

# University of Rhode Island

Sports Medicine



## **POLICIES AND PROCEDURES**

**2020-2021**



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## **MISSION STATEMENT**

The mission of the Health & Performance unit is to make URI student-athletes health and well-being a priority

## **Sports Medicine Staff**

The Sports Medicine staff is comprised of athletic trainers who are certified by the National Athletic Trainers Association and are licensed by the State of Rhode Island, athletic training students (volunteers, interns, and clinical masters' athletic training students), designated team physicians, and a host of medical consultants, resources and sub-specialist supplement the primary staff.

## **Athletic Trainers**

The Certified Athletic Training staff is responsible for the daily operation of the department, work under the direction of the team physicians, specialists, and consultants. The student staff assists under the direction the athletic trainers for team preparations, game & practice coverage, rehabilitation programs and other duties as required. The scope of athletic training services encompasses various domains which include injury recognition, treatment, rehabilitation, prevention, education, and counseling that will enable the athlete to maintain optimal quality of life beyond the span of athletic completion.

## **Team Physicians**

The Team Physicians and Team Orthopedist work jointly to set medical policy, perform pre-participation physical examinations, provide event coverage and attend to injuries and illnesses. The sports medicine staff determines the athlete's participation status, and makes all decisions on when athletes are permitted to return to participation. The consultant list of medical specialists assist, when their particular field of expertise is required, to supplement the diagnosis and treatment process. These consultants are used on a referral basis.

## **Additional Providers and Resources**

Additional providers and resources are utilized on a referral basis. They are collaboration of on and off campus resources which aid in the treatment process for the URI student-athletes overall health and well-being. The Sports Medicine Department works in conjunction with Student Health Services to provide medical care and specialist referrals for our student-athletes. In addition, the sports medicine department will work with the URI Psychological Consultation Center (PCC) to provide mental health support to our student-athletes.



## URI Sports Medicine Directory

### ATHLETIC TRAINING STAFF:

Andrew Llaguno  
Associate Athletic Director for Health and Performance  
Football

Daniel Anthony  
Associate Athletic Trainer  
Men's Basketball, Golf

Michelle Barber  
Associate Athletic Trainer  
Volleyball, MXC/TF

Evan Drabik  
Associate Athletic Trainer  
Women's Basketball, Tennis

Karli Collins  
Associate Athletic Trainer  
Non-traditional, Softball

Lauren Harrall  
Associate Athletic Trainer  
Men's Soccer, WXC/TF

Carrie Milner  
Associate Athletic Trainer  
Women's Soccer, Rowing

Mike Monteiro  
Associate Athletic Trainer  
Football, Swim/Dive

Haruki Mukohchi  
Associate Athletic Trainer  
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## University of Rhode Island – Department of Athletics Sports Medicine Policy & Procedures Manual

### **URI PROVIDERS:**

Dr. Ron Tabaddor  
URI Head Team Orthopedist  
University Orthopedics

Dr. Chris Nasin  
Medical Director  
URI Head Team Physician  
URI Health Services

Dr. Fortunato Procopio  
Staff Physician  
URI Health Services

Dr. Stacey Pappas  
Staff Physician  
URI Health Services

Dr. Tim Drury  
Staff Physician  
URI Health Services

Kelli Kidd  
URI Nutrition Specialist

Dr. Vincent Brunelle  
Team Chiropractor

Dr. James Sullivan  
Team Podiatrist  
North Smithfield Podiatry

Dr. Michael Bradley  
Team Orthopedist  
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**URI RESOURCES:**

Warren Schwartz  
Psychologist (Sleep/Recovery)  
URI Counseling Services

Lindsey Anderson  
Director of Psychological Consultation Center (PCC)  
Mental Health

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*Other Resources and Specialists can be provided by our Athletic Training Staff or Team Physicians.*



## **SPORTS MEDICINE CENTER- OPERATIONAL PROCEDURES**

**FACILITIES:** Athletic Training Room / Sports Medicine Center is located in Tootell Athletic Complex

**Athletic Training Room Hours:**

Normally open from 7:00 a.m. to 7:00 p.m.

Excluding one hour, 12:00 p.m. to 1:00 p.m. for lunch, or professional development

Scheduled Appointments: 7:00 a.m. – 11:30 a.m.

MD Clinics *when available*: 12:00 p.m. – 1:00 p.m. *or as scheduled TBA*

Primary Care Mondays 8-9am                      Orthopedic Wednesday 1-3pm

Walk – Ins: 1:00 p.m. – 2:00 p.m.

Pre – Practice: 2:00 p.m. – 3:00 p.m. for in season sports

Practice, Games, Post – Participation Treatment: 3:00 p.m. – 7:00 p.m.

Athletic Training room hours may vary from season to season. Any revisions in athletic training room hours of operation and will be posted at the entrance. When the athletic training room facilities are not in use, it will be locked at all times. These facilities are under the direct supervision of the Associate AD - Health & Performance and athletic training staff.

**Football & Basketball Auxiliary Training Rooms:** (located in the Ryan Center) Open for practices and events only.

Each varsity athletic team is assigned an athletic trainer who is responsible for the health and well-being of the student-athletes on the team roster. Athletic trainers will be available for practices and every home scheduled competition. In-season teams are given priority of coverage and by those at highest risk of injury. Athletic trainers will travel with assigned sports when applicable. Teams traveling without an athletic trainer will be given a medical kit with supplies to best assist their needs should an injury occur while traveling and arrangements will be made with host athletic training staff for coverage. Coaches will have the contact information for the team AT for medical questions should arise.

The athletic training room is open daily from 7a.m.-7p.m., Monday-Friday. If the last team finishes up prior to 7pm the athletic training will close according. There are limited hours on Saturday and Sunday to accommodate those out-of-season teams that practice on the weekends. From 7a.m.-11:30a.m. The athletic training room is available for those athletes who require treatment and rehabilitation. There are appointment slots for student-athletes to sign up with the athletic training staff member on duty to receive treatment. The athletic training room is closed for lunch between 12-1:00p.m. Prior arrangements must be made with the student-athlete's assigned athletic trainer to receive treatments during lunch time. From 1-2p.m. the athletic training room is reserved for practice preparations and some walk-in appointments. The athletic training room remains staffed for post-practice treatment or accordingly, when the last team is finished (*typically 20 minutes after the last team is finished*).



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When student-athletes arrive for their appointments, they are to retrieve their assigned exercise flow charts located in a file organizer next to the front door. They must present this to the athletic trainer with whom they have an appointment. Student-athletes may sign up with any athletic training member if their athletic trainer is not available. It is expected that each treatment and rehab exercise is performed and signed off on by the supervising athletic trainer prior to leaving. The student-athlete must keep their assigned athletic trainer up to date with their day to day progress if they are receiving treatment from a different athletic trainer.

Student-athletes are required to sign into our electronic medical record system (EMR), NExTT, (Vivature), when entering the athletic training room. Every student-athlete selects one finger print to be scanned and saved with their EMR file. When a student-athlete enters the athletic training room, they may go to one of the computer check-in stations. There they will place their finger on the scanner pad. The student-athlete will then see an approved list of athletic training room treatments. They will select the corresponding treatment with what is written on their exercise flow charts created by their assigned athletic trainer. All student-athletes must sign-in for every athletic training room use and service for the facility.

### **ATHLETIC TRAINING ROOM PROCEDURES**

- All student-athletes must be respectful of athletic trainers (AT) or additional medical staff/students that work there and other student-athletes using the space.
- Student-athletes are expected to be on time for all appointments and any other medical staff clinics within the URI Sports medicine Center. This includes off campus appointments as well.
- Sports Medicine Facilities are co-educational, thus everyone must wear proper attire. Personal towels must be used to dry off after exiting the whirlpools. The athletic training room does not supply large bath towels.
- Full showers must be taken prior to entering the whirlpools. Shorts, spandex and tops/shirts for females and males must be worn at all times in the whirlpools.
- All treatments will be under the direction of a physician and supervised by the athletic training staff.
- All treatments must be logged-into our system, documented, and approved by a supervised member of the athletic training staff. Services provided will be charged under our vivature system. *Please review the insurance section on our web page- [www.gorhody.com](http://www.gorhody.com).*
- All treatments and strappings must be applied by the athletic training staff.
- All therapeutic modalities and equipment must be turned on and off by the athletic training staff.
- All sports medicine equipment and supplies shall remain in the athletic training room unless otherwise permitted by staff.



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- All injured student-athletes must report for morning and afternoon treatment if they are on the injury report or as directed. Failure to keep treatment and / or medical referral appointments will be reported to coaching staff
- Morning sign-up sheets are located in the training room. Student-athletes may sign-up for rehab/treatment under any certified athletic training (ATC) staff member, if supervising ATC is not in.
- “Treatment log” records will be open to all coaches for review.
- Rehabilitation sheets (Exercise Flow Charts) and daily logs must be recorded by the student-athletes and checked off by a certified athletic trainer.
- Athletic equipment (ball, shoes, sticks, etc.) is not to be brought into the athletic training room. And rehab equipment remains in the athletic training room.
- Treatment will be scheduled around class time. No student-athlete should miss class for treatment.
- If an athlete is sick, they are to report to the URI Student Health Services on their own then report illness / condition to supervising athletic training staff member. This procedure can vary from team to team depending on agreements from the coaching staff and AT.
- If a student-athlete has an injury during practice or competition, they are to report directly to an athletic training staff member within 24 hours of their injury and will be required to come in for reassessment the next morning for status on the “Coaches Injury Report” unless otherwise directed. Student-athletes must provide appropriate communication and updates to their respective athletic trainer on a daily basis.
- All orthopedic, MD and consultant referrals will be made only by a staff certified athletic trainer.
  - Coaches should not make any appointments to avoid insurance, billing, scheduling problems, and conflict of interest issues. All medical communications should be between AT and physicians. The supervising AT can then make changes in student-athlete’s status after being seen by the physician.
- The use of tobacco products is strictly forbidden in the Athletic Training Room.
- All whirlpools are reserved for athletes as an indicated treatment during AM hours or specified by supervising AT staff. Post-practice whirlpool treatments should be avoided and ice bags used instead. This will decrease chances for infections/diseases and fair to all teams since we cannot fit everyone in them at the end of the day. (full showers are required prior to entering the whirl pools) These decisions should be cleared by a staff AT.
- All athletic training facilities should not be used as a lounge area. It is designed as an adjunct medical facility as described within and its use is reserved for that purpose.
- Student- athletes are not to operate equipment and /or perform “self-treatments.”
- Student-athletes are not permitted to use sport medicine facility fax machine, copy machines, and/or computers.
- Multimedia devices are not permitted to be used during rehabilitation. There is limited cell phone use allowed in the athletic training room. No pictures allowed to avoid violation of federal privacy laws outlined by FERPA. Cell phone may be used at the discretion with their athletic trainer for music. Head phones must be worn at all times.



## **MEDICAL COVERAGE**

Athletic training services are available for NCAA student-athletes only. Club sport, intramural or recreational athletes should follow established medical and emergency protocols outlined by each specific organization. Non NCAA athletes can seek evaluation of illness and injuries through URI student Health Services.

## **RECORD MANAGEMENT**

Medical files for URI student-athletes are kept updated systematically for each sport. Each file contains information necessary for reference. Each file is considered private information and may not be released unless the athlete provides a written consent in compliance with FERPA. Each medical file includes a medical history, follow-up health appraisals, medical information release forms, injury reports, X-Ray reports, laboratory reports, medical prescription copies and special test reports. Inactive files are kept in the “Inactive Files”. All information will be maintained in order to provide accurate information to those persons who have requested and received permission from the student-athlete to receive such information. The Inactive Files will only be held for a total of 7 years then properly disposed.

## **REFERRALS**

Referrals for all off-campus medical/orthopedic treatment will be initiated and prearranged by a staff athletic trainer or team physician. A student-athlete may choose to seek other medical services however it should be done in consultation with the Associate AD - Health & Performance or staff athletic trainer assigned to the specific team. Coaches are asked respectively to communicate with their athletic trainer assigned to that team if they have additional questions or concerns. The athletic trainer will have the responsibility to be the liaison between the athlete, physician, coach and parent. Student-athletes may make individual medical appointments for primary care concerns on their own but should communicate with their staff athletic trainers and coaches. The student-athletes should sign a FERPA release form prior to any medical files are released to a consulting physician or other outside provider.



## **PRE-PARTICIPATION PHYSICAL EXAM**

Student-athletes are required to complete all pre-participation paperwork and a physical exam or medical update prior to participating in any team related activities. The following forms are required for all student-athletes:

- Assumption of Risk
- Concussion Acknowledgement
- Emergency Contact Information
- Insurance Information
- Assignment of Benefits
- HIPAA/FERPA
- Medical list
- Freshman/Transfer Student-Athlete PPE Form-Freshman/Transfers ONLY
- Sickle Cell Testing Form – Freshman/Transfer ONLY
- Retuning Athlete Questionnaire- Returner ONLY
- Athletic Department's Drug Policy

Freshman and transfer Students are required to receive a physical from a URI team physician prior to starting activity. Based on findings in the exam, student-athletes may be referred for further testing or consultation that could result in the delay their medical clearance.

Returning student-athletes will be evaluated upon their return to campus. The Returning Student-Athlete Questionnaire will be reviewed by an athletic trainer and they will be asked to provide any information or documentation of any injuries or illnesses that occurred during their time away from campus. Heart rate and blood pressure of returning student-athletes will be obtained at that time to ensure they are fit to participate. Any abnormal vital sign or positive response to the screening questionnaire should promote an evaluation by the team physician.

All incoming freshmen and transfer student-athletes are required to complete neurocognitive baselines prior to participation. All URI student-athletes have a computer based baseline with the Impact Program. Additional baseline test such as SAC/BESS maybe used for those sports with higher risk of injury (*see concussion section for more info. or visit our web page concussion power point on [www.gorhody.com](http://www.gorhody.com)*). The baseline assessments will be used for return to play status standards in conjunction with team physician exam should the student-athlete sustain a concussion. The baseline assessments will be performed prior to the start of team contact activities during the student-athletes first year on campus.

Access instructions will be accessible on [WWW.Gorhody.com](http://WWW.Gorhody.com) website.



### **SICKLE CELL TESTING**

The NCAA mandates that all incoming student-athletes must present proof of sickle cell trait testing results. Student-athletes are strongly encouraged to have testing performed by their home town physicians prior to arrival on campus. If a student-athlete does not come in with their sickle cell results, they may be able to get the test administered at URI Student Health Services. *Please note:* Student-athletes will not be granted clearance until the blood test results are reviewed by a URI physician.

*More information can be found on our webpage for educational process on sickle cell.  
[www.gorhody.com](http://www.gorhody.com)*

### **TRYOUTS**

Students wishing to participate in tryouts of URI varsity teams must have the following forms filled out prior to starting the tryout period: (dictated by NCAA/Compliance)

- Recent physical exam within the last 6 months prior to tryout. Student-athletes must be deemed fit to participate in collegiate athletics.
- Student-Athlete Tryout Waiver
- HIPAA/FERPA Authorization Form
- Copies front to back of insurance cards
- If student makes the team, they are required to have a PPE exam performed by a team physician (see PPE section).

### **COACHES RESPONSIBILITY**

Coaches are responsible to make sure these students have the appropriate paperwork prior to trying out and have them cleared for participation through the compliance office. If the head coach decides to include the student on their NCAA team, they must complete a physical exam with a URI team physician prior to resuming team activities. The student must also show proof of sickle cell trait testing results.

### **ADD/ADHD**

All student-athletes that have been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) must submit supplemental paperwork regarding their diagnosis and treatment. Prescription medication used to treat these disorders are banned substances by the NCAA, unless the student-athlete is under the care of a physician with a valid prescription for medication. Documentation of these prescriptions must be obtained yearly in the event the student-athlete is randomly selected for drug testing by either URI or the NCAA. Should a student-athlete test positive without proper documentation, they will be subjected to the full penalties of a positive drug screen.

All medications should be listed on incoming pre-participation paperwork prior to arriving on campus. Any new medications need to be promptly updated with the athletic training staff to ensure NCAA compliance.



## **CLEARANCE FOR PRACTICE AND COMPETITION**

All athletes must be physically able to participate before being allowed to return to practice or competition following an injury. Authorization for return to participation may come only from a qualified member of the sports medicine professional staff. The athlete's welfare will be placed above all other considerations.

## **REHABILITATION POLICY**

Only NCAA student-athletes who require prescribed rehabilitative therapy will be permitted to use the athletic training facilities.

Should persons other than NCAA student-athletes require the use of the athletic training facilities for therapy, only the Associate AD – Health & Performance will be allowed to grant permission for such therapy. A written prescription from a team physician is required before any services may be performed, and will be done on a limited basis.

A certified athletic trainer will be assigned the responsibility to provide the therapy as prescribed by the physician. Athletic training students may also help provide those services in the clinical setting and supervised by a staff AT.

Priority of therapy time will always be based on the use and needs of the URI student-athletes and athletic trainers available and will be made by appointment.

All persons responsible for rehabilitation therapy must provide a rehabilitation document, updated weekly. This documentation can be viewed by our Head Team Orthopedic Physician and must be under the direction of a physician.

## **INJURY PROCEDURE**

### **General Procedures**

- All injuries occurring at practice, home or away games must be reported to the supervising athletic trainer.
- NO athlete that has been injured will be allowed back to practice or competition until he / she is cleared by the physician or assigned athletic trainer.
- All athletes that are injured and not able to practice can receive two treatments per day, morning and afternoon. Afternoon treatments (by appointment only) will end at 2:00 p.m. so that the staff can prepare the athletes for practice or games. These times may vary depending on specific team schedules and AT staff will consult with those coaches.



## University of Rhode Island – Department of Athletics Sports Medicine Policy & Procedures Manual

- Coaches will be given daily injury progress report before each day's practice. (*Method of information delivery arranged between coach and assigned athletic trainer -some teams may vary*).
- Student-athletes should report illnesses to Health Services as soon as possible. They will sign a FERPA consent / release form waiver allowing the physician, nurse, etc. to contact the athletic training room about his / her illnesses. The designated AT will then notify the coach as needed. This procedure may vary from each team depending on agreement by coach / AT.

### **GAMES & PRACTICE**

All injuries that occur during the practice sessions and scheduled games are immediately reported to an athletic trainer. The athletic trainer assesses the injury to determine its severity. If the injury requires a physician's care, the athlete is transported either to the physician's office, or to the emergency room of the local hospital. An ambulance is available by calling the University Security Office (401-874-2121). If the injury does not require emergency treatment, the physician is called and an appointment is made to see the injured athlete at the doctor's discretion. All appointments **MUST** be cleared with a staff athletic trainer. The athletic trainer who attends to the injured athlete will complete all required documentation.

### **AWAY CONTEST**

The URI staff athletic trainer shall handle injuries on the road if he / she is accompanying the team. In the absence of the URI athletic trainer, the coach shall be responsible for attaining appropriate medical care through the host team athletic trainer, physician or local emergency room. Coaches will follow the advice of the host medical staff as to whether or not the injury needs immediate attention. The URI Associate AD – Health & Performance or assigned athletic trainers are notified as soon as possible. Coaches can obtain insurance info by reaching their AT if needed. Our AT staff can call head to make any medical arrangements with the host team.

### **ATHLETIC TRAINER IS NOT AVAILABLE**

In the event that an athletic trainer is unavailable at the time of an injury, the coach shall be responsible for seeing that appropriate medical attention is obtained. The coach should not attempt to exceed his / her capabilities and should maintain updated first-aid and CPR / AED certification as required. Cell phones or other communication devices must be carried and should be utilized in the event of any emergency. In addition, athletes should be reminded to have any of their supplemented health related devices (i.e. inhalers, eye protection, bracing, etc.) in their possession for all athletic activities. Coaching staff should review EAP at the off campus sites in conjunction with the host team.



## **NON-DEPARTMENTAL ACTIVITIES**

All Sporting Events, Summer Camps or workshops, that are not considered a part of URI athletic department scheduled activities: coaches shall be responsible to pay for coverage by an athletic trainer for services rendered. The availability of staff will determine whether or not athletic training services can be provided. The Associate AD – Health & Performance or requested staff member, must be notified in advance that the services of an athletic trainer are needed. Fees for summer camps are negotiated individually and agreed upon prior to the beginning of the camp. An individual written agreement with the coach and athletic trainer should be made. Coaches should be prepared to pay going AT rates in RI. (*Refer to RI Athletic Trainers Association for additional info. regarding camps*). Equipment and supplies are the responsibility of each individual camp. Utilization of the athletic training room and supplies are permitted for only URI NCAA student-athletes. Coaches should be prepared to order their supplies ahead of time for their camps.

## **POST SEASON SCREENING**

This process is done at the end of the student-athletes' competitive season to evaluate the need for subsequent treatment of unresolved injuries, and to make sure that no new or unreported injuries have occurred to the student-athlete while participating.

Seniors will undergo a Senior Screening form at the end of their athletic eligibility period, to ensure that no new or unreported injuries have occurred to the student-athlete while playing a sport at URI. Every effort will be made to medically clear unresolved / new injuries prior to graduation. If a student-athlete is removed or quits the team, they are required to schedule an appointment with the URI Sports Medicine Staff to be cleared medically. Failure to do so will be documented by the Sports Medicine Staff in the student-athletes file and could lead to forfeit of further medical care and insurance benefits pertaining to sports participation.

Post season screening forms can be assigned through ARMS software by an AT staff member.



## **EMERGENCY ACTION PLAN**

### **Verification of Plan Approval**

The undersigned are in agreement with the features of the following Emergency Action Plan

---

Andrew Llaguno, Associate Director for Athletics Health & Performance

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Thorr Bjorn, Director, Athletics

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Samuel Adams, Director, Office of Emergency Management

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Stephen Baker, Director, Department of Public Safety

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Robert T. Hart, Commander, Emergency Medical Services

*Signatures are found within the hard copy of the manual in the Athletic Training Room.*



## Record of Revision

The following revisions have been approved by the Department of Athletics in concert with all appropriate stakeholders:

Section and Summary of Changes	Date of Revision	Revision Number	Revision Made By
New plan	9/2018	1	A. Llaguno





## **INTRODUCTION**

The purpose of this document is to provide guidelines for the University of Rhode Island athletic personnel, should a medical emergency occur involving a member of the URI athletic community. The emergency action plan includes recommendations for strength and conditioning sessions as well as traveling information/what to do when an athletic trainer is not available.

All members of the URI athletic staff who work directly with the student athletes should be familiar with emergency response procedures should a major medical event occur. In most cases the certified athletic training staff or the team medical staff will be in attendance and be responsible for making decisions, should the need for an emergent response arise. However, in many other cases the strength & conditioning staff and/or the coaching staff will be in the position of making emergency decisions and therefore should be in compliance with the mandated CPR/AED certification process and be familiar with the emergency procedures outlines within this document. All coaches / AT staff should always have access to a cell phone to active EMS services

Emergency Action Plans have several basic components, each of which are further outlined within this document.

Athletic activities are inherently dangerous and while many measures are in place to provide the safest possible environment, illness, accidents and injuries will occur. It is therefore the responsibility of each athletic department staff member to review these emergency response procedures as preparation and planning are essential to proper management of any emergent event.

Medical events warranting an emergent response can include, but are not limited to:

- Altered Consciousness
- Cardiac Event
- Concussion
- Suspected Spinal Injury
- Fracture (major)
- Dislocation (major)
- Heat Illness
- Seizure
- Allergic Reactions
- Other



## **EMERGENCY RESPONSE PERSONNEL**

Depending on sport, competitive season, location, and others.

- EAP Coordinators
  - Athletics: Associate Athletic Director of Health and Performance
  - Medical Staff: URI Head Team Physician
- AT Staff
- Strength and Conditioning Staff
- Coaches
- EMS

## **PLAN OUTLINE**

- Immediate care based on the situation
  - Assess situation and provide appropriate care by highest level of staff competency present
- Emergency Equipment (On-site or closest location)
  - Retrieved as needed by next available staff
  - AED, Splints, CPR mask etc.
- Activation of EMS
  - Review **Emergency Response Template**
- Directions (Venue Access)
  - Report all indoor and outdoor venues, orientation and access points
  - Report in advance any possible issues affecting access points

## **ADDITIONAL PLAN COMPONENTS**

- Communication
  - Cell phones, land lines, and other means of communication should be planned in advance of all events
- Equipment (AED Locations)
  - Review all AED sites in all venues
  - Medical Kits (CPR/Splints/Other emergent equipment)
- Ambulance Response
  - Ambulance response based on:
    - On campus / Off Campus – Standard 911 dispatch
- Review and Rehearse



### **EMERGENCY MEDICAL SERVICE ACTIVATION**

- Assess Situation
  
- Activate EMS
  - **Plan for Communication Access**
    - On-Campus / Off-Campus: 911
    - Neutral site-specific to venue
    - Information-
      - **WHO**
        - Who you are
        - Call back number
      - **WHAT**
        - What happened (detailed)
        - What has been done
        - What service is required
      - **WHERE**
        - Your location (specific)
        - How to access venue
      - **WHEN**
        - Timeline of event

The public safety dispatcher will contact/dispatch URI EMS who will request additional resources based on the information provided. If available, a staff member should be stationed such that they can assist URI EMS in locating the scene.

BLS (basic) – On campus service

ALS (advanced) – On campus service during scheduled events



## **COACHES RECOMMENDATIONS**

### ***Strength and Conditioning Sessions***

It is recommended that all programs involving the strength & conditioning of student-athletes should be designed by, or in consultation with, the strength & conditioning staff and be administered during regular posted staff working hours whenever possible.

It is recommended that all programs involving strength & conditioning of student athletes should be science based utilizing specific periodized models.

All strength & conditioning sessions administered by anyone other than a member of strength & conditioning staff should be reviewed by URI staff and adhere to the provisions in the staff manual for emergency procedures (under the sports medicine section “**Athletic Trainer Not Available**”) including:

- Updated CPR/AED certification
- Proper accessing and activation of EMS procedures and carry a cell phone at all times
  - Review venue templates
  - Review On / Off Campus 911 EMS activation
  - Venue access Location/Information
- Any programming being held on/in a neutral site facility should review emergency procedures with a member of the host venue
- Access to proper precautions, preparation and communication
  - Plan, allow and consider for:
    - Location and access to running/conditioning site
    - Positioning of staff for running/conditioning groups where there might be separation in numbers
    - Plan for, and review all adjunct health related items including, but not limited to:
      - Access to hydration
      - Inhalers or other types of preventative devices
      - Environmental concerns (climate, T-storms, dangerous terrain, etc.)
- Whenever possible, let the assigned ATC know of any plans falling under the “**Athletic Trainer Not Available**” category

### ***Travel / Host***

When traveling, designate a staff member to review host site emergency protocols. When hosting, any visiting questions can be referred to the web site information under EAP (Emergency Action Plan) and **Visiting Team Information**. Communication of EAP to visiting teams should be done prior to the start of the contest.



**GENERAL AMBULANCE ACCESS OVERVIEW**

***Plains Road Access***

- Athletic Fields
- Intramural Fields

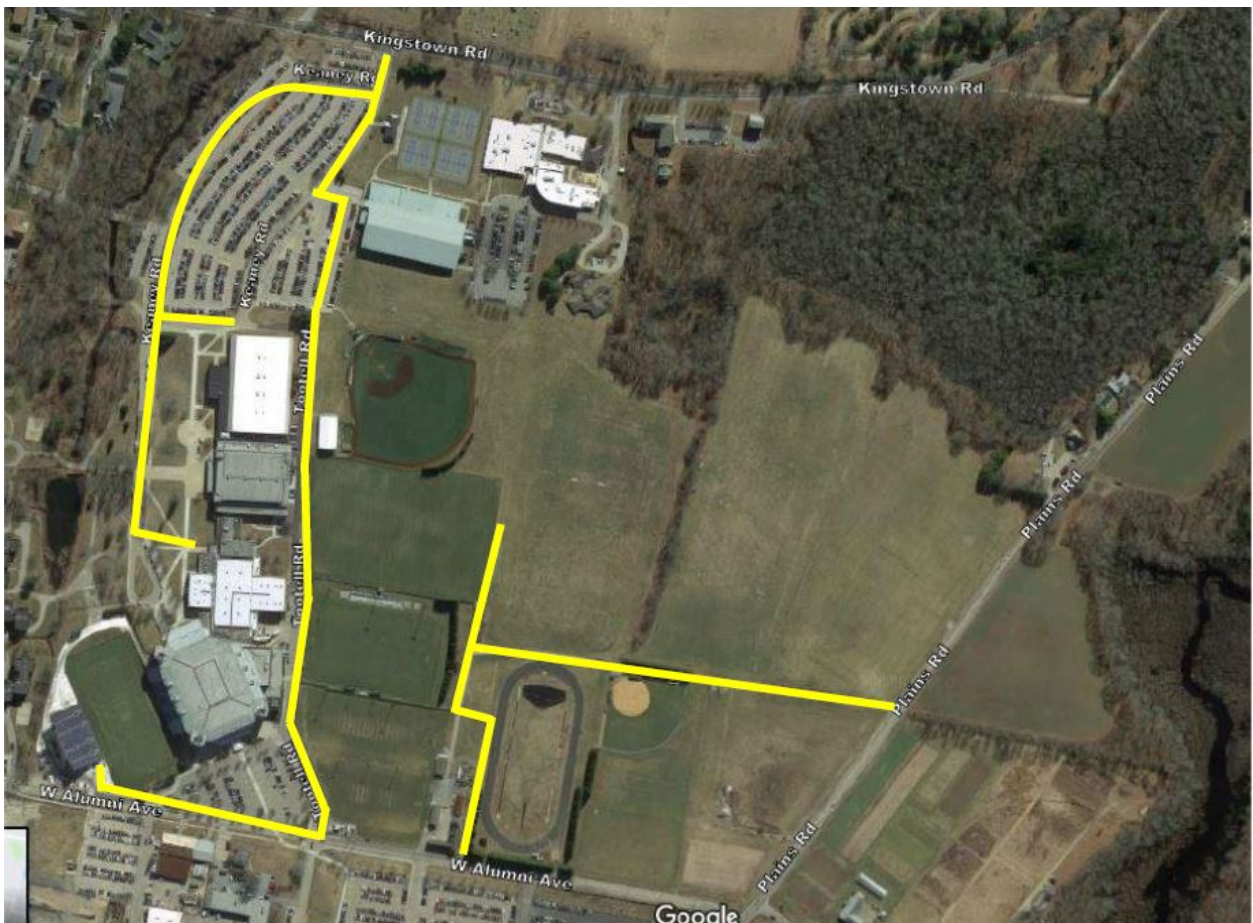
***Outdoor Access***

***Athletic Compound Access***

- Athletic Fields
- Intramural Fields

***Tootell Road Access***

- Athletic Buildings
- Athletics Fields





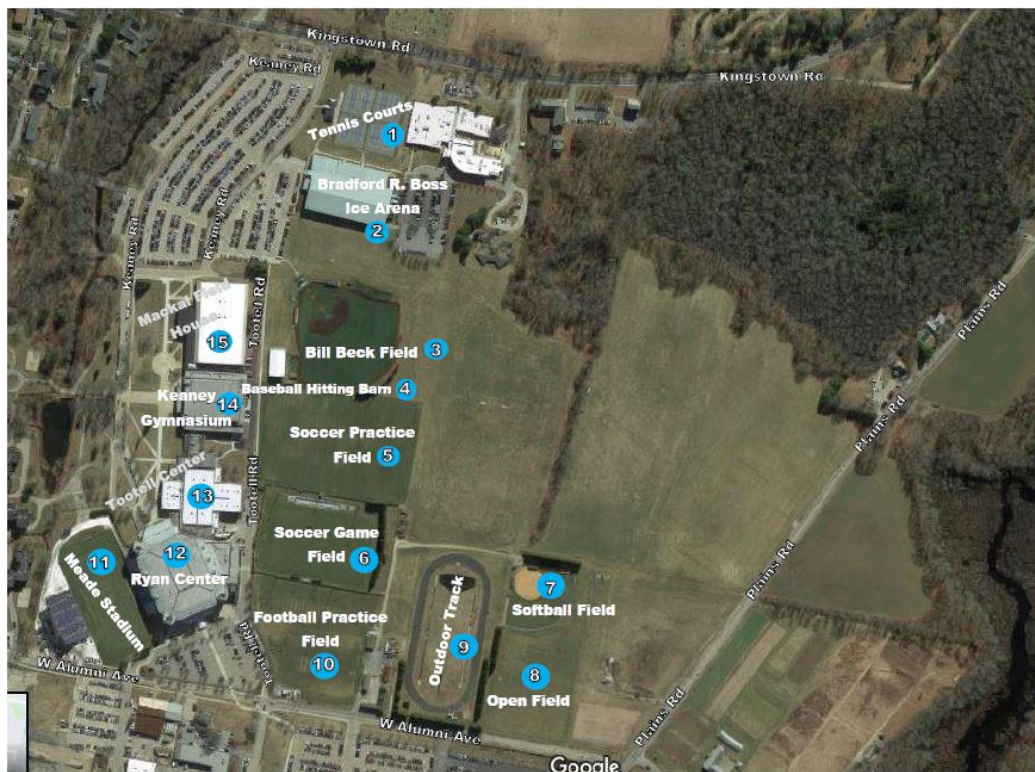
## MAP VENUE LANDMARKS

### **Primary Landmarks**

- Team Travel Pick-Up Locations
  1. Mackal
  2. Parking Lot  
(Between Beck Baseball & Boss Arena)
  3. Keaney
  4. Ryan Circle (Ryan Center South access)
  5. Ryan Loading Dock (West side access)
  6. Ryan North Lot (North side access)

### **Secondary Landmarks**

- Primary Access Roads
  1. Route 138 (South side of all facilities)
  2. Plains Road
- Keaney Road
  - The east side road of athletic buildings going west on the south side to Mackal
- Tootell Road
  - The west side of athletic buildings
- Athletics Compound





## EMERGENCY ACTION PLAN VENUE INFORMATION

### VENUES

#### 1. Tennis Courts

- a. Location: Keaney Rd adjacent to Boss Arena
- b. EMS Access: Keaney Rd via Rt. 138 access to athletics
  - i. Enter through pavilion
- c. Closest Emergency Equipment:
  - i. AED: Boss Arena Managers' Office
    1. Mobile Unit available onsite on match days





**2. Bradford R. Boss Arena**

- a. Location: 1 Keaney Rd
- b. EMS Access: Keaney Rd
  - i. Enter through main entrance from parking lot in front of building
  - ii. West doors
- c. Closest Emergency Equipment:
  - i. AED: Managers' Office





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### 3. Bill Beck Field

- a. Location: 75 Keaney Rd
- b. EMS Access: Boss Arena parking lot or Tootell Rd adjacent to field
  - i. Enter field through gate next to dugouts or large access gates located in left and right field fence
  - ii. Enter hitting barn through doors on either side of building or large garage door
- c. Closest Emergency Equipment:
  - i. AED: Boss Arena, Athletic Training room, Recreational Service Desk located in Mackal Field house
    1. Mobile Unit available on URI game days





**4. Hitting Barn**

- a. Entrances on southwest and northeast sides of building
- b. See Bill Beck Field





**5. URI Soccer Complex Practice Field:**

- a. Location: Tootell Rd
- b. EMS Access: Tootell Rd, Plains Rd, maintenance access road off W Alumni Ave behind football practice field
  - i. Enter through gates on Tootell Rd or through large double gates on back side of field close to Plains Rd access
- c. Closest Emergency Equipment:
  - i. AED: Athletic Training Room
    - 1. Mobile unit located in Men’s soccer shed for practice sessions





**6. URI Soccer Complex Game Field:**

- a. Location: Tootell Rd
- b. EMS Access: Tootell Rd, Plains Rd, maintenance access road off W Alumni Ave behind football practice field
  - i. Enter through main gate on Tootell Rd or through large double gates on back side of field close to Plains Rd access
- c. Closest Emergency Equipment:
  - i. AED: athletic training room, Ryan Center North Lobby
    - 1. Mobile unit available during game days





## 7. URI Softball Complex

- a. Location: Plains Rd adjacent to URI Outdoor Track
- b. EMS Access: Plains Rd, maintenance access road off W Alumni Ave behind football practice field
  - i. Enter through gates next to dugouts or large double gate on 1st base side fence
- c. Closest Emergency Equipment:
  - i. AED: athletic training room, football storage shed
    - 1. Mobile unit available for game days





**8. Open Field**

**9. Outdoor Track**

- a. Location: W Alumni Ave
- b. EMS Access: W Alumni Ave or maintenance access road off W Alumni Ave behind football practice field
  - i. Enter through gates on W Alumni Ave or maintenance access road
- c. Closest Emergency Equipment:
  - i. AED: football storage shed, Ryan Center North Lobby, athletic training room





### 10. Football Practice Field

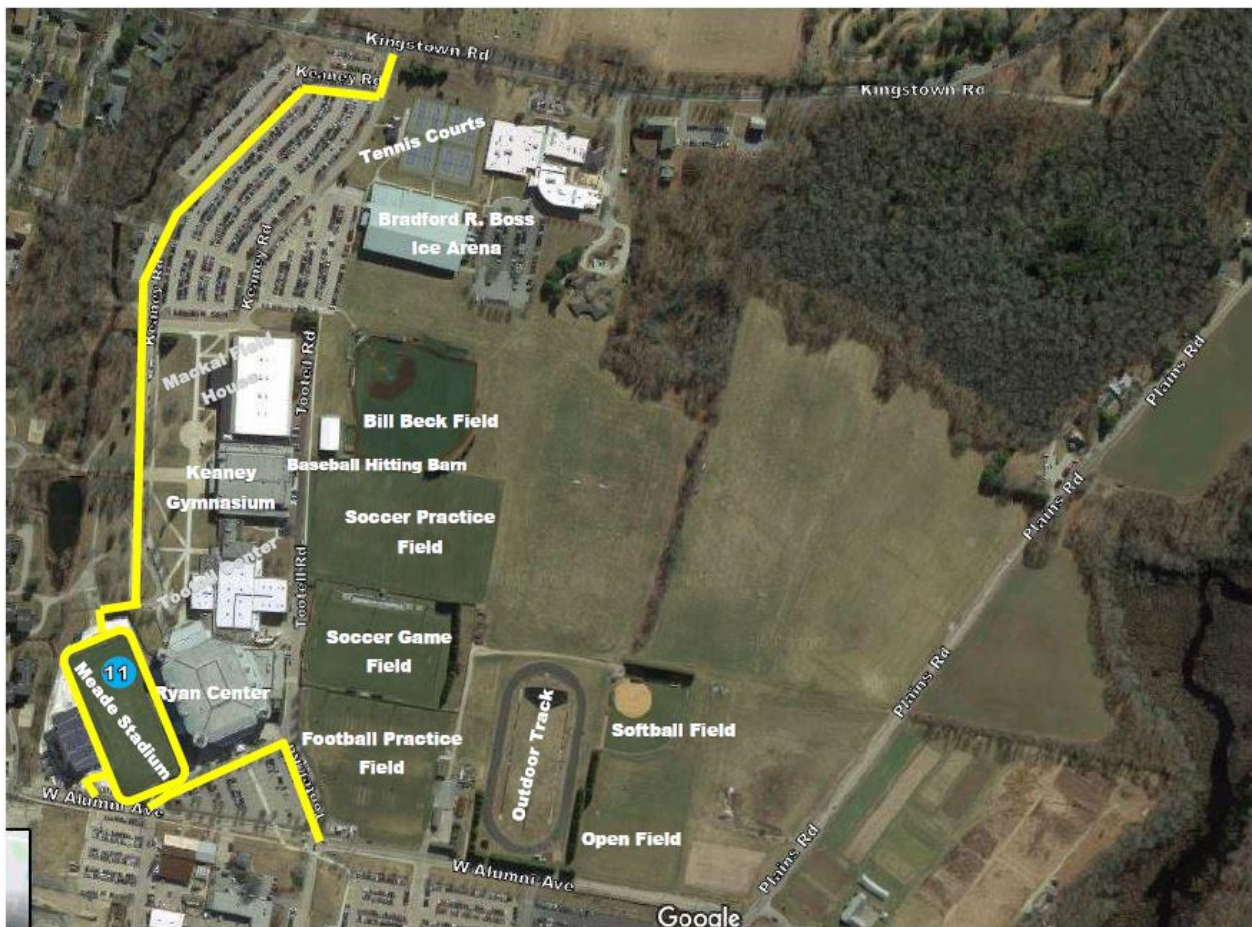
- a. Location: Tootell Rd
- b. EMS Access: Tootell Rd, maintenance access road off W Alumni Ave behind football practice field
  - i. Enter through gate on Tootell Rd or onto field via maintenance access road off W Alumni Ave behind football practice field
- c. Closest Emergency Equipment:
  - i. AED: football storage shed, Ryan Center North Lobby





### 11. Meade Stadium

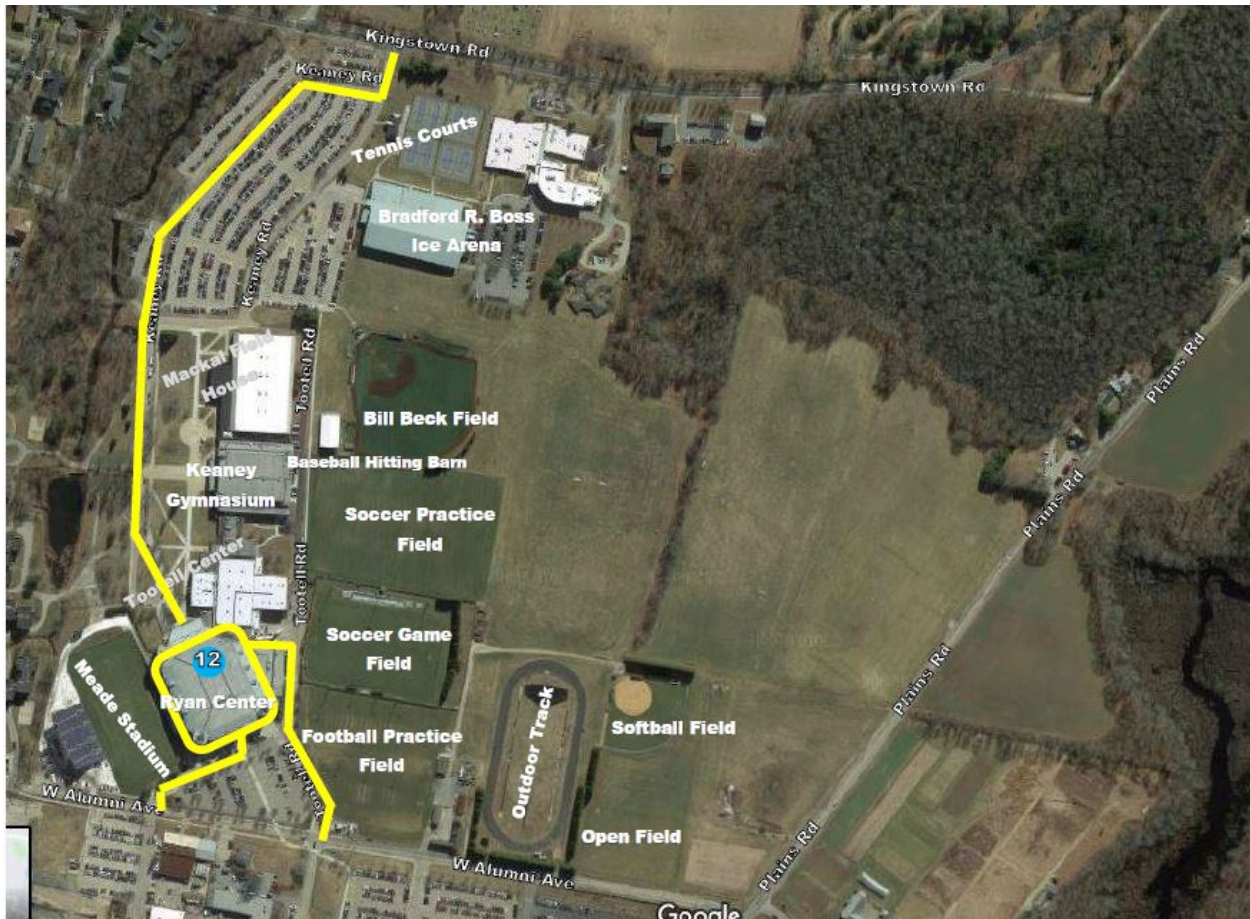
- a. Location: 3 Keaney Rd
- b. EMS Access: Lincoln Almond Plaza via W Alumni Ave or South Gate off of Keaney Rd
  - i. Enter through South Gate or North Gate
- c. Closest Emergency Equipment:
  - i. AED: Ryan Center North and South Lobby, Ryan Center training rooms
    - 1. Mobile unit available on game days





## 12. Ryan Center

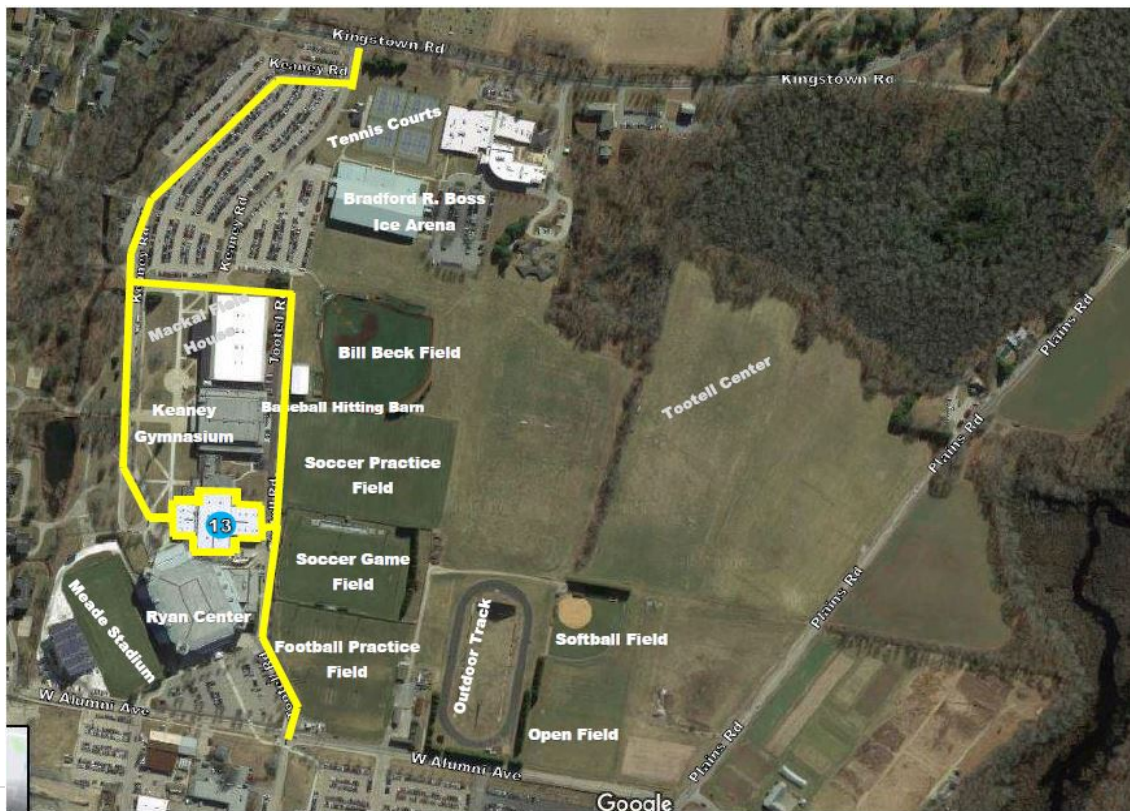
- a. Location: 1 Lincoln Almond Plaza
  - i. EMS Access: North Lobby on Lincoln Almond Plaza off Tootell Rd, South Lobby off of Keaney Rd
    - 1. Enter through doors in North and South lobbies
  - ii. Closest Emergency Equipment:
    - 1. AED: North and South lobbies, football and basketball training rooms
      - a. Mobile unit available on URI game day





### 13. Tootell Center: 3 Keaney Rd

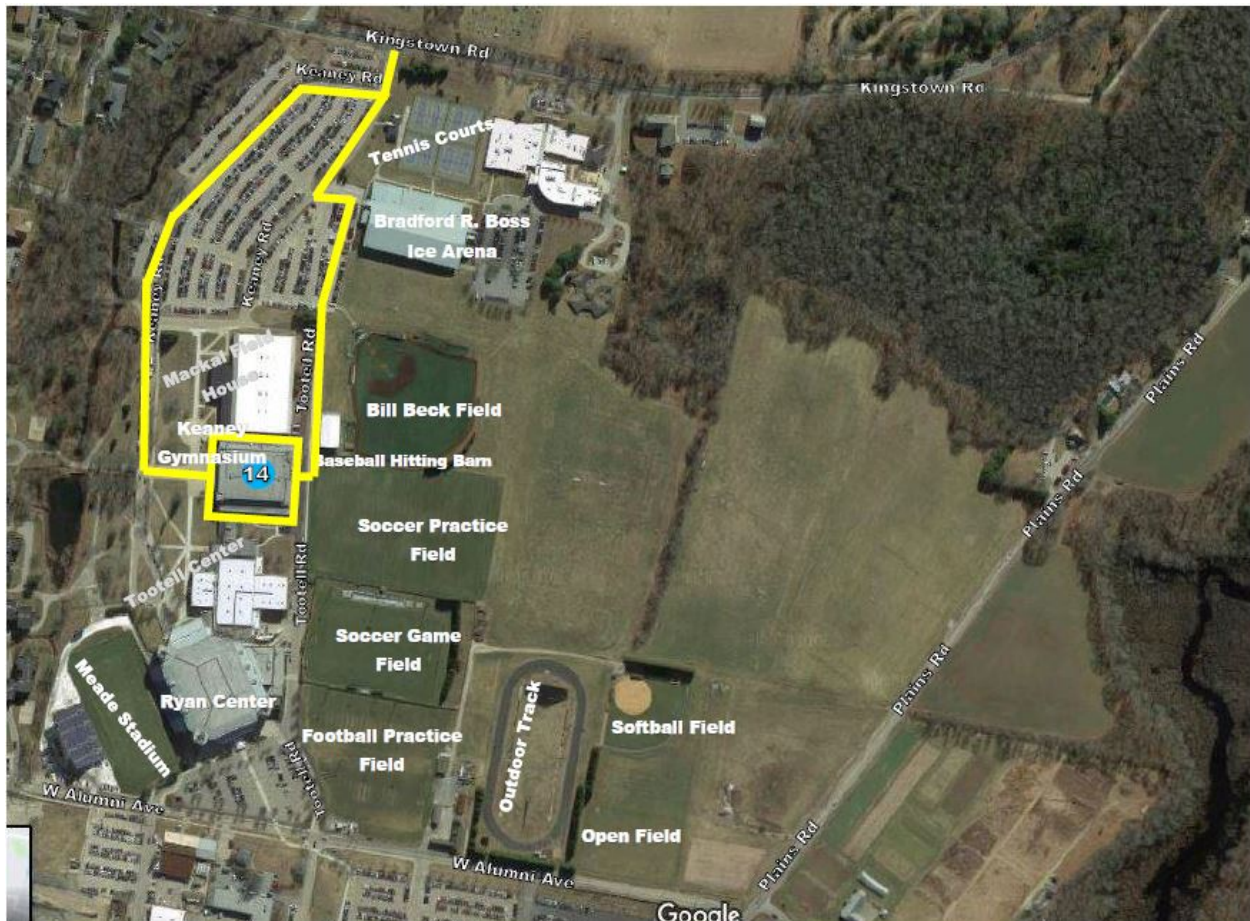
- a. Aquatics Center
  - i. EMS Access:
    - 1. Enter Tootell Center via doors adjacent to drop of circle on Keaney Rd, make first right. Pool entrance is on the left.
  - ii. Closest Emergency Equipment:
    - 1. AED: Strength and Conditioning room, athletic training room
      - a. Mobile unit available on meet day
- b. Strength and Conditioning Room
  - i. EMS Access:
    - 1. Enter Tootell Center via doors adjacent to drop of circle on Keaney Rd, make first right. Entrance is on the right.
  - ii. Closest Emergency Equipment:
    - 1. AED: Next to entrance on the wall, athletic training room
- c. Athletic Training Room
  - i. EMS Access:
    - 1. Enter Tootell Center via doors adjacent to drop of circle on Keaney Rd, make first left. Entrance is on the right.
    - 2. Back door off of Tootell Rd
  - ii. Closest Emergency Equipment:
    - 1. AED: Front desk immediately at the entrance





#### 14. Keaney Gymnasium

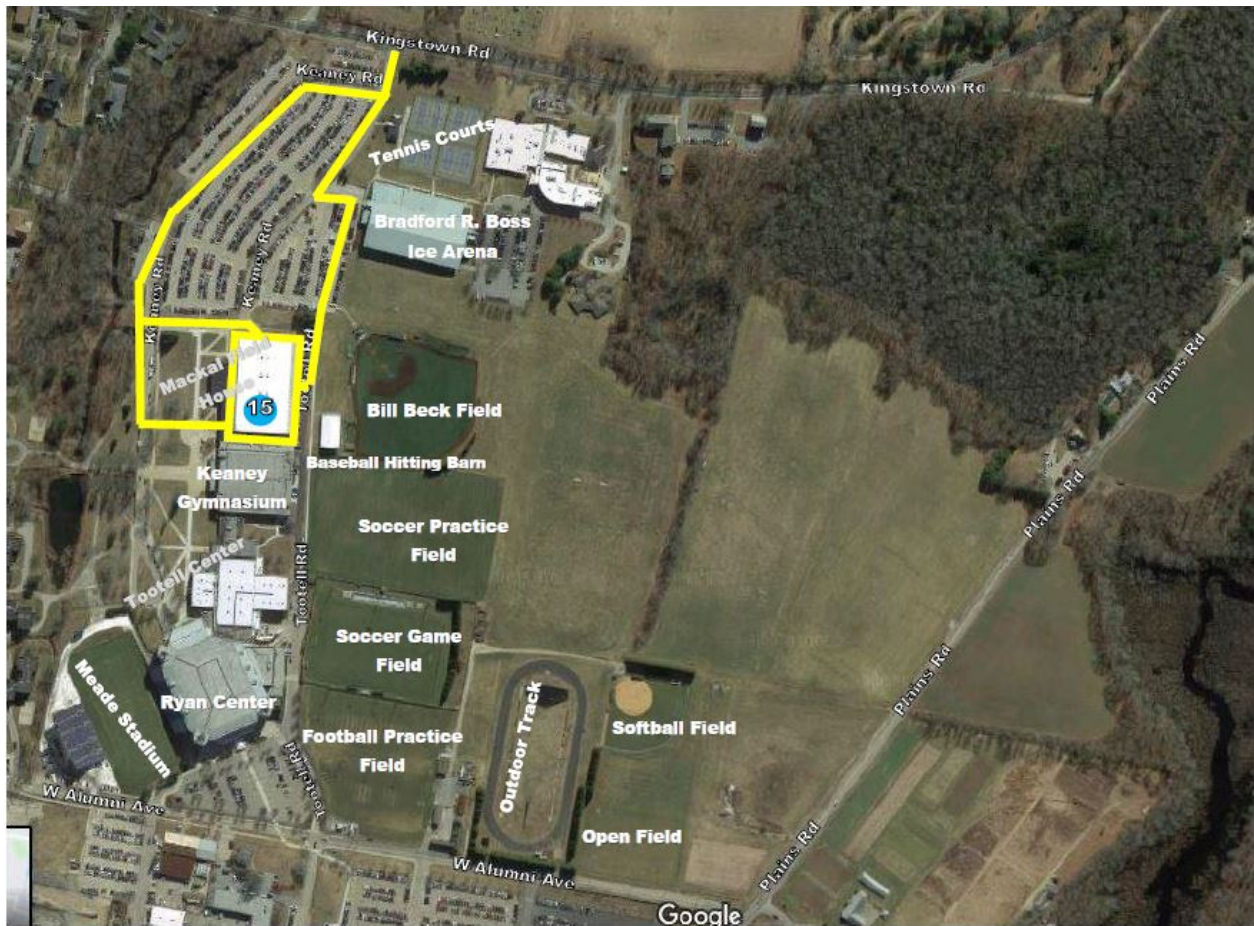
- a. Location: 3 Keaney Rd
- b. EMS Access: Keaney Rd, Tootell Center main entrance, Mackal Field House main entrance
  - i. Enter through main entrance doors
- c. Closest Emergency Equipment:
  - i. AED: athletic training room, Recreation Services desk in Mackal
    - 1. Mobile unit available on URI game days





### 15. Mackal Field House

- a. Location: 3 Keaney Rd
- b. EMS Access: Mackal Field House main entrance
  - i. Enter through main entrance and go left
- c. Closest Emergency Equipment:
  - i. AED: Recreation Services desk in lobby





### **ADDITIONAL EMERGENCY SITUATIONS**

All materials can be found on [www.gorhody.com](http://www.gorhody.com) in the inside athletics portion within sports medicine. All information is presented in PowerPoint form.

- Lightning / Wind
- Heat illness
- Sudden Death / Catastrophic Injury
- Cold stress and exposure
- Asthma
- Concussion
- Mental health
- MRSA
- Sickle cell
- Diabetes
- Nutrition
- Sleep
- Etc.

Coaches need to review this on an annual basis included in their:  
Annual Coaches Health and Safety Checklist within their contracts.

The Sports Medicine Team including Strength & Conditioning Staff will review, update, and practice safety protocols annually



## **URI SPORTS MEDICINE EMERGENCY PROTOCOL FOR TRAVELING**

This protocol is a guide to make the process efficient and provide guidance if there is an emergency situation when traveling. Every situation is different and every site is different. Each situation will be conducted case by case depending on resources, personnel, and circumstances. Communication and providing a plan should take place by the Head Coach, Assistant Coach, Athletic Trainer, Team Medical Doctor (if available), and URI Sports Administrators. Optimal care of the URI Student Athlete is paramount in even emergency situation. There should be a member of the URI community (representative) accompanying the student-athlete if they should require medical services (i.e. ER visit, hospitalization, etc.). Costs of travel will be reimbursed upon return (save all receipts).

*Prior to traveling to any venue* – A member of the coaching staff and/or athletic training staff (if an AT is traveling) should call ahead or discuss with venue/site for the Emergency Action Plan (EAP).

### **SITUATION / INJURY (that needs additional medical care, ie. Emergency Room)**

#### ***Athletic Trainer / Coach:***

- Notifies host team/venue for assistance
- Follow the Emergency Action Plan for host/venue site
- Stay in consistent communication with team
- Call URI Sport Administrator
- Sport Administrator will call Associate AD of Health & Performance
- Associate AD of Health & Performance will notify Athletic Director
- Associate AD of Health & Performance will contact team physician at their discretion for guidance and / or follow up care plan of injured / ill student-athlete



## **TRANSPORTATION TO HOSPITAL:**

### ***Ambulance***

- A Coach (staff member) should accompany the athlete
  - Football – travels with a team MD or Associate Athletic Trainer (AT) either may travel with athlete
  - Tennis – injured athlete will travel with a member of host team, head coach, URI representative or parent if available.
    - Head Coach will need to get assistance from host site to go to hospital
- URI Athletic Trainer should remain with team in case of other injuries or situations that may happen during practice or game.

### ***Hospital***

- Athletic Trainer / Coach:
  - Will stay in consistent communication with updates
    - Continue to communicate with URI sports administration

## **CREATE A PLAN**

If a URI Student Athlete needs to stay behind; i.e. Surgery or additional medical care

- **Coach** (*staff member*) should stay behind and accompany our athlete
  - Tennis – Coach may have to call sports administrator/URI representative/staff member to have someone come to stay with athlete, so coach/URI representative can safely travel back with team.
- **Athletic Trainer** – should remain with the team; rationale: another emergency may arise during traveling such as allergic reaction, asthma attack, etc.
- A coach should have a URI credit card to figure out transportation back to campus.
  - Coach – should continue lines of communication with URI Sports Administration
    - Coach – may have to rent a car, find a flight, etc. for both themselves and URI student athlete if released.
    - URI student athlete – must get clearance from medical personnel
      - Athlete must also get clearance to travel by car or air by the attending medical personnel providing the care.
    - If the athlete needs to stay for extended period of time, athlete's parents should be notified by the hospital.
      - When the student athlete's parents/guardian arrives the coach may then depart knowing that the athlete has someone to take them home.

## **DOCUMENTATION**

1. Coach should record all events
2. Athletic trainer should also document all events
3. Reports should be given to sports administrator and athletic director to file.



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## TRAVEL EMERGENCY Situation

ACTIVATE HOST SITE  
EAP

**Coach / Athletic Trainer**  
Communication relay:  
-Sport Administrator  
-Associate AD Hlth & Performance  
Athletic Director

If transported, the athlete should be accompanied by coach. Athletic Trainer or URI Representative *if needed*

**Documentation**  
-Coach should record all events  
-Athletic Trainer document all events  
-Written report given to sports administrator to file  
-Associate AD Hlth. & Performance will discuss with AD



### TRAVEL EMERGENCY ACTION PLAN

**Ambulance**  
- Staff member travels with athlete  
- Football & Tennis plan may vary depending on resources  
-Athletic Trainer should remain with team

**Follow up**  
-Athletic Trainer work with URI Team Physicians  
-Team Physician will begin the medical referral & recommendations with sports medicine team physicians and outside providers.

**Plan**  
- Create a plan with Coach, AT, URI Sports Administrator  
-If the athlete needs to stay behind ie surgeries, etc.  
-Coach should remain with athlete (FB & TN plan may vary based on resources.)  
-Athletic Trainer should remain with team  
-Use URI coaches credit card and save all receipts  
-Athlete must have medical clearance to travel back home when released by air or land  
-Stay in constant communications with URI Administration

**Hospital**  
-Coach / Athletic Trainer continue consistent communications with URI administration  
-Hospital will contact parents if required

Key:  
AT Athletic Trainer  
FB Football  
TN Tennis



**HEAT EMERGENCY PLAN**

**☒ If an athletic trainer is NOT PRESENT:**

1. Assist the patient to the best of your ability.
2. Activate EMS if deemed necessary by calling 911 or campus police 4-2121
3. For symptoms relating to Heat Exhaustion and non-emergent during normal business hours, contact the athlete’s sport specific athletic trainer and refer the student-athlete to University of Rhode Island Athletic Training Services. If outside normal business hours, refer the student-athlete to Student Health Services, South County Hospital or compatible emergency room for immediate care by calling for EMS.
4. Please note if at any time the student-athlete symptoms are increasing activate EMS regardless and follow up with your sport’s specific athletic trainer.

**☒ If a certified athletic trainer is PRESENT:**

1. Determine if EMS needs to be activated. If so, designate another individual to activate the venue specific EAP.
2. Treat the individual according to current medical practices per table below based on the specific heat illness possibility(s).
3. Ensure notification of sport specific Athletic Trainer, and Medical Director.

*Any patient who is treated for a heat-related illness MUST follow up with their sport specific athletic trainer, and a University of Rhode Island team physician for clearance PRIOR to returning to activity and a return to play plan going forward.*

<p><b>Heat Exhaustion</b></p> <ul style="list-style-type: none"> <li>- If heat exhaustion is considered, EMS should be contacted. EMS will be responsible for rectal temperature.</li> <li>- Remove excess clothing, cool the student-athlete with ice bags, cold towels, ice tubs (available for specific sport practices or in main athletic training room).</li> <li>- Treat muscle cramps or syncope as appropriate, consider hyponatremia</li> <li>- Monitor and record vital signs</li> <li>- Contact EMS if condition worsens</li> </ul>
<p><b>Exertional Heat Stroke</b></p> <ul style="list-style-type: none"> <li>- If heat stroke is considered, contact EMS. EMS will be responsible for rectal temperature.</li> <li>- Treat muscle cramps or syncope as appropriate, consider hyponatremia</li> <li>- Remove excess clothing, cool the student-athlete with ice bags, cold towels, ice tubs (available for specific sport practices or in main athletic training room) etc.</li> <li>- Monitor and record vital signs</li> </ul>
<p><b>Exertional Sickling</b></p> <ul style="list-style-type: none"> <li>- URI Sports Medicine staff and coaches should be aware of all athletes (+) for SCT</li> <li>- Remove athlete from participation, monitor vital signs, signs and symptoms Treat muscle cramps or syncope as appropriate, consider hyponatremia</li> <li>- Contact EMS and activate EAP if sickling collapse, or conditions worsens</li> </ul>



## INSURANCE

It is mandated that all student-athletes carry and show proof of a personal insurance policy. Student-athletes are not able to participate without health insurance coverage. If a student-athlete does not have personal insurance from another source such as parent or guardian, they must purchase the university sponsored health insurance through United Healthcare Student Resources.

All university students are required to verify their personal insurance through, URI Student Health Services to make sure it is a sufficient enough policy to meet the student's potential health needs. Student-Athletes should check their insurance coverage prior to coming to URI, as some companies will limit or restrict out of state treatment options. In that case, it is recommended that the URI Student Health Insurance be purchased. It provides coverage for both athletic related injuries and illnesses within the State of Rhode Island.

The cost of the university sponsored health insurance is included in a full athletic aid package. URI Athletics strongly encourages all student-athletes receiving full athletic aid to enroll in the United Healthcare Student Resource plan. Any other personal insurance will work as a supplemental or secondary insurance to the university's policy. *Student-athletes on scholarship WILL NOT receive a reimbursement upon waiving the university's insurance.*

Coverage begins September 1st for all domestic student-athletes and August 15th for all international student-athletes. Coverage is for one calendar year. Enrollment must be done on a yearly basis prior to arriving on campus. Insurance policy information, as well as a copy of the front and back of the insurance card should be provided to the athletic training staff.

To enroll in the university's policy:

- Go to [studentcenter.uhcsr.com](http://studentcenter.uhcsr.com)
- Type in University of Rhode Island (Takes you directly to the URI Health Insurance page with RI logo)
- Click enroll now
- Fill out all necessary information on each page
- Once you have enrolled
  - RETURNING ATHLETES
    - Go to [uhcsr.com](http://uhcsr.com) and log into your account
    - Click view/print card link on left side of the page
    - Save and print copy of insurance card
    - Upload information and pictures of the FRONT and BACK into NExTT (See steps below)
  - FRESHMEN/TRANSFERS
    - Go to [uhcsr.com](http://uhcsr.com) and click CREATE ACCOUNT
    - Once that is complete, login and click 'view/print ID card' on left side of the page
    - Save and print copy of insurance card
    - Upload information and picture of the FRONT and BACK of the card in NExTT (see steps below)



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To keep your insurance information up to date within our system, please follow the instructions below regarding how to upload your insurance card:

- Download 'NExTT Pic' app from either the Apple iTunes store or Google Play store
- Open app and fill out information: School (University of Rhode Island), Name, and either Date of Birth OR Student ID number
- Scan front and back of card in each indicated box
- Click Submit

**\*\*Athletic training staff will contact student-athlete if picture was not add to the system\*\***

### **URI EXCESS POLICY**

The URI Athletics Department carries an excess policy from BMI Benefits that helps with the medical costs ONLY when an athletic related injury is sustained either in scheduled practice or during competition. This excess policy will pay the remainder of the benefits only after every other insurance that covers the student- athlete has been billed.

The excess policy DOES NOT cover illness, only athletic related injuries. Athletes with illnesses will be referred to student health services, where their personal insurance may be billed for lab / radiology testing or referred outside the university.

If a student-athlete is hurt during practice or competition and the student-athlete is referred to an outside provider, a claim form must be created. After entering the injury into NExTT, a claim form is automatically generated based on the information entered. BMI automatically receives the claim form and begins paying any bills that are generated from the student-athlete seeing an outside provider, once the student-athlete's personal insurance has been billed. BMI will is to be used as an excess policy only.

### **PAYMENT OF SERVICES**

When a bill is generated for services by a student-athlete seeing a provider after sustaining an athletic related injury, it first must be processed by the student-athlete's primary insurance. If the student-athlete has the university's sponsored insurance that will become the primary policy. Any other insurance will be a secondary insurance. If the student-athlete does not have the University's policy, then their personal insurance will be the primary insurance that is billed.

**All bills must to be submitted and processed through primary insurance prior to bills being processed through the URI Excess policy.**

Should the primary insurance cover only a portion of bill or deny the bills totally, the excess policy will cover the remainder of the cost of service. BMI requires the original bill and explanation of benefits with the proper coding be sent to them for processing.



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### **LAPSE IN COVERAGE**

If the student-athlete has a lapse in coverage of their primary insurance and an injury is sustained, the exact dates in lapse of coverage must be submitted to BMI along with a Statement of No Coverage form that certifies that there has been a lapse in coverage.

### **GENERAL INFORMATION**

The department's policy is considered secondary, i.e. will pay for charges over and above what is paid by the primary (athlete's) carrier. The Athletic Department will pay the claim if no other coverage exists, or any costs in excess of the parent's coverage limit. **Deductibles are the responsibility of the student-athlete.**

The NCAA will pay for any catastrophic injuries when existing insurance limits have been met. Other insurance information, including company names and contact numbers, can be accessed on our web page: [www.GoRhody.com](http://www.GoRhody.com) under the Sports Medicine link.

### **INSURANCE POLICIES AND FORMS**

Insurance information packets are required of all incoming and returning athletes by the athletic training room, upon receipt of team rosters and complete home address lists. Most of this information may be processed on-line and information regarding this process will be sent out to the student-athletes ahead of time of arrival each year.

Upon receipt of the insurance packet, parents are expected to submit complete information regarding the coverage of their son / daughter, to include full name, address, phone number, group, and agreement numbers.

**MUST BE STRESSED**, Athletic Training Room is secondary carriers.

No bills will be processed without:

- Primary Carrier's explanation of benefits and / or
- Letter from parent stating that this athlete is not covered by parents' primary insurance along with supporting documentation

It is the parents' / athletes' responsibility to submit this information to the athletic training department of the University

**NO** bills will be submitted for payment without this information, regardless of pending notices from collection agencies.



## **HEALTH INFORMATION USE AND DISCLOSURE AUTHORIZATION**

As an individual URI student athlete who has received, or plans to receive, athletic training services, or other health care related services related to my sports injuries or my fitness to participate in sports activities (“Athletic Health Related Services”) from the athletics training staff in the URI Athletics Department, Health Services Staff, or other healthcare providers at the University of Rhode Island (“URI Health Providers”), I hereby authorize all such URI Health Providers from whom I may receive healthcare services, to use my “confidential health care information” (as defined in Rhode Island law) in providing Athletic Health Related Services to me.

I also authorize my URI Health Providers to share my confidential health information with those directly involved in the care and treatment of any specific condition, with those responsible for rehabilitation or athletic related fitness and conditioning programs or with those responsible for the decisions regarding actual participation in practice or game situations. Those parties may include athletic trainers, team physicians, student health services medical staff, the URI Psychological Consultation Center (PCC) physical therapists, emergency room physicians, coaches, strength and conditioning staff, and any others directly involved with issues affecting my general fitness to participate in intercollegiate athletics at the University of Rhode Island.

I also hereby further authorize my URI Health Providers, as well as my other, non-URI health care providers, to disclose to Gallagher-Koster, BMI Benefits, URI Health Providers, my named parent(s) or guardian(s) and/or any insurance companies to whom a claim may be submitted (a “Payor”), all information related to my injury for the specific purpose of facilitating the processing and/or payment of a claim by BMI Services and communicating with the Payor about a claim.

This authorization shall be deemed valid until revoked by me in writing. This authorization is valid for one full calendar year from the date of signing. I intend this authorization to serve as my valid consent under both Rhode Island law (including R.I.G.L 5-37.3) and the federal educational record privacy law known as FERPA.

A photocopy of this authorization shall be considered as valid as the original.

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student’s URI I.D. #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Athletic Training Room Services:**

Starting in the Fall of 2017, we announced a partnership between the University of Rhode Island and Vivature. The health and wellness of our student-athletes continues to be a priority for us. Our partnership with Vivature will enable us to re-invest into our sports medicine facility to further enhance the quality of care we provide to our student-athletes. Vivature’s industry leading health care management system will allow us to provide better care in a more efficient and organized manner, without raising out-of-pocket costs for our student-athletes and their families. With this partnership, we will be billing primary insurance carriers for physician prescribed rehabilitation and treatment services rendered in the URI Athletic Training Rooms. This should facilitate a continuation of improving health care services without putting the financial burden on you or your student-athlete, as no out of pocket costs will ever be sent to you for these services. Please note with the changes in the healthcare legislation, your premiums will not go up due to these types of claims, nor will your student-athlete be negatively impacted and labeled as uninsurable. Please note important information about charges, health insurance and health insurance information: *Can be found on our web page under: [www.GoRhody.com](http://www.GoRhody.com) under the Sports Medicine link - Billing & Insurance info.*



## **Drug Policy**

All URI student-athletes must abide by the rules regarding drugs and drug-testing as put forth by the NCAA. An outline of these policies can be found in the Drug Testing Section of this manual. All student-athletes must also be aware of the policies of the University regarding the use of drugs and be informed about the athletic department drug testing policy. An awareness statement must be signed by all student-athletes before participation.

### **DRUG-TESTING POLICY**

In the interest of health and safety, a policy regarding student-athlete health issues has been constructed. This policy is designed to be informational, educational and supportive in design. This policy, likewise, provides a vehicle and resources for Athletic Department staff members to utilize should health and well-being concerns develop.

This policy defines the position taken by the Department of Athletics on the use and abuse of drugs and other banned substances. (Specifically those outlines in NCAA handout. See bylaw 31.2.3.1) the athletic department will also adhere to State and Federal laws to insure the integrity of the university at large. Likewise, compliance with NCAA regulations will be enforced.

The goal of this policy is to ensure the well-being of our student-athletes and to provide them with additional resources for substance abuse

### **MISSION STATEMENT**

The Athletic Department at the University of Rhode Island supports and promotes a healthy lifestyle and strives to create a drug free environment.

The mission of this department is to insure an atmosphere that will allow each student-athlete to reach his/her potential academically, athletically and socially.

To these ends, any and all conditions that may adversely affect health and safety of and student-athlete, teammate, opponent or the community will be thoroughly investigated.

In addition, a comprehensive drug-testing program will be developed and implemented toward the goals and objectives set forth in this policy.



## **PROGRAM ADMINISTRATION**

To oversee this program, and to serve as liaisons to other relevant campus resources, and Athletics Drug Testing Committee will be formed to include:

- Associate Director of Athletics/Health & Performance
- Members of the Athletic Training Department
- Athletic Team Physician
- Health Services Physician/Specialists Staff
- Selected Counseling Center Staff / PCC
- Dean's office
- Compliance Director

## **RESOURCES**

The following websites are available to student athletes who might have inquiries about components of this program based on the NCDFS, (National Center for Drug Free Sport) or concerning NCAA banned substances.

- [www.drugfreesport.com/rec](http://www.drugfreesport.com/rec) (password ncaa1)
- [www.ncaa.org](http://www.ncaa.org)

## **DRUG TESTING PHILOSOPHY**

Testing for illegal drugs, recreational drugs and other banned substances will be performed via urine sample on all student athletes selected as within this policy and as described by protocol in the NCDFR (National Center for Drug Free Sports) guidelines.

A student athlete is defined as any individual who is enrolled as a student and is currently included on any NCAA team roster.

This program is SEPARATE and DISTINCT from the annual NCAA drug testing program.

Compliance with all rules and regulations surrounding these drug testing programs are a required mandate for athletic participation and it is the responsibility of the student athlete to ensure that he/she is in full compliance with this policy.

Consent forms **MUST BE FULLY COMPLETED** during the compliance meetings scheduled during each individual teams pre-season orientation.

Failure to do so will render you ineligible to participate in intercollegiate athletics.



## **PROGRAM OUTLINE**

### ***A. Prevention & Education:***

- Pre-season meetings
- Year-end returning student athlete meetings
- Summer e-blast
- Freshman orientation
- Targeted lecture series

### ***B. Testing Procedures:***

- Random Testing Selection Process:
  - \* (approximately) 180 tests per year/60 per semester & summer
  - \* (approximately) three random test dates per semester @ 20 tests each
  - \* Testing will occur within 24-48 hours of notification
- Exit Testing/Follow-Up Causative Testing:
  - \* Any previous positive test will automatically result in follow-up testing when random tests are administered.
- Reasonable Suspicion Testing:
  - \* Reasonable suspicion shall include all facts and circumstances including conduct, which would lead a reasonable person to suspect that a problem exists regarding the use of alcohol or illegal drugs. As defined, this shall include any dramatic changes or unusual activity in the following categories:
    - Behavioral
    - Physical
    - Academic
    - Social Interaction
    - Previous Positive Drug Test
      - a. Including: knowledge of positive drug test for walk-on or transfers from previous institutions
    - Direct Evidence
- NCAA Programs
  - Annual Testing
  - Championships Testing
  - Summer Testing

### ***C. ADHD information:***

All student athletes with documented histories requiring medication for ADHD must have all requested information sent to URI athletics as part of their permanent medical record prior to participation.



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NOTE: If any student-athlete is suspected of manipulating specimens (i.e. repeated dilutions, specific gravity etc.) they will automatically have a repeat test as soon as reasonably available and included in every testing date for a full academic year. Two consecutive dilutions will equal a positive result (see section D. results).

### NCAA Annual Testing/Postseason Championship Testing/Summer Testing

- All student athletes summer access information must be on file in the athletic training facility by May 1<sup>st</sup>
- Testing procedures as defined by NCDIFS (National Center for Drug Free Sport)

### **D. RESULTS:** (GENERAL POLICY)

#### 1. First Positive:

- Reported to Director of Athletics and Head Athletic Trainer by testing agency
- Head Coach will be notified (of the substance) by Director of Athletics or designee
- Student Athlete will be notified by Director of Athletics or designee
- Results and re-rest (sample B) procedures will be outlined by confirmation of positive test
- A confirmed positive result will initiate the program and span the remainder of the student athletes athletic eligibility at the University of Rhode Island
- Counseling & Education program will be initiated, with required signed “release of information” on file, to allow for verification of compliance with the program.
- Team & participation status will be determined by the Head Coach in consultation with the Director of Athletics
- Additional penalties may be initiated by the Head Coach as outlined within individual written team policy
- Full compliance with designated plan
- Failure to comply results in automatic status change to second positive
- A confirmed positive test will result in automatic re-testing for the remainder of the student athletes eligibility at the University of Rhode Island
- Director of Athletics or designee will have the right to notify parent(s) or legal guardian(s) of a first time positive result.



2. Second Positive:

- Reported to Director of Athletics and Head Athletic Trainer by testing agency
- Head Coach will be notified (of the substance) by Director of Athletics or designee
- Student Athlete will be notified by Director of Athletics or designee
- Results and re-rest (sample B) procedures will be outlined by confirmation of positive test
- A confirmed positive result will initiate the program
- Counseling & Education program will be initiated, with required signed “release of information” on file, to allow for verification of compliance with the program.
- Immediate suspension **for 50% of scheduled contests for the NCAA sports sanctioned season (pending confirming results from the second sample)**
- NOTE: Scheduled contests defined as those contests within any given academic year to be carried over into the subsequent year, based on the timing of the confirmed positive results.
- Intervention plan designed and implemented including medical evaluation prior to psycho-educational sessions (Team Physician involvement)
- **6 week / session education plan** scheduled with Intervention from SAPS
- Follow-up programming, if needed.
- Exit follow-up drug test at program conclusion, additional follow-up that may require:
  1. Medical
  2. Counseling (PCC) / Behavioral Health
- Full compliance with designated plan
- Failure to comply results in automatic status change to third positive
- A confirmation positive test will result in automatic re-testing for the remainder of the student-athletes eligibility at the University of Rhode Island
- Retention of athletic grant-in-aid determined by the Head Coach in consultation with the Director of Athletics
- Director of Athletics or designee will notify parent(s) or legal guardian(s) of a second time positive result.



3. Third Positive:

- Reported to Director of Athletics and Head Athletic Trainer by testing agency
- Head Coach will be notified (of the substance) by Director of Athletics or designee
- Student Athlete will be notified by Director of Athletics or designee
- Results and re-rest (sample B) procedures will be outlined by confirmation of positive test
- A confirmed positive result will initiate the program
- Counseling & Education program will be initiated, with required signed “release of information” on file, to allow for verification of compliance with the program.
- Permanent suspension from all athletic related activities (following sample B confirmation)
- Immediate suspension of all grant-in-aid funding
- Director of Athletics or designee *will notify* parent(s) or legal guardian(s) of a third time positive result.

**E. Appeals Process:**

- Appeals process must be submitted in writing to Director of Athletics within 5 business days of notification of a positive result

**F. Self-Report / SAFE HARBOR provision**

Should a student-athlete address an existing problem in relation to the use of drugs and/or alcohol, and self-report that problem to any staff member, the intent of this policy is to provide the opportunity to get that student-athlete help and a treatment option (see: G. below) can be initiated. The overall intent of this policy will still be enforced, and the student athlete will subsequently be included in the drug testing process until athletic eligibility is completed.

- **Safe Harbor needs to be initiated prior to any testing notification either via NCAA or athletic department testing program. Safe Harbor can only be enacted one time throughout a student-athlete’s eligibility and not subsequent to a previous positive test.**

**G. Treatment: (Medical & Counseling Components)**

- As outlined by substance abuse professionals via the Counseling Center / PCC, Student Health Center, Team Physician and others deemed necessary to provide care

**H. Forms/Lists:**

- Banned Substance List (viewed NCDFE website)
- Consent form (On file with Compliance Office)
- Notification Form
  - Random testing component
  - Reasonable suspicion component



## **DRUG-TESTING POLICY: Addendum**

**NOTE: Athletic Department pre-approved individual team policies, including those with a greater potential for punitive response, will take precedent regarding student athlete participation status with any positive drug testing result**

### **A. First Positive Test for Marijuana:**

1. Reported to Director of Athletics and Head Athletic Trainer by testing agency
2. Head Coach will be notified (of the substance) by Director of Athletics or designee
3. Student Athlete will be notified by Director of Athletics or designee
4. Results and re-test (sample B) procedures will be outlined by confirmation of positive test
5. A confirmed positive result will initiate the program
6. Counseling & Education program will be initiated, with required signed “release of information” on file, to allow for verification of compliance with the program
  - a. **Intervention Specialist Evaluation**  
(Intervention to match first offender in student conduct system)
    - i. On-line assessment utilizing the Marijuana Consequences Questionnaire (MACQ) which is a 50 item self-report measure to determine level of risk consequence
    - ii. One follow-up meeting with Intervention specialist from **Substance Abuse Prevention Services (SAPS)**
7. Team & participation status will be determined by the Head Coach in consultation with the Director of Athletics
8. Additional penalties may be initiated by the Head Coach as outlined within individual *written team policy*
9. Full compliance with designated plan
10. Failure to comply results in automatic status change to second positive
11. Reinstatement into the random testing process following 2 consecutive negative tests



**B. Second Positive Test for Marijuana**

1. Reported to Director of Athletics and Head Athletic Trainer by testing agency
2. Head Coach will be notified (of the substance) by Director of Athletics or designee
3. Student Athlete will be notified by Director of Athletics or designee
4. Results and re-test (sample B) procedures will be outlined by confirmation of positive test
5. A confirmed positive result will initiate the program –starting with a *medical evaluation by the team physician*
6. Counseling & Education program will be initiated, with required signed “release of information” on file, to allow for verification of compliance with the program.
  - i. **Intervention Specialist Evaluation**
7. Team & participation status will be determined by the Head Coach in consultation with the Director of Athletics
8. Additional penalties may be initiated by the Head Coach as outlined within individual *written team policy*
9. Full compliance with designated plan
10. Failure to comply results in automatic status change to a *third positive*
11. Reinstatement into the random testing process following 2 consecutive negative tests (*Exit test* counts as one of the 2 consecutive test, see #14)
12. **6 week/session education plan** scheduled with Interventionist from SAPS
13. Follow up programming, if needed
14. *Exit follow up drug test* at program conclusion, additional follow up that may be required:
  - A. Medical
  - B. Counseling / Behavioral Health / Psychological Consultation Center (PCC)
15. Retention of athletic grant-in-aid determined by the Head Coach in consultation with the Director of Athletics
16. Director of Athletics or designee *will have the right to notify* parent(s) or legal guardian(s) of a second time positive result



**C. Third Positive Test for Marijuana**

1. Reported to Director of Athletics and Head Athletic Trainer by testing agency
2. Head Coach will be notified (of the substance) by Director of Athletics or designee
3. Student Athlete will be notified by Director of Athletics or designee
4. Results and re-test (sample B) procedures will be outlined by confirmation of positive test
5. A confirmed positive result will initiate the program – starting with a *medical evaluation by team physician*
6. Counseling & Education program will be initiated, with required signed “release of information” on file, to allow for verification of compliance with the program.
  - i. Intervention Specialist evaluation**
7. Team & participation status will be determined by the Head Coach in consultation with the Director of Athletics. (See penalty of contest #12)
8. Additional penalties may be initiated by the Head Coach as outlined within individual *written team policy*. (See penalty of contest #12)
9. Full compliance with designated plan
10. Failure to comply results in automatic status change to a *fourth positive*
11. Reinstatement into the random testing process following 2 consecutive negative tests (*Exit test counts as one of the 2 consecutive tests, see #13*)
12. Penalty assessed of loss of **10% of contests of scheduled contest for the NCAA sport sanctioned season** (pending confirming results from the sample B)
13. *Exit follow up drug test* at program conclusion
14. Additional follow up appointments as prescribed:
  - A. Medical
  - B. Counseling / Behavioral Health / PCC
15. Retention of athletic grant-in-aid determined by the Head Coach in consultation with the Director of Athletics
16. Director of Athletics or designee *will notify* parent(s) or legal guardian(s) of a third time positive result



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### D. **Forth Positive Test for Marijuana**

- Status change to 2<sup>nd</sup> positive test section of GENERAL POLICY.

1. Reported to Director of Athletics and Head Athletic Trainer by testing agency
2. Head Coach will be notified (of the substance) by Director of Athletics or designee
3. Student Athlete will be notified by Director of Athletics or designee
4. Results and re-test (sample B) procedures will be outlined by confirmation of positive test
5. A confirmed positive result will initiate the program - Starting with a *medical evaluation by team physician*
6. Counseling & Education program will be initiated, with required signed “release of information” on file, to allow for verification of compliance with the program.
7. Immediate suspension **for 50% of scheduled contests for the NCAA sports sanctioned season** (pending confirming results from the second sample)
8. NOTE: Scheduled contests defined as those contests within any given academic year to be carried over into the subsequent year, based on the timing of the confirmed positive results.
9. Full compliance with designated plan
10. Failure to comply results in automatic status change to third positive of general policy.
11. Follow up drug test at program conclusion (*a positive exit test will change status to a third positive of general policy*)
12. A confirmed positive test will result in automatic *re-testing for the remainder of the student athletes eligibility* at the University of Rhode Island
13. Retention of athletic grant-in-aid determined by the Head Coach in consultation with the Director of Athletics
14. Director of Athletics or designee *will notify* parent(s) or legal guardian(s) of another positive result.

### A. **Fifth Positive Test for Marijuana**

-Status changed to a 3<sup>rd</sup> positive test section of the GENERAL POLICY.

1. Reported to Director of Athletics and Head Athletic Trainer by testing agency
2. Head Coach will be notified (of the substance) by Director of Athletics or designee
3. Student Athlete will be notified by Director of Athletics or designee
4. Results and re-test (sample B) procedures will be outlined by confirmation of positive test
5. A confirmed positive result will initiate the program – starting with a *medical evaluation by team physician*
6. Counseling & Education program will be initiated, with required signed “release of information” on file, to allow for verification of compliance with the program.
7. Permanent suspension from all athletic related activities (following sample B confirmation)
8. Immediate suspension of all grant-in-aid funding
9. Director of Athletics or designee *will notify* parent(s) or legal guardian(s) of a positive result.



### Combination Positive Tests from the General Policy and the Addendum for Marijuana

1. If a student-athlete tests positive for a substance (first time) from the general policy then later tests positive (first time) for Marijuana, they will follow the second positive test for marijuana procedure which includes: **6 week session education plan**. See *Addendum Policy Results B Section*.
  - a. *General substance + Marijuana = 2<sup>nd</sup> positive from **addendum***
  - b. *General substance + Marijuana + Marijuana = 3<sup>rd</sup> positive from **addendum***
  - c. *General substance + Marijuana + General substance = 3<sup>rd</sup> positive test from **general policy***
  
2. If a student- athlete test positive (first time) for marijuana then later tests positive (first time) for a substance in the general policy, they will follow the second positive test from the general procedure which includes: **Immediate suspension of 50% scheduled contest for the NCAA sport sanctioned season**. See *General Policy Results D Results, Second Positive*
  - a. *Marijuana + General substance = 2<sup>nd</sup> positive from **general policy***
  - b. *Marijuana + General substance + Marijuana = 3<sup>rd</sup> positive from **addendum***
  - c. *Marijuana + General substance + General substance = 3<sup>rd</sup> positive test from **general policy***



## **URI SPORTS MEDICINE TRANSPORTATION OF STUDENT ATHLETES POLICY**

Although the University of Rhode Island Sports Medicine Staff will make every reasonable effort to arrange transportation for student-athletes to doctor's appointments, diagnostic testing, surgeries, etc., this may not be possible in all situations. Therefore, the policy of the University of Rhode Island Sports Medicine Staff with regards to transportation of student-athletes to doctor's appointments, diagnostic tests, surgeries, etc., will be:

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

If a student-athlete does not have a viable means of transportation and /or is not able to drive due to an injury/ illness, a URI Certified Athletic Trainer will make every effort to aid the student-athlete in finding a means of transportation in a timely manner. The following will be used as an order of priority for other means of transportation.

- Family member
- Teammate or friend
- Member of the coaching staff
- Uber/Taxi maybe utilized and paid for by our (MRI) imaging affiliations
- Student-Athlete Personal Ride Sharing Account

Student-Athletes are encouraged to have their own personal Ride Sharing accounts. They can be used for non-emergent athletic related medical appointments. Student-athletes must submit proof of medical appointments and receipts for ride sharing to the Athletic Business Office for reimbursement. We encourage Student-Athletes to be accompanied by one of the following people above if able.

## **USE OF THE ATHLETIC TRAINING / SPORTS MEDICINE CENTER FACILITY**

The Athletic Training facilities are primarily for the student-athletes participating in the URI NCAA athletic programs for the evaluation, treatment, and rehabilitation of athletic injuries. These facilities are also available to visiting teams on a reciprocal, courtesy basis. Other athletics department staff and university personnel will be permitted to use the athletic training facilities with the authorization of the Sports Medicine Staff, subject to priorities of the athletics programs.

When the athletic training rooms are not in use for intercollegiate athletics, the facilities will be locked. The facilities are under the direction of the Associate AD of Health & Performance, and his/her staff are unavailable for use by outside staff members. All therapeutic modalities must be operated by the personnel of the Sports Medicine Staff. **Athletic Training facilities are not available for summer camp use.**



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### **EQUIPMENT SIGN-OUT PROCEDURE**

- All braces, splints and other Sports Medicine Department equipment given to a student athlete must be done so by a Certified Athletic Trainer only. Athletic training students or interns may not distribute equipment.
- All braces, splints, crutches, and other Sports Medicine Department equipment given to a student-athlete must be signed out appropriately.
- Student-athletes must return all equipment assigned to them in a timely manner. Failure to return the equipment will result in the student athlete's team being charged for the item.

### **USE OF SUPPLIES BY COACHES**

- Any coach who wants to borrow Sports Medicine supplies such as coolers, medical supplies or strength & conditioning equipment must receive permission from the Associate AD of Health & Performance. Coaches can submit their request in writing via email or use of telephone to ask permission. The equipment that is loaned out is the full responsibility of the coach. Once the coach is finished with the equipment he/she is responsible for returning all equipment to the Sports Medicine facility the way they received it. (i.e. coolers are to be cleaned and dry and put away).

### **ATHLETIC TRAINING STAFF AND COACHES RELATIONSHIP**

- Coaches should have realistic expectations when an athlete has been injured. There are techniques that can assist in the healing process, but time is often an important consideration. All parties involved should be reminded that the Athletic Training Staff has the best interests of the student-athletes at URI in mind, and that no action should be initiated that might compromise the safety of the student-athlete, or the integrity of the program or the university.
- Prevention of athletic injuries is the prime goal of the athletic training and strength & conditioning staff members. Any suggestions, as to how this may be accomplished will be made only to be constructive nature.
- Coaches should not request medication or any other ergogenic aid that is labeled as "performance aids".
- Professional courtesy should be paramount if a coach is not satisfied with the service being rendered or provided by the athletic training staff, the coach should direct their concern with the staff AT first, then later discuss with the Associate AD – Health & Performance if needed.
- All reasonable requests for athletic training services and coverage must be made in advance (24-48 hours). It is only reasonable that coaches make the athletic training staff aware of any changes in practice and / or game times that do not appear on a normal schedule.
- Athletic training personnel and team physician's time should not be taken for granted. Please respect their time and abilities.
- Our website: [www.GoRhody.com](http://www.GoRhody.com) under the Sports Medicine Link can be used for not only downloading forms but additional educational components of athletic health & performance protocols can be viewed.



## **MENTAL HEALTH BEST PRACTICES**

It is the vision of the Sports Medicine Staff to facilitate the success of student-athletes and provide the resources necessary for success.

### **MENTAL HEALTH CARE FOR STUDENT-ATHLETES**

Mental health care for student-athletes is provided by the Sports Medicine team comprised of:

- Athletic Trainers
- Team Physicians
- Mental Health Providers
  - Collaboration with additional resources such as the Psychological Consultation Center (PCC) and URI Counseling Center

### **EVALUATION AND TREATMENT**

Performed only by professionals who are qualified clinically or through counseling

- Psychologist (Sports)
- Psychiatrist
- Licensed Clinical Social Worker
- Psychiatric Mental Health Nurses
- Licensed Mental Health Care Counselors
  - Supervising Graduate Students from the PCC
- Board Certified Primary Care Physicians

*\*All AT staff are required to be certified in Mental Health / First Aid.*



## **IDENTIFICATION AND REFERRAL PROCEDURES**

- **Mental Health Emergency Action Management Plan (*MHEAMP*)**

Symptoms or behaviors that are considered mental health emergencies include but are not limited to:

- **Suicidal and/or homicidal threats**
- **Sexual assault**
- **Highly agitated or threatening behaviors**
- **Acute psychosis or paranoia**
- **Acute delirium/confusion state**
- **Acute intoxication or drug overdose**

*Responding to the above should immediately contact:*

- **On-Campus Dispatch – (401) 874-2121  
URI Campus Police / EMS or 911**
- **Off-Campus Dispatch – 911**





### **ROUTINE MENTAL HEALTH REFERRAL PLAN: (NON-EMERGENCY)**

The following specifies mental health concerns that do not display a need to activate EMS but require attention:

- Stress/anxiety
- Depression
- Grief
- Eating disorders
- Sleeping disorders
- Team dynamics
- Sports related issues (performance anxiety, etc.)

Organizations such as the Student-Athlete Advisory Committee (SAAC) are used to implement skills to deal with and to provide knowledge on topics such as sexual assault, interpersonal violence and hazing. This supplies student-athletes with awareness on how to perform peer intervention in the event of a teammate showing symptoms of mental health distress.

### **INTERVENTION FOR COACHES**

Recognizing symptoms and creating an environment that furthers the success of the student-athletes is important. Coaches are to be familiar with the following:

- Appropriate response to emergency situations
- Recognition of signs and symptoms of mental health disorders
- Creating a positive team culture that promotes personal growth, autonomy, positive relationships with others
- Information about sexual assault, interpersonal violence and hazing
- Encouraging and supporting team members who are facing mental health challenges
- Importance of helping student-athletes take out the stigma of seeking mental health care
- Being proactive vs. reactive
- Mental Health First Aid certification

Coaches are to collaborate with

- Athletic Trainer & Team Physicians
- Counseling Services / Psychological Consultation Center
- Outside Consultants

Coaches are to be integrated within the plan



## **INCLEMENT WEATHER POLICY**

In the event of inclement weather, The University of Rhode Island Department of Athletics will adhere to the guidelines as outlined below. These guidelines were created in an effort to insure the safety of our student-athletes and staff.

- When the **University is officially closed** (as opposed to classes being canceled) no voluntary or mandatory requirement for practice, workout, or meeting of any kind will be permitted.
- If the **University is not officially closed**, employees are expected to report for work and it is reasonable to expect student-athletes to report for practice. Please use best judgment and understanding regarding student-athletes who do not feel comfortable or safe driving in adverse weather conditions. Imposing sanctions on student-athletes for missing practice due to inclement weather is not permitted.
- If weather conditions are such that we might reasonably **anticipate** the University being closed or, as important, travel to and from campus to be dangerous, best judgment should be used in determining the practice schedule for that time period. As an example, if we anticipate a storm on a particular day, if prudent, use that as your off day.
- For **competition days**, we adhere to the Atlantic 10 Conference policy which states that if opponents and game officials are able to make it to campus then we will play the game even if the University is closed and, with permission, even if state officials have declared a weather emergency.
- For **weekend practices** during hazardous weather conditions when the University would have no reason to close, practice plans should be discussed with the Sport Administrator. These incidences will be decided on a case-by-case basis.
- Thunder Storms / Lightening, High Heat Index, Cold Stress / Cold Exposures– refer to power points on the sports medicine website.



**STATEMENT FROM DIRECTOR OF ATHLETICS: THORR BJORN**

Coaches and Staff,

As a weather reminder when **classes are cancelled, team related activities become optional based on the ability of individual team members to safely gather and participate.** This differs from the **school being completely closed or** if there is a **state of emergency declared, where all activities are cancelled.**

In the situation when **classes are cancelled, off campus transportation issues becomes the top priority,** and that important consideration should **apply to all staff as well.** Every staff member that impacts our athletic program has to travel in from somewhere, and geographical conditions in our region differ significantly from place to place, so the **health and protection of our colleagues should not be overlooked.**

**Transportation and safety decisions** are made on an **individual basis, based on the specific conditions at hand,** and could result in a **training session or practice being cancelled** due to the inability of all appropriate staff to be in attendance.

It should also be noted that most staff and assistant coaches made significant efforts to be in attendance during these weather event, so **communication** with them **about individual team decisions are also critical.** As noted, there might be times where support staff may communicate with you resulting a session being cancelled, and **please communicate with support staff** should you make a similar decision.

**Two way communication is vital to make sure everyone is safe,** on the same page logistically, and we are being mindful, respectful and efficient with everyone's time.

Safety first!



## University of Rhode Island – Department of Athletics Sports Medicine Policy & Procedures Manual

### CONCUSSION SAFETY PROTOCOL

#### INTRODUCTION

Completing this checklist ensures the University of Rhode Island's concussion safety protocol is compliant with the Concussion Safety Protocol Legislation and consistent with Inter Association Consensus: Diagnosis and Management of Sport-Related Concussion Best Practices.

Completing this checklist ensures that the University of Rhode Island has adopted the following Concussion Safety Protocol for all NCAA student-athletes. This protocol identifies expectations for institutional concussion management practices as they relate to the definition of sport-related concussion; independent medical care; preseason education; pre-participation assessment; recognition and diagnosis; initial suspected concussion evaluation; post-concussion management; return-to-learn; return-to-sport; limiting exposure to head trauma; and written certificate of compliance.

The plan outlines the following:

- A. Any student-athlete demonstrating signs & symptoms of concussion will be removed from participation immediately.
- B. That student-athlete will be evaluated by designated medical staff
- C. If concussion is suspected, that student-athlete WILL NOT return to participation that day under any circumstances.
- D. Further medical evaluation will be scheduled as warranted
- E. Return to Sport Protocols will be followed

#### **A. DEFINITION OF SPORT RELATED CONCUSSION (SRC)**

The Consensus Statement on Concussion in Sport, which resulted from the 5th international conference on concussion in sport, defines sport-related 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).

## **B. INDEPENDENT MEDICAL CARE**

As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decisions,

## **C. PRESEASON EDUCATION**

All NCAA student-athletes will be provided and given an opportunity to discuss the educational material; they will be required to sign an acknowledgement form prior to their participation that they have been provided this opportunity, reviewed, and understand the concussion material. NCAA concussion fact sheets will be distributed and signed to acknowledge that the materials have been read and understood by:

All coaches, team physicians, athletic department members and support staff will be provided and allowed an opportunity to discuss the educational material; they will be required to sign an acknowledgement form prior to their participation that they have been provided this opportunity, reviewed, and understand the concussion material.

All information can be found on the GoRhody.com website; including Concussion Management Plan, NCAA concussion fact sheet, concussion information PowerPoint, and ARMS workflow. Each group specifically is outlined below.

- Student-athletes

Vivature acknowledgement form includes NCAA concussion fact page, Concussion Management Plan, and Concussion Educational PowerPoint

- Coaches

ARMS workflow includes NCAA concussion fact page, Concussion Management Plan, Concussion PowerPoint

- Staff

Physicians, Athletic Trainers, Director of Athletics, Academic Advisors, etc. Will sign appropriate forms as given by sports medicine staff



#### **D. PRE-PARTICIPATION ASSESSMENT**

All NCAA student-athletes will undergo a pre-participation baseline concussion assessment. The University of Rhode Island's management plan for pre-participation baseline concussion assessments specifies:

I. All incoming student athletes will complete the health history questionnaire including:

- History of concussion, brain injury, neurologic disorder, mental health symptoms or disorders
- Any history of a blow to the head causing confusion, headache, or memory problems
- Symptom Evaluation (IMPACT assessment)
- Cognitive Assessment (SAC)
- Balance Assessment (BESS)

II. All student-athletes will complete baseline concussion assessment testing including

- Impact computerized baseline test
- BESS balance assessment
- SAC cognitive assessment

\*\*All student-athletes will sign the Concussion Acknowledgement Form

\*\*Any information from any of the above requiring confirmation on pre-participation clearance will be evaluated by a designated team physician

\*\*A new baseline concussion assessment will be considered for those NCAA student-athletes with a documented concussion; student-athlete with previous concussion history will repeat baseline assessments at physicals

#### **E. RECOGNITION AND DIAGNOSIS OF CONCUSSION**

Athletic Training Staff will be present for all contact/collision sport home contests. When necessary, on staff medical personnel will be responsible for visiting team members as well, should that team be traveling without any medical personnel.

Athletic Training Staff will be present (or available as defined by NCAA documentation) for every contact/collision sport practice either by on-site, within the specific venue, or by direct phone access.

· Athletic Training Staff members phone numbers and team assignments are available on the website: GoRhody.com within the sports medicine page

· Any NCAA student-athlete with signs/symptoms/behaviors consistent with concussion:

- Will be removed from practice or competition for a concussion evaluation.
- Will be initially evaluated by an athletic trainer, with team physician concussion examination to follow.
- Will be removed from practice/play for that calendar day if concussion is suspected or confirmed.



## **F. INITIAL CONCUSSION MANAGEMENT**

The initial concussion assessment will include

- Clinical assessment: possibility of cervical spine trauma, skull fractures, and intracranial bleeds.
- Symptom assessment: Graded symptom checklist in concussion packet
- Physical and neurological exam: Dermatomes, myotomes, VOMS \*performed by team physician or deemed team personnel
- Cognitive assessment: SAC
- Balance assessment: Bess

## **G. POST-CONCUSSION MANAGEMENT**

Any of the following will result in the activation of the existing Emergency Action Plan, including transportation for further medical care for any of the following:

- If performed, Glasgow Coma Scale < 13 on initial assessment, or GCS <15 at 2 hours or more post-initial assessment.
- Prolonged loss of consciousness
- Focal neurological deficit suggesting intracranial trauma
- Repetitive emesis (vomiting, nausea)
- Persistently diminished/worsening mental status or other neurological signs/symptoms
- Spinal injury

Any concussive event will follow up daily with the designated athletic training staff or medical staff as required, until cleared. Written follow up home care guidelines will be distributed and documented. This will be given to both the student-athlete and another responsible adult (parent or roommate). A more detailed medical follow up, referral or testing plan will be scheduled if any of the following exist:

- Post-concussion syndrome
- Sleep dysfunction
- Migraine or other headache disorders
- Mental health symptoms and/or disorders
- Ocular or vestibular dysfunction
- Cognitive impairment and autonomic dysfunction



### GRADED RETURN-TO-SPORT

Final return to play status is determined by designated team physician

Each student-athlete with a concussion must undergo a supervised stepwise progression management plan by a health care provider with expertise in concussion management. The student-athletes will have limited physical and cognitive activity until he/she has returned to baseline and is symptom free. The student-athlete will then progress past with each step below without any symptoms.

- Step 1: Light exercise: **Biking** 15-20 minutes, HR @ 70% maximum
- Step 2: Exercise Specific: **Walk-Jog-Run** progression (30-45 minutes), body weight exercise. HR @ 70-80% maximum
- Step 3: Limited **Sport Specific: Limited non-contact** practice drills, limited progressive resistance training, HR @ 75-90% maximum
- Step 4: **Sport Specific: Limited contact** sport specific drills, no live play, HR @ 75-90% maximum
- Step 5: Physician follow up, **Baseline re-testing**. Contingency for moving past this step includes testing to be back to baseline as determined by team physician.
- Step 6: Full contact and return to sport with **final medical clearance from team physician**

\*A health care provider will supervise the GRTS progression with expertise in concussion, with it being typical for each step in the progression to last at least 24 hours.

\*If at any point the student-athlete becomes symptomatic the team physician or physician designee will be notified, and adjustments will be made to the graded return-to-sport progression.



### **RETURN-TO-LEARN**

Return to learn protocols are initiated by the *point person* of designated team physicians who navigate with the NCAA student-athlete on an individualized basis, following the Return to Learn Key (see Appendix for Return to Learn Key). In terms of athletics, athletic trainer and team physician will work together to involve needed academic staff.

A student-athlete who has suffered a concussion will return to classroom/studying only as tolerated with modification of schedule/academic accommodations, as indicated, with help from the identified point-person. Campus resources will be engaged for cases that cannot be managed through schedule modification/academic accommodations. Campus resources will be consistent with the ADA/AA. A multidisciplinary team will navigate the complexities of each student-athlete's case including but not limited to:

- Team physician
- Athletic trainer
- Psychologist/Counselor (Student Health Services/Psychological Consultation Center PCC)
- Neuropsychologist consultant
- Faculty athletics representative
- Academic counselor
- Course instructor(s)
- College administrators
- Office of disability services representatives
- Coaches
- Compliance with ADA/AA

Academic and classroom limitations are determined by designated physician(s) specific to the individual case. Academic counselors & advisors will be communicated with. There will be NO classroom activities on the same day as the concussion.

Follow up/serial appointments will be made with the designated physician where re-evaluations will be conducted to determine if concussion symptoms worsen with academic challenges. Individualized initial planning includes but is not limited to:

- Remaining at home/dorm if student-athlete cannot tolerate light or cognitive activity
- Gradual return to classroom/studying as tolerated
- Modifications of schedule/academic accommodations for up to two weeks, as indicated, with help from identified point person
- Re-evaluation by team physician and members of multidisciplinary team, as appropriate, for a student-athlete with symptoms lasting longer than two weeks
- Engaging campus resources for cases that cannot be managed through schedule modifications/academic accommodations
- Campus resources must be consistent with ADA/AA, and include at least one of the following: learning specialist, office of disabilities services or ADA/AA office



### **REDUCING EXPOSURE TO HEAD TRAUMA**

While it is difficult to quantify reducing exposure, the University of Rhode Island is committed to protecting the health of and providing a safe environment for the participating NCAA student athletes. The University of Rhode Island emphasizes the ways to minimize head trauma exposure in a manner consistent with the Inter Association Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes. Minimizing head trauma exposure includes but is not limited to:

- URI athletic teams will adhere to existing ethical standards in all practices & competitions
- Using playing or protective equipment (including helmets) as a weapon will be prohibited in all practices and competitions.
- Deliberately inflicting injury on another player will be prohibited in all practices and competitions.
- All playing and protective equipment (including helmets) as applicable will meet relevant equipment safety standards & related certification requirements.
- Adherence to all Inter Association Consensus: Year-Round Football Practice Contact Recommendation established guidelines
- Adherence to Inter-association Consensus: Independent Medical Care for College Student-Athletes Best Practices
- Reducing gratuitous contact during practice
- Taking 'safety-first' approach to sport
- URI will keep the head out of blocking and tackling in contact/collision, helmeted practices and competitions.
- Proper coaching techniques to both student-athletes and coaches
- Pre-season education
- Online educational materials

### **ADMINISTRATIVE**

Institutional plan will be submitted to the Concussion Safety Protocol Committee by May 1st via Program Hub, and Written certification of compliance will be signed by the athletics health care administrator that accompanies the submitted plan.



## **ADDITIONAL POLICIES & PROCEDURE / EDUCATIONAL MATERIALS**

Can be found on our web page [www.gorhody.com](http://www.gorhody.com) under the sports medicine link:

- PREVENTION OF HEAT ILLNESS
- LIGHTENING SAFETY
- COLD STRESS & EXPOSURE
- CONCUSSION (NCAA STUDENT-ATHLETE CONCUSSION FACT SHEET)
- MENTAL HEALTH BEST PRACTICES
- SKIN INFECTIONS – MRSA
- ASTHMA
- DIABETES
- SUDDEN DEATH / CATASTROPHIC INJURY
- ARE YOU GETTING ENOUGH SLEEP
- GUIDE TO BEING A HEALTHY ATHLETE – NUTRITION
- SICKLE CELL

## **ADDITIONAL THERAPEUTIC EXERCISES *POWER POINTS***

Can be found on our web page [www.gorhody.com](http://www.gorhody.com) under the sports medicine link

- ABDOMINAL EXERCISES
- ANKLE EXERCISES
- BACK SCHOOL STRETCHING EXERCISES
- BACK STABILIZATION EXERCISES
- COMPREHENSIVE MOBILITY-FLEXIBILITY PROGRAM
- CORE EXERCISES
- DYNAMIC WARM UP
- ELBOW-FOREARM-WRIST EXERCISES
- HAMSTRING
- HYDROTHERAPY EXERCISES
- FOOT EXERCISES
- KNEE-HIP EXERCISES
- SCAPULAR THORACIC PROGRAM

**Instructional / Lecture -**

Can be found on our web page [www.gorhody.com](http://www.gorhody.com) under the sports medicine link



## **ADDITIONAL STUDENT-ATHLETE REHABILITATION VIDEOS**

Can be found on our web page [www.gorhody.com](http://www.gorhody.com) under the sports medicine link

- ELBOW, FOREARM, & WRIST
- UPPER EXTREMITY MOBILITY EXERCISES
- KNEE & HIP EXERCISES
- HAMSTRING STRETCHES
- THORACIC MOBILITY EXERCISES
- POSTERIOR SHOULDER GRIDLE STRETCHES
- SCAPULAAR THORACIC PROGRAM
- FOOT EXERCISES
- IT BAND STRETCHING HIP ROTATOR STRETCHES
- ROTATOR CUFF INTERNAL ROTATION STRETCH
- ROTATOR CUFF ETERNAL ROTATION STRETCH
- CORE STRENGTHENING
- MOBILITY EXERCISES
- GROIN STRETCHES
- ANKLE & FOOT EXERCISES
- HIP FLEXOR STRETCHES
- UPPER EXTREMITY STRETCHES
- BACK STABILIZATION EXERCISES
- NECK GLIDES
- FOREARM STRETCHES
- HAMSTRING PROTOCOL
- ANTERIOR SHOULDER STRETCHES
- CALF STRETCHES
- TRUNK AND ABDOMINAL STRETCHES



## Policy and Guidelines regarding Nutrition, Eating Problems, and Performance

The philosophy of the University of Rhode Island (URI) Department of Athletics is that the health and welfare of the student athlete and the university community is of primary importance. This philosophy specifically applies to eating disorders because collegiate athletes are at a high risk of developing Disordered Eating (DE) and/or Eating Disorders (ED) for a variety of reasons, many which coincide with traits of successful athletes (e.g. goal-oriented, high-achieving, perfectionistic), (Thompson, R. 2014). The short and long-term health consequences such as diminished bone health, altered reproductive health, increased risk of injury and illness in individuals suffering from DE/ED can mean the end of his/her career if left untreated. The goal of URI's Eating Disorder policy is to ensure safeguards are in place to optimize the health and wellbeing of the athlete. These safeguards include:

- (1) Prevention
- (2) Early identification
- (3) ED referral process
- (4) DE/ED treatment process
- (5) Ensuring a positive sport environment

In recognition of the importance of preventing and treating eating disorders, the following policies are established, followed by a list of guidelines that can be helpful in the implementation of the policies.

### Policies

#### **Policy 1: Prevention**

Preventative ED efforts will include:

- Nutrition education to all incoming freshman, annually to high risk sports, and per coach/Athletic Trainer (AT) request.
  - Nutrition Education will focus on guidelines set forth by Sundgot-Borgen & Tortsveit (2010).
    - Emphasis on the overall health of athlete
    - Teaching nutrition facts & dispelling nutrition myths
    - Education on nutrient dense foods: How to obtain and why they are important for training/competing
    - Establishment of long-term healthy eating habits to optimize performance and good health.
    - Review of performance and health consequences of inadequate energy intake and DE/ED behaviors such as extreme kcal restriction, unsafe dieting practices, or purging.
  - High risk sports have been identified as sports with an emphasis on aesthetics, weight classes, and where low body mass is viewed as beneficial (Br J Sports Med. 2016; 50; 154-162):
    - Cross-country
    - Diving
    - Rowing
    - Swimming
    - Volleyball
    - Track



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- Annual education for professionals working w/ athletes, (AT, Strength & Conditioning (S&C), Coaching staff, MD, Registered Dietitian (RD)) at the beginning of each Academic Year (AY) to review methods for identification, referral, and treatment for athletes with DE/ED.
- Body composition assessments/team weigh-ins will only be conducted on an as needed basis for health or NCAA competition requirements by Athletic Trainers or member of the trained medical staff.

### Exceptions:

- Rowing team: Boats are fielded according to the average weight of the crew. There are three different boat sizes, and therefore the weight of each rower is needed to properly place the athletes in the correct boat. (1) The NCAA requires that the team follow US Rowing protocol for weighing of coxswains, and rowers in lightweight events\*. (2) Rowing team members should be weighed during their pre-season physicals and student-athletes who need to lose weight to achieve the weight standard should be referred to the URI Sports Nutrition Specialist for nutrition counseling. The URI Sports Nutrition Specialist will evaluate and discuss the athlete's weight goal and determine whether it is feasible to reach that goal without endangering the individual's health. (3) Coxswains will be weighed weekly during competitive season. It is strongly recommended that coxswains remain  $\leq 118$  lbs during the entire year to minimize the need for excessive weight loss. (4) On the days of competition, it is preferred that weigh-ins will be conducted by a member of the US Rowing Staff who is of the same sex as the athlete.
  - <http://www.usrowing.org/wp-content/uploads/2019/02/2019ROR-Final-Web.pdf?x52716>
- To prevent dehydration, athletic trainers may weigh athletes before and after practice sessions when environmentally dictated (Example: August practices).
- Athletes are weighed in at pre-season physicals as part of the pre-season physical screening process.
- In the sport of track and field, it may be appropriate to weigh a pole-vaulter in order to maintain a safe environment for practice and/or competition (each pole is rated for a specific body weight).

### Policy 2: Early identification

The IOC consensus group broadened the definition of what was formerly known as the “Female Athlete Triad” syndrome to include diagnostic criteria that also encompasses male athletes. The expanded term “Relative Energy Deficiency in Sport” (RED-S) describes the health factors impacted by energy deficiency, which include impairments to cardiovascular functions, bone health alterations, compromised immune function, menstruation alterations, metabolic rate perturbations, and diminished protein synthesis, (Mountjoy et al, 2014).

Screening for Relative Energy Deficiency in Sport (RED-S) will occur at the annual Periodic Health Examination. The RED-S Clinical Assessment Tool (CAT) to include the Risk Assessment Model for sport participation and Return to Play Model will be used when indicated (Appendix 1). Better outcomes are associated with early identification and interventions (Joy et al., BJSM, 2016).

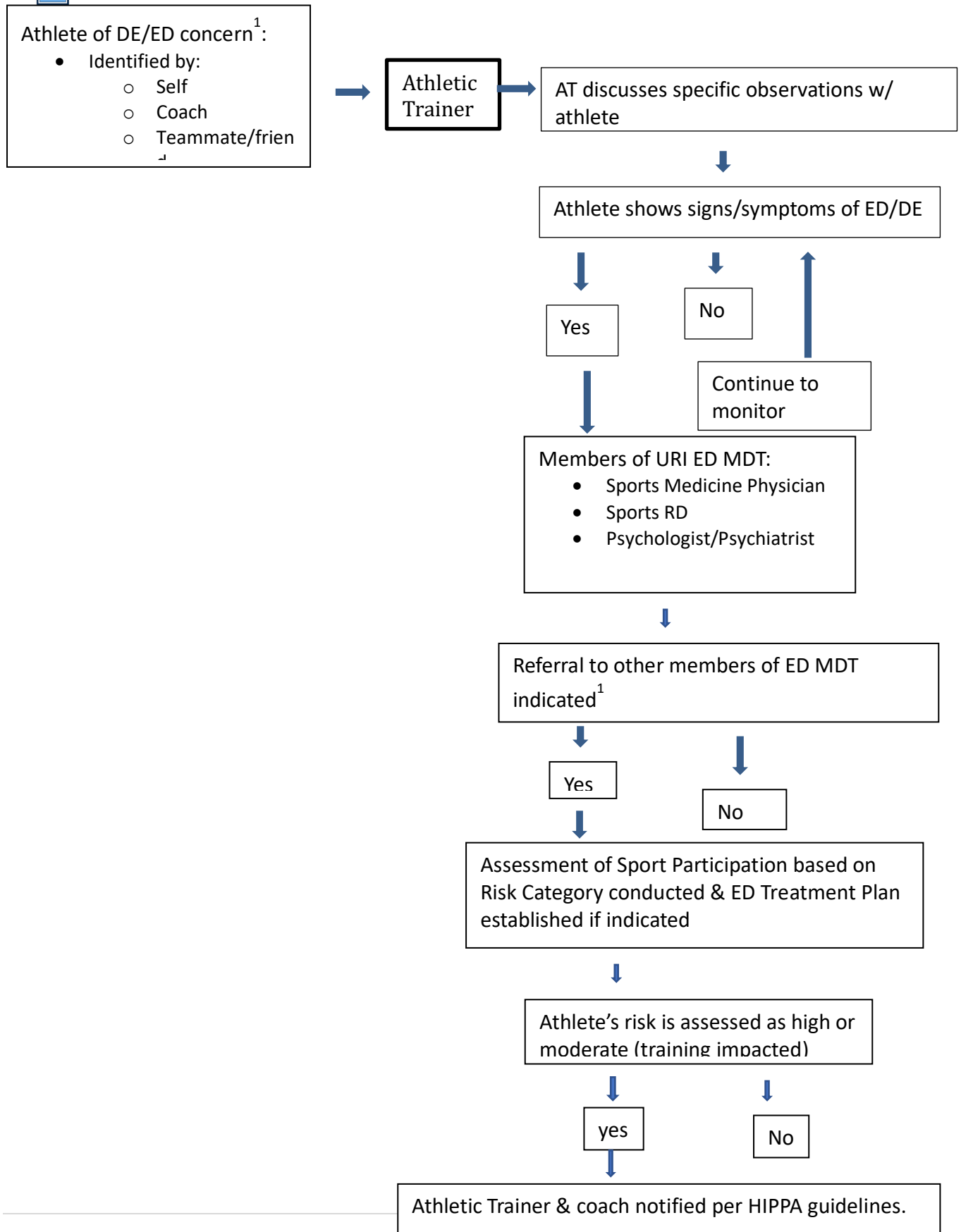
### Policy 3: Referral process:

Athletes of concern are to be referred to the URI ED Multidisciplinary Team (MDT) in Health Services, Counseling Center/PCC or a pre-existing Treatment Team (off-campus) for evaluation, recommendations, and/or treatment.

- The URI ED MDT will collaborate with the coach and/or athletic trainer as appropriate.



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### Policy 4: Appropriate ED Treatment

Any athlete whose safety is at risk because of DE/ED or whose behavior puts others at risk will have their participation status determined by meeting the recommendations made by the URI ED MDT.

- The URI ED MDT is comprised of primary care providers (PCP) from Student Health Services, the URI Sports RD, counselors from the Counseling Center &/or Psychological Consultation Center (PCC).

The RED-S Return to Play Model will be used to help determine an athlete's readiness to resume training/competing (<https://bjism.bmj.com/content/49/7/421>). If an athlete is found to be at high or moderate RED-S risk and athletic participation is modified or stopped, a meeting with members of the URI ED MDT will occur. A treatment plan will be developed by the URI ED MDT and reviewed with the athlete. A written contract may be used to prevent any ambiguity in the treatment plan. RED-S risk will be determined by the URI PCP of the URI ED MDT. A student following all referrals and treatment recommendations for DE/ED will not lose any scholarship or participation status as long as s/he is able to remain at the university.

- Failure to comply may compromise both scholarship and participation status.
- Exception: Failure to disclose an existing eating disorder at the time of entering the athletics program may affect participation and/or scholarship status.

### Policy 5: Ensuring and Maintaining a Positive Sport Environment

#### Guidelines to Help with Implementation of the Policies

- Emphasis on health and well-being as important factors contributing to athletic performance. Focus on overall health of athlete vs. specific weight or body composition. Ensure athletes, coaches, and staff are educated on ED's detriment to health, well-being and performance.
- Focus on overall health and performance of athlete and elements needed to support performance goals vs. over-emphasis on body composition and/or appearance.
- Identify, provide and encourage the use of educational resources and science-based information on nutrition, performance and disordered eating through NCAA and campus resources (e.g. student health, counseling).
  - i. Helpful Eating Disorder resources from the NCAA include:
    1. <http://www.ncaapublications.com/productdownloads/MindBodySport.pdf>
    2. <http://www.femaleathletetriad.org/wp-content/uploads/2008/10/NCAA-Managing-the-Female-Athlete-Triad.pdf>
    3. <http://www.ncaa.org/sport-science-institute/disordered-eating>
- Educate athletes, coaches, and AT and S&C staff about the healthy foods available to the athletes and promote their intake.



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- Obtain feedback each semester re: food selections and any challenges encountered by athletes in meeting nutritional needs (i.e. food availability, likeability, food security etc.).
  - Educate coaches on the importance of providing healthy, performance-enhancing food choices on road trips. Provide coaches with a list of affordable and quality food options for road trips.
    - Athletic personnel should conduct themselves in a professional manner that does not contribute to eating disorders and should not go beyond the scope of their professional expertise.
  - Understand that comments, whether positive or negative, made regarding an athlete's physical appearance can contribute to DE/ED.
  - Educate coaches on the complex issues, including the possibility of contagion to other athletes that can arise when a student with an identified eating disorder joins an athletic team.
- Implementation of the policy that there will be no team weigh-ins and/or body composition measurements for student-athletes can be supported through the following guidelines (see exceptions in Policy 1).
  - Due to many variables, measurements of body composition (especially single time measures) can be subjective and athletes who are told those numbers may misuse the information. Therefore, any subsequent decisions may be made based on inaccurate technique and standard interpretation. Explain this in meetings with coaches, athletic trainers, and strengthening/conditioning staff.
  - Athletes should never be asked or encouraged to diet by any university personnel as dieting has been found to be one of the strongest contributors to the development of EDs (Sundgot-Borgen, et al. 2013. Br. J Sports Med). If a student wishes to consider healthy lifestyle changes, he/she should be referred to the URI Sports Nutrition Specialist.
- Make use of a process for a qualified medical team to consider requests for body or weight modification.
  - An athlete who appears to be healthy and without eating issues may request assistance (evaluation, guidance, education) with body composition and performance issues; in that case, the student should be referred to the URI Sports Nutrition Specialist who is certified and licensed in these areas to provide the student with appropriate nutrition education.
- Inform all coaches and student-athletes of the URI ED MDT annually.
  - As stated in Policy 3, the student-athlete should be referred to the URI ED MDT, which will collaborate with the coach and/or athletic trainer as appropriate.
  - A member of the athletic department (example: an athletic trainer) will represent the athletic department when the URI ED MDT needs to coordinate treatment issues with a student's athletic program.
  - All athletes will be encouraged to sign a HIPAA Release of Information each year that allows communication between the sports medicine department in athletics and treatment providers regarding athletes with eating disorders. Note: HIPAA does not cover communication about the athlete with coaches. The involvement of coaches requires signing of a separate release of information, unless a life-threatening situation is involved.
  - Establish periodic meetings of the coaching and athletic training staff with members of ED MDT, to facilitate cooperative relationships.

*Adapted from NCAA Nutrition and Performance – Athletics Administrator. Additional material adapted from Nutrition and Athletics: Recommendations for Educational Services, University of New Hampshire, URI Athletics, Health Services, and Counseling Center.*

**Last Revised: April 2019**



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**Appendix**

**Abbreviations:**

**ED- Eating Disorder**

**MDT- Multidisciplinary Team**

**PCC- Psychological Consultation Center**

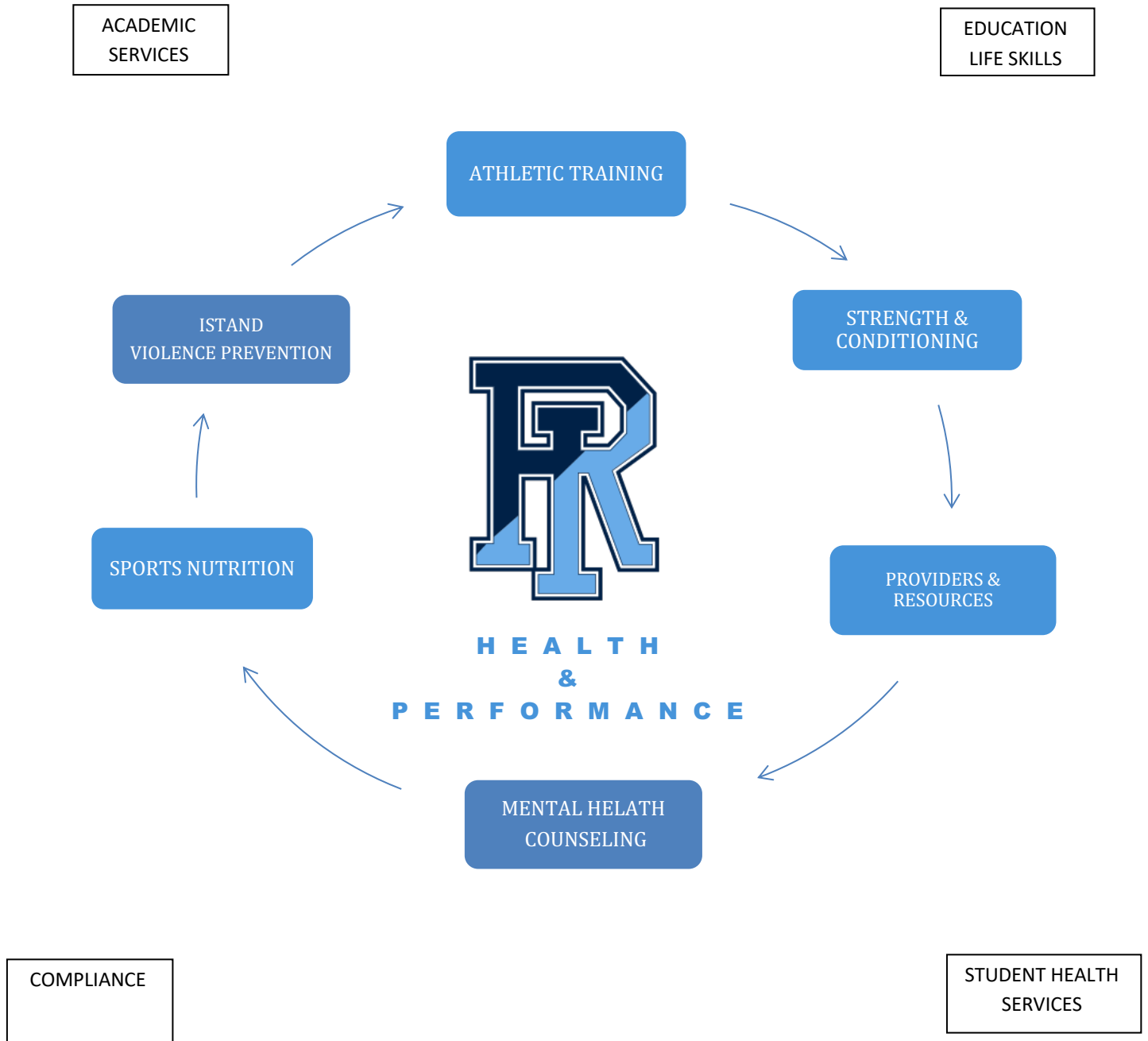
**PCP- Primary Care Physician**

**RED-S- Relative Energy Deficiency- Syndrome**

**<sup>1</sup>RED-S Risk Assessment Model for sport participation**



## INTEGRATED SPORTS MEDICINE





## INTEGRATED SPORTS MEDICINE

