Certified in ECSI CPR and AED; Certified Athletic available by phone: additional sports medicine staff located in the Human Performance Center Athletic Training Facility.

Emergency Communication: Staff Athletic Trainer, Athletic Training Student(s) or coaching staff cell phone, land line in the Wellness and Recreation Center.

Emergency Equipment: Spine board with head and neck stabilization located poolside. AED located at WRC front desk. Other equipment located in the Human Performance Center Athletic Training Room.

Roles of Immediate Care Providers (ATs, Coaches, and Athletes):
1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical system (EMS)
   1. Notify the emergency center at 911
   2. Provide necessary information to EMS personnel:
      - name, address, telephone number of caller
      - number of victims; condition of victims
      - first-aid treatment initiated
      - specific directions as needed to locate scene
      - other information as requested by dispatcher
3. Emergency Equipment Retrieval
4. Direction of EMS to scene
   a) open appropriate gates
   b) designate individual to "flag down" EMS and direct to scene
   c) injury scene control: limit scene to first aid providers and move bystanders away from area
5. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed

Venue Directions: Southbound on Hudson Road, turn Right on PE Center St. Instruct EMS to arrive at the Natatorium NE doors (Pool) that are on the same level as the pool deck.

Inclement Weather: Seek shelter in the WRC locker rooms.
University of Northern Iowa Athletic Training Emergency Action Plan
Human Performance Center
Hydrotherapy Room

Emergency Personnel: Certified Athletic Trainers and Athletic Training Student(s) on site in the HPC athletic training room.

Emergency Communication: fixed telephone line in the Hydrotherapy Room (273-5288), fixed telephone lines at the Reception Desk (273-7479); Staff Athletic Trainer and Athletic Training Student cellular phones (usually poor reception).

Emergency Equipment: supplies (splint kit, spine board, cervical neck collars, AED, first aid kit) available in the in the adjacent HPC athletic training room.

Roles of Immediate Care Providers (Athletic Trainers, Coaches, and Athletes):
6. Immediate care of the injured or ill student-athlete
7. Activation of emergency medical system (EMS)
3. Notify the emergency center at 911
4. Provide necessary information to EMS personnel:
   - name, address, telephone number of caller
   - number of victims; condition of victims
   - first-aid treatment initiated
   - specific directions as needed to locate scene
   - other information as requested by dispatcher
8. Emergency Equipment Retrieval
9. Direction of EMS to scene
   d) open appropriate gates
   e) designate individual to "flag down" EMS and direct to scene
   f) injury scene control: limit scene to first aid providers and move bystanders away from area
10. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed

Venue Directions: UNI HPC Athletic Training Room/Hydrotherapy Room is located at 2351 Hudson Road. Hudson Rd. heading South on Hudson Rd., then take a right on PE Center St., and then a left into the Metered WRC parking lot. The EMS should enter through the W entrance of the CVMS clinic on the south end of the parking lot.

Inclement Weather: Seek shelter in the HPC and WRC locker rooms.
University of Northern Iowa
Athletic Training
Emergency Action Plan
Pheasant Ridge Golf Course

Emergency Personnel: Golf Coaches certified in CPR and First Aid, Director of Athletic Training Services Don Bishop on call (319) 415-9337 for golf. Staff Athletic Trainers and Athletic Training Students for Missouri Valley Conference Cross Country Meet.

Emergency Communication: fixed phone line in Pheasant Ridge Club House (266-8266); Staff Athletic Trainer, Athletic Training Student(s), Coaching Staff, or Athlete cellular phones.

Emergency Equipment: First Aid Kit with the coaching staff for golf. Splint bags, AED, and EMS on site for MVC CC Meet.

Roles of Immediate Care Providers (Athletic Trainers, Coaches, and Athletes):
1) Immediate care of the injured or ill student-athlete
2) Activation of emergency medical system (EMS)
   a) Notify the emergency center at 911
   b) Provide necessary information to EMS personnel:
      • Name, address, telephone number of caller
      • Number of victims; condition of victims
      • First-aid treatment initiated
      • Specific directions as needed to locate scene
      • Other information as requested by dispatcher
3) Emergency Equipment Retrieval
4) Direction of EMS to scene
   a) Open appropriate gates
   b) Designate individual to "flag down" EMS and direct to scene
   c) Injury scene control: limit scene to first aid providers and move bystanders away from area
5) Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed

Venue Directions W 4th St heading west towards Hudson Rd, turn left at Hudson Rd, and turn right at W 12th St, at a right at 3205 W 12th St, the entrance to Pheasant Ridge Golf Course. There will be a staff member either from the golf team or club house to meet the ambulance at the entrance at the club house to escort the emergency personnel to the site.

Inclement Weather: Seek shelter in the Pheasant Ridge Club House.
Emergency Personnel: Strength and Conditioning Staff certified in CPR and First Aid, athletic training staff, athletic training students, and/or additional personnel possibly in the Human Performance Center Athletic Training Room.

Emergency Communication: fixed telephone line in the Weight Room; Staff Athletic Trainer, Athletic Training Student, Coaching Staff, or Athlete cellular phone.

Emergency Equipment: AED located in the Weight Room and First Aid Kit and splints located in the HPC Athletic Training Room

Roles of Immediate Care Providers (Athletic Trainers, Coaches, and Athletes):
1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical system (EMS)
   a) Notify the emergency center at 911
   b) Provide necessary information to the EMS personnel:
      - Name, address, telephone number of the caller
      - Number of victims; condition of victims
      - First aid treatment initiated
      - Specific directions as needed to locate scene
      - Other information as requested by dispatcher
3. Emergency Equipment Retrieval
4. Direction of EMS to scene
   a) Open appropriate doors
   b) Designate individual to “flag down” EMS and direct to scene
   c) Injury scene control: limit scene to first aid providers and move bystanders away from area
5. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed

Venue Directions: Hudson Rd. heading South on Hudson Rd., then take a right on PE Center St., and then a left into the Metered WRC parking lot. The EMS should enter through the NW entrance of the WRC on the Northwest end of the building (Park at the first over hang in the parking lot).

Inclement Weather: Seek shelter in the HPC and WRC locker rooms.
University of Northern Iowa
Athletic Training
Emergency Action Plan
Black Hawk Tennis Center

Emergency Personnel: Head coach certified in American Red Cross CPR. Certified athletic trainer and athletic training student on site for competitions.

Emergency Communication: Fixed telephone in Black Hawk Tennis Center (319)-232-7512; Staff Athletic Trainer, Athletic Training Student, Coaching Staff or Athlete cellular phone.

Emergency Equipment: None

Roles of Immediate Care Providers (Athletic Trainers, Coaches, and Athletes):

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical system (EMS)
   a) Notify the emergency center at 911
   b) Provide necessary information to the EMS personnel:
      • Name, address, telephone number of the caller
      • Number of victims; condition of victims
      • First aid treatment initiated
      • Specific directions as needed to locate scene
      • Other information as requested by dispatcher
3. Emergency Equipment Retrieval
4. Direction of EMS to scene
   d) Open appropriate doors
   e) Designate individual to “flag down” EMS and direct to scene
   f) Injury scene control: limit scene to first aid providers and move bystanders away from area
5. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed

Directions: Black Hawk Tennis Center is located at 1005 Black Hawk Road, Waterloo. The EMS vehicle should go south on Ansborough Ave., and turn onto Black Hawk Road, the Tennis Center will be on the South Side of the road. EMS should then enter through the North doors of the building.

Inclement Weather: Seek shelter in the Black Hawk Tennis Center locker rooms.
Emergency Personnel: Head coach certified in American Red Cross CPR. Certified athletic trainer and athletic training student on site for competitions.

Emergency Communication: Staff Athletic Trainer, Athletic Training Student, Coaching Staff or Athlete cellular phone.

Emergency Equipment: None

Roles of Immediate Care Providers (Athletic Trainers, Coaches, and Athletes):

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical system (EMS)
   a) Notify the emergency center at 911
   b) Provide necessary information to the EMS personnel:
      • Name, address, telephone number of the caller
      • Number of victims; condition of victims
      • First aid treatment initiated
      • Specific directions as needed to locate scene
      • Other information as requested by dispatcher
3. Emergency Equipment Retrieval
4. Direction of EMS to scene
   g) Open appropriate doors
   h) Designate individual to “flag down” EMS and direct to scene
   i) Injury scene control: limit scene to first aid providers and move bystanders away from area
5. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed

Directions: Black Hawk Tennis Center is located at 1110 Campbell Ave, Waterloo. The EMS vehicle should take Sergeant Rd (63) to Fletcher Ave, turn east on Fletcher Ave., take Fletcher Ave to Campbell Ave and turn south, the Tennis Center will be on the end of Campbell Ave.

Inclement Weather: Seek shelter in the concessions building and pro-shop.
EMERGENCY ALGORITHMS

Cardiorespiratory\(^\#\), Medical\(\%\), and/or Orthopedic\(\$\) Emergency occurring at a HOME PRACTICE session:

1. the UNI staff athletic trainer and/or the senior athletic training student will evaluate the athlete, administer basic life support (BLS), and stabilize the athlete until EMS arrives;
   - if the injury is a suspected cervical spine injury during a football practice, a certified athletic trainer will maintain in-line head and shoulder stabilization while another member of the UNI athletic training staff removes the facemask and/or helmet and shoulder pads as indicated;
   - if the injury is a suspected non-football cervical spine injury, the UNI certified athletic trainer will maintain in-line head and shoulder stabilization;
   - the athlete will be placed on the backboard using standard protocols
   - if the injury is a cardiorespiratory emergency, the UNI certified athletic trainer(s) and/or an athletic training student(s) will set up and use the automated external defibrillator as per standard protocol;
2. the senior athletic training student, the lower level athletic training student (if available), or a member of the coaching staff will use a cellular phone to call EMS and direct them to the site of the emergency;
   - if no cellular phone is available, the designated individual will proceed to the nearest campus phone or pay phone to access EMS;
3. after activating EMS, the designated individual should call the Director of Athletic Training Services (319-415-9337) and UNI Public Safety (3-4000 from a campus phone or 273-4000 from a non-campus phone) to notify them of the emergency situation;
   - ask someone to bring the automated external defibrillator (AED) to the emergency location;
4. a member of the coaching staff will proceed to the assigned field / court entrance and guide EMS onto the field / court;
5. the assistant student athletic trainer (if available) will assist the UNI staff athletic trainer and the senior athletic training student as necessary;
6. a member of the coaching staff will be responsible for crowd control and securing an unobstructed and safe passageway for EMS personnel;
7. the lower level athletic training student (if available) will accompany the injured athlete to the medical facility with the injured athlete’s emergency medical information card;
   - if the lower level athletic training student is not available, the senior athletic training student and/or an assistant coach will accompany the athlete to the medical facility;
8. the UNI staff athletic trainer will immediately call the team physician to notify him/her about the situation if applicable;
9. once at the medical facility, the athletic training student or assistant coach will call back to the Head Athletic Trainer (319-415-9337) with any medical updates;
10. if the AED unit is used:
   a) contact Troy Garrett (AED Liaison) at 319-415-4037 to notify him of the emergency situation and AED use.
   b) The AED may travel to the ER where the chip can be removed and analyzed.

\(\#\) = Cardiorespiratory emergency includes but is not limited to: cardiac arrest; respiratory arrest; foreign body airway obstruction (FBAO); pneumothorax; hemothorax; sucking chest wound; flail chest

\(\%\) = Medical emergency includes but is not limited to: anaphylactic shock; hypovolemic shock; internal bleeding; head injury; diabetic emergencies (insulin shock; diabetic coma); seizure disorder; asthma

\(\$\) = Orthopedic emergency includes but is not limited to: cervical spine injury; flail chest; femur fracture; hip dislocation; knee/ankle dislocation
1. the UNI staff athletic trainer and the senior athletic training student will go onto the field to evaluate the athlete, administer basic life support (BLS), and stabilize the athlete until EMS arrives;
   - if the injury is a suspected non-football cervical spine injury, the UNI staff athletic trainer will maintain in-line head and shoulder stabilization;
   - the athlete will be placed on the backboard using standard protocols
   - if the injury is a cardiorespiratory emergency, the UNI staff athletic trainer and/or an athletic training student will set up and use the automated external defibrillator as per standard protocol;
2. the senior athletic training student will give the appropriate hand signals to the sidelines;
3. the senior athletic training student, the lower level athletic training student (if available), or a member of the coaching staff will use the cellular phone to call EMS and direct them to the site of the emergency;
   - if no cellular phone is available, the designated individual will proceed to the nearest pay phone and/or campus phone to access EMS;
   - if a UNI Game Management staff member is available, he/she may be notified and instructed to summons EMS;
4. after activating EMS, the Director of Athletic Training Services (319-415-9337) and UNI Public Safety (3-2712 from a campus phone or 273-2712 from a non-campus phone) should be contacted and notified of the emergency situation;
5. the team physician (if available) will evaluate the athlete and provide treatment / stabilization as needed and/or required;
6. a member of the coaching staff and/or UNI game management personnel will proceed to the field / court entrance and guide EMS onto the field / court;
7. the lower level athletic training student (if available) will assist the team physician (if available), the UNI staff athletic trainer, and the senior athletic training student as necessary;
8. a member of the coaching staff and/or UNI game management personnel will be responsible for crowd control and securing an unobstructed and safe passageway for EMS personnel;
9. the lower level athletic training student (if available) will accompany the injured athlete to the medical facility with the injured athlete’s emergency medical information card;
   - if the lower level athletic training student is not available, the senior athletic training student and/or an assistant coach will accompany the athlete to the medical facility;
10. the UNI staff athletic trainer will immediately call the team physician (if applicable) to notify him/her about the emergency situation;
11. once at the medical facility, the athletic training student or assistant coach will call back to the HPC Athletic Training Room (273-6369) with any medical updates;
12. if the AED unit is used-contact Troy Garrett (AED Liaison) at 319-415-4037 to notify him of the emergency situation and AED use.

# = Cardiorespiratory emergency includes but is not limited to: cardiac arrest; respiratory arrest; foreign body airway obstruction (FBAO); pneumothorax; hemothorax; sucking chest wound; flail chest

% = Medical emergency includes but is not limited to: anaphylactic shock; hypovolemic shock; internal bleeding; head injury; diabetic emergencies (insulin shock; diabetic coma); seizure disorder; asthma

$ = Orthopedic emergency includes but is not limited to: cervical spine injury; flail chest; femur fracture; hip dislocation; knee/ankle dislocation
Cardiorespiratory#, Medical%, and/or Orthopedic$ Emergency occurring at an AWAY game and/or practice session:

1. The UNI staff athletic trainer and senior athletic training student (if available) will proceed onto the field / court, evaluate the athlete, administer basic life support (BLS), and stabilize the athlete until EMS arrives;
   ✓ if the injury is a suspected cervical spine injury during a football game, the team physician or senior athletic training student will maintain in-line head and shoulder stabilization while the UNI staff athletic trainer removes the facemask and/or helmet and shoulder pads as indicated;
   ✓ if the injury is a suspected non-football cervical spine injury, the team physician (if available), the UNI staff athletic trainer, or the athletic training student will maintain in-line head and shoulder stabilization;
   ✓ the athlete will be placed on the backboard using standard protocols
2. the senior athletic training student will notify the host certified athletic trainer that an emergency exists and that EMS is needed;
3. the UNI staff athletic trainer, the senior athletic training student, and the host certified athletic trainer will continue to administer BLS and stabilize the athlete as best possible while following the host institution’s emergency protocols;
4. the senior athletic training student (if a UNI staff athletic trainer is present) or a member of the coaching staff (if no UNI staff athletic trainer is present) will accompany the injured athlete to the hospital with the injured athlete’s emergency medical information card;
5. once at the hospital, the athletic training student or member of the coaching staff will immediately call a UNI staff athletic trainer (if applicable) to notify him/her of the emergency situation;
6. the UNI staff athletic trainer will notify the Director of Athletic Training Services (319-415-9337).

# = Cardiorespiratory emergency includes but is not limited to: cardiac arrest; respiratory arrest; foreign body airway obstruction (FBAO); pneumothorax; hemothorax; sucking chest wound; flail chest

% = Medical emergency includes but is not limited to: anaphylactic shock; hypovolemic shock; internal bleeding; head injury; diabetic emergencies (insulin shock; diabetic coma); seizure disorder; asthma

$ = Orthopedic emergency includes but is not limited to: cervical spine injury; flail chest; femur fracture; hip dislocation; knee/ankle dislocation
XXXI. EMERGENCY CARE & COVERAGE PROCEDURES FOR PRACTICES & EVENTS

HOME Practice / Workout Coverage-

- At least one (1) member of the UNI Athletic Training Services/Sports Medicine Department (staff athletic trainer and/or athletic training student) will be in attendance at every practice or workout (including off season workouts);
- The athletic trainer(s) will station himself / herself in a position where he / she can visualize the entire practice/workout;
- In the event of a cardiorespiratory, medical, and/or orthopedic emergency, the following protocol should be followed:
  1) the UNI staff athletic trainer will evaluate the athlete, administer basic life support (BLS), and stabilize the athlete until EMS arrives;
  2) the athletic training student(s) or a member of the coaching staff will use a cellular phone to call EMS and direct them to the site of the emergency;
     - if no cellular phone is available, the designated individual will proceed to the nearest campus phone to access EMS;
  3) after activating EMS, the designated individual should call the HPC Athletic Training Room (3-7479 from a campus phone or 273-7479 from a non-campus phone) and UNI Public Safety (3-2712 from a campus phone or 273-2712 from a non-campus phone) to notify them of the emergency situation;
  4) a member of the coaching staff will proceed to the assigned field / court / facility entrance and guide EMS onto the field / court or into the facility;
  5) the athletic training student(s) will assist the UNI staff athletic as necessary;
  6) a member of the coaching staff will be responsible for crowd control and securing an unobstructed and safe passageway for EMS personnel;
  7) an athletic training student (if available) will accompany the injured athlete to the medical facility with the injured athlete’s emergency medical information;
     - if an athletic training student is not available, an assistant coach will accompany the athlete to the medical facility;
  8) the UNI staff athletic trainer will immediately call the team physician to notify him/her about the situation;
  9) once at the medical facility, the athletic training student or assistant coach will call back to the treating staff athletic trainer with any medical updates.

HOME Game Coverage-

- At least one (1) member of the UNI Athletic Training Services/Sports Medicine Department (staff athletic trainer) and at least one (1) athletic training student will be in attendance at every home game/competition that takes place on the UNI campus;
- The athletic trainer(s) will station himself / herself in a position where he / she can visualize the entire field / court, typically on the team bench or sideline;
- The team physician will use his/her discretion with regards to attendance at the event;
- In the event of a cardiorespiratory, medical, and/or orthopedic emergency, the following protocol should be followed:
  1. the UNI staff athletic trainer will evaluate the athlete, administer basic life support (BLS), and stabilize the athlete until EMS arrives;
  2. the athletic training student(s) or a member of the coaching staff will use a cellular phone to call EMS and direct them to the site of the emergency;
     - if a UNI Game Management staff member is available, he/she may be notified and instructed to summons EMS;
     - if no cellular phone is available, the designated individual will proceed to the nearest campus phone to access EMS;
  3. after activating EMS, the designated individual should call the HPC Athletic Training Room (3-7479 from a campus phone or 273-7479 from a non-campus phone) and UNI Public Safety (3-2712 from a campus phone or 273-2712 from a non-campus phone) to notify them of the emergency situation;
  4. the team physician (if available), the UNI staff athletic trainer and the athletic training students will provide BLS and stabilize the athlete until EMS arrives;
5. a member of the coaching staff and/or UNI game management personnel will proceed to the field / court entrance and guide EMS onto the field / court;
6. the athletic training student(s) will assist the team physician (if available) and the UNI staff athletic trainer;
7. a member of the coaching staff and/or UNI game management personnel will be responsible for crowd control and securing an unobstructed and safe passageway for EMS personnel;
8. the athletic training student or an assistant coach will accompany the injured athlete to the medical facility with the injured athlete’s emergency medical information;
9. the UNI staff athletic trainer will immediately call the team physician (if applicable) to notify him/her about the emergency situation;
10. once at the medical facility, the athletic training student or assistant coach will call back to the treating staff athletic trainer with any medical updates.

**AWAY Practice / Game Coverage -**

- At least one (1) staff member of the Athletic Training Services/Sports Medicine Department will travel with the team at all times and be in attendance at every practice / game;
- The athletic trainer(s) will station himself / herself in a position where he / she can visualize the entire field / court, typically on the team bench or sideline;
- The team physician will use his/her discretion with regards to attendance at the event;
- In the event of a non-emergency injury, the following protocol should be followed to avoid confusion and the appearance of disorganization:
  1) the UNI staff athletic trainer will go onto the field / court;
  2) the UNI staff athletic trainer will stabilize the athlete, evaluate the injury, and provide the appropriate care for the athlete;
  3) if it is determined that the athlete’s injury is a cardiorespiratory, medical, and/or orthopedic emergency, the UNI staff athletic trainer will immediately notify the host certified athletic trainer that an emergency exists and that EMS is needed; the host institution’s emergency medical protocols will be followed;
  4) if it is determined that the athlete’s injury is not a cardiorespiratory, medical, and/or orthopedic emergency, the UNI staff athletic trainer and host certified athletic trainer (if applicable) will determine the most appropriate means of transportation from the field / court.
  5) if it is determined that the athlete needs to be seen by a physician during a game/practice, the UNI staff athletic trainer will arrange for this with the host certified athletic trainer;
    a) an assistant coach will accompany the athlete and remain with that athlete at all times; *(if a UNI staff athletic trainer AND an athletic training student are present, the athletic training student will accompany the athlete)*;
    b) immediately after the game/practice, the UNI staff athletic trainer should go to the hospital/doctor’s office;
    c) the UNI staff athletic trainer will bring copies of any physician’s instructions, x-rays, CT-scans, etc. back to campus with him/her;
  6) if the athlete needs to be seen by a physician after a game/practice, the UNI staff athletic trainer will arrange for this with the host certified athletic trainer:
    a) the UNI staff athletic trainer will accompany the athlete and remain with him/her at all times;
    b) the UNI staff athletic trainer will bring copies of any physician’s instructions, x-rays, CT-scans, etc. back to campus with him/her;
    c) if the athlete needs additional medical attention when he/she arrives back on the UNI campus, a UNI staff athletic trainer will arrange this immediately.

- In the event of a cardiorespiratory, medical, and/or orthopedic emergency, the following protocol should be followed:
  1) the UNI staff athletic trainer will proceed onto the field / court, evaluate the athlete, administer basic life support (BLS), and stabilize the athlete until EMS arrives;
2) the UNI staff athletic trainer will notify the host certified athletic trainer that an emergency exists and that EMS is needed;
3) the UNI staff athletic trainer, the athletic training student (if present), and the host certified athletic trainer will continue to administer BLS and stabilize the athlete as best possible while following the host institution’s emergency protocols;
4) the athletic training student or a member of the coaching staff (if no athletic training student is present) will accompany the injured athlete to the hospital with the injured athlete’s emergency medical information;
5) once at the hospital, the athletic training student or member of the coaching staff will immediately call the treating UNI staff athletic trainer to update him/her on the status of the injured athlete.

XXXII. CATASTROPHIC INCIDENT PLAN

UNIVERSITY OF NORTHERN IOWA ATHLETIC TRAINING
UNI Athletics Catastrophic Incident Plan

I. INTRODUCTION AND DEFINITION OF CATASTROPHIC INCIDENT
The University of Northern Iowa Athletic Department’s Catastrophic Incident Plan will be activated when the following catastrophic incidents (CI) occur:

1. Sudden death of a student-athlete, coach, or staff member during a UNI event or during official travel to / from a UNI event. Catastrophic Injuries that may befall a UNI Student-Athlete will be handled using this plan even for non-athletic injuries until otherwise notified by the Director of Athletics.
   • Death during competition, practice, or conditioning
   • Death during travel
     - All UNI Athletic Department official business
   • Non-athletic accidents (e.g. at home)
     - Personal (e.g. automobile, airline accidents)
   • Unknown medical anomalies (e.g. heart attack, stroke, illness)
   • Victim of a crime (e.g. homicide)
   • Suicide

2. Disability / Quality of life altering injuries or illness including but not limited to:
   • Either during UNI Athletic Department participation and/or travel, or during non-athletic activities
   • Spinal Cord Injury-resulting in partial or complete paralysis
   • Loss of Paired Organ
   • Severe Head Injury
   • Injuries resulting in severely diminished mental capacity or other neurological injury that results in inability to perform daily functions (e.g.-coma)
   • Irrecoverable loss of speech or hearing (both ears) or sight (both eyes) or both arms or both legs or one arm and one leg.

3. Other incidents as deemed appropriate.

II. CATASTROPHIC INCIDENT MANAGEMENT TEAM (CIMT)
The following individuals are considered members of the Catastrophic Injury Management Team (CIMT) should be notified as described in this policy in the event of a Catastrophic Incident (See plan for order):
   • Director of Athletics
   • Senior Associate Athletic Director/Woman Administrator
   • Head Athletic Trainer
   • Head Team Physician
III. IMMEDIATE ACTION PLAN

The following action plan will appropriately apply steps to manage a catastrophic incident. While applying these steps, the UNI Athletic Department Personnel will keep in mind the following goals:

- Get all pertinent facts regarding the incident accurately and expeditiously
- Accurately document all events, especially list all participants and witnesses
- Secure any or all available materials/equipment involved. If the equipment is something the student-athlete would wear or use, the medical staff will secure it
- Respect the dignity of the individuals involved
- Immediate communication within the catastrophic incident management team (CIMT)
- Only members of the CIMT, or individuals they designate, are to speak on the incident to family members, media, other staff members, student-athletes or coaches- no one else has clearance to speak on the incident
- Instruct student-athletes they are not to speak to anyone regarding the incident
- The coaching staff, support staff and team members will be directed to refer all media inquiries to the UNI Athletics Communications office. This group will also be reminded that no comments regarding the incident be made to the public and/or media personnel
- The team physician, the Head Athletic Trainer, the Director of Athletics and/or their designees along with other appropriate personnel will proceed to the medical facility as soon as possible
- All statements regarding the incident will be coordinated by members of the CIMT and released as appropriate.

IV. CHAIN OF COMMAND AND AREAS OF ACTION:

After being informed of a catastrophic incident, the following individuals should be notified to commence their responsibilities:

- During UNI Athletic Department participation/travel:
  - Head Athletic Trainer or Director of Athletics
- Non UNI Athletic Department activities or individual is not a Student-Athlete or Coach:
  - Director of Athletics and Head Athletic Trainer (if Student-Athlete)

DIRECTOR OF ATHLETICS

- Notifies University President
- Notifies Senior Vice President for Administration & Financial Services who in turn enacts any catastrophic incident procedures for the University
- Notifies or is notified by Head Athletic Trainer of a catastrophic incident
- Notifies or is notified by Director of Public Safety
- Notifies Senior Associate Athletic Director/Senior Woman Administrator
- Notifies Senior Associate Athletic Director for External Affairs
- In the event the Catastrophic Incident is non-athletic, the Director of Athletics notifies or is notified by the Head Coach of sport
- Directs statement to team at conclusion of event if appropriate with or without the Head Coach.

SENIOR VICE PRESIDENT FOR ADMINISTRATION & FINANCIAL SERVICES
• Notifies UNI President
• Notifies Vice-President for Student Affairs
• Notifies Executive Vice-President & Provost
• Notifies Risk Manager of UNI

HEAD ATHLETIC TRAINER
• Notifies Director of Athletics, Head Team Physician, all Senior and Associate Athletic Directors, Sports Medicine Staff, and Insurance Coordinator
• Notifies Head Coach if incident occurs during non-practice participation, or when coach may not be present (e.g.-conditioning)
• Coordinates, along with Head Team Physician, communication with any physicians involved in the Catastrophic incident medical care
• Coordinates notification of Parents or Next of Kin and provides updates while they may be in route to site. * If possible, Parents or Next of Kin are notified first by the Athletic Director and/or the Vice President for Student Affairs, then updates or elaboration on student-athletes condition can be done by the Head Team Physician and/or Head Athletic Trainer.
• Provides any insurance information and/or pertinent health history information
• Communicates with Risk Manager and UNI legal counsel
• Communicates with Director of Athletic Communications
• Along with Insurance Coordinator, provides any insurance information
• Notifies counseling services and makes immediate referrals or sets up eventual referrals for team/support staff
• Notifies Student Health Center
• Notifies NCAA Catastrophic Injury Service Insurance Carrier
• Notifies International Student Services Program if S-A is International and translator is needed to contact parents/next of kin.

TEAM PHYSICIAN
• Helps coordinate medical information regarding incident and care and/or possible transfer of student-athlete or their immediate care
• Facilitate communication between caregivers and Head Athletic Trainer, Director of Athletics and Parents.

SENIOR ASSOCIATE ATHLETIC DIRECTOR/SENIOR WOMAN ADMINISTRATOR
• Notifies Director of Compliance
• Notifies Faculty Athletic Representative
• Direct travel/lodging for Parents/Next of Kin
• Direct establishing a meeting space at hospital facility if appropriate.

SENIOR ASSOCIATE ATHLETIC DIRECTOR EXTERNAL AFFAIRS
• Notifies Director of Athletics Communications
• Notifies University Communications Director
• Coordinate eventual media release with appropriate CIMT personnel
• No release will be made until Parents/Next of Kin are notified.

ASSISTANT ATHLETIC DIRECTOR FOR ATHLETICS COMMUNICATIONS
• Establish “no publicity” protection for Student-Athlete with hospital facility
• Responsible for keeping all media at a safe distance from the private meeting space and that they do not “harass” team or University personnel in or around the medical facility if applicable.

ASSISTANT ATHLETIC DIRECTOR FOR INTERNAL OPERATIONS
• Notifies or is notified by Head Athletic Trainer
• Notifies University Director of Risk Management
• Notifies Director of Public Safety

DIRECTOR OF ATHLETICS COMPLIANCE
• Notifies professors of incident and impact on class/grades
• Provide guidance regarding payment of incidental expenses and interpretive support relating to any NCAA regulations.

COACHING AND SUPPORT STAFF
• Notify Director of Athletics and Head Athletic Trainer of Catastrophic Incident
• Follow Immediate Action Plan
• Direct Student-Athletes to not discuss incident with outside personnel
• Support Student-Athletes and facilitate CI Immediate Action Plan.

RISK MANAGER
• Notify UNI Insurance Carrier
• Enact any Catastrophic incident procedures for UNI Administration
• Work collaboratively with UNI Athletic Department to gather incident facts
• Communicate with UNI Legal Counsel.

SENIOR VICE PRESIDENT FOR STUDENT AFFAIRS
• Coordinate communication with Athletic Department and Student Affairs Activities
• Help facilitate efforts of Athletic Department, parent’s office, counseling services and campus Catastrophic incident Stress Management Team (for counseling of team, coaches, staff)

UNI COUNSELING SERVICES
• 319-273-2676 between the hours of 8:00 a.m. and 5:00 p.m.
• For urgent situations outside of office hours, call UNI Public Safety at 319-273-2712 and they will contact a Counseling Center staff
• Activate Catastrophic Incident Stress Management Team to provide immediate grief counseling to student-athletes, coaches, and staff
• Provide any follow-up counseling post-incident to student-athletes, coaches, or staff members

UNI FACULTY REPRESENTATIVE
• Serve as faculty liaison to campus for the Athletic Department

INSURANCE COORDINATOR
• Communicate health insurance procedure information as needed

V. CRIMINAL CIRCUMSTANCES (ACCIDENT, ASSAULT, HOMICIDE, SUICIDE)

UNI PUBLIC SAFETY
• Public Safety notified immediately of catastrophic incident involving possible criminal activity. Director of Athletics follows CI plan as necessary based on type of incident
• Director of Public Safety notified
• Public Safety communicates with Cedar Falls Police Department
• Public Safety communicates information as appropriate to CIMT

VI. AWAY CONTESTS-COACHES, ADMINISTRATORS AND STAFF MEMBERS
• Immediately notify Director of Athletics and Head Athletic Trainer of CI
• Work with local hospital, Sports Medicine Staff, Athletic Department, or Police to assist in process and gather information to update the Director of Athletics and/or Head Athletic Trainer
• The Head Coach and/or Administrator remains on site after team departs to coordinate communication and arrangements with UNI Administration until relieved by a representative of UNI.

UNI Athletic Training personnel and/or a member of the UNI Department of Intercollegiate Athletics will accompany the injured student-athlete to the medical facility with the injured student-athlete’s emergency medical information. The athletic trainer will not leave the contest unattended unless there is another athletic trainer on-site to continue coverage of the student-athletes. The UNI athletic training staff member will initiate the Catastrophic Incident Plan. Once at the medical facility, the designated individual will call back to the UNI athletic trainer with updates until the athletic trainer arrives at the facility.

VII. POST CI SUMMARY
A detailed written summary by each participating member of the CIMT will be prepared following any catastrophic incident which identifies and explains the activities of those who participated in and responded to the incident. This summary will be used to critique the process, its efficiency and effectiveness, and will be used as the basis for review of procedures by the CIMT.
CATASTROPHIC INCIDENT MANAGEMENT TEAM (CIMT) PHONE LIST

Dir. of Athletics, Troy Dannen office 273-2470, cell 319-415-4573
Sen. Assoc. AD/Senior Woman Administrator Jean Berger office 273-2556, cell 515-229-8609
Head Athletic Trainer, Don Bishop office 273-6369, cell 319-415-9337
Head Team Physician, Dr. Jeffrey Clark office 273-5275, cell 319-429-0162
Director of Counseling Center, Dr. David Towle office 273-2676
UNI Spokesperson/Relations, Scott Ketelsen office 273-2761, cell
Senior V.P. for Administrative & Financial Services, Michael Hager office 273-2382, cell
Dir. of Athletic Communications, Collin McDonough office 273-5456, cell 319-415-4059
University Counsel, Tim McKenna office 273-3241, cell
University Risk Manager, Dean Shoars 273-3189

CONTACT INFO UNI SENIOR UNIVERSITY CABINET MEMBERS

President, William Rudd office 273-2566
Executive Vice President & Provost, Jim Wohlpart office 273-2518
VP for Administration & Financial Services, Michael Hager 273-2382
VP for Student Affairs, Terrence Hogan 273-2332

CONTACT INFO UNI ATHLETIC ADMINISTRATION

Sen. Assoc. Athletics Director for External Affairs, Steve Gearhart 273-7817, cell 319-415-9334
Assoc. Athletics Director/External Operations, Steve Schofield 273-7465, cell 319-415-9331
Assistant Athletics Director for Business, Ben Messerli 273-7855, cell 319-415-9342
Director of Compliance, TBD, 273-2410
Athletics Communications, New Media Coordinator, Michelle Van Dorn 273-5455
Assistant Dir. of Athletics Communications, Jordan Lindley 273-3642, cell 405-474-9293
Athletics Faculty Representative, Elaine Eshbaugh 273-2592

CONTACT INFO UNI COUNSELING CENTER STAFF

Director, Dr. David Towle 273-2676, cell
Assistant Director for Clinical Services, Jennifer Murra 273-2676, cell
Mental Health Counselor, Stephanie Germann 273-2676, cell

CELL PHONE CONTACT INFO UNI ATHLETIC TRAINING FULL TIME STAFF

Don Bishop 319-415-9337
Travis Stueve 806-584-8473
Megan Brady 319-230-3636
Troy Garrett 319-415-4037
Andrew Jedlicka 563-219-2200
Melissa Stueve 319-239-3590
XXXIII. LIGHTNING SAFETY

UNIVERSITY OF NORTHERN IOWA ATHLETIC TRAINING SERVICES
Policy Statement On Thunder & Lightning
{updated as of 09/08/15}

Education

Lightning occurs due to a natural electrical discharge within the atmosphere. As a thunderstorm develops a region of positive and negative charges are separated into layers. This separation produces electrical potential that continues to build in strength until the air can no longer resist the attraction resulting in a flash. This flash is commonly categorized in one of two ways: a cloud discharge/in-cloud lightning, or cloud to ground lightning. Cloud to ground lightning is initiated by an electrical breakdown between the positive and negative charge regions. A faint luminous channel, known as the stepped leader, descends in a downward pattern toward the ground. As this stepped leader nears the ground an opposite discharge ascends from the ground or other object to meet the stepped leader. At this point of junction the cloud is short circuited to the ground, and a brilliant flash of high current is seen. A flash has a billion volts of energy with a peak current between 10,000 and 200,000 amperes.

Thunder is created when the air immediately around the lightning channel is superheated. This heated air expands rapidly producing the claps, rumbles and all other sounds of thunder. Thus, thunder is actually the result of lightning and always accompanies it. Thunder at a distance is heard beginning with a rumble while at nearer vicinities it is initiated as a clap followed by a long rumble. Since light travels much faster than sound, the amount of time between a lightning bolt and thunder clap allows the distance of the lightning to be calculated based on the sound traveling at a rate of one mile per five seconds. This method of calculation is known as the flash-to-bang system which will be discussed in more detail in the methods of gathering information section.

Cloud-to-ground lightning strikes are most prominent from late spring to early autumn with the number of positive flashes peaking in July. Strikes tend to occur most frequently during the afternoon and early evening, and the majority of fatalities have been reported to occur between 10 a.m. and 7 p.m. This puts athletics at an increased risk since practices traditionally take place during the periods of elevated lightning occurrence.

The goal of this policy is to minimize lightning casualties by emphasizing advanced planning and the recognition of a potential threat. However, it is also important to know what to do if caught by surprise. If you are caught in a dangerous situation too far from a safe shelter and you feel your hair stand on end or your skin tingle, you should immediately crouch down on the balls of your feet with your arms wrapped around your knees and your head down. Minimize your body’s surface area and minimize contact with the ground. Do not be the highest object or connected to anything taller than its surroundings, avoid metal objects, individual trees and standing pools of water.

Lightning-Safety Slogans

- NO Place Outside Is Safe When Thunderstorms Are in the Area.
- When Thunder Roars, Go Indoors!
- Half An Hour Since Thunder Roars, Now It’s Safe To Go Outdoors.

Treatment

In the event that a person is struck by lightning, do not hesitate to assist them; unlike electrical victims they do not carry a charge so they may be safely handled. If the victim is not breathing yet has a pulse, begin mouth-to-mouth resuscitation, once every five seconds for adults. If a pulse is absent as well, it is imperative to initiate and sustain cardiopulmonary resuscitation (CPR) as soon as possible. If there are
multiple victims, aid should be administered to the apparently “dead” first. Keep in mind, for the safety of the rescuer, the possibility of a second strike within the immediate area.

Methods of Gathering Lightning Information

The decision to suspend a game or practice will be based on the following information systems.

Flash to Bang Method

To estimate the distance between your location and a lightning flash, use the “Flash to Bang” method: If you observe lightning, count the number of seconds until you hear thunder. Divide the number of seconds by five to obtain the distance in miles.

<table>
<thead>
<tr>
<th>If Thunder is heard</th>
<th>The Lightning is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 seconds after a Flash</td>
<td>1 mile away</td>
</tr>
<tr>
<td>10 seconds after a Flash</td>
<td>2 miles away</td>
</tr>
<tr>
<td>15 seconds after a Flash</td>
<td>3 miles away</td>
</tr>
<tr>
<td>20 seconds after a Flash</td>
<td>4 miles away</td>
</tr>
<tr>
<td>25 seconds after a Flash</td>
<td>5 miles away</td>
</tr>
<tr>
<td>30 seconds after a Flash</td>
<td>6 miles away</td>
</tr>
<tr>
<td>35 seconds after a Flash</td>
<td>7 miles away</td>
</tr>
<tr>
<td>40 seconds after a Flash</td>
<td>8 miles away</td>
</tr>
</tbody>
</table>
Because lightning can strike up to 10 miles from a storm, you should seek safe shelter as soon as you hear thunder or see lightning. Get to a safe location if the time between the lightning flash and the rumble of thunder is 30 seconds or less.

**DTN WeatherSentry Online®**

This is a satellite network provider that receives and disseminates information every 15 seconds to the subscribers of this service. UNI receives this information 24 hours per day 7 days per week. The service can show the past movement of severe storms containing lightning. This service shows the distance and location of the last lightning strikes. The network cannot predict where the next strike will be. The information provided allows the user to determine existing lightning dangers and includes an all-clear notification of when it’s safe to resume activity. This program allows for lightning and other forecasted and observed weather notifications for UNI Athletics GPS position and fixed locations of concern. It provides interactive weather maps to see lightning and current weather storm tracks and “future radar”, a 90-minute projected radar animation.

The decision maker may consult the DTN weather service web site to evaluate the lightning/storm tracker to evaluate current lightning locations and storm movement.

**Available Meteorologist**

A meteorologist should be consulted if there is one available. Time constraints in contacting him/her should be considered as well as the risk of lightning continuing to move into the area.

**Decision Making**

The decision to suspend a game or practice will be made by the following individuals.

**Practice**

The certified athletic trainer will make the final decision. All athletic staff must assess the dangers by the methods stated in this policy. If available, the staff grounds/facilities or game management administrators will help gather and disseminate lightning information. Coaches are required to follow the decisions made by the athletic training and game management administrative staff. Any individual, athlete or staff member who feels he or she is in danger of lightning has the right to leave the field and seek safe shelter.

**Prior to Contest**

The game administrator and/or host certified athletic trainer will make the final decision. These individuals must assess the dangers by the methods stated in this policy. If available, the staff grounds keepers will help gather and disseminate lightning information. The responsibility remains with the game administrator and/or athletic trainer hosting the activity to remove the teams or individuals from the field or event site. With the information presented in this policy, these individuals can make an informed, intelligent and safe decision regarding the risk of a lightning strike. Any individual, athlete or staff member who feels he or she is in danger of lightning has the right to leave the field and seek safe shelter.

**During Contest**

The head official will make the final decision. The game administrator and/or host head coach shall inform head official of the dangers associated with lightning and of the department lightning policy. These individuals must assess the dangers by the methods stated in this policy. Whenever possible, the staff certified athletic trainer(s) will advise the game administrator and/or host head coach of the danger of lightning. If available, the staff grounds keepers will help gather and disseminate lightning information. The responsibility remains with the head official supervising the activity to remove the teams or individuals
from the field or event site. With the information presented in this policy, these individuals can make an informed, intelligent and safe decision regarding the risk of a lightning strike. Any individual, athlete or staff member who feels he or she is in danger of lightning has the right to leave the field and seek safe shelter.

Safer Shelters

Know where the closest “safer structure or location” is to every outdoor venue and know how long it will take to evacuate everyone to that safer location. A safer structure or location is defined as any building normally occupied or used by people, i.e., a building with plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid the shower, plumbing facilities, contact with electrical appliances and open windows and doorways during a thunderstorm.

In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (neither a convertible, nor a golf cart) with the windows shut provides a measure of safety. The hard metal frame and roof, not the rubber tires, are what protects occupants by dissipating lightning current around the vehicle and not through the occupants. It is important not to touch the metal framework of the vehicle. Some athletics events rent school buses to provide safer locations around open courses or fields.

Safer shelters at the University of Northern Iowa include, but are not limited to:

<table>
<thead>
<tr>
<th>UNI VENUE</th>
<th>Primary Safe Location(s)</th>
<th>Secondary Safe Location(s)</th>
<th>Unacceptable Location(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Soccer Practice / Rugby / Intramural Fields</td>
<td>McLeod Center, UNI Dome, Wellness Recreation Center</td>
<td>Personal vehicles w/metal roof and/or team bus</td>
<td>Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents</td>
</tr>
<tr>
<td>IM Baseball / Softball Fields</td>
<td>UNI Dome, Wellness Recreation Center, HPC and/or PEC</td>
<td>Personal vehicles w/metal roof and/or team bus</td>
<td>Dugouts, convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents</td>
</tr>
<tr>
<td>Football Practice Field</td>
<td>UNI Dome, Wellness Recreation Center, HPC and/or PEC</td>
<td>Personal vehicles w/metal roof and/or team bus</td>
<td>Dugouts, convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents</td>
</tr>
<tr>
<td>Outdoor Track / Tennis Courts</td>
<td>WRC, HPC/PEC, Bender / Dancer Hall, and/or Towers Center</td>
<td>Personal vehicles w/metal roof and/or team bus</td>
<td>Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents</td>
</tr>
<tr>
<td>Cedar Valley Soccer Complex</td>
<td>Concessions/Rest Room Building</td>
<td>Personal vehicles w/metal roof and/or team bus</td>
<td>Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents</td>
</tr>
<tr>
<td>Robison Dresser Complex, Cedar Falls/UNI Softball Field</td>
<td>Storm shelter, personal vehicles w/metal roof and/or team bus</td>
<td>Dugouts, grandstand, convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents</td>
<td></td>
</tr>
<tr>
<td>Pheasant Ridge Golf Course Cedar Falls</td>
<td>Club House</td>
<td>Personal vehicles w/metal roof and/or team bus</td>
<td>Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents</td>
</tr>
<tr>
<td>Blackhawk Tennis Club</td>
<td>Club House</td>
<td>Personal vehicles w/metal roof and/or team bus</td>
<td>Convertible / “soft-top” vehicles, golf carts, storage sheds, canopy, awning, and/or tents</td>
</tr>
</tbody>
</table>
Suspension of Activity

The average distance from one lightning strike to the next is approximately 2 to 3 miles, yet can be as much as 10 miles. Therefore, while a storm may still be several miles from your location, the very next strike could be on top of you. Based on NCAA Guidelines and the Texas A&M University Meteorology Department, all activity should be suspended and all persons should seek safe shelter when using the flash-to-bang method a 30 second count is made between lightning strike and thunder. This is equivalent to a distance of six miles or less. This rule is the called the 30-30 rule.

Return to Activity

To resume athletics activities, lightning safety experts recommend waiting 30 minutes after both the last sound of thunder and after the last flash of lightning is at least six miles away, and moving away from the venue. If lightning is seen without hearing thunder, lightning may be out of range and therefore less likely to be a significant threat. At night, be aware that lightning can be visible at a much greater distance than during the day as clouds are being lit from the inside by lightning. This greater distance may mean that the lightning is no longer a significant threat. At night, use both the sound of thunder and seeing the lightning channel itself to decide on when to reset the 30-minute return-to-play clock before resuming outdoor athletics activities.

XXXIV. EXPOSURE CONTROL PLAN

UNI ATHLETIC TRAINING SERVICES
Communicable Disease Policy/Blood-Borne Disease Control

XXXV. EXPOSURE CONTROL PLAN

The University of Northern Iowa (UNI), its Athletic Department, and its Athletic Training Services Department are committed to providing a safe and healthful work environment. In pursuit of this endeavor, the Exposure Control Plan ("ECP" or "Plan") set forth below is aimed at eliminating or minimizing the risk of those employees, athletic training students*, and student managers, among others ("employees"), of the University of Northern Iowa Athletic Department ("Department") and Health, Physical Education and Leisure Services Division of Athletic Training, whose job-related exposure to blood and other potentially infectious materials presents a measurable danger of exposure to bloodborne pathogens and other body fluids.

The plan is based on provisions in the Occupational Safety and Health Association’s (OSHA) Occupational Exposure to Bloodborne Pathogens Standard, 29 C.F.R. § 1910.1030, and requires the Department to institute or provide universal precautions, engineering and work practice controls, personal protective equipment, sanitary housekeeping, employee training, hepatitis B vaccinations, post-exposure evaluations and follow-up, and certain recordkeeping practices. The Department has identified those employees whose job-related responsibilities fall within the scope of the OSHA standard. Those employees are covered by and must comply with the Plan.

*Although athletic training students are not employees of the University, they are expected to abide by the guidelines contained in this Plan.
A. **Definitions**

**Blood** - includes human blood, human blood components (plasma, platelets, and serosanguineous fluids - e.g., exudates from wounds), and/or products made from human blood.

**Bloodborne pathogens** - Although HBV and HIV are widely recognized and specifically identified, the term includes any pathogenic microorganism that is present in human blood or OPIM and can infect and cause disease in persons who are exposed to blood containing the pathogen. Pathogenic microorganisms include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV), hepatitis C virus (HCV), malaria, syphilis, and other diseases.

**Contaminated** - means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry** - means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** - means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, razor blades, glass, broken tubes, and exposed ends of wires.

**Decontamination** - means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Exposure Incident** - means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

**Hand washing Facilities** - means a facility providing an adequate supply of running potable water, soap, and single use towels and/or hot air drying materials.

**Licensed Healthcare Professional** - a person whose legally permitted scope of practice allows him/her to independently perform the activities required by paragraph (f) hepatitis B Vaccination and Post-exposure Evaluation and Follow-up of the OSHA Safety and Health Standards (Standard # 1910.1030)

**HBV** - means hepatitis B virus.

**HCV** - means hepatitis C virus. According to the Centers for Disease Control (CDC), hepatitis C virus is the most common chronic bloodborne infection in the US. The infection may lead to chronic liver disease. Currently, there is no vaccine effective against HCV.

**HIV** - means human immunodeficiency virus.

**Occupational Exposure** - means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

**Other Potentially Infectious Materials (OPIM)** - means

1. The following human body fluids:
   - Semen
   - Vaginal secretions
   - Cerebrospinal fluid
   - Synovial fluid
   - Pleural fluid
   - Pericardial fluid
   - Peritoneal fluid
   - Amniotic fluid
   - Saliva in dental procedures
   - Any body fluid that is visibly contaminated with blood
   - All body fluids in situations where it is difficult or impossible to differentiate between body fluids
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- HIV-containing cell or tissue cultures, organ cultures, and HIV-, HBV-, or HCV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

**Parenteral**- means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (PPE)**- is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Regulated Waste**- means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Source Individual**- means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, student-athletes; hospital and clinic patients; trauma patients; human remains; and individuals who donate or sell blood or blood components.

**Sterilize**- means the use of a physical or chemical procedure to destroy all microbial life, including, but not limited to, highly resistant bacterial endospores.

**Universal Precautions**- is an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and/or other bloodborne pathogens.

**Work Practice / Engineering Controls**- means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by a two-handed technique)

### B. Program Administration-

- The University of Northern Iowa Athletic Training / Sports Medicine Department’s Exposure Control Plan has been in place since July 1, 2000.
- The Director of Athletic Training Services and/or designee is responsible for the implementation of the Exposure Control Plan.
- The Director of Athletic Training Services and/or designee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- Questions, comments, and/or concerns regarding the UNI Athletic Training Services Department’s Exposure Control Plan should be directed to:
  
  Don Bishop, Director of Athletic Training Services  
  University of Northern Iowa  
  Human Performance Complex 008  
  2351 Hudson Rd.  
  (319) 273-6369  
  fax (319) 273-7023  
  email- donald.bishop@uni.edu;
Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Director of Athletic Training Services and/or designee will maintain and provide all necessary personal protective equipment, engineering / work practice controls, labels, and/or red bags as required by the standard.

The Director of Athletic Training Services and/or designee will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Director of Athletic Training Services and/or designee will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Director of Athletic Training Services and/or designee will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and National Institute for Occupational Safety and Health (NIOSH) representatives.

Employees covered by the bloodborne pathogens standard will receive an explanation of the Exposure Control Plan during their initial training and orientation session. It will also be reviewed in the annual “refresher” training session.

All employees have an opportunity to review this plan at any time by contacting the Director of Athletic Training Services and/or designee.

If requested, the Director of Athletic Training Services and/or designee will provide a copy of the Exposure Control Plan free of charge and within 15 business days of the request.

C. Employee Exposure Determination-

All employees who, as a result of performing their job duties, must engage in activities where exposure to blood and/or other potentially infectious materials is reasonably anticipated are considered to have occupational exposure.

Certain groups of tasks have been identified as those where occupational exposure could be reasonably anticipated. These include, but are not limited to:

- Direct contact with body fluids;
- Direct contact with needles, scalpels, and/or other instruments, equipment, or surfaces that are contaminated with blood or other potentially infectious materials.
- Handling of contaminated laundry;
- Handling of regulated waste products;
- Performance of emergency Basic Life Support and/or First Aid procedures;
- Other duties as determined.
The following is a list of all job classifications within the UNI School of HPELS (Division of Athletic Training & Strength & Conditioning) in which all employees have occupational exposure:

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>DEPARTMENT / LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Athletic Trainers</td>
<td>Human Performance Complex Athletic Training Room; West Gymnasium Athletic Training Room; McLeod Center Athletic Training Room</td>
</tr>
<tr>
<td>Athletic Training Students</td>
<td>Human Performance Complex Athletic Training Room; West Gymnasium Athletic Training Room; McLeod Center Athletic Training Room</td>
</tr>
<tr>
<td>Team Physicians / Medical</td>
<td>Human Performance Complex Athletic Training Room; West Gymnasium Athletic Training Room; McLeod Center Athletic Training Room</td>
</tr>
<tr>
<td>Consultants</td>
<td></td>
</tr>
<tr>
<td>Strength &amp; Conditioning Personnel</td>
<td>Human Performance Complex Weight Room</td>
</tr>
</tbody>
</table>

The following is a list of job classifications within the UNI Athletic Department in which some employees have occupational exposure. Included in a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>DEPARTMENT / LOCATION</th>
<th>TASK / PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Manager</td>
<td>163 Human Performance Complex</td>
<td>Handling contaminated laundry;</td>
</tr>
<tr>
<td>UNI Dome Game Management Personnel</td>
<td>UNI Dome</td>
<td>Emergency Basic Life Support and/or First Aid procedures;</td>
</tr>
<tr>
<td>Housekeeper / Custodian</td>
<td>Wellness Recreation Center; Human Performance Complex; UNI Dome; McLeod Center; West Gymnasium;</td>
<td>Handling regulated waste;</td>
</tr>
</tbody>
</table>

All employees should take necessary precautions to avoid direct contact with body fluids and should, except when absolutely necessary for the performance of duties, not participate in activities that will require them to come into contact with body fluids, needles, or other instruments, equipment, and/or surfaces that are contaminated with blood or other potentially infectious materials.

In cases of occupational exposure, employees are to exercise extreme caution and utilize universal precautions and personal protective equipment at all times.

D. **Universal Precautions:**

The term “universal precautions” refers to a concept of bloodborne disease control which requires that ALL human blood and OPIM be treated as if known to be infectious for HIV, HBV, HCV, or other bloodborne pathogens, regardless of the perceived “low risk” status of a patient or patient population. Universal Precautions should be observed by all personnel to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids should be considered potentially infectious materials.

- ALL employees should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated.
- Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures.
- Gloves should be changed after contact with each patient.
• Hands should be washed before and after patient contact, and immediately after gloves are removed.
• Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids.
• Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
• Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
• Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated;
• In order to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas and/or situations in which the need for resuscitation is predictable.
• Persons who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
• All employees should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.
• Disposable syringes and needles, scalpel blades, disposable scalpels, razor blades, and other sharp items should be placed in a puncture resistant “sharps” container for disposal.
• Lab specimens should be transported in a manner to prevent leaking.
• Soiled linen(s) should be bagged at the point of origin and should not be sorted or rinsed in patient care areas.
• All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances;
• Mouth pipetting / suctioning of blood or OPIM is prohibited.
E. Universal Blood and Body Fluid Precaution Guidelines

<table>
<thead>
<tr>
<th>Procedures</th>
<th>WASH HANDS</th>
<th>Gloves</th>
<th>Gown</th>
<th>Mask</th>
<th>Eyewear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking with patients, shaking hands, adjusting IV fluid rate or noninvasive equipment;</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examining patients without touching blood, body fluids, mucous membranes</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examining a patient with a significant cough</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examining a patient including contact with blood, body fluids, mucous membranes, drainage</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suctioning</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling soiled waste, linen, or other materials</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures that produce extensive spattering of blood or body fluids &amp; are likely to soil clothes</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

F. Category-Specific Isolation System

A. Strict Isolation

- Designed to prevent the transmission of highly contagious or virulent infections that may be spread by both air and contact.

2. Specifications for Strict Isolation

   a. Private room is indicated; door should be kept closed;
   b. Gloves, gowns, and masks are indicated for all persons entering the room;
   c. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient;
   d. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

3. Diseases Requiring Strict Isolation

   a. Diphtheria, pharyngeal
   b. Lassa fever and other viral hemorrhagic fevers, such as Marburg virus disease
   c. Plague, pneumonic
   d. Smallpox
   e. Chickenpox (varicella)
   f. Zoster, localized in immunocompromised patient or disseminated
4. **Contact Isolation**-

   a. Designed to prevent the transmission of highly transmissible or epidemiologically important infections (or colonization) that do not warrant Strict Isolation;
   b. All diseases or conditions included in this category are spread primarily by close or direct contact.

5. **Specifications for Contact Isolation**-

   a. Private room is indicated;
   b. Masks are indicated for those who come close to patient;
   c. Gowns are indicated if soiling is likely;
   d. Gloves are indicated for touching infective material;
   e. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient;
   f. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

6. **Diseases Requiring Contact Isolation**-

   a. Acute respiratory infections including croup, colds, bronchitis, bronchiolitis caused by respiratory syncytial virus, adenovirus, coronavirus, influenza viruses, parainfluenza viruses, and rhinovirus;
   b. Conjunctivitis;
   c. Diphtheria, cutaneous;
   d. Endometritis, group A *Streptococcus*;
   e. Furunculosis;
   f. Herpes simplex, disseminated, severe primary or neonatal;
   g. Impetigo;
   h. Influenza;
   i. Multiply-resistant bacteria, infection, or colonization with any of the following:
      i. Gram-negative bacilli resistant to all aminoglycosides that are tested;
      ii. *Staphylococcus aureus* resistant to methicillin, nafcillin, or oxacillin;
      iii. *Pneumococcus* resistant to penicillin;
      iv. *Haemophilus influenzae* resistant to ampicillin and chloramphenicol;
      v. Other resistant bacteria may be included if they are judged by the infection control team to be of special clinical and epidemiologic significance;
   j. Pediculosis;
   k. Pharyngitis, infectious;
   l. Pneumonia, viral, *Staphylococcus aureus* or Group A *Streptococcus*;
   m. Rabies;
   n. Rubella, congenital or other;
   o. Scabies;
   p. Scalded skin syndrome, staphylococcal (Ritter’s disease);
   q. Skin wound or burn infection, major (draining and not covered by dressing or dressing does not adequately contain the purulent material) including those infected with *Staphylococcus aureus* or Group A *Streptococcus*;
   r. Vaccinia (generalized and progressive eczema vaccinatum)

G. **Engineering and Work Practice Controls**-

Engineering and work practice controls will be used as the primary means of eliminating or minimizing a person’s exposure to bloodborne pathogens. Engineering and work practice controls will be examined and maintained or replaced on a regular (bi-annual) basis and as needed. The Director of Athletic Training Services and/or designee will monitor on a daily basis or as needed specific engineering and work practice controls.
A. GENERAL ENGINEERING AND WORK PRACTICE CONTROLS:

- "Clean" activities (medication administration, wound care, etc.) are to be performed in an area away from areas where "dirty" activities (handling soiled linen and contaminated equipment, etc.) are performed;
- Supplies used are to be kept at least 8-10 inches off of the floor;
- Supplies and medications are to be checked for integrity of the packaging, sterility (as indicated), and expiration dates before use and on a monthly basis by the Director of Athletic Training Services and/or designee;
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure;
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present;
- Spittoons should be made available for sports that establish a need (e.g. wrestling);
- Tables, countertops, whirlpools, and any other stations that are used for medical purposes are to be disinfected on a daily basis, or as needed following every possible contamination.
- Sterile and clean supplies (paper towels, cups, and soaps) are not to be stored under sinks or near water.

B. PERSONAL PROTECTIVE EQUIPMENT (PPE):

- All employees will be trained in the types, proper use, location, disposal, etc. of PPE;
- PPE sufficient enough to prevent blood or OPIM from passing through to, or contact clothing, undergarments, skin, eyes, mouth, or other mucous membranes will be provided to all employees at no cost to the employee;
- PPE can include, but is not limited to: gloves, gowns, aprons, lab coats, goggles, face shields, masks, protective eyewear, mouthpieces, ventilation/resuscitation devices, shoe covers, etc.;
- PPE should be made of appropriate material and be of appropriate size for each employee;
- Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- PPE should not be used if peeling, cracked, discolored, or have other evidence of deterioration.
- Single-use (disposable) gloves should not be washed or disinfected for reuse. Utility gloves may be decontaminated for reuse if their integrity is not compromised.
- PPE must be replaced as soon as practical and feasible when contaminated, and before leaving the work area;
- Gowns should be made of, or lined with, impervious material and should protect all areas of exposed skin;
- Resuscitator devices are to be readily available and accessible to employees who can reasonably be expected to perform resuscitation procedures.
- Appropriate PPE should be used at all times by all employees. There are limited situations in which the use of PPE would prevent the proper delivery of healthcare or public safety services, or would pose an increased hazard to the personal safety of the worker or coworker. The decision not to use PPE is to be made on a case-by-case basis and must have been prompted by legitimate and truly extenuating circumstances.
- Used and contaminated PPE must be disposed of in a biohazard (red-bag) container.
- PPE that is not single-use (disposable) and is able to be decontaminated should be done so under appropriate measures.
- Laundering of PPE is to be performed by the employer at no cost to the employee.
- PPE will be repaired and/or replaced as needed to maintain its effectiveness.
- All PPE shall be removed prior to leaving the work area.

H. “Blood Kit” Contents:

The following supplies and/or equipment will be neatly arranged in the “blood kit” to be supplied to visiting teams:

- Sterile gauze
✓ Latex gloves
✓ Assorted adhesive bandages
✓ Sani-wipe disinfectant towelettes
✓ Hydrogen peroxide spray bottle
✓ Alcohol towelettes (5-8)
✓ Biohazard bag(s)
✓ Small “sharps” container

I. **HAND WASHING**

- Hand washing facilities should be readily accessible to all employees and visiting athletic teams.
- Employees are to wash hands and any other skin that has come in contact with blood or any other potentially infectious material with soap and at least tepid water, or flush mucous membranes with water immediately or as soon as feasible.
- Employees shall wash their hands with soap and at least tepid water immediately following the removal of gloves or other PPE.
- Employees should engage in appropriate hand washing practices upon leaving the work area if he/she has come in contact with blood or OPIM.
- When the provisions of appropriate hand washing facilities are not feasible and/or readily accessible, an alcohol-based antiseptic hand cleanser in conjunction with clean cloth/paper towels and/or antiseptic towelette will be provided.
- Antiseptic towelettes should be disposed of as would any other trash, except in the very rare circumstance where they become contaminated to the extent that they would be considered regulated waste. In such a case, the towelette(s) should be disposed of as per the “regulated waste” section of this plan.
- Hands and/or other skin surfaces cleansed using antiseptic towelettes and/or alcohol-based antiseptic hand cleansers are to be washed in an appropriate fashion as soon as feasible.
- If a possible infectious exposure occurs to the face and/or eyes, all surfaces are to be cleansed using running water and/or commercial eyewashes available in the athletic training room.
- All student-athletes must shower, using liquid soap dispensers, before receiving treatment of any kind in the athletic training room.

J. **REGULATED WASTE MANAGEMENT**

- Biohazard waste cans and/or pails will be inspected, maintained, disinfected, decontaminated, and/or replaced by the Director of Athletic Training Services and/or designee every Monday or whenever necessary to prevent overfilling;
- Biohazard (“red”) bags are to be sealed appropriately and set outside of the athletic training room when full for the custodial staff to properly dispose of;
- Specimens of blood or other potentially infectious materials shall be placed in a container that will eliminate any leakage during the collection, handling, processing, storage, transport, and/or shipping of the specimen.
- The container for storage, transport, or shipping shall be labeled or color-coded and closed to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - If outside contamination of the primary container occurs, the primary container should be placed within a second container which is closeable, prevents leakage during handling, processing, storage, transport, or shipping, and is labeled or color-coded appropriately.
- If the specimen could puncture the primary container, the primary container should be placed within a secondary container, which is puncture-resistant in addition to the above characteristics.
- Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, State of Iowa, Black Hawk County, and the University of Northern Iowa.

K. **CONTAMINATED “SHARPS”**
• “Sharps” / needles shall be disposed of in an appropriate, color-coded “sharps container” labeled as “biohazardous”. The container must be puncture resistant, closeable, and leak proof on the sides and bottom.

• During use, containers for contaminated sharps should be:
  1. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
  2. Maintained upright throughout use;
  3. Replaced routinely and not be allowed to overfill.

• When moving containers of contaminated sharps from the area or use, the containers shall be:
  1. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
  2. Placed in a secondary container if leakage is possible. The secondary container shall be closeable, appropriately labeled or color-coded, and constructed to contain all contents and prevent leakage during handling, storage, transport, and shipping;

• Shearing, breaking, bending, recapping, removing, and/or otherwise manipulating “sharps”/needles by hand is prohibited.

• Special circumstances may exist in which recapping, bending, or removing needles is necessary. However, recapping must be performed by some method other than the traditional “two-handed” procedure. Acceptable procedures include the use of a mechanical device or forceps and/or the “one-hand scoop” method;

• Containers for reusable “sharps” must meet the same requirements as outlined above, with the exception that they are not required to be closable.

• Employees are not to place their hand(s) into containers whose contents include reusable sharps contaminated with blood or OPIM.

• Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

• “Sharps” disposal containers will be inspected and maintained and/or replaced by the Director of Athletic Training Services and/or designee every month or whenever necessary to prevent overfilling.

L. HOUSEKEEPING / CLEANING OF FACILITIES AND EQUIPMENT -

• All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM.

• Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of all procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM; and at the end of the day if the surface may have become contaminated since the last cleaning;

• Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, should be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the day if they may have become contaminated during the day;

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

• Broken glassware, which may be contaminated, should not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

• Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

1. Hard Surfaces (floors, etc.):
   • The individual(s) responsible for cleaning and disinfecting the area will adhere to UniversalPrecautions and wear PPE as needed;
• The individual(s) will use disposable products (e.g. paper towels, Sani-Wipe, etc.) to clean and disinfect the area;
• If the individual(s) use a non-disposable product (e.g. towel, shirt, mop, broom, etc.) to clean and disinfect the area, the non-disposable product should be handled according to the guidelines set forth in the “contaminated laundry” section of this Plan;
• The individual(s) will also utilize an appropriate hard-surface disinfectant (e.g. Dispatch, Sanicide, Sporicidin, End-Bac etc.), soap and water, and/or a 1:10 diluted bleach solution for disinfection and decontamination of the area;
• Absorbent products (e.g. Isolyzer, Red-Z, etc.) should be used, as needed, to contain the spill.

2. Tabletops, Countertops, Stools, Benches, etc
• The individual(s) responsible for cleaning and disinfecting the area will adhere to Universal Precautions and wear PPE as needed;
• Treatment tables, taping tables, countertops, stools, and applicable rehabilitation equipment (e.g. Biodex, Physioballs, etc.) should be cleaned on a daily basis, or as needed following every possible contamination.
• Treatment Tables, taping tables, countertops, stools, and applicable rehabilitation equipment are to be cleaned using an appropriate hard-surface disinfectant (e.g. Dispatch, Sanicide, Sporicidin, End-Bac etc.) To prepare the diluted solution, combine the appropriate amount of the cleaner with water in a generic spray bottle designated for cleaning solution. The ratio of cleaner to water should be determined with respect to the following:
  o Follow the manufacturer’s diluting instructions as indicated on the bottle of cleaner. Different cleaners require different diluting ratios.
  o The size of the cleaning bottles may differ.
  o Ensure that the cleaner being used requires diluting. (*Diluting a cleaner that is not supposed to be diluted can render the solution ineffective.)
• Tables, countertops, etc. are to be cleaned / disinfected in the following manner:
  • Spray the “table cleaner” solution on the surface to be cleaned;
  • Allow the solution to sit for 1-2 minutes;
  • Wipe down the surface with a towel.
• Isopropyl alcohol and/or a 1:10 diluted bleach solution can also be used to clean tables, countertops, etc.

3. Hydrocollator Units-
• Hydrocollator units are to be drained, appropriately cleaned, and refilled every Thursday or Friday evening, or as needed following every possible contamination;
• Hydrocollator covers are to be laundered every Friday night, or as needed following every possible contamination;

4. Coolers-
• Coolers are to be cleaned and disinfected every day following use, or as needed following every possible contamination;
• Coolers are to be cleaned using the dishwasher in the McLeod Center Kitchen area.
• Coolers are to be towel dried and then stored upright with the tops off to allow for further drying and ventilation.

5. Medical Instruments-
• All instruments (including athletic trainer’s equipment such as scissors, tape cutters, callous shavers, etc.) shall be cleaned and decontaminated in an appropriate fashion after contact with blood or OPIM.
• The individual(s) responsible for cleaning and disinfecting will adhere to Universal Precautions and wear PPE as needed;
• Pre-clean instruments with soap and water and thoroughly rinse free of all soap before immersion;
• Follow directions on germicidal instrument cleansing solution bottle (e.g. Cidex, Abocide, Omnicare-DQ, etc.) for disinfecting and decontaminating instruments;
• When using a glass / manual oral thermometer, the use of a plastic “thermometer sheath” is highly recommended;
• Glass / manual oral thermometers shall be sanitized following every use using the “Dial-a-Therm” germicidal treatment;
• The individual(s) responsible for cleaning and disinfecting will adhere to Universal Precautions and wear PPE as needed;
• Place the used / contaminated thermometers in the plastic container;
• Fill the plastic container with the appropriate dilution of Dial-a-Therm germicidal solution and water (as stated on the bottle);
• Allow the used / contaminated thermometer to soak for a minimum of five (5) minutes;
• Rinse the thermometer with water before the next use;
• Replace diluted germicidal solution when the color fades from its normal “dark amber” color, or as needed;
• When using an electric / digital thermometer, a plastic “thermometer sheath” shall be utilized;
• Electric / digital thermometers should be sanitized following every use through the use of an alcohol swab.

6. Blood or OPIM Spill-
• All contaminated surfaces will be cleaned and disinfected immediately, or as soon as feasible;
• If a blood or OPIM spill occurs:
  - The individual(s) responsible for cleaning and disinfecting the area will adhere to Universal Precautions and wear PPE as needed;
  - The individual(s) will use disposable products (e.g. paper towels, Sani Wipe, etc.) to clean and disinfect the area;
• If the individual(s) use a non-disposable product (e.g. towel, shirt, mop, broom, etc.) to clean and disinfect the area, the non-disposable product should be handled according to the guidelines set forth in the “contaminated laundry” section of this Plan;
• The individual(s) will also utilize an appropriate hard-surface disinfectant (e.g. Sanicide, Sporicidin, End-Bac, etc.), soap and water, and/or a 1:10 diluted bleach solution for disinfection and decontamination of the area;
• Absorbent products (e.g. Isolyzer, Red-Z, etc.) should be used, as needed, to contain the spill;
• The individual(s) should be careful not to splash or splatter the blood or OPIM;
• All materials are to be disposed of properly.

7. Contaminated Laundry-
• All employees who have contact with contaminated laundry shall wear protective gloves and other appropriate PPE;
• Contaminated laundry should be handled as little as possible with a minimum of agitation;
• Contaminated laundry should be bagged or containerized at the location where it was used and should not be sorted or rinsed in the location of use;
• Contaminated laundry shall be sorted and bagged separately from other dirty linens and uniforms;
• Contaminated laundry shall be placed and transported in appropriately labeled biohazard (“red”) bags;
• Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or of leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior;
• Water temperatures for washing contaminated laundry items should be 160° F (or 71° C) or chemicals for low-temperature sterilization should be used in water less than 158° F (7° C).

8. Labeling:
• Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport, or ship blood or OPIM;
• Warning labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

• Labels should be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

• Red bags or red containers may be substituted for labels;

<table>
<thead>
<tr>
<th>ITEM</th>
<th>BIOHAZARD LABEL</th>
<th>RED CONTAINER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulated Waste Container</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Reusable contaminated sharps container</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Refrigerator / freezer holding blood or OPIM</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Containers used for storage, transport, or shipping of blood or OPIM</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Blood products for clinical use</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Individual specimen containers of blood or OPIM remaining in the facility</td>
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<td>YES</td>
</tr>
<tr>
<td>Contaminated equipment needing service</td>
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<td>NO</td>
</tr>
<tr>
<td>Specimens and regulated waste shipped from UNI to another facility for service or disposal</td>
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<td>YES</td>
</tr>
<tr>
<td>Contaminated laundry</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Contaminated laundry sent to another facility that does not use Universal Precautions</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

M. Post-Exposure Evaluation and Follow-up:

• An exposure incident is defined as “specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s (or student’s) duties”. Should an exposure incident occur, the following steps are to be taken:

1. Perform initial first aid and emergency care on the individual(s);
2. Carefully document the incident on the “Exposure Incident Form” (see Appendix), including identification of the “source individual”;
3. Immediately inform the Director of Athletic Training Services and/or designee of the exposure incident.
   - The Director of Athletic Training Services will then notify the Chair of the Division of Athletic Training and the Director of Athletics and/or designee of the incident.
4. Refer the individual(s) to the appropriate medical personnel for a confidential post-exposure medical evaluation and testing. The medical evaluation and follow-up should minimally include the following elements:
   a) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
   b) Identification and documentation of the source individual (unless identification is infeasible or prohibited by state or local law);
   c) Collection and testing of blood for HBV and HIV serological status as soon as feasible after the exposure incident;
• If the exposed individual(s) consents to baseline blood collection, but do not give consent for HIV serological testing during collection of blood for baseline testing, the health care professional must preserve the individual’s blood sample for a minimum of 90 days.
• If the exposed individual(s) elects to have the baseline sample tested during the 90 day waiting period, it is to be done as soon as feasible.

d) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
e) Counseling; and
f) Evaluation of reported illnesses;

5. If the exposed individual(s) refuse to consent to a post-exposure evaluation and follow-up, he/she must sign the “Informed Refusal of Post-Exposure Medical Evaluation” Form (see Appendix);

6. The UNI Athletic Training Services Department will provide the health care professional with the following:
• A copy of OSHA’s bloodborne pathogens standard;
• A description of the exposed individual’s job duties as they relate to the exposure incident;
• Route(s) of exposure;
• Circumstances of exposure;
• Results of the source individual’s blood test (if available); and
• Relevant medical records for the exposed individual(s), including vaccination status;

7. Follow the Director of Athletic Training Services for isolation, testing, and/or treatment of all individuals involved with the exposure.

8. Isolate and treat the “source individual” as directed by the Director of Athletic Training Services;

9. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity;
• If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
• The exposed individual(s) should be provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.

10. The Director of Athletic Training Services and/or designee will be responsible for obtaining and providing the exposed individual(s) with a copy of the healthcare professional’s written opinion within 15 days after the completion of the evaluation.

11. The healthcare professional’s written opinion should be limited to a statement that the exposed individual has been informed of the results and told of the need, if any, for further evaluation and/or treatment;

• All aspects of the Post-Exposure Evaluation and Follow-Up will be performed under the strictest of confidentiality. Anyone who violates and/or breaches this confidentiality will be subject to disciplinary action from the University of Northern Iowa, its Athletic Department, and/or the UNI Athletic Training Services Department.
• At no time is anyone besides the exposed individual or the healthcare professional responsible for the exposed individual’s evaluation, follow-up, and treatment allowed to disclose test results;
• All evaluations, follow-up, and/or treatment should be made available at no cost to the exposed individual at a reasonable time and place.
• A licensed physician or other licensed health care professional should perform all evaluations, follow-up, and/or treatment.
• The healthcare professional responsible for the exposed individual’s evaluation, follow-up, and treatment and/or the Director of Athletics and/or designee are the only persons authorized to release a statement to the press/media concerning the exposure incident.
• Following every exposure incident, the Director of Athletic Training Services and other individuals appointed by the Director of Athletic Training Services will review and evaluate the circumstances of the incident. This evaluation will include:
  1. A review of the engineering and work practice controls used at the time;
  2. A description of the device being used (if applicable);
  3. A review of protective equipment or clothing that was used at the time of the exposure incident;
  4. A review of the location of the incident;
  5. A review of the procedure being performed when the incident occurred;
  6. A review of the exposed individual’s continuing education and training;
  7. A review of the Exposure Incident Report;
  8. A review of post-exposure evaluation and follow-up process;
  9. A review of any plan(s) to reduce the likelihood of a future similar exposure incident;

If it is determined that revisions need to be made to the Exposure Control Plan, the Director of Athletic Training Services and/or designee will ensure that the appropriate changes are made.

N. Recordkeeping:
Records are required to be kept for each student and employee covered by the OSHA standard for training, as well as for medical records.

Training Records-
• Training records will be completed for each athletic training student upon the completion of the training session.
• Training records for athletic training students will be located in the office of the Director of the Athletic Training Education Program (Office 3G, Human Performance Complex).
• Training records should include:
  a) The dates of the training sessions;
  b) The contents or a summary of the training sessions;
  c) The names and qualifications of persons conducting the training;
  d) The names and job titles of all persons attending the training sessions;

• Training records are not considered confidential and should be provided upon written request to an employee, an athletic training student, and/or an authorized representative of an employee and/or a athletic training student within 15 working days.
• Written request for training records should be addressed to:
  Director of Athletic Training Services
  University of Northern Iowa
  Human Performance Complex, 008
  Cedar Falls, IA 50614-0244
  (319) 273-6369
  fax- (319) 273-7023

• Training records should be maintained for three (3) years from the date on which the training occurred;

Medical Records-
• Medical records are maintained for each athletic training student and employee with occupational exposure in accordance with 29 CFR 1910.1020.
• Medical records for athletic training students will be located in the office of the Director of the Athletic Training Education Program (Office 3G, Human Performance Complex).
• The medical record should include:
  a) Student’s name and student ID number
  b) Copy of the student’s hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations and any medical records relative to the employee’s ability to receive vaccination;
  c) Copy of all results of examinations, medical testing, and follow-up procedures;
d) Copy of the healthcare professional’s written opinion; and
e) Copy of the information provided to the healthcare professional.

- The program director should ensure that student medical records are kept confidential and not disclosed or reported without the student’s express written consent to any person within or outside the athletic training education program, except as may be required by law;
- **Medical records should be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.**

- If the Director of Athletic Training Services and/or the Athletic Training Education Program Director cease to be a part of the University of Northern Iowa’s Athletic Training Services Department, medical and training records will be transferred to the successor(s).

- If there is no successor, a member of the UNI Athletic Department and/or the University of Northern Iowa must notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, for specific directions regarding the disposition of the records at least three (3) months prior to disposal.

- **Upon request, both medical and training records must be made available to the Assistant Secretary of Labor for Occupational Safety and Health.**

O. **Review and Update Procedures**

- UNI Athletic Training Services Department personnel, in conjunction with other Athletic Department, University, and/or public health personnel, will review and update the Exposure Control Plan on an annual basis and/or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure; and to reflect new or revised employee positions with occupational exposure.

- The reviewed and updated ECP will reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

- The periodic review procedure will ensure that the ECP remains current with the latest information and scientific knowledge pertaining to bloodborne pathogens.

- The ECP will document consideration and implementation of appropriate commercially available and effective engineering and work practice controls designed to eliminate and/or minimize exposure.

**XXXVI. HEPATITIS B VACCINATIONS:**

A. **Hepatitis B Vaccination Statement**

- Athletic Trainers Employed by the University can receive the vaccination at no expense to themselves through the Student Health Clinic.

- Athletic Trainers who initially decline the vaccine may request and obtain the vaccination at a later date at no cost.

- Athletic Training Students may obtain the vaccine and vaccination series **at their own expense**:
  - **It is strongly recommended that all UNI athletic training students receive the hepatitis B vaccination series before beginning their clinical assignment(s);**

- Vaccinations will be performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional;

- Vaccinations may be obtained at the UNI Student Health Services;

- Vaccination is encouraged unless:
  1. Documentation exists that the employee has previously received the series;
2. Antibody testing reveals that the employee is immune; or
3. Medical evaluation shows that the vaccination is contraindicated;

- Participation in a prescreening program is not a prerequisite for receiving the hepatitis B vaccination;

- If an athletic training student or employee chooses to decline vaccination, the student or employee must sign a declination form (a declination form is included at the end of this document);

- Documentation of the refusal of the vaccination will be kept in the student’s permanent file in the Human Performance Complex Athletic Training Education Program filing cabinet;

- Students who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested. Non-responders must be medically evaluated;

- The aforementioned testing can be obtained at the UNI Student Health Services;

- Following hepatitis B vaccinations, the health care professional’s Written Opinion will be limited to whether the student requires the hepatitis vaccine, and whether the vaccine was administered. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) should be made available to the student as outlined above;
**Hepatitis B Vaccine Information Sheet**

**The Disease:**

Hepatitis B is a viral infection caused by hepatitis B virus (HBV), which causes death in 1-2% of patients. Most people with hepatitis B recover completely, but approximately 5-10% becomes chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis, and liver cancer.

**The Vaccine:**

RECOMBIVAX® HB (Hepatitis B Vaccine Recombinant) is a non-infectious subunit viral vaccine derived from hepatitis B surface antigen (HBsAG) produced in yeast cells. A portion of the hepatitis B virus gene, coding for HBsAG, is cloned into yeast, and the vaccine for hepatitis B is produced from cultures of this recombinant yeast strain according to methods developed in the Merck, Sharp, & Dohme Research Laboratories. The vaccine against hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products. Each lot of hepatitis B vaccine is tested for safety, in mice and guinea pigs and for sterility.

A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HBs) and protection against hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. Full immunization requires three (3) doses of vaccine over a six-month period although some persons may not develop immunity even after three (3) doses. There is no evidence that the vaccine has ever caused hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

**Possible Vaccine Side Effects:**

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons experience tenderness and redness at the site of injection. Low-grade fever may also occur. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified with more extensive use.

Due to the inherent nature and danger of the job, the University of Northern Iowa Division of Athletic Training and Athletic Training Services recommend that all staff athletic trainers and student athletic training students receive this vaccine.
Hepatitis B Vaccine Declaration / Declination

Last Name ___________________________________ First Name ___________________________________

COMPLETE AND SIGN SECTION A, B, or C BELOW:

Section A
I have been informed about Hepatitis B Vaccination by reading the information provided with this waiver. I understand its role in providing protection for persons (i.e. healthcare personnel, etc.) who are at increased risk for Hepatitis B through clinical exposure. I understand the risks and benefits of being vaccinated and not being vaccinated. In addition, I understand that it is my responsibility to immediately report any adverse reaction to the vaccination.

☐ YES, I choose to receive the Hepatitis B Vaccine (Recombivax®).

______________________________ __________________
Signature Date

______________________________ __________________
Witness Signature Date

Section B
I understand that due to my potential occupational exposure to blood or other infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

☐ NO, I do not choose to receive the Hepatitis B Vaccine (Recombivax®) at this time.

______________________________ __________________
Signature Date

______________________________ __________________
Witness Signature Date

Section C
☐ I have already received the Hepatitis B immunization series.

__________________________  __________________________  __________________________
Date of dose 1 Date of dose 2 Date of dose 3

______________________________ __________________
Signature Date

______________________________ __________________
Witness Signature Date
XXXVII. HPC HYDROTHERAPY ROOM POLICIES:

The HPC Hydrotherapy Room contains three therapeutic pools: 1.) thermal plunge, 2.) cold plunge, and 3.) HydroWorx 2000. This room also has an ice machine, storage area for coolers, water bottles, and storage cabinet area for miscellaneous hydrotherapy equipment. The HPC Hydrotherapy Room should be kept neat and orderly and therefore has many daily and weekly tasks.

DAILY HPC Hydrotherapy Room Tasks:

1. Pool Water Levels Checked:
   a. Check water levels of all 3 pools.
   b. The water level should be at the mid point of each skimmer.
   c. Add water from the hose in the Hydrotherapy Room as needed if low.

2. Check Water Temperature of the pools:
   a. HydroWorx 2000 should be ~ 88 degrees
   b. Cold Plunge should be ~ 55 degrees
   c. Thermal Plunge should be ~ 102 degrees
   d. NOTE: Notify Travis Stueve or Troy Garrett if any pool temperature is off by three or more degrees

3. Pool Floors:
   a. Use the Spa-Vac to remove any debris/dirt at the bottom of cold and thermal plunge

4. Hydrotherapy Room Floor:
   a. Squeegee all excess water on the floor and empty it into the Hydrotherapy Room drain.

5. Pool Walls:
   a. Use a clean towel and scrub along water level of each pool to remove build-up.
   b. Make sure the towel is clean with no chemicals or cleaners added.

6. Counters:
   a. Counters should be clear and clean of ALL garbage, water bottles, equipment, chemicals, etc.
   b. Place items left on the counter in their correct places
   c. Disinfect and wipe down the counter top.

7. Changing Rooms:
   a. Squeegee any excess water into the drain in the changing room.
   b. Clear the room of any trash or towels left on the floor.

8. Coolers/Water Bottles:
   a. Assure the neatness of the cooler area. All 5 gallon coolers belong on the top shelf, 10 gallon coolers on the bottom shelf, and all ice chests should be neatly stacked under the bottom shelf along with any carts.
   b. All water bottles and carries should be neatly stacked in the water bottle shelving unit. This needs to be done in an organized fashion.

9. Chemical testing of pools:
   - There are three chemical levels that need to be checked daily. It is most beneficial to check chemical levels in the morning before the pools have experienced heavy use.
     a. Bromine:
        1. Fill the tester with 25 ml of water
        2. Put two level scoops of powder into the water
        3. Begin adding R-0872* one drop at a time, counting the drops added, until the water turns clear
        4. Divide the number of drops or R-0872* by 5
5. Total number of drops should be around 15-25.

b. pH:
   1. Fill the tester with 44 ml of water
   2. Add 5 drops of R-0004
   3. Place the cap on the tester, shake, and compare the color to the pH color chart located on the tester.
   4. Normal pH levels are 7.2-7.4

c. Alkalinity:
   1. Fill the tester with 25 ml of water.
   2. Add 2 drops of R-007
   3. Add 5 drops of R-008
   4. Add R-009 one drop at a time until the water turns from green to red
   5. Add a zero to the number of drops of R-009 added.
   6. Total number of R-009 drops should be 8-12

END OF THE DAY Hydrotherapy Room Tasks:

   1. Check to be sure all the jets are off in the plunge pools (both thermal and polar plunge tanks)
   2. HydroWorx 2000 power is off.
   3. All items in the room are neatly put away.
   4. All counters and floors are clean.

WEEKLEY / MONTHLY Hydrotherapy Room Pool Cleaning:

Cleaning of the Thermal Plunge:
This task needs to be done every TWO WEEKS during a time period that does not experience heavy use (Friday afternoon/night) and entails the following:

   1. Drain the thermal plunge by shutting off the power and opening the drain valve underneath.
   2. Clean the thermal plunge with diluted Simple Green or Lime-A-Way and a scrub sponge.
   3. Refill the thermal plunge using the hose to a level just above the halfway point of the skimmer.
   4. Turn the power back on.

NOTE:
   1. The individual(s) responsible for cleaning and disinfecting will adhere to Universal Precautions and wear PPE as needed
   2. The thermal plunge is not to be used by student-athletes with open or draining wounds

Cleaning the Polar Plunge:
This task needs to be done every TWO MONTHS during a time period that does not experience heavy use (Friday afternoon/night) and entails the following:

   1. Drain the polar plunge by shutting off the power and opening the drain valve.
   2. Clean with thermal plunge with diluted Simple Green or Lime-A-Way and a scrub sponge.
   3. Refill the cold plunge using the hose in the Hydrotherapy Room to a level just above the halfway point of the skimmer

NOTE:
   3. The individual(s) responsible for cleaning and disinfecting will adhere to Universal Precautions and wear PPE as needed
   4. The cold plunge is not to be used by student-athletes with open or draining wounds
Cleaning the HydroWorx 2000:

- The Athletic Training Services Staff shall maintain general cleanliness of the HydroWorx 2000 Pool Walls and monitor water temperature and chemical levels daily. Any problems or concerns with the HydroWorx 2000 should be reported to the Director of Athletic Training Services/Head Athletic Trainer.

General Hydrotherapy Room Policies/Procedures:

- The phone located in the Hydrotherapy Room is to be used for emergency situations only. To contact local emergency/police dial 9-911.
- All posted pool/spa rules and regulations must be followed.
- Student-athletes are not allowed to be in the Hydrotherapy Room without a staff athletic trainer in the HPC Athletic Training Room.
- All patients and/or student athletes are to shower prior to using any of the pools.
- No jumping, splashing, horseplay in any of the pools.
- No excessive noise (yelling/screaming) in the Hydrotherapy Room.
- All patients and/or student athletes shall turn the jets off in the plunge pools (thermal plunge/hot tub and polar plunge/cold pool) after they are done using the plunge pool.
- No food or drink is allowed in the Hydrotherapy Room other than water bottles given to athletes by a staff athletic trainer.
- The stereo in the Hydrotherapy Room is only to be adjusted by staff athletic trainers.
- All aqua equipment, water bottles, and coolers should be kept in their proper places, keeping the room looking neat and organized.
- Student-athletes should bring their own towels to use in the Hydrotherapy room.
- Used towels should be placed in the dirty laundry basket in the HPC Athletic Training Room.
- Staff members are expected to mop up any standing water/puddles on the hydrotherapy room floor after use in order of keeping the floor clean and sanitary.

General HydroWorx 2000 Policies and Procedures:

The following is a brief description of HydroWorx policies/procedures. Please refer to the HydroWorx 2000 Operating Manual located in the Hydrotherapy Room for a complete listing of operating procedures.

- The HydroWorx 2000 is only to be operated by a full time staff or staff graduate assistant athletic trainer. Athletic Training Students can be instructed by a staff athletic trainer on how the pool operates, but should never be allowed to operate it without direct supervision.
- The HydroWorx 2000 should have a maximum of four (4) student-athletes in it at one time.
- Jewelry and other accessory items should not be worn in the HydroWorx 2000.
- Athletes/patients undergoing a running type workout in the HydroWorx 2000 should be advised to wear aqua shoes, socks, or old running shoes in the pool to prevent blisters.
- The HydroWorx 2000 should not be operated by an individual who is in the pool.
• All student-athletes using the HydroWorx 2000 must be signed up on the HydroWorx Daily Schedule Board located on the north wall of the Hydrotherapy Room by their staff athletic trainer prior to using the pool.
  o NOTE: Prior to reserving a time for a student-athlete, the staff athletic trainer shall check with the Physical Therapy Clinic to confirm there are no patients scheduled to use the pool during that time period.

• Any operating problems experienced while using the HydroWorx 2000 shall be immediately reported to either the Director of Athletic Training Services.
XXXVIII. SEXUAL HARASSMENT POLICY:

It is the policy of the University of Northern Iowa to provide a campus environment for students, faculty, and staff that is free from sexual harassment; to provide appropriate institutional appeal process to ensure thorough and prompt investigation of allegations of sexual harassment; and to apply appropriate disciplinary sanctions to those who engage in sexual harassment.

The University of Northern Iowa is committed to maintaining a humane atmosphere in which individuals treat each other with respect. The University will not tolerate any form of sexual harassment and will not condone any actions or words that constitute sexual harassment in any situation under the jurisdiction of, sponsored by, or associated with the University, including academic, employment, residential, or social situations.

In the event that any individual has a grievance against faculty, staff, clinical supervisor(s), fellow athletic training student(s), or athlete(s) the following guidelines should be followed:

1. Confront the individual with the grievance so that you can assure that there is not some form of miscommunication.

2. Try to work out the grievance with the individual.

3. If the problem cannot be worked out, inform the individual that you are planning on filing a grievance.

4. Fill out a UNI Grievance Form and submit it to the Chair of the Division of Athletic Training or the Director of Athletic Training Services.

5. The Chair of the Division of Athletic Training or the Director of Athletic Training Services will then contact the Office of Compliance and Equity Management (OCEM). Complaints are handled as confidentially as possible to protect the rights of both the complainant and the person accused.

   - The goal is to seek resolution. If a complainant chooses or if a problem cannot be resolved informally an official investigation will follow with the assistance of the OCEM. If harassment has occurred, disciplinary actions will result as mandated by the OCEM.

XXXIX. SEXUAL ASSAULT / RAPE REFERRAL & TREATMENT PROGRAM:

Entrance into program:

1. Through the UNI Student-Athlete Assistance Program (SAAP)
   - Student-athlete seeks assistance;
   - Family and/or peers seek assistance on behalf of the student-athlete; and/or Coaching staff, Athletic Training Services Department personnel, and/or other athletic department personnel seek assistance on behalf of the student-athlete;

2. Report the incident to the UNI Department of Public Safety (273-2712 / 4000) // Cedar Falls Police Department (273-8611 or 911 Emergency) // Waterloo Police Department (291-4345 or 911 Emergency)
   - To report sexual abuse that occurred on the UNI campus and/or in Cedar Falls or Waterloo;
   - Reporting is not the same as filing charges, but would initiate an investigation of the assault.

3. Contact the UNI Counseling Center (273-2676 // 233-8484- 24-hour hotline)

AND / OR

4. Contact the UNI Sexual Abuse Services Center (273-2137), Coordinator- Joan Thompson (email- joan.thompson@uni.edu)
XL. MENTAL HEALTH REFERRAL & TREATMENT PROGRAM

1. Referral Pattern-
   a) Entrance into program through the UNI Student-Athlete Assistance Program (SAAP)
      • Student-athlete seeks assistance;
      • Family and/or peers seek assistance on behalf of the student-athlete; and/or
      • Personnel seek assistance on behalf of the student-athlete;
   b) On-Campus referral to the UNI Counseling Center
      • 213 Student Services Center (273-2676)
      • 24-hour Crisis Hotline (233-8484)
      • Website: www.uni.edu/counseling
      • If indicated and appropriate, the student-athlete will be asked to sign a consent form so that there can be a line of communication between all parties involved with regards to-
        - Attendance;
        - Assessment and treatment;
        - Recommendations;
        - Return to play;
   c) Off-Campus Referrals-
      • Call the UNI Counseling Center (273-2676 or 233-8484- 24-hour crisis hotline)
      and inform them of the specific problem and/or need and the appropriate place of referral will be given;

2. Treatment Considerations-
   a) Group intervention may be needed-
      • Certified athletic trainer assigned to the sport;
      • Team Physician;
      • Head Coach and/or his/her designee;
      • Julie Thompson and/or other medical personnel (as needed)
      • Other personnel (family, teammates, friends, etc.)
   b) Behavior contracts for treatment compliance and participation;
   c) Student-athlete may be asked to sign a consent form so that his/her parent(s)/guardian(s) can be notified in severe cases of non-compliance and/or hospitalization;

3. Fees / Funding-
   • First 10 individual sessions are offered free of charge;
   • If there is a need for additional services, a fee will be discussed and established on a case-by-case basis;
   • No person will be denied services because of financial hardships;
   • Off-campus referrals will involve fees for service on a sliding fee scale;

4. Parental Involvement-
   a) Minor Student-Athlete-
      • Team physician and/or medical personnel, if applicable, is obligated to inform the parent(s) / guardian(s);
      • Others involved in the case should not independently discuss the case with the parent(s) / guardian(s);
   b) Student-Athlete > 18 years of age-
• Should strongly encourage the student-athlete to communicate with his/her parent(s) / guardian(s)
• Student-athlete is protected by the Family Educational Rights & Privacy Act (Buckley Amendment)
  - Must obtain permission from the student-athlete;
  - Interference by without permission from the student-athlete violates the student-athlete’s rights and opens up liability concerns;
  - Medical and/or University personnel can only communicate with the parent(s) / guardian(s) without permission if the student-athlete is in immediate and serious danger;
• Team physician and/or medical personnel, if applicable, should be the person to inform the parent(s) / guardian(s);
• Others involved in the case should not independently discuss the case with the parent(s) / guardian(s);
• Other persons (i.e. athletic trainer, coach, etc.) can be involved in the parental notification process only if the student-athlete and physician agree that this is acceptable and appropriate;

XLI. **SUBSTANCE ABUSE POLICIES AND PROCEDURES**

The following is the official UNI Intercollegiate Athletics Department Substance Abuse Policies Procedures:

**UNIVERSITY OF NORTHERN IOWA**
Intercollegiate Athletics Department
Substance Abuse Policies and Procedures

The University of Northern Iowa Intercollegiate Athletics and Sports Medicine Department is committed to the physical and mental health and well being of its student-athletes. UNI recognizes that the use of certain drugs, legal or illegal, is not in the best interests of the student athlete or UNI Intercollegiate Athletics. In an effort to combat the use of illicit drugs, the UNI Intercollegiate Athletics has implemented a comprehensive substance abuse education and testing program to promote healthy and responsible lifestyles for student athletes.

I. **Introduction and Overview:**

A. **Purpose**

The purpose of the UNI Substance Abuse Education and Testing Program is multifaceted. The program focuses on the following objectives:

1) Deterring the use of drugs and alcohol;
2) Identifying substance-abuse users;
3) Providing substance-abuse rehabilitation and educational services;
4) Promoting the role of UNI student-athletes as representatives of the University and positive role models for the youth in the community;
5) Counseling student-athletes who do not adhere to the requirements of the program.

B. **Department of Athletics Drug and Alcohol Committee**

The Department of Athletics Drug and Alcohol Committee shall consist of the following staff members:

1) Athletic Director or designee
2) Senior Women’s Administrator
3) Assistant Athletic Director, Compliance
4) Member of Intercollegiate Athletics Academic Services
5) Head Athletic Trainer
6) Appropriate Sports Supervisor
C. Program Compliance / Eligibility:

Participation within UNI Intercollegiate Athletics is a privilege, not a right. To become and remain a participant at UNI, including receiving athletics grant-in-aid after a student-athlete has exhausted his/her eligibility; a student-athlete must comply with the terms of this program that encompasses substance-abuse education, screening, and counseling. By signing the UNI Sports Medicine Department’s Medical Examination and Authorization Waiver and Substance Abuse Testing Authorization Waiver, the student-athlete agrees to submit to any and all tests ordered by the UNI Intercollegiate Athletic Department in order to detect unauthorized substance use. This document must be completed in order to practice and/or compete. The form is required of all student-athletes as a part of their annual pre-participation physical examination.

D. What is Being Tested For / Banned Substances:

The UNI Intercollegiate Athletics and Sports Medicine Department utilizes the most current NCAA List of Banned Drug Classes (NCAA Bylaw 31.2.3.1) for its substance abuse testing program. This list may be obtained through:

a) A member of the UNI Sports Medicine and Strength and Conditioning Departments;
b) A member of the UNI Compliance Office; or

No substance belonging to the prohibited class(es) may be used, regardless of whether it is specifically listed as an example. A complete listing of banned substances can be acquired by contacting the Director of Athletic Training Services.

II. Testing Selection and Frequency:

A. Random Drug Testing

All UNI student-athletes are subject to substance abuse testing. Selection for the testing will occur randomly, by UNI-assigned student identification number, throughout a student-athlete’s association with UNI. The Director of Athletics, and/or his/her designee will determine the date, time, and site for testing. UNI Intercollegiate Athletics will conduct random testing a minimum of one (1) time every eight (8) weeks, up to a maximum of once every 24 hours.

All student-athletes are eligible for each test. Therefore, someone may be tested more than once per year.

B. “Reasonable Suspicion” Drug Testing:

In addition to random testing, the UNI Intercollegiate Athletics reserves the right to screen a student-athlete anytime there is reasonable suspicion that he/she may be engaged in the use of banned substances. The term “reasonable suspicion” means that information has been given to a member of the coaching staff, Sports Medicine Department, and/or athletics administrator, regarding a student-athlete’s possible use of banned substances. Other events or conduct may rise to the level of reasonable suspicion, including but not limited to: (a) a student-athlete’s possession or use of a prohibited substance; (b) a student-athlete’s arrest or conviction related to the possession of, use or trafficking of banned substances; or (c) abnormal conduct interpretable as being caused by the use of banned substances. Reasonable suspicion drug testing may be done in one of two ways, at the election of the authorized Athletics Department personnel: urinalysis as described in Section IV below; or contact screening with a rapid drug screening test as described in Section V below.

(See Iowa State’s definition of suspicion--“Reasonable suspicion” shall not mean a mere “hunch” or “intuition.” It shall be based upon a specific event or occurrence, which leads to the belief based on reasonable circumstances that a student-athlete has used a banned substance.

a. Such belief may be engendered by direct observation, a physical or mental deficiency, medically indicated symptomology of banned substance use, suspicious conduct, or unexplained absence.
b. Such belief may also be engendered by information supplied by reliable third parties corroborated by objective facts.
c. Such belief may also be engendered by common-sense conclusions about observed or reliably described human behavior upon which practical people ordinarily rely.

C. Postseason/Championship Testing
Any participant or team likely to advance to post-season championship competition may be subject to additional testing. Testing may be required of all team members or individual student-athletes at any time within thirty (30) days prior to the post-season competition. If a student-athlete tests positive, he/she will not be allowed to compete at the post-season event until the student-athlete has completed the appropriate sanction as outlined in this policy, until the student-athlete subsequently tests negative prior to departure for the event, and until the student-athlete receives permission from the Director of Athletics or his/her designee to participate.

D. NCAA Year Round Drug Testing Program
The NCAA reserves the right to test all sports in accordance with the Year Round Drug Testing Program. All UNI student-athletes are subject to the NCAA Year Round Drug Testing Program. Selection for the testing will occur randomly throughout a student-athlete’s association with UNI and the NCAA. The Center for Drug Free Sport (NCAA) will determine the date, time, and sports to be tested. The NCAA will conduct random testing a minimum of one (1) time every year.

All student-athletes are eligible for each test. Therefore, someone may be tested more than once per year.

E. NCAA Championship Drug Testing Program
In the event of an individual or team qualifying for NCAA Championship competition, the individual or team is subject to drug testing prior to, during, or post event by the NCAA. All UNI student-athletes participating in NCAA Championship competition are subject to the NCAA Championship Drug Testing Program. Selection for the testing will occur randomly by the NCAA. The Center for Drug Free Sport (NCAA) will randomly determine individuals to be tested.

III. Notification Process:
A. Random Drug Testing and “Reasonable Suspicion” Drug Testing by Urinalysis

1) Upon selection, student-athletes will be notified prior to testing by a member of the UNI Sports Medicine Department, the student-athlete’s coach, and/or a member of the UNI athletics administration (“personnel”).
   a. Personnel will call all available phone numbers; attend student-athlete’s classes, etc. in an effort to notify the student-athlete. Personnel may notify a student-athlete in person if possible, such as when the student-athlete is present in UNI athletic facilities.
   b. Personnel WILL NOT leave a phone message on the student-athlete’s voice mail or with anyone answering the phone besides the student-athlete.

2) Notification will take place no more than four (4) hours before the scheduled test.

3) Upon notification, the student-athlete will be asked to read and sign a UNI Substance Abuse Testing Notification Form, notifying him/her of the date, time, and site of the testing, as well as any other special instructions pertinent to the test.
   1) The student-athlete will be instructed to immediately report to the test site or location with a picture ID.
   2) b. The student-athlete will not be allowed to practice or otherwise participate in team activities until he/she has reported to the testing site/location and supplied a viable sample.
4) It is the UNI Test Site Coordinator’s responsibility to notify the Director of Athletics and/or his/her designee of those individuals who do not report for their test within the scheduled time periods. The scheduled time period for a random drug test is normally two hours from the start of the testing period until its conclusion.

5) If a student-athlete does not report at the scheduled time for his/her test, he/she will be sanctioned appropriately for his/her action. A "no show" will be interpreted as a positive test result, and the student-athlete will enter the UNI Intercollegiate Athletics Department Substance Abuse Program at the appropriate level.

IV. Urinalysis Collection Procedures:

Every possible step will be taken to ensure and maintain the confidentiality of the test results and to ensure the identity and integrity of the sample throughout the collection and testing process.

1) Only those persons authorized by the UNI Director of Athletics and/or his/her designee and/or the UNI Test Site Coordinator will be allowed in the specimen collection and processing area.

2) The UNI Director of Athletics and/or his/her designee and/or the UNI Test Site Coordinator may release a sick or injured student-athlete from the collection area or may release a student-athlete to return to meet academic obligations only after appropriate arrangements for having the student-athlete tested have been made and documented on the UNI Substance Abuse Testing Notification Form.

3) Upon entering the collection station, the student-athlete will show his/her picture ID and will be identified by the UNI Test Site Coordinator and/or his/her designee. The student-athlete will record the time of arrival and print his/her name on the UNI Drug Testing Roster Form.

4) When ready to urinate, the student-athlete will be asked to remove any unnecessary outer clothing, and to leave his/her briefcase, purse, book bag, gym bag, and/or other personal belongings that he/she may be carrying outside of the collection station.

5) The student-athlete will select a sealed collection container from a supply of such, will unwrap the container in the presence of a member of the substance abuse testing crew, and will record his/her initials on the beaker's lid.

6) A crew member will accompany the student-athlete to the restroom, and will monitor the furnishing of the specimen by observation in order to assure the integrity of the specimen.
   a. A minimum specimen of at least 80 ml is required.
   b. If a student-athlete has difficulty voiding, he/she may drink fluids and/or eat foods approved by the UNI Site Coordinator. Such fluids and food items must be caffeine and alcohol-free and free of any other banned substances.
   c. If the specimen is incomplete, the student-athlete must remain in the collection station with the sample until the sample is complete. During this period, the student-athlete is responsible for keeping the collection beaker closed and controlled.
   d. If the specimen is incomplete and the student-athlete must leave the collection station for a reason approved by the UNI Site Coordinator, the specimen must be discarded. Upon return to the collection station, the student-athlete will be required to begin the collection procedure again.

7) Once the specimen (at least 80 ml) has been provided, the student-athlete is responsible for keeping the collection beaker closed and controlled.

8) The collector, in the presence of the student-athlete, will immediately assure that the collection beaker is securely closed.

9) The collector, in the presence of the student-athlete, will then apply tamper-evident label/seals to the beaker and write the student-athlete’s identification number on the tamper-evident label/seal (usually the student-athlete’s social security number or last six digits of the social security number).

10) The student-athlete will initial the tamper-evident label/seal.

11) The student-athlete will witness the collector placing the sealed specimen in a shipping case for express shipment to a testing laboratory.

12) The student-athlete, the collector, and a witness (if present) will sign the Student-Athlete Notification Form, certifying that the procedures were followed as described in the protocol.

13) Any deviation from the procedures outlined must be described and recorded on the Student-Athlete Notification Form at that time.
14) The student-athlete will then sign-out on the Testing Roster, collect his/her belongings, and immediately vacate the collection area.

15) After the collection has been completed, the specimens will be forwarded to the designated laboratory.

16) The specimens become the property of the UNI Intercollegiate Athletics Department.

17) Failure to sign the UNI Drug Testing Notification Form, UNI Drug Testing Roster Form, arrive at the collection station at the designated time without justification, or provide a urine specimen according to the aforementioned protocol is cause for the same action(s) as evidence of use of a banned substance. The UNI Drug Testing Site Coordinator will inform the student-athlete of these implications (in the presence of witnesses) and will record such on the Drug Testing Notification Form.

V. Rapid Drug Screen Procedures-

Every possible step will be taken to ensure and maintain the confidentiality of the test results and to ensure the identity and integrity of the sample throughout the collection and testing process.

1) Notification procedures will be followed as outlined previously in section IV.

2) Only those persons authorized by the UNI Director of Athletics and/or his/her designee will be permitted to administer and process the rapid drug screen.

3) The UNI Director of Athletics and/or his/her designee and/or the UNI Test Site Coordinator may release a sick or injured student-athlete from the collection area only after appropriate arrangements for having the student-athlete tested have been made and documented on the UNI Substance Abuse Testing Notification Form.

4) Upon entering collection station, the student-athlete will show his/her picture ID and will be identified by the UNI Test Site Coordinator and/or his/her designee. The student-athlete will record the time of arrival and print his/her name on the UNI Drug Testing Roster Form.

5) The student-athlete, in the presence of the collector, will verify the expiration date on the rapid drug screen test package and verify that there is no damage to the package.

6) The collector, in the presence of the student-athlete, will tear open the foil packet at the cut and remove the rapid drug screen test.

7) The student-athlete will write his/her name and test date on the back of the body of the rapid drug screen test.

8) The collector will lift the blue rapid drug screen test cover off of the white body, taking care not to touch the test pad and/or remove the cap.

9) The collector will wet the test pad with tap water (sterile saline and/or distilled water may be substituted for tap water) and shake off any excess water.

10) The collector will wipe the test pad gently over the student-athlete’s body surface (e.g. forehead, arm, back, chest, leg, etc.) 4 to 6 times, taking care to dab rough surfaces, tablets, and powders.

11) The collector will replace the blue cover onto the white body gently and close firmly with a “double click”.

12) The collector will remove the clear end cap and fill the end cap to the mark with tap water (sterile saline and/or distilled water may be substituted for tap water).

13) The collector will dip the rapid drug screen test into the cap of water for ten (10) seconds, taking care not to immerse the white plastic body.

14) The collector will remove the rapid drug screen test from the cap of water and hold the rapid drug screen test horizontal for 3 – 5 minutes.

15) After 3 – 5 minutes, the collector will read and interpret the rapid drug screen test as directed by the manufacturer’s directions.

16) After interpretation of the rapid drug screen test, the student-athlete, in the presence of the collector, will place the used rapid drug screen test in an envelope, label the front of the envelope with his/her name and date of test.

17) The student-athlete, in the presence of the collector, will seal the envelope.

18) The student-athlete and the collector will sign and date the sealed envelope over the seal.

19) The student-athlete, the collector, and a witness (if present) will sign the Student-Athlete Drug Testing Notification Form, certifying that the procedures were followed as described in the protocol.

20) Any deviation from the procedures outlined must be described and recorded on the Student-Athlete Drug Testing Notification Form at that time.
21) The student-athlete will then sign-out on the Drug Testing Roster, collect his/her belongings, and immediately vacate the collection area.

22) The rapid drug screen test becomes the property of the UNI Intercollegiate Athletics Department and will be filed as per the UNI Director of Athletics and/or his/her designee.

23) Failure to sign the UNI Drug Testing Notification Form, UNI Drug Testing Roster Form, arrive at the collection station at the designated time without justification, or allow the collection of a sample according to the aforementioned protocol is cause for the same action(s) as evidence of use of a banned substance. The UNI Drug Testing Site Coordinator will inform the student-athlete of these implications (in the presence of witnesses) and will record such on the Drug Testing Notification Form.

In the Event of a Positive Rapid Drug Screen Test Result, the Following Procedure Applies:

In the event that a student-athlete tests positive for the presence of a banned substance using the rapid drug screen test, the following procedures will be followed-

1) The student-athlete will be verbally notified by the collector of the presence of a banned substance as detected by the rapid drug screen test system and will record such on the Drug Testing Notification Form.

2) The student-athlete will be immediately referred for follow-up urinalysis testing as described in the aforementioned section.

3) The student may not participate in team activities (e.g. team meetings, strength and conditioning sessions, individual workouts, practices, and competition) until the urinalysis has been conducted.

4) Failure to allow the collection of a urine specimen according to the aforementioned protocol will be considered a positive test result and will be cause for the same action(s) as evidence of a use of a banned substance. The UNI Drug Testing Site Coordinator will inform the student-athlete of these implications (in the presence of witnesses) and will record such on the Drug Testing Notification Form.

VI. Self Referral:

1) Any student-athlete may refer himself/herself for evaluation or counseling by contacting a member of the coaching staff, UNI Sports Medicine Department, and/or an UNI administrator.
   o A student-athlete may not initiate self-referral after he/she has been informed of their participation in an impending drug test.

2) This self-referral will be held strictly confidential and no team and/or administrative sanctions will be imposed upon the student-athlete who has made a personal decision to seek professional assistance.

3) A treatment plan will be put into place and the student-athlete will not be sanctioned for entry.

4) A student-athlete testing positive (during random and/or reasonable suspicion testing) after entering this program will be subject to the applicable sanctions.

VII. Notification of Results:

A. Urinalysis Results

1) The designated laboratory will use a portion of the specimen ("specimen A") for its initial analysis, consisting of sample preparation, instrument analysis, and data interpretation.
   o If the initial analysis of the specimen shows the presence of a banned substance and/or a masking device, the designated laboratory will immediately arrange for an analysis of the remainder of "specimen A".
   o Preparation and analysis of the remainder of "specimen A" will be conducted by a laboratory staff member other than the individual who prepared and analyzed the student-athlete’s initial specimen. The designated laboratory reserves the right to send the remainder of "specimen A" to another certified laboratory for preparation, analysis, and interpretation.

2) Upon verification of "specimen A", the designated Medical Review Officer (MRO) / laboratory will notify the Director of Athletics and/or his/her designee of the test results.

3) Upon notification of a positive test result, the UNI Director of Athletics and/or his/her designee will verbally notify the student-athlete, the student-athlete’s head coach, and the Head Athletic Trainer and/or his/her designee. A representative of the UNI Student Health Center Counseling Center and/or the team physician may be present at this meeting and/or verbally notified as per the Director of Athletics and/or his/her designee. Do we want to notify parents?
   o At this time, the student-athlete may request to appeal the test results.
The student-athlete will have 48 hours from the time of his/her verbal notification to begin the appeals process.

The student-athlete may request that the remainder of his/her initial specimen (“specimen B”) be sent to the certified laboratory of his/her choosing for preparation, analysis, and interpretation.

All costs associated with the appeals process, including shipping, preparation, analysis, and interpretation of the specimen will be the responsibility of the student-athlete.

The interpretation of Specimen B will be final.

The student-athlete will also be notified in writing within 48 hours, with carbon copies being sent to the UNI Director of Athletics and/or his/her designee, Head Athletic Trainer and/or his/her designee, the student-athlete’s head coach, a representative of UNI Student Health Center Counseling Center, and the team physician (if necessary). The UNI Drug Testing Administrator is responsible for this written notification.

B. Rapid Drug Screen Test Results

In the event that a student-athlete tests positive for the presence of a banned substance using the rapid drug screen test, the following procedures will be followed:

1) The student-athlete will be verbally notified by the collector of the presence of a banned substance as detected by the rapid drug screen test system and will record such on the Substance Abuse Testing Notification Form.

2) The student-athlete will be immediately referred for follow-up urinalysis testing as described in the aforementioned section.

3) The student may not participate in team activities (e.g. team meetings, strength and conditioning sessions, individual workouts, practices, and competition) until the urinalysis has been conducted.

4) Failure to allow the collection of a urine specimen according to the aforementioned protocol will be considered a positive test result and will be cause for the same action(s) as evidence of a use of a banned substance. The UNI Drug Testing Site Coordinator will inform the student-athlete of these implications (in the presence of witnesses) and will record such on the Drug Testing Notification Form.

VII. Sanctions for Positive Test Results: (Need approval)

There are three ways in which a student-athlete can test positive under this program:

1) Any legal conviction of a student-athlete for underage possession of alcohol, DUI, public intoxication, and/or the purchase or possession of banned substances;

2) Any on-campus conviction of a student-athlete for violating the University of Northern Iowa's Drug and Alcohol Policy. The UNI Department of Intercollegiate Athletics has requested that the University notify the Director of Athletics and/or his/her designee of any such infractions; and

3) The presence of one or more of the banned substances in the student-athlete’s urine during any UNI and/or NCAA substance abuse test, as confirmed through the collection testing methods outlined above.

A positive test result does not include detection of a banned substance where the banned substance use or presence is part of, or the result of, documented medical treatment prescribed and supervised by a qualified physician.

A. FIRST POSITIVE TEST

1) The student-athlete will be required to have a confidential meeting with the Director of Athletics and/or his/her designee, the head coach, the Head Athletic Trainer and/or his/her designee, and the Director of Compliance (if available) within one (1) week of the positive test notification.

   a. The student-athlete has the option to request that one (1) person of his/her choosing to accompany him/her to this meeting.

2) The student-athlete will be referred to the UNI Student Health Center Counseling Center, or an outside designated agency of his/her choice, for evaluation, education, and mandatory counseling sessions.

   a. The student-athlete will be required to sign a waiver to release information regarding his/her attendance at the mandatory counseling services.

   b. The UNI Student Health Center Counseling Center (or the outside agency) will determine the appropriate duration of counseling required.
3) The student-athlete will be required to contact his/her parent or guardian in the presence of the Director of Athletics and/or his/her designee and the student-athlete’s head coach.
4) The student-athlete will be randomly tested at the discretion of the Director of Athletics and/or his/her designee for one (1) calendar year after the date of the first positive test.
5) An unexcused absence from, and/or failure or refusal to participate in the conditions set forth and those provided by the UNI Department of Intercollegiate Athletics and the UNI Student Health Center Counseling Center will be treated as a second positive test result.
6) The student-athlete’s head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges and/or travel, and/or termination of some or all athletics financial aid, as outlined in written team policies.

B. SECOND POSITIVE TEST
1) The student-athlete will be required to have a confidential meeting with the Director of Athletics and/or his/her designee, the head coach, the Head Athletic Trainer and/or his/her designee, a member of the UNI Student Health Center Counseling Center, and the Director of Compliance (if available) within one (1) week of his/her notification of the second positive test result.
   a. The student-athlete has the option to request that one (1) person of his/her choice, accompany him/her to this meeting.
   b. The student-athlete will be suspended from competition for a minimum of 10% of their total competitive season from the date of his/her notification of a second positive test result.
      i. Football – 1 game
      ii. Soccer – 2 dates of competition
      iii. Volleyball – 3 dates of competition
      iv. Cross-Country – 1 date of competition
      v. Basketball – 3 dates of competition
      vi. Baseball – 5 dates of competition
      vii. Softball – 6 dates of competition
      viii. Golf – 2 dates of competition
      ix. Tennis - 2 dates of competition
      x. Track and Field - 1 date of competition
      xi. Swimming - 2 dates of competition
      xii. Wrestling - 3 dates of competition

* If a team completes its competition schedule while a student-athlete is under a second positive sanction, the student-athlete’s suspension will be carried over into next season’s competition. If an individual is positive during a red shirt year, the student’s suspension will begin during the next season of competition.
   c. The student-athlete’s head coach has the option to impose additional sanctions, including, but not limited to, indefinite suspension, revoking team privileges and/or travel, and/or termination of some or all athletics financial aid, as outlined in written team policies.
2) The student-athlete will be referred to the UNI Student Health Center Counseling Center, or an outside designated agency of his/her choice, for evaluation, education, and mandatory counseling sessions.
3) Counseling Center for evaluation, education, and mandatory counseling sessions.
4) The UNI Student Health Center Counseling Center (or the outside agency) will determine the appropriate duration of counseling required.
5) The student-athlete will be required to contact his/her parent or guardian in the presence of the Director of Athletics and/or his/her designee and the student-athlete’s head coach.
6) The student-athlete will be randomly tested at the discretion of the Director of Athletics and/or his/her designee for one (1) calendar year after the date of the first positive test.
7) An unexcused absence from, and/or failure or refusal to participate in the conditions set forth and those provided by the UNI Student Health Center Counseling Center will be treated as a third positive test result.

C. THIRD POSITIVE TEST
1) Upon a third positive test result, the student-athlete will be immediately dismissed from the UNI Intercollegiate Athletics Program indefinitely or permanently?
   a. All existing athletics financial aid will be terminated at the first permissible opportunity.
b. Further sanctions by the University of Northern Iowa may be imposed, including but not limited to suspension or expulsion.

VIII. Zero Tolerance:
- Any student-athlete who engages in the sale or distribution of illegal drugs will immediately be dismissed from the UNI Intercollegiate Athletics Program.
- Any existing athletics financial aid will be terminated at the first permissible opportunity.
- Further sanctions by the University may be imposed, including but not limited to suspension or expulsion.

IX. Confidentiality:
All members of the UNI Intercollegiate Athletics are expected to respect a student-athlete’s right to privacy. It is essential that anything seen, heard, read, and/or otherwise obtained remain confidential by all parties involved. It is illegal for any unauthorized personnel to gain access to patient information, through any and all means, unless the information is needed in order to treat the patient, or because their job would require such access.

All UNI Intercollegiate Athletics personnel are expected to adhere to the Confidentiality Policy at all times. Violation of the policy may incur disciplinary action at the discretion of the Director of Athletics.
Each year, student-athletes will sign a drug-testing consent form demonstrating their understanding of the NCAA drug-testing program and their willingness to participate. This consent statement is required by the NCAA of all student-athletes before participation in intercollegiate competition during the year in question. Failure to complete and sign the statement annually shall result in the student-athletes ineligibility for participation in all intercollegiate competition.

By signing the NCAA drug testing consent form, the student-athlete agrees to allow the NCAA to test the student-athlete for the banned drugs listed in NCAA Bylaw 31.2.3.1 in relation to any participation by the student-athlete in any NCAA championship or in any post-season NCAA Championship football game. Additionally, for student-athletes who participate in football or track and field, the student-athlete may be tested on a year-round basis, for anabolic agents, diuretics and urine manipulators. A list of drugs banned by the NCAA is provided at the end of this section.

A student-athlete who tests positive, consistent with the NCAA drug testing protocol, shall be charged with the loss of a minimum of one season of competition in all sports if the season of competition has not yet begun for that student-athlete. A student-athlete who tests positive during a season of competition will be ineligible to participate in regular season and postseason competition during the time period ending one calendar year after the positive drug test.

If a student-athlete tests positive for a second time for the use of any drug, other than a "street drug" as defined in NCAA Bylaw 31.2.3.1, the student-athlete loses all remaining regular season and post-season eligibility in all sports.

Per NCAA Bylaw 18.4.1.5.1, if a student-athlete tests positive for the use of a "street drug" after being restored to eligibility, you shall be charged with the loss of one additional season of competition in all sports and also shall remain ineligible for regular season and post season competition at least through the next calendar year.

Per NCAA Executive Committee policy, the penalty for missing a scheduled drug test is the same as the penalty for testing positive for the use of a banned drug.

Per NCAA Bylaw 18.4.1.5.1, a student-athlete will remain ineligible until the student-athlete retests negative and the NCAA Eligibility Committee restores the student-athlete's eligibility.

The Director of Athletics, Assistant Athletic Director for Compliance, and/or the athletic training and strength and conditioning staff will disseminate the list of banned drug classes to all student-athletes and educate them about products that might contain banned drugs. All student-athletes will be notified if the list changes during the academic year. Updates can be found on the NCAA Web site (www.ncaa.org).
UNIVERSITY OF NORTHERN IOWA SPORTS MEDICINE DEPARTMENT

Policy Statements on Tobacco, Substance Abuse, Alcohol, Steroids, Ergogenic Aids, Diuretics, & Body Piercings

Policy Statement on the Use of Anabolic / Androgenic Steroids:
The University of Northern Iowa DOES NOT accept or condone the use of anabolic/androgenic steroids. Student-athlete will be made aware of the University of Northern Iowa, Missouri Valley Conference (MVC), MVC Football Conference, Western Wrestling Conference, National Collegiate Athletic Association (NCAA), and United States Olympic Committee (USOC) policies with regards to steroid use, as well as the detrimental and possibly permanent defects caused by the use of steroids. Furthermore, it is to be acknowledged that steroid use can cause injury as well as aggravation or delayed healing of a present injury. The University of Northern Iowa, its agents, servants, trustees, and employees disclaim liability and will not be held liable for any detrimental and possibly permanent defects caused by past, present, and/or future use of anabolic/androgenic steroids by student athletes. By signing UNI’s Medical Examination & Authorization Waiver, the student-athlete-

1. Acknowledges the aforementioned policies and statements with regards to the use of anabolic / androgenic steroids and fully accepts the detrimental and possibly permanent defects caused by the use of anabolic / androgenic steroids in any form;
2. Fully accepts that they have been made aware of the University of Northern Iowa, Missouri Valley Conference (MVC), MVC Football Conference, Western Wrestling Conference, National Collegiate Athletic Association (NCAA), and United States Olympic Committee (USOC) policies with regards to the use of anabolic / androgenic steroids;
3. Accepts any and all liability if they have in the past used, continue to use, or use at anytime in the future, anabolic / androgenic steroids; and
4. Releases the University of Northern Iowa and all personnel of any and all responsibility and liability.

Policy Statement on the Use of Tobacco Products:
In accordance with NCAA legislation, the use of tobacco products is prohibited by student-athletes and all game personnel (e.g., coaches, athletic trainers, managers and game officials) in all sports during practices and competition. Additionally, the University of Northern Iowa does not condone the use of tobacco in any form, including smoking and smokeless (i.e. “dipping”, “chewing”, etc.). Research has shown that the use of tobacco can lead to lung cancer, oral cancer, leukoplakia, emphysema, heart disease, heart attacks, etc. The University of Northern Iowa, its agents, servants, trustees, and employees disclaim liability and will not be held liable for any detrimental and possibly permanent defects caused by past, present, and/or future use of tobacco products of any kind. By signing UNI’s Medical Examination & Authorization Waiver, the student-athlete-

1. Acknowledges the aforementioned policies and statements with regards to the use of tobacco products and fully accepts the detrimental and possibly permanent defects caused by the use of tobacco products in any form;
2. Fully accepts that they have been made aware of the University of Northern Iowa, Missouri Valley Conference (MVC), MVC Football Conference, Western Wrestling Conference, National Collegiate Athletic Association (NCAA), and United States Olympic Committee (USOC) policies with regards to the use of tobacco products;
3. Accepts any and all liability if they have in the past used, continue to use, or use at anytime in the future, tobacco in any form; and
4. Releases the University of Northern Iowa and all personnel of any and all responsibility and liability.

Policy Statement on the Use of Alcohol:
The University of Northern Iowa does not condone the use and/or abuse of alcohol in any form, nor does it condone operating a motor vehicle while under the influence of alcohol. Research has shown the alcohol acts as a central nervous system depressant and a diuretic. Research has also shown that alcohol can lead to dehydration, decreased motor awareness, and kidney and liver dysfunction. The University of Northern Iowa, its agents, servants, trustees, and employees disclaim liability and
will not be held liable for any detrimental and possibly permanent defects caused by past, present, and/or future use and/or abuse of alcohol in any form. By signing UNI's **Medical Examination & Authorization Waiver**, the student-athlete-  
1. Acknowledges the aforementioned policies and statements with regards to the use of alcohol products and fully accepts the detrimental and possibly permanent defects caused by the use and/or abuse of alcohol in any form;  
2. Fully accepts that they have been made aware of the University of Northern Iowa, Missouri Valley Conference (MVC), MVC Football Conference, Western Wrestling Conference, National Collegiate Athletic Association (NCAA), and United States Olympic Committee (USOC) policies with regards to the use of alcohol;  
3. Accepts any and all liability if they have in the past used and/or abused, continue to use and/or abuse, and/or use or abuse at anytime in the future, alcohol in any form; and  
4. Releases the University of Northern Iowa and all personnel of any and all responsibility and liability.

**Policy Statement on the Use of Illicit (“Street”) Drugs:**

The University of Northern Iowa does not condone the use of illicit “street” drugs in any form, including, but not limited to: marijuana, cocaine, “crack”, barbiturates, LSD, amphetamines, PCP, heroin, hashish, mescaline, DMT, mushrooms, and inhalants. Research has shown that the use of illicit “street” drugs in any form is addictive, and can lead to: cardiac arrhythmia’s, impaired physical abilities, impaired judgment, mood alterations, hallucinations, circulatory problems, and possibly death. The University of Northern Iowa, its agents, servants, trustees, and employees disclaim liability and will not be held liable for any detrimental and possibly permanent defects caused by past, present, and/or future use of illicit (“street”) drugs in any form. By signing UNI's **Medical Examination & Authorization Waiver**, the student-athlete-  
1. Acknowledges the aforementioned policies and statements with regards to the use and/or abuse of illicit (“street”) drugs, and fully accepts the detrimental and possibly permanent defects caused by the use of illicit (“street”) drugs;  
2. Fully accepts that they have been made aware of the University of Northern Iowa, Missouri Valley Conference (MVC), MVC Football Conference, Western Wrestling Conference, National Collegiate Athletic Association (NCAA), and United States Olympic Committee (USOC) policies with regards to the use of illicit (“street”) drugs;  
3. Accepts any and all liability if they have in the past used and/or abused, continue to use and/or abuse, or use and/or abuse at anytime in the future, illicit (“street”) drugs in any form; and  
4. Releases the University of Northern Iowa and all personnel of any and all responsibility and liability.

**Policy Statement on the Use of Ergogenic Aids:**

The University of Northern Iowa does not condone the use of ergogenic aids, creatine powder, protein supplements, amino acids, etc.  
- Supplements do not undergo the same quality control as do medications. These are considered food supplements and do not require the same strict control as medications.  
- The claims, which are made, have not been based on scientific evidence in most cases, and many of these substances have had no research performed to substantiate their claims.  
- The potential adverse and/or harmful effects of these substances have not been studied, but serious adverse effects have been reported in some instances.  
- These substances are sometimes mislabeled. There have been instances of substances not listed on the label being contained in the product. It is truly a **“BUYER BEWARE”** market. It is important for you to remember that **YOU WILL BE HELD RESPONSIBLE FOR EACH AND EVERY SUBSTANCE THAT ENTERS YOUR BODY!!**  
- UNI Sports Medicine staff will review the supplements and provide assistance and information when requested.

The University of Northern Iowa, its agents, servants, trustees, and employees disclaim liability and will not be held liable for any detrimental and possibly permanent defects caused by past, present, and/or future use of ergogenic aids and/or nutritional supplements in any form by student-athletes.
By signing UNI’s **Medical Examination & Authorization Waiver**, the student-athlete:

1. Acknowledges that he/she understands that they are to list all supplements on the Chain of Custody Forms at the time of any drug test;
2. Acknowledges the aforementioned policies and statements, and fully accepts the detrimental and possibly permanent defects caused by the use of ergogenic aids;
3. Fully accepts that they have been made aware of the University of Northern Iowa, Missouri Valley Conference (MVC), MVC Football Conference, Western Wrestling Conference, National Collegiate Athletic Association (NCAA), and United States Olympic Committee (USOC) policies with regards to the use of ergogenic aids;
4. Accepts any and all liability if they have in the past used, continue to use, or use at anytime in the future, ergogenic aids in any form; and
5. Releases the University of Northern Iowa and all personnel of any and all responsibility and liability.

**Policy Statement on the Use of Diuretics:**

Diuretics or “water pills” have been used in the past by some student-athletes to lose weight so that an assigned weight might be reached. The use of diuretics or “water pills” for weight loss is **not** considered medically safe, and is **not** permissible under National Collegiate Athletic Association (NCAA) and United States Olympic Committee (USOC) Drug Testing Guidelines. The University of Northern Iowa, its agents, servants, trustees, and employees disclaim liability and will not be held liable for any detrimental and possibly permanent defects caused by past, present, and/or future use of diuretics in any form. By signing UNI’s **Medical Examination & Authorization Waiver**, the student-athlete:

1. Acknowledges the aforementioned policies and statements with regards to the use and/or abuse of diuretics, and fully accepts the detrimental and possibly permanent defects caused by the use of diuretics;
2. Fully accepts that they have been made aware of the University of Northern Iowa, Missouri Valley Conference (MVC), MVC Football Conference, Western Wrestling Conference, National Collegiate Athletic Association (NCAA), and United States Olympic Committee (USOC) policies with regards to the use of diuretics;
3. Accepts any and all liability if they have in the past used and/or abused, continue to use and/or abuse, or use and/or abuse at anytime in the future, diuretics in any form; and
4. Releases the University of Northern Iowa and all personnel of any and all responsibility and liability.

**Policy Statement on the Use of Pierced Ears, Earrings, & Body Piercings:**

The University of Northern Iowa does not condone the puncturing of body parts (i.e., earlobe, nose, tongue, belly button, eyebrow, nipple, etc.), or the use or wearing of earrings and/or pierced body ornaments during athletic competition. In the event of injury to any body part and/or nerve(s) due to the wearing of earrings and/or pierced body ornaments, the University of Northern Iowa, its agents, servants, trustees, and employees disclaim liability and will not be held liable. By signing UNI’s **Medical Examination & Authorization Waiver**, the student-athlete:

1. Acknowledges the aforementioned policies and statements with regards to pierced ears / earrings, and body piercings, and fully accepts the detrimental and possibly permanent defects caused by pierced ears, earrings, and body piercings;
2. Fully accepts that they have been made aware of the University of Northern Iowa, Missouri Valley Conference (MVC), MVC Football Conference, Western Wrestling Conference, National Collegiate Athletic Association (NCAA), and United States Olympic Committee (USOC) policies with regards to pierced ears, earrings, and body piercings;
3. Accepts any and all liability if he/she has pierced or punctured any part of his/her body for the purpose of wearing earrings and/or pierced body ornaments; and
4. Releases the University of Northern Iowa and all personnel of any and all responsibility and liability.
Appendix A

NCAA Banned Substance List
The following is a list of banned substance classes with examples published by the NCAA, which will determine the drugs that may be tested for on a NCAA Drug Screening as well as the University of Northern Iowa Athletic Department Drug Screening. If there are any questions as to whether or not one of these substances is contained within a nutritional product, the student athlete should consult with the athletic training staff and/or strength and conditioning staff.

Stimulants:
- Amiphenazole
- Amphetamine
- Bemigride
- Benzphetamine
- Bromantan
- Caffeine (1)
- Chlorphentermine
- Cocaine
- Cropropamide
- Crothetamide
- Diethylpropion
- Dimethylamphetamine
- Doxapram
- Ephedrine
- Ethamivan
- Ethylamphetamine

Anabolic Agents:

Anabolic Steroids:
- Androstenediol
- Androstenedione
- Boldenone
- Clostebol
- Dehydrochlormethyl-testosterone
- Dihydrotestosterone
- Dromostanolone
- Fluoxymesterone
- Mesterolone
- Methandienone
- Methenolone

Diuretics:
- Acetazolamide
- Bendroflumethiazide
- Benzthiazide
- Bumetanide
- Chlorothiazide
- Chlorthalidone
- Ethacrynic Acid
- Flumethiazide
- Furosemide
- Hydrochlorothiazide

Street Drugs:
- Heroin
- Marijuana

Peptide Hormone and Analogues:
- Chorionic Gonadotrophin
- HCG – Human Chorionic Gonadotrophin
- HGH – Growth Hormone, Somatotrophin

(1) for Caffeine – if the concentration in the urine exceeds 15 micrograms/ml.
APPENDIX B
Athletic Training
Administrative Forms
UNIVERSITY OF NORTHERN IOWA ATHLETIC TRAINING
Patient Initial Evaluation Form

NAME ________________________________ SPORT ________________________________

INJURED BODY PART- ☐ Right ☐ Left ________________________________ INJURY DATE ____________

SUBJECTIVE INFORMATION

HISTORY/MECHANISM _________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

OBJECTIVE EXAMINATION

PHYSICAL INSPECTION _____________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

GAIT ____________________________________________________________

PALPATION _________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

AROM ________________________________________________________________

PROM ________________________________________________________________

MMT ________________________________________________________________

_______________________________________________________________________________

NEUROVASCULAR/SENSORY EXAM _____________________________________________

_______________________________________________________________________________

STRESS TESTS ________________________________________________________________

_______________________________________________________________________________

SPECIAL TESTS ________________________________________________________________

_______________________________________________________________________________

ASSSESSMENT

Short Term Goals ________________________________________________________________

Long Term Goals ________________________________________________________________

TREATMENT PLAN ________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

ATHLETIC TRAINER ____________________________ DATE ________________
UNIVERSITY OF NORTHERN IOWA ATHLETIC TRAINING

Initial SOAP Note

Name: _______________________________ Sport: ____________________________ Date: __________

Onset Date: _______ Area Injured: ______________ Practice / Game / Other

S: (Hx, C.C., Mechanism)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

O:
Visual Inspection: _________________________________________________________
________________________________________________________________________

Palpation: _______________________________________________________________
________________________________________________________________________

A/PROM: ________________________________________________________________
________________________________________________________________________

Strength Tests / MME: ____________________________________________________
________________________________________________________________________

Special Tests: ____________________________________________________________
________________________________________________________________________

Other: _________________________________________________________________

A: L / R / NA: ___________________________________________________________

P: (Short & Long-term goals / plans)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Examiner: ______________________________________________________________
Date: __________

ATC Signature: __________________________________________________________
Date: __________
UNIVERSITY OF NORTHERN IOWA ATHLETIC TRAINING
Rehabilitation Exercise Log Sheet

Name ________________________________ Sport ________________
Injury Date ________________ Injury □ Right □ Left ________________

<table>
<thead>
<tr>
<th>DATE</th>
</tr>
</thead>
</table>
UNIVERSITY OF NORTHERN IOWA ATHLETIC TRAINING SERVICES
Student-Athlete Referral / Consultation Form

Name _______________________________________________ SS# ______________________
Sport ____________________________ Date of Birth ____________________________
Date of Injury ____________________________ Date of Referral ____________________________
Injured Body Part- □ Right □ Left ____________________________

History / Reason for Referral:

Referred To:

□ Dr. Jeff Clark □ IHP Urgent Care Center
□ Dr. Brian Burnett □ Northeast Iowa Family Practice
□ Dr. Roswell Johnston □ UNI Student Health Services
□ CV Podiatry (Cervetti / Morreale) □ Family Foot Health Care (Lantz / Weires)
□ Dr. Anne Hennessey, DDS □ Hy-Vee Pharmacy
□ Allen Hospital □ Covenant Medical Center // Sartori Hospital
□ Other ____________________________

Referred By:

Name ______________________________________ Title ____________________________

☐ Sport Related Injury / Illness:

Primary insurance information is attached. The University of Northern Iowa and its athletic department is the
SECONDARY insurance carrier for this referral. All claims and charges should be submitted
directly to the patient’s primary insurance company. Remaining or unpaid charges should
then be submitted to:

University of Northern Iowa Sports Medicine Department
Attn: Insurance Coordinator
UNI Human Performance Center 008
Cedar Falls, IA  50614-0244
(319) 273-6476 // fax (319) 273-7023

☐ Non-Sport Related Injury / Illness:

Injury / Illness is NOT the direct result of intercollegiate athletic participation at the University of Northern Iowa.
Iowa’s Athletic Department cannot, per NCAA regulations, remit payment for these charges.

Submit all charges directly to the aforementioned student-athlete.

UNI Athletic Trainer Signature ____________________________ Date ____________________________
University of Northern Iowa Athletic Training Services
Post-Concussion Home Instruction Sheet

Name:________________________Date:____________________
You have recently sustained a concussion and will need to be observed carefully over 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 (Acetaminophen)</td>
<td>Stay awake</td>
<td>Drive</td>
</tr>
<tr>
<td>Eat a light meal</td>
<td>Wake up every hour</td>
<td>Consume alcohol</td>
</tr>
<tr>
<td>Go to sleep</td>
<td></td>
<td>Perform exercise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consume:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Ibuprofen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Advil</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Any NSAID product</td>
</tr>
</tbody>
</table>

Special Recommendations:
_________________________________________________________________________________________________

***Watch for any of the following***

Worsening Headache                Stumbling/Loss of Balance
Vomiting                           Weakness In One Arm/Leg
Decreased Level of Consciousness   Blurred Vision
Dilated Pupils                     Increased Irritability
Increased Confusion

If any of these problems develop call your athletic trainer immediately:
Athletic Trainer:________________________
Phone:________________________
You need to be seen for a follow-up exam at _____AM / PM
at:________________________
Name: __________________________________

Sport: __________________________________

Date of Injury: __________________________

Follow-Up Assessment Number:___________

Examiner:______________________________

***Only Symptom Evaluation and sections 5-8 should be completed for follow-up testing.

**Symptom Evaluation**

**How do you feel?**

Score yourself on the following symptoms, based on how you feel now.

<table>
<thead>
<tr>
<th>Symptom</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>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>“Pressure in Head”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or Vomitting</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>Blurred Vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problems</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>Feeling Slow</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling “in a fog”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>“Don’t Feel Right”</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>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</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>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional</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>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total number of symptoms** (Maximum possible 22): _____________

**Symptom severity score**

(Add all scores in table, maximum possible: 22 x 6 = 132): _____________

Do the symptoms get worse with physical activity? **Y or N**

Do the symptoms get worse with mental activity? **Y or N**

**Cognitive & Physical Evaluation**

1. **Symptom score** (from page 1)
   
   22 minus number of symptoms ________ of 22

2. **Physical signs score**
Was there loss of consciousness or unresponsiveness? **Y** or **N**
If yes, how long? ________ minutes

Was there a balance problem / unsteadiness? **Y** or **N**

**Physical signs score** (1 point for each negative response) of 2

3. **Glasgow coma scale (GCS)**

**Best eye response (E)**
- No eye opening: 1
- Eye opening in response to pain: 2
- Eye opening to speech: 3
- Eyes opening spontaneously: 4

**Best verbal response (V)**
- No verbal response: 1
- Incomprehensible sounds: 2
- Inappropriate words: 3
- Confused: 4
- Oriented: 5

**Best motor response (M)**
- No motor response: 1
- Extension to pain: 2
- Abnormal flexion to pain: 3
- Flexion / Withdrawal to pain: 4
- Localizes to pain: 5
- Obeys commands: 6

**Glasgow Coma score (E + V + M) _____ of 15**

***GCS should be recorded for all athletes in case of subsequent deterioration.***

4. **Sideline Assessment – Maddocks Score**

“I am going to ask you a few questions, please listen carefully and give your best effort.”

**Modified Maddocks questions**
(1 point for each correct answer)
- At what venue are we at today? **0** or **1**
- Which half is it now? **0** or **1**
- Who scored last in this match? **0** or **1**
- What team did you play last week / game? **0** or **1**
- Did your team win the last game? **0** or **1**

**Maddocks score: _____ of 5**

5. **Cognitive assessment**

**Standardized Assessment of Concussion (SAC)**

**Orientation** (1 point for each correct answer)
- What month is it? **0** or **1**
- What is the date today? **0** or **1**
- What is the day of the week? **0** or **1**
- What year is it? **0** or **1**
- What time is it right now? (within 1 hour) **0** or **1**

**Orientation score: _____ of 5**
Immediate memory

“I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.”

Trials 2 & 3:
“I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.”

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second. Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>elbow</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>apple</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>carpet</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>saddle</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>bubble</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Alternative Word List:

- Candle
- Baby
- Finger
- Paper
- Monkey
- Penny
- Sugar
- Perfume
- Blanket
- Sandwich
- Sunset
- Lemon
- Wagon
- Iron
- Insect

Total: _______

Immediate memory score _____ of 15

Concentration

Digits Backward:
“I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.”

If correct, go to next string length. If incorrect, read trial 2. One point possible for each string length. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

<table>
<thead>
<tr>
<th>Alternative digit lists</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-9-3 0 1</td>
</tr>
<tr>
<td>3-8-1-4 0 1</td>
</tr>
<tr>
<td>6-2-9-7-1 0 1</td>
</tr>
<tr>
<td>7-1-8-4-6-2 0 1</td>
</tr>
</tbody>
</table>

Months in Reverse Order:

“Now tell me the months of the year in reverse order. Start with the last month and go backward. So you’ll say December, November ... Go ahead”

1 pt. for entire sequence correct

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan 0 or 1

Concentration score: _______ of 5

6. Balance examination

This balance testing is based on a modified version of the Balance Error Scoring System (BESS). A stopwatch or watch with a second hand is required for this testing.

Balance testing

“I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances.”

(a) Double leg stance:
“The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes.”

(b) Single leg stance:
“If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

(c) Tandem stance:
“Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

Balance testing – types of errors
1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10. If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

Which foot was tested: Left or Right
(i.e. which is the non-dominant foot)

Condition Total errors
Double Leg Stance (feet together) _______ of 10
Single leg stance (non-dominant foot) _______ of 10
Tandem stance (non-dominant foot at back) _______ of 10

Balance examination score (30 minus total errors) _______ of 30

7. Coordination examination

Upper limb coordination
Finger-to-nose (FTN) task: “I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended). When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose as quickly and as accurately as possible.”

Which arm was tested: Left or Right
Scoring: 5 correct repetitions in < 4 seconds = 1
**Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. Failure should be scored as 0.

Coordination score _______ of 1

8. Cognitive assessment

Standardized Assessment of Concussion (SAC)
Delayed recall
“Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any
Circle each word correctly recalled. Total score equals number of words recalled.

List: Alternative word list:
ellbow candle baby finger
apple paper monkey penny
carpet sugar perfume blanket
saddle sandwich sunset lemon
bubble wagon iron insect

Delayed recall score: _____ of 5

Overall score

<table>
<thead>
<tr>
<th>Test domain</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom score</td>
<td>____</td>
</tr>
<tr>
<td>Physical signs score</td>
<td>____</td>
</tr>
<tr>
<td>Glasgow Coma score (E + V + M)</td>
<td>____</td>
</tr>
<tr>
<td>Balance examination score</td>
<td>____</td>
</tr>
<tr>
<td>Coordination score</td>
<td>____</td>
</tr>
</tbody>
</table>

Subtotal ___ of 70

<table>
<thead>
<tr>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation score</td>
</tr>
<tr>
<td>Immediate memory score</td>
</tr>
<tr>
<td>Concentration score</td>
</tr>
<tr>
<td>Delayed recall score</td>
</tr>
</tbody>
</table>

SAC subtotal ___ of 30

SCAT2 total _____ of 100

Post Test Procedures:
1. Complete follow-up testing using IMPACT if not already completed
2. Provide athlete UNI Concussion At-Home care instructions
3. Contact roommate, friend or family member to take the athlete home
4. Arrange time for follow-up assessment within 24 hours
5. Record data on athlete’s concussion management form after each follow-up test using SCAT II, IMPACT and 5-Step Exertional Protocol
6. File each copy of paper-based testing in the athlete’s UNI medical file