
BYLAW 9

Medical Guidelines

9.1 Prologue

- 9.1.1 The COA recognizes that each student athlete's medical history, current health, and physical limitations are unique. It also acknowledges that each sport at each college makes differing demands on student athletes and that each college has divergent facilities and financial capabilities.
- 9.1.2 The following are guidelines for athletic and medical care and do not represent mandatory requirements which would, in any way, establish liability if the standards were not fulfilled. It is understood that each college must use its experience and common sense to tailor these guidelines to its best use. Student athletes should understand that each college will use its best efforts to provide for the safety and welfare of the athletes, but each student must exercise his/her good judgment as well. The COA does not warrant to the college or to the student athlete that adherence to these guidelines will prevent injuries.

9.2 The Student Athlete Health and Welfare Team

9.2.1 Team Licensed Physician and Surgeon

The team licensed physician and surgeon (physician) is the final authority on all medical aspects of the athletic health and welfare program. It is recommended that the licensed physician have a basic knowledge of athletics, athletes, and the differences between sports medicine and a general medical practice. The licensed physician's supervision of the medical aspects of the athletic health and welfare program requires the following commitments of time and responsibility.

The licensed physician is requested to:

- A. Provide guidelines and the final decision concerning the athlete's medical eligibility to participate in sport practice or competition. Whenever the licensed physician deems it advisable, the licensed physician may seek the advice of other medical professionals; the final decision concerning participation lies with the college's licensed physician.
- B. Establish guidelines for the athletic program first aid procedures.
- C. Establish guidelines for rehabilitation programs used in the athletic training program.
- D. Provide medical direction to the athletic trainer and staff.
- E. Participate as a member of the college's student athlete health and welfare team.
- F. Make and retain records of all student athletes who he/she treats for injuries.

9.2.2

Athletic Director/Dean

The athletic director/dean is responsible for the administrative aspects of the athletic health and welfare program. This includes:

- A. Supervising the athletic trainers in their day-to-day activities.
- B. Developing and supervising the athletic training budgets, supplies, equipment, and their inventory.
- C. Setting the athletic trainer's work time schedules.
- D. Providing a licensed physician(s) to be in attendance at all football games.
- E. Evaluating the performance of the athletic trainer.
- F. Providing training and, to the extent possible, rehabilitation, facilities, and services that are open to student athletes, women and men.
- G. Confirming the existence of a comprehensive medical insurance program covering intercollegiate athletes.
- H. Providing safe athletic equipment and playing facilities.
- I. Participating as a member of the college's student athlete health and welfare team.

9.2.3

Athletic Trainer:

The athletic trainer(s) is responsible for the administration of the athletic training program. This includes:

- A. Working toward and achieving certification by an organization recognized by the National Commission on Health Certifying Agencies and the American Medical Association.
- B. Providing an athletic training program which may include:
 - Prevention of athletic injuries.
 - Recognition and evaluation of athletic injuries.
 - Management and treatment of injuries.
 - Rehabilitation of athletic injuries.
 - Organization and administration of athletic training programs.
 - Education and consultation of student athletes.
- C. In the absence of the licensed physician, the athletic trainer is responsible for deciding whether an athlete is medically able to participate by following the licensed physician's guidelines.
- D. Coordinating pre-participation screening exams for athletes. Formal medical records shall be maintained for all athletes, as well as for any

other individuals seen. Any information submitted to the insurance company dealing with athletic injuries shall be prepared from the information provided in the athletes' "injury intake" records.

- E. Keeping an accurate inventory of all athletic training room supplies and equipment. In addition, a yearly budget shall be submitted to the athletic director/dean.
- F. Being available for consultation with coaches to develop individual or team conditioning programs. Coaches shall be kept informed about the health and participation status of the injured athletes.
- G. Inspecting playing fields and athletic equipment to make recommendations to the appropriate college officials for corrective action.
- H. Providing athletic training supervision for home/host athletic contests and away football games. On site coverage of games will be determined by the day's schedule and the relative risk of the sport. High risk or contact sports have priority. Coverage of away contests will depend upon available staffing, time of the season, and need. Examples of this would be a team with a large number of injured athletes, PC, or a lack of coverage by a host school. The athletic training staff should be able to adjust to a varied weekly schedule throughout the school year. (*See Bylaw 6.7*)
- I. As a primary skill, the athletic trainer is an advisor. This advice covers many areas from personal advice to academic concerns. The successful return of the athlete to participation in the shortest time depends upon healing skills, as well as the mental state of the athlete. The trainer enhances the mental state of the athlete through advisory skills and therefore shortens the athlete's rehabilitation time. The athletic trainer is an active member of the college's student assistance program.
- J. Being responsible for the care of the athletes participating in the program. This should not include club activities, high school games scheduled at the college, or college contests hosted at a neutral site, or out-of-season teams.)
- K. Recruiting and supervising the athletic trainer interns and providing the necessary guidance required for them to complete required certification requirements.
- L. Serving as an active member of the student athlete health and welfare team. A sample athletic trainer job description follows in *Appendix D*.

9.2.4

Coaching Staff

Working with the athletic trainers and the health and welfare team, the coach's role involves the following:

- A. The coach is expected to teach sport skill techniques with emphasis on proper warm-up and stretching techniques.

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- B. The coach works with the development of injury prevention programs. This includes preseason conditioning programs, insuring the adequate recovery of the injured athletes before their return to practice or competition, and planning practices around sound physiological and environmental guidelines.
 - C. The coach shall call on the licensed physician to determine when an injured athlete may return to practice or competition.
 - D. The coach should be an active member of the student athlete health and welfare team.

9.2.5 Health Center

It is recommended that the college health center and its staff be an active participant on the college student athlete health and welfare team.

9.2.6 Additional Team Members

The student athlete health and welfare team may include many additional professionals who will work to achieve the goals of the college team. Some of those who may be valuable members are:

- Dentists
- Physical therapists
- Chiropractors
- Nutritionists
- Podiatrists
- Massage therapists
- Exercise physiologists
- Sports psychologists
- Strength coaches
- Health educators
- College nurses
- Physical educators

9.3 Athletic Injury Guidelines of Practice

9.3.1 Pre-participation Screening Exam

- A. Student athletes shall complete a thorough pre-participation health screening examination. This screening shall be performed by a licensed physician or other qualified medical personnel under the supervision of a licensed medical physician.
- B. The student athlete health screening examination form should provide a medical history designed to detect conditions that will render an athlete's fitness to engage in sports. In no way is the written examination to be misconstrued as a complete health physical examination.

9.3.2 Warning and Informed Consent

The colleges should inform athletes of the risks of participating in the specific intercollegiate sport, including potential unavoidable injuries. Other than protective equipment mandated by sport rules or by a licensed physician for participation in a sport, protective devices or equipment should be elective to an athlete.

9.3.3 Preseason Meetings and Insurance Coverage

- A. Information about the risk of injury associated with the particular sport should be discussed with the student athletes prior to the first practice. At the meeting, a form should be distributed and signed stating that each athlete has been informed regarding the risks of injury for his/her sport. It must be understood that participants may sustain serious or catastrophic injury during participation. No athlete should be allowed to participate unless he/she has attended such a meeting and signed the form.
- B. The coach shall emphasize to all student athletes that they should immediately report any injury or medical conditions. The student athlete is primarily responsible for his/her health and welfare. Particular attention should be paid to students having preexisting injuries or medical conditions, or who are taking prescribed medication.
- C. The college's current medical and insurance coverage should be introduced and described in detail by a representative of the insurance carrier. The policies of the rehabilitation and insurance programs should also be discussed at this time.

9.3.4 Instruction

College staff members shall provide prudent instruction necessary to delineate safe versus unsafe behavior. Safety must be clearly communicated to those exposed to risk whether it involves participation in an activity or use of a product. Any danger not obvious and apparent to participants should be explained in order to help the person avoid danger.

9.3.5 Medical Coverage Guidelines

- A. Ambulance service shall be available at all football games. This ambulance must be able to transport the athlete to the hospital of the licensed physician's choice. The visiting team(s) shall be notified of the ambulance procedures to be used at events.
- B. The following emergency and therapeutic equipment is recommended to be available at the college for use in caring for injuries:
 - First aid supplies/splints
 - Ice with bags
 - Spine board
 - Stretcher/sports chair
 - Cervical collar
 - Crutches
 - Face mask removal equipment (football only)

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- Drinkable water
 - Telephone/communications system
 - Therapy and exercise equipment appropriate to the guidelines of the team's licensed physician
- C. In case of injury:
1. The licensed physician or home athletic trainer will be consulted for the efficient management and transportation of the injured athlete to the appropriate medical center.
 2. Each athletic trainer shall be responsible for providing a directory of licensed physician specialists and hospitals available in case of emergency.
- D. The home college athletic trainer should make himself/herself known to the visiting team's athletic trainer or coaches prior to any contest and advise them as to their location.
- E. Outside communication by telephone or some other means must be available at all times.
- F. The home athletic trainer will compile and provide emergency information to the visiting team prior to an event.
- G. The following will be available to teams:
- Ice at contest playing site (sideline)
 - Taping facilities; i.e., "taping" table (sideline)
 - Water, drinking cups, or water bottles at the bench
- H. It is recommended that a lighted, warm, covered, coed facility be available for the team's medical staff for examinations and taping.
- I. The visiting team is responsible for the medical supplies for its own athletes. In case of emergency, the host athletic trainer will provide supplies to visitors on a pay back basis.
- J. Arrangements must be made in advance by the visiting teams in order to be treated by the host athletic trainer.

9.3.6 Exposure to Blood

Colleges should:

- A. Comply with Occupational Safety and Health Administration (OSHA) regulations on this topic.
- B. Develop a written college plan to care for the exposure of blood for student athletes, trainers, staff, and event officials.
- C. Plan an active educational program to train employees and students about the hazards of exposure to blood.

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- D. Keep accurate records of blood exposure incidents.
 - E. Provide, at all times, OSHA-approved protective and disposal equipment.
 - F. Treat all blood and body fluids as if they are infectious.

9.3.7 Protective Measures

Colleges should:

- A. Develop regular cleaning and decontamination schedules for college competition areas, practice facilities, equipment, and the athletic training room.
- B. Provide special hazardous waste disposal containers in the training room and at competition and practice facilities.
- C. Ensure regular use of exposure control supplies including, but not limited to, masks, gloves, aprons, and non-return airway(s) when necessary by all staff and student participants.
- D. Develop OSHA-recommended procedures for handling or removing contaminated towels, uniforms, and laundry.
- E. Consider ways to provide clean uniforms for students during practice or competition in case of exposure to blood.

9.3.8 Blood Exposure During Practice or Competition

Open wounds or skin lesions should be appropriately treated. Whenever a student athlete suffers a laceration or wound where oozing or bleeding occurs, the practice or competition should be stopped at the earliest possible moment.

9.3.9 Education

Colleges are encouraged to introduce and continue education programs about the problems of exposure to blood for all participants and employees of the college.

9.4 Catastrophic Injury Management Procedures

9.4.1 In cases where athletic injury becomes catastrophic, there is need for special concern. Following are recommended guidelines as a minimum to care for incidents of catastrophic injury.

- A. Injured Athlete—A college counselor/advisor should be made available to the injured athlete.
- B. The Family—It is the responsibility of the training staff or team licensed physician to make contact with the family of the injured athlete and assist them in any way possible. No other contacts with the family will be made until the family has been officially notified of the injury by the college's medical staff.

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- C. School Officials—The athletic trainer or the team-licensed physician will meet with the athletic director/dean to discuss the injury. The athletic director will notify the appropriate college officials about the injury. A college plan will be developed to allow the orderly dissemination of information about the injury to needed parties.
 - D. News Media—No information will be given to the press concerning the student athlete’s medical condition until permission is given by the proper party. All requests for medical information about the injured student athlete will be referred to an individual designated by the athletic department, preferably the athletic trainer, team-licensed physician, or the presiding licensed physician.
 - E. Insurance Carriers—The athletic director/dean will notify the appropriate insurance carriers of the injury as soon as possible following the injury. These include the athletic insurance carrier(s), the catastrophic injury insurance carrier(s), and the insurance carrier for the college district.
 - F. Team Members—At the earliest opportunity, team members should be notified of the injury and about the condition of their teammate. During this meeting, the team should be advised how to communicate with the press and cautioned about the release of unfounded medical information (rumors).
 - G. Counseling for Team Members—As soon as possible following the injury, counselors/advisors will be notified and made available to team members.
 - H. Record Keeping—Athletic department staff involved with the injured athlete, including coaches, athletic trainers, equipment attendants, and game officials shall write their version of the incident, to be retained in a safe location. This document will include all records concerning the athlete’s participation at the college, a description in the injured athlete’s own words of the incident, how it occurred, observations, witness statements, conversations concerning the injury, and any other relevant information.