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Introduction

This manual was created to make the policies and procedures of the Misericordia University Athletic Training Room more clear and concise. The information contained in this manual will be updated on a regular basis. Both Geisinger Health System and Misericordia University representatives approve these policies.
Statement of Purpose

The purpose of the Athletic Training Room at Misericordia University is to provide the best medical care for the student athletes involved in intercollegiate competition. This medical care includes recognition, treatment, management, rehabilitation, and preventative education related to athletic injuries and illnesses. If referral, guidance, or other forms of counseling are deemed necessary, these too shall be included in the overall medical care received.
Statement of Function

The athletic trainers are directly responsible to the Athletic Director and their Athletic Training Manager at Geisinger Health System. The team physicians will ultimately have the final decision for a student athlete’s return to play. The athletic trainers work under standing orders from the team physicians. The Commonwealth of Pennsylvania has laws that regulate the practice of athletic training. Within these laws are definitions that specify the scope of practice for a Certified Athletic Trainer (A.T.C.). Copies of these orders are on file in the Anderson Center Athletic Training Room.
General Duties and Responsibilities

1. The prevention, evaluation, care, and rehabilitation of all athletic injuries to all Misericordia University student athletes. This also includes the return of injured student athletes to competition in optimum physical condition.

2. Making sure the parents of an injured student athlete are informed when they are sent for medical treatment.

3. The proper maintenance, organization, and supervision of the athletic training room.

4. Attending all home practices and games.

5. Performing emergency care as needed to any student athlete at home events and to coordinate emergency services with local emergency squads.

6. The selection, ordering and maintenance of all athletic training supplies and equipment.

7. Provide advice on equipment purchases and equipment fittings.

8. To communicate with coaches and athletic director on the playing statuses of all injured student athletes.

9. Refer student athletes to a physician’s care when the evaluation or treatment of the injury is beyond the scope of Athletic Training.

10. Maintain injury, insurance, and treatment records on file in the athletic training room.
Services Rendered

The athletic trainers at Misericordia University provide services for the following persons:

1. Any student athlete enrolled at Misericordia University that has a physical on file and is on a team roster.

2. Any visiting student athlete who is injured while engaging in competition at Misericordia University.

3. Any coach, official or other personnel directly involved with an athletic event at Misericordia University.

4. Any fan, spectator, or other outside public will receive emergency care and/or general first aid from the athletic trainers if needed.
**Event Coverage**

In accordance to NCAA rules a certified athletic trainer will attend all home events.

The **away game** policy is as follows:

The host school that Misericordia University will be competing against will be called or emailed at least 24 hours in advance to let them know that an athletic trainer will not be traveling with the team. The host athletic trainer will then be given specific instructions on the needs of the team. All traveling teams will have a medical kit stocked with supplies needed for the care and treatment of the Misericordia University student athletes.
**Athletic Training Room Hours**

The athletic training room will be open at least one hour prior to each scheduled practice or home game. The athletic trainers will be available until all home events or practices are over. Athletic training room hours are posted on the door of the athletic training room.

The athletic trainers must be informed of practice/game schedules at least 24 hours in advance whenever possible. If they are informed less than 24 hours in advance there is a chance the practice will not be covered.

If Misericordia University is closed due to severe weather conditions, the athletic trainers will not cover any practices that day or any following day(s) until the university re-opens.
Injury Care Policies

It will be the responsibility of the athletic trainers to evaluate, treat and/or refer any injured student athlete that is under his/her care. An injury evaluation may be done on the field at the time of the injury or in the athletic training room. Once an evaluation is made, the athletic trainers will make the decision as to the nature and extent of the injury of the student athlete. The athletic trainers will then make the decision as to the appropriate treatment, rehabilitation, and/or physician referral. The coach, athletic director, and parent or guardian will be notified as needed.

In the event that the student athlete needs treatment for their injury, the methods used will conform to standard first-aid procedures, recognized use of modalities that are used in the realm of athletic training, the limitations of the athletic training room and the qualifications of the certified athletic trainer. Above all, the standard orders of the team physician will be followed.

A written note, only by a medical physician has the authority to override the athletic trainers’ decision on a student athlete’s playing status.

All medical information regarding Misericordia University student athletes must be kept confidential. Information may be shared with the respective coach and the athletic director. Anyone else inquiring about an injury, playing status, etc… will need written permission from the athlete before that information is released.
Away Contest Injury

If an injury occurs while a team is at an away contest and the athletic trainer is not traveling with them, the host school’s certified athletic trainer should evaluate the injury and offer his/her advice.

Upon returning to campus the head coach should leave an email or voicemail for the athletic trainers indicating:

1. A brief description of the injury
2. The immediate care given to the student athlete
3. The student athletes name and phone number
4. Student athletes should be encouraged to contact the athletic trainers the next day to schedule a re-evaluation and treatment
Injury Report/Status

An injury report will be communicated either by email, voicemail or face to face discussion with the coaches every day if needed. If there is no report it should be assumed that there is no changes to the previous day’s report.

The injury reports are separated into three different playing status breakdowns.

“OUT” : This means the student athlete is not to practice at all. A physician and/or the athletic trainers must clear him/her before returning to practice and/or games. The student athlete will have to go through some functional testing as well before returning to play.

“Questionable” : This means the student athlete will have to be tested before he/she can resume practice. In some cases a student athlete will be under this listing because the athletic trainers have not had any communication with him/her on that particular day.

“Go As Can” : This is to let the coach know that a student athlete does still have an injury and is or should be receiving treatment on a daily basis. Specific limitations are also addressed under the student athlete’s name.

Functional testing will be done prior to practice/game and the results will be communicated to the coaches accordingly.
Physician Referral

An injured student athlete will be referred for further medical evaluation and diagnosis following these conditions:

- The athletic trainers should evaluate the student athlete before the referral is made. If the athletic trainer is not available in an emergency situation, the student athlete should be sent to the nearest emergency department.

- The injury suffered by the student athlete requires care that exceeds the athletic trainers’ capabilities, the injury is beyond the scope of athletic training, or the facilities that are needed to treat the injury are not available.

- The student athlete or the parents/legal guardian request that the student athlete receive further medical evaluation. The student athlete maintains the right to seek a second opinion from another physician, but should communicate this to the athletic trainer.

- In the event the student athlete does not respond to treatment, normally 2-3 days, he/she will be referred to a physician.

- Proper follow up between the physician and the athletic trainers will be carried out to ensure that proper rehabilitation will be accomplished and that adequate information regarding the student athlete’s return to competition can be obtained.
**Chiropractic Care Policy**

If a Misericordia University student athlete is under the care of a chiropractor the Misericordia University athletic training staff **cannot** treat that student athlete for that specific injury.

If a student athlete was held out of practice by the chiropractor and has ended his/her chiropractic care he/she will need a note from a MEDICAL PHYSICIAN (i.e.: MD, DO, DDS) to return to play.

Under no circumstances will the Misericordia University athletic trainers accept a release to play after an injury or a physical clearance by a chiropractor.
Athlete Medical Information Files

All student athletes participating in an intercollegiate sport at Misericordia University will have a medical information folder on file at the Anderson Center athletic training room. The following forms should be included in these folders.

**Physical Form:** All student athletes at Misericordia University are required to have an annual physical done prior to their sport season. The physical form must be on file in the Anderson Center athletic training room office and in the student health center.

**Medical Consent, Release and Shared Responsibility Form:** To be filled out completely prior to the student athlete’s first practice at Misericordia University.

**Authorization to Release Medical Information:** In response to current federal HIPAA laws all student athletes must sign this form annually. This form needs to be signed by the student athlete and the certified athletic trainer. A copy of this form is then returned to the student-athlete for his/her records.

**Emergency Medical Information:** This form is to be filled out annually. A copy of this form gets put in the medical kit of the sport the student athlete participates in.

**Insurance Information Form:** This form is to be filled out completely annually. This form is typically mailed to the parents of the student athletes. A copy of their current health insurance card is also required.

**ATHLETES UNDER 18 YEARS OF AGE:** Student athletes that are under the legal age of 18 years old will need to have their parent/guardian co-sign all forms except the emergency medical information form.
Automated External Defibrillator Policies and Procedures

Both Certified Athletic Trainers are trained to use the AED.

Pennsylvania Law Concerning AED Use

42 Pa.C.S. § Delineates Good Samaritan civil immunity for AED use.
42 Pa.C.S. § Delineates non-medical Good Samaritan civil immunity for AED use.

AED Manufacturer and Model

Agilent Heartstream FR2 M3861A, M3861A Semi-Automatic External Defibrillator Serial #0302058005

Location of AEDs

1. There is an AED in the white cabinet on the wall or in the blue splint bag in the Anderson Center athletic training room.
2. There is an AED located in the lobby of the Anderson Center.
3. There is an AED located in the lobby of the Health Center.
4. There is an AED located in the white equipment shed at Mangelsdorf Field.

The AED will be readily available at all home events.

AED Inventory

The AED Case should contain the following:
- 1 AED Unit with functioning battery
- 2 sets of Adult AED Electrodes
- Extra Battery

AED Maintenance

Daily: the AED performs a self-test every 24 hours; an alarm sounds if service is required
Before each season: the battery will be removed and re-inserted so that a self-test can be done

AED Use Procedures

See the Misericordia University Emergency Action Plan (pages 29-30)
Misericordia University Emergency Action Plan

Follow the standard of care outlined by the American Red Cross: Check, Call, Care

A. Check: Level of Consciousness.
   1. Conscious: Continue the evaluation, alert a certified athletic trainer and activate EMS as needed.
   2. Unconscious: Determine A, B, C’s and continue to next step.

B. Call: Activate EMS. Dial 911
   1. All EMS calls should include the following:
      a. Location of the emergency
      b. The phone number of the phone you are calling from
      c. Caller’s name
      d. What happened and how long ago
      e. Patient’s current condition
      f. Type of care being given
         *Caller should always hang up last*
   2. An individual should be designated to meet EMS at the entrance of the facility.
   3. Misericordia University’s physical address:
      301 Lake Street
      Dallas, Pennsylvania 18612
      ***NOTE***
      Misericordia University is in DALLAS TOWNSHIP

C. Care: Continue to care for the athlete as necessary and aid EMS upon arrival.

D. Transportation via ambulance:
   1. If possible the certified athletic trainer or designee will travel with the student athlete in the ambulance or meet him/her at the emergency room as soon as possible.
   2. Hospitals:
      a. If the athlete has a life threatening emergency Wilkes-Barre General Hospital Emergency Room will be used from the Anderson Center.
      b. If the athlete has a non-life threatening injury-Geisinger Health System Emergency Room will be utilized
E. Staff Notification:

1. The certified athletic trainer or a designee will travel with the student athlete in the ambulance.

2. Notify the certified athletic trainers as soon as possible if they are unaware of the situation.
   a. Anderson Center Athletic Training Room (570) 674-6349
   b. Each coach has a phone list with the personal contact information of the ATCs, please refer to that list if we are not available in the Athletic Training Room.

3. The Certified Athletic Trainers will notify the Athletic Director, appropriate school officials (if warranted) and the parents or guardians as soon as possible.
Sports Concussion and Closed Head Injury Policy and Protocol

If a member of the Misericordia University Athletic Training Staff has a concern that a student athlete may have sustained a sports concussion or closed head injury due to their participation in athletics, or if one or more individuals express concern to a member of the Athletic Training Staff that a student athlete may have suffered a sports concussion or closed head injury, this Policy and Protocol will be followed. The health and welfare of the student athlete will be the primary consideration throughout the process.

Definition of Sports Concussion:

1. Concussion may be caused by a direct blow to the head, face, neck, or elsewhere on the body with an “impulsive” force transmitted to the head.

2. Concussion typically results in the rapid onset of short lived impairment of neurological function that resolves spontaneously.

3. Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury.

4. Concussion results in a graded set of clinical syndromes that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course.

5. Concussion is typically associated with grossly normal structural neuroimaging studies.

Definition of Closed Head Injury:
Any injury to the head can cause damage to the brain stem and other vital centers of the brain. This can include but is not limited to traumatic brain injury, cerebral contusion, epidural hematoma, and subdural hematoma. (NATA Position Statement: Management of Sport-Related Concussion, 2004)
Signs and Symptoms of Sports Concussion and/or Closed Head Injury:
A sports concussion and/or closed head injury will be suspected if any Misericordia University student-athlete presents with one of the following signs, symptoms, or problems, in excess of his/her baseline score, after sustaining direct or indirect contact to the head. If no baseline test is available, a student-athlete must be symptom free according to the Certified Athletic Trainer’s assessment. These can include clinical symptoms, physical signs, cognitive impairment, and/or loss of consciousness. Any student-athlete with signs, symptoms, or problems will be removed from play that day, monitored and will not return to play on the day of injury.

The following is a list of possible signs, symptoms, or problems of a sports concussion or closed head injury: This list is not an all inclusive list, other signs, symptoms, or problems may occur that are not listed.

- Headache
- Nervous or Anxious
- “Pressure in the head”
- Trouble falling asleep
- Neck Pain
- Sleeping more than usual
- Balance problems or dizzy
- Drowsiness
- Nausea or vomiting
- Fatigue
- Vision problems
- More emotional than usual
- Hearing problems/ringing
- Irritability
- Feeling “dinged” or “dazed”
- Sadness
- Confusion
- Sensitivity to light
- Felling slowed down
- Sensitivity to noise
- Feeling like “in a fog”
- Slurred speech
- Convulsions or Seizures
- Loss of consciousness
- “Don’t feel right”
- Difficulty concentration
REFERRAL GUIDELINES:

Once a student athlete has presented with any of the above signs, symptoms, or problems; they will be monitored, including vital signs and level of consciousness, every several minutes after the onset of symptoms. Monitoring will continue until one of the following scenarios is determined:

1. Immediate Referral to Emergency Room:

   Any student athlete presenting with any of the following signs, symptoms, or problems will be referred to the emergency room immediately upon on-field assessment:
   - Deterioration of neurological function
   - Decreasing level of consciousness
   - Irregularity in respirations
   - Irregularity in pulse
   - Unequal, dilated, or unreactive pupils
   - Any signs or symptoms of associated injuries, e.g. spine or skull fracture, or bleeding
   - Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
   - Seizure activity

2. Referral to Physician on the Day of Injury:

   a. Any student athlete presenting with any of the following signs, symptoms, or problems when compared to the initial on-field assessment, will be referred to a physician on the day of injury:

   - Loss of consciousness
   - Amnesia lasting longer than 15 min
   - Increase in blood pressure
   - Cranial nerve deficits
   - Vomiting
   - Motor deficits subsequent to initial on-field assessment
   - Sensory deficits subsequent to initial on-field assessment

- Balance deficits subsequent to initial on-field assessment
- Cranial nerve deficits subsequent to initial on-field assessment
- Postconcussion symptoms that worsen
- Additional postconcussion symptoms as compared with those on the field

b. A student athlete will also be referred to a physician on the day of injury if he/she has not shown improvement in their signs, symptoms or problems by the end of practice or competition.

3. Release of the Student-Athlete from the Supervision of a Certified Athletic Trainer with Take-Home Instructions:

If the student athlete has shown an improvement in their signs, symptoms or problems by the end of the practice or competition, they will be given Take-Home Instructions for care while they are at home and not under the supervision of a Certified Athletic Trainer. These instructions will be given and explained to a responsible individual as determined by the Certified Athletic Trainer. The student athlete will be continually monitored for deterioration every few hours and days afterwards as problems could arise over the next 24-48 hours. The student athlete will be monitored regularly until they are symptom free.

4. Delayed Referral (after the day of injury):

If a student athlete that was released from the supervision of a Certified Athletic Trainer and given Take-Home Instructions presents with any of the following signs, symptoms, or problems after the day of injury, he/she will be referred to a physician as determined by the Certified Athletic Trainer.

- Any of the findings in the “Referral on Physician on Day-of-Injury” category that have developed since the initial evaluation
- Postconcussion symptoms worsen or do not improve over time
- Increase in the number of postconcussion symptoms reported
- Postconcussion symptoms begin to interfere with the athlete’s daily activities (i.e., sleep disturbances or cognitive difficulties)

Any student athlete that has presented with signs, symptoms, or problems related to a sports concussion will be monitored regularly using the Post Concussion Symptom Scale.

RETURN-TO-PLAY ASSESSMENT

Assessment Tools:
The Misericordia University Athletic Training Staff will utilize the Standardized Concussion Assessment Tool (SCAT2) for baseline testing of students athletes participating in high risk sports. The SCAT2 test will also be used to evaluate student-athletes diagnosed with a concussion. These follow-up evaluations occur in the days following the possible concussion of any student-athlete.

RETURN-TO-PLAY GUIDELINES:

Once a student athlete has displayed any of the signs, symptoms, or problems stated above the student-athlete will be removed from practice or competition for the remainder of that day. When the student athlete is symptom free for 24 hours, the student athlete will be retested using the SCAT2 Test. The student athlete will not be physically tested until the SCAT2 Test results have returned to baseline.

Criteria 1:
If a student athlete is symptom free or has returned to baseline on the SCAT2 Test, within the first 24 hours after injury and has remained symptom free for 24 hours he/she will be retested. If the first attempt of the SCAT2 Test retest has returned to baseline, the student athlete can begin the Physical Exertion Testing Protocol, steps 1 - 3, that day. The student-athlete must return to baseline on the SCAT2 Test, be symptom free throughout the Physical Exertion Testing Protocol, steps 1 - 3, and remain symptom free until the next day before he/she can continue to step 4 of the Physical Exertion Testing Protocol and return to play.
If the student athlete has a recurrence of signs, symptoms, or problems during the Physical Exertion Testing Protocol, steps 1 - 3, or by the next day, he/she must follow **Criteria 2** for return to play. If the first attempt of the SCAT2 Test returned to baseline but the student athlete continues to have no signs, symptoms, or problems, he/she must follow **Criteria 3** for return to play.

**Criteria 2:**
If the student athlete is not symptom free within the first 24 hours after the injury he/she will not be retested with the SCAT2 Test until he/she is symptom free for 24 hours. If the first attempt of the SCAT2 Test retest has returned to baseline, the student-athlete can begin the Physical Exertion Testing Protocol that day but will not be able to complete any steps of the Physical Exertion Testing on the same day.

If the first attempt of the SCAT2 Test retest has NOT returned to baseline but the student-athlete continues to have no signs, symptoms, or problems, he/she must follow **Criteria 3** for return to play.

**Criteria 3:**
If the student athlete is not symptom free within the first 24 hours after the injury he/she will not be retested with SCAT2 Test until he/she is symptom free for 24 hours. If the first attempt of the SCAT2 Test retest has NOT returned to baseline, the student-athlete must wait 24 hours to take the SCAT2 Test retest each time it has not returned to baseline. Once the SCAT2 Test has returned to baseline the student-athlete can begin the Physical Exertion Testing Protocol that day but will not be able to complete any steps of the Physical Exertion Testing on the same day.

**Student-Athletes Without SCAT2 Baseline Testing:**

If a student athlete without a SCAT2 Test baseline test is symptom free within the first 24 hours after injury and has remained symptom free for 24 hours he/she can begin the Physical Exertion Testing Protocol, steps 1 - 3, that day. The student-athlete must be symptom free throughout the Physical Exertion Testing Protocol, steps 1 - 3, and remain symptom free until the
next day before he/she can continue to step 4 of the Physical Exertion Testing Protocol and return to play.

If the student-athlete is not symptom free within the first 24 hours after the injury he/she will not be permitted to begin Physical Exertion Testing until he/she is symptom free for 24 hours and will not be able to complete any steps of the Physical Exertion Testing on the same day. Once the student-athlete has been symptom free for 24 hours, the student-athlete can begin the Physical Exertion Testing Protocol that day.

**Physical Exertion Testing Protocol:**

The student-athlete must be symptom free each consecutive day (minimum of 12 hours between each day) before he/she can progress to the next step in the sequence, with the exception of Criteria 1 and student-athletes whose symptoms resolve within 24 hours (above). The student-athlete will not be returned to full contact activity until he/she has remained symptom free, or for those with a pre-test baseline returned to baseline on the SAC Test re-test, and he/she has been able to accomplish all of the Physical Exertion Testing Protocol steps without experiencing any signs, symptoms or problems.

If a student-athlete experiences any signs, symptoms, or problems at any one step he/she will stop the physical exertion testing protocol and begin at the previous step the next symptom free day as long as he/she has been symptom free for a minimum of 12 hours.

**Step 1.** Aerobic exercise – short sprints, sit-ups, push-ups, etc.  
**Step 2.** Non-contact drilling/ Sport-specific exercise  
**Step 3.** Controlled contact drilling  
**Step 4.** Full-contact/ Competition
Disqualification:

If the data shows that a student-athlete has suffered a sports concussion or closed head injury, a multidisciplinary approach will be taken to return the student-athlete to active status. The student-athlete will be spoken with regularly until symptom free. Because no two concussions are the same, disqualification for practice, competition, season or career will be determined by the certified athletic trainer, team physician, and any other involved medical specialists.

References:


Sex Differences and the Incidence of Concussions Among Collegiate Athletes, *Journal of Athletic Training*, 2003; 38(3); 238-244
**Bloodborne Pathogens Policy**

New policies have been developed to protect health care workers from bloodborne pathogens (BBP). The bloodborne pathogens of main concern to Certified Athletic Trainers are HIV and Hepatitis B. Certified Athletic Trainers can be exposed in a variety of ways; including open wounds, vomit, saliva from spitting, and blister serum. Therefore it is imperative to practice preventative measures to protect the athletic trainers and student athletes.

**OSHA Regulations:**

OSHA (Occupational Safety and Health Administration) has developed federal regulations for employees whose jobs may put them at risk to bloodborne pathogens. Also, the NCAA has developed a ruling for sports participation if a student athlete is bleeding.

OSHA requires each workplace to develop and keep on hand an exposure control plan. Copies of the exposure control plan are kept in the Anderson Center Athletic Training Room. The exposure control plan lists and defines training of the certified athletic trainers, documentation of exposure, personal protective equipment and any other pertinent items.

OSHA also regulates that all employees who are at risk of exposure to a bloodborne pathogen must be offered the Hepatitis B vaccination series. If the employee declines, a written statement must be signed, however if the employee changes his/her mind, they may still receive the vaccination.

Special containers should be available for biohazard waste only. These containers should have a labeled red biohazard bag. The container must also have a proper red biohazard label. Biohazard materials include, but are not limited to, bloodied gauze, adhesive bandages, and latex gloves. Each facility should also have a red plastic container for sharp equipment. Sharps equipment includes, but is not limited to, scalpel blades, razors, uncapped syringes, and needles.
Bloodborne Pathogens Policy (cont.)

If you are exposed to a bloodborne pathogen, it is advised to take proper precautions. Wear latex gloves when exposed to any body fluids. This offers some protection between you and the wound or fluid. If a glove should tear, replace immediately. Also change gloves if worn more than ten minutes. Some gloves may be slightly permeable; so two layers may be worn. After use, carefully remove the gloves and discard in a biohazard waste container or bag. Hands should also be washed thoroughly after wearing gloves and handling blood products.

The contaminated area (treatment table, counter top, floor, playing surface, etc…) should be cleaned thoroughly to help decontaminate surfaces. Some sources recommend using a 1:10 bleach-water solution, but this needs to be made daily to be effective. When cleaning a contaminated area it is advised to wear latex gloves and absorb the fluids with paper towels- not terry cloth towels. Discard the towels in the biohazard waste container bags. Saturate the area with the appropriate cleansing solution, allowing this solution to soak ten to twenty minutes if possible. Clean up the area with another paper towel utilizing latex gloves. These should also be placed in the biohazard bags for disposal. Again, wash hands thoroughly.

These are the main preventative guidelines set by OSHA. If followed, the risk of exposure to bloodborne pathogens is decreased.

NCAA Regulations:

The following guidelines and precautions for the treatment of bleeding injuries and the transmission of bloodborne diseases can be found in the 2011-12 NCAA Sports Medicine Handbook.

“When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel. Any participant whose uniform is saturated with blood, regardless of the source, must have that uniform evaluated by appropriate medical personnel for potential infectivity and changed if necessary before return to participation.”
Bloodborne Pathogens Exposure Control Plan

Purpose of the Plan

This plan is designed to promote safe working conditions for the Athletic Trainers. These guidelines were set forth by the Occupational Safety and Health Administration (OSHA) standard, 29 CFR 1910-1030. The purpose of the bloodborne pathogens standard is to “reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens (BBP)” that the Certified Athletic Trainers may encounter in their workplace.

It is the intent of the Misericordia University Athletic Trainers to provide appropriate treatment to the athletes of the institution and visiting institutions without exposing the athletes and/or ourselves to bloodborne pathogens.

We believe that if one acts prudently when working with a bloodborne pathogen the risk of contamination is lessened. The risk of exposure to a bloodborne pathogen should never be underestimated.

Detailed University Bloodborne Pathogens Exposure Control Plan

The exposure control plan is available in the Anderson Center Athletic Training Room office. This allows the policy to be available at all times. It is advised that this policy is reviewed periodically so that the procedures are understood fully.

Exposure Determination

In the athletic training setting one may be exposed to a bloodborne pathogen at any time, therefore any Certified Athletic Trainer may become infected.
**Bloodborne Pathogens Exposure Control Plan (cont.)**

Listed below are possible work activities one may encounter for potential exposure to a bloodborne pathogen.

- Performing CPR (mouth-to-mouth resuscitation)
- Managing an ill athlete (vomit)
- Management of compound fracture
- Dressing and wound care
- Suture removal
- Taking care of blisters
- Proper disposal of soiled uniforms or towels
- Cleaning tables and infected areas
- Proper disposal of biohazard waste

**Method of Compliance**

There are many ways to minimize and prevent exposure to a bloodborne pathogen. These include implementing workplace practice controls, such as having rules and regulations in the work place, providing and using personal protective equipment, and appropriate cleaning procedures.

In the workplace, it is necessary to have proper containers for biohazard waste. The containers should be well labeled and contain a red leak proof plastic bag for any blood saturated pads. Another type of container is for sharp instruments such as needles, scalpels, or razors. These containers should be leak proof, color-coded and labeled as biohazard. When full, containers should be disposed of properly in biohazard waste areas. Another workplace practice control is to provide adequate hand washing facilities with antiseptic cleaners and hand towels. The individual should wash his/her hands immediately after removing latex gloves and exposure to a bloodborne pathogen. It is recommended that food and drink be eliminated from the workplace due to possible exposure to a bloodborne pathogen. Personal protective equipment is used to separate the employees from the bloodborne pathogen. Single use equipment should be disposed of in red biohazard bags and their appropriate containers.
Bloodborne Pathogens Exposure Control Plan (cont.)

Housekeeping is the third area of compliance. This means maintaining the equipment and Athletic Training facilities in a clean and sanitary condition. In order to follow this it is necessary to follow a specific daily schedule. All tables should be cleaned with an approved disinfectant after being exposed to a bloodborne pathogen. The tables and whirlpools should be cleaned with the solution after each work shift. It is necessary to empty all trash containers on a daily basis, as well as check biohazard waste containers for proper disposal. It is also the responsibility of the staff to make sure that all biohazard waste is disposed of in its proper container.

Hepatitis B Vaccinations

Hepatitis B vaccinations consist of a series of three shots or inoculations over a six-month period. If an athletic trainer is involved in an incident that exposes him/her to a bloodborne pathogen, they may receive medical consultation and treatment as soon as possible. All reports will be documented.
Severe Weather Policy

The following policy has been designed to protect the Misericordia University faculty/staff, students, athletes and spectators from the threat of severe weather injury. Severe weather includes but is not limited to thunderstorms, tornadoes, hurricanes, earthquakes and floods.

When the National Weather Service declares a severe weather warning in the Wilkes-Barre area or when the Misericordia University Administration closes the institution due to inclement weather, all athletic competitions and practices will be halted until the severe weather warning has been lifted and the Institution reopens.
**Extreme Temperature Exposure Policy**

The following policy has been designed to protect the Misericordia University faculty/staff, students, athletes and spectators from the threat of heat and cold exposure.

**Heat Exposure:**
1. Apparent Temperature below 90°F: No need to modify activity plan.

**Cold Exposure:** For practices or competition in temperatures below 32°F, it is advisable to add a layer of protective clothing for every 5 mph of wind.
Lightning Safety Policy

The following policy has been designed to protect the Misericordia University student athletes, faculty/staff, students and spectators from the threat of a lightning related injury. This policy applies to all athletic competitions and practices to be held at Anderson Complex, the baseball and softball fields. To monitor lightning the Athletic Training Staff will utilize both the Flash-To-Bang Method and a SkyScan Lightning/Storm Detector. Our policy is in accordance with the 2011-2012 NCAA Sports Medicine Handbook regarding lightning safety.

GENERAL POLICY: A member of the Athletic Training Staff will monitor the weather and make the decision to notify the head coach or officials of dangerous situations and recommend the suspension of activity in the event of lightning. Exceptions will be made for any activity where an Athletic Training staff member is not in attendance, whereby the supervising coach will have the ability to suspend activity. The decision to suspend activity will be based on:

◊ Two subsequent readings on the SkyScan lightning/storm detector in the 8-20 mile range regardless of the presence of visible lightning. (The device is portable and will be in possession of the athletic training staff member or supervising coach.) and/or
◊ The utilization of the **Flash-to-Bang Method** of Determining Lightning Distance:
   a) Count the number of seconds from the time lightning is sighted to when the clap of thunder is heard.
   b) Divide the number obtained above by five to obtain the distance of lightning in miles.

The NCAA (National Collegiate Athletic Association) and NSSL (National Severe Storms Laboratory) have set a minimum guideline of a flash-to-bang ratio of 30 seconds (equivalent to six miles)

Should the flash-to-bang ratio reach or fall below 30 seconds (six miles), athletic competition/practice shall be suspended for a minimum of 30 minutes following the most recent flash-to-bang count of 30 seconds or less.
Lightning Safety Policy (cont.)

PRIOR TO COMPETITION: A member of the athletic training staff and/or Athletic Director will greet the officials, explain that we have means to monitor the lightning and offer to notify the officials during the game if there is imminent danger from lightning. The athletic Director and game officials will then decide whether to discontinue play.

ANNOUNCEMENT OF SUSPENSION OF ACTIVITY: Once it is determined that there is a danger of a lightning strike, the Athletic Training staff member will notify the head coach and/or official and immediately remove all athletes, coaches and support staff from the playing field or practice area/facility to the nearest enclosed grounded structure.

EVACUATION PROCEDURES: It shall be the responsibility of the coaching staff to coordinate evacuation procedures for their respective teams.

Anderson Complex-
   All coaches, student athletes and staff shall enter and remain inside the Anderson Center during the 30-minute minimum competition/practice suspension.

Baseball/Softball/Grass Soccer Field-
   All coaches, student athletes and staff shall enter and remain inside the Anderson Center during the 30-minute minimum competition/practice suspension.

OUTDOOR INSTRUCTIONS: If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees, a dry ditch without water, or seek a flat area (do not choose an open area where you will be the highest object). When there, crouch down wrapping your arms around your knees and lower your head to minimize contact with the ground and wait for the storm to pass. (2011-12 NCAA Sports Medicine Handbook)
Lightning Safety Policy (cont.)

REMEMBER: an automobile, golf cart, or open shelter are not ideal shelters, but will offer you some protection from a lightning strike. Do not touch any metal structures directly after a lightning strike.

EVACUATION OF THE STANDS: During a competition, once the decision has been made, a representative of the athletic department will announce via the PA system:
1. Fans are advised to immediately seek shelter in the nearest enclosed, grounded shelter.
2. REMEMBER: an automobile, golf cart, or open-sided shelter may not protect you from a lightning strike so these are not adequate shelters.

RESUMPTION OF ACTIVITY: During practice, activity may resume under the following conditions. This decision will be based on:

1. Thirty minutes AFTER the last lightning strike within an 8-20 mile range on the SkyScan Lightning detector.
2. Thirty minutes AFTER the last lightning strike within a 6 mile range using the Flash-To-Bang Method. During a game situation the activity will resume once the Athletic Director, Athletic Training staff member and officials have conferred and the above criteria have been met.

CARE OF INDIVIDUALS WITH A LIGHTNING INJURY:
Individuals who have sustained a lightning injury do not carry an electrical charge and are safe for immediate care. Therefore, first aid and the Misericordia University Emergency Action Plan should be initiated immediately.
Insurance Procedures

Misericordia University carries a medical insurance plan which covers all student athletes and student managers participating in the program of intercollegiate athletics. THE UNIVERSITY PROVIDES EXCESS OR SUPPLEMENTAL COVERAGE designed to pick up balances left by the family or employer group insurance. Please note that Misericordia University assumes no responsibility whatsoever for any uninsured expenses, and we strongly recommend that the student athlete have coverage through a primary health insurer to avoid possible, significant out-of-pocket expenses in the event of an injury. It is important to note that the University plan includes a $250.00 deductible per accident.

The plan covers injuries that occur during the play or practice of a covered sport and when traveling on an authorized trip.

PLAN HIGHLIGHTS

◊ The plan provides medical expense coverage on EXCESS/SUPPLEMENTAL basis up to $100,000.00 per accidental injury for play, practice, and travel.

◊ The plan carries a $250.00 deductible per accident.

◊ The NCAA provides a Catastrophic Injury Insurance Program covering student athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a $75,000 deductible and is supplemental coverage in the event of a catastrophic injury.

In essence, the athletic insurance program at Misericordia University is supplemental coverage designed to pick up balances left by the family or student athlete’s group insurance or plan on accidents exceeding $250.00 in expenses up to $100,000.00.
Insurance Procedures (cont.)

CLAIM PROCEDURE

◊ All medical bills for the student athlete incurred as the result of an accident
  in the intercollegiate sports program will be sent directly to the student
  athlete’s home address, unless the university has instructed the medical
  vendors otherwise. In some cases the athletic department may get a copy of
  the bill, but in no case will the athletic department be the primary place for
  the bill incurred to be sent.

A. If you receive a medical bill incurred by your family you must submit
   it directly to your family or employer group coverage plan. They will
   do one of two things:

   1. Honor the claim and pay all or a portion of the bills incurred

   2. Not honor the claim and send you a letter of denial.

B. If there remains a balance after your family, employer group
   insurance or plan has contributed towards the claim, send the claim
   sheet from the insurance company and a copy of the itemized bills
   incurred to the university’s health center.

    If you receive a letter of denial from your family, employer group
    insurance or plan administrator, then send the letter of denial and a
    copy of the bills incurred to the university’s health center. If no
    coverage is available, a letter from your employer with verification
    will be necessary.

C. If the bills incurred and not paid by the family, employer group
   insurance or plan are large enough, the claim will be sent from the
   health center to our insurance carrier office for processing. It is in
   your best interest to have the claim settled promptly since all the bills
   incurred are in your name.
**Insurance Procedures (cont.)**

**PLEASE NOTE:**

If the primary family coverage is through an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) you must follow the proper procedures required by your plan in order for the university’s insurance to satisfactorily complete its portion of the claim. This is especially important if your plan requires preauthorization for treatment out of your plan’s service area.

If there are any questions regarding further program detail, please feel free to contact the Athletic Training Room at Misericordia University.
**Fiscal Policies**

Currently there is no specific budget maximum amount for athletic training supplies at Misericordia University. Prior to the end of the academic year, the athletic training staff will submit a ‘bid sheet’ to one or more vendors. Upon receiving these bids the athletic training staff will then submit them to the athletic director and the University for Approval. Once approved, the order will be placed. Occasionally additional athletic training supplies will need to be ordered through the course of the year. This will be handled strictly on a case-by-case basis.
**Athletic Training Students**

For the fall and spring semesters, Misericordia University certified athletic trainers are given at least two athletic training students from King’s College’s Athletic Training Education Program. King’s College is located in Wilkes-Barre, PA. Each semester, at least two students (one junior, one senior) are placed at Misericordia University so as to experience athletic training in a different setting. Misericordia University is an affiliated site for King’s College, meaning that King’s College allows its athletic training students to work with certified athletic trainers at other area colleges and high schools.

The athletic training students are allowed to provide care within their scope of education when supervised by a Misericordia University certified athletic trainer. Athletic training students act as First Aiders when they are not in the direct supervision of a certified athletic trainer. As a First Aider, the athletic training student can provide care based on the CPR, AED, and First Aid guidelines from the American Red Cross. As of 2006, the role of an athletic training student as a First Aider is strictly voluntary. Athletic training students are never intentionally left without direct supervision, but only in extenuating circumstances and only for a short time.

The King’s College athletic training staff, as well as all certified athletic trainers at affiliated clinical sites, are trained as Approved Clinical Instructors (ACIs). As an ACI, certified athletic trainers evaluate the athletic training students’ knowledge, skills, and general interest in athletic training. ACIs are also able to determine an athletic training student’s athletic training skills. This is done through the King’s College Athletic Training Education Program Proficiency Handbook. If an athletic training student is deemed proficient at a competency, they can then perform that skill under the direct supervision of an ACI.
Policy Regarding the Treatment and Care of Referees/Umpires/Officials

The use of electrical modalities will not be used to treat officials without a prescription from a physician. If a prescription is provided it is up to the host institution and their written protocol to perform prescribed treatment. Infrared modalities (heat and ice) will be available for pre and post-game treatments if requested by official. Taping and manual stretching will be at the discretion of the institution and Certified Athletic Trainer.
Athletic Training Room Rules

- No tobacco or food.
- Not a hangout-if you need something it will be first come first serve.
- No obscenities.
- No equipment (bags, cleats, etc…) in the training room.
- Wear proper attire, shorts and a t-shirt at minimum.
- Shower before coming into TR if getting an evaluation or rehab after practice.
- Do not take anything out of the training room without asking.
- Be polite and cooperative for best results.
- Taping and treatments will be on a “first come, first serve” basis. Please arrive early for practice. Treatments or tapings should not interfere with practice time.
- It is the student-athletes responsibility to report all injuries and/or illnesses to the athletic trainer.
- If an athlete needs something from the athletic training room and the athletic trainers are not there, the athletes’ coach may let them in but the athletes needs to be supervised.
- Under no circumstances should electric stimulation or ultrasound be used by anyone other than a certified athletic trainer.