

ASHLAND UNIVERSITY SPORTS MEDICINE

MISISON

The Ashland University Sports Medicine Staff strives to place a high value on health and wellness, thus enabling injured student athletes to return to sport as soon as it is medically safe. These services will be provided to maintain the highest standards of quality consistent with the National Athletic Trainer's Association's Code of Professional Practice and credential statutes of the Board of Certification. It is the intention of this medical team to support Ashland University with the resources necessary to accomplish the stated goals of this program.

PHILOSOPHY

The Ashland University Sports Medicine Staff is committed to providing an evidence- based practice approach to recovery and return-to-play through a progressive, functional, and innovative rehabilitation program.

CERTIFIED ATHLETIC TRAINER

The Certified Athletic Trainer (ATC) will act in accordance with the Ohio Athletic Trainers' Association (OATA) and the BOC Professional Standards of the National Athletic Trainers' Association (NATA). Current ATC certification and licensure should be on file with the Head Athletic Trainer and displayed if possible. All ATCs must also have proof of up-to-date CPR/AED certification.

Ohio Health has provided six Certified Athletic Trainers to provide medical coverage as agreed upon by the Athletic Department at Ashland University.

The Head Athletic Trainer is employed through Ashland University and holds the title of Director of Sports Medicine/Assistant Athletic Director.

SPORTS MEDICINE STAFF

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STUDENT-ATHLETE CARE CIRCLE STAFF

Should an athlete require medical care, the Athletic Trainer will assist the student-athlete and the family in coordinating the proper care. This may include contact with the family's Primary Care Physician, and, if necessary, a referral to the Ashland University Student Health Center, Samaritan Regional Health Center, or to an outside source for further evaluation and/or treatment.

Emergency Numbers

Samaritan Hospital | 419.289.0491

OhioHealth Orthopedic & Sports Medicine Physicians 419.289.1774

University Health Center | 419.289.5200

Pharmacy Numbers

CVS | 419.281.0525

Drug Mart | 419.281.7880

Rite Aid | 419.289.3717

SPORTS MEDICINE DEPARTMENT HOURS OF OPERATION

Monday-Friday: 9-12pm; 1-5pm

Weekends: Open as needed for all in-season practice/game coverage

Games: Open 1 and one half hours prior to the start of each home event. This time is designated for the preparation of athletes including both home and visiting teams.

All other evaluation and treatment needs must be made through the athlete's respective Athletic Trainer based off of ATC availability. A Google Sheet has been emailed to all SA's. This is where they will sign-up for a time to see their respective AT. The Google Sheet will be updated by all AT's by Sunday evening at 5pm.

- Schedule subject to change due to athletics seasons. Any change of hours will be posted on the Athletic Training Room Door.
- After the Athletic Training Room is closed student-athletes may get ice from the cooler outside the ATR door.

SPORTS MEDICINE DEPARTMENT POLICIES

1. Athletes must have a completed physical and incoming/returning athlete PPE on file with the Ashland University Student Health Center prior to any sport participation along with concussion testing and all additional athletic training forms found on the Ashland University Athletics website. (https://goashlandeagles.com/information/AthleticTraining/Medical_Eligibility)
2. All student-athletes are expected to report to the athletic training room/ATC for any injury acquired during the athletic season. Failure to do so will invalidate any secondary insurance coverage by the University.

3. Student-athletes needing treatment, rehabilitation, and/or evaluation are expected to report to the athletic training room during the posted ATR hours. If the student-athlete is unable to receive treatment during the allotted time it is the responsibility of the student-athlete to contact the athletic trainer to arrange a time outside of normal hours.
4. Treatment will be administered as directed by a certified athletic trainer after evaluation. No athlete may administer treatment to him or herself at any time. Student-athletes will not be allowed to touch or adjust the modalities in the Athletic Training Room.
5. Student-athletes should report all prescription medications and over-the-counter nutritional supplements they may be using to a certified athletic trainer. Failure to report supplements may result in a positive drug test for any banned substances contained in the substance .
6. The Ashland University staff Athletic Trainers are committed to providing athletes with the best possible care. Please treat the staff and student athletic trainers in a professional, courteous, and respectful manner.

ATHLETIC TRAINING ROOM RULES

1. Student-athletes should place all equipment and personal bags outside by the stairs near the Athletic Training Room entrance when they arrive for treatment.
2. No cleats or spikes are allowed in the athletic training room, proper footwear must be worn at all times, unless student-athlete is on a treatment table.
3. No profanity- No horseplay- No loitering- No tobacco products allowed in the athletic training room at any time.
4. This is a co-ed facility- proper attire must be worn at all times in the athletic training room (Shirts, shorts, and shoes required).
5. All student-athletes MUST shower before entering the whirlpools.
6. Supplies and/or equipment are not to be removed from the athletic training room without permission from the staff athletic trainer (i.e. tape, scissors, hot packs, exercise equipment, coolers, etc).

PRE-PARTICIPATION SCREENING

In order to be considered medically eligible for participation within Ashland University Athletics, all student-athletes are required to have a pre-participation exam completed at the Student Health Center prior to participation in any team activities. Along with the physical exam all student-athletes must complete the incoming/returning athletes pre-participation exam form; this form must be signed by the Team Physician or Certified Nurse Practitioner in order to be granted clearance. Physicals are only required for incoming student-athletes at a cost of \$30.

In addition to the preparticipation exam form ALL student-athletes also need to complete the insurance questionnaire, sickle-cell trait form, release of information form, nutritional supplement form, and concussion contract form.

Student-athletes may not practice/participate in any team activities (including conditioning) until all appropriate medical and insurance forms are completed and on file in the Ashland University Student Health Center and Athletic Training Department.

STUDENT HEALTH CENTER

The Ashland University Student Health Center is available to all full-time students and student-athletes. Student Health Center hours are Monday-Friday 9-5pm, closed from 12-1pm for lunch. Walk-in hours are available from 9-10am; following these hours all appointments will need to be scheduled. Appointments can be made by any Certified Athletic Trainer or through the Student Health Center directly.

The staff of the Student Health Center includes a Registered Nurse (RN), Certified Nurse Practitioner (CNP), and Team Physician.

PHYSICIAN APPOINTMENTS & REFERRALS

- Appointments with the Team Physician can be made for Monday mornings at 7am in the Troop Center (as needed) or Wednesday afternoon from 1-3 in the Student Health Center.
- It is the responsibility of the injured athlete to complete all insurance claim forms at the Student Health Center within 30 business days from the time of injury.
- With any athletic injury, a second opinion may be requested by the athlete. All second opinions and referrals must be mutually agreed upon by the Student Health Center to ensure compliance with athletic insurance coverage.
- Physical Therapy referrals are available with a script written by either the team physician, the CNP from the health center, or the operating surgeon of the student-athlete. OhioHealth has a PT that comes to the school that is able to take those PT scripts and work with the student-athlete.
- Portable XR:
- Dr. Bernhards office:
- All referrals must be logged in the student-athletes Healthy Roster account under the Follow-Up tab.

MEDICAL DOCUMENTATION

All full time certified Athletic Trainers must record all medical notes in the student-athletes' personal record. This includes but is not limited to all pre-participation forms, injury evaluations (SOAP notes/progress notes), rehabilitation/therapy notes, Student Health Center/Physician referrals, etc. Each student-athlete will have an online account associated with the university's EMR as well as a hard-copy file that will be kept in a secure location that can only be accessed by the Ashland University Athletic Training staff. Any information pertaining to the student-athlete during their time at Ashland University should be kept in his/her personal medical file. All files are to be kept for seven years following the student-athletes end of competition.

It is required by the State of Ohio OTPTAT Board under Section 4755-41-01 of the Ethical Code, Athletic Trainers should keep accurate records for all areas of injury management. These shall include, but are not limited to, written referrals, personal injury reports/initial evaluation, and daily care rendered/rehabilitation logs. These records shall be in paper or electronic format.

HEALTHY ROSTER

The Ashland University Athletic Training Department uses Healthy Roster as their Electronic Medical Record System. Healthy Roster is an ever changing and progressing EMR. OhioHealth updates all of its staff as updates come forth. All training and updates are posted on the OhioHealth Sports Medicine page on eSource. Any questions that the Ashland University staff has or suggestions to improve Healthy Roster will be directed to Paige Ciminello who has direct contact with the Healthy Roster Staff.

RETURN-TO-PLAY POLICY/MEDICAL DECISIONS

All return to play decisions for Ashland University athletes are made by the Ashland University Team Physician OR Certified Athletic Trainer. Factors such as time withheld from activity, the rate of progression, modality and rehabilitation plan will all be made in conjunction with the Team Physician.

Recommendations made by outside physicians will always be considered; however, final decisions regarding return to participation will be made by the Sports Medicine Staff. Coaches are expected to follow all sports-medicine decisions made by the staff and are at no time permitted to alter decisions or playing status.

No athlete will be allowed to return to participation following an injury without clearance from the ATC or team physician.

In compliance with Ohio law, ATC's may not make a return to play decision for a visiting athlete but may only provide first aid.

PARENT/GUARDIAN COMMUNICATION

Student-athletes under the age of 18

Parents/guardians will be contacted when an injury has occurred. Parents/guardians will be made aware of all treatment decisions made by the Sports Medicine Staff and will be involved in all decisions regarding the need for further testing and treatment options. Parents/Guardians will be involved until the student-athlete turns 18 years of age, at which point communication will depend on the information the student-athlete puts on the disclosure form or any written or verbal communication from the individual. Parents emails can be added to student athletes Healthy Roster accounts to keep them updated on statuses. Parents will be removed from Health Roster when the student athlete turns 18.

Student-athletes over the age of 18

Parents/Guardians will only be contacted in case of emergency unless specifically requested via written or verbal consent from the student-athlete. An emergency is defined as the need for care outside of the scope of Athletic Training and/or the need for a specialized physician.

Athletic Release of Information- Authorization of Disclosure Form

This form is filled out by all student-athletes as part of their incoming/returning student-athlete paperwork. This form allows Ashland University SHC and Athletic Training Staff to discuss, disclose, and release information. This medical information may only be shared with individuals that the patient has expressed permission on a signed written consent form.

The Authorization of Disclosure form will be valid for up to six months after the athlete is no longer a student at Ashland University- this may be either for reasons of graduation or transfer to a new institution. Student medical records will still be kept for the full seven year period as required by Ohio Law. If a student needs access to these records following the six month period, the student will have to complete a new Authorization of Disclosure form; once the signed form is received by the Athletic Trainer, the records will be released.

Health Insurance Portability and Accountability Act (HIPPA)

HIPPA protects the individual medical and health history information of our student-athletes. Confidentiality of the student-athletes' medical records must be maintained during and after the student-athletes stay as these are considered legal documents. Records are not to leave the Athletic Training Department unless requested by an outside medical source or to those that the student-athlete has listed on their disclosure form. Any questions or concerns from the press/media, professional scouts, or others must be directed to the head athletic trainer. Anyone associated with access to the documents that are the property of the Department of Intercollegiate Athletics will fully comply with all regulations set forth by the Health Information Portability and Accountability Act. All Athletic Training staff members must remember that discussing the status of the student-athlete with other student-athletes is forbidden. This is considered a breach of confidentiality. All staff members must be aware of their surroundings at all times when discussing the health status of student-athletes.

COACHING STAFF COMMUNICATION

Communication with the coaching staff will be at the discretion of the Certified Athletic Trainer assigned to that given sport. Coaches can be notified of the athletes status if the staff chooses to use Healthy Roster. Student-athletes will also be encouraged to communicate all information regarding injuries to the coaching staff; if clarification is needed coaches should contact primary ATC for clarification.

INSURANCE POLICY

Ashland University will provide catastrophic insurance for the student-athletes protection in the case of injuries sustained during supervised practices, games, and conditioning.

Any change in the student-athletes insurance coverage throughout the academic year needs to be reported to the Student Health Center and the Athletic Training Staff immediately.

Ashland University Student Insurance Sports/Accident Coverage is a policy available for all full-time undergraduate student-athletes

1. Primary: (accident insurance)

Wellfleet Group, LLC

PO Box 15369

Springfield, MA 01115-5369

Policy #: WI2021OHACC26

Group: ST1469AC

Phone: 877-657-5030

Website: www.wellfleetstudent.com

***Pays first \$2,500 of usual and reasonable fees relating to an accidental injury (all accidents including intercollegiate sports)**

2. Secondary

Parent's Coverage and/or Personal Coverage outside of Ashland University

3. Excessive: (intercollegiate sports insurance)

Wellfleet Group, LLC

PO Box 15369

Springfield, MA 01115-5369

Policy #: WI2021OHSP16

Group #: ST1496IC

***Pays up to \$90,000 of usual and reasonable fees relating to an intercollegiate sports related injury, after \$2,500 deductible (note: deductible is covered by the primary accident insurance).**

INSURANCE CLAIM FORM

All student-athletes that sustain an athletic-related injury that results in a referral outside of the sports medicine department or Ashland University Student Health Center must have a claim form submitted. This form can be completed at the Student Health Center or with the help of the providing ATC and submitted to the insurance company.

RELEASE OF MEDICAL INFORMATION

The required Athletic Release of Information- Authorization of Disclosure Form must be filled out by all student-athletes. This helps protect important healthcare information covered under the previously mentioned Health Insurance Portability and Accountability Act (HIPPA) that may be released to only certain individuals listed in the student-athletes consent form.

SPORTS MEDICINE COVERAGE

Each sport has a specifically identified Athletic Trainer that works directly with their teams. It is the Athletic Trainer's job to be at every practice, home/away competition, and other sport specific events deemed necessary by the Director of Sports Medicine during that specific teams season.

Ashley Anderson: Women's Soccer & Lacrosse

Anthony Bartko: Football, M/W Cross Country, M/W Indoor/Outdoor Track & Field

Kate Karpoff: Volleyball, Women's Basketball, M/W Tennis

Paige Ciminello: Football, Baseball, M/W Swim & Dive

Rob Cremeans: Wrestling, Softball, M/W Golf

David Jameyson: Men's Soccer & Basketball, ESports

Physician Coverage

Team Physician Chris Boyd, MD, will be present at every home football, men & women's basketball games, and home GLIAC/NCAA Football and Basketball tournaments. There will be a physician present at all home wrestling meets. Physicians will be present to assist with any needs of the home and visiting teams outside of the scope of practice for the supervising Athletic Trainer including, sutures, IV administration, etc.

Travel vs. Non-Travel Sports

Due to the amount of Athletic Trainers on staff compared to sports available at Ashland University, some Athletic Trainers will not be able to travel with certain sports teams. Sports that require travel are listed below due to the high probability of injury because of the nature of the sport.

Non-Travel sports are listed as such because of the low probability of injury associated with the sport. Also, because there are often many host Athletic Trainers that can care for non-emergent injuries at these sporting events that will not harm the athlete further due to the absence of the team Athletic Trainer.

The following sports are deemed travel sports where an OhioHealth/Ashland Athletic Trainer must be present:

- Football, Men's and Women's Soccer, Volleyball, Men's and Women's Basketball, Wrestling, Softball, Baseball, Women's Lacrosse, STUNT

The following sports are deemed non-travel sports:

- Men's/Women's Cross country and Track & Field, E-sports, Men's/Women's Golf, Men's/Women's Tennis, Men's/Women's Swim & Dive

Travel Athletic Training Expectations

It is the responsibility of the Athletic Trainer traveling with a sports team to provide prudent and reasonable care to the student athletes of Ashland University. If they leave the state of Ohio for an athletic competition, they are to practice under the rules of licensure of the state of Ohio, even if they are licensed in another state. The traveling Athletic Trainer can evaluate, treat and make return to play decisions of the Ashland University athlete only.

Non-Travel Athletic Training Expectations

It is the responsibility of the Athletic Trainer in charge of the sports team traveling without them to send the team with a list of any and all pre-competition treatments and/or tapings. It is also their responsibility to reach out to the host school's Athletic Trainer with an electronic copy of this list, as well as a means of communication so that the host AT may contact the responsible AT with any updates regarding any injury. The Ashland AT must then reach out to the injured athlete to set up a follow up appointment upon their return to campus. All teams traveling without an Athletic Trainer will be provided with a supplies kit by their respective Athletic Trainer. It is the responsibility of the team to bring the kit back when it needs to be restocked.

In-Season and Out-of-Season Coverage

All in-season practices and competitions will be covered by the assigned Athletic Trainer.....

Out of season athletes are still permitted to come to the Athletic Training Room for any/all orthopedic or medical needs. While sports are out of season, athletic training coverage is not required. In the event an out of season team is hosting a game, an Athletic Trainer is required to be present. If an Ashland University outreach Athletic Trainer is not available for coverage, any OhioHealth Athletic Trainer can be outsourced for game coverage.

VISITING TEAM PRIVILEGES

The Ashland University Athletic Trainers will be responsible for communicating to visiting team Athletic Trainer prior to the competition date. Details about the venues EAP and Athletic Training Room Policies/Rules will be communicated. If visiting teams are traveling with a Certified Athletic Trainer, team's are permitted full access to the Athletic Training Room 1.5 hours prior to the start of competition. All visiting team's traveling without an ATC will be provided coverage by a member of the Ashland University Athletic Training Staff. Our staff cannot perform taping/ treatments without written prescription from the visiting teams ATC or team physician. Those athletes or teams who come without a written prescription will only be treated with heat and ice.

INJURY MANAGEMENT PROTOCOL

Injury management will be at the discretion of the sports medicine staff. All injuries will be treated with reasonable and prudent care by the supervising Athletic Training Staff member. This states that no patient will be returned to play unless the member of the sports medicine team in charge of the patient's care, or the team physician, deems it safe. Coaches should be under the understanding that the sports medicine staff needs to be given ample time to perform evaluation and make sound return to play decisions.

HYDROTHERAPY POLICY

1. Aquatic therapy (pool) is prohibited unless supervised by a Certified Athletic Trainer or Lifeguard.
2. Hydrotherapy such as a cold/warm whirlpool is prohibited if the Athletic Training Room is not officially open or without the supervision of a Certified Athletic Trainer.
 - a. Supervised is defined as within eyesight or within shouting distance away from the student-athlete.
3. Proper attire must be worn by student-athletes at all times
4. Any student-athletes with open wounds or transferable skin infections of any type are prohibited from entering the whirlpools.
5. There should be no horseplay in the wet-room area that would jeopardize the safety of him/herself or others.
6. Student-athletes are required to bring their own towel when entering the ice bath; if one must be borrowed from the Athletic Training Room it is to be placed in the laundry basket after use.

SKIN CONDITION POLICY

Fungal Infections

Dermatophytes include a group of fungi that infect and survive mostly on dead keratin cells in the stratum corneum of the epidermis.

Tinea capitis

a. Diagnosis: A culture of lesion scrapings is the most definitive test, but a potassium hydroxide (KOH) preparation gives more immediate results.

b. Treatment: Most patients have recalcitrant cases and should be treated with systemic antifungal agents. Adjunctive therapy with selenium sulfide shampoo is also recommended. Criteria for return to competition: Athletes must have a minimum of 2 weeks of systemic antifungal therapy.

Tinea corporis

a. Diagnosis: A culture of lesion scrapings is the most definitive test, but a KOH preparation gives more immediate results.

b. Treatment: Topical treatment with a topical antifungal agent, twice a day, is effective for localized lesions. More diffuse inflammatory conditions should be treated with systemic antifungal medication. Criteria for return to competition: Athletes must have used the topical fungicide for at least 72 hours, and lesions must be adequately covered with a gas permeable membrane.

Viral Infections

Two primary viral infections are prevalent in athletic populations: herpes simplex and MC. Herpes simplex infection is common among athletes, especially those engaged in activities with full skin-on-skin contact. Molluscum contagiosum is a highly infectious pox virus skin infection caused by the MC virus, which is classified within the family of poxviruses.

Herpes simplex

a. Diagnosis: A culture of lesion scrapings is the most definitive test but may take days.

b. Treatment: New, active lesions may be treated with an oral antiviral medication, such as valacyclovir, to shorten the duration of the infection and lessen the chance of transmission. Criteria for return to competition: Athlete must be free of systemic symptoms, such as fever, malaise, etc. Athlete must have developed no new blisters for 72 hours. All lesions must be surmounted by a firm adherent crust. Athlete must have completed a minimum of 120 hours of systemic antiviral therapy. Active lesions cannot be covered to allow participation.

Molluscum contagiosum

a. Diagnosis: Clinical findings and microscopic inspection are the basis for diagnosis.

b. Treatment: Many anecdotal therapies have been suggested, but physical destruction of the lesions with a sharp curette is recommended. Criteria for return to competition: Lesions should be curetted and covered with a gas permeable membrane.

Bacterial Infections

Bacterial infections are most commonly caused by various gram-positive strains of Streptococcus and Staphylococcus.

Impetigo

a. Diagnosis: The diagnosis of bacterial infections is primarily based on the history and characteristic appearance of the lesions. Specimens for culture and antimicrobial susceptibility should be obtained from any questionable lesions.

b. Treatment: Culture and sensitivity of suspicious lesions will dictate treatment for all bacterial infections. Topical medications have been shown effective in treating impetigo. Criteria for return to competition: Any suspicious lesions should be cultured and tested for antimicrobial sensitivity before the athlete returns to competition. No new skin lesions for at least 48 hours. Completion of a 72-hour course of directed antibiotic therapy. No further drainage or exudate from the wound. Active infections may not be covered for competition.

Folliculitis/furuncles/carbuncles

a. Diagnosis: The diagnosis of bacterial infections is primarily based on the history and characteristic appearance of the lesions. Specimens for culture and antimicrobial susceptibility should be obtained from any questionable lesions.

b. Treatment: Culture and sensitivity of suspicious lesions dictate treatment for all bacterial infections. Athlete must be referred to a physician for incision, drainage, and culture. Pharmacologic Treatment Regimens are recommended, medications vary based on diagnosis. Criteria for return to competition: Any suspicious lesions should be cultured and tested for antimicrobial sensitivity before the athlete returns to competition. No new skin lesions for at least 48 hours. Completion of a 72-hour course of directed antibiotic therapy. No further drainage or exudate from the wound. Active infections may not be covered for competition

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

MRSA is a staphylococcus bacteria that is resistant to some kinds of antibiotics. Any person can be a carrier for MRSA, the risk increases with activities or places that involve crowding, skin-to-skin contact, and shared equipment or supplies. Without proper diagnosis, referral, and care infection may cause further medical complications that could result in death. Any questionable skin lesion should be checked by an ATC or team physician so that treatment can begin as soon as possible.

MRSA General Infection Control Considerations

The CDC recommendation is to practice good hygiene to prevent the transmission of MRSA.

- Athletic Trainers and other health-care personnel should wash their hands or use alcohol-based hand hygiene products before contact with student-athletes.
- Gloves and other necessary PPE should be worn for all wound care.
- All lesions should be kept clean and covered with dry, sterile gauze.
- Surfaces should be wiped down with a disinfectant after contact with all players, especially those with skin lesions, and if reusable instruments are used, they should be manually cleaned and then soaked in isopropyl alcohol or hibiclens.
- Players' clothes, sheets, towels, and all other materials that have direct contact with the skin should be washed in hot water.
- Personal items such as clothing, towels, razors, and soap should not be shared.

Hand Hygiene: Student-athletes will be encouraged to wash their hands frequently. Alcohol-based hand hygiene products are effective, convenient, and suitable for proper hand hygiene when hands are not visibly soiled.

Body Shaving: Student-athletes will be discouraged to shave while among each other. Shaving can cause small cuts in the skin, increasing the risk of infection. All current and new student-athletes should be informed that body shaving can increase the risk factor for potentially serious skin infections.

Personal Equipment: Student-athletes will be discouraged to share personal equipment, most commonly including towels and clothing, which can serve as modes of transmission if not properly cleaned.

Wound/Cut Care: Student-athletes will be encouraged to keep all cuts and abrasions clean, dry, and covered. Those student-athletes with active skin lesions should not use the whirlpool and should refrain from sharing all personal equipment, lotions, etc.

Balm and Ointment Use: Student-athletes will be encouraged to use disposable gloves and/or tongue depressors in single-use fashion when dipping them into community containers.

Disinfection: All surfaces, including taping and treatment tables in the Athletic Training room will be wiped down with disinfectant. The whirlpool will be disinfected and dry completely daily. All clippers, callus shavers, twizzlers, etc will be soaked in isopropyl alcohol or Hibiclens after use.

IDENTIFICATION OF POSSIBLE INFECTIONS DUE TO MRSA

Student-athletes should report to the Athletic Training Staff immediately if any of the following occur:

- Boils, pimples, pustules, or draining cuts
- Red, painful, warm areas of the skin
- Cough with fever and/or chest pain
- Painful, red, swollen joints associated with fever
- Back pain with fever

SICKLE CELL POLICY

Sickle cell trait is a hereditary condition that can affect the shape of red blood cells during intense exercise. During periods of intense exercise, the sickle cell trait can change the shape of the red blood cells from round to quarter-moon to "sickle" shaped. These deformed red blood cells can accumulate in the bloodstream, blocking normal blood flow to muscles and tissues. This accumulation can cause the athlete to collapse due to a condition called ischemic rhabdomyolysis; defined as the rapid breakdown of muscle cells deprived of blood, which can possibly lead to death. This sickling process normally occurs during periods of all-out exertion, but it also may start within 2-3 minutes of activity.

The sickle gene is common in people whose origin is from areas where malaria is widespread. Sickle cell anemia is more commonly found in the African Americans (1 out of 12) as compared to the Caucasian population (1 out of 2,000-10,000). The sickle gene is also present in those of Mediterranean, Middle Eastern, Indian, Caribbean and South and Central American ancestry; hence, the required screening of all newborns in the United States.

There are not any restrictions to the athletic population diagnosed with sickle cell trait, but there have been recommendations made by the National Athletic Trainers' Association have been proposed during exertional exercise.

Recommendations for Student-Athletes with Sickle-Cell Trait:

1. Build up training slowly with paced progressions, allowing longer periods of rest and recovery between repetitions.
2. Encourage participation in preseason strength and conditioning programs to enhance the preparedness of athletes for performance testing which should be sports-specific.
3. Athletes with sickle cell trait should be excluded from participation in performance tests such as mile runs, serial sprints, etc., as several deaths have occurred from participation in this setting.
4. Cessation of activity with onset of symptoms (muscle 'cramping', pain, swelling, weakness, tenderness; inability to "catch breath", fatigue).
5. Allow sickle-trait athletes can set their own pace.
6. Athletes should participate in a year-round, periodized strength and conditioning program that is consistent with individual needs, goals, abilities and sport-specific demands.
7. Athletes with sickle cell trait who perform repetitive high speed sprints and/or interval training that induces high levels of lactic acid should be allowed extended recovery between repetitions since this type of conditioning poses special risk to these athletes.

8. Asthma, illness, and altitude predispose the athlete with sickle trait to an onset of crisis in physical exertion.
9. Adjust work/rest cycles for environmental heat stress.
10. Emphasize proper hydration.
11. Modify training and have supplemental oxygen available for competitions.
12. Educate student-athletes on the signs and symptoms of sickle-cell trait and encourage them to report any symptoms immediately
 - a. Signs or symptoms such as fatigue, difficulty breathing, leg or low back pain, or leg or low back cramping in an athlete with sickle cell trait should be assumed to be sickling and student-athlete should be referred immediately.

The NATA consensus statement regarding Sickle Cell Trait is provided at <https://www.nata.org/sites/default/files/sicklecelltraitandtheathlete.pdf> for your reference.

In order to provide better medical care for athletes that have sickle cell trait, the NCAA recommends that all athletes know their sickle cell trait status. The testing (blood work) for sickle cell trait is not mandatory, but highly encouraged. Students-athletes have one of three options regarding sickle cell testing at Ashland University; have the testing completed, provide proof of prior testing, elect not to have the testing performed. The sickle cell trait information and documentation form is included in the student-athletes incoming athlete forms which must be completed prior to participation in athletes at Ashland University.

A quick fact sheet from the NCAA regarding sickle cell trait is provided at http://fs.ncaa.org/Docs/health_safety/SickleCellTraitforSA.pdf for your reference.

SUDDEN CARDIAC DEATH

Sudden cardiac arrest accounts for approximately 500 deaths in student-athletes every year. The main cause for sudden cardiac arrest is a congenital heart defect; however, it can also occur after a person experiences an illness which has caused an inflammation to the heart, or after a direct blow to the chest. Once sudden cardiac arrest occurs, there is very little time to save the athlete. So identifying those at risk before the arrest occurs is the key to prevention.

Through the pre-participation physicals and health history we can recognize a higher risk for this early.

- Personal history:
 - Exertional chest pain/discomfort
 - Unexplained syncope/near syncope
 - Excessive Exertional and unexplained dyspnea/fatigue associated with exercise
 - Prior recognition of a heart murmur
 - Elevated systemic blood pressure
- Family history:
 - Premature death (sudden and unexpected, or otherwise) before age 50 years to due heart disease
 - Disability from heart disease in a close relative less than 50 years of age
 - Specific knowledge of certain cardiac condition in family members

- Physical examination:
 - Heart murmur
 - Femoral pulses to exclude aortic coarctation
 - Physical stigmata of Marfan syndrome
 - Brachial artery blood pressure

Warning Signs of Sudden Cardiac Arrest

There may not be any noticeable symptoms before a person experiences a loss of consciousness and a full cardiac arrest. Warning signs could include the following:

- Chest discomfort, unusual shortness of breath, racing or irregular heartbeat, fainting or passing out.

See all Emergency Action plans attached at the bottom this document on how to instruct Emergency Personnel for this type of situation.

CONCUSSION PLAN/PROTOCOL

Ashland University Concussion Safety Protocol

Ashland University is committed to ensuring the health and safety of its student-athletes. To this end, and in accordance with NCAA legislation [Division I Constitution 3.2.4.18; Division II Constitution 3.3.4.16; Division III Constitution 3.2.4.16], Ashland University has adopted the following Concussion Safety Protocol for all student-athletes. This protocol establishes and/or identifies: (1) a sport-related concussion definition; (2) concussion safety protocol personnel; (3) independent medical care; (4) preseason education; (5) pre-participation assessment; (6) recognition and diagnosis of concussion; (7) concussion management; (8) return to activity, including both return-to-learn and return-to-play; (9) reducing exposure to head trauma; and (10) written certificate of compliance signed by the athletics healthcare administrator.

1. Concussion Definition

The 5th international conference on concussion in sport defines concussion as follows:

Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include:

- SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
- SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
- SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
- SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.

- The clinical signs and symptoms cannot be explained by drug, alcohol or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc.) or other comorbidities (e.g., psychological factors or coexisting medical conditions).

2. Independent Medical Care

As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine concussion management and return-to-activity decisions for all student-athletes. Further, the athletics health care administrator shall ensure that the concussion safety protocol is available for, and rehearsed by, all athletics personnel.

3. Preseason Education

All student-athletes will be provided the NCAA Concussion Fact Sheet (or similar applicable material) and be required to sign an acknowledgement, on an annual basis during their preparticipation evaluation, that they have been provided, read and understood the concussion education material. This signed acknowledgement will be filed in the student-athlete's medical record.

All coaches, team physicians, athletic trainers and directors of athletics will be provided the NCAA Concussion Fact Sheet (or similar applicable material) and be required to sign an acknowledgement, on an annual basis, that they have been provided, read and understood the concussion education material. This signed acknowledgement will be filed in a secure location.

4. Pre-Participation Assessment

All student-athletes will undergo at least one pre-participation baseline concussion assessment. This pre-participation assessment will, at a minimum, include assessment for the following:

- Brain injury and concussion history.
- Symptom evaluation. (Assessed via the graded symptom checklist on the ImPACT test)
- Cognitive assessment. (Assessed through ImPACT testing)
- Balance evaluation. (BESS- Balance Error Scoring System Exam will be performed during the student-athlete physical exam in the Student Health Center)

The team physician determines pre-participation clearance and any need for additional consultation or testing. Special consideration will be given for a new baseline concussion assessment six months or beyond for student-athletes who have suffered a concussion or who have a complicated concussion history.

5. Recognition and Diagnosis of Concussion

A member of the Ashland University medical team with training in the diagnosis, treatment and initial management of acute concussion will be present at all NCAA competitions in the following contact/collision sports: (Basketball; football; lacrosse; soccer; wrestling)

NOTE: To be present means to be on site at the campus or arena of the competition. Ashland University will ensure that such personnel will be from Ashland University, from the opposing team, or will be contracted independently for the event.

A member of the Ashland University medical team with training in the diagnosis, treatment and initial management of acute concussion will be available at all NCAA practices in the following contact/collision sports: (Basketball; football; lacrosse; soccer; wrestling)

NOTE: To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

Symptoms of concussion include, but are not limited to: (1) physical symptoms of headache, nausea, balance problems, dizziness, visual difficulty, fatigue, sensitivity to light, sensitivity to noise, headache, feeling "out of it" or "foggy," vision changes, feeling dazed or stunned; (2) cognitive symptoms of feeling mentally foggy or slowed down, difficulty concentrating, difficulty remembering, forgetfulness, confusion, feeling slow; (3) emotional symptoms of irritability, sadness, nervousness, feeling more emotional; (4) sleep symptoms of drowsiness, sleeping more or less than usual, difficulty falling asleep.

Visible signs of concussion include but are not limited to: lying motionless; unconsciousness; vomiting; vacant look; slow to get up; balance difficulty or incoordination; clutching the head.

If an athlete, teammates, coach, official or member of medical staff identifies signs, symptoms or behaviors consistent with concussion, the following will take place immediately:

- The athlete must be removed from practice or competition.
- The athlete must be evaluated by a member of the medical team with concussion experience.
- The athlete must be removed from practice/play for that calendar day if concussion is confirmed or suspected.

The initial concussion evaluation will include:

- Symptom assessment. (SCAT5)
- Physical and neurological exam. (SCAT5)
- Cognitive assessment. (SCAT5)
- Balance exam. (SCAT5)

Because a force sufficient to cause concussion can also cause cervical spine or other head trauma, the initial concussion evaluation will also include assessment for cervical spine trauma, skull fracture and intracranial bleed.

6. Post-concussion Management

An emergency action plan will be in place for any suspected or diagnosed concussion. This plan includes rehearsed arrangements for emergency medical transportation. The emergency action plan will be activated for any of the following:

- Glasgow Coma Scale < 13.
- Prolonged loss of consciousness.
- Focal neurological deficit suggesting intracranial trauma.

- Repetitive emesis.
- Persistently diminished/worsening mental status or other neurological signs/symptoms.
- Spine injury.

Because concussion may evolve or manifest over time, for all suspected or diagnosed concussions, there will be in place a mechanism for serial evaluation of the athlete.

For all cases of diagnosed concussion, the athlete and another responsible adult will be provided oral and/or written care regarding concussion management. Such instructions must be documented.

As most athletes with concussion have resolution of symptoms in 7-10 days, all athletes who have prolonged recovery more than two weeks will be re-evaluated by a physician. Such re-evaluation will be performed to confirm the concussion diagnosis, or to consider co-morbid or post-concussion diagnoses such as: sleep dysfunction; migraine or other headache disorders; mood disorders such as anxiety and depression; ocular or vestibular dysfunction; cervicgia/neck pain; other post-concussion diagnoses.

7. Return to Activity

Student-athletes require a graduated program of care following concussion, both for return-to-learn and return-to-play. Both will be considered carefully.

Return-to-Learn

Returning to academic activities after a concussion is a parallel concept to returning to play after concussion. After a concussion, brain energy may not be available to perform normal cognitive exertion and function. The return-to-learn concept should follow an individualized and step-wise process overseen by a point person within the athletics department, who will work in conjunction with a multidisciplinary team.

The Ashland University multidisciplinary team may vary student-to-student, depending on the difficulty in returning to a normal school schedule. Such team will include, but not necessarily be limited to:

- Team physician
- Athletic trainer
- Psychologist/counselor (through the Student Health Center)
- Faculty athletics representative
- Academic counselor
- Course instructor(s)
- Office of disability services representative
- Coaches

When a student is diagnosed with a concussion the Athletic Trainer may contact the Director of Athletic Support for Academics (Elizabeth Freund) as she will provide the student-athletes faculty names and contact information. It is up to the athletic trainer to email the faculty members as they have a better understanding of the students medical needs and classroom limitations regarding the concussion

ATC may also provide student athletes with Director of Athletic Support for Academics email (efreund2@ashland.edu) so that they can contact her with any questions regarding receiving accommodations from the accessibility center. Students with a documented concussion can have extended time on tests.

Ashland University Return to Learn Protocol

STAGE 1: RECOVERY

- Complete physical and cognitive rest with medical clearance
- No classes
- Strict limitations on technology use (phones, tv, computer,etc)
 - *Symptom Free for 24 hours: Yes = move to stage 2, No = continued rest

STAGE 2: RETURN TO SCHOOL WITH ACADEMIC ACCOMMODATIONS

- Begin classes and continue to monitor symptoms
- Limited technology use
- No tests or quizzes
- Minimal homework
 - *Symptom Free for 24 hours: Yes = move to stage 3, No = continued rest

STAGE 3: RETURN FULL DAY WITH ACADEMIC ACCOMMODATIONS

- Attend all classes
- Increase workload (quizzes and tests)
- Light aerobic activity
 - *Symptom Free for 24 hours: Yes = move to stage 4, No = continued rest

STAGE 4: FULL RETURN

- Attend all classes
- Resume normal activity
- Resume sports

Each student athlete will be treated and evaluated based on his/her symptoms. Each student athletes protocol may vary depending on symptoms and treatment plan may change accordingly.

Return-to-Play

It is important to recognize each return-to-play plan will be individualized and supervised by an Ashland University health care provider with expertise in concussion management. Final determination of return-to-play will be made by the Ashland University physician or his/her qualified designee.

The initial treatment for all athletes following concussion is at least 1-2 days of relative physical and cognitive rest. Relative rest should continue until the athlete has returned to his/her pre-concussion baseline status. Discretion can be used by the health care provider to introduce mild aerobic activity

during the transition period of returning to pre-concussion baseline status, so long as such activity does not exacerbate post-concussion symptoms or signs.

Once the athlete has returned to his/her baseline status, a stepwise progression return-to-play protocol will take place. Progression from one step in the protocol to the next can take place when the stepwise activity does not lead to worsening or new symptoms. The stepwise progression includes:

1. Light aerobic exercise such as walking, swimming or riding a stationary bike for at least 15 minutes. No resistance training is permitted. If asymptomatic with light aerobic exercise, then;
2. Sport-specific activity (mode, duration and intensity specific) exercise with no head impact. If asymptomatic with sport-specific activity, then;
3. Non-contact sport drills and resumption of progressive resistance training. If asymptomatic with non-contact drills and resistance training, then;
4. Full-contact practice and unrestricted training. If asymptomatic with full-contact practice, then;
5. Return-to-competition is allowed.

NOTE: If at any point the student-athlete becomes symptomatic (more symptomatic than baseline), the team physician or physician designee will be notified, and adjustments will be made to the return-to-play progression. It is common for the progression of each step to take at least 24 hours.

ASTHMA POLICY

All student-athletes prescribed a rescue inhaler must inform their Certified Athletic Trainer of their diagnosis as well as report it on all pre-participation paperwork. The asthmatic student-athlete must always have a rescue inhaler with them during all practices and competitions. It is recommended that the student-athlete also provide the Sports Medicine staff an additional rescue inhaler to be carried in the medical kit while the student-athlete is in season.

PAIRED ORGAN POLICY

Loss or absence of a paired organ (i.e. kidney, testicle, eye, etc.) may disqualify a student-athlete from participation in intercollegiate athletics. The team physician will make the final decision regarding participation on a case-by-case basis. If the team physician, the athletics department, and the student-athlete agree to allow participation even with the loss/absence of a paired organ, a waiver must be signed. This decision will involve discussion with the student-athlete and his/her parents (s) regarding the possible consequences of competition.

PREGNANCY POLICY:

A special challenge that a student-athlete may face is pregnancy. The Ashland University Department of Intercollegiate Athletics and Department of Athletic Training has a goal to:

1. Establish a safe environment for our student-athletes that are experiencing pregnancy to reveal rather than conceal their need for help during this stage in their life.
2. Encourage the student-athletes to continue with her academics and athletics as medically indicated.
3. Protect the student-athlete's scholarship for the remainder of the granting year.

4. Plan for the student-athlete's return to sport following delivery if so desired by the student-athlete.

Guidelines:

1. Student-Athlete reports symptoms that are consistent with suspected pregnancy
 - a. Missed menstrual cycle
 - b. Nausea, Vomiting, Extreme/Constant Weight Gain
2. Team physician is to be notified immediately of the student-athletes symptoms and possible condition
 - a. Coordinate testing (performed at the Student Health Center or other facility within the student-athlete;s insurance network)
 - i. Urine pregnancy testing used to confirm (positive/negative)
 - ii. Repeated testing if needed (urine/blood)
 - b. If testing is negative, return to sport as deemed appropriate by the team physician and begin evaluation for amenorrhea
 - c. If testing is positive, the student-athlete should be referred to a primary care physician, OB/GYN, or Student Health Center for counseling and appropriate referral.
3. Form a student-athlete support team
 - a. This team should include student-athlete, supervising athletic trainer, and team physician. The following individuals can be included or excluded per the student-athletes approval: head athletic trainer, head coach of the student-athletes sport, OB/GYN, Ashland University counselor, Ashland University administrators, family members.
4. If medically able, student-athlete may choose to continue with athletics during pregnancy under the following conditions:
 - a. Student-athlete continues all prenatal care
 - b. Student-athlete continues academic progress
 - c. Student-athlete has clearance from OB/GYN to continue athletic participation.
5. Return to sport activity after pregnancy
 - a. Full-Term delivery: 6-8 weeks postpartum, student-athlete must be cleared by OB/GYN
 - b. Miscarriage in the first 10-12 weeks: 2-4 weeks post-pregnancy, student-athlete must be cleared by OB/GYN
 - c. If student-athlete terminates the pregnancy: return to full activity once medically cleared by OB/GYN.
6. Final medical clearance must be documented by OB/GYN and Ashland University Team Physician, and kept in student-athletes medical record

"Pink Shirt Policy"

The NCAA bylaw 14.2.2.2 Pregnancy Exception states: A member institution may approve a two-semester or three-quarter extension of this 10-semester/15-quarter period of eligibility for a female student-athlete for reasons of pregnancy.

As an institution, Ashland University would help student-athletes apply for a medical hardship waiver through the GLIAC/NCAA. This hardship would allow the student-athlete to get a season of competition back if deemed eligible, after providing proper medical documentation indicating that the student-athlete was not able to compete for the remainder of the traditional playing season.

NCAA DRUG TESTING POLICY

Preface

As the misuse of drugs by athletes has grown into a serious problem over recent years, the NCAA and other sports organizations have developed drug education programs and testing policies to ensure safe and fair athletic competition.

NCAA Statement of Philosophy

The use of anabolic steroids and other performance enhancing (ergogenic) drugs by athletes has raised serious concerns over the integrity of athletic competition and the potential harm of ergogenic drugs to the health of the athlete.

A need to increase the awareness of drug education and testing policies is acute because:

- misconceptions held by athletes and health care professionals concerning the pharmacologic effects of certain prescription and non-prescription (over-the-counter) drugs.
- the confusion over different banned drug lists and testing done by the NCAA.
- the number of currently marketed drugs that are banned for athletes (approximately 33% of all listings).
- the frequency with which new medications (including some that are banned from sports) are introduced in the United States. For example, over 1,000 new drugs produced have been added or re-classified since the 1996 edition of athletic drug reference book.
- studies suggest 70% of college athletes are unaware of the drug testing procedures to which they may be held accountable.

NCAA Division II Drug Testing

All student-athletes at Division II institutions are subject to testing at championship and bowl events, possibly for the entire list of banned drugs.

- Every Division II sport your institution sponsors is now subject to out-of-competition (year-round) drug testing.
- Every Division II institution **sponsoring football** will be drug tested at least once each academic year. In addition to football, one additional sport will be randomly selected for drug testing beginning this fall. Please know, however, that your institution may be selected for testing more than once each academic year.
- For institutions **not sponsoring Division II football**, Drug Free Sport will randomly, select institutions to be tested. Institutions not sponsoring football will be selected at least once every two years.

Following is a breakdown of how the NCAA will randomly select student-athletes for testing:

If your institution sponsors football, 12 football student-athletes plus four student-athletes from one additional sport will be randomly selected for drug testing.

If your institution does not sponsor football, four student-athletes from one sport will be randomly selected for drug testing.

Once Drug Free Sport has randomly selected student-athletes for drug testing, the site coordinator (or designee) will receive the roster of selected student-athletes. The site coordinator (or designee) is responsible for notifying student-athletes of their selection for drug testing and having them sign the Out-of-Competition Drug-Testing Notification Form. Student-athletes must be notified in person or via

telephone/cellular phone. Voice messages and/or e-mail communication are no longer acceptable forms of notification.

NCAA Drug Testing Program

Bylaw 31.2.3 Bylaw 18.4.1.5 provides that a student-athlete who is found to have utilized a substance on the list of banned drugs shall be declared ineligible for further participation in post-season and regular season competition during the time period ending one calendar year after the student-athlete's positive drug test, and shall be charged with the loss of a minimum of one season of competition in all sports if the season of competition has not yet begun for that student-athlete or a minimum of the equivalent of one full season of competition in all sports if the student-athlete tests positive during his or her season of competition (i.e., the remainder of contests in the current season and contests in the subsequent season up to the period of time in which the student-athlete was declared ineligible during the previous year). The student-athlete shall remain ineligible until the student-athlete retests negative (in accordance with the testing methods authorized by the Executive Committee) and the student-athlete's eligibility is restored by the Eligibility Committee. If the student-athlete tests positive for the use of any drug, other than a "street drug" (heroin, marijuana, THC), after being restored to eligibility, he or she shall lose a minimum of one additional season of competition in all sports and also shall remain ineligible for regular-season and post-season competition at least through the next calendar year. Bylaw 18.4.1.5 also provides that the Executive Committee shall adopt a list of banned drugs and authorize methods for drug testing of student-athletes on a year-round basis.

What Type of Drugs are Banned by the NCAA?

Generally speaking, the following categories of drugs are banned: stimulants, anabolic agents, peptide hormones, narcotics (except codeine), diuretics and urine-manipulating agents.

The use of the following drugs and/or procedures are subject to certain restrictions and may not be permissible, depending on limitations in their guidelines and/or quantities of these substances: blood doping, local aesthetics, manipulation of urine samples and Beta 2 agonists.

What Approach Should the Athlete Take Regarding the Use of Drugs and Medicines?

1. Take no medicines or substances that are not appropriate, and take only those that are prescribed for you. You may wish to have these reviewed by the team physician.
2. If you are taking medicine(s) for a specific medical reason or illness, take them faithfully and follow the directions of your physician.
3. Most of all, know that medicines you are taking, how long you are going to take them, what the side effects may be, and the banned/permitted status of each.

PLEASE NOTE: Student-athletes continue to test positive for the use of nutritional dietary supplements. The following statement should be made to all student-athletes: **"All nutritional/dietary supplements carry some risk of containing an NCAA banned substance because they are not well regulated and may be contaminated. Failure to check out a supplement with your sports medicine staff prior to use may result in a failed appeal for a positive drug test. Ultimately, student-athletes are responsible for anything they ingest."** A common best practice among institutions is to provide student-athletes a clear written policy on the use of nutritional/dietary supplements.

ASHLAND UNIVERSITY DRUG TESTING POLICY

Overview

Ashland University Athletic Department believes that the use of illegal sports performance and street drugs, the abuse of prescription drugs, and the use of dietary supplements are detrimental to both the mental and physical well-being of student-athletes. Ashland University has a drug testing program consisting of testing, education, rehabilitation, and counseling intended to protect the health and welfare of all Ashland University intercollegiate student-athletes. Amendments to these procedures may be issued with notice as deemed appropriate by University personnel. Notification of policy and procedure changes will be communicated via the Ashland University athletic website as well as emails to all student-athletes and coaches. Nothing in these procedures shall be construed to create a contract between student-athletes and Ashland University. However, signed consent and notification forms shall be considered affirmance of the student-athlete's agreement to the terms and conditions contained therein and to this policy and these procedures, and shall be binding legal obligations of the student-athletes agreed to as a condition of their participation in Ashland University athletic activities. This is a year round drug testing program, and this policy is separate and distinct from the NCAA drug testing policy.

Purpose

The overall mission of the program at Ashland University is to help protect the integrity of the student-athlete and promote a year-round banned substance free environment in the Ashland University Intercollegiate Athletic Department.

With Ashland University mission in mind, the following goals have been established:

1. To protect the health, safety and welfare of our student-athletes
2. To further the goal of educating all individuals, especially the student-athletes and athletic department staff about issues surrounding the use, abuse and/or misuse of alcohol, illicit substances, prescribed medications, over-the-counter medications and performance enhancing substances including nutritional supplements.
3. To identify and facilitate the obtaining of treatment for individuals who may have concerns and/or concerning behavior surrounding the use, abuse and/or misuse of alcohol, illicit substances, prescribed medications, over-the-counter medications and performance enhancing substances including nutritional supplements.
4. To promote fair competition in intercollegiate athletics, by ensuring and encouraging compliance with applicable rules and regulations regarding drug and alcohol abuse.
5. To protect the integrity of the institution and the department.
6. To promote the positive role of Ashland University student-athletes as representatives of the university on campus and in the larger local and national communities.

It is a privilege to participate in athletic activities at the intercollegiate level. It is believed and hoped that the implementation of drug testing and education will serve to benefit all connected with intercollegiate athletics at Ashland University. Further, it is hoped that through this policy participants in

intercollegiate athletics will be better student athletes and will be able to make better individual, informed, and intelligent decisions with reference to drug usage, both now and in the future.

Ashland University will conduct this drug-testing program in an effort to protect the health and safety of the student-athletes involved in the intercollegiate athletic program. No one participating in the athletic program should have an artificially induced advantage or be pressured to use chemical substances in order to remain competitive. The intent of these policies is to prevent substance use, abuse and dependence by student-athletes through the following objectives: prevention, education, testing to provide a timely diagnosis, and professional guidance, treatment and rehabilitation.

- Prevention and Education – providing student-athletes and athletics department staff (to include, but not be limited to administrators, coaches, graduate assistants, and athletic training students) with accurate information about the problems associated with substance use in sport, promoting health and safety in sport.

- Testing and Timely Diagnosis –includes analyzing biological specimens to detect prohibited substances student-athletes may introduce to their bodies and associated disciplinary consequences resulting from use as detailed in this policy.

- Professional Guidance, Treatment, and Rehabilitation – facilitating appropriate treatment and rehabilitation of student-athletes.

The objectives of the program focuses on three major substance areas:

1. Performance enhancing drugs (including dietary supplements).
2. Socially used drugs (i.e.- street drugs, prescription medications);
3. Alcohol and Tobacco

While education and counseling regarding these three major substance areas will be the main focus of this program, it has been shown that education alone is not a sufficient deterrent to drug use. Therefore, the educational programming will be supplemented with a banned substance testing component. The protocol for testing is designed to be fair, to achieve reliable results and to ensure the privacy of the student-athlete. Head Coaches may have rules and sanctions that are more stringent than those outlined in this policy. These rules, when applied, shall be recognized and supported. However, at no time, shall a team policy, rule, or sanction minimize the requirements and sanctions of the Ashland University Drug and Alcohol Education Program. Confidential test results will become part of the student-athletes medical records and will not be released to anyone except in accordance with this policy or as required by law.

The Ashland University Athletic Department Drug and Alcohol Education program shall be directed by the Head Team Physician and is subject to review and modification by the Drug Education and Testing Advisory Committee. This policy and any amendments and/or modifications shall apply to all student-athletes (including cheer and dance squad members). All student-athletes will be notified of any changes or amendments to this policy.

All student-athletes must sign a consent form for this testing program prior to participation in any Ashland University Athletic Department sponsored activities, conditioning, practices or competitions. This program is independent of the NCAA Drug Testing Program. All student-athletes must sign the NCAA

consent form as well prior to participation in any Ashland University Athletic Department sponsored activities, conditioning, practices or competition.

Banned Substance, Socially Used Drug, Alcohol and Tobacco Education

Participants who are educated about substance use in sport are more likely to make informed and intelligent decisions about usage. As part of the education component of this program, Ashland University will:

1. Provide an annual explanation of the Drug Testing and Education and Testing Program to student-athletes, prospective student-athletes and those associated with athletic teams (including but not limited to coaches, graduate assistants, and athletic training students).
2. Disseminate information regarding alcohol and other drugs, their use and abuse, and effects of such use and abuse to all student-athletes and those associated with athletic teams.
3. Utilize health education programs to educate student-athletes who are cited for an alcohol incident or who test positive for drugs; .
4. Provide student-athletes and potential student-athletes with resources that will include but not be limited to the following web-sites:

a. NCAA Website- www.ncaa.org/health-safety,

b. Dietary Supplement Resource Exchange Center Website www.drugfreesport.com.

Time will be allowed for questions from participants. In addition, special educational programs may be arranged to provide participants the opportunity to learn more about the dangers of specific substances. Appropriate educational materials will be made available to participants including a list of banned substances and how drug usage may affect athletic performance. All student-athletes are required to attend at least one educational session each year. Make-up sessions (one make-up session for each educational program) are available for participants who must miss a scheduled educational session for an approved reason (as approved by the Head Coach). At least one time per year, the coaching staff for each sport will receive an overview of the program that highlights the points of emphasis and any changes that have been made since the last revision.

Failure by a student-athlete to attend at least one of the sessions or a make-up session shall be considered as a decision not to participate in the Drug and Alcohol Education Program and will result in the immediate suspension from all Athletic Department activities, conditioning, practices, and competitions.

The student-athletes privileges will only be reinstated after they have:

1. Completed a Drug and Alcohol Education Program.
2. Received the approval for reinstatement by the Head Coach and Director of Athletics.

Tobacco Policy

The use of tobacco products is prohibited by all game personnel (e.g. coaches, student-athletes, athletic trainers, managers and game officials) in all sports during practice and competition. A student athlete who violates this policy will, at minimum, have a meeting with the athletic director or their designee, the head coach, and the Head Athletic Trainer. The Director of Athletics or his/her designee will sanction other game personnel who violate this tobacco policy on a case-by-case basis.

Dietary Supplement Policy

Ashland University does not distribute or recommend the use of dietary supplement or ergogenic aids in any form. Terms such as “healthy” or “all natural” do not mean dietary supplements do not contain a banned substance or are safe to take. The NCAA shares this view and has issued a position statement that reads as follows:

“Many nutritional/dietary supplements contain NCAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NCAA drug test. The use of supplements is at the student-athlete’s own risk. Student-athletes should contact their institution’s team physician or certified athletic trainer for further information.”

Please check with a member of the Ashland University Sports Medicine staff before taking any type of dietary supplement.

Eligibility

All student-athletes who have signed the institutional drug-testing consent form and are listed on the institutional squad list are subject to testing. Students listed on the squad list that have exhausted their eligibility or who have had a career-ending injury will not be selected for testing.

Consent to Participate

Each student-athlete annually will be given a copy (either written or electronic) of the institutional policy and will be required to participate in an informative session describing alcohol, tobacco and other drug education and testing policies. Student-athletes will be given an opportunity to ask any questions regarding the information contained in the policy, the testing program, or other related issues prior to signing the drug-testing consent form. Student-athletes will be required to sign a form acknowledging notification of Ashland University Athletic Department Alcohol and Other Drug Testing Policy (See Appendix A). Failure to sign the notification form will result in suspension from participation or termination of eligibility to participate in intercollegiate athletics at Ashland University.

As a condition of participation in intercollegiate athletics at Ashland University, each student-athlete will be required to sign a consent form agreeing to undergo drug and alcohol testing and authorizing release of test results in accordance with this policy (See Appendix B).

Failure to consent to or, in the case of a consenting student athlete, to comply with all requirements of this policy will result in suspension from participation or termination of eligibility to participate in intercollegiate athletics at Ashland University and may result in the loss of his/her athletic scholarship, consistent with all University, conference, and NCAA rules regarding the reduction or cancellation of aid.

Student-Athletes that are under the age of 18, will be required to have parental or guardian consent to participate in the Ashland University Alcohol, Tobacco and Other Drug Education program.

Failure of the parent to sign the consent form will result in suspension from participation or termination of eligibility to participate in intercollegiate athletics at Ashland University and may result in the loss of his/her athletic scholarship, consistent with all University, conference, and NCAA rules regarding the reduction or cancellation of aid.

Types of Drug Testing

The Ashland University Alcohol and Drug Education Program testing component shall consist of seven (7) types of alcohol and other drug testing. Any attempt to circumvent or tamper with the drug testing collection process will result in the test being considered a positive test.

Announced Day Testing

Throughout the academic year, Ashland University coaches may select any day to be used for random selection of their student athletes. This day will be announced three days prior to the date of testing. Selection will be conducted as noted in the Drug Testing Procedures portion of this document. The costs incurred for this collection will be the responsibility of the athletic department. All costs associated with treatment and follow-up or re-entry testing, or any subsequent unannounced random testing that result from a positive screen may be the responsibility of the student-athlete. In all instances, the Ashland University Athletic Department reserves the right to determine the financial responsibility bore by the student-athlete. The decision will be made by the Director of Athletics after assessing factors such as, but not limited to, the financial ability of the student-athlete to pay for such testing, treatment or counseling.

Unannounced Random Testing

Throughout the academic year, the student-athlete population will be randomly selected to produce a specimen for testing. The costs incurred for this collection will be the responsibility of the athletic department. All costs associated with treatment and follow-up or re-entry testing, or any subsequent unannounced random testing that result from a positive screen may be the responsibility of the student-athlete. In all instances, the Ashland University Athletic Department reserves the right to determine the financial responsibility bore by the student-athlete. The decision will be made by the Director of Athletics after assessing factors such as, but not limited to, the financial ability of the student-athlete to pay for such testing, treatment or counseling.

All individuals with prior positive drug test results may be subject to unannounced drug testing throughout their athletic eligibility, and/or throughout the duration of the prescribed treatment program.

The unannounced random drug testing will be conducted on a zero to 24 hour notification basis meaning that student-athletes may be provided with zero to no more than 24 hours notice of the pending drug screen. Once notified, they are required to report for drug testing at the assigned time and place. Failure to report at the assigned time and follow appropriate procedures will result in the sanctions outlined below for a positive test.

The use of illegal substances or alcohol may be determined by means other than urinalysis.

Pre-season Testing

Student-athletes are subject to pre-season drug testing and may be notified of such by the Director of Athletics or his/her designee.

Drug testing will be conducted on a zero to 24 hour notification basis meaning that student athletes may be provided with zero to no more than 24 hours notice of the pending drug screen. Once notified, they are required to report for drug testing at the assigned time and place. Failure to report at the assigned time and follow appropriate procedures will result in the sanctions outlined below for a positive test.

The use of illegal substances or alcohol may be determined by means other than urinalysis.

Reasonable Suspicion Testing

A student-athlete may be subject to unannounced testing at any time when the Director of Athletics or his/her designee determines there is individualized reasonable suspicion to believe the participant is using a prohibited drug. The use of illegal substances or alcohol may be determined by means other than urinalysis. Any and all costs associated with the assessment and any subsequent treatment or counseling may be the responsibility of the student-athlete. In all instances, the Ashland University Athletic Department reserves the right to determine the financial responsibility bore by the student-athlete. The decision will be made by the Director of Athletics after assessing factors such as, but not limited to, the financial ability of the student-athlete to pay for such testing, treatment or counseling.

Such reasonable suspicion may be based on objective information as determined by the Director of Athletics or by an Associate/Assistant Athletic Director, Head Coach, Assistant Coach, Head Athletic Trainer, Staff Athletic Trainer, or Team Physician, and deemed reliable by the Director of Athletics or his/her designee. Reasonable suspicion may be found, but not limited to 1) observed possession or use of substances appearing to be prohibited drugs, 2) arrest, conviction, or law enforcement report related to the possession or transfer of prohibited drugs or substances, 3) observed, and/or reported, and/or documented student conduct code, or university housing violations, or 4) observed abnormal appearance, conduct or behavior reasonably interpretable as being caused by the use of prohibited drugs or substances. Among the indicators which may be used in evaluating a student-athlete's abnormal appearance, conduct or performance are: class attendance, significant GPA changes, athletic practice attendance, increased injury rate or illness, physical appearance changes, academic/athletic motivational level, emotional condition, mood changes, and legal involvement.

The evidence supporting the suspicion must be reasonably reliable and clearly outlined by an athletic department official (including, but not limited to, coach, staff athletic trainer, academic counselor, administrator, or support staff). Suspicion must be documented in writing and submitted to the Head Athletic Trainer in writing utilizing this policy's Reasonable Suspicion Reporting Form (Appendix C), unless the individual submitting the information perceives there to be an immediate danger to the suspected student-athlete. Upon review, the Head Athletic Trainer will notify the Athletic Director and/or Team Physician. If there is sufficient evidence to support reasonable suspicion, and suggest that testing will produce evidence of such use, a meeting will be arranged between the Head Athletic Trainer, the student-athlete, and the Head Coach. At that time, the student-athlete will be instructed to report to the Ashland University Health Center and be required to provide a urine sample for testing and/or may be referred for an Alcohol and Other Drug Assessment at the direction of the Team Physician.

If the student-athlete wishes to appeal the Head Athletic Trainer decision relative to reasonable suspicion, he/she shall immediately notify the Athletic Director or Team Physician. A specimen will be collected, and stored untested until the Appeals Committee has rendered a decision on the prerequisite of reasonable suspicion. The appeals committee shall be made up of three members of the Drug Testing Advisory Committee. If the committee fails to find grounds for reasonable suspicion, the collected specimen will remain untested and destroyed. If the committee finds that there are grounds for reasonable suspicion, the collected specimen will be tested utilizing normal testing procedures.

Should a Head Coach or Administrator feel that there are grounds for reasonable suspicion for an entire team, arrangements can be made for the entire team to be tested. In this instance, the Head Coach or Administrator must submit evidence for reasonable suspicion in writing to the Head Athletic Trainer. Upon receipt, the Head Athletic Trainer will consult with the Team Physician and/or the Director of Athletics. If there is evidence to support reasonable suspicion, a team meeting will be called and the members of the team will be provided with no more than 24 hours notice of a random drug test based on reasonable suspicion. Arrangements will be made with the Head Athletic Trainer or the Student Health Center, and times will be assigned to each of the team members. Failure to comply with testing will be considered a positive test and the student-athlete will be subject to the sanctions associated with such findings. The cost(s) associated with this type of testing will be the responsibility of team being tested or other source (only if approved and/or directed by the Director of Athletics).

Note: The possession and/or use of illegal substances may be determined by means other than urinalysis (e.g., using on-site saliva testing products to determine alcohol consumption). If an individual is found to be in possession and/or using such substances, he/she will be subject to the same procedures that would be followed in the case of a positive urinalysis.

Postseason/Championship Testing

Any participant or team likely to advance to post-season championship competition may be subject to additional testing. Testing may be required of all team members, a percentage of team members, or individual student-athletes at any time within thirty (30) days prior to or at any time during the post-season competition. If a student-athlete tests positive, he or she will not be allowed to compete at the post-season event unless he or she subsequently tests negative prior to departure for the event. The costs associated with testing will be the responsibility of the athletic department. All costs associated with treatment and follow-up or re-entry testing, or any subsequent unannounced random testing that result from a positive screen may be the responsibility of the student-athlete. In all instances, the

Ashland University Athletic Department reserves the right to determine the financial responsibility bore by the student-athlete. The decision will be made by the Director of Athletics after assessing factors such as, but not limited to, the financial ability of the student athlete to pay for such testing, treatment or counseling.

Drug testing will be conducted on a zero to 24 hour notification basis meaning that student athletes may be provided with zero to no more than 24 hours notice of the pending drug screen. Once notified, they are required to report for drug testing at the assigned time and place. Failure to report at the assigned time and follow appropriate procedures will result in the sanctions outlined below for a positive test.

The use of illegal substances or alcohol may be determined by means other than urinalysis.

Follow-up Testing

A student-athlete who has returned to participation in intercollegiate sports following a positive drug test under this policy may be subject to follow-up testing. Any and all costs associated with the assessment and any subsequent treatment or counseling resulting from a positive screen may be the responsibility of the student athlete. In all instances, the Ashland University Athletic Department reserves the right to determine the financial responsibility bore by the student-athlete. The decision will be made by the Director of Athletics after assessing factors such as, but not limited to, the financial ability of the student athlete to pay for such testing, treatment or counseling.

Testing will be unannounced and will be required at a frequency determined by the Athletic Director, Team Physician or their designee in consultation with the counselor or specialist involved in the student-athlete's case. The use of illegal substances or alcohol may be determined by means other than urinalysis.

Drug Testing Procedures

- All athletes subject to testing (both male and female)
- Tests will occur randomly 1-3 times a semester
- Each sport will be sorted into separate groups
- Each athlete will be randomly assigned a number
- 5% of each team or one (1) student-athlete from each team, whichever is greater, will be randomly selected to be tested
- Athletic Director and Coaches will be informed of selected athletes
- Coach, an athletic staff member, or trainer will personally inform athlete of selection
- Student-athlete will be notified of their report time and testing location 0-24 hours prior to testing
- Ohio Health will be performing the drug screenings at the test location

- Urine sample will be collected and screened for a minimum of five (5) panels

Banned Substances

The drug testing process may include analysis of, but is not limited to, the NCAA list of banned drug classes. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example on the NCAA list of banned-drug classes. For an ongoing updated listing of the banned-drug list view the NCAA's web site at www.ncaa.org. Prohibited substances that Ashland University may screen include, but are not limited to, alcohol, marijuana, PCP, opiates, MDMA (Ecstasy), amphetamines, cocaine, flunitrazepam (Rohypnol) and anabolic steroids. Ashland University reserves the right to test for substances not listed on the NCAA Banned Drug Classes List and/or at different cut off levels than the NCAA. Ashland University requires that all student-athletes keep the athletic training staff and/or team physician aware of any prescribed drugs and dietary supplements that he or she may be taking.

Results of Drug Testing

Each sample will be tested to determine if banned drugs or substances are present. A test result confirmed as positive by the laboratory does not automatically identify the student-athlete as having engaged in prohibited drug or alcohol use. Results will be made available to the Head Athletic Trainer. The Head Athletic Trainer will notify the student-athlete, the Team Physician, the Director of Athletics, the Head Coach, and a substance abuse counselor of a positive result (see Appendix D). The student-athlete may present evidence of any mitigating circumstances that he/she feels may be important to the outcome of the drug test prior to imposition of any intervention or required treatment or counseling program consistent with the appeals process described within the document.

If the laboratory reports a specimen as substituted, manipulated or adulterated, the student athlete will be deemed to have refused to submit to testing and treated as if the test were positive for a banned substance. In this instance, an athletic staff member will immediately transport the student-athlete to the AIMS clinic for further testing. The cost of this additional testing at the AIMS clinic will be the responsibility of the student-athlete and serve as the appeal process for the previously altered test.

All student-athlete information and records associated with the Ashland University drug testing program will be confidential and only be released to the individuals identified below (or their designees): Director of Intercollegiate Athletics, Team Physician, Head Athletic Trainer, Substance Abuse Counselor, Head Coach of the respective sport, Athletic Trainer in charge of the sport, Parents, Guardian, Members of the Substance Abuse Panel. The release of these records will only be distributed to those outside of the above list upon receipt of a signed release of information by the student-athlete.

Appeal

A positive test result will be sent to the laboratory used by Ohio Health for drug screenings. This specimen will be retested at the facility. The result of this additional test will be considered the appeal for all positive testing results. No other appeal will be accepted.

Positive Test Results

A student-athlete's refusal to sign a consent form, or in the instance of a minor, their parents refusal to sign a consent form, prohibits a student-athlete from participating in any intercollegiate sport, conditioning, practices, or competitions at the Ashland University. Any student-athlete who tests positive for a banned substance or who refuses to submit to a required drug test as described in this policy shall be subject to the following sanctions, at a minimum. Head Coaches and individual teams may have rules and sanctions that are more stringent than those outlined in this policy. These rules, when applied, shall be recognized and supported. However, at no time, shall a team policy, rule, or sanction minimize the requirements and sanctions of the Ashland University Drug and Alcohol Education Program.

Positive testing results from NCAA and other outside agencies will be treated as positive tests obtained under this policy and will result in sanctions under this policy in addition to possible sanctions from the NCAA and other outside agencies. This includes transfer student-athletes that have had positive drug tests at institutions other than Ashland University.

Any attempt to circumvent or tamper with the drug testing collection process will result in the test being considered a positive test.

First Positive Test

- Head Athletic Trainer will report the positive findings to the Athletic Director and Team Physician.
- A meeting with Director of Athletics (or designee), his/her head coach, and Head Athletic Trainer will be required of the student athlete in the event of a positive test.
- The student-athlete will be required to notify and inform his/her parents of the positive test while in the presence of the Head Athletic Trainer, his/her Head coach, or the Director of Athletics.
- The student-athlete will be immediately suspended from participation in any intercollegiate sports, practices or competitions at Ashland University and will not be allowed to return to competition until they have completed at least 50% of their community service hours, attended their first drug and alcohol counseling session, and the head coach has approved return.
- The student-athlete will be suspended from 10% of all regularly scheduled competitions during the current championship segment, or the subsequent championship segment if the positive test occurs during the non-championship segment. If the positive test occurs at such a time that the 10% suspension is not completed by the end of the season in which the test occurred, the suspension will be carried over to the championship segment of the next sport season. If a positive test occurs during a student-athlete red shirt year, suspension will occur during the championship segment that student-athlete is eligible to participate in.
- The student-athlete will be referred to the Ashland University Counseling center for evaluation.

- o Student-athlete will be required to sign a Release of Information form to enable the athletic department to check attendance at the counseling center for any counseling deemed necessary.
- o Counseling center personnel will make the final determination on the number of counseling sessions necessary.
- 20 hours of community service within the athletic department with support staff personnel (Head Athletic Trainer, Equipment Manager, or Facilities) must be completed by the student-athlete within 30 days after notification of a positive test.
- Student-athlete will be subject to unlimited random drug testing for remainder of eligibility at Ashland University from the date of a positive test.
- The student-athlete must have consent from the team physician prior to returning to the team.
- The student-athlete's head coach with Athletic Director approval has the option to impose additional sanctions including, but not limited to, indefinite suspension, revoking team privileges, travel, dismissal from the team, and/or termination of some or all athletic grants in aid.
- An unexcused absence from or refusal to complete any part of the sanctions above will be treated as a second positive test.
- Any and all costs associated with the assessment and any subsequent treatment, counseling or follow-up testing may be the responsibility of the student athlete. In all instances, the Ashland University Athletic Department reserves the right to determine the financial responsibility bore by the student-athlete. The decision will be made by the Director of Athletics after assessing factors such as, but not limited to, the financial ability of the student-athlete to pay for such testing, treatment or counseling.

Second Positive Test

- Head Athletic Trainer will report the positive findings to the Athletic Director and Team Physician.
- A meeting with the Director of Athletics (or designee), his/her head coach and Head Athletic Trainer will be required of the student athlete in the event of a second positive test.
- The student-athlete will be required to notify and inform his/her parents of the positive test while in the presence of the Director of Athletics, Head Athletic Trainer, and his/her Head coach.
- The student-athlete will be immediately suspended from participation in any intercollegiate sports, practices or competitions at Ashland University and will not be allowed to return to competition until they have completed at least 50% of their community service hours, attended their first drug and alcohol counseling session, and the head coach has approved return.

- The student-athlete will be suspended from 20% of all regularly scheduled competitions during the current championship segment or the subsequent championship segment if the positive test occurs during the off-season, or non-championship segment of the season. If the positive test occurs at such a time that the 20% suspension is not completed by the end of the season in which the test occurred, the suspension will be carried over to the championship segment of the next sport season. If a positive test occurs during a student-athlete red shirt year, suspension will occur during the championship segment that student-athlete is eligible to participate in.
- The student-athlete will again be referred to the Ashland University Counseling center for evaluation.
 - o Student-athlete will be required to sign a Release of Information form to enable the athletic department to check attendance at the counseling center for any counseling deemed necessary.
 - o Counseling center personnel will make the final determination on the number of counseling sessions necessary.
- 40 hours of community service within the athletic department with support staff personnel (Head Athletic Trainer, Equipment Manager or facilities) must be completed by the student-athlete within 30 days after notification of a positive test.
- Student-athlete will be subject to unlimited random drug testing for the remainder of eligibility at Ashland University from the date of a positive test.
- The student-athlete must be re-tested, with a negative result, and the consent of team physician prior to returning to the team.
- The student-athlete's head coach with Athletic Director approval has the option to impose additional sanctions including, but not limited to, indefinite suspension, revoking team privileges, travel, dismissal from the team, and/or termination of some or all athletic grants in aid.
- An unexcused absence from or refusal to complete any part of the sanctions above will be treated as a Third positive test.
- Any and all costs associated with the assessment and any subsequent treatment, counseling or follow-up/re-entry testing may be the responsibility of the student athlete. In all instances, the Ashland University Athletic Department reserves the right to determine the financial responsibility bore by the student-athlete. The decision will be made by the Director of Athletics after assessing factors such as, but not limited to, the financial ability of the student-athlete to pay for such testing, treatment or counseling.

Third Positive Test

- Head Athletic Trainer will report the positive findings to the Athletic Director and Team Physician.

- A meeting with the Director of Athletics (or designee), his/her head coach and Head Athletic Trainer will be required of the student athlete in the event of a second positive test.
- The student-athlete will be required to notify and inform his/her parents of the positive test while in the presence of the Director of Athletics, Head Athletic Trainer, and his/her Head coach.
- Upon a third positive test result, the student-athlete will be dismissed permanently from the Ashland University Intercollegiate Athletics program.
- All athletic grant in aid will be terminated immediately.
- Any and all costs associated with the assessment and any subsequent treatment, counseling or follow-up/re-entry testing may be the responsibility of the student athlete. In all instances, the Ashland University Athletic Department reserves the right to determine the financial responsibility of the student-athlete. The decision will be made by the Director of Athletics after assessing factors such as, but not limited to, the financial ability of the student-athlete to pay for such testing, treatment or counseling.

Missing A Counseling Session

Student-athletes are required to comply with the appointment policy developed by the Ashland University Counseling staff. It is the responsibility of the student athlete who makes an appointment with a counselor to keep that appointment. If the student athlete is not able to keep the appointment he or she is expected to cancel the appointment by telephone, preferably 24 hours in advance but at least by 8:30 a.m. on the day of the appointment. Prior to the appointment the student-athlete will read and sign an informed consent for evaluation and treatment, which includes an agreement to follow the appointment policies.

Failure to keep or cancel an appointment as stated above may result in a suspension from practice and/or competition as determined by the Director of Athletics or his/her designee.

Self-Reporting Drug Use – Safe Harbor

Any student-athlete may refer himself/herself for evaluation or counseling by contacting their head coach, a member of the athletic training staff, or an athletics department administrator. A student-athlete must complete the Drug Testing Safe Harbor Agreement (Appendix E) to begin the Safe Harbor process.

- A student-athlete may not initiate self-referral after he/she has been informed of their participation in an impending drug test.
- A student-athlete cannot enter the self-referral program at any time after a positive test. This includes the entire time of athletic eligibility for the student-athlete.
- There will be no team or administrative sanctions imposed upon the student-athlete for seeking professional help through self-referral.

- A student-athlete will be permitted to remain in Safe Harbor for a reasonable period of time, not to exceed thirty (30) days, as determined by the treatment plan. However, the student-athlete will not be permitted to return to participation in intercollegiate sports until the counselor has interviewed the student-athlete following the conclusion of the recommended treatment (or stage of treatment, as applicable) and has determined that re-entry into intercollegiate sports is appropriate. Additionally, a negative re-entry test will be required prior to returning to participation in any practice, competition or conditioning session.
- A student-athlete testing positive on the initial test after entering this program will not be subject to applicable sanctions. However, a positive test in a subsequent retest or failure to adhere to the treatment program will result in the appropriate administrative sanctions consistent with a 2nd positive test.
- While complying with the plan of Safe Harbor, the student-athlete would not be included in the list of student-athletes eligible for institutional drug testing. However, the student-athlete in the Safe Harbor will be eligible for selection for NCAA testing and for testing based upon reasonable suspicion.
- Failing to complete the treatment recommended by the counselor, having a positive test for any banned substance after entering the Safe Harbor (while in the safe harbor, a student-athlete is subject to testing throughout the 30 day period in 5 instances: 1) Upon entry into the safe harbor program, 2) upon exiting the safe harbor, 3) NCAA Drug Testing, 4) Reasonable Suspicion, and 5) if required as part of the treatment plan by the drug and alcohol education counselor), or having a positive result on a reentry drug or alcohol test will be deemed a second offense under this policy.
- Any and all costs associated with the assessment and any subsequent treatment, counseling or follow-up/re-entry testing may be the responsibility of the student athlete. In all instances, the Ashland University Athletic Department reserves the right to determine the financial responsibility bore by the student-athlete. The decision will be made by the Director of Athletics after assessing factors such as, but not limited to, the financial ability of the student-athlete to pay for such testing, treatment or counseling.
- Each student-athlete will be allowed one admittance into Safe Harbor, without sanction, during his/her athletic eligibility period.
- Self-referral does not exempt an athlete from NCAA sanctions in the event of NCAA year round or championship testing.

Medical Exception Process

Ashland University recognizes that some banned substances are used for legitimate medical purposes. Ashland University will allow exceptions to be made for those student-athletes with a documented medical history demonstrating a need for regular use of such a substance. The student-athlete is required to inform the Head Athletic Trainer of all medications he/she is taking prior to being tested. Additionally, a note from the student-athlete's prescribing physician will be kept in the student-athlete's medical file. In the event a student-athlete tests positive, the Head Athletic Trainer in consultation with a

team physician will review the student-athlete's medical record to determine whether a medical exception should be granted.

Drug Advisory Committee

The alcohol and other drug education and testing committee shall be composed of the following individuals:

- Athletic Director
- Head Athletic Trainer (Coordinator shall chair the committee).
- One Health Center Representative
- Head Coach of one male and one female sport appointed by the Director of Athletics
- One member of the Athletic Training Staff appointed by the Head Athletic Trainer
- Two Student-Athletes appointed by the Director of Intercollegiate Athletics.
- One member of the Ashland University Counseling Center staff
- One academic representative appointed by the Director of Athletics
- Director of Compliance
- Head University Physician

PRESCRIPTION DRUG POLICY

The Student Health Center can provide medications to student-athletes for conditions related to athletic participation and injury as long as they were seen by the SHC or outside providing physician. No athletes should ingest drugs that are not prescribed to them by an appropriate healthcare provider. If a student-athlete is found to be taking prescription drugs not prescribed to them, they will be reported to the Ashland University Compliance Officer for drug testing under reasonable suspicion. If an athlete is taking a regulated dose of prescription drugs that are listed on the banned substance list (i.e. ADHD medication); medications should be listed on their physical sheet. Any student-athlete prescribed medication after their physical date should report all medications to ATC who will properly document them. A physician must approve all prescription medications taken by a student-athlete, all non-prescription medications shall be dispensed in pre-packaged units by SHC or ATC.

MENTAL HEALTH POLICY

This policy establishes the guidelines and procedures for managing the care of a student-athlete with mental health issues. During a mental health or catastrophic emergency it is important to get student-athlete the appropriate individuals to aid in that care.

Mental Health care team shall be made up of a multidisciplinary team that includes:

- Team Physician
- Director of Sports Medicine
- Athletic Trainer
- Licensed psychologist
- Registered dietitian*
- Student housing and Resident Assistants*.

Those deemed necessary for the student-athletes' care include, but are not limited to: Head Athletic Trainer, essential members of the Sports Medicine Staff, Team Physician, and a licensed mental health

care provider. Those marked with an (*) are deemed non-essential, their inclusion will be determined by team physician or director of sports medicine on a case-by-case basis. Communication with the Ashland University Athletic Director(s) will occur when or where there is a concern for the safety of either the individual or those in contact with them.

The Team Physician will be the sole individual with the ability to determine the student-athletes eligibility to participate in their sport; this decision may follow consultation with mental health providers, athletic training staff or other professionals immediately involved with the student-athlete. The Team Physician may suspend eligibility at any time in order to ensure the safety and well-being of the student-athlete if it is believed that the participation may adversely affect the student-athletes mental health.

Pre-Participation Mental Health Screening- SAFE Athlete

Mental Health Screenings will be completed by student-athletes annually as part of their pre-participation paperwork. This assessment will be used by the Sports Medicine Staff to assess a possible need for referral to a mental health professional. If deemed necessary by a member of the Mental Health Team, screenings may be utilized more often; screening assessments will be on a case-by-case basis.

Ashland University/OhioHealth will use SAFE Athlete as its primary mental health screening tool as part of the pre-participation exam. SAFE stands for: SCREEN, ALERT, FACILITATE, ENGAGE. This screening tool uses clinically validated PHQ-9 and CSSRS screening assessments which helps place student-athletes in a high, at-risk category. Athletic Trainers will be immediately notified of the results so appropriate referral can be made. A customized EAP will be created by the Sports Medicine Staff and used during the referral process.

Mental Health Signs and Symptoms

Mental health signs and symptoms may be difficult to access and quantify in a patient; the signs and symptoms of mental health disturbances may include but are not limited to:

- Withdrawal
- Decline in functioning
- Problems thinking/concentration
- Increased sensitivity
- Apathy
- Feeling disconnected
- Illogical thinking
- Nervousness
- Unusual behavior
- Sleep or appetite changes
- Mood changes

Mental Health Emergencies:

As a Sports Medicine Staff we believe it is important to familiarize/recognize situations, behaviors, and symptoms that can be considered a mental health emergency. A mental health emergency is defined as any of the following:

1. Sexual Assault
2. High Agitated or Threatening Behavior

3. Acute Delirium/Confused State
4. Excessive Intoxication or Drug Overdose
5. Suicidal and/or Homicidal Ideation

Risk Factors to Initiate Mental Health Emergency Action Plan:

- Concern the student-athlete may harm themself
- Concern the student-athletes may harm another individual
- Verbalized or physical threat made to the oneself or another individual
- Signs of unusual behavior; may/may not be influenced by substance abuse
- Fear of future harm to oneself or another individual

Mental Health and Catastrophic Emergency Action Plan:

1. Sexual Assault
2. High Agitated or Threatening Behavior
3. Acute Delirium/Confused State
4. Excessive Intoxication or Drug Overdose
5. Suicidal and/or Homicidal Ideation

Mental Health Emergency Referral Flowchart:

Mental Health Personnel/Directory:

AU Athletic Department Contact Numbers

Name:	Office Number:	Cell Number:	Title/Role:
Christopher Boyd, MD			Team Physician
	419-207-6195		Director of Sport Medicine/Assistant Athletic Director
Al King	419-289-5959		Director of Athletics
Adam Bracken	419-289-5297		Compliance Director/Assistant Athletic Director
Elizabeth Freund			Senior Women's Administrator/Assistant Athletic Director

Campus/Resource Numbers

Name:	Phone:	Address:	Hours:
AU Student Health Center	419.289.5200	Hawkins Conard Student Center 1st Floor	Monday-Friday: 9am-5pm Walk-Ins: 9am-10am
AU Counseling Center	419.289.5307	Hawkins Conard Student Center 2nd Floor	Monday-Friday: 8 a.m.-5 p.m. *Appointment Only
AU Safety Services	419.207.5555	Hawkins Conard Student Center 1st Floor	24 Hours- Emergency/Wellness Check
AU Residence Life	419.289.5303	Hawkins Conard Student Center 2nd Floor- Room 232	Monday-Friday: 8 a.m.-5 p.m. *Wellness Check Request Only
Ashland Police Department	419.289.3639	1211 E. Main Street Ashland, Ohio 44805	24 Hours- Emergency/Wellness Check
University Hospitals Samaritan Regional Hospital- Emergency Room	419.289.0491	1025 Center St, Ashland, OH 44805	24 Hours- Emergency/Wellness Check
National Suicide Prevention Hotline	1.800.273.8255		24 Hours

Mental Health Routine Referral:

If a student-athlete presents with concerns that may be most appropriately addressed by the mental health team a routine referral will be made for the student-athlete. Student-athletes experiencing

increased stress, anxiety, episodes of temporary depression, disordered eating, or other short-term episodes will be referred. The following steps will be part of the referral process:

1. Supervising Athletic Trainer will assist in referring the student-athlete to the Student Health Center or University Counseling Center.
2. The Director of Sports Medicine should be immediately notified of the referral to assist in helping the student-athlete.
3. The referring staff member should follow-up with an email or phone call to the Counseling Center to ensure student-athlete compliance.
4. Any medications prescribed to the student-athlete by Team Physician or Counseling Center will need to be disclosed to the appropriate member of the Sports Medicine Team for that student-athlete.

EATING DISORDER POLICY

In accordance with the NATA position statement on disordered eating; disordered eating is defined as “a wide spectrum of maladaptive eating and weight control behaviors and attitudes. These include concerns about body weight and shape; poor nutrition or inadequate caloric intake, or both; binge eating; use of laxatives, diuretics, and diet pills; and extreme weight control methods, such as fasting, vomiting, and excessive exercise”.

In order to care for patients suffering from disordered eating, a palliative approach is recommended. A team made up of the team physician, a mental health specialist (psychologist/psychiatrist, counselor), Nutritionist/Dietician, and Athletic Trainer is recommended for patients with disordered eating.

It is the duty of the team physician to establish a physician coordinated interdisciplinary approach to prioritize interventions and formulate a treatment plan based on the medical and mental status of the patient.

If the patient does not comply with the treatment plan of the care team, then the patient may be suspended from athletic activities until the team physician deems it safe for the patient to return to athletic participation. A contract may be formulated by the team physician for the patients to sign and adhere to the treatment plan.

Each female athlete is asked to answer how many menstrual cycles they have had in the past 12 months on their incoming/returning physical form. If they answer honestly, and you can see they have had less than 8-9 in the last year, then it is the responsibility of the Athletic Trainer to find out why. Pre-existing conditions and birth control are not to be considered when investigating if an athlete has an eating disorder. NATA has a full questionnaire within the Disordered Eating position statement for the patient to fill out if amenorrhea is suspected that the patient must fill out.

Much like our Mental Health policy, it is the coaches responsibility to relay any behaviors or attitudes that would make them suspect a student-athlete has an eating disorder. They are not to speak to the student-athlete directly about their concerns without a Physician or Athletic Trainer present. This meeting should not be the first time that a medical professional is hearing of the coach's concerns. This also goes for teammates and other people that are in direct contact with the student athlete that have concerns.

NUTRITIONAL SERVICES

The mission of AU Sports Nutrition is to provide a multidisciplinary approach for Ashland University student-athletes to enhance and maximize athletic performance, while reducing risk for injuries and fueling strength, power, and endurance with nutrition.

Individual nutrition counseling will target concerns including areas such as:

- Athletic performance, muscle recovery & strength
- Injury prevention and treatment
- Poor appetite
- Fatigue
- Anemia
- Digestive issues
- Food allergies/sensitivities
- Macronutrient or micronutrient needs
- Nutritional management of diagnosed diseases that may impact the ability of a student-athlete to compete, such as diabetes or celiac disease

Any student-athlete that would like to use Dr. Vanata's nutritional services is to follow the following steps:

1. Contact your athletic trainer expressing your want to use this resource.
2. Student-athlete will be instructed to fill out the Nutritional Counseling Pre-Assessment Form, which can be found on the athletics website under the Sports Nutrition tab. This form will be directly sent to Dr. Vanata. This needs to be done prior to the appointment.
3. Dr. Vanata will make the Athletic Training Staff aware each semester of the days and times of the week that he will be seeing student athletes for nutritional services. The Athletic Trainer will use Google Calendar and enter the student athlete's name and under the date and time that works best for both parties.

Any athletic team wanting a presentation using our nutritional services must either contact Athletic Trainer or Dr. Vanata directly to set up an agreed upon date and time. Each presentation will be tailor to sport specifics and can cover some of the following topics:

- Recovery nutrition
- Hydration
- Macronutrients & micronutrients
- Safe and effective use of supplements
- Injury prevention and treatment

Other services include Nutrition-On-The-Road for what to eat/pack when traveling for competition. Individualized Tours of Student Dining Services. A dietetics student will be available to provide quality personalized nutrition tours that meet the sport-specific needs of student-athletes in Ashland University's dining facility.

ENVIRONMENTAL CONDITIONS

COLD WEATHER POLICY

Cold injuries are a common result of exposure to cold environments during physical activity. The occurrence of these injuries depends on the combination of two factors: low air or water temperature (or both).

Hypothermia

Mild: Core body temperature 95°F - 98.6°F, vigorous shivering, increased blood pressure, fine motor skill impairment, lethargy, apathy and mild amnesia.

Moderate: Core temperature 94°F - 90°F, depressed respirations, pulses, cardiac arrhythmias, cyanosis, stop shivering, slurred speech, loss of consciousness.

Severe: Core temperature below 90°F, rigidity, Bradycardia, hypotension, coma.

Treatment: Remove wet or damp clothing; insulate the subject with warm, dry clothing or blankets and move him or her to a warm environment with shelter from the wind and rain. Apply heat only to the trunk and other areas that will absorb heat quickly including the armpit, chest wall and groin. Provide warm, nonalcoholic fluids and food to help sustain shivering and maintain metabolic heat production. Avoid applying friction massage to tissues, which may increase damage if frostbite is present.

Frost Bite

Superficial: swelling, redness or mottled gray skin appearance, stiffness and transient tingling or burning.

Deep: skin is hard, cold, waxy, and immobile. Skin color is white, gray, black, or purple. Burning, aching, throbbing, shooting pain, poor circulation tissue necrosis.

Treatment: Re-warm the affected tissue initially by wrapping the area in warm clothing. If sensation or normal color does not return after a few minutes, extremities should be immersed in a warm (98.6°F–104.6°F water bath for 15 to 30 minutes. Thawing is complete when the tissue is pliable, and color and sensation have returned. Avoid friction massage to the area or exposing the areas to direct heat such as a heating pad or fire.

Chilblain

Occurs with exposure to cold, wet conditions for more than 60 minutes at temperatures less than 50.6F (16.6C). It can be identified by the presence of small red bumps, swelling, tenderness, itching and pain.

Treatment: Remove wet or constrictive clothing, wash and dry the area gently, elevate the area, and cover with warm, loose, dry clothing or blankets. Do not disturb blisters and refrain from applying friction massage, creams or lotions or high levels of heat. Do not allow any weight bearing on the affected area.

Raynaud Syndrome

Caused by cold exposure and characterized by intermittent vasospasm of the digital vessels. The vasospasm significantly reduces blood flow to the extremities. The affected area may present with tingling, swelling, or throbbing pain. The skin may turn a shade of white then possibly blue, and then becomes red with rewarming.

Prevention of Cold Related Illnesses/Injuries

- Educate athletes and coaches concerning the prevention, recognition, and treatment of cold injury and the risks associated with activity in cold environments. All patients should have an up to date physical that may document previous cold related injuries or other predisposing factors.

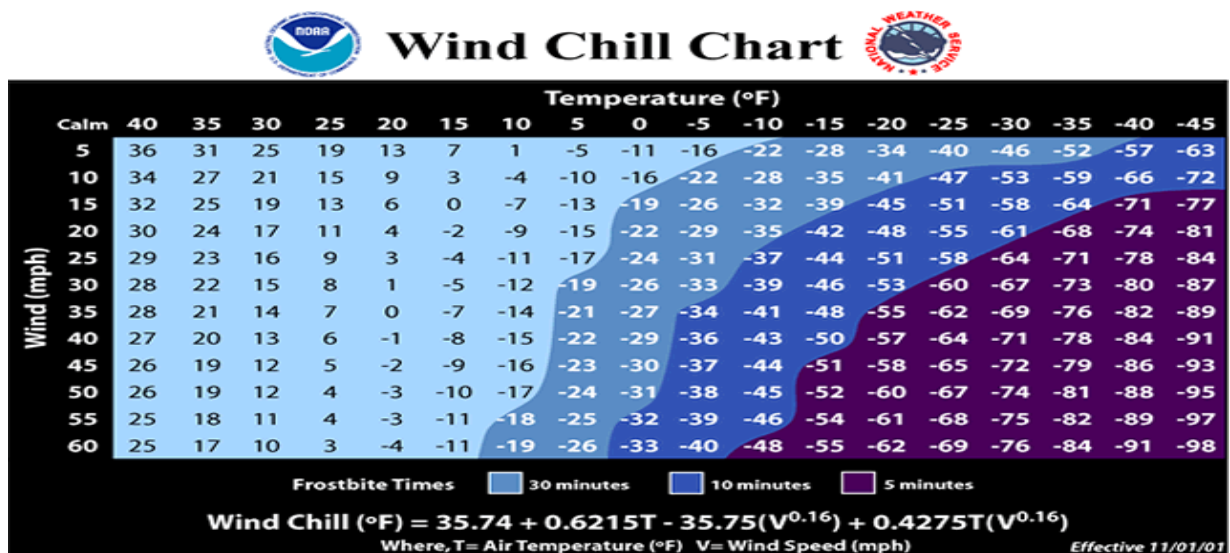
- Wear insulating clothing in layers that allows adjustment to changing weather conditions and also allows evaporation and minimal absorption of perspiration. Toes, fingers, ears, and skin should be protected when wind-chill range at which frostbite is possible in 30 minutes (see chart).
- Re-warm your body as needed during outdoor activities. Use external heaters, wear additional clothing or layer clothing or take regular breaks in a warm indoor environment.
- Make sure to eat a well-balanced diet and stay hydrated with water or sports drinks. Avoid alcohol.
- Field supplies or easy access to: heat packs, blankets, additional clothing, thermometers, phone, and warm whirlpools.

Wind-Chill Temperature/Practice Guidelines

30°F - 25°F	- Be aware and ready for the possibility of cold injuries - Total exposure time: maximum of 2 hours
25°F - 15°F	- Cover exposed skin - Offer re-warming - Total exposure time: maximum of 90 minutes
15°F - 0°F	- Considering limiting modifying activity to limit exposure - Offer re-warming - Total exposure time: maximum of 60 minutes
< 0°F	- Cancel practice, reschedule or move indoors

Wind Chill

Environmental cold stress results from a combination of low air temperature; humidity, rain, or immersion; and little thermal radiation and air movement. An index of cold stress is the wind-chill temperature index (WCT). This index gives an indication of how cold a person feels when exposed to a combination of cold air and wind.



HEAT RELATED ILLNESS, WET BULB GLOBE TEMP., ACCLIMATION, FLUID INTAKE

Exercise-Associated Muscle Cramps (EAMC)

EAMC's are sudden or sometimes progressively and noticeably evolving, involuntary, painful contractions of skeletal muscle during or after exercise.

Signs & Symptoms: tics, twinges, stiffness, tremors, or contractures within the muscle belly, but these terms refer to conditions that are typically painless. These symptoms usually resolve themselves within minutes to hours.

Treatment: Immediate treatment is rest and passive static stretching of the affected muscle until cramps stop. Icing, massage, or both may also help relieve some of the discomfort. If excessive sweating is expected, the patient needs to drink sodium-containing fluids or foods (sports drinks) to help return their body to normal fluid, electrolyte, and energy distribution.

Heat Syncope

Heat syncope occurs in unfit or heat-unacclimatized persons who stand for a long period of time in the heat or during sudden changes in posture in the heat, especially when wearing a uniform or insulated clothing that encourages and eventually leads to maximal skin vasodilation. Heat syncope usually occurs during the first 5 days of unaccustomed heat exposure (eg, during the preseason).

Signs & Symptoms: A brief episode of fainting associated with dizziness, tunnel vision, pale or sweaty skin, and a decreased pulse rate while standing in the heat or after vigorous exercise (with a relatively low rectal temperature (102°F). These symptoms usually resolve within minutes.

Treatment: The clinician should move the patient to a shaded area, monitor vital signs, elevate the legs above the level of the heart, cool the skin (ice bags, cold towels), and rehydrate.

Heat Exhaustion

Heat exhaustion is the inability to effectively exercise in the heat, secondary to a combination of factors, including cardiovascular insufficiency, hypotension, energy depletion, and central fatigue. An elevated core body temperature/rectal temperature (usually, >105°F).

Signs & Symptoms: Heavy sweating, and dehydration, high skin blood flow, heavy sweating, and/or dehydration, causing reduced venous return, fatigue, fainting, weakness, dizziness, headache, vomiting, nausea, lightheadedness, low blood pressure, and impaired muscle coordination.

Treatment: Cease exercise, remove from hot environment, elevate legs, provide fluids, remove excess clothing and equipment, ice towels, monitor vitals, lay patient supine and elevate legs, IV if necessary. EMS should be activated if symptoms worsen, body temperature increases, after 30 minutes of initial treatment. These symptoms usually resolve within 24 hours. Same day return to activity is not advised.

Heat Stroke

Exertional heat stroke is the most severe heat illness. It is characterized by neuropsychiatric impairment and a high core body temperature, typically (< 105°F)

Signs & Symptoms: Collapse, confusion, seizures, altered consciousness, disorientation, dizziness, loss of balance, staggering, irritability, irrational or unusual behavior, apathy, aggressiveness, hysteria, delirium, collapse, loss of consciousness, dehydration, hot and dry skin, hypotension, and hyperventilation and coma. Usually sweating will stop. Multiple organ failure and death can occur the longer the core temperature is above 105°F.

Treatment: Immediate whole-body cold-water immersion to quickly reduce core body temperature, remove from hot environment, elevate legs, provide fluids, remove excess clothing and equipment, ice

towels, monitor vitals, lay patient supine and elevate legs. Activate EMS immediately, if they are not already present. A clearance from a physician is needed before returning to play.

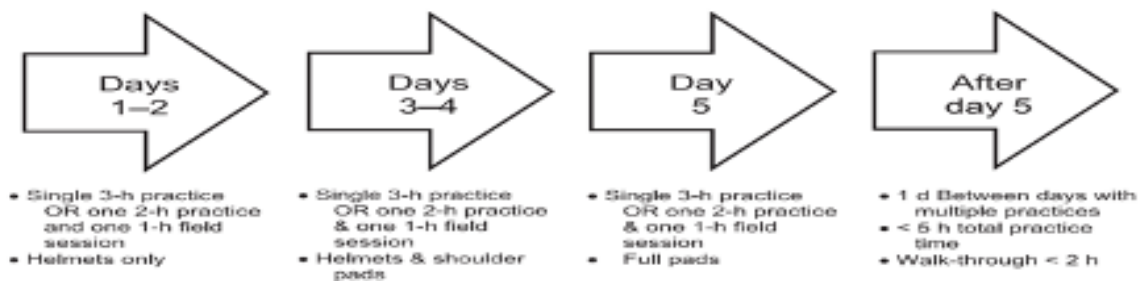
Wet Bulb Globe Temperatures (WBGT) & Practice Guidelines

WBGT should be taken before and during practice and water breaks and practice times need to be adjusted as the temperature rises. Clinician’s will use a sling psychrometer or a heat stress tracker to get accurate readings.

Under 82°F	Normal activity; 3 separate rest/water breaks of at least 3 mins. per hour.
82.1°F – 86.9°F	At the clinician discretion; watch at risk patients, 3 separate rest/water breaks of at least 4 mins. per hour.
87°F – 89.9°F	Max practice time = 2 hours, 4 separate rest/water breaks of at least 4 mins. per hour. * Football: shoulder pads, helmets, & shorts. Remove all equipment for conditioning.
90°F – 92°F	Max practice time = 1 hour, no protective equipment, no conditioning, 20 mins. of rest/water breaks.
Over 92.1°F	No outdoor workouts, delay practice to cooler time

* As of the Fall 2019 soccer season, the NCAA has stated that WBGT over 86°F for men’s and women’s soccer games, there MUST be hydration breaks in the middle of each half (Minutes 25-30 & 70-75).

Acclimatization Rules and Guidelines



Weight Chart Guidelines for Football

During Football Pre Season Camp or any day AT staff deems necessary football players may be required to weigh in before practice and weigh out following practice. Weight loss that occurred during practice will be checked and monitored by Football AT Staff. Each athlete's weight loss, sweat loss and hydration requirements are unique based on each individual athlete and cases will be monitored by and handled at the discretion of the Football Athletic Training Staff and/or Team Physician on a case by case

basis. The following guidelines will be used to determine if weight loss during practice is within normal limits: the goal is to keep body mass losses <2%.

Every 2.2 pounds a person loses equates to 1 liter of fluid loss (sweat loss). For example, if someone loses 5 pounds in 1 hour their sweat rate is $5/2.2 = 2.27$ liters/hour.

$[(\text{pre exercise bodyweight} - \text{post exercise bodyweight}) + \text{fluid intake} - \text{urine volume}] / \text{exercise time in hours}$

Fluid Intake Recommendations

When	How much
Before exertion	2 to 3 hours before: 16 ounces (about 1 water bottle) 15 minutes before: 8 ounces
During exertion	4 ounces of fluid every 15 to 20 minutes (2 to 3 large gulps)
After exertion	16 to 20 ounces of fluid for every pound lost (1 to 1½ water bottles per pound lost)

LIGHTNING POLICY

Lightning is the most consistent and significant weather hazard that may affect intercollegiate athletics. Within the United States the National Oceanographic and Atmospheric Administration (NOAA) estimates that 60-70 fatalities and about 10 times as many injuries occur from lightning strikes every year. While the probability of being struck by lightning is low, the odds are significantly greater when a storm is in the area and proper safety precautions are not followed. Warning signs of severe weather that produces lightning include but are not limited to: high winds, dark skies, sudden drop in temperature. Lightning awareness should be heightened at the first flash of lightning, clap of thunder, and/or the previously mentioned warning signs of severe weather, no matter how far away. Education and prevention are the keys to lightning safety.

This policy is adapted from the NCAA Guidelines for Lightning Safety, and the National Athletic Trainers' Association position statement: Lightning safety for athletics and recreation. It is the responsibility of the athletic administration, athletic training staff, and coaching staff(s) to abide by and enforce the policy.

In accordance with these guidelines an Ashland University Athletic Department, a Staff Member will be responsible to monitor threatening weather and the decision to continue practice or an event. The delineation of responsibilities will be as follows: (1) Game Official (2) Athletic Director, (3) Director of Game Operations, (4) Athletic Training Staff Member, (5) Head Coach, (6) Assistant Coach. The highest ranking staff member present will have the responsibility of enacting the severe weather policy and informing student-athletes to discontinue practice.

Local weather can be monitored prior to and during practices by utilizing various means:

Local television, the internet (weather.com, accuweather.com, weather.gov), and/or cable and satellite weather programming. Using these modes of information, we can learn of any “watches” or “warnings” in Ashland and any surrounding counties. A staff athletic trainer will monitor the weather prior to practice beginning, using either the internet or local television programming. If there is a weather concern the coach will be notified and practice will proceed as planned until severe weather moves into the AU campus and surrounding area.

Our Athletic training staff will utilize the Weather Sentry/DTN system and app on our cell phones to monitor any storms with lightning that may develop, and when appropriate, will inform others so each team can be evacuated in a timely manner. It is recommended that all coaches and administrators also opt in to the WeatherSentry alerts so that they are aware of weather issues themselves.

As a minimum, lightning safety experts strongly recommend that by the time the monitor observes 30 seconds or less between seeing the flash of lightning and hearing a clap of thunder, all individuals should have left the athletic site and reached a safer structure location. Thunder may be hard to hear during an event if the competition facility has a large crowd. The existence of a blue sky and absence of rainfall are not guarantees that lightning will not strike. Cellular or cordless phones are safer to use during a lightning storm as compared to landlines.

Evacuation of practice and playing fields should begin immediately at the first sight of lightning, first sound of thunder, or when lightning has been detected within a 10 mile radius as indicated by the WeatherSentry/DTN system. Participants and spectators should not attempt to wait out the lightning or wait for the lightning to get closer. An announcement will be made by the public address announcer for participants and spectators to go to their designated “safe structures” or personal vehicles immediately following the decision to suspend play.

Following evacuation as a result of lightning, the continuation of activity should be approximately 30 minutes after the last flash of lightning or sound of thunder. This time period should allow for the storm’s trailing edge to be a minimum safe distance of 10 miles from the athletic venue and increasing. The 30 minute time period will re-start with each subsequent lightning strike witnessed or identified inside of the 10 mile radius on the WeatherSentry/DTN system. The WeatherSentry/DTN system will send a text alert once the area is clear of lightning. Teams may not resume activity until the “All Clear” notification has been received. Again, even though the skies may be clear there can still be dangerous lightning. Game administrators, home and visiting coaches, game officials, and athletic trainers will convene immediately following the evacuation of the respective site to monitor the weather forecast and discuss the plan for resumption or potential postponement of play as the weather evolves

If severe weather moves into the area the athletic trainer, coaching staff and student-athletes need to know where the closest “safe structure” is located. A safe structure is defined as any building normally occupied or frequently used by people (i.e., a building with plumbing and /or electrical wiring that acts to electrically ground the structure). In the absence of a sturdy, frequently used building, (any vehicle with a hard metal roof neither a convertible nor a golf cart) with the windows shut provides a measure of safety.

Dangerous locations that are NOT safe from lightning would include small shelters such as: small rain shelters, dugouts, golf shelters, and picnic shelters. Even if these buildings are properly grounded for structural safety they are not properly grounded from the effects of lightning and side flashes that can injure people.

The following are acceptable Safe Structures for our sports teams:

Baseball: Locker Room @ Sarver Field
M&W Cross Country: Closest Campus Building
Football: Locker Room @ Troop Center
Golf: Golf Course Pro Shop
M&W Soccer & W. LAX: Locker Room @ Troop Center
Softball: Personal Vehicles
Tennis: Troop Center
M&W Track: Troop Center

In case a person has been struck by lightning, persons being struck do not carry an electrical charge, therefore, it is safe for a responder to perform CPR. If possible, move the injured person to a safer environment prior to beginning CPR. Automatic External Defibrillators (AED) are also safe to use on a lightning strike victim if they are experiencing cardiac arrest. However, CPR should never be delayed until an AED is located. If further assistance is needed, contact AU Safety Services (419.207.5555), or call 911.

TITLE IX POLICY

Title IX is a policy created to ensure that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any educational program or activity receiving federal financial assistance.

The Ashland University Title IX policy includes the following: Introduction, Title IX - The Law, Title IX Coordinators and Deputy Coordinators, Sexual Misconduct and other Prohibited Conduct, Sexual Misconduct - Risk Reduction Information, Active Bystander, Reporting and Confidentiality, Submitting a Complaint/Report, Individual Rights, Interim Measures Retaliation, Determination of Disciplinary Behavior, Resources for Sexual Misconduct, Federal Statistical Reporting Obligations, Federal Timely Reporting Obligations, Athletics, and Credits/Dates of Revision.

This policy applies to all members of the University Staff, regardless of sexual orientation or gender identity, including international and undocumented persons as well as all students, faculty, staff, and other employees. All students and employees are expected to understand and support the university's Title IX- Sexual Misconduct Policy. All Athletic Department employees are required to complete Title IX training annually to stay up to date on university policies and resources available for students.

The Title IX policy can be found at:

<https://Ashland.edu/student-affairs/document/title-ix/sexual-misconduct>

Title IX Coordinator and Deputy Coordinators

Assistant Dean of Student Affairs - Residence Life and Title IX

232 Student Center

Titleix@ashland.edu

419.289.5303

Elizabeth Hoge, Title IX Deputy Coordinator for Athletics, Assistant Director for Administrative Services,
Senior Women's Administrator

103 Kates Gymnasium

Hgable2@ashland.edu

419.289.5787

Adam Bracken, Assistant Director of Athletics Compliance/Business

104 Kates Gymnasium

Abracken@ashland.edu

419.289.5297

ATHLETIC TRAINERS AND TITLE IX

Athletic Trainers are uniquely positioned in that they are considered exempt personnel. Athletic Trainers are not required to report Title IX issues directly but rather connect student-athletes to a member of the Title IX Support Staff, including but not limited to: Title IX Coordinators, Deputy Coordinators, the Student Health Center, and Counseling Services as well as various off campus support services. Athletic Trainers along with the appropriate support staff member will provide the student-athlete with the best resources available to establish and develop a positive and safe environment for the student-athlete and the entire Ashland University community.

SUMMER CAMPS

***Will be updated when camps can resume following COVID-19 restrictions.**

EMERGENCIES AND SITE-SPECIFIC EMERGENCY ACTION PLANS

Emergency Plan: Dwight Schar Athletic Complex (complex includes Jack Miller Stadium and Ferguson Field)

Emergency Personnel:

Jack Miller Stadium (football practices and games): A certified athletic trainer and will be on site for practices and games. A team physician will be on the home team sidelines during competitions. Prior to the start of the contest, the certified athletic trainer will meet with the visiting athletic trainer to review emergency procedures. EMS will be on site prior to the start of the contest, and will be located at the north end of the stadium.

*In the event that a certified athletic trainer is not available, or during the off-season, a member of the coaching staff will be assigned to activate the EAP.

Ferguson Field (soccer, track, and lacrosse practices and games): A certified athletic trainer will be on site for practices and games. Prior to the start of the contest, the certified athletic trainer should meet with the visiting athletic trainer to review emergency procedures. In the event of an emergency 911 will be utilized for activating emergency transport.

Tennis Courts (tennis practice and games): A certified athletic trainer will be on call for practices and games. In the event of an emergency 911 will be utilized for activating emergency transport.

Emergency Communication:

Jack Miller Stadium: A fixed telephone line is located in the athletic training room, home team locker room, the concession stand, and the certified athletic trainer will have a cell phone (Jeremy Hancock: 419-566-4762, Kate Bruning: 419-601-1915). There is also an emergency call box on the north side of the home side stands.

Ferguson Field: A fixed telephone line is located in the athletic training room, home team locker room, the concession stand, and the certified athletic trainer will have a cell phone (WSoc/Lax-Ashley Anderson: 614-260-4456, MSoc-David Jameyson: 330-419-9783; T/F- Anthony Bartko: 614-795-3050). There is also an emergency call box on the north side of the home side stands.

Tennis Courts: A fixed telephone line is located in the athletic training room, and the certified athletic trainer will have a cell phone (Rob Cremeans: 740-415-8464). There is also an emergency call box directly adjacent to the tennis courts.

***In case of weather emergencies, the coaches or ATC's phone will receive text messages for the emergency contact plan at: www.ashland.edu/emergency or they will receive alerts from the 911 shield application on their smartphone regarding severe weather or tornados.*

-Lightening- Immediate evacuation of the field into the complex or spectators can move to safety in their vehicles.

-Tornado- Everyone will move to the lowest and most interior ground inside the complex.

-Cold Weather- At 30 degrees Fahrenheit and below be attentive to the possibility of cold injury. At 25 degrees Fahrenheit and below additional covering is recommended. Keep opportunity for rewarming available. At 15 degrees Fahrenheit and below an adjustment in exposure time should be acknowledged to allow for rewarming. At 0 degrees Fahrenheit and below action should be taken to reschedule event.

- Wind Chill- no definite rules for when wind chill becomes threatening are present. At about -18 degrees Fahrenheit the conditions are potentially dangerous.

Role of Individuals Providing Care:

1. Immediate care of the injured or ill student-athlete by ATC, coaches certified in CPR, AED and first aid. If available student athletic trainer.
2. Activation of Emergency Medical System (EMS)
 - a. Call 911 (on campus) 8-911 (off campus)
 - i. provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
 - b. Notify Campus Safety Services at: 5555 (on campus) 419-207-5555 (off campus)

3. Emergency equipment retrieval: AED, vacuum splints, spine board, and trauma kit are all maintained in the Dwight Schar Athletic Complex's training room and on a motorized cart at the respective fields during practices and competitions.
4. Directions of EMS to scene
 - a. Open appropriate doors
 - b. Designate individual (coach or athletic training student) to "flag down" EMS and stay on the phone until their arrival.
 - c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions:

Dwight Schar Athletic Complex is located on the corner of Broad Street and Moss Hill Drive.

*Soccer Events- Dwight Schar Athletic Complex off Broad St.

*Football and Tennis Events- Dwight Schar Athletic Complex off of Moss Hill Dr.

Emergency Plan: Sarver Athletic Complex

(Used for baseball practices and games)

Emergency Personnel:

A certified athletic trainer and athletic training students will be on site for practices and games. Prior to the start of the contest, the certified athletic trainer will meet with the visiting athletic trainer to review emergency procedures.

*In the event that a certified athletic trainer is not available, or during the off-season, a member of the coaching staff will be assigned to activate the EAP.

Emergency Communication:

Fixed telephone line in athletic training room of Sarver Athletic Complex (419-289-5457) or cell phone of Certified Athletic Trainer.

***In case of weather emergencies, the coaches or ATC's phone will receive text messages for the emergency contact plan at: www.ashland.edu/emergency or they will receive alerts from the 911 shield application on their smartphone regarding severe weather or tornados.*

-Lightening- Immediate evacuation of the field into the complex or spectators can move to safety in their vehicles.

-Tornado- Everyone will move to the lowest and most interior ground inside the complex.

-Cold Weather- At 30 degrees Fahrenheit and below be attentive to the possibility of cold injury. At 25 degrees Fahrenheit and below additional covering is recommended. Keep opportunity for rewarming available. At 15 degrees Fahrenheit and below an adjustment in exposure time should be acknowledged to allow for rewarming. At 0 degrees Fahrenheit and below action should be taken to reschedule event.

- Wind Chill- no definite rules for when wind chill becomes threatening are present. At about -18 degrees Fahrenheit the conditions are potentially dangerous.

Role of Individuals Providing Care:

1. Immediate care of the injured or ill student-athlete by ATC, coaches certified in CPR, AED and first aid. If available a student athletic trainer.
2. Activation of Emergency Medical System (EMS)
 - a. Call 911 (on campus) 8-911 (off campus)
 - i. provide name, address (Sarver Athletic Complex, off Katherine Ave), telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
 - b. Notify Campus Safety Services at: 5555 (on campus) 419-207-5555 (off campus)
3. Emergency equipment retrieval: AED, vacuum splints, spine board, and trauma kit are maintained in Sarver Athletic Complex's athletic training room and on a motorized cart parked behind the home team's dugout.
4. Directions of EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and stay on the phone to direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions:

Sarver Athletic Complex has one main entrance off of Katherine Avenue.

Emergency Plan: Kate's Gymnasium

(Used for wrestling meets, Volleyball, women's and men's basketball practice & games)

Emergency Personnel:

A certified athletic trainer and athletic training students will be on site for practices and games. A team physician will be on the home team bench during competitions. Prior to the start of the contest, the certified athletic trainer will meet with the visiting athletic trainer to review emergency procedures. In the event of an emergency 911 will be utilized for activating emergency transport.

*In the event that a certified Athletic trainer is not available, or during the off-season, a member of the coaching staff will be assigned to activate the EAP.

Emergency Communication:

A fixed telephone line in the athletic training room and/or athletic department offices or cell phone of the assigned Certified Athletic Trainer.

***In case of weather emergencies, the coaches or ATC's phone will receive text messages for the emergency contact plan at: www.ashland.edu/emergency or they will receive alerts from the 911 shield application on their smartphone regarding severe weather or tornados.*

Role of Individuals Providing Care:

1. Immediate care of the injured or ill student-athlete by ATC, coaches certified in CPR, AED and first aid. If available an athletic training student.
2. Activation of Emergency Medical System (EMS)
 - a. Call 911 (on campus) 8-911 (off campus)
 - i. provide name, address (Kate's Gymnasium, off King Road), telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
 - b. Notify Campus Safety Services at: 5555 (on campus) 419-207-5555 (off campus)
3. Emergency equipment retrieval: AED, vacuum splints, spine board, and trauma kit are maintained in Kate's Gymnasium's athletic training room.
4. Directions of EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and stay on the phone to direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions:

Kate's Gymnasium is located on King Road one block south of intersection with Claremont Avenue on right hand side. Enter the gymnasium on Garmon St off of King Road; enter the building through the double doors on the South side of building/gym.

Emergency Plan: Conard Field House

(Used for wrestling meets, softball, baseball, and track practices)

Emergency Personnel:

A certified athletic trainer and athletic training students will be on site for practices and meets. A team physician will be on site for home wrestling meets. Prior to the start of the contest, the certified athletic trainer will meet with the visiting athletic trainer to review emergency procedures. In the event of emergency 911 will be utilized for activating emergency transport.

***In the event that a certified athletic trainer is not available, or during the off season, a member from the coaching staff will implement the EAP.*

Emergency Communication:

A fixed telephone line in athletic training room and/or athletic department offices or cell phone of the assigned Certified Athletic Trainer.

***In case of weather emergencies, the coaches or ATC's phone will receive text messages for the emergency contact plan at: www.ashland.edu/emergency or they will receive alerts from the 911 shield application on their smartphone regarding severe weather or tornados.*

Role of Individuals Providing Care:

1. Immediate care of the injured or ill student-athlete by ATC, coaches certified in CPR, AED and first aid. If available athletic training student.
2. Activation of Emergency Medical System (EMS)
 - a. Call 911 (on campus) 8-911 (off campus)
 - i. provide name, address (Conard Field house, off Claremont Ave), telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
 - b. Notify Campus Safety Services at: 5555 (on campus) 419-207-5555 (off campus)
3. Emergency equipment retrieval: AED, vacuum splints, spine board, and trauma kit are maintained in Kate's Gymnasium's athletic training room.
4. Directions of EMS to scene
 - a. Open appropriate doors

- b. Designate individual to "flag down" EMS and direct to scene
- c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions:

The field house is attached to the west side of Kate's Gymnasium. Kate's Gymnasium is located on King Road, one block south of its intersection with Claremont Avenue. It is right next to Arby's. Enter the field house from Garmon St. off of King Rd. A second route is off of Claremont Ave through parking lot H. Drive to the back of the parking lot to access the gravel Rd. The garage door for easy entrance is located around the corner of the gym on a gravel road, which is the southeast side of the field house.

Emergency Plan: Brookside West Softball Park (Used for softball practices)

Emergency Personnel:

A certified athletic trainer and athletic training students will be on site for practices. In the event of an emergency 911 will be utilized for activating emergency transport.

***In the event that a certified athletic trainer is not available, or during the off season, a member from the coaching staff will implement the EAP.*

Emergency Communication:

A cell phone of the Certified Athletic Trainer.

***In case of weather emergencies, the coaches or ATC's phone will receive text messages for the emergency contact plan at: www.ashland.edu/emergency or will receive alerts from the 911 shield application on their smartphone.*

- Lightening**- Immediate evacuation of the field into the complex or spectators can move to safety in their vehicles.*
- Tornado**- Everyone will move to the lowest and most interior ground inside the complex.*

-Cold Weather- At 30 degrees Fahrenheit and below be attentive to the possibility of cold injury. At 25 degrees Fahrenheit and below additional covering is recommended. Keep opportunity for rewarming available. At 15 degrees Fahrenheit and below an adjustment in exposure time should be acknowledged to allow for rewarming. At 0 degrees Fahrenheit and below action should be taken to reschedule event.

- Wind Chill- no definite rules for when wind chill becomes threatening are present. At about -18 degrees Fahrenheit the conditions are potentially dangerous.

Role of Individuals Providing Care:

1. Immediate care of the injured or ill student-athlete by ATC or coaches certified in CPR, AED and first aid. If available an athletic training student.
2. Activation of Emergency Medical System (EMS)
 - a. Call 911 (on campus) 8-911 (off campus)
 - i. provide name, address (Brookside West, off Main Street), telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
 - b. Notify Campus Safety Services at: 5555 (on campus) 419-207-5555 (off campus)
3. Emergency equipment retrieval: AED, vacuum splints, spine board, and trauma kit are maintained by the Certified Athletic Trainer.
4. Directions of EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and stay on the phone to direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions:

Located at the West end of Main Street. Take Claremont Avenue southwest. Turn right onto Smith Road, following it until you reach a stop sign. Turn right at the stop sign onto Baney Road. Continue on Baney until you see the fields to your right. Turn right into the lot.

Emergency Plan: Brookside Main Softball Park **(Used for softball games)**

Emergency Personnel: A certified athletic trainer and athletic training students will be on site for practices and games. Prior to the start of the contest, the certified athletic trainer will meet with visiting athletic trainer to review emergency procedures. In the event of an emergency 911 will be utilized for activating emergency transport.

**In the event that a certified athletic trainer is not available, or during the off season, a member from the coaching staff will implement the EAP.

Emergency Communication:

A cell phone of the Certified Athletic Trainer.

***In case of weather emergencies, the coaches or ATC's phone will receive text messages for the emergency contact plan at: www.ashland.edu/emergency or they will receive alerts from the 911 shield application regarding severe weather or tornados.*

*-**Lightening**- Immediate evacuation of the field into the complex or spectators can move to safety in their vehicles.*

*-**Tornado**- Everyone will move to the lowest and most interior ground inside the complex.*

*-**Cold Weather**- At 30 degrees Fahrenheit and below be attentive to the possibility of cold injury. At 25 degrees Fahrenheit and below additional covering is recommended. Keep opportunity for rewarming available. At 15 degrees Fahrenheit and below an adjustment in exposure time should be acknowledged to allow for rewarming. At 0 degrees Fahrenheit and below action should be taken to reschedule event.*

*- **Wind Chill**- no definite rules for when wind chill becomes threatening are present. At about -18 degrees Fahrenheit the conditions are potentially dangerous.*

Role of Individuals Providing Care:

1. Immediate care of the injured or ill student-athlete by ATC and coaches certified in CPR, AED and first aid. If available athletic training student.
2. Activation of Emergency Medical System (EMS)
 - a. Call 911 (on campus) 8-911 (off campus)
 - i. provide name, address (Brookside Main, off Sandusky Street), telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
 - b. Notify Campus Safety Services at: 5555 (on campus) 419-207-5555 (off campus)
3. Emergency equipment retrieval: AED, Vacuum splints, spine board and trauma kit are maintained by the Certified Athletic Trainer.
4. Directions of EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and stay on the phone to direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions:

Take Claremont Avenue north. Turn left onto Sandusky Street, following it until you reach the first stop light. Turn left into Brookside Main Complex.

Emergency Plan: Country Club of Ashland
(Used for golf practices and matches)

Emergency Personnel: Certified Athletic Trainer and athletic training student(s) on call for practices and competitions. In the event of an emergency 911 will be utilized for activating emergency transport.

Emergency Communication:

A fixed telephone line is located in the golf clubhouse, and the certified athletic trainer will have a cell phone for on call purposes.

***In case of weather emergencies, the coaches or ATC's phone will receive text messages for the emergency contact plan at: www.ashland.edu/emergency or they will receive alerts from the 911 shield application on their smartphone regarding severe weather or tornados.*

*-**Lightening**- Immediate evacuation of the field into the complex or spectators can move to safety in their vehicles.*

*-**Tornado**- Everyone will move to the lowest and most interior ground inside the complex.*

*-**Cold Weather**- At 30 degrees Fahrenheit and below be attentive to the possibility of cold injury. At 25 degrees Fahrenheit and below additional covering is recommended. Keep opportunity for rewarming available. At 15 degrees Fahrenheit and below an adjustment in exposure time should be acknowledged to allow for rewarming. At 0 degrees Fahrenheit and below action should be taken to reschedule event.*

*- **Wind Chill**- no definite rules for when wind chill becomes threatening are present. At about -18 degrees Fahrenheit the conditions are potentially dangerous.*

Emergency Equipment:

Supplies such as an AED, vacuum splints, spine board, and trauma kit are maintained by the Certified Athletic Trainer.

Role of Individuals Providing Care:

1. Immediate care of the injured or ill student-athlete by ATC and coaches certified in CPR, AED and first aid. If available an athletic training student.
2. Activation of Emergency Medical System (EMS)
 - a. Call 911 (on campus) 8-911 (off campus)
 - i. provide name, address (Ashland Country Club, off Center Street), telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
 - b. Notify Campus Safety Services at: 5555 (on campus) 419-207-5555 (off campus)
3. Emergency equipment retrieval: AED, vacuum splints, spine board, and trauma kit are maintained by the Certified Athletic Trainer.
4. Directions of EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and stay on the phone to direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: The Country Club of Ashland is located 1333 Center Street in Ashland. Take Samaritan east, and turn right onto Center Street.

Emergency Plan: Rec Center Pool **(Used for swimming practices and competitions)**

Emergency Personnel: Certified Athletic Trainer and athletic training student(s) on call for practices and competitions. In the event of an emergency 911 will be utilized for activating emergency transport.

Emergency Communication:

A fixed telephone line in the lifeguard station, athletic training room, athletic department offices, or cell phone of the Certified Athletic Trainer.

Role of Individuals Providing Care:

1. Immediate care of the injured or ill student-athlete by ATC and coaches certified in CPR, AED and first aid. If available an athletic training student.
2. Activation of Emergency Medical System (EMS)
 - a. Call 911 (on campus) 8-911 (off campus)
 - i. provide name, address (Rec Center, off King Road), telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
 - b. Notify Campus Safety Services at: 5555 (on campus) 419-207-5555 (off campus)
3. Emergency equipment retrieval: AED, vacuum splints, spine board, and trauma kit are maintained by the Rec Center as well as the Kate's Gymnasium athletic training room.
4. Directions of EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and stay on the phone to direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions:

The Ashland University Rec Center is located at the corner of Garmon and King Road in Ashland.

Emergency Plan: Wrestling Room (Used for wrestling practice)

Emergency Personnel:

A certified athletic trainer and athletic training students will be on site for practices and games. A team physician will be on the home team bench during competitions. Prior to the start of the contest, the certified athletic trainer will meet with the visiting athletic trainer to review emergency procedures. In the event of an emergency 911 will be utilized for activating emergency transport.

**In the event that a certified athletic trainer is not available, or during the off season, a member from the coaching staff will implement the EAP.

Emergency Communication:

A fixed telephone line in the athletic training room and/or athletic department offices or cell phone of the assigned Certified Athletic Trainer.

Role of Individuals Providing Care:

1. Immediate care of the injured or ill student-athlete by ATC and coaches certified in CPR, AED and first aid. If available athletic training student.
2. Activation of Emergency Medical System (EMS)
 - a. Call 911 (on campus) 8-911 (off campus)
 - i. provide name, address (Wrestling Room located in Kate's Gymnasium, off King Road), telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
 - b. Notify Campus Safety Services at: 5555 (on campus) 419-207-5555 (off campus)
3. Emergency equipment retrieval: AED, vacuum splints, spine board, and trauma kit are maintained in Kate's Gymnasium's athletic training room; AED is also available in the hallway located outside the gymnasium near the trophy case.
4. Directions of EMS to scene
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions:

The wrestling room is located inside Kate's Gymnasium. Kate's Gymnasium is located on King Road, one block south of its intersection with Claremont Avenue. Enter the drop-off circle located across the street from Burger King. Enter the double doors to Kate's Gymnasium, immediately turn right and follow the stairs up into the wrestling room.