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PREFACE

The medical guidelines contained in this document are intended for use by NAIA institutions, their Athletic Directors, Certified Athletic Trainers, Coaches and National Host Agencies.

The Medical Guidelines Handbook developed by the NAIA Medical Aspects Committee was prepared for the purpose of providing current medical recommendations pertaining to athletic participation in order for institutions and agencies to have a model by which to ensure a safe competitive environment. These guidelines are not intended as mandates or to be considered all-inclusive.

We hope that you find the NAIA Medical Guidelines Handbook a valuable resource.

Susan Ganz, ATC
NAIA-ATA President

The National Association of Intercollegiate Athletics, in conjunction with the NAIA Athletic Trainers Association and its Medical Aspects Committee, will produce this handbook annually. It will be sent to NAIA-member Athletic Trainers, Athletic Directors and hosts of NAIA postseason championships.

The compilations in this handbook are intended to be used as resources in assisting athletic trainers and other sports medicine personnel in providing a safe arena for intercollegiate athletic competitions and practices.

While this handbook includes recommendations and resources to assist NAIA collegiate athletic trainers and medical support personnel, it is not submitted as a required, legal standard of care. These recommendations provide guidance to help protect the health and safety of student-athletes, but do not establish any rigid regiments that must be followed. Each institution or host should consider all relevant factors when determining appropriate sports medicine policies for an institution or event.

The NAIA national office acknowledges the efforts of the NAIA-ATA Medical Aspects Committee as well as former NAIA Staff Liaison Kevin Dee in producing this initial Medical Guidelines Handbook, and looks forward to continued collaboration with this committee in the production of future handbooks.

Lori Thomas
NAIA Director of Championships

ACKNOWLEDGEMENTS

The NAIA-ATA would like to thank the numerous individuals who have been involved in the development of this Handbook. Former Medical Aspects Committee Chair, April Reed, as well as Aaron Gill been instrumental in the development and organization of the Handbook.

We would be remiss if we did not mention the Medical Aspects Committee members who have dedicated countless hours in the formulation and constant revision of the materials. Many thanks go to Jason Durocher, Diane Lloyd, and Danny Sterling for their time and efforts on this edition.

There are many others as always behind the scenes who I am sure we have not mentioned, for all those who have contributed, we are gracious.

The NAIA Medical Guidelines Handbook is published annually by the National Association of Intercollegiate Athletics. Compiled and edited by NAIA-ATA Medical Aspects Committee and the NAIA-ATA National Office Liaison.

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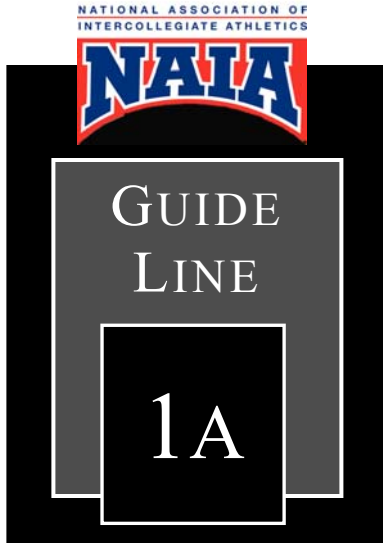
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APPROPRIATE CARE OF THE SPINE INJURED ATHLETE

SEPTEMBER 27, 2000

General Guidelines

- Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.
- The athlete's airway, breathing, circulation, neurological status and level of consciousness should be assessed.
- The athlete should not be moved unless absolutely essential to maintain airway, breathing and circulation.
- If the athlete must be moved to maintain airway, breathing and circulation, the athlete should be placed in a supine position while maintaining spinal immobilization.
- When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit. One accepted technique is to manually splint the head to the trunk.
- The Emergency Medical Services system should be activated.

Face Mask Removal

- The face mask should be removed prior to transportation, regardless of current respiratory status.
- Those involved in the pre-hospital care of injured football players should have the tools for face mask removal readily available.

Football Helmet Removal

The athletic helmet and chin strap should only be removed:

- if the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head
- if the design of the helmet and chin strap is such that, even after removal of the face mask, the airway cannot be controlled nor ventilation provided
- if the face mask cannot be removed after a reasonable period of time
- if the helmet prevents immobilization for transportation in an appropriate position.

Helmet Removal

Spinal immobilization must be maintained while removing the helmet.

- Helmet removal should be frequently practiced under proper supervision.
- Specific guidelines for helmet removal need to be developed.
- In most circumstances, it may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.

Equipment

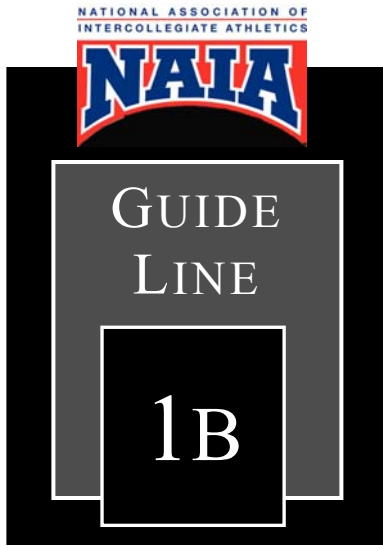
Appropriate spinal alignment must be maintained.

- There needs to be a realization that the helmet and shoulder pads elevate an athlete's trunk when in the supine position.
- Should either the helmet or shoulder pads be removed – or if only one of these is present – appropriate spinal alignment must be maintained.
- The front of the shoulder pads can be opened to allow access for CPR and defibrillation.

Additional Guidelines

- This task force encourages the development of a local emergency care plan regarding the prehospital care of an athlete with a suspected spinal injury. This plan should include communication with the institution's administration and those directly involved with the assessment and transportation of the injured athlete.
- All providers of prehospital care should practice and be competent in all of the skills identified in these guidelines before they are needed in an emergency situation.

These guidelines were developed as a consensus statement by the Inter-Association Task Force of Appropriate Care Of the Spine-Injured Athlete: Douglas M. Kleiner, PhD, ATC, FACSM, (Chair), *National Athletic Trainers' Association*; Jon L. Almquist, ATC, *National Athletic Trainers' Association Secondary School Athletic Trainers' Committee*; Julian Bailes, MD, *American Association of Neurological Surgeons*; John C. Biery, DO, FAOASM, FACSM, *American Osteopathic Academy of Sports Medicine*; Michael Cendoma, MS, ATC, *Sports Medicine Concepts*; Jerry Diehl, *National Federation of State High School Associations*; Henry Feuer, MD, *National Football League Physicians Society*; Jay Greenstein, D.C., *American Chiropractic Association Council on Sports Injuries & Physical Fitness*; Bernard A. Griesemer, MD, FAAP, *American Academy of Pediatrics Committee on Sports Medicine and Fitness*; Letha Y. Griffin, MD, *National Collegiate Athletic Association Committee on Competitive Safeguards and Medical Aspects of Sports*; Michael Hanley, ATC, *National Athletic Trainers' Association College and University Athletic Trainers' Committee*; Stanley Herring, MD, FACSM, *American College of Sports Medicine, North American Spine Society*; Margaret Hunt, ATC, *United States Olympic Committee*; Daniel Kraft, MD, *American Medical Society for Sports Medicine*; Connie McAdam, MICT, *National Association of Emergency Medical Technicians*; Dennis A. Miller, ATC, PT, *National Athletic Trainers' Association*; Andrew N. Pollak, MD, *Orthopaedic Trauma Association*; Robb Rehberg, ATC, CSCS, NREMT, *Athletic Training Emergency Care*; Kevin Shea, MD, *American Orthopaedic Society for Sports Medicine*; Dan Smith, DPT, ATC, *American Physical Therapy Association Sports Physical Therapy Section*; David Thorson, MD, *American Academy of Family Physicians*; Patrick R. Trainor, ATC, *National Association of Intercollegiate Athletics*; Robert G. Watkins, MD, *American Academy of Orthopaedic Surgeons Committee on the Spine*; Stuart Weinstein, MD, *Physiatric Association of Spine, Sports & Occupational Rehabilitation*.



INCLEMENT WEATHER

MARCH, 2000 _____

The NAIA certified athletic trainers are committed to providing the best environment for safe competition. A means of providing this environment is the development of an Inclement Weather Guideline for outdoor events. By establishing such guidelines, each member institution ensures the safety of all student-athletes, coaches, support staff, medical staff, and spectators both at home and away events within the NAIA.

The process of creating an effective guideline or policy involves more than determining that thunder and lightning are dangerous. The document must also be clear and concise, including (but not limited to):

- a Chain of Command
- a detailed time of evacuation
- specific safe shelter areas for each sport
- delayed time for return to play

The NAIA recommends the following guidelines be used when developing a written Inclement Weather Guideline or Policy for the institution:

I. Monitor weather conditions and be ready to activate the Chain of Command.

II. When thunder or lightning is observed, suspend activities with a Flash to Bang count of **30 seconds or less** (when the storm is 6 miles away).

To use the Flash to Bang count, count the seconds from the time lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away (in miles) the lightning is occurring. (Ex: 20 second count = 4 mile distance, 25 second count = 5 mile distance, etc.)

III. Leave the athletic fields and seek SAFE shelter areas - IMMEDIATELY!

SAFE shelter areas:

- enclosed buildings
- fully enclosed metal vehicles with windows up
- low ground areas (ex: bottom of a hill, clumps of bushes, etc.) as a last resort

UNSAFE shelter areas:

- open fields
- golf carts/gators
- metal bleachers (on or under them)
- fences
- umbrellas, light poles, flag poles
- tall trees
- pools of standing water

AVOID the following activities:

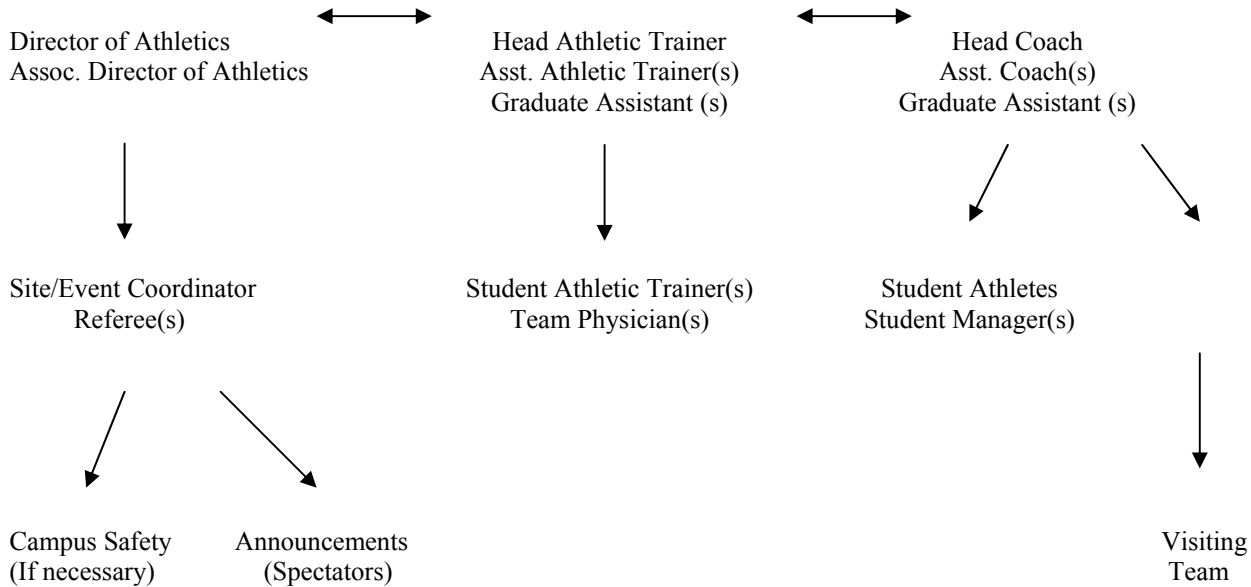
- showers
- telephones (except cellular)
- use of electrical outlets/machines (ex: hair dryers, computers, TV/VCR, fax)

If you feel your hair standing on end, and/or feel/hear "crackling noises" - you are in lightning's electric field. IMMEDIATELY assume a crouched position: arms around knees, head tucked, and only the balls of your feet touching the ground.

- IV. Resume activity 30 minutes from the last sight of lightning and sound of thunder.
- V. Activate the Emergency Action Plan if someone is struck by lightning.
A person struck by lightning **does NOT** carry an electrical charge; immediately initiate the emergency action plan and begin the primary survey.

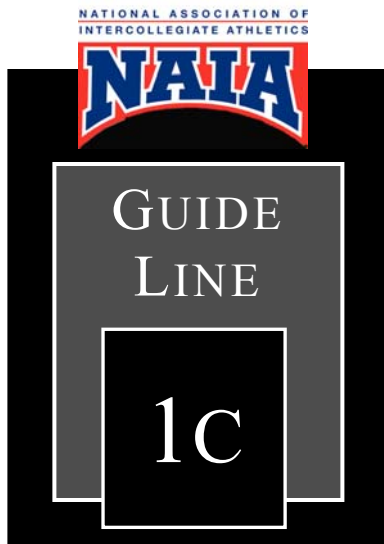
Once a written Inclement Weather Guideline is in place, share it with those individuals or groups most affected (athletic department, athletes, parents, campus safety, team physician(s), EMT's, etc.). Through education and awareness of this guideline, effective and efficient actions will be taken in the event of inclement weather. This ultimately leads to providing a safe environment for all student-athletes, coaches, and staff!

Inclement Weather Chain of Command



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PREPARTICIPATION PHYSICAL EXAMINATION

MARCH 2000

The following guidelines are a summary of *Preparticipation Physical Examination*, a joint publication of the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine. These guidelines also support the research conducted by the Mayo Clinic Sports Medicine Center in the area of preparticipation physical exams (PPE's).

Both sources advocate a station approach to conducting PPE's. This process is both efficient and facilitates a high level of communication between the practitioners conducting the exam. It should be noted that the station approach might not provide high levels of privacy. As you set up a facility for station PPE's, this issue should be addressed and controlled as much as possible. An example of suggested stations is as follows:

1. Check-in
 - Focus is to ensure completeness of all forms (Health History, Drug Testing Consent, Assumption of Risk, etc) and necessary signatures (athlete, parent/guardian)
2. Height/weight
3. Pulse/blood pressure/vision assessment
 - The standard Snellen eye chart is recommended
4. Orthopedic/neuromusculoskeletal exam
 - Preferably by an orthopedist or NATABOC Certified Athletic Trainer
 - The 90-second orthopedic screening exam is recommended with modifications to fit the patient's injury history
5. History review/physical exam/clearance
 - Performed by your Team Physician
 - Should include cardiopulmonary, head, ears, eyes, nose, throat, skin, and genitalia

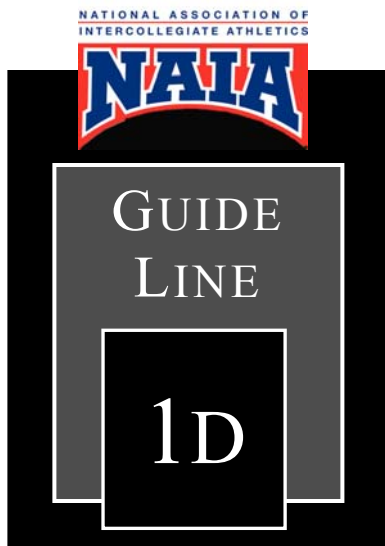
The timing of the PPE is also important. It is advantageous to conduct the exams early enough to allow an appropriate amount of time for resolution of any problems for which the athlete will not be cleared or cleared for limited participation (it is recommended the PPE's take place no later than 4-6 weeks prior to the

beginning of *participation*). In the college/university setting, suggested times would be late spring for returning student-athletes of fall and winter sports, late summer for freshman and transfer student-athletes of fall sports, and early fall for freshman/transfer student-athletes of winter sports and all student-athletes of spring sports.

Upon screening of the student-athlete, should laboratory work be required, it is recommended that the student-athlete make an appointment with their respective student health center, or physicians' office before clearance is granted.

Medical history forms should contain specific portions addressing cardiopulmonary issues and be filled out for every student-athlete prior to participation, particularly in the case of the new student-athlete. An example of such a form is included. Once student-athletes have been through the process once, the physical exam is a simple annual or bi-annual check-up. For new student-athletes, however, as much information as possible regarding their medical and orthopedic history should be obtained before clearance.

This model is meant to serve as a guideline for the thorough and efficient pre-participation physical examination. It is suggested that colleges and universities in the NAIA take these guidelines and expand on them to accommodate their own institutions. However, it is also the recommendation of the NAIA-ATA Medical Aspects Committee that the items covered in the station approach to the PPE are the minimum standard by which NAIA student-athletes should be cleared for participation.



BLOOD BORNE PATHOGENS

MARCH 2000

Human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C (HCV) are blood borne pathogens that are of concern to the athletic community and to society as a whole. Though it is currently believed that the risk of transmission of these viruses is low in the athletic context, it is vital that athletes and those who serve them are aware of the causative factors, health consequences and preventive measures associated with each.

Causative Factors and Health Consequences

HIV, HBV and HCV are transmitted through direct contact with infected blood or blood components, direct sexual contact, and perinatal mother to baby contact. High risk behaviors such as sexual intercourse and sharing needles with persons who are infected have been identified as the most common sources of transmission of both viruses.

HIV is a disease of the immune system which invariably progresses into acquired immuno-deficiency syndrome (AIDS), a disease that is believed to be fatal.

HBV and HCV are liver diseases. One third of those who contract HBV will develop severe hepatitis and can become chronic carriers of the disease. Liver cancer and cirrhosis of the liver are complications of chronic HBV. Though less virulent than HBV, the HCV is an increasing health risk.

Transmission of HIV, HBV and HCV in the Athletic Context

No documented cases of HIV transmission in athletics have been published though one unsubstantiated case reported transmission as a result of a collision between professional soccer players. It appears that HIV transmission requires a portal of entry and prolonged exposure to large quantities of blood. The risk of infection for health care workers exposed to infection was 1 in 1007 exposures or .1%. When exposure was via a needle wound the rate was .2% to .3%. No cases of infection were reported in 2712 exposures when the skin was intact.

HBV has a much greater transmission potential than HIV because the virus is more virulent. In sports where there is close body contact, such as wrestling, the transmission of HBV is a threat. Two documented cases of

transmission in athletics have been reported, one of which was close body contact, the other from blood contaminated water used to clean wounds. Percutaneous exposure to infection rates have been reported at 27% and 45%. Household contacts with chronic HBV carriers can lead to infection, presumably through unrecognized wound or mucous-membrane exposure.

Transmission rates for HCV are 10 times greater than HIV but are believed to be lower than HBV.

Prevention of Transmission of HIV, HBV and HCV in the Athletic Context

Avoidance of high risk sexual behaviors and shared needle use, sharing personal articles that could contaminate mucous membranes, HBV inoculation, and practice of universal precautions will help prevent transmission of these agents.

I. Avoidance of High Risk Behaviors

Student athletes' personal choices away from the sport setting can place them at risk for exposure to these viruses via direct sexual contact and sharing intravenous needles. An ongoing educational campaign to caution athletes about prevention and the ravages of these diseases is highly recommended.

II. Avoidance of sharing personal articles that could contaminate mucous membranes

Mouth guards, fluid containers/dispensers, toothbrushes and CPR masks and other resuscitation equipment should not be shared without proper cleansing. It is recommended that each athlete have their own water/sport drink container. Even though it has not been demonstrated that saliva is a means of transmission, cuts, sores, and open wounds of the oral cavity can be a means of transmission.

III. HBV Inoculation

It is recommended that athletes and those who physically train with them (coaches), treat their injuries (Certified Athletic Trainers and Student Athletic Trainers) and handle their equipment (Managers and Equipment Personnel) have the HBV vaccination series. It has been shown that disease transmission of HBV is tremendously reduced by the inoculation.

IV. Practice of Universal Precautions Adapted to the Athletics Setting

It is recommended that the following practices be employed to reduce the possibility of virus transmission in an athletics setting:

1. Wounds of athletes and athletic health care workers should be treated pre-event or as they occur during an event, including practice, to reduce the possibility of a blood source or as a port of entry. An occlusive dressing that will withstand the forces and elements of training and competition is necessary.
2. Athletics personnel (Coaches, Athletic Trainers, Equipment Managers and Student Assistants) should be trained in the execution of universal precautions including first aid, infection control, and access to and utilization of supplies. Supplies should include: latex gloves, eye and clothes protection, bleach, disinfectant, biohazard containers for soiled uniforms or toweling, biohazard containers for soiled gloves, bleeding control materials and dressings, biohazard container for needles and other sharp instruments.
3. A bleeding athlete should be immediately cared for by: stopping the bleeding, applying an occlusive dressing, cleansing blood from or changing out of a blood soiled uniform, cleansing all observable blood from the skin, hair and nails. Return to training or competition should be permitted only if the wound is completely covered and is not expressing blood through or around the dressing.

4. Gloves worn by personnel treating a bleeding athlete should be changed after treating each individual and the treating person should cleanse their hands by washing or using a commercially available virocid/bacteriocid.
5. Any surface contaminated with a blood spill should be decontaminated with a 1:10 bleach solution or a commercially available disinfectant that kills blood-borne pathogens.
6. Blood soiled uniforms, toweling or other articles typically laundered should be placed into a bag, secured, and labeled to prevent a secondary contamination of people or surfaces. Personnel laundering these items should understand the labeling on the bag, be gloved and wash the items with soap and hot water appropriate for disinfecting them.
7. Each member institution should ensure that compliance with OSHA standards is achieved in training of personnel, adherence to universal precautions and documentation.

Athletic Participation by Individuals Infected with HIV, HBV, HCV

Due to the very low probability of transmission of their infection to other athletes, it is recommended that individuals infected with HIV, HBV and HCV be allowed to participate in all sports. It is recommended that athletes, particularly those participating in close contact sports such as wrestling, be informed that a risk of exposure to HIV, HBV and HCV exists.

Confidentiality as a Legal Imperative

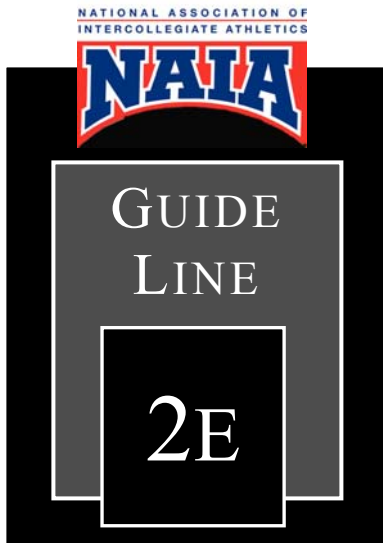
The athlete infected with one of these viruses must give informed consent for medical personnel to share information about their health condition with a school or any other institutional entity. A legal inquiry into whether a viral infected athlete poses a health threat to those with whom and against whom the athlete competes would have to be made "based upon reasonable medical judgement given the state of medical knowledge."

Limitations of These Guidelines

These guidelines do not satisfy all OSHA or state law requirements for dealing with blood borne pathogens. Each member institution should contact their local health agencies for complete regulations.

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HANDLING OF POTENTIALLY INFECTIOUS MATERIALS

MARCH 2001

The following is produced to give basic guidelines to the medical personnel working NAIA national championship events. Additional requirements and measures may be required in many different sports. Please contact your local OSHA office for up-to-date policies that may affect your championship.

STATEMENT OF PHILOSOPHY

HIV and hepatitis are deadly viruses and must be dealt with seriously. There is no documented case of an athlete contacting the HIV virus through sport. Our basic concern is for the athlete's rights and for the general welfare of all participants.

The following are items that medical personnel working a NAIA national championship event should be familiar with and conform to:

Before Evaluation or Treatment

1. Ensure that all appliances are disinfected with the appropriate agent.
2. Place a disposable cover on the surface of the appliance to prevent contamination, if necessary.

During Evaluation or Treatment

1. Treat all athletes as potential sources of infection.
2. Use protective attire (i.e. gloves, etc.) and the barrier technique based on the task categorization.
3. Protect your hands.
 - Wash your hands before putting on gloves and after removing gloves.
 - Change gloves each time a different athlete is treated.
 - Discard gloves that are torn, cut or punctured.
 - Avoid hand injury.
4. Avoid injury with sharp instruments and needles.
 - Handle sharp instruments carefully.
 - Place sharp instruments in the appropriate containers.

After Evaluation or Treatment

1. Wear rubber gloves.
2. Clean instruments thoroughly.
3. Sterilize instruments and other equipment that comes in contact with the athletes' mucous membranes.
4. Continue to handle sharp instruments with caution. Place scalpels and other sharp instruments into specific puncture-resistant containers.
5. Decontaminate environmental surfaces. Wipe work surfaces with absorbent towels and place the towels in an appropriate container for laundry.
6. Disinfect with suitable chemical disinfectants.
7. Communicate the infection control program to other personnel.
8. Remove contaminated waste appropriately.
 - Place soiled waste that is contaminated with blood or other potentially hazardous body fluids in sealed sturdy impervious bags.
 - Dispose of hazardous waste according to local government regulations.
9. Remove gloves and wash hands.

Protective Equipment

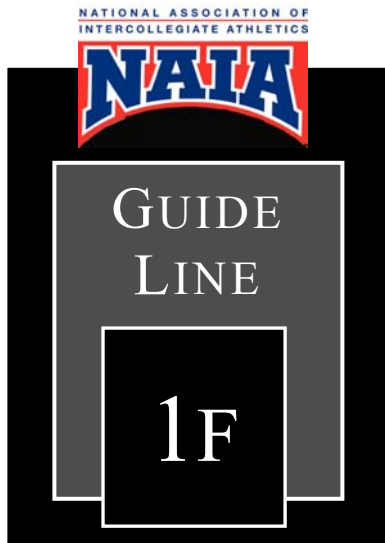
- When performing their duties, athletic trainers should wear appropriate protective equipment. This includes wearing protective gloves.
- Initial clean-up of blood or other potentially infectious materials shall be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.

Laundry Practices

- Laundry workers shall wear protective gloves and other appropriate personal protective equipment to prevent exposure to blood or other potentially infectious materials during handling and sorting of linen.
- Laundry that is contaminated with blood or other potentially infectious materials, or that may contain contaminated needles or sharps shall be treated as if it were HBV/HIV infectious and handled as little as possible with a minimum of agitation.
- Contaminated laundry shall be bagged at the locations where it was used and shall not be sorted or rinsed in areas frequented by athletes.
- Contaminated laundry shall be placed and sorted in bags that are labeled or color-coded and that prevent liquid seepage if such a potential exists.
- Contaminated laundry can be cleaned at the office location without undue HIV risk upon reuse if:
 - It is washed at 180° Fahrenheit
 - It is dried at 212° Fahrenheit
- **Note:** Contaminated laundry has been defined as laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

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NAIA SUBSTANCE ABUSE PROGRAM

MARCH 2000

The NAIA is dedicated to promoting and preserving the integrity of athletics for the benefit and welfare of student-athletes. Consistent with that goal, the NAIA is concerned about and resolved to support definitive actions designed to assist student-athletes striving to cope with escalating substance abuse problems in our society. These substance abuses center on drugs, alcohol, tobacco and smokeless tobacco.

Substance abuse is a major societal problem which demands the attention of all segments of society, in particular the education community. The magnitude of the problem compels this Association to accept the responsibility to provide leadership in educating student-athletes who may be using or may be under pressure to use these substances.

While maintaining institutional autonomy and individual institutional control, the NAIA is committed to establishing and monitoring requirements which will have a positive impact upon the substance abuse problem as it relates to athletics and, more specifically, to student-athletes. Through this national policy on substance abuse the NAIA desires to communicate a concise message to student-athletes and to other concerned segments of society. The NAIA is committed to facing the issue of substance abuse among student-athletes in a positive, forceful, and straightforward manner. We are determined to bring all available educational resources to bear upon the issue in a caring, yet definitive mode. Therefore, member institutions will be required to undertake the following actions:

- A. Each institution will develop a philosophy statement which expresses the institution's position on substance abuse as it relates to student-athletes, describes the institution's substance abuse education program and delineates the institution's program for evaluating the effectiveness of the education program. Student-athletes should receive a copy of the philosophy statement prior to signing a letter of intent or prior to participation for those not contracted before enrolled. An official copy of this document must be on file in the NAIA National Office.
- B. Each institution will establish a substance abuse education program requiring active involvement of all participating athletes. Institutional programs should be coordinated by the health services department or the counseling department and should utilize all available resources, both on and off campus.
- C. Each institution will institute an evaluation program for student-athlete participation and the expectations of the college or university for each athlete's standard of behavior.
- D. Each institution will develop a statement of philosophy on student-athlete participation and the expectations of the college or university for each athlete's standard of behavior.
- E. Each institution will file an annual report describing results of the substance abuse education and evaluation program prior to September 1 each fall. Official institutional reports will be confidential. The official report form will be prepared by the NAIA National Office staff in cooperation with the Athletics Trainers Association.

- F. The NAIA National Office staff shall review institution reports and, in cooperation with the Athletics Trainers Association, prepare a comprehensive annual report and make recommendations for consideration by the Council of Presidents and the Council of Athletics Administrators.
- G. Institutions shall have their intercollegiate athletics programs declared ineligible for postseason competition until a statement of philosophy and the NAIA Substance Abuse Certification of Compliance form are on file with the NAIA National Office.

SUBSTANCE ABUSE POLICY ON POSTSEASON COMPETITION

Any NAIA student suspended for substance abuse by a national or international sports governing body, or by any amateur sports governing body, shall not be allowed to participate in any NAIA-approved postseason competition during the imposed period of suspension.

ALCOHOL AND TOBACCO PRODUCTS

The use of alcohol, tobacco or tobacco products is not permitted by participants, coaches, cheerleaders, trainers, game administrators, or officials in the playing areas during all NAIA sanctioned competition and practices for such competition. The institution's coaching staff, event games committee, administrator or host site coordinator (as applicable) shall enforce this policy through the following steps.

- A. On the first offense, the individual(s) shall receive an official warning.
- B. A second offense will cause expulsion from the game, tournament or event.

Member institutions are strongly encouraged to adopt this policy for all regular season practice and competition.

**NAIA Substance Abuse Certification of Compliance
Academic Year**

Please initial those items below that your institution is using to educate students about substance abuse:

	Required Classwork
	Voluntary Classwork
	Videos
	Posters
	Special Seminars
	Team Discussions
	Special Lectures
	Drug Testing
	Alcohol/Drug Awareness Week
	Other:

This is to certify that our institution has complied with the NAIA Substance Abuse Policy.

Affiliated Conference/Region

Institution

State

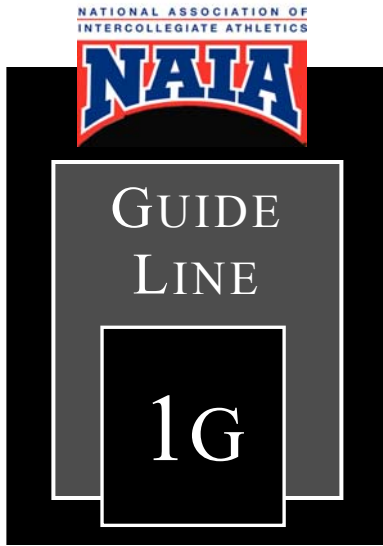
Signature - Chief Executive Officer

Date

Please return the completed certification no later than SEPTEMBER 1st to:

NAIA Legislative Services
NAIA National Office
1200 Grand Blvd.
Kansas City, MO 64105
816-595-5000
816-595-8200

NOTE: Institutions shall be INELIGIBLE for NAIA postseason competition until this certificate is filed.



WEIGHT WRESTLING CERTIFICATION

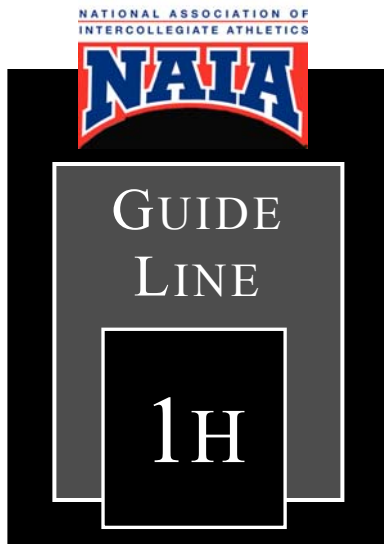
AUGUST 2005

All NAIA wrestling institutions must comply with the guidelines outlined in the NCAA Wrestling Weight Certification Program. The weight certification guidelines and program are included in the *NCAA Wrestling Rules and Interpretations* booklet. Contact the NCAA at 317-917-6222 to request a copy of the latest version of this document. The 2004-05 version of the guidelines (as well as the rule book) can also be accessed on-line at http://www.ncaa.org/champadmin/wrestling/weight_mgmt.html.

A copy of these guidelines will be mailed to all NAIA wrestling coaches in August. An additional copy of the guidelines will be mailed to each institution's Head Athletic Trainer.

If you need an additional copy of the wrestling weight certification guidelines, please contact Scott McClure (NAIA Wrestling Administrator) at 913-791-0044 ext. 132.

NAIA-member wrestling coaches are also **required** to join the National Wrestling Coaches Association (NWCA). As part of the annual membership, coaches (and trainers) are provided free access to the NWCA Weight Certification Internet Calculator—a software package designed to simplify the weight certification process. For more information regarding NWCA membership, call them at 717-653-8009 or visit their on-line site at <http://www.nwcacalculator.com/certification/>.



EATING DISORDERS

MARCH 2001

Many student-athletes face a difficult paradox in their training regimens. They are encouraged to eat enough to provide the necessary energy sources for performance, yet they often face self or team-imposed weight restrictions. Emphasis on low body weight or low body fat may benefit performance only if the guidelines are realistic, the caloric intake is reasonable, and the diet is nutritionally well balanced. The use of extreme weight-control measures can jeopardize the health of the student-athlete and possibly trigger behaviors associated with defined eating disorders.^{1,5} There are several different classes of eating disorders: anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified. According to the American Psychiatric Association,³ all of the following eating disorders share the common characteristic of the individual having a disturbance in their perception of body shape and weight.

- **Anorexia Nervosa-**
Self-imposed starvation in an obsessive effort to lose weight and to become thin beyond what is deemed as minimally normal. Warning signs: Drastic loss in weight, a preoccupation with food, calories and weight, wearing baggy or layered clothing, relentless and excessive exercise, mood swings, and avoiding food-related social activities.³
- **Bulimia Nervosa-**
Recurring binge eating usually followed by some method of purging, such as vomiting, diuretic or laxative abuse, or excessive exercise. Warning signs: excessive concern about weight, bathroom visits after meals, depressive moods, strict dieting followed by eating binges, and increasing criticism of one's body.³
- **Eating Disorders Not Otherwise Specified (Disordered Eating)-**
Restrained eating, insufficient caloric intake, or inappropriate behaviors such as bingeing and purging with less frequency or severity than is required to meet the clinical diagnostic criteria of anorexia or bulimia yet may still have serious implications.³

These conditions share the criteria of attempting to control body weight to prevent weight gain. Athletes frequently report binge eating followed by vomiting, use of laxatives and/or use of diuretics, all of which are

indications of disordered eating. Athletes should be concerned that they do not restrict caloric intake below what is needed to sustain physical training and normal metabolism.^{1, 5}

It is important to note that the presence of one or two of these warning signs does not necessarily indicate the presence of an eating disorder, but may indicate a sub-clinical form of disordered eating. Appropriate, licensed professionals who specialize in athletes with eating disorders should be consulted for a definitive diagnosis.^{1,5}

Eating disorders are often an expression of underlying emotional distress that may develop long before the individual becomes involved in athletics. It has been suggested that stress, whether it be from participating in athletics, striving for academic success, or pursuing social relationships, may trigger psychological problems, such as eating disorders in susceptible individuals. Eating disorders can be triggered in such individuals by a single event or comments from a person important to the individual. In athletics, such triggering mechanisms may include off-hand remarks about appearance or constant badgering about a student-athlete's body weight, body composition or body type.^{1, 5}

Anorexia and bulimia lead to semi-starvation and dehydration, which can result in loss of muscular strength and endurance, decreased aerobic and anaerobic power, coordination, impair judgment and other complications that decrease performance and impaired health. These symptoms may be readily apparent or they may not be evident for an extended period of time. Many student-athletes have performed successfully while experiencing an eating disorder or disordered eating. Therefore, diagnosis of this problem should not be based entirely on a decrease in athletic performance.^{1,5}

In 1997, the American College of Sports Medicine declared Female Athlete Triad as a serious syndrome consisting of disordered eating, amenorrhea, and osteoporosis. The components of the Triad are interrelated in etiology, pathogenesis, and consequences. It occurs not only in elite athletes but also in physically active girls and women participating in a wide range of physical activities. The Triad can result in declining physical performance, as well as medical and psychological morbidity and mortality. Warning signs of the Triad Syndrome are menstrual change, disordered eating patterns, weight change, cardiac arrhythmias including bradycardia, depression, or stress fractures, all of which should be screened for in the preparticipation examination.²

Coaches, athletic trainers and supervising physicians must be watchful for student-athletes who may be prone to eating disorders, particularly in sports where appearance or body weight is a factor in performance. Decisions regarding weight loss should be based on the following recommendations to reduce the potential of an eating disorder: 1) both the coach and the student-athlete in consultation with appropriate medical and nutritional personnel should agree upon an acceptable weight loss; 2) a responsible and realistic plan should be developed by all individuals involved; and 3) weight-loss plans should be developed on an individual basis.^{1,5}

If a problem is recognized or develops, a thorough medical evaluation of the student-athlete suspected of an eating disorder is imperative. Once confirmed, treatment should emanate from professional guidance through medical, nutritional, psychological and/or psychiatric counseling. Because eating disorders are a growing problem with serious health consequences, the establishment of professionally guided support groups, and access to personal counseling should be considered on every campus.^{1,5}

Recommendations for Establishing Eating Disorder Response Procedures

In response to recommendations by the NCAA and the ACSM, the NAIA has developed the following guidelines to assist athletes who are identified at risk for an eating disorder. The central component is the formulation of an eating disorder assistance team that utilizes set procedures, however finite or broad each individual athletic department chooses to develop. The goal of the program is to support the health and athletic performance of all athletes, with special attention to those identified with or suspected of eating disorders. It is recommended that members of the Team include a physician, the athletic trainer, a dietitian, and a psychologist.⁴

It is important to establish the responsibilities of the response team. Walker and Grossman⁴ recommends addressing the following general responsibilities of the team members, however, each institution will need to tailor these to their particular program:

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

Once the eating disorder response team has been established, a response protocol should be determined. This plan should include who is to be contacted initially concerning any student-athlete whose behavior suggests disordered eating. This contact person then contacts the other members of the team. The professional staff should always maintain the student-athlete's confidentiality.

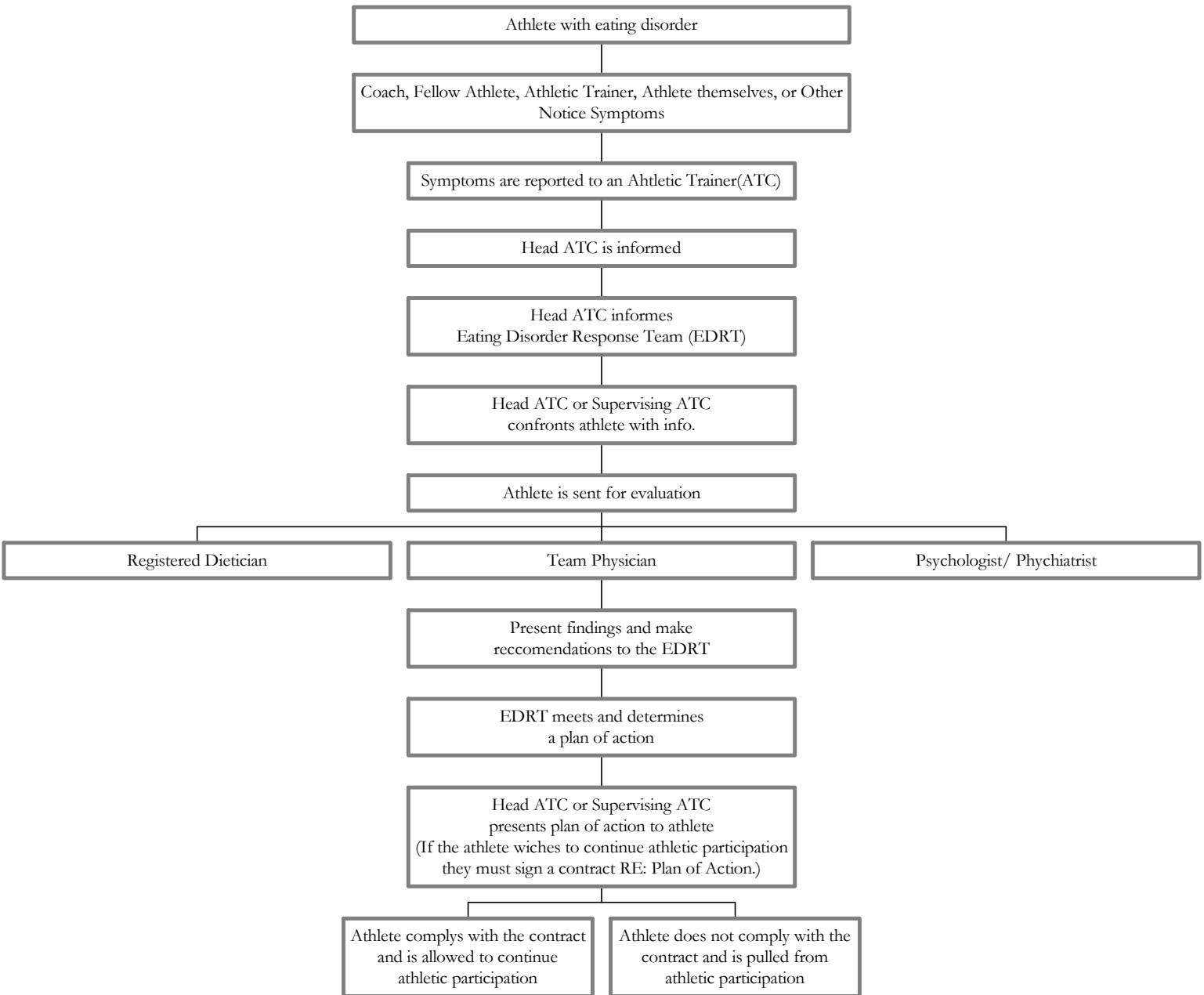
The next step in the response protocol is to initiate some form of intervention. The goal of an intervention is to approach the student-athlete and refer them to the appropriate professionals for assessment and treatment. It is suggested that the athletic trainer is the one to approach the athlete and be the "point person." The point person should document the problems identified by the concerned parties and any intervention taken. The referral process may include in addition to others: a physical examination, a nutritional assessment and a psychological assessment.

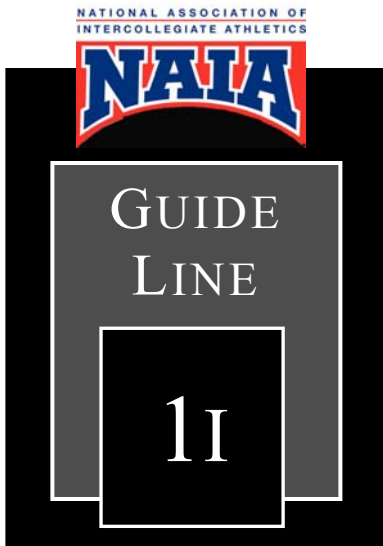
The team then meets to determine a plan of action. The treatment recommendations made by the physician, dietitian, and psychologist are presented and discussed. It is recommended that a treatment plan be documented, and then presented to the athlete. It is also recommended that the student-athlete sign the treatment plan with the understanding that their participation on their team is contingent upon their continued participation in the documented treatment plan.⁴

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2. American College of Sports Medicine. ACSM Position Stand on the Female Athlete Triad. *Medicine and Science in Sports and Exercise*. 1997; 29:5: i-ix.
3. American Psychiatric Association. *Diagnostic Statistical Manual of Mental Disorders*, 4th Edition. Washington, DC: American Psychiatric Association, 1994.
4. Baer JT, Walker WF, Grossman JM. A disordered eating response team's effect on nutritional practices on college athletes. *Journal of Athletic Training*. 1995;30:315-317.
5. National Collegiate Athletic Association. Eating Disorder Guidelines. *NCAA Sports Medicine Handbook*. 200-2001: 31-32.

Eating Disorder Flow Chart





EMERGENCY ACTION PLAN

AUGUST 2005

The NAIA (National Association of Intercollegiate Athletics) and its certified athletic trainers are committed to providing the safest environment for competition. Part of providing for this safe environment is the responsibility of NAIA institutions to develop and implement an emergency action plan (EAP) for both in season and out of season practices, games, skill and conditioning sessions. Preparation is critical in order to avoid chaos and miscommunication. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine.^{1,2} Establishing communication, and protocol before an emergency occurs will help to avoid catastrophe.

Through the establishment of an emergency plan that addresses each venue, facility, and sports emergency needs, each member institution ensures the safety and injury prevention of student-athletes, coaches, support staff, medical staff, and spectators both at home and away events within the NAIA. This plan should be a shared responsibility of the athletic department, administrators, coaches, medical personnel, or any other individuals involved in the plan.²

Participation in intercollegiate athletics inherently poses risks of illness, injury, possibly catastrophic in nature, or death. Student athletes expect a safe environment to limit these risks.³ According to Cantu and Mueller⁴, there was a reported 89 college fatalities and injuries from 1982-1996, 63 being serious. The

authors suggested the preventative measure of hiring athletic trainers and writing of emergency plans to limit these numbers.

It has also been identified that approximately 50 sudden cardiac deaths per year occur among athletes.⁵

Legal implications exist for the institutional provision of a higher duty of care for student-athletes. A classic example is the 1993 case of *Kleinknecht v. Gettysburg College*, which implicated that the school had a duty to provide access and provision of emergency medical care after a lacrosse player died of a sudden cardiac arrest. It was identified that there was not an athletic trainer or student athletic trainer present on the field, the coaches were not trained in CPR, and no communication was accessible on the field to summon help. Legal precedence has been established, as well as a moral obligation, to provide appropriate and adequate emergency medical care to student-athletes involved in any level of institutional - organized athletic activity.⁵

According to published NCAA guidelines regarding emergency medical care for intercollegiate athletics, each scheduled in or out of season practice, contest, skill session, and strength and conditioning session should include the following:

- the presence of personnel qualified and delegated to render emergency medical care to a stricken athlete;
- the presence or planned access to a physician in order to provide prompt medical evaluation of the situation when warranted;
- planned access to a medical facility, including a plan for communication and transportation of the injured from the athletic site to a medical facility for prompt medical care and service;
- all necessary emergency equipment should be located at the site or quickly accessible and the personnel present must be trained in advance to use it properly;
- a thorough understanding by all parties, including the leadership of visiting teams, of the personnel and procedures associated with the emergency medical care plan and;
- certification in CPR techniques, first aid and prevention of disease transmission (per OSHA guidelines) should be required of ALL athletic personnel associated with all practices, competitions, skill instruction and strength and conditioning.⁵

The task force for Appropriate Medical Coverage for Intercollegiate Athletics (AMCIA) has further defined appropriate medical coverage for the student-athlete beyond basic emergency care, which includes ongoing daily health care provisions, such as:

- determination of student-athlete's readiness to participate through pre-season examinations and post injury/illness evaluations;
- prevention of athletic injuries through education, identification of deficits in strength and conditioning, and protection through bracing, padding, taping and proper fitting of equipment and other supportive devices;
- recognition, evaluation, and immediate treatment of non-emergency athletic injury and illness;
- rehabilitation and reconditioning of the student-athlete following an athletic injury or illness and;

- Associated administrative support and services on behalf of the student-athlete including, but not limited to, medical record keeping, student-athlete medical insurance and budget and ordering of medical supplies.⁵

All institutions are encouraged to view these recommendations as guidelines, not as a legal standard, but as a resource for construction of an EAP to satisfy their individual needs. It is recommended that an EAP address the following areas (but not limited to) below:

Outline of an Emergency Care Plan

I. Definition of needed scope of medical coverage for all venues and sports

- A. On-site
- B. Off-site
- C. In-season
- D. Out-of-season

II. Materials

- A. First aid kits (accessibility and location)
- B. Emergency Equipment (accessibility and location)
- C. Appropriate Medical Forms (i.e., injury reports, refusal to treat, etc.)
- D. Communication Devices (cell phones, two-way radios, pay-phones, etc.)
 - 1. Accessibility
 - 2. Location
 - 3. Plan for back-up if primary system fails

III. On and Off-site emergency protocol/procedures

Identify and define responsibilities of the emergency care team

- 1. Supervisor or Facilitator: coordinates emergency care and makes transport decision
- 2. Emergency Care Provider(s): provides emergency care
- 3. Traffic Controller: keeps site of injury clear of observers
- 4. Emergency Contact: telephones for emergency care personnel
- 5. Emergency Vehicle Escort: flags down and escorts emergency vehicle

IV. Define specific emergency response team roles

- A. Team Physician
- B. Certified Athletic Trainer (ATC)
- C. EMT, emergency personnel
- D. Coaching Staff
- E. Student Athletic Trainers
- F. Athletic Director
- G. Others

V. Define medical chain of command

VI. Venue Location

- A. Delineation of all facilities: floor plans, access and evacuation routes, and separate emergency plans for each field, court, sport, facility, or venue

VII. Applicable state laws

VIII. Annual education of involved parties

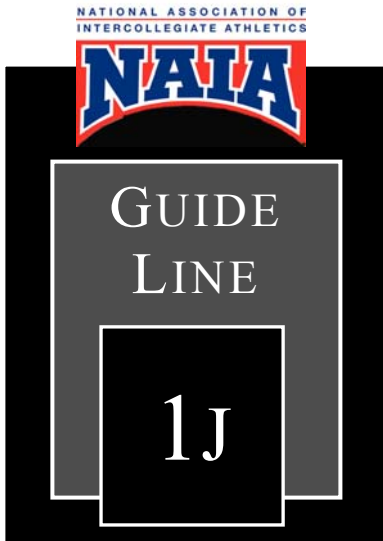
- A. Recommended rehearsal -- twice a year
- B. Establish policies and procedures for handling and disposal of blood-borne pathogens
- C. **CPR / First Aid and disease prevention transmission certification as outlined by OSHA.** Recommended for **ALL** athletic personnel associated with practices, competitions, skill instruction and strength and conditioning

For determination of your institution's needed scope of coverage, we recommend you consult the AMCIA appropriate medical coverage document available from: www.nata.org or 1-800-TRY NATA

Once developed, the EAP should be reviewed by the institution's Team Physician or Medical Director and submitted for legal review and approval. The effectiveness of an emergency action plan will be dependent upon its implementation and regular rehearsal. Proper preparation will prevent poor performance in an emergency situation, which could ultimately determine either life or death.

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PREVENTION OF COLD STRESS

2001

Practice or competition in cold environmental conditions are not only uncomfortable but can adversely affect performance and lead to an increased risk of injury.

Studies have shown:

- With submaximal workloads the energy cost of exercise (VO₂) is increased 11% to 45%.²
- There is a 5% to 6% decrease in aerobic capacity for each 1 degree Celsius decrease in core body temp.²
- Muscular glycogen is utilized at a higher rate in the cold.²
- As the body core temperature decreases, muscular ability to develop force and perform coordinated movements is impaired.²

Three factors should be monitored when exercising in a cold environment, and precautionary measures should be taken to control the environments affect on performance and risk of injury. These factors are air temperature, wind chill, and wetness of dampness of uniforms.

The NAIA recommends the following guidelines to be used when developing a written cold stress guideline or policy of the institution:

I. Prevention

A. Clothing

1. Lightweight material that will permit the free passage of body heat and sweat. Sweat accumulation near the skin can produce a chilling effect when combined with wind chill factors. Polypropylene or wool is the best. Cotton is a poor choice because of its tendency to hold moisture.¹
2. Dress in layers. Clothing can be added or removed depending on temperature.¹
3. Cover the head. Heat loss from the head and neck may be as much as 25%.¹
4. Hand covering should be worn as needed. Mittens are warmer than gloves.¹
5. Remove wet clothing when possible. Wet clothing in a windy environment greatly increases heat loss.¹

B. Hydration

1. Dehydration affects the body's ability to regulate temperature. Fluids are as important in the cold as in the heat.¹
2. Avoid caffeine or other drugs that cause water loss.¹

C. Warm Up

1. Proper warm up prior to competition is important to prevent a drop in muscle or body temperature³
2. Time the warm up so that it leads almost immediately into competition³
3. After warm up or competition add clothing to avoid rapid cooling. Caution athletes substituting out of a game to add clothing immediately, especially if excessive sweating is present.³

II. Cold-Related Injuries

A. Frostnip

1. Freezing of the skin surface. Affects the tips of ears, nose, cheeks, fingers, toes, and chin.⁵
2. Skin is blanched white and painless.⁵
3. Warm the skin by applying firm pressure with a hand or other warm body part. Do not rub the skin. Blowing warm breath on the area, or submerging in warm water are also effective, but be cautious of moisture accumulation if the person is to remain outside.⁵

B. Frostbite

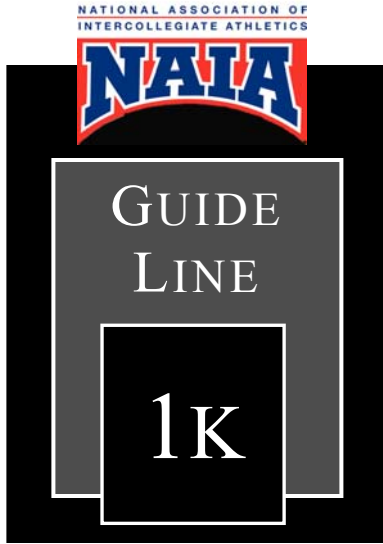
1. Damage to the tissues resulting from prolonged exposure to the cold. Affects the skin and the tissue just beneath the skin.⁵
2. Severity of frostbite is classified with three degrees. First degree frostbite is similar to frostnip.⁴
3. Second degree frostbite; skin is firm and waxy, tissue beneath is soft, numb.⁵
4. Third degree frostbite; affects entire tissue depth, tissue beneath the skin is solid, skin is waxy white with purplish tinge.⁵
5. Treatment of second-degree frostbite includes providing dry coverage and steady warmth. Do not attempt to rub the skin. Submerging in warm water is helpful.⁵
6. Victims with third-degree frostbite need immediate medical care. Cover the area with dry clothing to prevent further injury.⁵

C. Hypothermia

1. Hypothermia is a decreased core body temperature. This can result in a life-threatening condition.⁵
2. Signs and Symptoms; trembling on one side of body without shivering, uncontrollable shivering, slurred speech, incoherence, staggering gait, dizziness, bluish or gray waxy skin, semirigid skin, bloated face, dehydration, & drowsiness.⁵
3. Emergency care; monitor vital signs, handle person gently jostling can cause ventricular fibrillation, keep victim in a horizontal position but do not elevate feet, move person to a warm sheltered place, insulate head, remove wet clothing, insulate the person from the ground, never rub or manipulate the arms or legs, do not give fluids if the person is uncontrollably shivering or has impaired consciousness.⁵

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RECOGNITION, PREVENTION, AND TREATMENT OF HEAT ILLNESS

September 2002

Many cases of exertional heat illness are preventable and can be successfully treated if such conditions are properly recognized and appropriate care is given in a timely manner. The main objective of the Inter-Association Task Force on Exertional Heat Illnesses Consensus Statement is to educate athletes, coaches, parents and medical staffs alike on what can be done to avert dehydration, exertional heat stroke (EHS), heat exhaustion, heat cramps and exertional hyponatremia.

Prevention Strategies:

The Task Force committee recommends:

- Providing medical services onsite at various events
- Ensuring that preparticipation physical examinations have been completed, which include specific questions regarding fluid intake, weight changes during activity, medication and supplement use and history of cramping/heat illnesses
- Assuring that medical staffs have authority to alter work/rest ratios, practice schedules, amounts of equipment and withdrawal of individuals from participation in sports, based on heat conditions and/or athletes' medical conditions
-

Treatment Strategies for Exertional Heat Illnesses:

DEHYDRATION

When athletes do not replenish lost fluids, they become dehydrated.

- Signs and Symptoms:
- Dry mouth
- Thirst
- Being irritable or cranky
- Headache
- Seeming bored or disinterested
- Dizziness
- Cramps
- Excessive fatigue
- Not able to run as fast or play as well as usual

Treatment:

- Move athlete to a cool environment and rehydrate.
- Maintain normal hydration (as indicated by baseline body weight).

- Begin exercise sessions properly hydrated. Any fluid deficits should be replaced within 1 to 2 hours after exercise is complete.
- Hydrate with a sports drink like Gatorade, which contains carbohydrates and electrolytes (sodium and potassium) before and during exercise is optimal to replace losses and provide energy.
- Hydrate throughout sports practice to minimize dehydration and maximize performance.
- Seek medical attention to replace fluids via an intravenous line if athlete is nauseated or vomiting.

Return-to-Play Considerations:

- If degree of dehydration is minor and the athlete is symptom free, continued participation is acceptable

EXERTIONAL HEAT STROKE

A severe illness characterized by central nervous system (CNS) abnormalities and potentially tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.

Signs and Symptoms:

- Increase in core body temperature, usually above 104°F/40°C (rectal temperature) when athlete falls ill
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity
- Nausea, vomiting or diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness

Treatment:

- Aggressive and immediate whole-body cooling is the key to optimizing treatment. The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiological changes resulting in fatal consequences may occur within vital organ systems (muscle, heart, brain, etc.). Due to superior cooling rates, immediate whole-body cooling (cold water immersion), is the best treatment for EHS and should be initiated within minutes post-incident. It is recommended to cool first and transport second if onsite rapid cooling and adequate medical supervision are available.

Return-to-Play Considerations:

- The athlete's physician should devise a careful return-to-play strategy that can be implemented with the assistance of a qualified health care professional.

HEAT EXHAUSTION

Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress.

Signs and Symptoms:

- Athlete finds it hard or impossible to keep playing
- Loss of coordination, dizziness or fainting
- Dehydration
- Profuse sweating or pale skin
- Headache, nausea, vomiting or diarrhea
- Stomach/intestinal cramps or persistent muscle cramps

Treatment:

- Remove athlete from play and immediately move to shaded or air-conditioned area.
- Remove excess clothing and equipment.
- Cool athlete until rectal temperature is approximately 101°F (38.3°C)
- Have athlete lie comfortably with legs propped above heart level.
- If athlete is not nauseated, vomiting or experiencing any CNS dysfunction, rehydrate orally with chilled water or sports drink. If athlete is unable to take oral fluids, implement intravenous infusion of normal saline.
- Monitor heart rate, blood pressure, respiratory rate, core temperature and CNS status.
- Transport to an emergency facility if rapid improvement is not noted with prescribed treatment.

Return-to-Play Considerations:

- Athlete should be symptom free and fully hydrated; recommend physician clearance; rule out underlying condition that predisposed him/her for continue problems; and avoid intense practice in heat until at least the next day.

HEAT CRAMPS

Muscle cramps are not well understood. Heat cramps are often present in athletes who perform strenuous exercise in the heat. Conversely, cramps also occur in the absence of warm or hot conditions, which is common in ice hockey players.

Signs and Symptoms:

- Intense pain (not associated with pulling or straining a muscle)
- Persistent muscle contractions that continue during and after exercise

Treatment:

- Reestablish normal hydration status and replace some sodium losses with a sports drink or water
- Some additional sodium may be needed (especially in those with a history of heat cramps) earlier in the activity.
- Light stretching, relaxation and massage of the involved muscle may help acute pain of a muscle cramp.

Return-to-Play Considerations:

- Athletes should be assessed to determine if they can perform at the level needed for successful participation.

EXERTIONAL HYPONATREMIA

When an athlete's blood sodium levels decrease, either due to overhydration or inadequate sodium intake, or both, medical complications can result in cerebral and/or pulmonary edema. This tends to occur during warm/hot weather activities. Hyponatremia may be completely avoided if fluid consumption during activity does not exceed fluid losses.

Signs and Symptoms:

- Excessive fluid consumption before, during and after exercising (weight gain during activity)
- Increasing headache
- Nausea, vomiting (often repetitive)
- Swelling of extremities (hands and feet)

Treatment:

- If blood sodium levels cannot be determined onsite, hold off on rehydrating athlete (may worsen condition) and transport immediately to a medical facility.
- The delivery of sodium, certain diuretics or intravenous solutions may be necessary. All will be monitored in the emergency department to ensure no complications develop.

Return-to-Play Considerations:

- Physician clearance is strongly recommended in all cases.

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SUPPLEMENT USE

2005

In a recent, informal, although well publicized study of elite level athletes, over 50% of the respondents surveyed stated that they would be willing to take a substance that would guarantee them a gold medal, even if they knew that taking the substance would be fatal within a year.¹ While this may be a difficult concept to grasp for the casual sports enthusiast, those of us who are coaches, athletic trainers and even sports administrators realize that in the true competitive spirit one's level of elite-ness is only as distant as our nearest competitor. It is no wonder then that within today's highly commercial and extremely competitive market, dietary supplement manufacturers have carved out an industry which grosses approximately 6 billion dollars annually.² According to one source there are over 29,000 possible supplements available to the consumer of which most are athletes.³ In fact, studies reveal that approximately 38% to 41% of high school athletes and 51% of college athletes take dietary supplements. It is also estimated that 50% to 90% of elite and Olympic athletes take supplements daily or weekly.⁴ In light of these statistics, and the impact of this industry not only financially but also in terms of safety, ethics, and legality, it behooves the coach, athletic trainer, and sports administrator to adopt guidelines regarding the use of supplements. It is within this context that the NAIA provides the following information and endorses the guidelines herein.

The following guidelines have been constructed as a primary resource for personnel who as a result of their direct relationship with student athletes are in a position to provide sound advice. Coaches, athletic trainers, sports administrators, and team physicians, must strive to provide an influence of informed decision making, particularly with regard for the numerous considerations surrounding the use of dietary supplements.

WHAT IS A SUPPLEMENT?

Dietary supplements, sport supplements, bodybuilding supplements, performance supplements and even ergogenic aids, are all terms that may be used to identify supplements in the market. According to the FDA (Federal Drug Administration) however, dietary supplements are defined as 1. a product (other than tobacco) intended to supplement the diet that bears or contains one or more of the following dietary ingredients: a) a vitamin b) a mineral c) an herb or other botanical d) an amino acid e) a dietary substance for use by humans to supplement the diet by increasing the total dietary intake f) a concentrate, metabolite, constituent, extract, or combination of any ingredient described in *a* through *e*. 2. The product must also be intended for ingestion

and cannot be advertised for use as a conventional food or as the sole item of a meal or diet. Under this definition and the Dietary Supplement Health and Education Act (DSHEA) of 1994, pre-market safety evaluations are no longer required for products falling within this definition.^{5,6} Based on this definition it should be clear then that the supplement market is a buyer beware market. It is imperative that athletes and athletic personnel alike immediately identify and recognize the safety limitations regarding products which are marketed as supplements

CONSIDERATIONS FOR SUPPLEMENT USE

The following list of common considerations given for supplement use have been explored and developed in order to provide the prospective athlete or athletic personnel a resource for making an educated and informed decision for or against dietary supplementation.

1. Performance enhancement

Performance enhancement is perhaps the oldest and most common reason for supplement use, certainly supplement experimentation. Athletes are always seeking a way to enhance their own performance in order to be better than the competition. It is within this competitive market and mindset that supplements which promise to enhance performance become a significant part of sports science and athlete use. Even still, for all the science involved, without regulation, supplement marketers driven by profit often make claims of purported benefit for newer, better products before complete research can confirm or deny the validity of such claims. In light of this competitive and rapidly changing landscape the bottom line question which must be asked by every athlete at this juncture is, “Do the proposed benefits regarding the use of a said supplement outweigh the unknown risk?” Furthermore, can or have the risk been adequately determined? The recent banning of ephedra as a component of numerous dietary supplements is a case and point example of an ingredient that until the research could be established as a result of a public outcry against it did the federal governments ban take effect. The primary point to consider when making a choice for supplementation for performance enhancement is that it should never be the sole determinant for use.

2. Legal Considerations

Within nearly all national or international sports organizations, sports supplements and drugs are classified into one of several categories by the governing bodies for that sport organization. While there are perhaps hundreds of possibilities for categorical division of supplements; the simplest, most drastic division of these substances is based on legality. The use of illegal or banned substances within the NAIA represents a violation of the Champions of Character initiative, and is seen as a serious threat to the core character values. The NAIA maintains the policy that all of its member institutions are required to submit a copy of their institutional policy regarding drug use to the national office. Furthermore, the NAIA stands in support of its member institutions drug policies and encourages drug education within all of its member institutions. Coaches, athletic trainers and sports administrators are encouraged to take the time prior to the beginning of each competitive season to warn student athletes that the use of banned substances not only represents a violation of the Champions of Character student athlete pledge but a violation of institutional policy. Student athletes need to be aware of the consequences surrounding the use of banned substances not only personally (physical, emotional, social) but that their use can be detrimental to both team and individual sport success.

3. Ethical Considerations

The establishment of ethical guidelines regarding supplement use is a difficult task, for there are several bodies at work which define ethical boundaries. Recognized as foremost among these bodies by the NAIA-MAC is the NAIA itself, and the individual athlete. Other factors which influence the ethical

dilemma of supplement use are the individual scholastic institutions which are required to develop and maintain institution policy regarding drug and supplement use, coaches, and other members of the athletic staff which may include: nutritionist, pharmacologist, sport or exercise scientist, sport psychologist, even parents. The NAIA defines ethics as the basic principles of right action. Thus, according to the NAIA, ethics in athletics implies a standard of character which affords confidence and trust.⁷ There is general consensus that the use of a banned substance for the purposes of gaining an advantage is a violation of the rules and therefore a breach of ethics. However, if an athlete uses a legal supplement to enhance performance and thereby gains an advantage over an opponent are they more ethical? Furthermore, if the use of the supplement is not illegal and it enhances ones performance, bringing personal triumph and public admiration, it would be difficult to win an ethical argument of unfairness so long as access is granted legally to all who participate. It should be noted here that the core character values established by the NAIA speak directly to the personal ethics of making decisions with **responsibility**, and fairness through **sportsmanship**. All athletes who participate in NAIA athletics must determine for themselves what the field of fair play will be through their evaluation of these core character values and are left on their own to define the ethics of supplement use.

4. Quality

Given the growth, the success, and the un-regulation of the supplement industry, there are numerous producers who create product for no other reason than profit. Case in point, the hottest supplements will be marketed by more than one manufacturer, most of which will be imitators of the original. Furthermore, most manufacturers do not specialize with one product but rather develop and offer several supplement products. Athletes must know that without regulation some companies will knowingly omit banned substances from their ingredient list while others may even unknowingly through cross contamination include banned substances in legally accepted supplements. There are several documented cases of athletes having been disqualified from competition due to positive drug test for illegal substances while the athlete has claimed to have used a legal supplement. Further investigation revealed cross contamination as cause for the positive result. As an athlete you bear the responsibility for and repercussions of illegal substance use.^{8,6} If you are an athlete planning to use a supplement research the company before you buy the product. Some important considerations should be their length of time in business, how much they invest in research, quality control techniques and reputation within the medical community.

5. Nutritional deficiencies

One of the positive benefits for responsible and informed supplementation use in athletics is their ability to provide nutritional balance in the diet. Collegiate athletes in particular struggle to maintain a balanced diet which incorporates the proper amounts of nutrients from each of the food groups. Athletes give many reasons for this phenomenon; however the most often cited excuses are a lack of time due to practice, study time, and even school meal plans. The reality is that none of these excuses are truly legitimate, particularly in light of the consequences surrounding poor nutrition. Student athletes would be wise to examine and learn better dietary habits through a nutrition course or consultation with a registered dietician. An athletic diet lacking in any one or combination of the following nutrients: carbohydrates, fats, protein, vitamins, minerals or water will suffer, particularly under the strain of sport and its increased demand on the body. Coaches, athletic trainers, and nutritionists all know that without proper nutrition, peak performance is not only not attainable but a lack of proper nutrition will in fact lead to a decrease in performance and potentially injury. Dietary supplements can be utilized within this area to help athletes maintain the optimal intake of these nutrients which will help to ensure nutritional balance and reduce the risk for injury. Athletes who would qualify for supplement use under this consideration should consult with a physician and registered dietician for direction and regular follow-up.

6. Cost

As it is with all forms of supplementation, there will be cost over and above what one would spend for most store bought food. For the typical college athlete, the cost of regular and diligent supplementation can create a significant strain on one's budgetary limits. While there are certainly some legitimate costs related to supplement use, thousands, even millions who use and pay for supplements can be certain that profit drives a huge part of this industry and the consumer is the one who pays the price. It is important for consumers, and particularly athletes, to recognize that supplement manufacturers are charging the consumer in addition to the product, cost for sales, marketing, packaging, and even research expenses if they do any at all. Athletes need to recognize that most natural foods contain, at least in part, the same lab developed ingredients found in supplements for significantly cheaper and arguably of a better natural quality. Given the proper information athletes may supplement their diet with natural foods rich in whatever it is they are lacking for a fraction of the cost of buying supplements. Athletes, in particular, must also recognize that as finely tuned as they are in terms of fitness and physiological adaptation to training, an over-abundance of a specific supplement is often times no more useful for performance enhancement than if it were non-existent. In fact, excess supplementation can not only be wasteful but also potentially bad for your health.

7. Research and Information

Research should be the foundation and backbone of every sport supplement. Unfortunately however, within an unregulated industry too often profit becomes the primary goal and research becomes the tool of profit. Athletes need to be able to discern between good, valid research and research which falls short of a purely scientific approach. The following guidelines should be helpful for athletes to discern the difference:

1. Avoid advertisements- 1) advertisements often take research findings out of context, 2) advertisements often use endorsements by professional sports organizations or athletes who receive endorsement benefits and even patents from the product manufacturer to create the illusion that the product is the only one of its kind. Realize that with each of these ploys the burden of proof for a false claim lies with the FDA. Since supplements are not regulated by the FDA these claims often go unchecked, and many manufacturers know this. Remember it's a "buyer beware" market, don't be fooled.
2. Avoid articles in sport journals and trade publications- Most of the information that appears in these magazines corresponds with advertisements for supplements. Remember that claims for "one" study proving the value of a said product usually proves little to nothing. Marketing like this is not an accident and is totally within the rules of advertising and commercialization. Don't be fooled, be sure to check out the source. Many times it is the advertisements that support the publicized materials.
3. Avoid personal testimony- Just because a product works for one person does not necessarily mean it will work for you. Many who use a supplement receive the benefit of the "placebo effect". This effect is so powerful that one's belief in a product's effectiveness may actually result in better performance. While the results do speak for themselves, personal testimony does not differentiate the products effectiveness as physiological or psychological.
4. Identify valid research- Valid research requires controlling for numerous factors that can affect outcome. Such controls usually lead to increased cost and time in order to produce valid and useable data. Therefore, valid research does not always benefit profit and certainly cost more than advertisements and personal testimony. Valid research should include the following:
 - 1.) A legitimate rationale
 - 2.) Subjects
 - 3.) Tests

- 4.) Learning trials
- 5.) Experimental treatment and placebo
- 6.) Subject groups
- 7.) A double blind protocol
- 8.) Control for extraneous factors
- 9.) Control of the testing environment
- 10.) Appropriate statistics.¹

8. Illness and drug use

Another consideration for the use of supplementation would be illness or drug/supplement use related to illness. Often times, as is the case with certain illnesses, the human body may be rendered incapable or insufficient in its ability to produce or metabolize important vitamins, minerals, or nutrients which are essential for normal, even optimal function. Conversely many drugs used to treat illness can interact with the body in a negative fashion which can also lead to less than optimal function. Athletes should consult with a physician under all circumstances related to illness to determine the extent of their illness and whether supplementation would be advisable.

9. Individuality

A final consideration for supplementation use is individuality. While this has already been addressed in terms of the placebo effect, it has not been mentioned as an entity itself. Many athletes are influenced not only by their peers but also by the level of competition they face and their personal level of acceptable performance. It is with these considerations in mind however, that the final and perhaps most important consideration of individuality should be addressed. The validity and effectiveness of one supplement for a single individual does not make its use valid for every other individual. Irregardless of one's specific sport talent and body type, supplements not only vary in their make up and production but so do humans. We must recognize that individually we are all different organisms which function separate from one another, and as such what is right for one may not be right for another be it positive or negative. Individually, we must consider the guidelines set forth, and through careful examination, make logical and sound decisions regarding supplement use.

RECOMMENDATIONS FOR ATHLETE SUPPORT PERSONNEL

1. Be informed

All athletic support personal, specifically athletic trainers and coaches, ought to be familiar with the most popular dietary supplements used in athletics. This is a responsible practice, particularly in light of the fact that student athletes often choose to attend a school because of their belief in the coach's ability to help them be successful, among other things. Many athletes believe in the coach's knowledge and their ability to coach, thereby enhancing their level of performance. The prevalence of supplement use for performance enhancement will undoubtedly lead to questions from athletes regarding their use. Coaches and athletic trainers, among others must take the time to educate themselves since they are in roles where their advice and professional opinions often times carry a legitimate influence.

2. Provide good references

Being informed does not always imply that a coach or athletic trainer has an absolute and best answer to every question. Furthermore, as it is with coaching and learning in sport, so it should be with education and learning in life. The best decisions are informed decisions, which are determined as a result of careful examination and personal dedication to finding the best answer. There are so many supplements that a coach

or athletic trainer could not possibly provide the best and most informed response regarding every possible supplement. A common and very healthy practice is for coaching and athletic training personnel to keep a resource library of journals, articles, books, and internet sites which examine research for supplements and their use. By providing valid research and data, as well as reference materials, in addition to sports medicine staff, team physicians, nutritionists, etc...athletes are encouraged to make personally well informed and logical decisions regarding supplement use.

3. Encourage a healthy lifestyle

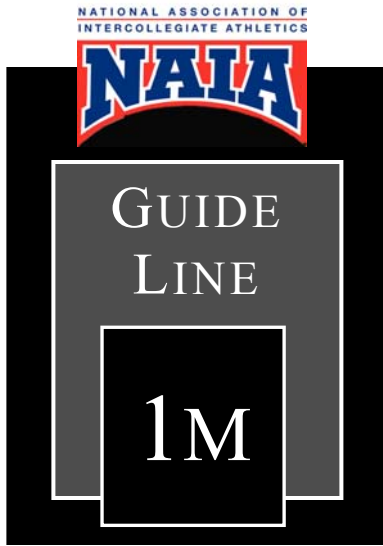
Within our fast paced and microwave society we tend to want everything now rather than later. We watch reality shows showing people training super hard to get in shape super fast, and we get the message too that we can buy a great body create the immediate “optimal diet”, and even enhance our performances by using supplements. The reality is that most athletes recognize that to get somewhere requires hard work and consistency over time. Nutritional supplements do have a place in athletics but buying into the mindset of our culture without making an informed decision cannot only be dangerous but can ruin a lot of hard work and effort. In our fast paced world it goes without saying that just plain rest is too often overestimated and the body does not have adequate time to recover. Support personnel should model and encourage a healthy lifestyle of individual responsibility, consistency, and self confidence.

4. Contacts

A final recommendation is for athletic personnel to surround themselves with a network of professionals. Coaches should seek the help and assistance of athletic training personnel. Athletic training personnel should set up a medical network with the ability to address as many aspects of physical, psychological, and social well being as possible. Experts in each of these areas can provide a more diverse network of support for student-athlete health.

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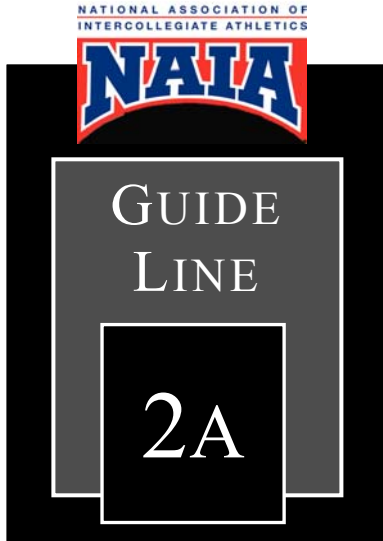
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- 4) Grandjean, Ann C. , Reimers, Kristin J. Ruud, Jaime S. *Athletic Training and Sports Medicine*. 3rd ed. Illinois: American Academy of Orthopaedic Surgeons, 1997
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- 6) Anderson, R.J. *The Wrong Stuff Training and Conditioning* May/June 2004; Vol 14, No 4: 13-21
- 7) The NAIA “Champions of Character” Initiative
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ADDITIONAL REFERENCE/ RESOURCE MATERIALS

2005

- **Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics.** This document was written in March 2000 for the National Athletic Trainers' Association by Sandra J. Schultz, PhD, ATC; Dale A. Rudd, MS, ATC; Dennis A. Miller, ATC, PT; and Ashley Dixon Burns. Please contact the NATA at 1-800-879-6282 for a copy or download a complete version from their website at www.nata.org.
- **Journal of Athletic Training.** The official athletic training publication of the National Athletic Trainers' Association. Please contact the NATA at 1-800-879-6282 for a copy of this manual. An updated and on-line version is available from their website at www.nata.org.
- **2005-06 NCAA Sports Medicine Handbook.** Contact the NCAA at 317-917-6222 (or write them at PO Box 6222, Indianapolis, IN 46206) to order a hardcopy. This manual can be viewed on-line at www.ncaa.org.
- **American Medical Society for Sports Medicine.** Go to their website at www.amssm.org and from there you can access on-line journals related to all aspects of sports medicine, as well as links to other helpful sites.



CHAMPIONSHIP EVENT GUIDELINES HOME EVENT STAFFING AND SUPPLIES

MARCH 2001

Host Institution:

- Review and refer to all recommendations and guidelines developed by the NAIA-ATA
- Provide a Certified Athletic Trainer in attendance for all contact athletic events
- Provide a medical staff representative in attendance or on-call for all non-contact events (on-call defined as available via phone, page, walkie-talkie, or other direct/immediate contact method)
- Provide EMT and ambulance service for football contests
- Supply water and cups for visiting team bench and locker room
- Develop and implement an emergency action plan for all home athletic events (see p. 21 for guidelines)
- Develop and implement a first aid plan for spectators at all home events

Host Athletic Trainer:

- Review and refer to all recommendations and guidelines developed by the NAIA-ATA
- Be in attendance (or assign a NATA certified athletic trainer) for all contact athletic events
- Provide a medical staff representative in attendance or on-call for all non-contact events (on-call defined as available via phone, walkie-talkie, or other direct/immediate contact method)
- Supply injury ice and ice bags on visiting team bench
- Provide appropriate biohazard equipment for visiting team
- Provide emergency trauma equipment for contact sports (i.e. spine board, splints, etc.)
- Develop and implement an emergency action plan for all home athletic events (see p. 21)
- Be aware of the first aid plan for spectators at home events

Visiting Institution:

- Supply a medical kit with necessary supplies for their team
- Supply a written request for modalities signed by the athletic trainer or team physician (particularly important for cross-state events when no certified athletic trainer is traveling)

***Classification of Sports – Contact vs. Non-Contact**

Contact (Collision) – Boxing, Field hockey, **Football**, Ice hockey, Lacrosse, Martial Arts, Rodeo, **Soccer**, **Wrestling**

Contact (Limited Contact/Impact) – **Baseball**, **Basketball**, Bicycling, **Diving**, **Field (high jump, pole vault)**, Gymnastics, Horseback riding, Skating (ice, roller), Skiing (cross country, downhill, water), **Softball**, Squash/handball, **Volleyball**

Non-Contact (Strenuous) – Aerobic dance, Crew, Fencing, **Field (discus, javelin, shot put)**, **Running/track**, **Swimming**, **Tennis**, Weight lifting

Non-Contact (Moderately Strenuous) – Badminton, Curling, Table Tennis

Non-Contact (Non-Strenuous) – Archery, **Golf**, Riflery

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GUIDE
LINE

2B

CHAMPIONSHIP GENERAL MEDICAL CHECK LIST & RESPONSIBILITIES

The following General and Sport-Specific Medical Checklists have been developed for each sport in which the NAIA sponsors a National Championship Event. Host Medical Coordinators and Host Site Administrators should refer to these checklists in their preparations for NAIA Championship Events.

Host Medical Coordinator/Certified Athletic Trainer:

- Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- Work with Host Site to:
 - Have radios for communication from field to field and field to medical tent at event
 - Have an on-site land-line phone for emergencies at practices and events
 - Have an emergency plan in place for site(s) and event
- Meet with Games Committee for ease of identification and contact
- Coordinate a pre-event meeting for all certified athletic trainers & support staff to go over procedures
- Secure necessary tournament information from the Host Administrator and/or NAIA Administrator:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Tournament bracket with names of tournament teams, head coach, athletic trainer, phone numbers
 - Necessary medical passes for all athletic training/medical staff
- Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer and/or coach that includes:
 - Visiting Team Medical Questionnaire (to be returned to head athletic trainer at event)
 - Phone List (include phone numbers (work & home), pager, and cellular phone numbers)
 - Host Medical Coordinator/Athletic Trainer and support staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament Site
 - EMS – if site is not set up for 911
 - Directions and/or maps to specified locations
 - Hotel(s) to athletic training room
 - Hotel(s) to practice and event sites
 - Hotel(s) to hospital(s)

- Practice and event sites to hospital(s)
 - NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability, location, and supplies of athletic training room (include hours of operation)
- Provide access to the following items for each team's practice, treatment, and game preparation:

___ Treatment tables	___ Biohazard container(s)	___ Gloves & gauze	___ Ice/Ice bags
___ Splint bag/crutches	___ Ultrasound machine	___ CPR masks	___ Spine board
___ Hydrocollator	___ Whirlpool	___ Tape & pre-wrap	___ Towels
___ First-Aid supplies	___ Elec. muscle stimulator		
- Provide one NATA Certified Athletic Trainer per field with a medical kit
 (Note – Sport-specific minimum recommendations for staffing: Basketball – one ATC per court; Baseball/Softball – one ATC per venue; Football – 2-3 ATCs w/support staff; Soccer – one ATC per field; Tennis – one ATC per venue; Track & Field – Multiple ATCs; Volleyball – one ATC per gymnasium)
- Work with the Host Site Administrator/Tournament Director to coordinate administration of the following sideline/bench/dugout supplies:
 - Biohazard bag, bleach/water solution & clean-up kit
 - Ice containers, ice bags, ice & water
 - Garbage bags/cans

BASEBALL TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator:

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Have radios for communication from field to field and field to medical tent at event
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for the site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Tournament bracket with names of tournament teams, head coach, athletic trainer, phone number
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament Site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and game preparation:

❖ Treatment tables	❖ Biohazard container
❖ Gloves and gauze	❖ Ice and ice bags
❖ Splint bag/CPR masks/Crutches	❖ Electrical muscle stimulation
❖ Spine board	❖ Ultrasound
❖ Band-Aids	❖ Hydrocollator
❖ Tape, prewrap	❖ Whirlpool
❖ Towels	❖ AED

- ❑ One Host Certified Athletic Trainer per field with a medical kit (adequate response time should be ensured)

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Baseball Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have radios for communication from field to field and field to medical tent at event
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Sideline Supplies (per bench):
 - One 10 gallon water cooler with ice and water (should be checked between games)
 - One sleeve of cups
 - One ice chest with ice and ice bags
 - One biohazard bag, bleach/water solution, clean-up kit
 - One trash bag/can
- ❑ Provide Locker Room Supplies (per locker room):
 - One 10 gallon water cooler with ice and water (should be checked between games)
 - One sleeve of cups
 - One ice chest with ice and ice bags
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event

BASKETBALL TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator:

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Have an ambulance on-site
 - Have radios for communication between gyms (if applicable), from gym to ambulance, and from Athletic Training Room to gym and ambulance
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Tournament bracket with names of tournament teams, head coach, athletic trainer, phone number
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
 - NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and game preparation:

❖ Treatment tables	❖ Biohazard container
❖ Gloves and gauze	❖ Ice and ice bags
❖ Splint bag/CPR masks/Crutches	❖ Electrical muscle stimulation
❖ Spine board	❖ Ultrasound
❖ Band-Aids	❖ Hydrocollator
❖ Tape, prewrap	❖ Whirlpool
❖ Towels	❖ AED
- ❑ One Host Certified Athletic Trainer per gymnasium (if applicable) with a medical kit
- ❑ Adequate response time should be ensured

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Basketball Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have radios for communication between gyms (if applicable), from gym to ambulance, and from Athletic Training Room to gym and ambulance)
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
 - Have an on-site ambulance
- ❑ Provide Sideline Supplies (per bench):
 - One 10 gallon water cooler with ice and water (should be checked at half time and between games)
 - One sleeve of cups
 - One ice chest with ice and ice bags
 - One biohazard bag, bleach/water solution, clean-up kit
 - One trash bag/can
- ❑ Provide Locker Room Supplies (per locker room):
 - One 5 or 10 gallon water cooler with ice and water (should be checked between games)
 - One sleeve of cups
 - One ice chest with ice and ice bags
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event

CROSS-COUNTRY TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Have radios for communication throughout event course and to medical tent at event
 - Have an on-site phone for emergencies at event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Meet Referee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - List of qualifying teams with, head coach & athletic trainer phone numbers
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Map of course layout
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and event preparation:

❖ Treatment tables	❖ Biohazard container
❖ Gloves and gauze	❖ Ice and ice bags
❖ Splint bag/CPR masks/Crutches	❖ Electrical muscle stimulation
❖ Spine board	❖ Ultrasound
❖ Band-Aids	❖ Hydrocollator
❖ Tape, prewrap	❖ Whirlpool
❖ Towels	❖ AED
- ❑ One Host Certified Athletic Trainer at the course with a medical kit (adequate response time should be ensured)

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Cross-Country Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have walkie-talkies for communication throughout event course and to medical tent at event
 - Have an on-site phone for emergencies at event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Start/Finish Line Supplies:
 - Several 10 gallon water coolers with ice and water
 - Several sleeves of cups
 - One ice chest with ice and ice bags
 - One biohazard bag, bleach/water solution, clean-up kit
 - One trash bag/can
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event
- ❑ Provide some type of transportation (gator/cart) to reach and move injured participants from course to medical site or hospital.

FOOTBALL TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Secure an on-site ambulance for the event
 - Secure an on-site orthopedist for the event
 - Have radios for communication from field to ambulance, between sidelines, and between locker-rooms
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Provide team names with head coach and, athletic trainer phone numbers
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and game preparation:
 - ❖ Treatment tables
 - ❖ Gloves and gauze
 - ❖ Splint bag/CPR masks/Crutches
 - ❖ Spine board
 - ❖ Band-Aids
 - ❖ Tape, prewrap
 - ❖ Towels
 - ❖ Biohazard container
 - ❖ Ice and ice bags
 - ❖ Electrical muscle stimulation
 - ❖ Ultrasound
 - ❖ Hydrocollator
 - ❖ Whirlpool
 - ❖ AED

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Football Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Secure an on-site ambulance for the event
 - Secure an on-site orthopedist for the event
 - Have radios for communication from field to ambulance, between sidelines, and between locker-rooms
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Sideline Supplies (per bench):
 - Three 10 gallon water coolers with ice and water (should be checked at half time and between games)
 - Sufficient cups for games/practice
 - One ice chest with ice and ice bags
 - One biohazard bag, bleach/water solution, clean-up kit
 - One trash bag/can
- ❑ Provide Locker Room Supplies (per locker room):
 - One 10 gallon water cooler with ice and water (should be checked between games)
 - Three sleeves of cups
 - One ice chest with ice and ice bags
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event

GOLF TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist, one internal medicine/family practitioner and chiropractor
- ❑ Work with Host Site to:
 - Have radios for communication throughout event course and to medical tent at event
 - Have an on-site phone for emergencies at event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Tournament information with names of teams, head coach, athletic trainer, phone number
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament Site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and event preparation:

❖ Treatment tables	❖ Biohazard container
❖ Gloves and gauze	❖ Ice and ice bags
❖ Splint bag/CPR masks/Crutches	❖ Electrical muscle stimulation
❖ Spine board	❖ Ultrasound
❖ Band-Aids	❖ Hydrocollator
❖ Tape, prewrap	❖ Whirlpool
❖ Towels	❖ AED
- ❑ One Host Certified Athletic Trainer at the course with a medical kit (adequate response time should be ensured)

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Golf Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have radios for communication throughout event course and to medical tent at event
 - Have an on-site phone for emergencies at event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Supplies at appropriate locations:
 - Several 10 gallon water coolers with ice and water
 - Several sleeves of cups
 - Ice chest with ice and ice bags
 - One trash bag/can
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event

SOCCER TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Secure an on-site ambulance for the event
 - Have radios for communication between fields (if applicable), from field to medical tent, and between field, medical tent, and ambulance
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Tournament bracket with names of tournament teams, head coach, athletic trainer, phone number
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament Site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and game preparation:
 - ❖ Treatment tables
 - ❖ Gloves and gauze
 - ❖ Splint bag/CPR masks/Crutches
 - ❖ Spine board
 - ❖ Band-Aids
 - ❖ Tape, prewrap
 - ❖ Towels
 - ❖ Biohazard container
 - ❖ Ice and ice bags
 - ❖ Electrical muscle stimulation
 - ❖ Ultrasound
 - ❖ Hydrocollator
 - ❖ Whirlpool
 - ❖ AED
- ❑ One Host Certified Athletic Trainer per field with a medical kit (adequate response time should be ensured)

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Soccer Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Secure an on-site ambulance for the event
 - Have radios for communication between fields (if applicable), from field to medical tent, and between field, medical tent, and ambulance
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Sideline Supplies (per bench):
 - One 10 gallon water cooler with ice and water (should be checked at half time and between games)
 - One sleeve of cups
 - One ice chest with ice and ice bags
 - One biohazard bag, bleach/water solution, clean-up kit
 - One trash bag/can
- ❑ Provide Locker Room Supplies (per locker room):
 - One 10 gallon water cooler with ice and water (should be checked between games)
 - One sleeve of cups
 - One ice chest with ice and ice bags
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event

SOFTBALL TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Have radios for communication from field to field and field to medical tent at event
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Tournament bracket with names of tournament teams, head coach, athletic trainer, phone number
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and game preparation:
 - ❖ Treatment tables
 - ❖ Gloves and gauze
 - ❖ Splint bag/CPR masks/Crutches
 - ❖ Spine board
 - ❖ Band-Aids
 - ❖ Tape, prewrap
 - ❖ Towels
 - ❖ Biohazard container
 - ❖ Ice and ice bags
 - ❖ Electrical muscle stimulation
 - ❖ Ultrasound
 - ❖ Hydrocollator
 - ❖ Whirlpool
- ❑ One Host Certified Athletic Trainer per field with a medical kit (adequate response time should be ensured)

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Softball Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have radios for communication from field to field and field to medical tent at event
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Sideline Supplies (per bench):
 - One 10 gallon water cooler with ice and water (should be checked between games)
 - One sleeve of cups
 - One ice chest with ice and ice bags
 - One biohazard bag, bleach/water solution, clean-up kit
 - One trash bag/can
- ❑ Provide Locker Room Supplies (per locker room):
 - One 10 gallon water cooler with ice and water (should be checked between games)
 - One sleeve of cups
 - One ice chest with ice and ice bags
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event

SWIMMING & DIVING TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Have an on-site phone for emergencies at event
 - Establish an Emergency Action Plan for site(s) and event
 - Work closely with facility Lifeguards to ensure roles are delineated prior to start of competition.
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - List of team names with head coach and athletic trainer phone numbers
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and event preparation:

❖ Treatment tables	❖ Biohazard container
❖ Gloves and gauze	❖ Ice and ice bags
❖ Splint bag/CPR masks/Crutches	❖ Electrical muscle stimulation
❖ Spine board	❖ Ultrasound
❖ Band-Aids	❖ Hydrocollator
❖ Tape, prewrap	❖ Whirlpool
❖ Towels	❖ AED
- ❑ One Host Certified Athletic Trainer on site with a medical kit (adequate response time should be ensured)

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Swimming & Diving Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have an on-site phone for emergencies at event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Supplies at appropriate locations:
 - Several 10 gallon water coolers with ice and water
 - Several sleeves of cups
 - Ice chest with ice and ice bags
 - One trash bag/can
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event

TENNIS TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Have radios for communication from court to court, as necessary when courts are at different sites
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Tournament bracket with names of tournament teams, head coach, athletic trainer, phone number
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and game preparation:

❖ Treatment tables	❖ Biohazard container
❖ Gloves and gauze	❖ Ice and ice bags
❖ Splint bag/CPR masks/Crutches	❖ Electrical muscle stimulation
❖ Spine board	❖ Ultrasound
❖ Band-Aids	❖ Hydrocollator
❖ Tape, prewrap	❖ Whirlpool
❖ Towels	❖ AED
- ❑ One Host Certified Athletic Trainer per court with a medical kit (where courts are at different sites) Adequate response time should be ensured

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Tennis Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have radios for communication from court to court, where courts are at different sites
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Sideline Supplies (per bench):
 - One 5 gallon water cooler with ice and water (should be checked periodically)
 - One sleeve of cups
 - One ice chest with ice and ice bags (can have 1 or 2 at a central location)
 - One biohazard bag, bleach/water solution, clean-up kit
 - One trash bag/can
- ❑ Provide Locker Room Supplies (per locker room):
 - One 10 gallon water cooler with ice and water (should be checked periodically)
 - One sleeve of cups
 - One ice chest with ice and ice bags
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event

TRACK & FIELD TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Have radios for communication throughout event site and to the medical tent
 - Have an on-site phone for emergencies at practice and event
 - Secure an on-site ambulance for Pole Vault and Steeple Chase
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - List of participating schools with head coach and athletic trainer phone numbers
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Blood-borne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and event preparation:

❖ Treatment tables	❖ Biohazard container
❖ Gloves and gauze	❖ Ice and ice bags
❖ Splint bag/CPR masks/Crutches	❖ Electrical muscle stimulation
❖ Spine board	❖ Ultrasound
❖ Band-Aids	❖ Hydrocollator
❖ Tape, prewrap	❖ Whirlpool
❖ Towels	❖ AED
- ❑ Multiple Host Certified Athletic Trainers on site with a medical kit (adequate response time should be ensured)
- ❑ Athletic Trainers need to provide coverage at tent, finish line and events if possible
- ❑ Athletic Trainers need to have ambulance on site at Pole Vault and Steeple Chase

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Track & Field Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have radios for communication throughout event site and to medical tent
 - Have an on-site phone for emergencies at event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Supplies at appropriate locations:
 - Several 10 gallon water coolers with ice and water
 - Several sleeves of cups
 - Ice chest with ice and ice bags
 - Biohazard bag, clean up kit, gauze and gloves
 - Trash bag/can
 - Medical tent for shade
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event
- ❑ Provide some type of transportation (gator/cart) to transport injured participants from competition area to medical tent

VOLLEYBALL TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Have radios for communication from gym to gym (if applicable)
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Tournament bracket with names of tournament teams, head coach, athletic trainer, phone number
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Bloodborne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and game preparation:

❖ Treatment tables	❖ Biohazard container
❖ Gloves and gauze	❖ Ice and ice bags
❖ Splint bag/CPR masks/Crutches	❖ Electrical muscle stimulation
❖ Spine board	❖ Ultrasound
❖ Band-Aids	❖ Hydrocollator
❖ Tape, prewrap	❖ Whirlpool
❖ Towels	❖ AED
- ❑ One Host Certified Athletic Trainer per gymnasium with a medical kit if applicable (adequate response time should be ensured)

NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Volleyball Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have radios for communication from gym to gym (if applicable)
 - Have an on-site phone for emergencies at practices and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Sideline Supplies (per bench):
 - One 5 or 10 gallon water cooler with ice and water (should be checked between matches)
 - One sleeve of cups
 - One ice chest with ice and ice bags
 - One biohazard bag, bleach/water solution, clean-up kit
 - One trash bag/can
- ❑ Provide Locker Room Supplies (per locker room):
 - One 5 or 10 gallon water cooler with ice and water (should be checked between matches)
 - One sleeve of cups
 - One ice chest with ice and ice bags
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event

WRESTLING TOURNAMENT: MEDICAL CHECK LIST

Host Medical Coordinator

- ❑ Contact local doctors and hospital to notify of event, time, dates, location; should contact at least one orthopedist and one internal medicine/family practitioner
- ❑ Work with Host Site to:
 - Have radios for communication throughout event site and to the medical area
 - Have an on-site phone for emergencies at practice and event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Meet with Games Committee for ease of identification and contact
- ❑ Secure necessary tournament information from the Host Site and/or NAIA National Office:
 - Chain of Command (Host Events Coordinator, NAIA Regional Representative, etc.)
 - Tournament bracket with names of tournament teams, head coach, athletic trainer, phone number
 - Necessary medical passes
- ❑ Develop a Medical Packet to be sent to each teams' Certified Athletic Trainer, that includes:
 - Visiting Team Medical Questionnaire (to be returned to you)
 - Phone List (include phone #, pager #, and cellular phone #)
 - Host Medical Coordinator and other staff
 - College: security, athletic department, athletic training room
 - Medical Facilities (hospital, orthopedic surgeon, Urgent Treatment Center)
 - NAIA Tournament Coordinator, Headquarters and Tournament site
 - Hotels
 - EMS – if site is not set up for 911
 - Directions to specified locations
 - Hotel to athletic training room
 - Hotel to practice and event site
 - Hotel to hospital
 - Practice and event site to hospital
- NAIA-ATA Injury Report and Bloodborne Pathogen/Infection Materials Plan
 - Availability (1-2 hours pre and 1/2 hr. post), location, and supplies of athletic training room
- ❑ Have available the following items for each teams practice, treatment, and event preparation:

❖ Treatment tables	❖ Biohazard container
❖ Gloves and gauze	❖ Ice and ice bags
❖ Splint bag/CPR masks/Crutches	❖ Electrical muscle stimulation
❖ Spine board	❖ Ultrasound
❖ Band-Aids	❖ Hydrocollator
❖ Tape, prewrap	❖ Whirlpool
❖ Towels	❖ AED
- ❑ Multiple Host Certified Athletic Trainers on site with a medical kit (adequate response time should be ensured)

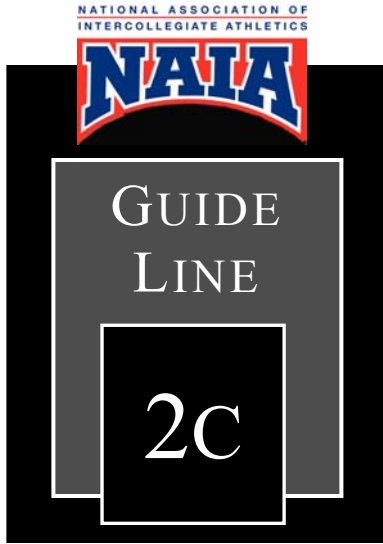
NAIA

- ❑ Provide names of participating schools to Host Medical Coordinator as soon as available
- ❑ Provide completed Visiting Team Medical Questionnaires to Host Medical Coordinator upon arrival at Championship
- ❑ Provide needed tournament information

Wrestling Tournament: Medical Check List, cont.

Host Site (College or City)

- ❑ Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- ❑ Work with the NAIA and Host Medical Coordinator to secure necessary medical passes for medical staff
- ❑ Work with Host Medical Coordinator to:
 - Have radios for communication throughout event site and to medical area
 - Have an on-site phone for emergencies at event
 - Establish an Emergency Action Plan for site(s) and event
- ❑ Provide Supplies at appropriate locations:
 - Several 10 gallon water coolers with ice and water
 - Several sleeves of cups
 - Ice chest with ice and ice bags
 - Biohazard bag, clean up kit, gauze and gloves
 - Trash bag/can
- ❑ Establish a First Aide Station for spectators; should be staffed 1 hour prior, during, and 30 minutes after event



CHAMPIONSHIP SUPPORT STAFF ATHLETIC TRAINING RESPONSIBILITIES

MARCH 2001

Host Site Administrator (Tournament Director)

- Designate a Certified Athletic Trainer in the area to act as the Host Medical Coordinator
- Work with the NAIA and Host Medical Coordinator to secure passes for medical staff
- Work with Host Medical Coordinator to:
 - Have walkie-talkies for communication from gym to gym (if applicable)
 - Have an on-site phone for emergencies at practices and event
 - Have an emergency plan for site(s) and event
 - Have necessary athletic training supplies and support personnel
- Coordinate athletic training/medical coverage for the entire event
- Provide Sideline/Bench/Dugout Supplies (per bench and per locker room when applicable):
 - One 5-10 gallon water cooler with ice and water (checked between games) & disposable cups
 - One ice chest with ice and ice bags
 - One trash bag/can
- Set up an Emergency First-Aid area (or first-aid access plan) for spectators & support staff

NAIA-ATA National Office Liaison Responsibilities

- Assist Host Site in finding a Certified Athletic Trainer to serve as Host Medical Coordinator
- Coordinate the distribution of supplemental athletic training supplies (with Cramer Products) to Host Medical Coordinator/Athletic Trainer

NAIA Championship Administrator Responsibilities

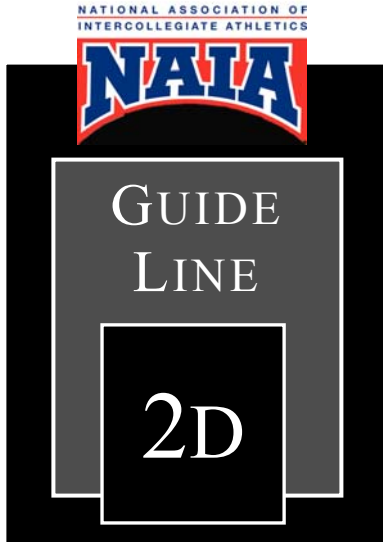
- Provide names of participating schools to Host Athletic Trainer as soon as available
- Assist in the completion and forwarding of all athletic training documentation/forms between host medical coordinators and participating institutions (and their athletic trainers)
- Provide needed tournament information and coordinate communication between Host Medical Coordinator, Tournament Director, Games Committee, Athletic Trainers, Participating Teams and Officials

NAIA-ATA Regional Representative

- Contact Host Medical Coordinator and act as regional support personnel

NAIA National Championship Event Administrators

M/W Cross Country – Ruth Stein (rstein@naia.org) – ext 108
Women’s Soccer – Becky Almeida (balmeida@naia.org) – ext 104
Men’s Soccer – Scott McClure (smcclure@naia.org) – ext 112
Football – Dennis Green (dgreen@naia.org) – ext 109
Volleyball – Ruth Stein (rstein@naia.org) – ext 108
M/W Indoor Track & Field – Ruth Stein (rstein@naia.org) – ext 108
Wrestling – Scott McClure (smcclure@naia.org) – ext 112
Men’s Division I Basketball – Kevin Dee (kdee@naia.org) – ext 106
Women’s Div. I Basketball – Dennis Green (dgreen@naia.org) – 109
Men’s Division II Basketball – Scott McClure (smcclure@naia.org) – ext 112
Women’s Division II Basketball – Becky Almeida (balmeida@naia.org) – ext 104
M/W Swimming & Diving – Dennis Green (dgreen@naia.org) – 109
M/W Outdoor Track & Field – Ruth Stein (rstein@naia.org) – ext 108
Women’s Golf – Becky Almeida (balmeida@naia.org) – ext 104
Men’s Golf – Becky Almeida (balmeida@naia.org) – 104
M/W Tennis – Lori Thomas (lthomas@naia.org) – ext 118
Baseball – Scott McClure (smcclure@naia.org) – ext 112
Softball – Dennis Green (dgreen@naia.org) – 109



CHAMPIONSHIP EVENT EMERGENCY ACTION PLAN

MARCH 2005

Following is a template Emergency Action Plan (EAP), which can be adapted for all NAIA Championship Event venues by the Host Medical Coordinator/Certified Athletic Trainer. We have also developed requirements for the EAP that are sport-specific, and should be incorporated for each Championship Event EAP.

Emergency Plan Venue: (TEMPLATE)

Emergency Personnel: Certified Athletic Trainer and student athletic trainer(s) on site for practice and competition (ATR:); EMS Personnel available on-site/ via activation of EMS

Emergency Communication: Fixed telephone line in _____; (____)

Emergency Equipment: Emergency supplies (splint kit, spine board) located; Biohazard Containment kit located (on each bench, at on-court AT location, etc.)

Roles of First Responders

1. Immediate care of the injured or ill student-athlete – **Host ATC (if team traveling w/o ATC)**
2. Emergency equipment retrieval – **Host ATC**
3. Activation of emergency medical system (EMS) – **Host ATC**
 - a. 911 call
 1. name,

2. address
3. telephone number;
4. number of individuals injured;
5. condition of injured;
6. first aid treatment;
7. specific directions;
 1. **Court level entrance:**
 8. other information as requested
4. Direction of EMS to scene – **Event Staff**
 - a. Designate individual to "flag down" EMS and direct to scene

Venue Directions:

Scene control (Event Staff):
5. Evacuation (Fire, Earthquake, Hazardous Materials incident)

Attachment: Map of Venue/Facility with surrounding streets and emergency access noted.

Sport-Specific Requirements for National Championship Event Emergency Action Plans

- **Baseball-** Ensure appropriate coverage for number of fields used (i.e. appropriate response time is possible to each field).
- **Basketball-** Ambulance on-site. Provide radios for direct communication between Athletic Training Room, court, and Ambulance crew.
- **Cross-Country-** Ensure appropriate ATC coverage throughout course in addition to Finish Line.
- **Football-** Ambulance on-site. Provide radios for direct communication between Home and Visiting Medical Staff, field, and Ambulance crew.
- **Golf-** Ensure appropriate ATC coverage throughout course in addition to Clubhouse.
- **Soccer-** Ambulance on-site. Provide radios for direct communication between Host Medical Staff, field, and Ambulance crew.
- **Softball-** Ensure appropriate coverage for number of fields used (i.e. appropriate medical supervision of each field and appropriate response time is possible to each field).
- **Swimming & Diving- Roles of First Responders:** Work closely with facility Lifeguards to ensure roles are delineated prior to start of competition.
- **Tennis-** Ensure appropriate coverage for number of courts used (i.e. appropriate medical supervision of each court and appropriate response time is possible to each court).

- **Track & Field-** Ensure appropriate coverage for entire site (including all venues as well as different locations on the track), including on-site ATC and ambulance coverage for Pole Vault, Steeplechase, and Finish Line (ATC) with roles delineated prior to start of competition.
- **Volleyball-** Ensure appropriate coverage for number of courts used (i.e. appropriate medical supervision of each court and appropriate response time is possible to each court).
- **Wrestling-** Ensure appropriate coverage for number of mats used (i.e. appropriate medical supervision of each mat and appropriate response time is possible to each mat).



APPEN-
DICES

A-D

CHAMPIONSHIP EVENT FORMS

APPENDIX A

NATIONAL CHAMPIONSHIP MEDICAL STAFF INFORMATION SHEET

Complete this form and return it to your head athletic trainer. Please bring this form to the coaches meeting at the championship and forward it to the Event Administrator at the NAIA before you leave for the Championship.

In addition to basic athletic training supplies, the athletic training room will be equipped with ultrasound, electric stimulation, hydro collator and hot and cold whirlpools.

TEAM:	
HEAD COACH:	

Do you have a team physician with you? YES NO

Physician's name:	
-------------------	--

Do you have a certified athletic trainer with you? YES NO

Athletic trainer's name:	
--------------------------	--

Do you have a student trainer with you? YES NO

Student trainer's name:	
-------------------------	--

Do you have any athletes with a medical condition we need to be aware of before the tournament starts?

YES NO

If yes, please state athlete(s) and condition(s):

--

Do you have any athletes on regular medication that we need to be aware of before the tournament starts?

YES

NO

If yes, please state athlete(s) and medication(s):

APPENDIX B
NAIA-ATA INJURY REPORT

HOST INSTITUTION INFORMATION

Host Institution: _____
Host Physician: _____
Tournament Event: _____
Sport: _____

ATHLETE INFORMATION

Name of Athlete: _____

Athlete's Home Institution: _____

Age: _____ Sex: M F Year: FR SO JR SR

INJURY INFORMATION

Injured Side: R L DOI: _____ Nature of Injury: Acute Chronic Re-injury

Current Date: _____

Injured Region:

<input type="checkbox"/> Thoracic spine	<input type="checkbox"/> Head	<input type="checkbox"/> Face	<input type="checkbox"/> C-spine
<input type="checkbox"/> Elbow	<input type="checkbox"/> Lumbar spine	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Upper arm
<input type="checkbox"/> Thumb	<input type="checkbox"/> Forearm	<input type="checkbox"/> Wrist	<input type="checkbox"/> Hand
<input type="checkbox"/> 5 finger	<input type="checkbox"/> 2nd finger	<input type="checkbox"/> 3rd finger	<input type="checkbox"/> 4th finger
<input type="checkbox"/> Hip	<input type="checkbox"/> Chest <input type="checkbox"/> Abdomen	<input type="checkbox"/> Pelvis	
<input type="checkbox"/> Lower leg	<input type="checkbox"/> Groin	<input type="checkbox"/> Thigh	<input type="checkbox"/> Knee
<input type="checkbox"/> 2nd toe	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot	<input type="checkbox"/> 1st toe
<input type="checkbox"/> 3rd toe	<input type="checkbox"/> 4th toe	<input type="checkbox"/> 5th toe	

Specific Region: _____

Injury:

<input type="checkbox"/> Sprain 1	<input type="checkbox"/> Sprain 2	<input type="checkbox"/> Sprain 3
<input type="checkbox"/> Strain 1	<input type="checkbox"/> Strain 2	<input type="checkbox"/> Strain 3
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Subluxation	<input type="checkbox"/> Contusion
<input type="checkbox"/> Fracture	<input type="checkbox"/> Laceration	<input type="checkbox"/> Spasm
<input type="checkbox"/> Concussion 1	<input type="checkbox"/> Concussion 2	<input type="checkbox"/> Concussion 3
<input type="checkbox"/> Neurotrauma	<input type="checkbox"/> Tendonitis/Bursitis	<input type="checkbox"/> Heat cramps
<input type="checkbox"/> Heat exhaustion	<input type="checkbox"/> Heat stroke	<input type="checkbox"/> Impingement
<input type="checkbox"/> Allergy	<input type="checkbox"/> Cold/flu	<input type="checkbox"/> Other _____

Comments: _____

INJURY MANAGEMENT Athletic Trainer E.R. Refer to Physician

ATHLETE STATUS Continue to play Out of 1/2 game Out of game Out of tournament

ATTENDING ATHLETIC TRAINER

Name: _____ Signature: _____

Institution: _____

For postseason injuries send copy to trainer of injured athlete and to:

Dennis Green
1200 Grand Blvd.
Kansas City, MO 64106
Fax: 816-595-8200

APPENDIX C
DIRECTIONS FOR COMPLETING THE NAIA-ATA INJURY REPORT

HOST INSTITUTION INFORMATION

Write in the name of the host institution, host physician, sport and the tournament event (national basketball, national football tournament, etc.).

ATHLETE INFORMATION

Write in the name of the injured athlete, including home school and age. Circle their gender and student classification according to the athlete.

INJURY INFORMATION

Write in the date of the injury. Circle the best response for the nature of injury and injured side. Check the injured region that applies, then write in the specific region (i.e., ACL, supraspinatus, anterior talofibular ligament, etc.) Then check the injury from the list given. There is a space for you to list an injury that is not included in the list under "Comments". If you must write in the injury, please check the "Other" listing. There is also a space for you to write any comments you may wish to make. **However, do not include treatments or injury management in this space.**

INJURY MANAGEMENT

Circle the course of action you took for this particular injury. If the attending athletic trainer managed the entire injury, then circle "Athletic Trainer".

ATHLETE STATUS

Circle the amount of time that best describes time the athlete missed as a result of the described injury. If the injury caused the athlete to miss the game you are responsible for, but he may continue in the tournament next week or at a later time, then circle "Out of game", because this is the only game, so far, that you know the athlete has missed.

ATTENDING ATHLETIC TRAINER

Write and sign your name in the space provided. Then, indicate your place of employment in the space provided for "Institution", and enter the date you are completing the form.

After the form is completed, return it to **Renee Hultgren, 23500 W. 105th Street, Olathe, KS 66051**
FAX: (913) 791-9555. The NAIA national office recommends forwarding a copy of this report to the athletic trainer of the injured athlete. (Note – Although required for postseason competition, this form can also be used during regular-season play to document athletic injuries. The NAIA does not require a copy of regular-season injury reports.)

APPENDIX D
NAIA NATIONAL CHAMPIONSHIP ATHLETIC TRAINING EVALUATION FORM

Event Evaluation

Please evaluate the following categorist in regard to athletic training services for the championship event. Please include positive and negative aspects and suggestions for improvement.

Sport: _____ Evaluator (ATC): _____ Institution: _____

For each performance category, check the number which indicated you rating of the Athletic Training coverage for the championship event. Use the following rating system, 5- excellent, 4- good, 3- average, 2- below average, 1- poor.

CATEGORY	RATING	EXPLANATION/COMMENTS
Pre-Event Meeting- Meeting for athletic trainers to explain venue set up, EAP, Emergency medical facilities, maps, contact information etc. Distribution of Medical Packet.	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
Athletic Training “Room”- Treatment tables, Electrical muscle stimulation, ultrasound, hydrocollator, whirlpool, ice and bags, biohazard supplies, basic medical supplies, emergency equipment.	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
Athletic Training “Room” Availability- Availability of the athletic training room before and after practices and games.	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
Medical Staffing- Certified Athletic Trainer coverage of both the athletic training room as well as the court/field coverage.	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
Access to Medical Specialists- On site or easy, quick access to Physicians (general medical and or orthopaedic doctors), or other medical specialists.	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
Field/Court Set-Up- Medical supplies set up for each field/court including: water, injury ice, biohazard supplies, emergency equipment, or any other venue specific supplies.	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	