

MESSIAH UNIVERSITY

Sports Medicine Handbook, Updated 8/2025

INTRODUCTION

The purpose of this handbook is to provide standardization in daily operational activities in the Sports Medicine department, which is a critical component to risk management and malpractice mitigation. This handbook has been developed to prepare Messiah University athletics administration, coaches and athletic training personnel with clarity in the event that an issue, specific to health and safety, legal liabilities, and regulatory requirements, occurs. This handbook will be reviewed annually and changes will be made as necessary. The Standard Operating Procedures (see Appendix A) and team physician contract, with all athletic trainers and team physician signatures is located in the Athletic Training Facility, and is updated annually.



MESSIAH
SPORTS MEDICINE

Contents

INTRODUCTION.....	1
Messiah University Sports Medicine: Administrative Policies	4
Mission Statement.....	4
Messiah University Athletic Mission Statement	4
Athletic Trainer Scope of Practice.....	4
Licensure and Regulation of Athletic Training Practice within the State of Pennsylvania	5
NATA Code of Ethics.....	9
Sports Medicine and Athletics Chain of Command.....	11
Sports Medicine Administrative Chain of Command.....	11
Sports Medicine Contact Information.....	11
Sports Medicine Staff Relations.....	11
Roles and Responsibilities of Athletic Trainer.....	13
Messiah Sports Medicine: Emergency Policies	14
Injury Treatment and Procedures	14
Athletic Training Coverage Standards – In Season.....	14
Athletic Training Coverage Standards – Out of Season/Non-Traditional Season.....	15
Emergency Action Plan	16
Care of Athlete with Suspected Spinal Injury.....	19
AED Policy.....	20
Concussion Management Policy.....	21
Lightning Policy.....	28
Cold Weather Policy.....	31
Heat and Heat Illness Policy	35
Appropriate Care for Joint Dislocations	38
Messiah Sports Medicine: General Medical Policies	39
Pre-Participation Medical Examination Policy	39
Medication and Drug Exceptions	40
Sickle Cell Trait Policy.....	42
Student-Athlete Medical Records.....	44
Policy and Procedure on Disclosure of Health Information.....	47
Post-Operative and Elective Physical Therapy Policy.....	49
Athletic Insurance Policy	50
Protective Equipment Policy	51
Drug Administration	53

Student-Athlete Pregnancy Policy	56
Medical Disqualifications.....	58
Medical Chaperone	63
Appendix A: Standard Operating Procedures	64
Appendix B: Emergency Action Plans.....	69
Appendix C: Concussion Diagnosis Form	76
Appendix D: Medical Time-Out Card	77
Appendix E: Concussion Academic Modifications Letter	78
Appendix F: Pre-Participation Physical Examination Form	79
Appendix G: Pregnant Student-Athlete Waiver	80
Appendix H: Athlete Forms	82



MESSIAH
SPORTS MEDICINE

Messiah University Sports Medicine: Administrative Policies

Mission Statement

The Messiah University Sports Medicine seeks to provide high-level healthcare services to its student-athletes competing in NCAA Division III athletics. The multi-skilled staff will use data driven decision-making, best practice guidelines, and patient preferences to achieve the best possible health related quality of life of the student-athletes.

The Messiah Sports Medicine Staff is committed to treating each individual with respect and professional, comprehensive, and humane care while seeking to maintain the individual's dignity and privacy, educating and advocating for the patient to allow the patient to make informed choices in the care of his or her health.

Messiah University Athletic Mission Statement

Pursuing athletic excellence and developing Christian character are the two goals for which Messiah Athletics is known. Our student-athletes, coaches, and staff know our philosophy is that, if we do not accomplish both of these goals in a season, then we have not had a successful season. Doing one without doing the other is not good enough at Messiah, we hold each other accountable to meeting these goals.

This is intercollegiate athletics, not intramurals. There is a scoreboard. We compete against other institutions; one team will leave the event with a win, and the other with a loss. Conference standings are published. There are championships in every sport in which we compete. *Pursuing Athletic Excellence* is important.

But equally is important in the way we compete. As we work at developing character, how do our student-athletes carry themselves during competition? How do they do in the classroom? Are our athletes serious students? Do they demonstrate sportsmanship as they compete? Does their faith affect the way they approach the game? *Developing Christian Character* is every bit as important to us.

We often talk about these goals. We want people to know that this is what Messiah Athletics is all about.

Athletic Trainer Scope of Practice

Athletic Training is an allied health profession that includes the practice of preventing, recognizing, assessing, managing, treating, and rehabilitating athletic related injuries under the direction of a physician, licensed in the Commonwealth of Pennsylvania who is authorized to refer for healthcare services within the scope of the Pennsylvania Athletic Trainers Licensure Act.

Licensure and Regulation of Athletic Training Practice within the State of Pennsylvania

As defined in the “Commonwealth of PA: PA Code Title 49. Professional and Vocational Standards.” The State Board of Medicine, Chapters 16, 17, and 18 [subchapter H](#):

Authority

The provisions of this Subchapter H issued under section 51.1 of the Medical Practice Act of 1985 (63 P. S. § 422.51a(d)); amended under sections 8 and 51.1(d) of the Medical Practice Act of 1985 (63 P. S. §§ 422.8 and 422.51a(d)), unless otherwise noted.

Source

The provisions of this Subchapter H adopted July 13, 2007, effective July 14, 2007, 37 Pa.B. 3230; amended April 19, 2013, effective April 20, 2013, 43 Pa.B. 2142, unless otherwise noted. Immediately preceding text appears at serial pages (328704), (348679) to (348682) and (361225).

§ 18.501. Purpose.

This subchapter implements section 51.1 of the act (63 P. S. § 422.51a) to provide for the licensure and practice standards of athletic trainers.

§ 18.502. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs—An athletic training education program that is accredited by a Board-approved Nationally recognized accrediting agency.

Athletic training services—The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a licensed athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any medication or controlled substance.

BOC—The Board of Certification, Inc., a National credentialing organization for athletic trainers.

Direction—Supervision over the actions of a licensed athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Licensed athletic trainer—A person who is licensed to perform athletic training services by the Board or the State Board of Osteopathic Medicine.

Physically active person—An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral—An order from a licensed physician, dentist or podiatrist to a licensed athletic trainer for athletic

training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription—A portion of the written protocol or a separate document from a supervising physician, which includes an order to treat approved individuals in accordance with the protocol.

Written protocol—A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the licensed athletic trainer, and describes the manner and frequency in which the licensed athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and licensed athletic trainer, that the licensed athletic trainer follows when not directly supervised onsite by the supervising physician.

§ 18.503. Licensure requirement.

(a) A person may not use the title “athletic trainer” or “licensed athletic trainer” or use any abbreviation including “A.T.,” “A.T.L.” or “L.A.T.” or any similar designation to indicate that the person is an athletic trainer unless that person has been licensed by the Board.

(b) Except as otherwise provided in this subsection, a person may not perform the duties of an athletic trainer unless that person is licensed by the Board. This provision is not intended to prevent the following:

(1) A person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

(2) An athletic trainer from another state, province, territory or the District of Columbia, who is employed by an athletic team or organization that is competing in this Commonwealth only on a visiting basis, from providing athletic training services, provided the practice of the athletic trainer is limited to the members of the team or organization.

(3) An athletic training student practicing athletic training that is coincidental to required clinical education and is within the scope of the student’s education and training.

(c) Athletic trainers licensed by the State Board of Osteopathic Medicine are deemed licensed by the Board.

§ 18.504. Application for licensure.

(a) The applicant shall submit the following on forms supplied by the Board:

(1) A completed application and the fee set forth in § 16.13 (relating to licensure, certification, examination and registration fees).

(2) Verification of professional education in athletic training in accordance with § 18.505 (relating to educational requirements).

(3) Documentation of passage of the National examination in accordance with § 18.506 (relating to examination requirement).

(4) Documentation of practice as an athletic trainer, if licensed or certified in another jurisdiction, and verification as to whether there has been disciplinary action taken in that jurisdiction.

(b) To qualify for licensure, an applicant shall be at least 20 years of age and may not be addicted to alcohol or hallucinogenic, narcotic or other drugs which tend to impair judgment or coordination.

§ 18.505. Educational requirements.

An applicant for licensure shall comply with one of the following:

(1) Be a graduate of an approved athletic training education program.

(2) Hold and maintain current credentialing as a certified athletic trainer (ATC) from the BOC or another credentialing body approved by the Board.

Cross References

This section cited in 49 Pa. Code § 18.504 (relating to application for licensure).

§ 18.506. Examination requirement.

An applicant for a license to practice as a licensed athletic trainer shall submit to the Board written evidence that the applicant has passed the BOC examination for athletic trainers, or its equivalent as determined by the Board.

Cross References

This section cited in 49 Pa. Code § 18.504 (relating to application for licensure).

§ 18.507. Temporary licensure.

An applicant who is a graduate of an approved athletic training education program and who has applied to take the examination may be granted a temporary license to practice athletic training under the onsite direct supervision of a licensed athletic trainer. The temporary license expires 1 year from issuance or upon licensure as an athletic trainer by the Board, whichever comes first, and may not be renewed.

§ 18.508. Renewal of license.

(a) A license issued under this subchapter expires on December 31 of every even-numbered year unless renewed for the next biennium.

(b) Biennial renewal forms and other forms and literature to be distributed by the Board will be forwarded to the last mailing address given to the Board.

(c) To retain the right to engage in practice, the licensee shall renew licensure in the manner prescribed by the Board and pay the required fee prior to the expiration of the next biennium.

(d) When a license is renewed after December 31 of an even-numbered year, a penalty fee of \$5 for each month or part of a month of practice beyond the renewal date will be charged in addition to the renewal fee as set forth in section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P. S. § 1401-225).

(e) As a condition of renewal, a licensee shall comply with the continuing education requirements in § 18.511 (relating to continuing education).

§ 18.509. Practice standards for athletic trainers.

(a) Athletic trainers licensed by the Board or certified or licensed by the proper licensing authority of another state, province, territory or the District of Columbia shall comply with the following:

(1) Ensure that the physically active person has secured a written referral or prescription from a licensed physician, dentist or podiatrist or is subject to a written protocol for treatment by a licensed or certified athletic trainer from a licensed physician.

(2) Comply strictly with conditions or restrictions that may be placed on the course of athletic training services by the referring physician, dentist or podiatrist.

(3) Ensure that the physically active person has undergone a medical diagnostic examination or has had the results of a recently performed medical diagnostic examination reviewed by the referring physician, dentist or podiatrist.

(4) Keep a copy of the referral or prescription and the results of the medical diagnostic examination in the physically active person's file.

(5) Consult promptly with the referring physician, dentist or podiatrist regarding a new ailment or condition or a worsened ailment or condition of the physically active person.

(6) Consult with the referring physician, dentist or podiatrist upon request of either the referring physician, dentist or podiatrist or the physically active person.

(7) Refer a physically active person with conditions outside the scope of athletic training services to a licensed physician, dentist or podiatrist.

(b) Athletic trainers licensed by the Board or certified or licensed by the proper licensing authority of another state, province, territory or the District of Columbia who are working in a team setting, treating injuries which arise in the course of practices or team sports events, may treat the participant at the events under the conditions of the referral, or the standing written prescription or written protocol.

(c) An athletic trainer shall obtain the standing written prescription or protocol annually from the supervising physician and review it at least annually. The standing written prescription or written protocol shall be retained at or near the treatment location or facility. An individual referral or prescription from a referring physician, dentist or podiatrist is required in the absence of a standing written prescription or written protocol.

§ 18.510. Refusal, suspension or revocation of license.

(a) The Board may refuse to issue a license, and after notice and hearing, may suspend or revoke the license of a person who is subject to disciplinary action under section 41 of the act (63 P. S. § 422.41) as set forth in § 16.61 (relating to unprofessional and immoral conduct).

(b) Actions taken by the Board regarding the refusal, suspension or revocation of a license are taken subject to the right of notice, hearing and adjudication and appeal under 2 Pa.C.S. §§ 501—508 and 701—704 (relating to Administrative Agency Law).

§ 18.511. Continuing education.

(a) Beginning with the biennial period commencing on the next biennial renewal period following July 14, 2007, athletic trainers shall complete the continuing education requirements prescribed by the BOC.

(b) Applicants for renewal of a license shall provide a signed statement verifying that the continuing education requirement has been met.

(c) Proof of completion of the required continuing education shall be retained for at least 2 years after completion.

Cross References

This section cited in 49 Pa. Code § 18.508 (relating to renewal of license).



MESSIAH
SPORTS MEDICINE

NATA Code of Ethics

Preamble:

"The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

1. Members Shall Practice with Compassion, Respecting the Rights, Well-being, and Dignity of Others

- 1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
- 1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.
- 1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

2. Members Shall Comply With the Laws and Regulations Governing the Practice of Athletic Training, National Athletic Trainers' Association (NATA) Membership Standards, and the NATA Code of Ethics

- 2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
- 2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
- 2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
- 2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

3. Members Shall Maintain and Promote High Standards in Their Provision of Services

- 3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
- 3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
- 3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
- 3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
- 3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

4. Members Shall Not Engage in Conduct That Could Be Construed as a Conflict of Interest, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient's Health and Well-Being.

4.1. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2. All NATA members, whether current or past, shall not use the NATA logo or AT logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3. Members shall not place financial gain above the patient's well-being and shall not participate in any arrangement that exploits the patient.

4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office."

Source: <https://www.nata.org/membership/about-membership/member-resources/code-of-ethics>

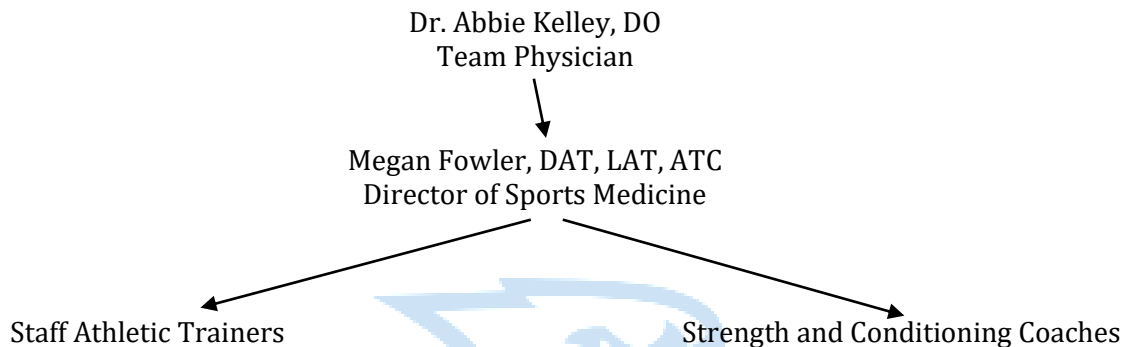


MESSIAH
SPORTS MEDICINE

Sports Medicine and Athletics Chain of Command

The Sports Medicine staff consists of the Team Physician, Director of Sports Medicine/Head Athletic Trainer, two staff Athletic Trainers, a Graduate Assistant athletic trainer, and four part-time PRN athletic trainers. All athletic trainers are certified by the Board of Certification for the Athletic Trainer and licensed in the Commonwealth of Pennsylvania.

Sports Medicine Administrative Chain of Command



Sports Medicine Contact Information

Dr. Abbie Kelley, Team Physician (717) 730-7099 (Mechanicsburg)

Megan Fowler, Director of Sports Medicine

Luke Luckenbaugh, Athletic Trainer

Nicole Kreimer, Athletic Trainer

Sam Rutan, Athletic Trainer

Athletic Training Facility

(717) 848-4800 (York)

(717) 880-3340 (cell)

(717) 766-2511 x6037 (office)

(719) 469-7818 (cell)

(717) 766-2511 x5224 (office)

(443) 974-7289 (cell)

(717) 766-2511 x7277 (office)

(443) 605-2785 (cell)

(717) 766-2511 x7277 (office)

(717) 503-5929

(717) 766-2511 x7095

Sports Medicine Staff Relations

Physicians and Medical Advisors

The Sports Medicine Department utilizes a combination of athletics and medical model. Sports Medicine is housed under the Athletics Department, but all medical decision-making is centralized through OSS Health. The Team Physician guides and direct the care given to Messiah University student-athletes.

Team Physician

Each year, a Standard Operating Procedures and Team Physician agreement will be signed by the Team Physician, designees from OSS Health, designees from Messiah University, and the Director of Sports Medicine. (see Appendix A for SOP)

Messiah University Athletic Trainers

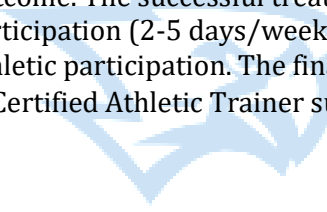
All athletic trainers, both part-time and full-time, are responsible for adhering to the NATA Code of Ethics and maintaining national certification by the BOC as well as PA state licensure to practice as an athletic trainer. Prior to any care rendered to student-athletes, the SOP will be signed and dated by each athletic trainer, including the PA license number of each athletic trainer. It is the responsibility of each athletic trainer to read through and understand all policies and procedures of the sports medicine staff.

Visiting Athletic Trainers

Members of the Sports Medicine staff will conduct themselves according to the NATA Code of Ethics. Athletic Trainers of visiting teams are to be extended very courtesy during their visit to Messiah University.

Patient Relations

The goal of initial care and rehabilitation of athletic injuries and illnesses is restoration of the patient to a medically safe and functional level of intercollegiate athletic participation. Treatment and rehabilitation are initiated early in the injury continuum, and stresses active patient involvement in healing, along with developing an awareness of the patient's responsibility for successful outcome. The successful treatment plan requires subsequent visits to the Athletic Training Facility with consistent participation (2-5 days/week) by the patient to effectively attain a pre-injury level and subsequent re-entry into athletic participation. The final decision for return to full activity is that of the Team Physician in conjunction with the Certified Athletic Trainer supervising the patient's care.



MESSIAH
SPORTS MEDICINE

Roles and Responsibilities of Athletic Trainer

1. Definition of a Certified Athletic Trainer (AT)

- The Certified Athletic Trainer is an allied healthcare professional who specializes in the prevention, assessment, treatment, and rehabilitation of injuries to athletes and others who are engaged in everyday physical activities.
- The AT is required to be nationally certified by the Board of Certification after completing their athletic training education. The AT is also required to meet the regulatory qualifications established by each state's board of medicine. In Pennsylvania, ATs must meet the qualifications for licensure in order to practice athletic training. Continuing education units must be maintained in order to practice as an athletic trainer.
- ATs are required to demonstrate continual knowledge and skill in the following five performance domains:
 1. Injury and illness prevention and wellness promotion;
 2. Examination, assessment, and diagnosis;
 3. Immediate and emergency care;
 4. Therapeutic intervention;
 5. Health care administration and professional responsibility.
- The knowledge skills, and abilities required for competent performance as an athletic trainer fall into three categories:
 1. Understanding applying, and analyzing;
 2. Knowledge and decision-making;
 3. Special performance abilities.

1. Roles of the Certified Athletic Trainer:

- The AT will provide athletic training services to all Messiah University student-athletes and their competitors during in-season practice sessions and competitions, and off-season practice and competitions.
- The AT, under the direct supervision of the Team Physician, Dr. Abbie Kelley, will serve as the primary healthcare provider for Messiah student-athletes.
- The AT will annually review all policies and procedures.

1. Responsibilities of the Certified Athletic Trainer:

- The AT will educate the student-athlete as well as coaches on injury prevention and management, nutrition, time management, and other related topics.
- The AT will educate coaches about proper helmet and equipment fitting of protective equipment to ensure safety of student-athletes.
- The AT will maintain requirements for practicing athletic training within the state of Pennsylvania.
- The AT, athletic training students, and any work-study workers will work together to maintain the athletic training facility and perform the duties as listed in Appendix.
- All athletic training students, work-study workers, athletes, coaches, and opponents will uphold the rules in the athletic training facility.

Messiah Sports Medicine: Emergency Policies

Injury Treatment and Procedures

Messiah University Sports Medicine works under the supervision of the Team Physician Dr. Abbie Kelley (DO, OSS Health). Athletes injured while participating in an intercollegiate practice/game will be evaluated by any of the athletic trainers and treated as needed or referred to the proper healthcare professionals that are deemed necessary. Dr. Kelley will come on campus approximately once per week for an Athletic Training Facility clinic and work with a fellow OSS Health physician who will also cover games and see student-athletes as needed. Dr. Kelley is also always on call for the student-athletes and athletic trainers. In addition, Dr. Kelley can see student-athletes at her office in either York or Mechanicsburg.

In order to ensure that our student-athletes are returning to competition as safely and quickly as possible, **all injuries should be reported to and assessed by an athletic trainer.** If the athletic trainer is unavailable at the time of injury, the injury should be reported to the athletic trainer as soon as possible following the occurrence. If the student-athlete reports the injury to the Engle Center, their staff will direct the student-athlete to see the athletic trainers for further evaluation. **The Team Physician, athletic trainers, and any Engle Center personnel reserve the right to hold a student-athlete from practice and/or competition based on the signs/symptoms and status of an injury/illness.**

Return to Play

The Messiah University Team Physician or his/her designee, in consultation with a Messiah University athletic trainer, has the final authority in deciding if and when an injured student-athlete may return to practice or competition. A student-athlete's private physician DOES NOT have any jurisdiction as to participation status of the student-athlete. Any student-athlete seen by a physician other than Messiah University Team Physician must return to the athletic training facility/physician clinic for follow-up and final clearance prior to active participation status. If a student-athlete is under the care of a primary physician for an injury or illness and the physician's treatment precludes or alters activity in intercollegiate athletics, the student-athlete must secure, in writing, a release to reinstate the student-athlete to full participation. No student-athlete will be allowed to return to participation until the Messiah University Sports Medicine staff has received a release from the treating physician AND is cleared by Messiah University Team Physician or designee.

Athletic Training Coverage Standards – In Season

Athletic Trainers will be available to treat and assist student-athletes who compete on Messiah University's Intercollegiate Athletics teams. The following policies apply to in-season athletes when the college is in session:

- The Athletic Training Room will be open and staffed with an Athletic Trainer from 12-7:00pm, Monday-Friday for evaluation, taping, treatment, and rehabilitation. With the exception of pre-practice taping within the hour before practices begin, athletes are expected to make an appointment for any injury evaluation, treatment, or rehabilitation. Walk-ins will not be turned away, but may be waiting for a while, as appointments are prioritized first.
- While outdoor practices are ongoing an Athletic Trainer will roam amongst the outdoor athletic fields with in-season teams practicing on them from 4-7:00pm, Monday-Friday. In the Spring season, priority will be given to Men's Lacrosse due to the higher inherent risk for injury.
- While indoor practices are ongoing, an Athletic Trainer will be in the Athletic Training Room from 4-7:00pm, Monday-Friday.
- Coverage of practices by an Athletic Trainer outside of the 3-7:00pm, Monday-Friday time frame may be granted under special circumstances with a minimum of 24 hours' notice.

- All intercollegiate athletic competitions will be covered by a Certified Athletic Trainer. The Athletic Trainer will be available 2 hours prior to the competition until 30 minutes after the conclusion of the event unless prior arrangements are made.
- Student-athletes who need to be seen outside of these normally scheduled hours may communicate with the Athletic Trainer assigned to their team to arrange an alternate time for evaluation, treatment, and/or rehabilitation.

The following policies apply to in-season athletes when the college is on a break (Fall Break, Thanksgiving, Winter Break, Easter, Spring Break, etc.):

- Coaches should provide the Sports Medicine Staff with a schedule of their practice times as soon as they know them, with the understanding those times as tentative until confirmed with the Sports Medicine Staff.
- An Athletic Trainer will be available 1 hour prior to practice until 30 minutes following the completion of practice, once appropriate coverage is confirmed.

Athletic Training Coverage Standards – Out of Season/Non-Traditional Season

- Non-traditional season contests involving varsity intercollegiate athletics teams will be covered by an Athletic Trainer. The Athletic Trainer will be available 2 hours prior to the competition until 30 minutes after the conclusion of the event unless prior arrangements are made.
- The Sports Medicine Staff will be available for practices, as according to NCAA standards: to be available, at a minimum, athletic trainers can be contacted at any time during the practice via telephone, messaging, email, or other immediate communication means and that the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.
- Out-of-Season student-athletes will be seen for evaluation, taping, treatment, and/ or rehabilitation in the Athletic Training Room. However, priority will be given to In-Season student-athletes who are preparing for practices or games. Out of Season athletes should seek to avoid the high traffic time of 3:00-4:00pm.

MESSIAH
SPORTS MEDICINE

Emergency Action Plan

Even when proper precautions are taken, emergency situations can and do occur during athletic practice and competition. Immediate action must be taken in order to provide appropriate care to an injured athlete in an emergency or life-threatening situation. The development, implementation, and practice of an emergency action plan can help ensure that prudent care is provided. It is important that all involved know their roles so that the EAP may be properly executed. All EAPs are site-specific, and can be found in Appendix B: Emergency Action Plans.

Prior to any competition, all parties noted in the Messiah University Medical Time-Out will meet to establish roles and responsibilities in case of an emergency. See Medical Time-Out card in Appendix D.

Personnel

One of the responsibilities of athletic trainers is to provide leadership in the healthcare of the student-athlete including the emergency management of injuries/illnesses during intercollegiate athletic participation, under the direction of the Team Physician. Coaches, game managers, and athletic training students are required to be trained and maintain certification in CPR/AED and the prevention of disease transmission (blood borne pathogens). These requirements are in keeping with OSHA standards and guidelines established in the NCAA Sports Medicine Handbook. This training should be completed prior to being assigned to the emergency care team, however, formal training must be conducted for all new personnel within one month of their employment or assignment to the emergency care team. Their role is provide assistance to the AT as part of the emergency medical care in the event of an emergency. Annual review and update of EAPs is conducted with all athletic personnel. This will ensure that each member of the emergency care team is aware of their respective role in the event of an emergency. The following roles are included in the EAP:

1. Establish scene safety and recognition of an emergency situation;
2. Activation of Emergency Medical System (EMS);
3. Retrieval of Emergency equipment;
4. Immediate care of the injured/ill athlete(s);
5. Directing EMS to the scene and providing crowd control.

Activation of EMS

EMS should be activated for any suspected life-threatening situation, which includes but is not limited to:

- Difficulty breathing,
- Significant bleeding,
- Shock,
- Heat stroke or other weather-related illness,
- Lack of pulse, very rapid pulse, or slow pulse,
- Severe head/neck injury.

One member of the emergency care team will be directed to utilize the emergency communication device (cellular telephone) to first call Campus Safety/dispatch (717-691-6005), who will connect with 911. If a dispatch officer does not pick up the phone on the first dial, then the member of the emergency care team must then dial 911 to activate EMS. This individual shall be trained in activating EMS. They must be calm, have a full understanding of the emergency, communicate well, and be able to identify the location of the emergency. Once emergency medical personnel arrive, they become the primary care giver, unless the situation calls for the athletic trainer to remain in charge. Emergency medical personnel should be updated on the current situation and any relevant information pertaining to the injured athlete.

Information provided by the person making an emergency phone call:

- Name of person calling,
- Type of emergency situation,
- Age and gender of athlete,
- Type of suspected injury,

- Current assistance being given,
- Location of the athlete/emergency (with site-specific instructions, i.e., “across the covered bridge”).

In the event any of the previous life threatening situations occur, the following individuals will be notified as soon as possible after EMS has been activated:

- Parents or other designated emergency contacts of the athlete,
- Director of Sports Medicine (Messiah University),
- Athletic trainer from other team, if emergency was for an athlete on opposing team,
- Director of Athletics (Messiah University),
- Team Physician.

Emergency Communications

A mobile phone (either athletic trainer, coach, or assistant coach, and other personnel) is on-site at each varsity athletic practice and competition. This allows the athletic trainer and/or coach to have direct contact with EMS and/or Campus Security in the event of a serious or life-threatening emergency. In the event that an AT is not on-site for a varsity for a varsity athletic practice or competition, the head coach or qualified designee shall have a cell phone on his/her person to make a call to and athletic trainer immediately, if needed.

Immediate Care of the Injured/Ill Student-Athlete

There shall be at least one trained individual at all practices, competition, conditioning, and skill sessions. The minimal training recommended is first aid, CPR, and the prevention of disease transmission (blood borne pathogens). These individuals include the athletic trainer, athletic training students, coaches, and game managers. Appropriate emergency first aid steps must be taken in accordance with the level of certification of each trained member of the emergency care team.

Emergency response will be a 3-pronged approach: critical care (of utmost importance) of the injured/ill individual, critical care support, and scene management:

Person A: **assessment of injured/ill athlete, declares activation of EMS;** typically the AT, unless practice and coach responds first; may hand off to AT.

Person B: **critical support, call Safety/EMS, retrieves equipment or designates;** usually the GDA, unless practice and this might be either head or assistant coach.

Person C: **scene/teams management, designated support role;** a coach (assistant or head), could also be athletics communications during games.

Persons D&E: **additional support roles to ensure smooth EMS arrival/transfer;** could be a student worker (unlocks gates/posts), other assistant coaches, student manager.

Directing EMS to the Scene and Crowd Control

Campus Safety will be notified that EMS had been activated for an on-campus emergency. At this point, Campus Safety will take on the primary role of directing the local rescue squad to the scene of the emergency. However, a member of the emergency care team or any member of the athletic staff may go to the appropriate location to assist Campus Safety in directing EMS to the scene.

During an emergency situation, it is the responsibility of the coaching staff, game officials, and/or security to establish a safety zone where curious onlookers and teammates will not interfere with emergency management procedures. Game officials and security will be notified of their role prior to each competition.

Emergency Equipment and Retrieval of Emergency Equipment

Appropriate emergency equipment must be retrieved from designated area at the athletic venue and brought to the scene by a member of the emergency care team. This role can be fulfilled by any member of the emergency care team; likely a coach or player during practice, and a game day manager during a competition.

Appropriate emergency equipment must be on-hand at all athletic practices and competitive events or at least within less than a three-minute access period. All assigned emergency care personnel should be aware of the function of all emergency equipment.

Emergency supplies and equipment include but are not limited to:

- Automatic External Defibrillator (AED)
- Cervical Collars
- First Aid supplies (i.e., dressing, bandages, tape, sling, elastic wraps, etc.)
- Body substance isolation [BSI] materials (CPR mask, protective gloves, gauze, gown, face shield, bleach, neutralizing solution, and spill kit)
- Vacuum splints
- Sam Splints
- Crutches
- Polar Life Pod (coolers of ice + water) during temperatures >50°F
- Rectal thermometers

At this time, a spine board will not be provided by the host institution. In the event of a cervical or spinal cord injury, C-spine stabilization will be maintained by a trained professional until emergency medical personnel arrive on the scene to begin placing the athlete on a spine board. Training and update on the proper use of above mentioned equipment is conducted annually prior to the beginning of the fall academic year for all emergency care personnel. The equipment is checked prior to practices and competitive event for proper function and availability.

Transportation

Emergency transportation of an injured/ill student athlete is provided via the EMS. A member of the emergency team may provide transportation to the emergency room only if adequate emergency care coverage is maintained at the athletic venue. Each coach will have directions to the nearest hospital emergency room at each practice and competition. Emergency contact information will also be placed in each medical kit and/or given directly to a coach. A medical kit should be present at each practice and competition.

Care for a Spectator:

There can hold the potential for a spectator to sustain an injury or become critically ill during an event on campus. If this situation occurs, it will be the responsibility of the game day administrator to assess the severity of the situation. If the situation is minor in nature (bloody nose or minor wound, minor orthopedic based injury), then the GDA will contact Campus Safety or instruct the individual to a local urgent care facility. The GDA may ask the on-site athletic trainer for some basic first-aid supplies to offer the injured individual.

If the injury or illness is severe in nature, it may be warranted that the GDA needs to ask the AT for assistance to triage the situation. In this instance, the game must be immediately stopped, and the EAP is to be activated and EMS contacted.

Care of Athlete with Suspected Spinal Injury

Head/C-Spine Injury Emergency Action Plan:

Spinal injuries may occur during athletic practices and competition. It is important that all members of the emergency response team are aware of the procedures and protocols for appropriate care of an individual with a suspected spinal injury.

- Any student-athlete suspected of having a spinal injury should not be moved. Stabilization of the cervical spine should be maintained.
- Any student-athlete that has lost consciousness after a hit/blow/injury, whether suspected of cervical spine injury or not, EMS should be called right away.
- The ABCs (airway, breathing, circulation), level of consciousness, and neurological state of the student-athlete should be assessed.
- If the airway is blocked, stabilization of the cervical spine should be maintained, and the modified jaw-thrust should be employed to open the airway.
- Activate EMS. Send a non-essential member of the emergency response team to flag down EMS, as indicated on the EAP for the specific site.

The student-athlete should only be moved if there is eminent danger, or it is essential to maintain the athlete's ABCs. Eminent danger is defined as a dangerous environment for the student-athlete and/or the emergency personnel (i.e., lightning storms, etc.). IN these situations, the student-athlete should be placed in a supine position while maintaining immobilization of the cervical spine.

Equipment should remain on the student-athlete, unless already partially off, in which case the equipment can be removed with the athletic trainer or physician while maintaining cervical spine precautions.

Only a physician is able to check and clear involvement of cervical spine and allow to move the student-athlete, otherwise EMS should be called right away.

MESSIAH
SPORTS MEDICINE

AED Policy

Catastrophic cardiac events requiring the utilization of an Automated External Defibrillator may happen at any time and any place. According to the American Heart Association, best practices for the administration of an AED state that an AED be available within a 3 minute response time. Recent studies indicate that early defibrillation by citizen responders had a greater than two-fold improvement in the survival rate of cardiac arrest victims over a delayed response defibrillation by Emergency Medical Services. As such, AEDs should be quickly accessible for the care of student-athletes.

Cardiac Chain of Survival

The American Heart Association suggest the following “Chain of Survival” be followed to optimize a victim’s chance at survival:

- Early recognition and activation of the Emergency Medicine System
- Early Cardiopulmonary Resuscitation (CPR)
- Early defibrillation (within 3 minutes)
- Early advanced medical care

CPR helps to circulate oxygenated blood to the brain and other vital organs. CPR has also been shown to increase the chances for a shockable heart rhythm once an AED is available.

Indications and Contraindications

- An AED is used to reset a heart that has gone into fibrillation. An AED will not restart a heart without any electrical activity
- An AED should be used on individuals who are unconscious without the presence of breathing or a pulse
- An AED should not be used on someone who is wet or laying in water. The victim should be dried off and moved to dry ground
- Excess clothing and metal objects should be removed from the victim before utilizing an AED
- No one should touch the victim while the AED is analyzing the heart rhythm and/or supplying a shock

How to Use an AED (not specific to brand)

- Turn on the AED
- Cut clothing to expose chest and remove any metal objects
- Wipe chest dry
- Attach pads to upper right and lower left chest
- Plug pads into the machine (if not already connected)
- Be sure no one is touching the victim
- Press “Analyze Heart Rhythm”
- If prompted, press “Shock”
- Continue to provide CPR and AED until:
 - Victim regains consciousness
 - Advanced medical care arrives
 - Rescuer is too exhausted to continue

Concussion Management Policy

Introduction

Messiah University is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. To this end, and in accordance with NCAA legislation, Messiah University 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 (1) the definition of sport-related concussion; (2) independent medical care; (3) preseason education; (4) pre-participation assessment; (5) recognition and diagnosis; (6) initial suspected concussion evaluation; (7) post-concussion management; (8) return-to-learn; (9) return-to-sport; (10) limiting exposure to head trauma; (11) order of care for sport-related concussion, post-concussion syndrome, disqualification from sport for concussion; and (12) written certificate of compliance signed by the athletics health care administrator.

1. Definition of Sport-Related Concussion

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

Sport-related concussion (SRC) is a traumatic brain injury caused by a direct blow to the head, neck, or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change, and inflammation affecting the brain. Symptoms and signs may be present immediately, or evolve over minutes or hours, and commonly resolve within days but may be prolonged.

No abnormality is seen on standard structural neuroimaging studies (computed tomography or magnetic resonance imaging T1- and T2-weighted images), but in the research setting, abnormalities may be present on functional, blood flow or metabolic imaging studies. Sport-related concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness. The clinical symptoms and signs of concussion cannot be explained solely by (but may occur concomitantly with) drug, alcohol, or medication use; other injuries (such as cervical injuries, peripheral vestibular dysfunction); or other comorbidities (such as psychological factors or coexisting medical conditions).

2. Independent Medical Care

As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decision, including those pertaining to concussion and head trauma injuries, for all student-athletes.

3. Preseason Education

All NCAA student-athletes will be provided and allowed an opportunity to discuss educational material (i.e., NCAA Concussion Education Fact Sheet and the NCAA Concussion Education Video) and be required to sign an acknowledgment form, on an annual basis and prior to participation, that they have been provided, reviewed, and understood the concussion educational material.

All coaches, team physicians, athletic trainers, directors of athletics, and other athletics personnel involved in NCAA student-athlete health and safety decision-making will be provided and allowed an opportunity to discuss educational material (i.e., NCAA Concussion Education Fact Sheet) and be required to sign an acknowledgement, on an annual basis, that they have been provided, reviewed and understood the concussion education material.

4. Pre-Participation Assessment

All NCAA student-athletes will undergo a pre-participation baseline concussion assessment. This pre-participation assessment will be conducted at Messiah University and scheduled by the Messiah University Athletic Healthcare Administrator, and at a minimum, will include assessment for the following:

- History of concussion or brain injury, neurologic disorder, and mental health symptoms and disorders: health history form
- Symptom evaluation: SWAY testing
- Cognitive assessment: SWAY testing
- Balance evaluation: SWAY testing

The team physician will determine pre-participation clearance and any need for additional consultation or testing and will consider for a new baseline concussion assessment at six months or beyond for any NCAA student-athlete with a documented concussion, especially those with complicated or multiple concussion history. All baseline assessments occur annually. Baseline testing may inform post-injury evaluation; however, student-athletes who have suffered a concussion may perform at the same level or even better than their baseline testing, as motivation and other factors may differ in post-concussion testing. Ultimately, baseline testing serves as one of the many potential factors in making a clinical decision.

5. Recognition and Diagnosis of Concussion

Athletic trainers through the Sports Medicine Staff at Messiah University will be present at all NCAA competitions, specifically identifying the contact/collision sports: baseball, men's and women's basketball, field hockey, men's and women's lacrosse, pole vault (track and field), men's and women's soccer, softball, men's and women's volleyball, and wrestling.

NOTE: To be present means to be on-site at the campus or arena of competition. Medical personnel may be from either team or may be independently contracted for the event.

Athletic trainers will be available at all NCAA practices, specifically identifying contact/collision sports: baseball, men's and women's basketball, field hockey, men's and women's lacrosse, pole vault (track and field), men's and women's soccer, softball, men's and women's volleyball, and wrestling.

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

Any NCAA student-athlete that exhibits signs, symptoms, or behaviors consistent with a concussion:

- Must be removed from practice or competition for evaluation.
- Signs that warrant immediate removal from the field include: actual or suspected loss of consciousness, seizure, tonic posturing, ataxia, poor balance, confusion, behavioral changes, and amnesia.
- Must be evaluated by an athletic trainer or team physician (or physician designee) with concussion experience. See Concussion Diagnosis sheet.
- Allow ample time (up to 10-15 minutes) when conducting a multimodal screen (i.e., SCAT 6) to evaluate a potential concussion.
- Must be removed from practice/play for that calendar day if concussion is confirmed or suspected.
- May only return to play the same day if the athletic trainer, team physician, or physician designee determines that concussion is no longer suspected after evaluation. Even in such cases, consider next day follow-up assessment because initial symptoms may evolve over hours.

6. Initial Suspected Concussion Evaluation

A concussion will be assumed if any non-baseline symptoms are detected after a blow to the head. A series of testing will occur upon diagnosis of a concussion:

1. Immediate assessment/neurological screen for 'red flags': cervical spine trauma, skull fracture, intracranial bleed, or other catastrophic injury. If suspected, activate EAP.
2. Cranial nerves evaluated. Should there be abnormal findings, referral to Emergency Department is warranted to rule out any intracranial bleed of the brain.
3. Symptom checklist completed: SCAT6 checklist
4. Physical and neurological examination: Vestibular-ocular motor screening (VOMS)
5. Balance examination: Modified BESS Test
6. Cognitive evaluation: SCAT6 (orientation, immediate memory, concentration, coordination, delayed memory)
7. Vital signs recorded.
8. All diagnostic criteria above will be recorded on the Concussion Diagnosis form (Appendix C).

At no time should a student-athlete who is exhibiting signs and symptoms of a concussion return to participation until seen by a Messiah University AT and/or physician trained in concussion recognition, treatment, and management. Individuals exhibiting signs and symptoms of a concussion shall be removed from play the day of injury and shall not return until cleared to participate by the Team Physician.

Concussion Education: Each student-athlete will be presented with a take home sheet upon diagnosis of the injury. For all cases of diagnosed concussion, there must be documentation that post-concussion plan of care was communicated to both the student-athlete and another adult responsible for the student-athlete, in oral and/or written form. If possible, a roommate or close friend of the student-athlete will be educated and provided the same information and be given contact information of the athletic trainer. The student-athlete will be educated about the necessity of cognitive and physical rest at this time. The athletic trainer will submit an alert via the Student Care Community (SCC) regarding his/her concussion to be communicated to the following, unless patient requests no communication to be sent (see Appendix E for Concussion Academic Modification Letter):

- Instructors/professors
- Advisors
- Resident director/assistants
- Coaches

The responsibility of determining the presence of a concussion will be that of the team physician. In the event that the team physician is not present, the responsibility will pass to the athletic trainer who is the healthcare provider at that practice or competition.

7. Post-Concussion Management

Concussion Emergency Action Plan:

Activation of emergency action plan, including immediate assessment for any of the following scenarios:

- Neck pain or tenderness;
- Seizure or convulsion (without previously documented seizure disorder, or exceeds individualized seizure EAP);
- Double vision;
- Loss of consciousness;
- Weakness or tingling/burning in more than one arm or in the legs;
- Deteriorating conscious state;
- Vomiting;
- Severe or increasing headache;
- Increasingly restless, agitated, or combative Glasgow Coma Scale Score <15;
- Visible deformity of the skull.

Off-Field Same-Day and up to Three-Day Post-Concussion Management:

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

Documentation that post-concussion plan of care was communicated to both student-athlete and another adult responsible for the student-athlete in oral and/or written form (i.e., SCC notification, take-home information sheet).

Subacute (72 hours to weeks post-injury) Management Plan:

The following is to be recorded routinely:

- Symptom evaluation,
- Immediate and delayed memory,
- Concentration,
- Orthostatic vital signs,
- Cervical spine assessment,
- Neurological evaluation,
- Balance and tandem gait assessment,
- Modified VOMS.

Consider further evaluation as clinically indicated:

- Screen for fear, anxiety, or depression, or other mental health issues;
- Screen for sleep disturbance;
- Graded aerobic exercise testing (i.e., BCTT).

Rest and Exercise:

Symptom-limited, light aerobic physical activity can begin within 24-48 hours. Reduced screen use as necessary in the first 48 hours after injury.

Re-Evaluation Plan:

Any NCAA student-athlete with atypical presentation or persisting symptoms >4 weeks will be re-evaluated by the team physician in order to consider additional diagnoses, best management options, and consideration of referral. Additional diagnoses may include, among others: fatigue and/or sleep disorder; migraine or other headache disorders; mental health symptoms and disorders; ocular dysfunction; cervical and vestibular dysfunction; cognitive impairment and autonomic dysfunction (including orthostatic intolerance and postural orthostatic tachycardia syndrome); and pain. (See Section 11)

8. Return-to-Learn

Returning to academic activities after a concussion is a parallel concept to returning to sport after concussion. Cognitive activities require brain energy utilization and after concussion, brain energy may not be available to perform normal cognitive exertion and function. The return-to-learn concept should follow an individualized and step-wise process overseen by a point person within the Sports Medicine department (in most all cases, this will be a staff athletic trainer), who will navigate return-to-learn with the student-athlete and, in more complex cases of prolonged return-to-learn, work in conjunction with a multidisciplinary team that may vary student-to-student depending on the specifics of the case, but can include any of the following:

- Team physician,
- Athletic trainer,
- Psychologist/counselor through the Engle Center,

- Neuropsychologist consultant,
- Faculty athletics representative,
- Academic counselor,
- Course instructors/professors,
- College administrators,
- Office of disability services representative,
- Coaches.

The vast majority of young adults have a full return-to-learn with no additional academic support by 10 days post-injury. Complete rest and isolation is to be avoided, even for the initial 24-48 hours.

A student-athlete who has suffered a concussion will return to classroom/studying only as tolerated with short-term accommodations of his/her schedule/academic accommodations, as indicated, with help from the athletic trainer (point-person) in collaboration with the team physician. Campus resources will be engaged for cases that cannot be managed through schedule modification/academic accommodations. The plan may address environmental, physical curriculum, and/or testing adjustments. Campus resources will be consistent with the ADAA and will include one of the following:

- Learning specialists,
- Office of Disability Services,
- ADAAA Office.

The team physician and athletic trainer, as the healthcare team for the student-athlete, will recommend short-term accommodations for individuals who have been diagnosed with a concussion. Alerting of the student-athlete's professors, instructors, and any other individuals involved in the student-athlete's daily life will occur through the SCC online alert system. These recommendations and short-term accommodations are not mandated by Messiah University nor the American Disability Act, but are strongly encouraged to ensure the best chance at a full recovery and to support communication between the student-athlete and academic instructors.

A student-athlete will be re-evaluated by the team physician if concussion symptoms worsen with academic challenges or in the event of atypical presentation or persistent symptoms lasting longer than two weeks.

The student-athlete should notify their professor(s) that they have sustained a concussion, and work with the professor the following requests, individualized for the specific patient and class:

1. Excuse from classes;
2. Extension of due dates for assignments;
3. More time to take exams.

Note: if the concussion occurs during finals, and the patient is unable to take his/her finals, individuals meetings with the professor is necessary. Each individual professor is allowed to grant and "Incomplete" for a grade, with the expectation that the student will complete the exams at a later time, so these individualized meetings will be up to the discretion of the professor to grant.

Student-athletes who are unable to attend classes need complete cognitive rest and thus will not be allowed to attend athletic activities including contests (home and away), practices, film sessions, and other team activities until the student-athlete returns to academic classes.

RTL Progression:

1. No academic/cognitive activity
 - Full rest (cognitive and physical)
 - Screen time is limited, especially if the student is sensitive to light
 - Student is expected to communicate with professors

2. Light academic activity:
 - Limited academic/cognitive activity
 - Student may attend class, but participation is limited based on symptoms
 - Begin to increase cognitive endurance (study for 15 minutes then a mental break for 10-30 minutes)
 - Recommended that tests/exams and assignments have a delayed submission date
3. Increased academic activity:
 - Normal class attendance and participation in class
 - Student will continue to gain endurance and study for longer time frames with less mental breaks
 - Recommended that tests/exams and assignments continue to be delayed but plans to make them up can be discussed
4. Full return to academic rigor:
 - Student is expected to be in class and resume normal participation
 - Student returns to normal study habits
 - Student is expected to now take exams and turn in assignments
 - Make up work can now occur

9. Return-to-Sport

Final authority for unrestricted return-to-sport will be at the sole discretion of the Messiah University team physician. Communication with the team physician from the athletic trainer must be constant and throughout every step should the team physician not be physically present. Telehealth during the RTP process can be a viable option, should the physician not be able to be physically present.

Clearance to progress through the return to play (RTP) protocol will be based on the following criteria:

1. Patient is symptom-free for >24 hours.
2. Patient completes the BCTT and D/C the test due to exertion, not increase in symptoms.
3. Patient completes the ImPACT test and the score reflects that of his/her baseline test. This test must be completed before the patient can progress to step 3 of the RTP progression.
4. Patient has completed the RTL progression. See RTL section above.
5. Team Physician has determined based on the above objective criteria that the patient is able to progress to the RTP protocol.

Return-to-Sport protocol: (patient may not progress to next step unless patient has remained asymptomatic since completion of activity and asymptomatic through each progressive step).

- Step 1: Symptom-limited activity
- Step 2: Aerobic activity with light resistance training as tolerated (no more than mild, and increase of no more than 2 on a 0-10 point scale when compared to pre-exercise resting value, or brief, less than 1 hour, exacerbation of symptoms):
 - 2a: light (up to approximately 55% max HR)
 - 2b: moderate (up to approximately 70% max HR).
- Step 3: Increased aerobic activity
 - Running and speed progression
 - Body weight strength training exercises (push-ups, squats, sit-ups)
 - 15-20 minutes of sport-specific agility drills

Proceed to Step 4 only after resolution of signs and symptoms related to the current concussion, including with and after physical exertion.

- Step 4: Exertional testing and non-contact drills
 - May begin progressive resistance exercise and participation in normal practice, but only non-contact drills.
- Step 5: Full contact practice
 - Must have full medical clearance from Team Physician to participate in full contact practice.
 - Specific functional sport skills are assessed by coaching staff.

- Step 6: Unrestricted return-to-sport

NOTE: If at any point the student-athlete becomes symptomatic (more symptomatic than baseline), the team physician will be notified. The patient must have at least 24 hours asymptomatic before attempting the previous day that caused symptoms, and then progress through the return-to-sport.

10. Limiting Exposure to Head Trauma

Messiah University is committed to protecting the health of and providing a safe environment for each of its participating NCAA student-athletes. To this end and in accordance with NCAA association-wide policy, Messiah University will limit student-athlete head trauma exposure in a manner consistent with Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes, and the Consensus Statement on Concussion in Sport: the 6th International Conference on Concussion in Sport – Amsterdam, October 2022.

- Messiah University teams will adhere to existing ethical standards in all practices and competitions.
- Using playing or protective equipment (including the helmet) as a weapon will be prohibited during 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 and related certification requirements.
- All contact/collision, helmeted practices and competitions will adhere to keep the head out of blocking and tackling.
- Emphasizing education of proper technique to reduce head impact exposure for all contact and collision sports, with a special emphasis in the pre-season.
- Limit the number and duration of contact and collision in practices, intensity of contact in practice, and promote strategies restricting collision time in practices in contact-collision sports.
- Adherence to policy and rules in sport that reduce collisions.
- Consideration of participation in neuromuscular training warm-up programs.

11. Post-Concussive Syndrome Patient, and Disqualification From Sport

Post-Concussive Syndrome Patients

Should a student-athlete's progress through the concussion be slowed (>4 weeks) with symptoms persisting. Common symptoms of post-concussive syndrome include: headache; dizziness; insomnia; exercise intolerance; cognitive intolerance; psychological symptoms such as depressed mood, irritability, and anxiety; cognitive problems involving memory loss, poor concentration, and problem solving; fatigue, or noise and light sensitivity. It should be noted that there is little proven correlation between the severity of the concussion and the likelihood of developing post-concussion syndrome, structural damage to the brain, or the presence of psychological factors. Patients that exhibit consistencies with post-concussion syndrome will be monitored by the Team Physician and based on the Team Physician's recommendations, referred to a neurologist specializing in concussions. This will also be based on the patient's primary health insurance restrictions to determine appropriate location for referral.

Disqualification from Sport

If, at any time it is suggested to disqualify a patient from participating in sport due to concussion, there are several factors that should be considered. There is no agreed upon absolute number of concussions an individual can sustain before disqualification from contact sports is necessary. Factors that can consider include: structural abnormality on neuroimaging; multiple lifetime concussions, persistent diminished academic or workplace performance, persistent post-concussive symptoms, prolonged recovery courses, and perceived reduced threshold of sustaining recurrent concussions. The decision to disqualify from sport will include the Team Physician, athletic trainer(s), other healthcare experts, the patient, parents, and possibly the coach, to determine the best possible solution for the patient's health related quality of life indefinitely.

Lightning Policy

Lightning can be a very dangerous and potentially life-threatening phenomenon. As such, the Messiah University Sports Medicine Staff has developed a policy to deal with the threat of thunderstorms and lightning in the area. It is imperative that all Messiah University athletic teams, coaches, lifeguards, and support personnel are aware of lightning hazards and the specific safety shelter for their venue. The following policy is based on the specific recommendations as stated by the National athletic Training Association (NATA) Lightning Safety position statement and the updated guidelines from the National Collegiate Athletic Association (NCAA) Sports Medicine Handbook.

In the event of lightning during an official sport practice or event, precautions must be taken to ensure the safety of both student-athletes and spectators. In any event, the attending licensed athletic trainer, in conjunction with game day administrator and/or sport officials if necessary, will be responsible for monitoring inclement weather. *In the event there is no licensed athletic trainer or other athletic administration personnel available, individual sport coaches will be responsible for monitoring inclement weather considering the guidelines set forth in this policy. Lifeguards will be responsible for declaring clearance of pool when the aquatics warning zone has been reached.*

The Sports Medicine Department staff will utilize an online weather monitoring system to assist in determining participation status, through Perry Weather, an online weather management system. It will provide instant alerts to lightning and impending severe weather approaching Messiah University campus. All outdoor coaches will have this alert sent to their mobile device and will be expected to have their mobile device with them during impending inclement weather. Should this system become unavailable or fail, the flash-to-bang method will be used.

Prior to Competition:

A member of the Messiah Sports Medicine department and/or game day administrator will greet the official(s) and explain that the athletic trainer will monitor the weather. If the AT decides that there is imminent danger from lightning, they will notify the official(s) to suspend play.

Criteria for suspension of game:

When there is a detection alert of lightning within 0-10 miles radius, notification to the officials will be done by either the AT or game day administrator, and the game needs to be halted. All spectators will be alerted to retreat to their individual vehicles or the closest safe buildings (listed below). A thirty (30) minute period from the last recorded strike, with no further detection, will allow teams to resume the game. If there are any detected strikes within 10-20 miles, the AT or game day administrator should alert the official(s) so action can be taken quickly if necessary. Review of appropriate safe locations will be reviewed during the medical timeout prior to the start of the competition.

During Practice Activities:

If an athletic trainer is on-site/available, they will monitor for severe weather activity. If an AT is not available, the coaches must be alert to any potential severe weather that may arise, via text alert system through Perry Weather. Once practice activities have been suspended, a minimum wait period of thirty (30) minutes from the last recorded strike within 10 miles with no further detection, must be followed before teams are allowed to resume any practice activity. The coaches are expected to communicate with the Sports Medicine staff during this wait period for confirmation that severe weather has passed. In the event that an AT is not present or available (non-contact activity), individual sport coaches will be responsible for waiting thirty (30) minutes until the all clear in the warning zone text has issued through Perry Weather.

Once the determination to clear the fields has been made individuals should make their way to the following safe shelters:

1. Messiah University Athletes
 - Sawyer Pavilion
 - Falcon Hut (inside with doors and windows closed)
 - Climenhega Fine Arts Center

- High Center for Performing Arts
- 2. Opposing Teams
 - Return to their bus or vans (with windows rolled up)
 - Sawyer Pavilion
 - Or Falcon Hut if it is determined that there is room
- 3. Officials
 - Falcon Hut locker room or Sawyer Pavilion
- 4. Spectators
 - Return to their vehicles (with windows rolled up)
- 5. The following are NOT safe shelters:
 - Dugouts
 - The covered bridge
 - Portable press boxes
 - Convertible/ soft-top vehicles
 - Club cars/ golf carts
- 6. Play shall be suspended until 30 minutes after the last recorded lightning strike within 10 miles of campus. If another strike occurs within 10 miles, the 30 minute clock is restarted.
- 7. Weather shall continue to be monitored even after the decision to resume play has been made.

Site Specific Information

	Closest AED Location	Closest Lightning Shelter
Athletic Training Room	ATR Or Hallway outside ATR	Stay Indoors
Brubaker	On Sideline during competitions Or Dispatch Window	Stay Indoors
Hitchcock	ATR or Pool Office or Indoor Track/Fitness Center	Stay Indoors
Pool	Pool Office	No one in the water when lightning is ≤ 7 miles
Wrestling Room	ATR, Pool Office	Stay Indoors
Baseball/Softball Fields	Covering AT during practice Sideline during competitions	Falcon Hut Or Climenhega Fine Arts Center
Shoemaker	Sideline during competitions	Sawyer Pavillion Falcon Hut Visiting teams to bus
Anderson	Covering AT during practice Sideline during competitions	Sawyer Pavillion Falcon Hut Visiting teams to bus
Tennis Courts	Covering AT during practice Sideline during competitions	Sawyer Pavillion Falcon Hut Visiting teams to bus
Back 40 Fields	Covering AT during practice	Sawyer Pavillion Falcon Hut

Lightning and Aquatics Safety:

The National Lightning Safety Institute (NLSI) provides recommendations for aquatic safety in the case of lightning. The indoor swimming facility located in Sollenberger Sports Center is grounded for protection against lightning, however, all student-athletes and community members are to be removed from the swimming pool, when lightning is closer than 7 miles. The same thirty (30) minute wait period from the last detected lightning strike within this aquatics warning zone will be observed and will depend on the all clear text from Perry Weather.



MESSIAH
SPORTS MEDICINE

Cold Weather Policy

Student-athletes who exercise outside during months when the temperature is dropping run the risk of a variety of cold-related illnesses. Cold temperatures in conjunction with a wind chill factor put the student-athlete at a greater risk. The first step in dealing with cold injuries is prevention. TO prevent these issues, identification of student-athletes at risk of developing cold injuries through the PPE is pertinent. Risk factors include lean body composition, female, lower fitness level, and presence of comorbidity (cardiac disease, Raynaud syndrome, anorexia). Proper precautions and early recognition can help lessen the chance of cold related illness.

Preventing Cold Related Illness

The following precautions should be taken to reduce the risk of contracting a cold-related illness

- Gradually acclimatize during cold weather seasons
- Clothing should be worn in layers that may be added or removed to accommodate the athlete's level of activity. A moisture wicking material (polypropylene or wool) should be worn against the skin with a wind-breaking material as an outer shell, particularly in athletes who are inactive for periods of time (substitutes).
- The head and ears should remain covered as up to 40% of heat loss can occur through the head and neck areas.
- Maintain energy levels through the use of proper nutrition, snacks, and electrolyte drinks.
- Stay hydrated through water and electrolyte drinks but avoid the use of alcohol or caffeine.
- Fatigue and exhaustion deplete energy reserves. Maintain good sleeping habits and avoid extreme exertional fatigue.
- Perform thorough warm-up exercises prior to competing but as close to game time as possible. Apply extra layers of clothing when removed from competition to delay rapid body cooling.
- Never train alone in cold or cooling temperatures.

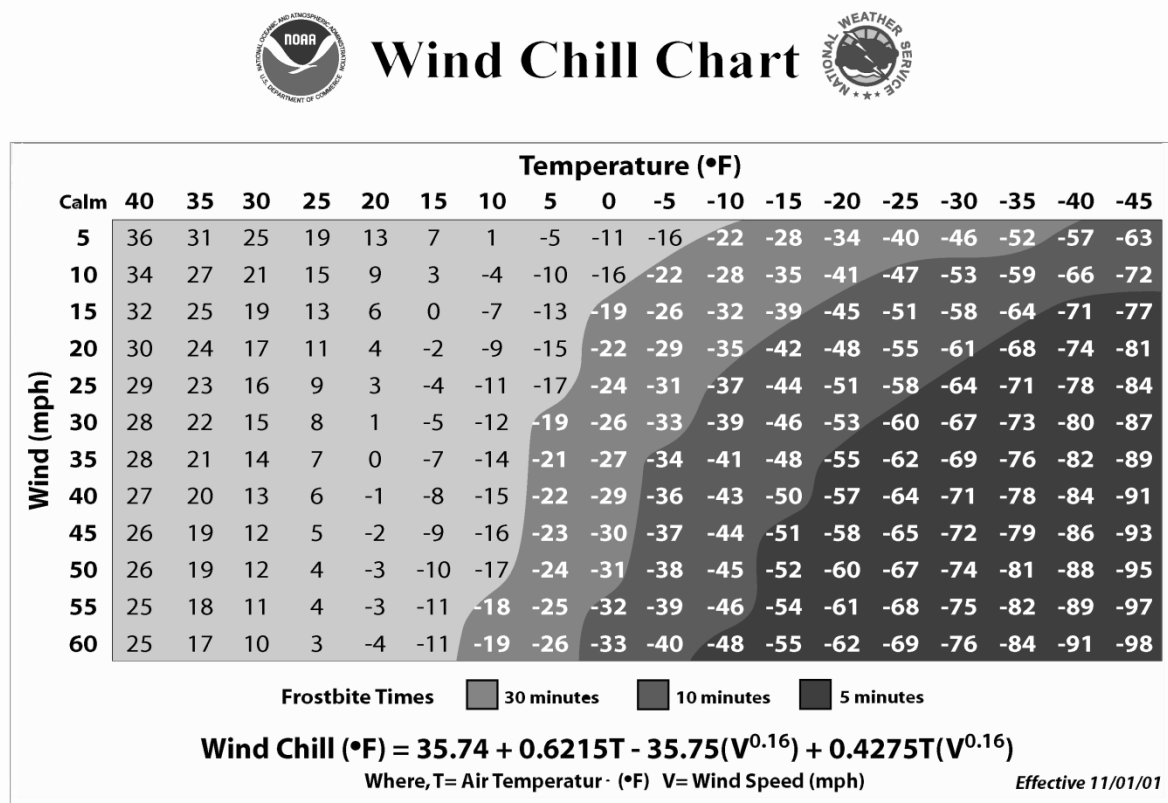
If a student-athlete is suspected of experiencing a cold injury, Messiah University Sports Medicine staff must be alerted to the situation. Messiah University Sports Medicine staff will quickly assess the student-athlete and decide the appropriate course of action. Table 1 describes signs and symptoms of common cold injuries and their treatments.

Table 1. Signs and symptoms of cold injuries and their treatments.

Signs and Symptoms	Treatment
Mild Hypothermia	
Core temperature 98.6-95.0°F (37-35°C) measured rectally Amnesia Lethargy Vigorous shivering Impaired fine motor control Cold extremities Polyuria (frequent voiding of bladder) Pallor (pale color) Rhinorrhea (runny nose) Typically conscious Blood pressure within normal limits	Remove wet/damp clothing Move to warm environment with shelter from wind/rain Insulate from further cold by covering with blankets/towels/clothing If available, provide heat pack to chest wall, axilla, and groin If available, provide warm beverages Avoid friction massage to extremities
Moderate Hypothermia	

Core temp 94-90°F (34-32°C) Depressed respiration and pulse Cardiac arrhythmias Cyanosis (blue around mouth and fingernails) Cessation of shivering Impaired mental function Slurred speech Impaired gross motor control Loss of consciousness Muscle rigidity Dilated pupils Blood pressure decreased or difficult to measure	Provide first aid/CPR if necessary ACTIVAT EMS Begin rewarming by removing wet/damp clothing, insulate with blankets/towels/clothing, provide heat pack to chest wall, axilla, and groin Monitor vital signs, including temperature (rectal), blood pressure, heart rate, etc.
Severe Hypothermia	
Core temperature below 90°F (32°C) Rigidity Bradycardia Severely depressed respiration Hypotension, pulmonary edema Spontaneous ventricular fibrillation or cardiac arrest Usually comatose	Provide first aid/CPR if necessary ACTIVATE EMS Begin rewarming by removing wet/damp clothing, insulate with blankets/towels/clothing, provide heat pack to chest wall, axilla, and groin Monitor vital signs including temperature (rectal), blood pressure, heart rate, etc.
Superficial Frostbite	
Dry, waxy skin Erythema Edema (swelling) Transient tingling or burning sensation Skin contains white or blue-gray colored patches Affected area feels cold and firm to the touch Limited movement of affected area	*If there is possibility of tissue refreezing, do not rewarm Avoid friction massage If not rewarming, protect area from further temperature decrease by insulating with towels/clothing Rewarming tissue can be done by immersing tissue in warm water 98-104°F (37-40°C)
Deep Frostbite	
Skin is hard and cold Skin may be waxy and immobile Skin color is white, gray, black, or purple Vesicles present Burning, aching, throbbing, or shooting pain Poor circulation in affected area Progressive tissue necrosis (tissue death) Neurapraxia Hemorrhagic blistering develops within 36-72 hours	*If there is possibility of tissue refreezing, do not rewarm Avoid friction massage If not rewarming, protect area from further temperature decrease by insulating with towels/clothing Rewarming tissue can be done by immersing tissue in warm water 98-104°F (37-40°C) Student-athlete will be sent to a physician for further assessment and treatment

Figure 1: Wind Chill and Frostbite Chart



Based on the 2008 National Athletic Trainers' Association Position Statement: Cold Related Illness, the following precautions are suggested for cold weather activities:

- 30° Fahrenheit and below – Be aware of the potential for cold related illness and notify coaches and game managers.
- 25° Fahrenheit and below – Provide additional clothing to cover as much exposed skin as possible and provide opportunities and facilities for rewarming.
- 15° Fahrenheit and below – Consider modifying activity to limit exposure or to allow more frequent opportunities to re-warm.
- 0° Fahrenheit or below – Consider cancelling or rescheduling activity.

Treatment of Cold Related Injuries

- Remove from environment to climate controlled building or vehicle.
- Remove wet clothing and replace with dry clothing and/or blankets.
- Re-warm extremities gradually via skin to skin contact or warm water immersion. Do not rub skin that is potentially frostbitten.
- Ingest warm fluids.
- Hospitalization may be required for extreme cases of hypothermia or frostbite.

For competitions, follow the MAC Cold Weather Policy:

BASEBALL & SOFTBALL

Games are to be played when the temperature is above 38° F or the wind chill is above 30° F. If the forecast for the home team's area indicates that conditions will not reach the above minimums by a half hour before game time and maintained throughout the competition, the games will be rescheduled.

TENNIS

If for two of the four hours from match time start, the temperature (real or wind chill) does not exceed 40° F or the sustained wind will be in excess of 20 miles per hour, the match is to be rescheduled. For tournaments, these minimums must be employed for at least half of the projected playing time.

CROSS COUNTRY

If the temperature is below 0° F (real or wind chill) at the start of the competition, it is to be rescheduled. There must be a 15 minute break between races if the temperature is below 15° F so coaches and race personnel can warm up; if it is between 15-25° F, a break is recommended.

SOCCER, LACROSSE, FIELD HOCKEY, TRACK & FIELD, OTHER SPORTS

If the temperature (real or wind chill) is below 25° F, competitors must be supplied apparel that protects as much skin as possible and have access to a warming area.

If the temperature (real or wind chill) is between 1 – 15° F, competitors must spend at least 15 minutes in a warm area after a maximum of 45 minutes (or half-time) of outdoor exposure.

If the temperature (real or wind chill) is below 0° F, the event must be rescheduled.



MESSIAH
SPORTS MEDICINE

Heat and Heat Illness Policy

Intense physical activity in hot, especially hot and humid weather poses a significant risk to student-athletes. The first 2-3 weeks of fall sports present the highest risk due to typically higher temperatures and the acclimatization process. Although the largest risk is to those with more extensive protective equipment like lacrosse, there is still risk for those student-athletes with nominal equipment, even indoors. Exercise in hot conditions predisposes student-athletes to exertional heat illness (EHI) including Exercise-Associated Muscle Cramps (EAMC, commonly called heat cramps), Heat Syncope, Heat Exhaustion, and Exertional Heat Stroke (EHS).

The best way to manage EHI is to prevent it from happening. The first step to reduce the risk of EHI is to identify student-athletes with increased intrinsic risk through the pre-participation physical examination. Red flags for increased risk of EHI include use of certain medications, high body mass index (BMI), or high muscle to body fat ratio (although these characteristics seem very different, both impede the student-athlete's ability to dissipate heat adequately). Student-athletes who are identified as having a greater risk of EHI will have specific plans based on their estimated risk possibly including but not limited to decreased work-rest ratios, weigh-ins/weight-outs, and dietary plans.

Dehydration (process of losing body water) and hypohydration (deficit of body water caused by acute or chronic dehydration) are also conditions that significantly increase a student-athlete's risk for EHI. For this reason, teams are expected to communicate practice times, and the Messiah University Sports Medicine Staff will work to accommodate providing ample water during all practices and home competitions. Student-athletes will be encouraged to drink water before, during and after physical activity. NATA recommendations for fluid replacement include beginning activity well hydrated, taking breaks during activity to rehydrate (ideally matching water intake to sweat rate), and rapidly replacing fluid after exercise (up to 150% of estimated fluid deficit). Coaches are alerted through the weather text alert system as to when WBGT reaches

Acclimatization to the environment should occur in the first 7-14 days, however, it is not feasible in our context to have student-athletes come to campus this far in advance of the fall season. For this reason, following NATA recommendations, Messiah University Sports Medicine staff will monitor weather and pay special attention to the heat index and the Wet-Bulb Globe Temperature (WBGT) and make activity modifications accordingly. See Table 2 for specific activity modification.

Table 2. Wet-Bulb Globe Temperature and Activity Guidelines

<i>WBGT Reading</i>	<i>Activity Guidelines and Rest-Break Guidelines</i>
Under 82°F (27.8°C)	Normal activities: provide at least 3 separate rest breaks per hour, with minimum duration of 3 min each during the entirety of the workout
82.0-86.9°F (27.8-30.5°C)	Use discretion for intense or prolonged exercise. Watch at-risk student athletes carefully. Provide at least 3 separate rest breaks per hour of minimum duration of 5 min each for the entirety of the workout
87.0-89.9°F (30.5-32.3°C)	Maximum practice time = 2 hours. All protective equipment must be removed for conditioning activities. Provide at least 4 separate rest breaks per hour of minimum 5 minutes per break
90.0-92.0°F (32.2-33.3°C)	Maximum practice time = 1 hour. NO protective equipment work and no conditioning activities. Must be at least 20 min of rest breaks during the hour of practice
Over 92.1°F (33.4°C)	No outdoor activities. Delayed practice until a cooler WBGT is reached. A walk-through is permitted up to 50 minutes with a 10 minutes of water break.

Turf Field

Even though all precautions can be met, risk of EHI will never completely be removed. For this reason, it is also imperative that EHI be recognized as early as possible. Messiah University Sports Medicine staff will educate coaches and players at increased risk of signs and symptoms of EHI. Messiah University Sports Medicine staff and coaches will be alerted when environmental conditions increase the risk of EHI and will be particularly alert to possible EHI in the student-athletes. Table 3 describes signs and symptoms of specific types of EHI.

If a coach or student-athlete suspects an EHI in themselves or others, they must immediately alert the Messiah University Sports Medicine staff, who will quickly assess the student-athlete and decide the proper course of treatment. In the event that the Messiah University Sports Medicine Staff is unable to distinguish between Heat Exhaustion and EHS, the deciding factor will be core body temperature as assessed by rectal thermometry (widely regarded as the most accurate method of assessing core body temperature, and recognized as the “Gold Standard” of assessing core body temperature by the NATA). Any reading of 104°F (40°C) or higher will be considered definitive for a diagnosis of EHS.

Table 3. Signs and Symptoms and Management of EHI

Characteristic	EAMC	Heat Syncope	Heat Exhaustion	EHS
Description	Acute, painful, involuntary muscle contractions during or after exercise	Collapsing in the heat, resulting in loss of consciousness	Inability to continue to exercise due to cardiovascular insufficiency	Severe hyperthermia leading to overwhelming of the thermoregulatory system
Physiologic cause	Dehydration, electrolyte imbalance, and/or neuromuscular fatigue	Standing erect in a hot environment causing postural pooling of blood in legs	High skin blood flow, heavy sweating, and/or dehydration, causing reduced venous return	High metabolic heat production (core body temperature above 104°F/40°C and/or reduced heat dissipation (reduced sweat rate)
Primary treatment factors	Stop exercise, consume sodium-containing beverages, mild stretching, ice massage	Lay on back and elevate legs to restore central blood volume	Stop exercise, move to cool, shaded area, elevate legs, provide fluids	See below for proper treatment for EHI
Recovery	Often occurs within minutes to hours	Often occurs within hours	Often occurs within 24 hours, same-day return not advised	Case-by-case basis, further medical testing and physician clearance required for return to activity

Any student-athlete that experiences heat syncope will not be allowed to continue with practice, They must be re-evaluated before the following practice to be cleared by Messiah University Sports Medicine Staff.

Any student-athlete that experiences heat exhaustion will not be allowed to participate in physical activity the rest of that day. They must be re-evaluated before practice on the following day to be cleared by Messiah University Sports Medicine Staff in accordance with the Team Physician.

EHS is a medical emergency. If any student-athlete experiences EHS, the Messiah University Sports Medicine Staff and the coach(es) will activate the applicable Emergency Action Plan. See below for the appropriate care and treatment for EHS. Following emergency treatment for EHS, the student-athlete must be evaluated by a physician and obtain physician clearance before following appropriate guidelines for reconditioning as recommended by the Korey Stringer Institute, and progress through appropriate heat tolerance activity.

Treatment of EHS

- Remove athlete from competition
- Immediately move them to a shaded area, if outside and not immediately close to a climate controlled building, or move the patient to the nearest building.
 - Soccer, field hockey, lacrosse, and tennis will be moved to the nearest shaded area (near tennis courts)
 - Baseball and softball will move closer to the Yellow Breeches creek
 - All inside sports will move the patient to the AT facility
 - Note: the patient must be carried by 1-4 individuals. If the patient is combative or aggressive, the patient is allowed to walk, but he/she must be move to the appropriately designated area immediately and quickly.
- Remove excess clothing
- Activate EMS
- Insert rectal continuous monitoring system
 - Place patient on side with knees and hips bent.
 - Drape the patient with a sheet or large towel to protect privacy.
 - Use PPEs (gloves) and prepare the probe with lubricant
 - Disrobe the shorts/pants to just below the gluteal folds
 - Insert the probe 12-15 cm into the patient's rectum
 - Insert coupling end of the probe into the system and wait for a reading of the patient's temperature
 - Pull the shorts/pants back over the patient
 - Continuously monitor the patient in cold water immersion. There should be a cooling rate of .2 degrees/min.
- Place patient in cold water immersion
 - For inside in AT facility: one of the whirlpools will be used
 - For events outside, use the TACO method with a tarp or body bag, or use the Polar Life Pod.
- Replenish fluids via small sips of water or electrolyte beverage if patient is able to tolerate fluids without vomiting
- Note: patients suffering from heat stroke likely will be acting much different than their "normal" self, such as aggressive, inconsistent consciousness, and talking without making logical sense. If need be, the AT or a designated person, must hold the person in the cold water immersion if the patient is fighting to stay in the cold water.
- Activate EMS immediately for an athlete suffering from heat stroke
 - Patient MUST be cooled to at least 102 F before being transported
- Apply gentle stretching and/or ice massage for heat cramps
- Apply cold towels or ice packs to the back of the neck, wrists, or groin of an athlete suffering from heat exhaustion. Consider cool water immersion
- Fan an athlete suffering from heat exhaustion

Appropriate Care for Joint Dislocations

Joint dislocations are not uncommon within intercollegiate athletics, due to the various forces placed upon the body during sports competition. There are a number of variables that are considered when there must be the decision to reduce a joint, which include the amount of time the joint has been dislocated, ease of joint reduction, patient's age and general health, and the presence of any concomitant injury (i.e. fracture). Of high importance of variables are neurovascular compromise and whether the injury represents a recurrent dislocation.

Important terminology concerning both subluxations and dislocations must be established. For the purpose of this policy, dislocation refers to the complete displacement of a bone from its normal joint position. A subluxation is the partial or transient displacement of a bone from its normal position in a joint. An acute dislocation or subluxation refers to the first occurrence of the injury. Subsequent incidences are classified as recurrent. Joint that repeatedly dislocate or subluxated are considered chronically unstable.

When a joint is dislocated, the main treatment priorities are to avoid neurovascular complications, and reduce the joint as atraumatically as possible. Reductions refers to the realignment of the joint to its anatomical position or congruency, but onsite reduction of joint dislocations may not be warranted in all situations or appropriate for all joints. The following joints and situations are outlined as per privileging from the Messiah University team physicians:

- Finger dislocations:
 - Single plane dislocations: Messiah University Sports Medicine Staff are allowed to reduce single plane finger dislocations of IP joints only, if correctly reduced on the first attempt.
 - Multi-plane dislocations: Messiah University Sports Medicine Staff are not allowed to reduce multi-planar joint dislocations and must refer the patient to the nearest emergency care facility.
- Wrist and elbow dislocations: Messiah University Sports Medicine Staff are not allowed to reduce ankle dislocations and must refer the patient to the nearest emergency care facility.
- Shoulder dislocations:
 - First time glenohumeral(GH) joint dislocation: Messiah University Sports Medicine Staff are not allowed to reduce GH joint dislocations if this is the patient's first shoulder dislocation, and must refer the patient to the nearest emergency care facility.
 - Multiple GH joint dislocations: Messiah University Sports Medicine Staff are allowed to reduce a GH shoulder dislocation if the patient has experienced multiple shoulder dislocations previously. Proper follow-up care (sling and immobilization of the joint) is warranted immediately following the reduction.
- Ankle dislocations: Messiah University Sports Medicine Staff are not allowed to reduce ankle dislocations and must activate EMS to properly transport the patient to the nearest Emergency Department.
- Patellar dislocation: Messiah University Sports Medicine Staff are allowed to coach the patient through extending the knee to self-reduce the patella. Proper follow-up care (place patient in a straight leg brace and use of crutches) is warranted after reduction.
- Knee and hip dislocations: Messiah University Sports Medicine Staff are not allowed to reduce any dislocation that occurs with the tibial-femoral articulation, nor any hip dislocations, and must activate EM to properly transport the patient to the nearest Emergency Department.

Messiah Sports Medicine: General Medical Policies

Pre-Participation Medical Examination Policy

As per NCAA bylaws (17.1):

“Prior to participation in any practice, competition, or out-of-season conditioning activities, student-athletes who are beginning their initial season of eligibility shall be required to undergo a medical examination or evaluation administered or supervised by a physician (i.e., family physician, team physician). The examination or evaluation must be administered within six months prior to participation in any practice, competition, or out-of-season conditioning activities. In following years, an updated history of the student-athlete’s medical condition shall be administered by an institutional medical staff member (i.e., sports medicine staff, team physician) to determine if additional examinations (i.e., physical, cardiovascular, neurological) are required. The updated history must be administered within six months prior to the student-athlete’s participation in any practice, competition, or out-of-season conditioning activities for the applicable academic year.”

The student-athlete is expected to use the physical examination form provided via his/her athlete portal (also in Appendix F), but is able to provide a generic examination form, as long as there is evidence of the following sections:

- Vital signs (height, weight, blood pressure, pulse);
- Notation of current medications;
- Any allergies with reaction to those allergies listed;
- Medical (eyes/ears/nose/throat, lymph, heart/pulses, lungs, abdomen, skin, neurologic, genitalia);
- Musculoskeletal examination;
- Notation of clearance, or follow-up requirements;
- Signed and dated by physician with credentials.

Additionally, student-athletes will need sickle cell trait testing as part of the initial physical examination, if the student-athlete is unable to provide proof of testing done at birth. (See sickle cell trait policy, and Appendix G: Sickle Cell Verification Form)

MESSIAH
SPORTS MEDICINE

Medication and Drug Exceptions

The NCAA list of [banned drug classes](#) (NCAA Division I Bylaw 18.4.1.4.6 and NCAA Division II and III Bylaw 31.2.3.1) is composed of substances that are generally purported to be performance enhancing and/or potentially harmful to the health and safety of the student-athlete.

The NCAA recognizes that some banned substances are used for legitimate medical purposes. Accordingly, the NCAA allows exception to be made for those student-athletes with a documented medical history demonstrating the need for treatment with certain banned medications. Medical exceptions may be granted for substances in the following banned drug classes: anabolic agents*, stimulants, beta blockers, diuretics and masking agents, hormone and metabolic modulators*, beta-2 agonists, peptide hormones*, growth factors or related substances and mimetics*, and narcotics (see subpart 2 below). Per NCAA Division I Bylaw 18.4.1.4.8 and Division II and III Bylaw 31.2.3.2, a medical exception is not permitted for a substance in the class of cannabinoids.

***Note: The use of an anabolic agent, hormone and metabolic modulator, peptide hormone, growth factors, related substances and mimetics must be approved by the NCAA before the student-athlete is allowed to participate in competition while taking these medications.**

Medical Exception Procedures and Considerations:

1. Consider non-banned medications. Alternative non-banned medications for the treatment of various conditions may exist and should be considered before a medical exception is pursued.

- If the student-athlete and the physician (in coordination with sports-medicine staff at the student-athlete's school) agree that no appropriate alternative medication to the use of the banned substance is available, the decision may be made to use a medication that falls under an NCAA banned drug class.

2. When to Request a Medical Exception.

- For an anabolic agent, hormone and metabolic modulator, peptide hormone, growth factors, related substances and mimetics, a school must request a medical exception before a student-athlete competes while taking these medications.
- For stimulant medication used to treat ADHD, beta blockers or beta-2 agonists, diuretics and narcotics, a school may request a medical exception following a positive drug-test. See more in No. 6 below.

3. Required Documentation. The student-athlete's school should maintain documentation that supports use of the banned medication in the student-athlete's medical record on campus. The documentation can be a letter or copies of medical notes from the prescribing physician that documents how the diagnosis was reached, and that the student-athlete has a medical history demonstrating the need for treatment with the banned medication. The letter should contain information as to the diagnosis (including appropriate verification of the diagnosis), medical history and dosage information.

- **Medical Exception for a medication:** A student-athlete will have to have his/her prescribing physician complete the medication exception form and subsequent contemporaneous documentation for any banned medication. This should be completed prior to any sport participation.
https://ncaaorg.s3.amazonaws.com/ssi/substance/SSI_MedicalExceptionReportingForm.pdf
- **When to Send Documentation.** A student-athlete's medical records or physicians' letters should not be sent to the NCAA unless requested by the NCAA or when a school is requesting pre-approval for the medical use of an anabolic agent, hormone and metabolic modulator,

peptide hormone, growth factors, related substances and mimetics. In addition, the use of any substance should not be reported to the drug-testing collection crew during an NCAA drug test.

- 4. Requesting a Medical Exception after a Positive Test.** If a student-athlete is drug tested by the NCAA and tests positive for a substance for which the school desires an exception, normal reporting procedures for positive test results will be followed (See [Section 8.0 of the NCAA Drug-Testing Program Protocol](#)) (PDF). The school may request a medical exception at the time of notification of the positive drug test ("A" sample) by submitting documentation to Drug Free Sport International. If the school fails to provide medical documentation to Drug Free Sport International before the "B" sample is reported as positive to the school, the student-athlete will be withheld from competition until the documentation is received, reviewed and the medical exception granted.
- 5. Review of Medical Exceptions.** Requests for medical exceptions will be reviewed by the medical panel of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports.
- 6. Communicating Decisions.** The NCAA will inform the director of athletics or their designee regarding the outcome of the medical exception request. If the medical exception is not granted, the institution may appeal this action according to [Section 8.0 of the NCAA Drug-Testing Program Protocol](#) (PDF).



MESSIAH
SPORTS MEDICINE

Sickle Cell Trait Policy

The NCAA made the mandate in January 2022 that all student-athletes must prove sickle cell trait status with a blood solubility test prior to starting any athletic activity. This eliminates the option for student-athletes to waive and decline the sickle cell solubility test. The presence of the sickle cell trait does not exclude an athlete from participation in intercollegiate athletics. The sickle cell trait is a hereditary gene which has the potential to cause red blood cells to collapse or “sickle” and collect within the blood stream blocking the normal flow of blood to muscles and other tissues. Sickling of red blood cells is at a higher risk with bouts of intense exercise. Other factors include exercise at high altitudes, in extreme heat, athletes who are in a dehydrated state, or those suffering from asthma.

As such, Messiah University requires all student-athletes to provide evidence of sickle cell trait status via lab testing, and must submit the copy of the lab report. Any verification of the testing without proof of the lab results will not be accepted. Most athletes have been tested at birth for the sickle cell trait and thus do not need to be retested provided they can produce proof of former testing. These athletes will be provided with education and counselling materials regarding the sickle cell trait and athletics participation.

As of May 2025, those who are born in the state of Pennsylvania do not have sufficient testing at birth (isoelectric) to meet the requirements of the NCAA for appropriate sickle cell testing, and must prove hemoglobin solubility testing instead. Any other state that only tests via isoelectric testing will have to have a solubility test ordered instead.

Following the submission of a positive sickle cell trait test, the protocol below will be followed:

1. The key individuals below will be notified of the student-athlete sickle cell status:
 - a. The student-athlete
 - b. Athletic Training staff
 - c. Team Physician
 - d. Coach(es)
2. The student-athlete and Head Coach will watch the “The Student-Athlete with the Sickle Cell Trait”
 - a. https://www.youtube.com/watch?v=sQvna_2sP6o
3. The student-athlete and Head Coach will review the signs, symptoms, and precautions associated with participating in athletics. In addition, the student-athlete and Head Coach will adhere to the precautions.
4. The student-athlete and head Coach will be educated on the Messiah University Emergency Action Plan for the Sickle Cell Trait Positive Student-Athlete by the Director of Sports Medicine or Team Physician.
5. The student-athlete, Head Coach, and sports medicine staff will sign a sickle cell trait education acknowledgement agreement.

Sickle Cell Trait Signs and Symptoms

- Fatigue Collapse early in exercise
- Leg or low back muscle cramping Abdominal pain
- Leg or low back weakness Rapid heartbeat
- Difficulty breathing Chest pain
- Dizziness Excessive thirst
- Nausea Frequent urination
- Soft, flaccid muscle tone

Precautions to Follow with Sickle Cell Trait Carriers

1. Gradually build up the student-athlete’s intensity in training both during practice and over the course of the season.
2. Allow for longer period of rest and recovery between repetitions.

3. Encourage participation in preseason strength and conditioning programs to enhance the preparedness of athletes for sport-specific performance testing.
4. Cessation of activity following the onset of symptoms (cramping, pain, swelling, weakness, tenderness, shortness of breath, fatigue).
5. Afford the sickle cell trait carrier student-athlete the opportunity to set their own pace.
6. Student-athletes with sickle cell trait who perform repetitive high speed sprints or interval training that induces high levels of lactic acid should be allowed extended recovery between repetitions.
7. Due to the effects of ambient heat stress, dehydration, asthma, illness, and increased altitude (>2,000 ft) have on student-athletes with the sickle cell trait, the following should be followed to prevent the onset of crisis during physical exertion.
 - a. Adjust work/rest cycles for environmental heat stress;
 - b. Emphasize hydration;
 - c. Control asthma;
 - d. Refrain from workout out if ill;
 - e. Watch and monitor student-athlete closely during altitude changes;
 - f. Be more cautious and limit activity when conditions are hot/humid.
8. Educate all involved parties to foster an environment that encourages student-athletes with sickle cell to report any symptoms immediately.

Sickle Cell Trait Emergency Action Plan

In the event an athlete identified as having the sickle cell trait has a sickling collapse, the situation should be treated as a medical emergency and the following should be adhered to:

1. Check vital signs.
2. If available, administer high-flow oxygen, with a non-rebreather mask.
3. Cool the student-athlete if participating outside in hot and/or humid conditions.
4. Consider heat stroke with any neurologic signs or symptoms, check rectal temperature immediately.
5. If a student-athletes' vital signs decline or they have a change in mental status, call 911, and attach an AED, following instructions from the AED. For heat stroke patients, cool to 102°F via rectal thermometry before transport.
6. Inform the ED physicians to expect explosive rhabdomyolysis and grave metabolic complications. Inform them of sickle cell trait and exercise.

*MESSIAH
SPORTS MEDICINE*

Student-Athlete Medical Records

Accurate documentation of a student-athlete's past and current medical history is of utmost importance in providing quality healthcare. These documents allow for clear assessment of medical conditions, show progress in treatment, and enhance communication between the various medical providers who may be involved in the care of the student-athlete. The athletic trainer will use proper standard medical terminology in documenting the evaluation, care, and rehabilitation of the student-athlete.

Medical records are legal documents that contain sensitive information about the student-athlete. They should be treated with a higher standard of confidentiality. Medical documents should only be shared with medical professionals directly involved in the care and treatment of the student-athlete. The documents should not be photocopied or removed from the athletic training room.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), the confidential medical records of Messiah University student-athletes will be kept on file in the athletic training facility. Injury records will be maintained with Athletic Trainer Software (ATS), a computerized injury tracking system, which is password protected. Only the athletic trainers have access to this injury tracking system. In order to participate in intercollegiate athletics at Messiah University, each student-athlete must complete the following items (also see Appendix J: Athlete Forms):

- Current athletic pre-participation physical exam (PPE) completed by a Medical Doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.). If a physical is completed by another provider, evidence of the supervising physician's signature must also be noted on the physical exam form.
- Current enrollment in Messiah's health insurance policy or proof of his/her own comprehensive medical insurance policy.
- Completion of the following forms and uploading of specific documents:
 - HIPAA/FERPA, Consent to Treat, and Assumption of Risk form;
 - Insurance Acknowledgement form;
 - Sickle Cell Acknowledgement form;
 - Concussion Acknowledgment form;
 - Athletic Training Facility Rules form;
 - Medical History form (either new athlete medical history or returner medical history);
 - Protective Equipment form (if sport requires protective equipment as part of the uniform);
 - Sickle Cell testing results/verification;
 - Physical Examination.
- SWAY baseline concussion testing.

Student-athletes are responsible for providing any documentation Emergency Room visits or any other provider visits that are not related to a sports injury and/or are not coordinated through the athletic trainers. This is to keep the student-athlete files up to date should any event or situation require it.

The following procedures are to be followed regarding handling protected health information (PHI), any medical documents, and all documentation for any care provided by a member of the Sports Medicine staff:

- Medical documentation is necessary and required for each encounter of care/treatment delivered by a healthcare professional associated with Messiah University Sports Medicine.
- A health record will be established for each student-athlete upon beginning participation in an intercollegiate sport at Messiah. It is the student-athlete's responsibility to create the athlete portal initially, and anytime there is a change of information, the student-athlete must update his/her athlete portal immediately.
- The location of all health records will be readily accessible when needed by only authorized persons.
- A copy of all required pre-participation documentation by Messiah University Sports Medicine will be placed in each student-athletes health record. All paper records will be scanned and uploaded into ATS.

- Each encounter regarding an injury or illness with a student-athlete (evaluation; rehabilitation/treatment session; clearance/discharge; communication with coaches, parents, and administrators; and any communication directly with the student-athlete) will be noted and maintained in the health record.
- Upon the completion of the student-athlete's playing career at Messiah University, the student-athlete's medical records will be scanned and stored electronically for a minimum of 7 years, in compliance with the State of Pennsylvania's Statute of Limitation laws.
- All health records will be maintained in a secure manner with access only by authorized personnel:
 - Paper records shall be locked in a file cabinet in a locked room.
 - Electronic records should only be accessible by password.

Athletic trainers and athletic training students must be aware that discussing a student-athlete's medical status with another student-athlete is prohibited. When discussing a student-athlete's case with another medical professional, the athletic trainer and/or athletic training student should be cognizant of their surroundings and who may be within listening distance of their conversation.

Student-athletes will be permitted to review the contents of their medical file. However, no documents should be removed from the medical file.

Electronic Medical Records (ATS) and Documentation Policy

Each member of the Messiah University Sports Medicine staff is required to maintain adequate and appropriate documentation on all Messiah University student-athletes under his/her care. Therefore, all medical records are to contain required documentation, be addressed daily, be kept current, and filed properly in the injury management software.

Injuries are to be documented if the following occur:

- A student-athlete has been removed from practice or competition for an injury episode.
- A student-athlete has missed a practice or competition due to a medical reason.
- A student-athlete needs to be referred to a physician for any medical reason.
- A student-athlete is evaluated at any time by an athletic trainer.
- Any treatment or rehab is conducted/prescribed.

Medical Problems are:

- A student-athlete who reports a medical issue where no time loss is documented. Problems are to be documented at the discretion of the athletic trainer depending on the type of care needed to resolve the issue.
- When a student-athlete is receiving treatment for a medical issue but is not limited or modified in participation.
- All treatments/rehabilitations sessions received in the Athletic Training facility must be documented along with its given injury.

All athletic injuries, treatments/rehabilitation sessions, limitations, and services are to be recorded in the electronic medical record (ATS) by the athletic trainer. Once a student-athlete has been discharged from all treatment and rehabilitation, the injury is to be marked as resolved in the injury record (ATS).

Documentation is required for the following situations:

- Initial injury evaluation;
- Medical referral to any allied health professional;
- Diagnostic imaging;
- Athlete treatment or rehabilitation;
- Progress notes or status update reports;
- Re-evaluation or progress notes;
- All communication with physicians and other allied health professionals regarding care of student-athletes;

- Athlete released from care/discharge summary.

General documentation for all injury and rehabilitation must include the student-athlete's name and identifying demographics, subjective information concerning the injury/chief complaint (CC), objective findings pertaining to the CC, any treatments rendered, assessment and clinical impression of the injury, plan of care addressing the CC, and signature of responsible clinician with correct credentials, and date.

For the purpose of providing quality health care, Messiah University athletic trainers must write notes in a SOAP-type format and document the specific treatments and/or exercises performed in ATS database. Documentation of the treatments and/or exercise must include the weight/resistance, repetitions, sets, and/or time spent on each. All student-athlete medical records are considered student health records and are also subject to the protection provided by the Federal Education Record Protection Act (FERPA), and as such, records are to be maintained in a secure location for seven years after the student-athlete has discontinued participation in Messiah University athletics. Student-athletes may gain access to their medical records freely, however, parents of non-minor student-athletes, outside institutions, or medical offices may only gain access to these records with written consent from the student-athlete.



MESSIAH
SPORTS MEDICINE

Policy and Procedure on Disclosure of Health Information

Purpose

The Messiah University Sports Medicine Department creates a record of health care and services the each student-athlete receives while a member of one of Messiah's athletic teams in order to provide quality care and comply with certain legal requirements. Messiah Sports Medicine and Athletics understands that student-athletes and qualified parents/guardians have certain rights regarding confidentiality of, access to, and correction of athletic health records maintained by Messiah Sports Medicine. The purpose of this policy is to implement those statutory rights in Messiah Athletics.

Messiah Sports Medicine may contract with third parties to provide healthcare to student-athletes. Those third parties are responsible for complying with the provision of HIPAA, and subject to Pennsylvania law. These policies apply to any records maintained by Messiah Sports Medicine, but not to any records maintained by any third parties.

Definitions

1. A student-athlete is any person who is, or was, an official member of an intercollegiate sports team at Messiah University.
2. A qualified parent/guardian is a parent or guardian of a student-athlete who has been given written consent by the student-athlete in a form approved by the University, to review the student-athlete's athletic health record.
3. An Athletic Health Record is any record (written, printed, taped, filmed, electronic, etc.) made by a physician, athletic trainer, or other recognized health professional/paraprofessional and maintained by Messiah Sports Medicine.

Policy Coverage

This policy describes the practices of Messiah Athletics, including:

- Any Certified Athletic Trainer employed by Messiah Sports Medicine;
- All departments and units of Messiah Athletics, including Messiah Sports Medicine, Staff, Coaches, Sports Information Staff, Administrators, and all other employees of the Messiah Athletics department.
- All athletic training students assigned to Messiah University Sports Medicine for clinical rotations.
- Any third party Messiah Athletics contracts with to provide health care services in the Sports Medicine Department.

Policy on Permitted Disclosure of Health Information

The following categories described different ways that Messiah Sports Medicine and Athletics may use and disclose medical information about its student-athletes. For each category of use or disclosure, explanation and example is provided. Not every possible use or disclosure in a category is listed, however, all of the permitted uses and disclosures will fall within one of these categories. In addition, Messiah Sports Medicine and Athletics may always disclose information to the student-athlete him/herself about his/her own medical information, treatment alternatives, health-related benefits and services, etc.

Disclosures Permitted Without Written Consent

Treatment: Messiah Sports Medicine and Athletics may use medical information about student-athletes to provide treatment and services for athletic injuries. Messiah Sports Medicine and Athletics may disclose medical information about student-athletes to Certified Athletic Trainers, graduate athletic training students who are providing services to the student-athlete. For example, a Certified Athletic Trainer treating a student-athlete for an athletic injury may need to communicate with an athletic training student who will assist in the student-athlete's treatment. Messiah Sports Medicine and Athletics may disclose information about student-athletes to people outside of the athletic department who may be involved in a student-athlete's care such as physicians, physician assistants, nurse practitioners, and nurses.

Athletics Department Health Care Operations: Messiah Sports Medicine and Athletics may use and disclose a student-athlete's medical information as necessary for administrative functions in the Athletics department and ensure that all of its student-athletes receive quality care. For example, Messiah Athletics may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for student-athletes. Messiah Athletics may also combine this information with information from other programs to compare how we are doing and to see where we can make improvements in the care and services we offer. We will remove information that identifies student-athletes from this set of information so others may use it to study health care and health care delivery without identifying specific student-athletes.

Observation of Services: The Messiah University Athletic Training facility are a training ground for athletic training students. Messiah Sports Medicine may allow student to observe services. In addition, personnel from another agency involved with student-athlete's care may be allowed to observe services.

Research: Under certain circumstance, Messiah Sports Medicine may use and disclose de-identified medical information about student-athletes for research purposes. For example, a research project may involve comparing two treatment techniques. All research projects are subject to the university approval process, including any necessary approvals from the University's IRB. This approval evaluates a proposed research project and its use of medical information, and balances the research needs with the student-athlete's need for privacy. Researches will not have access to a student-athlete's name, address, or any other information that reveals a student-athlete's identity.

As Required by Law: Messiah Sports Medicine and Athletics will disclose medical information about a student-athlete when required to do so by applicable law, or in response to judicial order or lawfully issued subpoena. This could include disclosures for law enforcement officials, to authorized federal officials for national security activities, disclosures for health oversight activities, to report public health risks, or to report suspected abuse, neglect, or domestic or dating violence.

Health Care Emergency: Messiah Sports Medicine and Athletics may use and disclose medical information about student-athletes as necessary to provide for the emergency health care needs of the student-athlete.

Lawsuits and Disputes: If a student-athlete is involved in a lawsuit or dispute with Messiah University, Messiah Sports Medicine and Athletics may disclose medical information about the student-athlete, which is relevant for the University to proceed with legal action, or to defend itself, as appropriate.

Disclosure Permitted with Written Consent

Coaches: Messiah Sports Medicine and Athletics may use and disclose a student-athlete's medical information to athletic department coaches and administrators as provided in the annual consent requested form student-athletes. For example, Messiah Sports Medicine may need to disclose information about a student-athlete's injury, playing status, treatment protocol, and time of disability to a coach in order for the coach to strategically plan for sport management.

Parents, Guardians, and Other Individuals Involved in a Student-Athlete's Care if Payment for Care. Messiah Sports Medicine and Athletics may use and disclose a student-athlete's medical information to parents and guardians of the student-athletes, and/or to any other individuals involved in the student-athlete's care or payment for care, as provided in the annual consent requested from the student-athlete; these individuals are to be specifically written in on the athlete form: consent to treat (Appendix J: Athlete Forms). For example, a parent may contact Messiah athletic trainers or coaches to inquire about insurance claims for the treatment that a student-athlete is receiving for an athletic injury. Access to specific medical records regarding the injury or care related to the injury would need a release signed by the student-athlete.

Research: Under certain circumstances, Messiah Sports Medicine may use and disclose medical information about student-athletes for research purposes as provided in a written consent from the student-athlete. For example, a research project may involve comparing two treatment techniques. All research projects are subject

to university approval process, including any necessary approvals from the University's IRB. This approval process evaluates a proposed research project and its use of medical information. The research project must be approved before any medical information disclosed, but we may disclose information about student-athletes to preparing to conduct a research project.

Parent/Guardian Communication

Parents/Guardians will only be contacted in case of an emergency, unless specifically requested by the student-athlete, or unless, the student-athlete has consented in writing to disclose his/her health information to the parent/guardian. Otherwise, it is the responsibility of the student-athlete to communicate injury information to their parents/guardians. All student-athletes are able to write in any individual that the athletic training staff may disclose protected health information in the annual athlete forms completion (see Appendix J: Athlete Forms).

Post-Operative and Elective Physical Therapy Policy

Due to the intensive nature and length of appointments necessary of physical therapy following a surgical intervention, all post-operative cases will be referred to a physical therapist until the physical therapist determines the status is appropriate to resume functional return under the direction of an athletic trainer. Student-athletes are able to choose which physical therapy company to use, given limitations within their own primary health insurance, and can be provided an assortment of options if requested.

In the case that a student-athlete has out of state primary insurance that does not have any benefit within the state of Pennsylvania, this would be considered an extenuating circumstance, and effort will be made to conduct the rehabilitation within the sports medicine staff, but ultimately if still necessary to refer out to a physical therapist, those costs would be the responsibility of the student-athlete (and parent/guardian if under parent/guardian's insurance).

There may be additional situations that a student-athlete may choose to seek out formal physical therapy, such as academic requirements (i.e., internships, student-teaching, field experience, etc.) that may not allow for a student-athlete to fit within the scheduling and staffing limitations of the sports medicine staff, and therefore will be recommended to seek out a physical therapist. (see Appendix J: Athlete Forms)

Athletic Insurance Policy

Insurance Information

Messiah University requires all students to have primary health insurance. It is the responsibility of the student-athlete to check with the primary insurance company to ensure the student-athlete will have coverage while attending Messiah University. Many insurance cover for emergent and urgent care, but there are limitations for referrals outside of network. All student-athletes must present proof of primary health insurance through the athlete portal, including pictures of the front and back of the insurance card.

Any injuries that occur during athletic participation, should be reported immediately to an athletic trainer. Though non-sport related injuries are still vital to report, it should be made clear to the student-athlete that non-sport injuries are an excluded criteria to the excess accidental insurance.

All student-athletes must prove primary insurance coverage, including uploading front and back copies of health insurance card, to his/her athlete portal prior to starting any participation in intercollegiate athletics. It is the responsibility of the student-athlete to immediately notify the Sports Medicine staff if primary insurance changes at any time during the academic year. All student-athletes, and if applicable his/her policy holder if the student-athlete is on a parent's or guardian's insurance plan, must sign and agree to maintaining primary health insurance coverage while participating in NCAA intercollegiate athletics, to notify of any policy changes, and check with their insurance to determine requirements for establishing benefit while attending Messiah University (see Appendix J: Athlete Forms). **Excess Accidental Medical Insurance for Student-Athletes**

In compliance with the NCAA, Messiah University carries excess accidental insurance on all student-athletes. Inclusion criteria includes any injury that occurs during a practice/game that is scheduled (with reproducible practice plan from coach or strength and conditioning coach), sponsored (NCAA countable practice/game), and supervised (by a coach or strength and conditioning coach). This excess plan picks up ONLY after primary policy has responded to the request for care. Following any health care service, all bills must be submitted to the student-athlete's primary insurance first. Subsequent charges can then be submitted to the claims administrator for the excess coverage. Any unpaid bills after primary has been exhausted without evidence of the secondary paying any of the balance should be communicated to the Director of Sports Medicine.

It should be noted that the secondary insurance plan, and third part administrator (TPA) may deny a claim if the appropriate methods for filing with primary insurance have not be done. Any student-athlete that has out-of-state Medicaid, or other insurance that does not provide any benefit within the state of Pennsylvania, may be required to travel home for any procedures given the limitations of primary coverage. It is recommended and presented during pre-season education to contact primary insurance, and if possible, establish a primary care provider somewhere local, that can refer for any medical care.

Protective Equipment Policy

All student-athletes that participate in a sport that is mandated by the NCAA to have protective equipment, must comply along the appropriate requirements, fit, and wear of the equipment (see Appendix J: Athlete Forms). All of the following protective equipment rules and guidelines below, both mandatory and non-mandatory special equipment, are directly from the latest NCAA Sports Medicine Handbook (2014-2015).

Baseball:

- A double ear-flap protective helmet while batting, on deck, and running bases. Helmets must carry the NOCSAE mark.
- All catchers must have a built-in or attachable throat guard on their masks.
- All catchers are required to wear a protective helmet when fielding their position.

Basketball:

- No mandatory protective equipment
- Other special non-mandatory protective equipment: elbow, hand, finger, wrist or forearm guards, casts or braces made of fiberglass, plater, metal, or any other nonpliable substance shall be prohibited. Pliable (flexible or easily bent) material covered on all exterior sides and edges with no less than ½-inch thickness of a slow-rebounding foam shall be used to immobilize and/or protect an injury. The prohibition of the use of hard-substance material does not apply to the upper arm, shoulder, thigh, or lower leg if the material is padded so as not to create a hazard for other players. Equipment that could cut or cause an injury to another player is prohibited, without respect to whether the equipment is hard. Equipment that, in the referee's judgement is dangerous to other players, may not be worn.

Field Hockey:

- Goalkeepers only: body and wrap around throat protectors, pads, kickers, gauntlet gloves, helmet incorporating fixed full-face protection and cover for the head, and elbow pads.
- Mouthguards for all players including goalkeepers.
- Wrap-around throat protector and helmet for player designated as a "kicking back." In the event of a defensive penalty corner, the "kicking back" must also wear a chest protector and distinguishing jersey.
- Other special non-mandatory protective equipment: players shall not wear anything that may be dangerous to other players. Players have the option of wearing soft headgear subject to game official approval.

Women's Lacrosse:

- The goalkeeper must wear a helmet with face mask, separate throat protector, a mouthpiece and chest protector.
- All field players shall wear properly an intra-oral mouthpiece that covers all upper teeth.
- All field players shall wear protective eyewear that meets current ASTM lacrosse standards.
- Other special non-mandatory protective equipment: protective devices necessitated on genuine medial grounds must be approved by the umpires. Close-fitting gloves, nose guards, eye guards and soft headgear may be worn by all players. These devices must create no danger to other players.

Men's Lacrosse

- Protective helmet that carries the NOCSAE mark, equipped with face mask and chin pad, with a cupped four-point chin strap (high-point hookup).
- Intra-oral mouthpiece that covers all the upper teeth and is yellow or any other highly visible color.

- Protective gloves, shoulder pads, shoes and jerseys. Shoulder pads shall not be altered.
- Throat protector and chest protector are required for the goalie.
- Other special non-mandatory protective equipment: a player shall not wear any equipment that, in the opinion of the official, endangers the individual or others. The special equipment worn by the goalkeeper shall not exceed standard equipment for a field player, plus standard goalkeeper equipment, which includes shin guards, chest protectors and throat protectors.

Soccer:

- Players shall wear shin guards under the stockings in the manner intended, without exception. The shin guards shall be professionally manufactured, age and size appropriate and not altered to decrease protection. The shin guards must meet NOCSAE standards.
- Other special non-mandatory protective equipment: a player shall not wear anything that is dangerous to another player. Knee braces are permissible provided no metal is exposed. Casts are permitted if covered and not considered dangerous. A player shall not wear any jewelry of any type whatsoever. Exception: medial alert bracelets or necklaces may be worn but must be taped to the body.

Softball:

- Catchers must wear foot-to-knee shin guards; NOCSAE-approved protective helmet with face mask and built-in or attachable throat guard; and chest protector.
- An NOCSAE-approved double-ear flap protective helmet must be worn by players while batting, running the bases, or warming up in the on-deck circle.
- Other special non-mandatory protective equipment: casts, braces, splints and prostheses must be well-padded to protect both the player and opponent and must be neutral in color. If worn by a pitcher, they cannot be distracting on the nonpitching arm. If worn on the pitching arm, they may not cause safety risk or unfair competitive advantage.

Track and Field:

- Other special non-mandatory protective equipment: No taping of any part of the hand, thumb, or fingers will be permitted in the discus and javelin throws, and the shot put, except to cover or protect an open wound. IN the hammer throw, taping of individual fingers is permissible. Any taping must be shown to the head event judge before the event starts. In the pole vault, the use of a forearm cover to prevent injuries is permissible.

Volleyball:

- Other special non-mandatory protective equipment: It is forbidden to wear any object that may cause an injury or give an artificial advantage to the player, including but not limited to headgear, jewelry and unsafe casts or braces. Religious medallions or medical identifications must be removed from chains and taped or sewn under the uniform. All jewelry must be removed. Earrings must be removed. Taping of earrings or other jewelry is not permitted. Hard splints or other potentially dangerous protective devices worn on the arms or hands are prohibited, unless padded on all sides with at least ½-inch thick slow rebounding foam.

Wrestling:

- Protective ear guard.
- Other special non-mandatory protective equipment: Anything that does not allow normal movement of the joints and prevents one's opponent from applying normal holds shall be barred. Any legal device that is hard and abrasive must be covered and padded. Loose pads are prohibited. It is recommended that all wrestlers wear a protective mouthguard. Jewelry is not allowed.

Drug Administration

Administration of medications in the athletic training facility must adhere to federal and state statutes in order to avoid legal penalties, and more importantly, to maintain appropriate and safe medical agents for student-athletes. Dispensation of drugs is defined as providing both prescription and over the counter (OTC) medication to a person beyond a single dose. It is illegal for ATs to dispense medication. Under no circumstances can a physician instruct an AT to dispense medication. It should be made clear to the student-athlete that the athletic trainer is neither diagnosis nor prescribing medication, but simply making medicine available that the student-athlete could otherwise obtain by him/herself in any local drug store. Prescription medications are not kept in the athletic training facility.

Storage of Non-Prescription Over-the-Counter (OTC) Medications

The storage of OTC medications must be kept in a locked cabinet within the athletic training facility. The cabinet must be locked at all times, unless medication is being retrieved. Athletic Training students are not allowed to access a Messiah University Sports Medicine Staff members' keys to access the medication cabinet.

Appropriate Administration of Medications

All OTC medications are pre-dosed in individual single-dose packets prepared by the manufacturer. Large quantity bottles of OTC medications will not be kept in the AT facility. Messiah University Sports Medicine Staff is only allowed to distribute a one-time use of medication, as distribution of multiple OTC single-dose packets to an athlete is considered dispensation, which only physicians and pharmacists can provide according to federal regulations. A list of the OTC medications that are kept in the AT facility are listed in Table 4.

Table 4. Appropriate dispensation of medications and appropriate dosages

Medication	Dosage	Specified reasoning
Acetaminophen	1000 mg Each packet contains 2 500 mg tablets	Post-concussive headache Presence of fever Generalized discomfort/pain Pain associated with fractures
Ibuprofen	400 mg Each packet contains 2 200 mg tablets	Menstrual cramps Joint associated pain Musculoskeletal pain, not of fracture origin Generalized joint or muscular edema
Naproxen Sodium	220 mg Each packet contains 1 220 mg tablet	Menstrual cramps Joint associated pain Musculoskeletal pain, not of fracture origin Generalized joint or muscular edema
Imodium AD	2 mg Each packet contains 1 2 mg tablet	Loose stools
Chlorpheniramine		Hay fever or seasonal allergies
Calcium rich chewable tablets (Tums)	840 mg Each packet contains 2 420 mg tablets	Sour stomach Heartburn
Cough Drops	May administer more than 1 cough drop at a time if	Sore throat Constant cough

	requested	
--	-----------	--

Patients that begin to ask for medication on a daily basis (more than 3 days in a row) will be given instruction and education concerning constant use of the specific medications he/she is asking for, then asked to purchase that medication for their own use and instructed to follow the instructions on the bottle.

All drug allergies and drug interactions, if known, of the patient are obtained on the PPE, so the Messiah University Sports Medicine Staff is expected to have this information recorded, or easily able to access the information before administering a drug.

The 7-point labeling system for OTC medications will be observed and checked upon stocking medication in the AT facility. The 7-point label of a nonprescription drug is required to contain the following:

1. The name of the product/drug
2. The name and address of the manufacturer, packer, or distributor
3. The net contents of the package
4. The established name of all active ingredients and the quality of certain other ingredients, whether active or not
5. The name of any habit-forming drug contained in the preparation
6. Cautions and warnings needed to protect the consumer
7. Adequate directions for safe and effective use

Prescription Medications

Prescription medications are the responsibility of the individual patient. Should the patient have a condition that the patient may be at a point where he/she is unable to make conscious decisions alone, these medications will be provided to the Messiah University AT in charge of that team. For example, a patient that has a severe allergy will provide his/her epinephrine pen to the AT for his/her team at the beginning of practices and games, or make the AT and coach aware of the epinephrine pen is located in his/her bag so the AT or coach can easily retrieve the medication to administer.

Albuterol inhalers will follow the same guidelines as epinephrine pens. If the patient has well-controlled asthma (<1-2 episodes/month), then the patient will be allowed to keep his/her inhaler in his/her own bag. If the patient has frequent episodes of asthma attacks, then the patient will be asked to provide an inhaler to the AT to keep immediately available for the patient; alternatively, the patient may clearly point out where he/she keeps his/her inhaler in a bag, and clearly point it out each day at practice/games.

Proper Documentation of Medications

Drug information and patient name is pertinent after administering an OTC medication. There will be a sheet inside the locked cabinet that the Messiah University Sports Medicine Staff is to record the pertinent information, as well as recording the drug administered to the patient within ATS. The information recorded includes:

- Drug name
- Expiration date
- LOT number
- Dosage amount
- Patient name
- Date administered

Education to Student-Athletes About Medications

Before administering any of the above medications, the athletic trainer should be updated yearly on OTC medications and their indications/contraindications. The following information should be communicated between the student-athlete and athletic trainer each time medication is dispensed:

1. Name of drug;
2. Any known drug allergies;
3. Inquire about any OTC or prescription medications currently or recently used;

4. Intended use of expected action of OTC medication;
5. Common side effects that may be encountered and action required if they occur;
6. Potential drug-drug, drug-food, or drug-exercise interactions and other contraindications;
7. Expiration date of medication.

Proper Disposal of Medications

At the conclusion of each academic year, the Messiah University Sports Medicine Staff will go through all of the medications not used for the year and set aside all expired medications and medications that will expire before the next academic year begins. Any medications that will expire soon into the following school year will be placed in a separate container as a reminder to 1) use that medication before opening a new box of that same medication, and 2) check the expirations of those medications each month until the medication is used or the expiration has required to properly dispose of the medication. All unused, expired medication will be transported to the Engle Center on campus, or taken to a local police station for proper disposal. Medication is not to be thrown away in a trash can nor flushed down the toilet.



MESSIAH
SPORTS MEDICINE

Student-Athlete Pregnancy Policy

The purpose of this policy is to develop guidelines to protect the health, confidentiality, and ability of pregnant student-athletes to participate in intercollegiate sports, while also assisting medical providers, coaches, and administrators with uniform guidelines that address this issue. This policy also prohibits retaliation against any student-athlete or employee in regard to the enforcement of this policy. This policy was developed based on NCAA guidelines for participation by a pregnant student-athlete in intercollegiate sports.

What to do if you become pregnant?

As soon as you learn that you are pregnant, we encourage you to tell your head coach and/or the Director of Sports Medicine, as well as your personal physician, family members, and others with whom you feel safe or who can best support you. At Messiah University ("University"), we want to help you achieve your academic goals while protecting your physical and psychological health and the health of your pregnancy. Do not immediately assume that you must withdraw from your sport. You must inform your head coach and the director of sports medicine about the pregnancy before you participate in any sport activities. You will not have to immediately withdraw from participation in your sport; however, you will be required to provide documentation to the director of sports medicine of medical clearance to participate in your intercollegiate sport by your primary care physician and/or OB/GYN before participating in sport activities.

What happens to your team membership?

As a student-athlete, you will still be expected to complete all academic tasks to the best of your ability, along with other student-athlete obligations. As long as you are in good academic standing with the University and you do not voluntarily withdraw from your team, federal law protects your membership on the team. This would include access to services provided to other student-athletes with injuries or temporary disabilities, such as academic tutoring, medical services, and rehabilitation services, among others. You may have to earn back your specific playing position that you achieved before your pregnancy. Whether cleared to compete or not cleared to compete, your involvement with the intercollegiate sports team will be determined by the team's head coach, and will be determined on the same basis as any other student-athlete's involvement in the intercollegiate sports team. No coach or other athletics department personnel shall suggest to you or to any student-athlete that his or her continued participation on a team will be affected in any way by pregnancy, parental, or marital status. NCAA bylaws allow a female student-athlete to apply for an additional year of eligibility if her athletic career is interrupted by pregnancy.

Who can help you?

Your head coach and the director of sports medicine will encourage you to seek help and advice from "neutral parties" outside the University's Department of Athletics. These may include Nurse Practitioners at the University's Engle Center, the Cumberland County Health Department, the team physician, your personal physician, or others.

What is covered by your insurance?

Please consult your primary insurance company for pregnancy benefits. All costs and expenses of the pregnancy shall be the sole responsibility of the student-athlete and will not be covered by the University or by the University's Department of Athletics.

How to continue training and competing?

If you decide that you would like to continue in your sport, and are initially cleared to do so, the University will help you assemble a decision-support team that consists of you, your personal medical provider(s), other healthcare professional(s), your head coach, the director of sports medicine, academic counselor, and others as appropriate. Your decision-support team will provide mandatory monitoring of your health and academic progress,

and will assist you in your return to competition if that is your desire. You are required to provide documentation of medical clearance to participate in the intercollegiate sport by your primary care physician and/or OB/GYN on a routine basis (e.g., monthly or following scheduled doctor's visits throughout the pregnancy) in order to continue participation in the intercollegiate sport. In addition, you must sign a waiver releasing the University from any liability for injury to the fetus and/or any pregnancy-related injury to you as a result of your continuing as a member of your team during the pregnancy (Appendix I).

What if you are a student-athlete whose partner becomes pregnant?

Obviously, you will not be affected by physical changes associated with pregnancy. However, you may suffer psychological stress, have concern about the health of your pregnant partner and her pregnancy, and question your readiness for parenthood and the personal and financial obligations you face. We encourage you to take advantage of our psychological counseling services and join in any decision-support team your partner may have formed. You should also know that Title IX also protects you from being discriminated against because of your partner's pregnancy or your status as a parent.

What if you're under 18 years of age?

Parents or guardians must participate in the decision-support team if the student-athlete is less than 18 years of age. Parents must co-sign any waivers if the student-athlete is less than 18 years of age.



MESSIAH
SPORTS MEDICINE

Medical Disqualifications

Policy

Student-athletes at Messiah University have the responsibility to have a pre-participation examination (PPE) completed by a licensed healthcare professional (MD, DO, ARNP, DNP, PA-C) prior to arrival on campus. The PPE must be completed 4-6 weeks before arrival on campus, to allow for time for follow-up testing if needed. If the student-athlete has been found to have an illness or injury that is a disqualifying condition, or pregnancy, the following procedures will be taken to ensure the student-athlete's safe participation based on the physician's determined accommodations, or complete athletic disqualification. Any, and all, follow-up laboratory or testing that is done must be done by a physician, respective of the area of expertise specified on the PPE (i.e. cardiac conditions need to be seen by a cardiologist).

The signing physician has the responsibility to determine if the student-athlete is able to participate in the respective sport of the student-athlete. If the physician determines that the student-athlete is not safe to participate in his/her sport of choosing, accommodations of level of contact and level of intensity of other sports are permissible, or if neither of those are appropriate, then complete disqualification from all athletics is the title given.

Procedures

The PPE must be completed 4-6 weeks prior to arrival on campus.¹ This will be done by the athlete's primary care physician (PCP), or other appropriate healthcare facility with qualified healthcare professionals, but must be completed before arriving on campus. If follow-up testing has not been completed on campus, it will be the responsibility of the student-athlete to make arrangements to complete the follow-up testing upon arriving on campus, with the understanding that the student-athlete will not be allowed to participate in any physical activity related to his/her sport until that follow-up work has been completed. The PPE must include the following:

1. Medical and family history. This includes history of all illnesses/injuries of the student-athlete and family.¹
2. Cardiovascular screening: appropriate auscultation of the heart, and if abnormalities are found, follow-up ECG, EKG, stress tests, etc. may be ordered.¹ Questions regarding history of any symptoms of chest pain, shortness of breath, syncope, and unexplained fatigue while exercising, and any previous history of murmur or hypertension should be part of this section of the PPE.²
3. Neurologic screening: physical examination and history of concussions, seizure disorder, cervical spine stenosis, or spinal cord injury.¹
4. Orthopedic screening: history of previous injuries and general physical examination of range of motion, strength, and movement quality. If a student-athlete has sustained an injury requiring surgery, written clearance from the surgeon must be obtained before being allowed to participate, if the patient has not yet participated in a season of competition post-operation.¹
5. General Medical Screening: if the student-athlete has any other comorbidities that require additional follow-up, such as diabetes or anemia, then these follow-up screening tests need to be completed. If the athlete has a family history of sickle cell trait must complete confirmatory testing.¹
6. Medication use: all medications that the student-athlete is taking must be reviewed.¹
7. Nutritional assessment: review of nutritional and dietary practices and habits of the student-athlete.¹
8. Heat- and hydration-related illness risk factors: any previous history of heat- and hydration-related illnesses should be reviewed and appropriate recommendations should be set forth by the physician.¹
9. Immunization record: a review of current immunizations of the student-athlete, and if necessary, the student-athlete must receive other immunizations that are not current and required by Messiah University.

Follow-up Recommendations:

If the student-athlete is instructed to complete follow-up testing or additional screening, then he/she will have the responsibility of making arrangements to complete the follow-up testing/screening. If the student-athlete fails to

complete the follow-up testing prior to arrival on campus, then the athletic training staff will assist the student-athlete with making arrangements and appointments with the recommended healthcare professions (i.e. cardiology, hematology, endocrinology) associated with OSS Health and any other providers that the team physician provides any referrals for further care.

Post-Disqualification:

If the student-athlete is disqualified or is limited by contact and/or intensity of participation, the student will be allowed to be part of his/her respective team, but rather as a student coach or as a manager. Another option for the student-athlete will be offering participation in a different sport that allows participation based on the limitations set forth by the signing physician.

If the disqualifying conditions are such that allow for treatment and/or rehabilitation, the athletic training staff will assist the student-athlete with arrangements and appointments necessary. Treatment and rehabilitation that will occur by the athletic training staff will require scheduling between the athletic training staff and the student-athlete.

Table 5: Disqualifying conditions, recommendations of limitations for conditions (this list is not limited and there are other disqualifying conditions that may exist not listed here)

Condition	Absolute Disqualification	Contact Sport Limitation	High Exertion Sport Limitation	Sport Limitation	Other
Active myocarditis or pericarditis ²	X				
Dysrhythmia (Long QT syndrome, symptomatic Wolff-Parkinson White Syndrome, advanced heart block, implantation of defibrillator) ³	X (Unless investigated and determined the student-athlete may participate by a cardiologist)				
Structural/acquired heart disease (hypertrophic cardiomyopathy, coronary artery anomalies, arrhythmogenic right ventricular cardiomyopathy, acute rheumatic fever with carditis, Ehlers-Danlos syndrome—vascular form) ³	X				
Additional heart diseases (Marfan syndrome, mitral valve prolapse) ³	X (until evaluated by cardiologist and determined if participation is possible)				
Severe hypertension until controlled by therapy ²	X				

Uncontrolled exercise-induced asthma ²	X (until controlled after consultation with pulmonologist)				
Vascular disease (Kawasaki disease, pulmonary hypertension) ³	X (until evaluated by cardiologist and determined if participation is possible)				
History of recent concussion (<14 days) and symptoms of post-concussion syndrome ²		X			
Poorly controlled convulsive disorder ²				NO archery, riflery, swimming, weight/power lifting, strength training, sports involving heights	
Recurrent episodes of burning upper-extremity pain or weakness, or episodes of transient quadriplegia until stability of spine can be assured. ²		X			
Poorly controlled seizure disorder ³		X (until well-controlled)		NO archery, riflery, swimming, weight/power lifting, strength training, sports involving heights	
Sickle cell disease ²			X (overexertion, overheating, dehydration, and chilling need to be avoided)		X (avoid high altitudes)
Sickle cell trait			X (overexertion in high heat and humidity; progressive acclimatization)		X (avoid extreme temperature)
History of heat illness ³					X (prevention strategy to allow for sufficient acclimatization, hydration, salt

					intake, and other measure to improve heat tolerance)
Fever ^{2,3}	X				
Solitary organ (especially if kidney is polycystic or abnormal location). Single testicle must require use of protective cup. ^{2,3}		X			
Organ transplant ³		X			
Only one eye: anything worse than 20/40 vision corrected (requires further evaluation) ^{2,3}		X		No sport that involves projected objects; require protected eyewear. Absolutely no boxing, wrestling, and martial arts	
Acute enlargement of spleen or liver ^{2,3}	X				
Eating disorder when the student-athlete is not compliant with therapy and follow-up ^{2,3}	X				
Symptomatic joint instability ³					Requires rehabilitation and/or bracing of the joint effected
Range of motion and/or strength is less than 80-90% compared bilaterally ³					Requires rehabilitation before student-athlete is allowed to participate fully
Post-surgical injury that the student-athlete has not gone through an entire season yet.	X (until cleared by surgeon and evidence of completion of rehabilitation)				
Pregnancy ^{2,3}	X				
Any skin condition that is contagious: molluscum contagiosum, herpes simplex infection, impetigo, tinea corporis, scabies, conjunctivitis ³		X (until treatment has proven effective and no longer contagious)			

Acute upper respiratory infection ³		X (until treatment has proven effective)	X (until treatment has proven effective)		
--	--	--	--	--	--

References:

1. Conley, KM, Bolin DJ, Carek PJ, et al. National Athletic Trainer's Association position statement: preparticipation physical examinations and disqualifying conditions. *J Ath Train.* 2014; 49(1): 102-120.
1. Kurowski, K, Chandran S. The preparticipation athletic evaluation. *Am Fam Physician.* 2000; 61(9): 2683-2690.
1. Rice, SG, Council on Sports Medicine and Fitness. Medical conditions affecting sports participation. *American Academy of Pediatrics.* 2008; 21(4):842-846.



MESSIAH
SPORTS MEDICINE

Medical Chaperone

There are injuries and illnesses that involve sensitive regions of the body, and thus require the patient to disrobe or partially disrobe and expose the breasts, genitalia, or rectum. The patient's and the Athletic Trainer or healthcare provider's perceptions will be considered when determining whether an examination is sensitive. Religious or cultural requirements and preferences should also be considered.

There are situations that Messiah University expects that patients and Athletic Trainers or other healthcare providers be given the opportunity to have a chaperone present in the examination room during any medical examination. Having a chaperone present in the examinations protects both the patient and the Athletic Trainer or healthcare provider. Due to the issues surround sensitive examinations, unless the patient waives the requirement, chaperones are required for sensitive examinations. Messiah recognizes and is committed to inclusion of all genders and gender expressions that make up our community. However, there may be some situations in which a medical provider must use anatomical definitions when discussing body parts.

It is the duty of the chaperone to uphold professional standards of privacy and confidentiality, be sensitive and respect the patient's dignity and confidentiality, reassure the patient if they show signs of distress or discomfort, be familiar with the procedures involved in a routine sensitive examination, stay for the entire physical examination, and be able to see what the Athletic Trainer or healthcare provider is doing. If a chaperone of the requested gender is not available, the patient shall be given the opportunity to reschedule the appointment within a reasonable amount of time from the originally scheduled date.

If the patient refuses to have a chaperone for an examination even after the Athletic Trainer or healthcare provider has requested a chaperone, Messiah University Sports Medicine Staff may transfer care to another provider or clinic. This discussion of transferring care due to the patient's refusal to have a chaperone present must be documented in the patient's chart.

MESSIAH
SPORTS MEDICINE

Appendix A: Standard Operating Procedures

Messiah University Sports Medicine Department 2025-2026 Standard Operating Procedures

The Team Physician and designees will work closely with the Messiah University Sports Medicine University's Certified Athletic Trainers (ATCs) in order to provide medical care for MU's student-athletes. When the Team Physician is not present, the ATCs will evaluate and treat MU student-athletes according to their scope of professional standards, the state practice act, and Messiah University Sports Medicine Written Protocol (as described below). The ATCs will have access to the Team Physician's cell phone number and are encouraged to call whenever consultation and updates may be needed in regards to a student-athlete's injury/illness. The Team Physician will be available at Eisenhower Athletic Training Facility once per week (as indicated in the physician's contract) to evaluate injuries during the academic year, if needed. The Team Physician, along with her partners, will expedite office visits at their office for injured Messiah student-athletes. In addition, the Team Physician, or medical equivalent designated by the Team Physician will be present at all NCAA and MAC post-season championship events that are hosted at Messiah University, and all home wrestling contests.

Job Description of Team/Supervising Physician

The Team Physician bears the responsibility of directing the total health care of the student-athletes who participate in Messiah University athletic programs. The ATCs are under the Team Physician's guided supervision at all times, but will be given flexibility to function under the scope of their professional standards and state practice act. The Team Physician will serve as an advisor to the ATCs and a health care provider to the student-athletes. The Team Physician possesses the absolute authority in determining the health status of an athlete who wishes to participate in intercollegiate athletics.

Job Description of Certified Athletic Trainers (ATCs)

It is the philosophy of Messiah Athletic Trainers to provide optimal care for all intercollegiate athletes in an environment conducive to health activity and learning. The responsibilities of the ATCs are prevention; clinical evaluation and diagnosis; immediate care; treatment, rehabilitation, and reconditioning; organization and administration; and professional responsibility. The ATCs play an intricate role in the daily life of the student-athletes and shall display the utmost professionalism in their duties to maintain the well-being of all student-athletes. The ATCs employed at Messiah University practice Athletic Training under the direction of their Team Physician, Dr. Abbie Kelley, and/or her designee, and practice within the scope of Athletic Training as defined by the Commonwealth of Pennsylvania.

The Athletic Training Staff will refer all injuries that required immediate attention to OSS Health, unless other injuries or illnesses require the Emergency Department, but follow-up referral to occur through OSS Health.

Review of Policies and Procedures

Annually, the Team Physician and Director of Sports Medicine will review and implement any changes to the policies and procedures handbook for the Sports Medicine department. Appraisal of the policies and procedures will follow, and the entire handbook will be posted on the gomessiah.com website, under the Sports Medicine page. The Director of Athletics will also review to ensure that the process is completed annually.

Consultation by Practitioners Not Affiliated with Messiah University

When the student-athlete seeks consultation from a licensed physician, dentist, or podiatrist other than Messiah Team Physician, an individual referral or prescription from that practitioner is required. An order by the physician, dentist, or podiatrist may be written or oral, but an oral order must be put in writing within 72 hours of issuance. In cases of medical discrepancies, the Team Physician will have ultimate and final decision.

Messiah University's Engle Center

Student-athletes with general medical illnesses will follow the recommendations of the Student Health Center's practicing nurse practitioner in accordance with standing orders contracted with their overseeing physician.

Priority of Team/Event/Practice/Coverage

Messiah Athletic Trainers will provide medical coverage for Messiah Intercollegiate Athletics as resources can reasonably allow with the primary focus on traditional in-season sports. Non-traditional teams will be covered within the team practice during the in-season teams practice schedule and/or as resources can reasonably allow. When prioritizing events/practices, home athletic events have the highest priority, followed by home traditional team practices, followed by post-season away events, and finally home non-traditional practices. Out of season and unsupervised practices will not be covered.

Out-of-Season Policy

All injuries taking place during out-of-season and/or during unsupervised practices will be considered an accident, not an injury during intercollegiate athletics, and therefore will not be covered by the University's secondary insurance policy.

Home vs. Away Event Policies

Messiah ATCs will travel to all post-season athletic contests, however appropriate coverage of in-season home events and practices takes first priority.

Facility Hours

Eisenhower Athletic Training Facility is open in conjunction with Messiah athletic practices/events throughout the academic year. The opening and closing time for this facility when there are practices/events will be coordinated by the Sports Medicine Director. The athletic training facility will be available for rehabilitation and treatments during the day based on the availability of the ATCs to provide supervision and services in the facility, determined on a semester-to-semester basis. The Athletic Training Facility is open and staffed from 12:00 PM to 7:00 PM, Monday through Friday for the purposes of appointment-based treatment and rehabilitation, new-injury evaluations, walk-ins, and pre-practice preparation of Messiah's student-athletes during the academic year. During the August pre-season, the facility will open one hour prior to practice. The Athletic Training Facility will open two hours prior to a scheduled event (game/match/meet) time. The Athletic Training Facility is not open for rehabilitation on days when classes are not in session due to holidays or weather emergencies. Non-semester hours are available by appointment.

Referral Protocols

In the event of an injury to the head, the Messiah University Sports Concussion and Head Injury Policy and Protocol for student-athletes will be utilized. In all other instances, Messiah Athletic Trainers will use professional discretion and best practice guidelines and practice within the scope of Athletic Training as defined by the Commonwealth of Pennsylvania in referring student-athletes to the Team Physician or appropriate health care provider. Phone consultations may be utilized in discussion of these injuries/illnesses when warranted. An order by the Team Physician may be written or oral, but an oral order must be put in written form within 72 hours of issuance.

Documentation

The Athletic Trainer(s) will maintain a medical chart for each student-athlete which will include all pre-participation physical examination documents and other appropriate medical records (i.e., X-Ray, MRI, physician notes, etc.). These medical records are considered confidential and are property of Messiah University. These records will be maintained by the Sports Medicine Department.

Emergency Action Plan

In the event of an injury requiring emergency transportation, Messiah ATCs will enact the Messiah University's Athletic Training Emergency Action Plan. If a sport team is at a site where no previous Emergency Action Plan has

been devised, it is the responsibility of the team's coach and/or athletic trainer to make sure the address of the location and local emergency phone numbers are known and an operational phone is available.

Pre-Participation Athletic Physical Examination Guidelines

Every Messiah University student-athlete must have a pre-participation athletic physical examination on file with the University's Sports Medicine Department. The physical must indicate that the student-athlete can participate in intercollegiate athletics. The physical examination must be performed within six months of the first practice. Annual medical histories and pre-screens are required for subsequent years.

Pharmaceutical Management

Pharmaceutical management at Messiah is performed under the direction of the Team Physician according to the Agency of Authorization Pharmaceutical Agency Statements. Under no circumstances do the Athletic Trainers at Messiah University dispense prescription or non-prescription medication.

Messiah University Sports Medicine Department 2025-2026 Standard Written Protocol

This document will be reviewed and signed on an annual basis.

This **Written Protocol** is an agreement between the Athletic Trainer(s) and the Team Physician. This protocol assures that both parties are aware of and have signed the **Standard Operating Procedures** (SOP) that were developed for Messiah University. The standing protocol for OTC medication distribution states that the Athletic Trainers may administer OTC medications within the guidelines directed by the OTC medication label as directed by the Team Physician. The standing protocol for Epinephrine (in the form of an Epi-Pen) distribution states that the Athletic Trainer(s) may distribute Epinephrine within the guidelines directed by the Epinephrine patient insert as directed by the physician that prescribed the Epi-Pen.

This protocol also includes a **Standing Written Prescription**. The Standing Written Prescription is an order to treat approved individuals from the Team Physician in accordance with the Written Protocol and SOP. Approved individuals including all visiting student-athletes, team personnel, game officials, and all student-athletes under the care of the Athletic Trainer(s) at Messiah University.

1. The Team Physician will direct the Athletic Trainer(s) in matters regarding the management and rehabilitation of all athletic related injuries and illnesses of approved individuals at Messiah University.
2. *Direction is defined by the Medical and Osteopathic Medical Practice Acts and the Commonwealth of PA.: 49 Pa. Code § 18.502 & § 25.702 as ".....supervision over the actions of a licensed athletic trainer by means of referral by prescription to treat conditions for a physically active person... **or** written protocol approved by a supervision physician, except that the physical presence of the supervision physician, ...is not required if the supervising physician, ...is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications, or by other electronic means."
3. The Licensed Athletic Trainer(s) will be state licensed by the Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs: State Board of Medicine **or** State Board of Osteopathic Medicine, and national certified by the Board of Certification, Inc. for Athletic Trainers (BOC). 49 Pa. Code § 18.508/18.511 & §25.708/25.711.
4. The Licensed Athletic Trainer(s) will provide 'athletic training services.' 49 Pa. Code § 18.502 & § 25.702.
 - a. 'Athletic Training Services' are the management and provision of care of injuries to a physically active person, with the direction of a licensed physician.
 - b. The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

- c. The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a certified athletic trainer.
 - d. The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, and the use of therapeutic exercise, reconditioning, exercise, and fitness programs.
 - e. The term does not include surgery, invasive procedures, or prescription of any medication or controlled substance.
5. The Licensed Athletic Trainer(s) will maintain appropriate files on all approved individuals that includes a 'medical diagnostic examination' as referenced in 49 Pa. Code § 18.509(a)(3) & §25.709(a)(3).
 6. An athletic training student may practice 'athletic training that is coincidental to required clinical education and is within the scope of the student's education and training'. 49 Pa. Code § 18.503(b)(3) & § 25.703(b)(3).
 7. At all times, the Licensed Athletic Trainer(s) will act within the scope of practice of his/her/their education and training as defined in the Pa. Code above and as further delineated in the Athletic Training Standards of Practice and the Athletic Training Practice Domains for the Athletic Trainer (BOC).

This Protocol is only valid from (8/1/2025) to (7/31/2026), as per 49 Pa. Code § 18.509.7(c) and § 25.709.7(c). This document is nullified if either the Licensed Athletic Trainer or Supervising Physician change employer, relationship, or has his/her/their License/Certification revoked during the length of the contract.

Supervising Physician and Signature

1. Abbie Kelley, DO Team Physician	PA State License DATE: _____	Expiration Date Cell Phone: (717) 880-3340
PHYSICIAN SIGNATURE		

Licensed Athletic Trainers

1. Megan Fowler, DAT, LAT, ATC Director of Sports Medicine	RT005573 PA State License DATE: _____	Expiration Date Cell Phone: (719) 469-7818
ATHLETIC TRAINER SIGNATURE		
1. Nicole Kreimer Athletic Trainer	PA State License DATE: _____	Expiration Date Cell Phone:
ATHLETIC TRAINER SIGNATURE		
1. Luke Luckenbaugh Athletic Trainer	PA State License DATE: _____	Expiration Date Cell Phone:
ATHLETIC TRAINER SIGNATURE		
1. Sam Rutan Athletic Trainer	PA State License	Expiration Date

	DATE: _____	Cell Phone:
ATHLETIC TRAINER SIGNATURE		
1. Caitlin Foltz, LAT, ATC PRN Athletic Trainer	PA State License	12/31/2022 Expiration Date
	DATE: _____	Cell Phone: (717) 979-3894
ATHLETIC TRAINER SIGNATURE		
1. Robert Snyder, LAT, ATC PRN Athletic Trainer	RT005975 PA State License	Expiration Date
	DATE: _____	Cell Phone: (717) 350-9552
ATHLETIC TRAINER SIGNATURE		
1. Brenda White, Ed.D., LAT, ATC PRN Athletic Trainer	PA State License	Expiration Date
	DATE: _____	Cell Phone: (717) 512-7430
ATHLETIC TRAINER SIGNATURE		
1. Carter Halley PRN Athletic Trainer	PA State License	Expiration Date
	DATE: _____	Cell Phone:
ATHLETIC TRAINER SIGNATURE		
1. Braden Lawson, DAT, LAT, ATC PRN Athletic Trainer	PA State License	12/31/2022 Expiration Date
	DATE: _____	Cell Phone: (816) 812-3310
ATHLETIC TRAINER SIGNATURE		
1. Jeremy Kauffman PRN Athletic Trainer	PA State License	Expiration Date
	DATE: _____	Cell Phone:
ATHLETIC TRAINER SIGNATURE		
1. PRN Athletic Trainer	PA State License	Expiration Date
	DATE: _____	Cell Phone:
ATHLETIC TRAINER SIGNATURE		

Appendix B: Emergency Action Plans

Messiah University Emergency Action Plan: Back 40 Practice Soccer Fields

Emergency Personnel: Athletic training personnel on site for most practices and home, in-season competitions. Athletic trainers will be in the athletic training room and/or be reached on their mobile devices. If athletic trainers are not present, the coach will take the role of emergency personnel.

Emergency Communication: Mobile devices of the athletic trainer, or of a coach (head or assistant) will be used for emergency communication.

Emergency Equipment: Supplies (CPR equipment, AED, vital signs instruments) are typically with the athletic trainer at the field, and other necessary emergency supplies are maintained in the Athletic Training Room in Eisenhower Campus Center basement.

Roles of First Responders:

1. Immediate care of the injured or ill individual.
2. Emergency equipment retrieval.
3. Activate emergency medical services (EMS).
 - a. Call campus dispatch (717-691-6005); if dispatch does not answer on the initial call, then call 911
 - i. (If dispatch did not answer) during the call to 911, be sure to inform dispatch for 9-1-1 that Messiah is in Cumberland County.
 - ii. Give name and title
 - iii. Address/building
 - iv. Give mobile number of phone being used
 - v. Number of individuals injured/ill
 - vi. Condition of injured/ill individual(s) and suspected problem: if there is cardiac/pulmonary arrest, CLEARLY STATE THE URGENCY OF THE SITUATION
 - vii. First aid treatment provided
 - viii. Specific directions to building
 - ix. Any other information requested by dispatch
 - b. Contact Campus Safety Dispatch (717) 691-6005 if not done first.
4. Direction of EMS to scene
 - a. Designate an individual to meet EMS at the entrance of Sollenberger Sports Complex.
 - b. Direct EMS to location of scene. This could be the role of a different individual from step 1.
5. Notify appropriate individuals, and document everything and provide to athletic trainers.

Venue Directions: To get to Messiah from highway 15: travel east on West Lisburn Road exit; at the roundabout, turn south/right on Grantham Road; right at the stop sign and travel southwest on University Ave to Creekside Drive. The practice soccer fields are located across the covered bridge on campus (along Creekside Drive). Once across the bridge, take an immediate left to drive along the dirt road and up the hill to the tennis courts, then turn left to the end of the road. **Alternative directions:** After turning onto West Lisburn Road, take a left to drive south on Mill Road, across the Yellow Breeches Creek, and the road turns into N Grantham Road; travel ~.5 mile and park in the handicap parking lot next to the lacrosse field.

Safe Building: The Falcon Hut for players, coaches, and personnel. The Sawyer Pavillion and Falcon Hut are safe locations for spectators, players, coaches, officials, and personnel during games. If there are more than 1 event/team practicing or playing at a time, team(s) must go to either of the buildings across the bridge.

Messiah University Emergency Action Plan: Lacrosse Turf

Emergency Personnel: Athletic training personnel on site for most practices and home, in-season competitions. Athletic trainers will be in the athletic training room and/or be reached on their mobile devices. If athletic trainers are not present, the coach will take the role of emergency personnel.

Emergency Communication: Mobile devices of the athletic trainer, or of a coach (head or assistant) will be used for emergency communication.

Emergency Equipment: Supplies (CPR equipment, AED, vital signs instruments) are typically with the athletic trainer at the field, and other necessary emergency supplies are maintained in the Athletic Training Room in Eisenhower Campus Center basement.

Roles of First Responders:

6. Immediate care of the injured or ill individual.
7. Emergency equipment retrieval.
8. Activate emergency medical services (EMS).
 - a. Call campus dispatch (717-691-6005); if dispatch does not answer on the initial call, then call 911
 - i. (If dispatch did not answer) during the call to 911, be sure to inform dispatch for 9-1-1 that Messiah is in Cumberland County.
 - ii. Give name and title
 - iii. Address/building
 - iv. Give mobile number of phone being used
 - v. Number of individuals injured/ill
 - vi. Condition of injured/ill individual(s) and suspected problem: if there is cardiac/pulmonary arrest, CLEARLY STATE THE URGENCY OF THE SITUATION
 - vii. First aid treatment provided
 - viii. Specific directions to building
 - ix. Any other information requested by dispatch
 - b. Contact Campus Safety Dispatch (717) 691-6005 if not done first.
9. Direction of EMS to scene
 - a. Designate an individual to meet EMS at the entrance of Sollenberger Sports Complex.
 - b. Direct EMS to location of scene. This could be the role of a different individual from step 1.
10. Notify appropriate individuals, and document everything and provide to athletic trainers.

Venue Directions: After turning onto West Lisburn Road, take a left to drive south on Mill Road, across the Yellow Breeches Creek, and the road turns into N Grantham Road; travel ~.5 mile and park in the handicap parking lot next to the lacrosse field. **Alternative directions:** To get to Messiah from highway 15: travel east on West Lisburn Road exit; at the roundabout, turn south/right on Grantham Road; right at the stop sign and travel southwest on University Ave to Creekside Drive. The practice soccer fields are located across the covered bridge on campus (along Creekside Drive). Once across the bridge, take an immediate left to drive along the dirt road and up the hill to the tennis courts, then turn left to the end of the road.

Safe Building: The Sawyer Pavillion for players, coaches, and personnel. The Falcon Hut, as well as the High Center for Performing Arts Climenhaga Building are safe locations for spectators, players, coaches, officials, and personnel during games. If there are more than 1 event/team practicing or playing at a time, team(s) must go to either of the buildings across the bridge.

Messiah University Emergency Action Plan: Anderson Field and Criste Courts

Emergency Personnel: Athletic training personnel on site for most practices and home, in-season competitions. Athletic trainers will be in the athletic training room and/or be reached on their mobile devices. If athletic trainers are not present, the coach will take the role of emergency personnel.

Emergency Communication: Mobile devices of the athletic trainer, or of a coach (head or assistant) will be used for emergency communication.

Emergency Equipment: Supplies (CPR equipment, AED, vital signs instruments) are typically with the athletic trainer at the field, and other necessary emergency supplies are maintained in the Athletic Training Room in Eisenhower Campus Center basement.

Roles of First Responders:

11. Immediate care of the injured or ill individual.
12. Emergency equipment retrieval.
13. Activate emergency medical services (EMS).
 - a. Call campus dispatch (717-691-6005); if dispatch does not answer on the initial call, then call 911
 - i. (If dispatch did not answer) during the call to 911, be sure to inform dispatch for 9-1-1 that Messiah is in Cumberland County.
 - ii. Give name and title
 - iii. Address/building
 - iv. Give mobile number of phone being used
 - v. Number of individuals injured/ill
 - vi. Condition of injured/ill individual(s) and suspected problem: if there is cardiac/pulmonary arrest, CLEARLY STATE THE URGENCY OF THE SITUATION
 - vii. First aid treatment provided
 - viii. Specific directions to building
 - ix. Any other information requested by dispatch
 - b. Contact Campus Safety Dispatch (717) 691-6005 if not done first.
14. Direction of EMS to scene
 - a. Designate an individual to meet EMS at the entrance of Sollenberger Sports Complex.
 - b. Direct EMS to location of scene. This could be the role of a different individual from step 1.
15. Notify appropriate individuals, and document everything and provide to athletic trainers.

Venue Directions: To get to Messiah from highway 15: travel east on West Lisburn Road exit; at the roundabout, turn south/right on Grantham Road; right at the stop sign and travel southwest on University Ave to Creekside Drive. The practice soccer fields are located across the covered bridge on campus (along Creekside Drive). Once across the bridge, take an immediate left to drive along the dirt road and up the hill to the tennis courts, then turn right to the end of the road.

Safe Building: The Sawyer Pavillion for players, coaches, and personnel. The Falcon Hut, as well as the High Center for Performing Arts Climenhaga Building are safe locations for spectators, players, coaches, officials, and personnel during games. If there are more than 1 event/team practicing or playing at a time, team(s) must go to either of the buildings across the bridge.

Messiah University Emergency Action Plan: Starry Baseball Field

Emergency Personnel: Athletic training personnel on site for most practices and home, in-season competitions. Athletic trainers will be in the athletic training room and/or be reached on their mobile devices. If athletic trainers are not present, the coach will take the role of emergency personnel.

Emergency Communication: Mobile devices of the athletic trainer, or of a coach (head or assistant) will be used for emergency communication.

Emergency Equipment: Supplies (CPR equipment, AED, vital signs instruments) are typically with the athletic trainer at the field, and other necessary emergency supplies are maintained in the Athletic Training Room in Eisenhower Campus Center basement.

Roles of First Responders:

16. Immediate care of the injured or ill individual.
17. Emergency equipment retrieval.
18. Activate emergency medical services (EMS).
 - a. Call campus dispatch (717-691-6005); if dispatch does not answer on the initial call, then call 911
 - i. (If dispatch did not answer) during the call to 911, be sure to inform dispatch for 9-1-1 that Messiah is in Cumberland County.
 - ii. Give name and title
 - iii. Address/building
 - iv. Give mobile number of phone being used
 - v. Number of individuals injured/ill
 - vi. Condition of injured/ill individual(s) and suspected problem: if there is cardiac/pulmonary arrest, CLEARLY STATE THE URGENCY OF THE SITUATION
 - vii. First aid treatment provided
 - viii. Specific directions to building
 - ix. Any other information requested by dispatch
 - b. Contact Campus Safety Dispatch (717) 691-6005 if not done first.
19. Direction of EMS to scene
 - a. Designate an individual to meet EMS at the entrance of Sollenberger Sports Complex.
 - b. Direct EMS to location of scene. This could be the role of a different individual from step 1.
20. Notify appropriate individuals, and document everything and provide to athletic trainers.

Venue Directions: To get to Messiah from highway 15: travel east on West Lisburn Road exit; at the roundabout, turn south/right on Grantham Road; right at the stop sign and travel southwest on University Ave to Creekside Drive. The practice soccer fields are located across the covered bridge on campus (along Creekside Drive). Once across the bridge, continue straight through the parking lot. The baseball field will be located on the right side of the parking lot.

Safe Building: The Falcon Hut for players, coaches, and personnel. The High Center for Worship and Performing Arts, as well as the Climenhaga Building are safe locations for spectators, players, coaches, officials, and personnel during games. If there are more than 1 event/team practicing or playing at a time, team(s) must go to either of the buildings across the bridge.

Messiah University

Emergency Action Plan: Starry Softball Field

Emergency Personnel: Athletic training personnel on site for most practices and home, in-season competitions. Athletic trainers will be in the athletic training room and/or be reached on their mobile devices. If athletic trainers are not present, the coach will take the role of emergency personnel.

Emergency Communication: Mobile devices of the athletic trainer, or of a coach (head or assistant) will be used for emergency communication.

Emergency Equipment: Supplies (CPR equipment, AED, vital signs instruments) are typically with the athletic trainer at the field, and other necessary emergency supplies are maintained in the Athletic Training Room in Eisenhower Campus Center basement.

Roles of First Responders:

21. Immediate care of the injured or ill individual.
22. Emergency equipment retrieval.
23. Activate emergency medical services (EMS).
 - a. Call campus dispatch (717-691-6005); if dispatch does not answer on the initial call, then call 911
 - i. (If dispatch did not answer) during the call to 911, be sure to inform dispatch for 9-1-1 that Messiah is in Cumberland County.
 - ii. Give name and title
 - iii. Address/building
 - iv. Give mobile number of phone being used
 - v. Number of individuals injured/ill
 - vi. Condition of injured/ill individual(s) and suspected problem: if there is cardiac/pulmonary arrest, CLEARLY STATE THE URGENCY OF THE SITUATION
 - vii. First aid treatment provided
 - viii. Specific directions to building
 - ix. Any other information requested by dispatch
 - b. Contact Campus Safety Dispatch (717) 691-6005 if not done first.
24. Direction of EMS to scene
 - a. Designate an individual to meet EMS at the entrance of Sollenberger Sports Complex.
 - b. Direct EMS to location of scene. This could be the role of a different individual from step 1.
25. Notify appropriate individuals, and document everything and provide to athletic trainers.

Venue Directions: To get to Messiah from highway 15: travel east on West Lisburn Road exit; at the roundabout, turn south/right on Grantham Road; right at the stop sign and travel southwest on University Ave to Creekside Drive. The practice soccer fields are located across the covered bridge on campus (along Creekside Drive). Once across the bridge, continue through the parking lot and the softball field will be located on the left side.

Safe Building: The Falcon Hut for players, coaches, and personnel. The High Center for Worship and Performing Arts, as well as the Climenhaga Building are safe locations for spectators, players, coaches, officials, and personnel during games. If there are more than 1 event/team practicing or playing at a time, team(s) must go to either of the buildings across the bridge.

Messiah University Emergency Action Plan: Shoemaker Field, Starry Track & Field

Emergency Personnel: Athletic training personnel on site for most practices and home, in-season competitions. Athletic trainers will be in the athletic training room and/or be reached on their mobile devices. If athletic trainers are not present, the coach will take the role of emergency personnel.

Emergency Communication: Mobile devices of the athletic trainer, or of a coach (head or assistant) will be used for emergency communication.

Emergency Equipment: Supplies (CPR equipment, AED, vital signs instruments) are typically with the athletic trainer at the field, and other necessary emergency supplies are maintained in the Athletic Training Room in Eisenhower Campus Center basement.

Roles of First Responders:

26. Immediate care of the injured or ill individual.
27. Emergency equipment retrieval.
28. Activate emergency medical services (EMS).
 - a. Call campus dispatch (717-691-6005); if dispatch does not answer on the initial call, then call 911
 - i. (If dispatch did not answer) during the call to 911, be sure to inform dispatch for 9-1-1 that Messiah is in Cumberland County.
 - ii. Give name and title
 - iii. Address/building
 - iv. Give mobile number of phone being used
 - v. Number of individuals injured/ill
 - vi. Condition of injured/ill individual(s) and suspected problem: if there is cardiac/pulmonary arrest, CLEARLY STATE THE URGENCY OF THE SITUATION
 - vii. First aid treatment provided
 - viii. Specific directions to building
 - ix. Any other information requested by dispatch
 - b. Contact Campus Safety Dispatch (717) 691-6005 if not done first.
29. Direction of EMS to scene
 - a. Designate an individual to meet EMS at the entrance of Sollenberger Sports Complex.
 - b. Direct EMS to location of scene. This could be the role of a different individual from step 1.
30. Notify appropriate individuals, and document everything and provide to athletic trainers.

Venue Directions: To get to Messiah from highway 15: travel east on West Lisburn Road exit; at the roundabout, turn south/right on Grantham Road; right at the stop sign and travel southwest on University Ave to Creekside Drive. The practice soccer fields are located across the covered bridge on campus (along Creekside Drive). Once across the bridge, continue straight through the parking lot. Turn left between the softball field and Shoemaker field and take a sharp right up the hill to Shoemaker field. **Alternative directions:** After turning onto West Lisburn Road, take a left to drive south on Mill Road, across the Yellow Breeches Creek, and the road turns into N Grantham Road; travel ~.5 mile and drive into the parking lot above the lacrosse field where someone will be there to guide ambulance to the backside of Shoemaker field.

Safe Building: The Falcon Hut and Sawyer Pavillion for players, coaches, and personnel. The High Center for Worship and Performing Arts, as well as the Climenhaga Building are safe locations for spectators, players, coaches, officials, and personnel during games.

Messiah University Emergency Action Plan:

Sollenberger Sports Complex

Hitchcock Arena, Brubaker Gymnasium, Sawyer Gymnasium, Wrestling Room, Fredrickson Natatorium

Emergency Personnel: Athletic training personnel on site for most practices and home, in-season competitions. Athletic trainers will be in the athletic training room and/or be reached on their mobile devices. If athletic trainers are not present, the coach will take the role of emergency personnel.

Emergency Communication: Mobile devices of the athletic trainer, or of a coach (head or assistant) will be used for emergency communication.

Emergency Equipment: Supplies (CPR equipment, AED, vital signs instruments) are typically with the athletic trainer at the field, and other necessary emergency supplies are maintained in the Athletic Training Room in Eisenhower Campus Center basement.

Roles of First Responders:

31. Immediate care of the injured or ill individual.
32. Emergency equipment retrieval.
33. Activate emergency medical services (EMS).
 - a. Call campus dispatch (717-691-6005); if dispatch does not answer on the initial call, then call 911
 - i. (If dispatch did not answer) during the call to 911, be sure to inform dispatch for 9-1-1 that Messiah is in Cumberland County.
 - ii. Give name and title
 - iii. Address/building
 - iv. Give mobile number of phone being used
 - v. Number of individuals injured/ill
 - vi. Condition of injured/ill individual(s) and suspected problem: if there is cardiac/pulmonary arrest, CLEARLY STATE THE URGENCY OF THE SITUATION
 - vii. First aid treatment provided
 - viii. Specific directions to building
 - ix. Any other information requested by dispatch
 - b. Contact Campus Safety Dispatch (717) 691-6005 if not done first.
34. Direction of EMS to scene
 - a. Designate an individual to meet EMS at the entrance of Sollenberger Sports Complex.
 - b. Direct EMS to location of scene. This could be the role of a different individual from step 1.
35. Notify appropriate individuals, and document everything and provide to athletic trainers.

Venue Directions: To get to Messiah from highway 15: travel east on West Lisburn Road exit; at the roundabout, turn south/right on Grantham Road; right at the stop sign and travel southwest on One University Ave. Turn left into the parking lot of Sollenberger Sports Complex where someone will be there to guide EMS to location of injured individual.

Safe Building: All athletes, coaches, game day personnel, and spectators should remain in Sollenberger Sports Complex if inclement weather is occurring.

Appendix C: Concussion Diagnosis Form

Name: _____

Date: _____

Headache	
Pressure in head	
Neck pain	
Nausea or vomiting	
Dizziness	
Blurred vision	
Balance problems	
Sensitivity to light	
Sensitivity to noise	
Feeling slowed down	
Feeling like "in a fog"	
"Don't feel right"	
Difficulty concentrating	
Difficulty remembering	
Fatigue or low energy	
Confusion	
Drowsiness	
More emotional	
Irritability	
Sadness	
Nervous or anxious	
Trouble falling asleep	
Total # of symptoms	
Symptom severity (add all numbers)	

Olfactory (smell armpit)	
Optic (read scoreboard)	
Occulomotor (PEARL)	
Trochlear (oblique diagonals)	
Trigeminal (bite down)	
Abducens (lateral gaze)	
Facial (wrinkle forehead)	
Auditory (rub fingers near ear)	
Glossopharyngeal (swallow)	
Vagus (breathing)	
Spinal Accessory (shoulder shrug)	
Hypoglossal (normal talking)	

Pulse/HR	
Blood pressure	
Pulse ox	
Temperature	

Cognitive function:

Immediate memory:

Orientation:

Concentration:

Coordination:

Delayed memory recall:

Modified BESS test:

VOMS	Not tested	Headache 0-10	Dizziness 0-10	Nausea 0-10	Fogginess 0-10	Comments
Smooth pursuits						
Saccades-Horizontal						
Saccades-Vertical						
Convergence (Near Point)						(Near Point in cm): Measure 1: _____ Measure 2: _____ Measure 3: _____
VOR-Horizontal						
VOR-Vertical						
Visual Motion Sensitivity Test						

Appendix D: Medical Time-Out Card

Medical Time-Out: Messiah University Athletics

One University Ave, Mechanicsburg

Emergency Action Personnel		
Athletic Trainers	Messiah University	Opponent
Athletic Training Students	Messiah University	Opponent
Game Day Manager		
Officials/Referees		
Methods of Communication		
Voice Commands	Phone	Hand Signals
Golf Cart	EMS/Campus Safety	AED
Splint Bag/Crutch Bag	Cold Immersion	Toolkit
Emergency Medical Services Actions		
Designated caller if no EMS present:		Phone
Review of Action Plan	Equipment Removal	
Closest Hospitals	OSS Orthopedic Urgent Care 856 Century Drive, Mechanicsburg	UPMC Pinnacle Harrisburg ER 111 S Front Street, Harrisburg
Emergency Equipment		
Splint Bag	AED	Crutches
Screwdriver	Cold Immersion	Other:
EAP Issues		
Weather	Crowd	Construction
Inclement Weather/Temperature		
Lightning	Nearest Strike: _____ Miles	Time Assessed:
Heat	WBGT:	Time Assessed:
Cold	WBGT:	Time Assessed:
Nearest Safe Locations		
All Outdoor Fields (communicate with other facilities/personnel)	Falcon Hut or Sawyer Pavillion for Athletes	High Center or personal vehicles for crowd
Hitchcock	Locker Rooms for Athletes	? for Crowd

Appendix E: Concussion Academic Modifications Letter

Dear colleague:

NAME is under my professional care for a head injury which occurred on **DATE**. The student-athlete's physical exam and presenting symptoms are consistent with a concussion. A concussion is a traumatic brain injury (TBI) induced by biomechanical forces, which results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously, neuropathological changes that reflect a functional disturbance rather than a structural injury (undetected on any imaging), and range of clinical signs and symptoms which vary greatly from one person to the next.

While every treatment plan is unique to each particular patient, complete cognitive rest is imperative for each individual, for 24-72 hours. Ideally, the student would have upwards of 7-14 days (or more) with complete cognitive rest, but in higher education, this would result in the student falling irretrievably behind. The goal is to remain relatively symptom free, or at least, avoid worsening of symptoms, to promote brain healing. The student is seeing the Sports Medicine staff almost every day until complete discharge for the concussion.

Based on the nature of the injury, **NAME** is prescribed a return to learn plan. After 2-3 days of complete cognitive rest, the next step will be a graduated interval studying, where the student studies for short increments and rests for long increments, and gradually builds cognitive endurance for studying. The goal is to remain relatively symptom free, or at least, avoid worsening of symptoms, to promote brain healing.

You can expect the student to be present in class, after the period of complete cognitive rest, but is instructed to have periods of intermittent engagement in class, parallel to the recommendations for studying. As the student continues to improve, so will the ability to engage in class and endurance for homework/studying. Your assistance in creating these accommodations will be integral to the student's success and may be critical to the overall recovery of the concussion.

Name is working with the Sports Medicine staff in conjunction with the team physician to create the best environment for the brain to heal. Also find attached a helpful infographic regarding concussion fact sheet for educators. Some potential academic modifications include delaying assignment deadlines, delaying quizzes and exams, allowing the student to have printed versions of assignments/notes, and possibly changing seat positions in class.

Thank you for your understanding in the unfortunate process of this brain injury that **NAME** has sustained, and your commitment to his/her academic success.

If you have any further questions, please feel free to reach out to me to discuss further.

Sincerely,

PROFESSIONAL NAME AND CREDENTIALS

Appendix F: Pre-Participation Physical Examination Form

NAME (PRINT) _____

DATE OF BIRTH _____

PART E – PHYSICAL EXAMINATION

TO BE COMPLETED BY EXAMINING HEALTH CARE PROVIDER

(Physical exam must be completed within 1 year prior to start date at Messiah University)

Will the student be participating in NCAA athletic sports team? Y/N Which sport? _____

****NCAA requires physical exam 6 months prior to start date.**

Height _____ Weight _____ BMI _____ BP _____ Pulse _____ Vision _____ Corrected? Y/N

SYSTEM	NORMAL	ABNORMAL (PLEASE DESCRIBE)
APPEARANCE		
SKIN		
HEENT		
RESPIRATORY		
CARDIOVASCULAR		
GASTROINTESTINAL		
MUSCULOSKELETAL		
NEUROLOGICAL		
LYMPHATIC		
PSYCHOLOGICAL		

CHRONIC HEALTH PROBLEMS

CURRENT MEDICATIONS, INCLUDING DOSING INSTRUCTIONS

MEDICATION ALLERGIES (REACTION)

QUESTIONS BELOW ARE REQUIRED TO BE COMPLETED	YES	NO
ARE YOU AWARE OF ANY CONDITION THAT MIGHT AFFECT THIS STUDENT'S ABILITY TO LIVE RESIDENTIALLY OR SUCCEED ACADEMICALLY?		
IS THE STUDENT FIT TO PARTICIPATE IN ALL ACTIVITIES, INCLUDING, BUT NOT LIMITED TO GENERAL WELLNESS CLASSES, INTRAMURAL ACTIVITIES, ATHLETIC COMPETITIONS AND OTHER PHYSICAL EXERCISE?		

HEALTH CARE PROVIDER SIGNATURE _____	Date of Exam _____
Print name _____	Phone _____ Fax _____
Address _____	

PART D and PART E MUST be completed by health care provider and UPLOADED TO HEALTH PORTAL.

Appendix G: Pregnant Student-Athlete Waiver

Department of Athletics Pregnant Student-Athlete Waiver

I, _____, understand that there are dangers and risks to which I may be exposed by participating in intercollegiate sports while pregnant. I understand that Messiah University, its trustees, employees, agents, volunteers, and students (collectively, the "University"), do not require me to participate in intercollegiate sports, but I want to do so and choose to participate voluntarily, despite the possible dangers and risks.

I understand that my participation in intercollegiate sports may involve significant physical exertion and that it is possible for me and/or my fetus to suffer a serious injury during practice, conditioning, travel, or participation in intercollegiate sports. I understand that such an injury could result in death or other serious physical and/or psychological harm and damage to me, my fetus, or my property. I have been warned of the significant non-obvious risks associated with intercollegiate sports, have full knowledge of these risks, and realize that I am responsible for my own safety and well-being and that of my fetus while participating in intercollegiate sports. I understand and agree that my participation in intercollegiate sports involves both known and unknown and anticipated and unanticipated risks that include, but are not limited to, injury, permanent disability, or death. **I assume any and all responsibility and risks associated with my participation in intercollegiate sports and agree to use reasonable care while participating in these intercollegiate sports.**

I acknowledge that I have sought medical attention and advisement for my pregnancy and intercollegiate sport-related issues according to the Messiah University Athletic Department Student-Athlete Pregnancy Policy. I acknowledge and agree that I am required to provide documentation to the Messiah University Director of Sports Medicine of medical clearance by my personal primary care physician and/or OB/GYN physician to participate in any intercollegiate sport in a timely manner. I further acknowledge and agree that in order to continue my participation in any intercollegiate sport, I am required to provide documentation of medical clearance to participate by my personal physician and/or OB/GYN physician on a routine basis. I will be permitted to continue to participate in intercollegiate sports until such time that my personal physician, OB/GYN physician, team physician, and/or the Messiah University Director of Sports Medicine no longer medically clear me to participate in such activities.

I understand that according to the NCAA, I am entitled to continue my athletic and academic careers, and may apply, if I wish, for an additional year of athletic eligibility. I further understand and acknowledge that my involvement on any Messiah University intercollegiate sports team will be determined by the team's Head Coach on the same basis as any other student-athlete's involvement in the intercollegiate sports team.

In consideration of being permitted to participate in intercollegiate sports, I, on behalf of myself, my heirs, representatives, executors, successors, administrators, agents, and assigns, do hereby knowingly and fully waive, release, and agree to indemnify and hold harmless Messiah University, its Department of Athletics, its trustees, employees, agents, physicians, athletic trainers, volunteers, and students (collectively referred to as "Releasees"), from and against any present or future liability, claims or actions that may arise from injury or harm to me or my fetus, from my death or that of my fetus, from damage to my property, or for which I may be liable to another person, as a result of my participation in intercollegiate sports except for injury, death or damage resulting from the gross negligence or willful

misconduct of the University. This Release and the rights of the parties shall be construed in accordance with the laws of the Commonwealth of Pennsylvania.

I, _____, have carefully read this entire Release, fully understand this Release, and am voluntarily signing this Release. I agree to be legally bound by this Release.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

(Student-Athlete – print) (Student-Athlete – signature) (date)

(Parent/Guardian – print) (Parent/Guardian – signature) (date)
(If applicable) (If student-athlete is under 18)



MESSIAH
SPORTS MEDICINE

Appendix H: Athlete Forms



Assumption of Risk, Release and Waiver of Liability, Indemnity, and Medical Consent Agreement for Participants in Intercollegiate Athletics at Messiah University

Please read the following sections carefully: (if you are under 18 years of age, your parents must also initial and sign this form).

Requirements: 1) Initial at the end of each section; 2) Sign at the bottom of the form that you have read, understand, and agree to the information/statements provided for the YEAR-YR academic year. If you should choose to refuse to initial/sign any of these sections, please write "Refuse to Sign" next to the appropriate section. **You will be unable to participate in Intercollegiate Athletics at Messiah University if you refuse to sign or initial any part of this agreement.**

PART I: ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY

In consideration of being permitted in Intercollegiate Athletics at Messiah University, I, the undersigned, hereby agree as follows:

- I hereby acknowledge and agree that I understand the nature of Intercollegiate Athletics that I will be participating in at Messiah University; I am aware that there are certain risks and dangers associated with participating in Intercollegiate Athletics at Messiah University, including risks of illness, injury, and death; and I knowingly and voluntarily accept and assume responsibility for such risks and dangers that could arise out of, or occur during, my participation in Intercollegiate Athletics at Messiah University, even if such risks and dangers arise in whole or in part from negligence of Messiah University and/or its employees, agents, and representatives.
- I hereby warrant that I am qualified, in good health, and in proper physical condition to participate in Intercollegiate Athletics and Messiah University. I hereby release and forever discharge Messiah University and its past, present, and future officers, directors, partners, shareholders, members, managers, agents, employees, successors, subsidiaries, parents, assigns, representatives, attorneys, affiliates, heirs, and insurers, from any and all liability, loss, damages, costs, claims, and/or causes of actions resulting from any accident, illness, bodily harm, personal injury, death, and/or property loss, however caused from or in any way related to my participation in Intercollegiate Athletics at Messiah University, including losses cause in whole or in part by the negligence of Messiah University and/or its employees, agents, and representatives. Further, and to the same extent and scope, I release said parties from any claim whatsoever that may be attributable to the receipt of first-aid or other medical treatment rendered to me in connection with my participation in Intercollegiate Athletics at Messiah University.
- I hereby agree to indemnify and hold harmless Messiah University and its past, present, and future officers, directors, partners, shareholders, members, managers, agents, employees, successors, subsidiaries, parents, assigns, representatives, attorneys, affiliates, heirs, and insurers, from any and all claims, demands, lawsuits, liabilities, damages, expenses (including reasonable attorney fees), and/or costs arising out of or related to my participation in Intercollegiate Athletics at Messiah University.
- I have read this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement in its entirety and understand and agree to its terms.

PART II: MEDICAL CONSENT

I authorize Messiah University designated certified Athletic Trainers and/or medical personnel to provide me with any preventative, first-aid, rehabilitative, or emergency treatment deemed necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during Messiah University Intercollegiate Athletic activities. I give permission for medical information to be released and discussed with the Sports Medicine staff, team physician, Engle Center staff, team coaches, and strength and conditioning coaches. If reasonably necessary to provide

the care described in the preceding paragraphs, I grant permission to Messiah University official to authorize my admission to a hospital or facility that provides said treatment.

I have read this medical consent in its entirety and understand and agree to its terms.

I understand that I have the right to revoke all or any part or the above at any time by sending a written notification to the Messiah University to the Athletics Director. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent. I have read and fully understand the Messiah University Intercollegiate Athletic program requirements and all information supplied is accurate and current to the best of my knowledge.

AUTHORIZATION TO OBTAIN AND RELEASE MEDICAL INFORMATION

1. I hereby authorize Messiah University Athletics to release/obtain personal medical records in the event of an emergency to the hospital, team physician, physicians, athletic trainer, or other provider of medical services in order to maintain my/son/daughter's well-being. In accordance with FERPA and HIPAA, this information is to be released/obtained on the condition that Messiah University Athletics will not permit any other party access to the information without the express written consent of myself or other legally responsible party.
2. I authorize the Messiah University team physician, other physicians, hospitals, the Engle Center staff, or any other provider of medical services to release medical information acquired in the course of my examination or treatment to the Messiah University Athletic Trainer and Sports Medicine Department for the purpose of advising medical status, care of, and eligibility for returning to sports.
3. I acknowledge and authorize that any protected health information released to/obtained by the Messiah University Athletic Trainer(s) can be disclosed with Messiah University Athletics, Messiah University Coaching Staff, Team Physician, the Engle Center staff, or any other provider of medical services for treatment purposes.
4. I acknowledge that Messiah University Athletics is not authorized to release any medical information to the media, sports information personnel, and/or any other non-covered entity in accordance with FERPA and HIPAA guidelines unless a signed authorization form is obtained first. This authorization expires 1 year from the date of signing for that particular injury/illness. I realize that I may withdraw my consent at any time in writing.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and The Family Educational Rights and Privacy Act (FERPA) of 1974 require that we guard the privacy of your protected health information. You have the right to confidential treatment of all information and records pertaining to your care; as well as full consideration of privacy concerning your treatment and rehabilitation plan. You also have the right to be advised as to the reason for the presence of any individual during the course of your medical care. If you sustain an injury while participating in Intercollegiate Athletics at Messiah University, it is important to understand that we may need to discuss your injury with your coaches, parents, and/or other people involved in your care. We may discuss issues relevant to your care only under the following circumstances:

1. You have given oral or implied consent through your action.
2. You have signed the authorization form below, which permits us to disclose health information to the parties mentioned.

Please note that even when you have signed this authorization allowing us to share your health information, it is important to know that we will only release the minimum amount of information necessary to protect you.

Student-Athlete Authorization to Release Protected Health Information

I hereby authorize Messiah University Athletics Department to release my protected health information. Protected health information may include:

1. Injury or illness relevant to past, present, or future participation in Intercollegiate Athletics at Messiah University;
2. Information contained in my personal medical record unrelated to my participation in Intercollegiate Athletics at Messiah University;
3. Information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and other related personally identifiable health information, including injury reports, test results, x-rays, progress reports, and any other documentation regarding my health status.

Authorization is granted for release:

- Physicians outside of OSS Health for the purpose of discussing diagnosis, prognosis, and care plan while I am a student-athlete;
- My parents/guardian and/or spouse for the purpose of assisting me in making healthcare decisions while I am a student-athlete, unless otherwise specified to not have authorization below;
- The coaches, assistant coaches, and other athletic staff so that they may make decisions regarding my athletic ability and suitability to compete while I am a student-athlete;
- The athletic training students and other students who are participating in the provision of sports medicine healthcare to assist and participate in the provision of healthcare to me while I am a student-athlete;
- Amateur athletic organizations for the purpose of making decisions regarding my prospect as an athletic participant;
- The Mid-Atlantic Conference and the National Collegiate Athletic Association for the purpose of making determination regarding my eligibility status while I am a student-athlete;
- Applicable insurance providers for the purpose of processing insurance claims while I am a student-athlete;
- The Engle Center for the purposes of continuity and correspondence of care;
- Professional athletic teams, their scouts, athletic trainers, physicians, servant, or employees for the purpose of making decisions regarding my prospect as a professional athlete.
- Please write in any names that you specifically do NOT grant release of information:

Messiah University Sports Medicine **HIPAA/FERPA Uses and Disclosures of Student-Athlete Protected Information FAQs**

What is this form?

This form was developed based on the Health Insurance Portability & Accountability Act of 1974, 1996 (HIPAA) and the Family Education Rights and Privacy Act of 1974 (FERPA).

1. **FERPA** is a federal law that protects the privacy of student education records. The Family Education Rights and Privacy Act was enacted by Congress to protect the privacy of student educational records. This privacy right is a right vested in the student. Generally:
 - Institutions must have written permission from the student in order to release any information from a student's educational record.
 - Institutions may disclose directory information in the student's educational record without the student's consent.
 - It is good policy for the institution to notify the student about such disclosure and to seek the written permission of the student to allow disclosure of any educational records including directory information.
 - Institutions should give the student ample opportunity to submit a written request that the school refrain from disclosing directory information about them.

- Institutions must not disclose non-directory information about students without their written consent except in very limited circumstances.
- Institutions should notify students about their rights under FERPA through annual publications.
- When in doubt, it is always advisable to err on the side of caution and not to release student educational records without first fully notifying the student about the disclosure.

2. **HIPAA** was enacted by the U.S. Congress in 1996 to address the security and privacy of health data. This piece of legislation was put into place for many reasons including the following:

- Insure health insurance portability;
- Reduce healthcare fraud and abuse;
- Guarantee security and privacy of health information;
- Enforce standards to health information MAINLY, to protect health information from disclosure.

*****This legislation unintentionally impacted athletics because of the medical aspect of care*****

3. Why do we have this form?

By signing this form, the student-athlete is authorizing their direct supervising Athletic Trainer and the Team Physician to communicate with the identified entities as explained in this document when it pertains to the individual throughout the year.

******This does not mean that ANY and/or ALL of medical information can and will be disclosed. The only information that will be disclosed is that of absolute necessity per situation.**

Example:

For Insurance Purposes: Insurance coordinator/point-person to correspond with insurance companies to facilitate outside care. This may include but is not limited to: preauthorizing diagnostic testing, surgeries, ensuring proper insurance protocol to coordinate referral appointments as needed.

For the Coaching Staff: If an injury occurs during a practice or competition, this form authorizes the Sports Medicine Staff working with you/son/daughter to communicate with the coach regarding the status of return.

For the Media: It is not our policy to inform the media of any injury or illness conditions without prior consultation and consent with the student-athlete.

4. Who discloses what information and to whom?

The only people who are authorized to disclose information are the student-athlete's Certified Athletic Trainer or Team Physician as it pertains to the situation that may arise. Any information about past injuries/conditions will only be disclosed as it would pertain to participation in the present. For example: low back injuries that would limit weight training or conditioning.



Messiah University Athletic Training Facility Rules

1. The Athletic Training Facility is a healthcare facility and should be treated in such a manner. It is not an athlete lounge or loitering area. Once you are completed with your treatment, rehabilitation, taping, and/or appointment, please exit. Furthermore, **no pictures/videos (i.e., FaceTime, Snapchat, etc.) may be taken of yourself or any other student-athlete while in the Athletic Training Facility.**
2. ALL INJURIES must be reported to the Athletic Training staff immediately!
3. New injury evaluations, treatment, and rehabilitation appointments can be made through the portal online. Those with appointments are first priority and walk-ins will be treated once an athletic trainer is available.
4. All patients entering the Athletic Training Facility must sign-in before receiving any care, which includes "just getting ice or a band-aid."
5. In the Athletic Training Facility, athletes must be dressed in a minimum of shirts and shorts unless the athletic trainer informs you that removal of certain clothing is necessary for your medical treatment. Sports bras alone as a top are not acceptable.
6. Do not remove any supplies from the Athletic Training Facility without an athletic trainers' permission (i.e., foam rollers, tape cutters, rolls of tape, scissors, rehab equipment, etc.).
7. Cleats are not allowed in the Athletic Training Facility.
8. If you make a mess, please clean up after yourself.
9. NO TOBACCO PRODCUTS IN THE ATHLETIC TRAINING FACILITY!
10. No food or beverages are permitted, with the exception of bottled water.
11. The modality units (electrical stimulation, ultrasound, Game Ready) are to only be operated by an athletic trainer.
12. Certain medical supplies issued to student-athletes must be returned once your treatment does not require it anymore (i.e., ankle braces, walking boots, crutches, etc.). The athletic trainer will notify you if the supply needs to be returned.
13. Horseplay, profanity, and derogatory/abusive language will not be tolerated. Be respectful and courteous to everyone or you will be asked to leave.
14. No use of cell phones while your athletic trainer is taking you through your rehabilitation/treatment.
15. Supplies (i.e., tape, prewrap, etc.) are NOT to be used for sport equipment or personal use (i.e. hair ties, shoe laces, shin guards, etc.).
16. Backpacks should be left in the waiting area, in the cubbies, or in the hallway outside the Athletic Training Facility. No athletic equipment should be brought into the Facility unless otherwise instructed to do so by an athletic trainer.
17. If any post practice treatment is required (whirlpool, evaluation, treatment) please shower before coming to the athletic training room.
18. If you use the water bottles provided at practice, DO NOT unscrew the caps and drink from the side of the water bottle. This is encouraging to spread germs rapidly. If you choose to bring your own water bottle, drink out of that however you choose.

Your signature on this form signifies that you understand your responsibility to uphold the standards to create an environment supportive and respectful of all that interact in the Athletic Training facility, including fellow student-athletes and the athletic training staff, and any others that are involved in the care of student-athletes at Messiah University.



Messiah University Intercollegiate Athletic Insurance Acknowledgement Form and Responsibility of Medical Bills

As a condition of enrollment and participation as a student-athlete at Messiah University, you are required to have current and active personal primary medical insurance coverage. In keeping with the voluntary nature of NCAA Division III programs, the primary source for the payment of costs associated with the treatment of the injuries incurred by student-athletes while participating in an intercollegiate sport is the student-athlete or his/her family. However, **the NCAA does require that all institutions certify the existence of insurance coverage for medical expenses resulting from athletically related injuries sustained by a student-athlete during NCAA-sanctioned competition or supervised practice.** To that end, Messiah University carries an excess insurance plan through INSURANCE, and third party administrator, for the YEAR-YR academic year.

The excess insurance plan carried by the institution is designed to cover only those eligible expenses that have not been reimbursed after a student-athlete's primary insurance have made payment. Coverage under the excess plan is subject to specific policy terms and conditions and includes certain restrictions and exclusions of which you should be aware. The policy covers only new injuries that are sustained during NCAA-sanctioned competition or supervised practice. Pre-existing injuries, off-season (any period not specified by the NCAA as sanctioned practice or unsupervised weight lifting in the off-season) injuries, training alone, and injuries incurred during the season that are not directly related to in-season competition or a supervised practice are not covered. The inclusion criteria for a claim to be submitted is: supervised by a coach (strength and conditioning or sport coach), scheduled by a coach, and sponsored (countable day by the NCAA). The policy will pay covered, unreimbursed expenses up to \$90,000, as mandated by the NCAA. After total costs reach \$90,000, whether paid by the insurance of the student-athlete or his/her family or by the excess plan, the NCAA provides a catastrophic health insurance plan for injuries incurring costs greater than \$90,000.

Please note that Messiah University assumes no responsibility for any uninsured expenses and does not assist with or cover deductibles or co-payments. We strongly recommend that the student-athlete understands his/her primary health insurance plan, in- and out-of-network rules, and appropriate referral requirements. The secondary, accidental policy does not take the place of primary health insurance.

Coverage by INSURANCE and TPA through Messiah University is only in **excess** of any primary plan. It will not duplicate benefits, and it excludes those bills incurred that were "payable" by the primary health insurance plan. The student-athlete and his/her family must follow proper procedures for filing claims with the primary insurance plan. If parents or student-athletes choose not to use the authorized medical providers of their plan, they should be aware that TPA may deny the claims and subsequent bills that are incurred that would have been honored had they used the proper providers or that may be outside of the HMO coverage area. The excess insurance plan is only responsible for medical charges that would have been payable had the proper procedures been followed and the proper vendors used. It is the student-athlete's responsibility to confirm that the healthcare provider is in the student-athlete's insurance network and to obtain any pre-authorizations required by the student-athlete's insurance. **Student-athletes are encouraged to check with their primary insurance plans for information regarding Guest Memberships. Many carriers offer Guest Memberships when you or any of your dependents will be staying temporarily outside of the service area for more than 90 days.**

All post-operative cases will be referred to formal physical therapy until it is deemed appropriate to functionally return under the supervision of an athletic trainer. It is the responsibility of the policy holder and/or student-athlete to determine benefit within the state of Pennsylvania. Only under very specific circumstances will post-operative physical therapy be conducted under the sports medicine staff until functional return to sport. Additionally, any patient is allowed to seek out formal physical therapy on his/her own, however, it will be the responsibility of the student-athlete

and/or policy holder to determine benefit within the state of Pennsylvania, and understand that any non-sport related injury will be the sole financial responsibility of the student-athlete/policy holder.

I/we hereby understand that there may be medical bills resulting from an injury/illness incurred while participating as a member of Messiah University's Intercollegiate Athletics Program. I/we acknowledge that I/we am responsible for any and all medical bills. I/we also agree to the following:

1. I/we understand that I/student-athlete must be covered by a primary health insurance policy that covers intercollegiate related athletic injuries and I am/we are responsible for providing proof of that primary policy to the Messiah University Sports Medicine staff and notifying them if there is/are any changes in that policy.
2. I/we understand that for an athletically related injury/illness to be eligible for coverage under the supplemental athletic accident insurance through INSURANCE and TPA, I, the student-athlete **MUST** report the injury/illness to the Sports Medicine staff **within 60 days of its onset**.
3. I/we understand that Messiah University's Sports Medicine staff will assist me/us in filing injury claims, but has no liability for the accuracy or payment of the claims.
4. I/we further understand that the Commonwealth of Pennsylvania, Messiah University, and the Sports Medicine staff and/or any Messiah employee is in no way liable for payment of any medical bills.
5. I/we accept the responsibility of ensuring any insurance claims are submitted correctly and in a timely manner. I/we also accept that it is my/our responsibility to follow-up on medical claims with both the medical providers and insurance companies involved with my bills.
6. I/we understand that there is a limitation on the time in which medical bills must be submitted to my/our insurance company(ies) and failure to address any medical bills within that time could affect my credit record and also result in the denial from AG Administrators.
7. I/we understand that all intercollegiate athletic related medical services by "Outside Physician/Specialist" must follow my primary health insurance process and must be done "in-network" to be considered for secondary payment through AG Administrators.
8. I/we understand that should I seek care outside of the network of providers through Messiah University, it is my responsibility to notify the Sports Medicine staff to facilitate filing the insurance claim.
9. I understand that the secondary, accidental insurance will pay up to 18 months after the injury is sustained for any services associated with that sport-related injury.
10. I understand that any costs associated with the failure to follow the above will be my responsibility alone.
11. If there is a deductible, I/we know I/we are responsible for payment for the deductible out of pocket.



Messiah University Protective Equipment Acknowledgment

All protective equipment is regulated by The National Operating Committee on Standards for Athletic Equipment (NOCSAE). Please initial each subsection, and sign the form to certify your understanding of the role of protective equipment and your responsibility to use and maintain the integrity of the protective equipment to its intended uses.

Protective Headgear:

All helmets and protective gear used at Messiah University require that a warning sticker be placed on the exterior of your helmet or protective gear, or come with a brochure that outlines the safety requirements of the equipment.

1. Serious brain and neck injuries leading to death, permanent brain damage or quadriplegia (extensive paralysis from injury to the spinal cord at the neck level) occur in collision sports. **HELMETS DO NOT PROTECT THE NECK**, and none of these injuries can be completely prevented due to the tremendous forces occasionally encountered during collisions, but they can protect against injuries such as fractures, lacerations, and abrasions.
2. The NOCSAE seal on a helmet indicates that it has been certified by the Safety Equipment Institute (SEI) as compliant with the NOCSAE standard. The SEI is the accredited third-party certifying organization NOCSAE selected to certify athletic equipment for compliance with all NOCSAE standards. The athlete also is complying with the purpose of the NOCSAE standard by reviewing and following the helmet's safety guidelines, ensuring a helmet's proper fit, not modifying its design, and by having the helmet reconditioned and recertified when warranted and appropriate, and replacing it when necessary.
3. Soft headgear and facemasks may be worn in non-helmeted sports whose rules allow for such equipment, but the purpose of that equipment should be for reasons other than concussion prevention.
4. Concussion is a brain injury. It is important to note the lack of clinical evidence supporting the value of the soft or padded headgear in the prevention of sports-related concussions. The NCAA recommends caution in using these devices to permit medical clearance of a student-athlete if they would otherwise not be medically cleared to participate in their sport.

Other safety equipment as required:

- The safety equipment is designed to be used and worn as dictated by the manufacturer. Any misuse, or neglecting to wear the equipment entirely, can subject the athlete to injury. Should an athlete misuse or neglect to wear required protective equipment, the secondary health insurance will not be filed for any injury that results.
- Protective equipment must be fitted appropriately, according to specific guidelines for each respective sport and according to the manufacturer's label and guidelines. The head coach for each respective sport will help to assist each student-athlete on his/her team to ensure proper fit of required protective equipment.

Other safety equipment as optional:

- Even when there is optional safety equipment, it is the responsibility of the student-athlete to understand the appropriate fitting requirements and worn as dictated by the manufacturer. Any misuse, or neglecting to wear the equipment entirely, can subject the athlete to injury.
- It is the responsibility of the student-athlete to ensure that the optional protective equipment abides by all NCAA and MAC requirements for protective equipment.
- It is encouraged that should a student-athlete not understand appropriate fit, proper guidelines for fitting, or has any questions regarding protective equipment, to reach out to his/her respective head coach and/or athletic trainer to ensure the student-athlete's questions are answered.



Messiah University Sickle Cell Trait Acknowledgment Form

What is sickle cell trait?

Sickle cell trait is a relatively benign condition, but is considered to be a risk factor for sudden death in relatively healthy athletes or physically active individuals associated with extreme exertion. Sickle cell trait is not a disease like sickle cell anemia. It is the inheritance of one gene for normal hemoglobin (A) and one gene for sickle hemoglobin (S), giving the genotype AS. Sickle cell trait (AS) is not sickle cell anemia in which the genotype is (SS) and two abnormal genes are inherited. Sickle cell anemia causes major anemia and many clinical problems for people that have the genotype SS. In both genotypes, however, the resultant abnormal hemoglobin (sickle hemoglobin) deforms the red blood cells when they are under low oxygen conditions. Unlike normal red blood cells, which are usually smooth and deformable, the sickle red blood cell cannot squeeze through small blood vessels. The sickle cells block little vessels depriving the organs of blood and oxygen. This leads to the periodic episodes of pain and can damage the vital organs.

What makes an individual more prone to symptoms of the disease if they have the sickle cell trait?

Exposure to prolonged hypoxic conditions such as at high altitude can cause “sickling” of the red blood cells in the kidney and spleen, resulting in complications. Another suggestion states that a grave hazard for some people with sickle cell trait can occur when they charge into maximal exercise to which they are unaccustomed. Severe exertion can lead to rhabdomyolysis and acute renal failure. Other cases state that dehydration can be a precipitating factor in the development of sickling in muscle capillaries.

What populations are at high risk of having sickle cell trait?

People at high risk are those whose ancestors come from Africa, South America, Central America, Caribbean, Mediterranean countries, India, and Saudi Arabia. Sickle cell trait occurs in about 8% of the United States African-American population and rarely in the Caucasian population.

Do athletes at Messiah University need to know if they have sickle cell trait in order to compete in Intercollegiate Athletics?

Following the updated requirements by the National Collegiate Athletics Association (NCAA), it is required for all NCAA intercollegiate student-athletes prove sickle cell status through a blood solubility test. Student-athletes will not be allowed to participate without proving sickle cell status.

What precautions do I need to follow if I am positive for sickle cell trait?

If you have the sickle cell trait, please be sure to personally contact your team’s Certified Athletic Trainer, and he/she will contact you to give and go over the precautions needed for a student-athlete with the sickle cell trait, including specific educational materials for you and your sport coach to review together to decrease the risk of exertional sickling. There will also be a review of the sickle cell emergency action plan should that occur.

Your signature of this form acknowledges that you have been given information in regards to the sickle cell trait. Please be sure to upload a copy of either your testing verification, or your waiver should you waive the right to be tested. Additionally, your signature indicates you understand any costs associated with testing will be your responsibility.



Messiah University Student-Athlete Concussion Statement Acknowledgement

The NCAA Executive Committee has developed a consistent-association-wide approach to Concussion Management. It is the responsibility of all student-athletes to report injuries and illnesses to their Athletic Trainer. This includes, but is not limited to, signs and symptoms related to concussion.

The Messiah University Sports Medicine Department recognizes and acknowledges that concussion, or traumatic brain injuries (TBI), need immediate attention. A concussion is defined as a generally short-lived impairment of neurological function brought on by a traumatic force applied to the head or body. Symptoms are usually rapid in onset, but of short duration and generally resolve spontaneously. It is usually a functional disturbance and not a structural one. Loss of consciousness may or may not be involved.

Messiah University Sports Medicine team will determine whether or not a concussion has occurred. American Academy of Neurology and the 5th Concussion Conference Consensus Statement guidelines are followed for clarification purposes, treatment and management specifications, and overall guidance, realizing that each concussion and each student-athlete are different and individual treatment plans are necessary.

SIGNS AND SYMPTOMS OF A POSSIBLE CONCUSSION (including but not limited to):

- Headache
- Nausea
- Balance Problems
- Dizziness
- Diplopia – Double Vision
- Confusion
- Photophobia – Light Sensitivity
- Difficulty Sleeping
- Misophonia – Noise Sensitivity
- Blurred Vision
- Feeling Sluggish or Groggy
- Memory Problems
- Difficulty Concentrating

As a Messiah University student-athlete, I acknowledge that I am responsible for reading and understanding the following as it relates to my physical and mental well-being:

1. I have read and understand the NCAA Concussion Fact Sheet.
2. A concussion is a Traumatic Brain Injury (TBI), which I am responsible for reporting to the Sports Medicine staff or to the Engle Center.
3. A concussion cannot be seen, but symptoms may be seen immediately. Other symptoms can show up hours or days after injury.
4. If I suspect I have a concussion, it is my responsibility to promptly report it to the Sports Medicine staff.
5. I will not be allowed to return to practice, play, or academic activities that same day if I have a blow to the head or body and/or exhibit signs and/or symptoms consistent with a concussion, and will not be allowed to return to play until cleared by the Messiah University Team Physician or designee.
6. I am responsible to report any suspected injuries or illnesses to the Sports Medicine staff, including signs or symptoms of a concussion.

7. I will promptly notify the Messiah University Sports Medicine staff if I suspect a teammate has a concussion.
8. Following a concussion, the brain needs time to heal. An individual is much more likely to sustain another concussion or more serious brain injury if they return to athletic activities before symptoms have resolved. Repeat concussions can lead to longer recovery time.
9. A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
10. In rare cases, repeat concussions can cause permanent brain damage, and even death.
11. If I am asked by a coach or athletic trainer, I will take responsibility for monitoring an injured student-athlete after we leave the area of competition. I will follow the home care guidelines provided and call campus safety if signs and symptoms of a concussion increase over time.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE INFORMATION REGARDING CONCUSSIONS AND THAT I HAVE RECEIVED THE NCAA CONCUSSION FACT SHEET



MESSIAH
SPORTS MEDICINE