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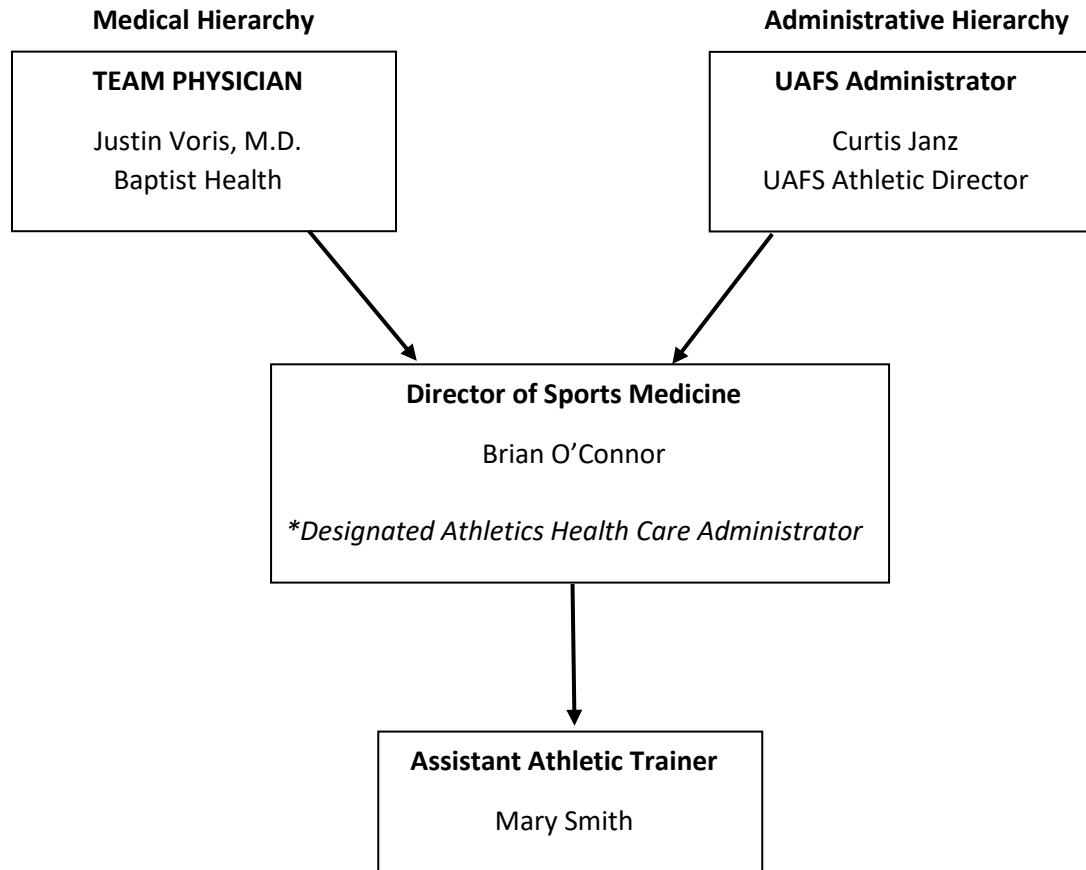
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3. Provider List

UAFS Sports Medicine Administrative Structure

-Independent Medical Care-



Sports Medicine Handbook

Brian O'Connor, MA, ATC, LAT	Director of Sports Medicine	Men's Basketball, Volleyball, Golf, Tennis
Mary Smith, MS, ATC, LAT	Assistant Athletic Trainer	Women's Basketball, Baseball, Cross Country, Cheer/Dance

2.1 Sports Medicine Staff Outline

The University of Arkansas Fort Smith Sports Medicine staff is composed of two full-time staff athletic trainers.

Director of Sports Medicine - The Director of Sports Medicine is responsible for overseeing all aspects of the day to day operations of the Athletic Training Room, the Sports Medicine staff, and supervising the care of University of Arkansas Fort Smith student-athletes

- Work under the duties and responsibilities as set by the guidelines of the National Athletic Trainers' Association and local state licensure regulations
- Develop and maintain a professional and positive environment for all student-athletes, coaches, and athletics staff
- Coordinate appropriate medical coverage for all University of Arkansas Fort Smith varsity teams. This should fall under the domains of athletic training in consideration of injury prevention, evaluation/diagnosis, immediate/emergency care, and treatment/rehabilitation/reconditioning
- Maintain proper medical documentation
- Promote and maintain safe working/athletic participation environments to ensure prevention of injury due to facilities and equipment
- Cooperate with allied health care professionals to help provide the most efficient and best quality of care possible for student-athletes
- Ensure insurance claims are filed appropriately and in a timely fashion. Will also be responsible for making sure all applicable forms, bills, etc. are submitted when needed.
- Complete administrative duties required for day to day operation of the Athletic Training Room.

Assistant Athletic Trainer - The Assistant Athletic Trainer is responsible for working under the supervision of the Director of Sports Medicine to maintain the day to day aspects of the Athletic Training Room as well as supervising the care of University of Arkansas Fort Smith student-athletes

- Work under the duties and responsibilities as set by the guidelines of the National Athletic Trainers' Association and local state licensure regulations
- Assist with maintaining a professional and positive environment for all student-athletes, coaches, and athletics staff
- Coordinate appropriate medical coverage for all University of Arkansas Fort Smith varsity teams. This should fall under the domains of athletic training in consideration of injury prevention, evaluation/diagnosis, immediate/emergency care, and treatment/rehabilitation/reconditioning
- Maintain proper medical documentation

- Promoting and maintain safe working/athletic participation environments to ensure prevention of injury due to facilities and equipment
- Cooperate with allied health care professionals to help provide the most efficient and best quality of care possible for student-athletes
- Assist with all other duties as assigned by the Director of Sports Medicine

Team Physician

- A local physician will be designated as the UAFS team physician each school year. This role will include supervision of the UAFS Sports Medicine staff as well. This physician will help to coordinate all of the health care needs of the UAFS student-athletes.

NATA Certification - All current athletic trainers must maintain certification with the National Athletic Trainers' Association. Yearly fees will be paid for the by University of Arkansas Fort Smith Athletic Department. Individuals have the responsibility to maintain certification through conduct and continuing education. Yearly certification dues will be covered by the University.

Arkansas State Board of Athletic Training - All current athletic trainers must maintain licensure through the Arkansas State Board of athletic Training. Yearly fees to obtain and renew license will be paid for by the University of Arkansas Fort Smith Athletic Department. Individuals have responsibility to maintain licensure through conduct and remaining in good standing with Arkansas State Board of Athletic Training rules.

Loss of national certification or state license - If a staff athletic trainer loses his/her certification or license, they will not be able to continue to practice athletic training within the University of Arkansas Fort Smith Athletic Training Room or with any University of Arkansas Fort Smith student-athletes.

Staff Evaluations - The Assistant Athletic Trainer will be evaluated on an annual basis by the Director of Sports Medicine. The evaluation form will be reviewed in one on one meeting between Director of Sports Medicine and the Assistant Athletic Trainer. A copy of this evaluation will be made. One copy will go into the Assistant Athletic Trainer's file and he/she may keep the other copy for personal records.

Sports Coverage - All 10 of the UAFS varsity sports and the cheer and dance teams will be assigned to a member of the Sports Medicine staff. This ensures that a staff member will be responsible for overseeing the day-to-day needs of that particular team. This does NOT mean they are the only staff member that will provide care to those student-athletes. The Sports Medicine staff will work as a team to provide adequate and necessary care for all teams.

Coaches are responsible for notifying the Sports Medicine staff about individual team schedules. This includes but is not limited to practice, game, warm up, and travel departure times. Failure to notify the Sports Medicine staff may result in a particular activity not being covered by an athletic trainer.

Practices - An athletic trainer will be on-site or in the near vicinity of all in-season sport practices to the best ability of the Sports Medicine staff.

- When multiple practices are occurring at the same time, the Sports Medicine staff will stay in a central location to be available if/when needed.
- Off campus practices will not be covered by an athletic trainer unless scheduling permits it. This will be determined by the Sports Medicine staff on a case by case basis.
- Out of season practices will be covered as much as possible as long as they are scheduled within the regular operating hours of the Athletic Training Room.
- In the event that an athletic trainer is unable to be present for a practice, the coaching staff will be responsible for providing any emergency care necessary. All efforts will be made to minimize these situations and the Sports Medicine staff will communicate with the coaches prior to their practice if they will not be available. Coaches are NOT permitted to perform any athletic training treatments, rehabilitations, tapings, etc. unless previously discussed with a member of the Sports Medicine staff.

Games – As the host institution, UAFS is responsible for providing sports medicine coverage for all participation teams. The Sports Medicine staff will provide basic services for the visiting team(s) as needed.

- Visiting teams not traveling with an athletic trainer should notify the UAFS Sports Medicine staff in a timely manner to provide treatment plans for their student-athletes. Visiting teams are also required to provide their own taping supplies for their respective team. Shower towels will NOT be provided for visiting teams.
- Sports Medicine staff will set up home venue(s) in accordance to conference guidelines as pertaining to equipment and services provided. (i.e. water, cups, towels, splints, AED, etc.)

Travel – The Sports Medicine staff will be available to travel with the UAFS varsity athletics teams when scheduling permits. This decision will be made between the coaches and Sports Medicine staff and the Director of Sports Medicine will make the final decision.

- A team traveling without an athletic trainer should have a kit with medical/taping supplies as well as access to student-athlete's insurance information in case of emergency. The Sports Medicine staff should also notify the host institution to let them know their respective team will not have an athletic trainer traveling with them and provide treatment plans if necessary.

2.2 Douglas W. Parker Jr. MD Athletic Training Room

The Athletic Training Room is located in room 119 on the lower level of the Stubblefield Center. The room is equipped with treatment tables, taping tables, 2 electrical stim/ultrasound machines, a hydrocollator, whirlpools, crutches, splint kit, and various rehab supplies.

There are 4 AEDs available to the Stubblefield Center and Crowder Field

- 1 in the Sports Medicine office, room 120 of the Stubblefield Center
- First floor of the Stubblefield Center between the weight room entrance and elevator
- Second floor of the concourse on the west wall at midcourt
- Crowder Field press box

Athletic Training Room (ATR) rules:

1. Student-athletes MUST shower prior to receiving treatment in the ATR after practice/games. (unless emergency) This includes getting in the whirlpools.
2. No shoes in the ATR, unless advised for rehab. NEVER have shoes on any of the tables.
3. No cell phone use while working with the Sports Medicine staff. No cell phones should be in the hydrotherapy area. Also, please do not play music or videos at any time.
4. Athletes and coaches are not allowed to take any equipment from the ATR without permission from the Sports Medicine staff. All equipment should be noted on the check-out form.
5. Do NOT remove towels without permission.
6. Only the Sports Medicine staff may operate the modality equipment.
7. No food or drink in the Athletic Training Room. (water in a closeable bottle is ok)

Athletic Training Room Daily Operations - The Athletic Training Room will be available only for University of Arkansas Fort Smith varsity student-athletes and individuals who are participating in a team sanctioned sport camp.

Hours of operation

- All operating hours are subject to change. Any changes that are made will be posted on the board outside the Athletic Training Room as soon as possible.
- Academic school year estimated schedule: 8:00am – 5:30pm (closed 12:00pm-1:00pm)
The Athletic Training Room will be available for in-season varsity practices and competitions outside of the normal operating hours. The training room will be open at least 1 hour prior to and 30 minutes after games/events.
- Summer: TBD
Summer hours will be decided on need by the Sports Medicine staff. A schedule of dates and times of operation will be posted outside the Athletic Training Room when available.

Practice coverage

- Sports Medicine staff will make accommodations to cover and provide Athletic Training Room access for most varsity practices. Priority will be made for sports deemed to pose the most injury prevalence. In the event that a Sports Medicine staff member cannot be on site for a practice, they will be available on an on-call basis and the head coach will assume emergency action responsibility.

Game coverage

- All home competitions will be covered by an Sports Medicine staff member on-site
In the event that there are multiple events being contested on the same day an athletic trainer may not be able to be at all contests. In this situation the Sports Medicine staff will prioritize coverage based on injury prevalence. The Sports Medicine staff member(s) will be on call for the other contests they are not able to be on-site for.

Travel coverage

- Staff athletic trainers may be available for traveling at the request of respective team. Availability will depend on on-site practice and contest coverage needs. Travel expenses will be paid for by team.

2.3 HIPAA, Documentation, and Records

The UAFS Sports Medicine staff will work under the federal regulations mandated by the Health Insurance Portability and Accounting Act (HIPAA) at all times. The staff recognizes the importance of privacy of information and will not release a student-athlete's personal information unless otherwise requested by the student-athlete. All student-athletes will have a HIPAA Authorization form to sign as part of the medical packet prior to becoming a UAFS student-athlete. This form authorizes the Sports Medicine staff to release a select amount of information for specific purposes such as discussing injury information with a physician. As part of the HIPAA laws, all student-athletes' personal information will be kept in a secure place.

The Sports Medicine staff will keep and maintain regular medical records for all relevant cases. The Athletic Trainer System (ATS) program will be utilized to do this. Only the UAFS Sports Medicine staff will have access to this program and these records.

When an injury case is closed, a hard copy of all relevant injury notes, physicians visits, rehab sheets, etc. will be printed and kept in the student-athletes file

All hard copy records will be kept in a file for each respective student-athlete. This file will also contain the individual's preseason medical packets. These files will be kept in a file cabinet in the Athletic Training Office, which is only accessibly by the Sports Medicine staff.

2.4 Athlete Medical Clearance Requirements

All University of Arkansas Fort Smith student-athletes are required to fill out a medical forms packet as well as get a pre-participation physical before they will be medically cleared for any participation in intercollegiate athletics. There will be a packet for individuals who are new to the University of Arkansas Fort Smith and a separate packet for those who are returning student-athletes. All forms must be completed in entirety, accurately, and returned to the UAFS Sports Medicine staff in a prompt timeframe.

The Sports Medicine staff will send out an annual letter in the summer to all current and incoming UAFS student-athletes. This letter will be an introduction to the upcoming school year as well as list the requirements each student-athlete needs to complete prior to arriving on campus.

Medical Packets

New UAFS Student-Athlete Medical Packet

- Insurance Information (1 form for each individual policy)
 - Include a copy of the front and back of insurance card
- New Student-Athlete Medical History
- Assumption of Risk and Consent to Treat
- Injury and Illness Reporting Agreement
- HIPAA Authorization
- Drug Testing Consent
- Sickle Cell Education
- ADHD Medication Exemption (If applicable)

Concussion Education

Returning UAFS Student-Athlete Medical Packet

Updated Insurance Information

- Include a copy of the front and back of insurance card

Concussion Education

ADHD Medication Exemption (if applicable)

Returning Student-Athlete Medical History Form

Pre-participation Physical

All incoming student-athletes will be required to have a physical completed before they are cleared for athletic participation.

The UAFS Sports Medicine staff will coordinate and schedule a date to do group on-site physicals each year.

- If a student-athlete is unable to attend the group date due to an excused reason, efforts will be made to get them in with our team physician as soon as possible. The student-athlete in this situation may be responsible for payment of the physical.
- On-site physicals will be conducted by local doctors as arranged by the Sports Medicine staff at no cost to the student-athlete.

Returning student-athletes who were cleared for participation at UAFS the previous year will only be required to complete a medical update following their first year of eligibility.

The Sports Medicine staff will review the Returning Student-Athlete Medical History Form and make determination for medical clearance.

Returning student-athletes who have suffered a moderate/severe injury in the past year will be subject to getting an updated physical.

- Any returning student-athlete who is subject to an updated physical or requests to get a new physical will be able to do so during the annual on-site physicals.

Any student-athlete who is required to have a physical and misses the arranged on-site physical date without notice or for an unexcused reason, will be subject to getting a physical done on their own time and at their own expense.

- Should use the appropriate UAFS Pre-Participation Physical Form

On the UAFS Pre-Participation Physical Form, a doctor will make a determination for the following levels of participation:

- A. Unrestricted – Cleared for all aspects of athletic participation
- B. Restricted – Cleared for athletic participation with the following guidelines and/or restrictions listed below
- C. None – No participation in any physical activity allowed

The Sports Medicine staff will notify coaches and the UAFS compliance coordinator of any student-athletes who have not received or passed a required physical.

Tryouts

Any student-athlete who wishes to try-out for a UAFS varsity team must complete the UAFS Tryout Waiver. They must also turn in an approved physical from a doctor that has been completed in the last 6 months. These student-athletes must also sign and turn in a Sickle Cell Trait Awareness Waiver. All of these forms can be found on the UAFS Athletic Training website or from the sports medicine office.

Change in Medical Clearance

If a student-athlete suffers an injury or medical condition, a change in medical clearance may be made. This decision will be made by the Sports Medicine staff and/or appropriate physician.

Any change in playing status by a student-athlete will be communicated as soon as possible to the student-athlete and their respective coach(es).

Student-athletes and coaches who violate the medical clearance decision may face a penalty as per the discretion of the UAFS Athletic Director and/or compliance coordinator.

Non UAFS Athletic Injuries

The UAFS Sports Medicine staff is not responsible for injuries sustained by a student-athlete prior to enrollment at the University or any injuries that occur outside the scope of their official athletic participation. The Sports Medicine staff may help to facilitate treatment of such injuries but not required. The University and Athletic Department will not be responsible for any financial responsibilities pertaining to these injuries either.

2.5 Sickle Cell

As part of the New UAFS Student-Athlete Medical Packet, all new student-athletes will be provided an information sheet on sickle cell.

As of July of 2022, all new student athletes (incoming freshman or transfers) must provide documentation of sickle cell testing with results listed. If the student athlete has not previously been tested or those results can not be located, they will need to arrange to be tested. Sickle cell testing is the student athletes financial responsibility but their coach may choose to cover the chargers out of their team budget.

2.6 Return to play

University of Arkansas – Fort Smith athletics healthcare providers (e.g. athletic trainers and team physicians) are empowered to have the unchallengeable authority to determine management and return-to-play of any ill or injured student-athlete.

2.7 Insurance Policy and Billing Process

All UAFS student-athletes should carry their own primary insurance coverage. This insurance plan should include eligibility in the state of Arkansas and cover athletic injuries.

- Student-athletes are responsible for providing their primary insurance information to the Sports Medicine staff and should update this information immediately if it changes for some reason during the school year.

The University of Arkansas Fort Smith will carry a secondary insurance policy that may be used to help cover applicable costs due to athletic injuries sustained during competition. This policy will only cover athletic related injuries and does not cover illnesses or personal injuries.

In the event that a student-athlete suffers an athletic related injury, the following billing process will occur. The student-athlete's primary insurance will be billed first, followed by the secondary school insurance policy. Any remaining costs that remain following insurance payments may be the responsibility of the University.

- Applicable injuries are only bodily injuries that were sustained during an official University of Arkansas Fort Smith athletic event which includes practices, games, and official strength and conditioning sessions.
- Non-covered injuries include activities that are not authorized or directly supervised by a University of Arkansas Fort Smith official. This may include open gym sessions, pick-up games and individual/personal training workouts. The secondary insurance policy does not cover any pre-existing medical injuries. The secondary insurance policy will also not cover things such as illness, disease, allergies, and skin conditions.

There is a **\$250 deductible** for using the school's secondary insurance policy. This is a disappearing deductible, meaning any amount of money paid by the student-athlete's primary insurance will reduce the amount until it is met. The deductible is applied to each individual injury claim. If you have a knee injury in the fall and a shoulder injury in the spring, each claim would have a separate deductible applied.

- *Example 1:* A \$500 bill is generated and the student-athlete's primary insurance pays \$300. The \$250 disappearing deductible will have reduced to \$0. The remaining \$200 of the claim will be processed by the secondary insurance.
- *Example 2:* A \$1,000 bill is generated and the student-athlete's primary insurance pays \$100. The \$250 disappearing deductible will have reduced to \$150 and the original bill to \$900. Upon processing by the secondary insurance the student-athlete will still be subjected to pay the remaining \$150 of the disappearing deductible out of pocket.
- *Example 3:* A \$750 bill is generate and the student-athlete's primary insurance does not pay anything. Upon processing by the school's secondary insurance policy, the student-athlete would be subject to pay for the entire \$250 deductible out of pocket.

Any bills that are generated due to an athletic injury must be brought to the Sports Medicine staff immediately. It is the responsibility of the student-athlete to make sure all applicable bills and required EOBs are given to the Sports Medicine staff in timely fashion so that the payment process can be completed. The University has the right to refuse payment on any overly delinquent bills that were not given to the Sports Medicine staff in an appropriate time frame.

Student-athletes and their families are advised to not pay for any athletic related bill until instructed to by a member of the Sports Medicine staff. This ensures the billing process can function as it is intended and allow the insurance companies to process the appropriate bills as intended.

2.8 Assumption of Risk and Injury Reporting

All student-athletes must acknowledge the assumption or risk involved with playing collegiate sports. Risks involve injuries that range from minor in nature to things more severe. Injuries sustained by student-athletes who are not following UAFA or NCAA rules may be responsible for their own medical coverage (example: injuries caused by wearing jewelry during competition/practice).

Student-athletes are all expected to report any injury or illnesses to the Sports Medicine staff as soon as possible. Failure to do so may result in worsening injuries and the university cannot be held responsible for an injury the medical staff was not made aware of.

Medications should also be communicated to the Sports Medicine staff immediately.

- Over-the-counter and prescription drugs taken by students-athletes should be documented in their individual files and kept on record for future reference. This information is also needed prior to any drug testing as some medications must be documented before they lead to a positive drug test.
- Athlete's that are taking medicine for ADHD must have a documented diagnosis from a physician as well as documentation of any medication taken for treatment. This is to be done on the ADHD Medication Exemption form.

2.9 Pharmacological Regulations

The UAFA Sports Medicine staff follows federal and state guidelines for the management, handling, and dispensing of nonprescription and prescription medication in its facility.

All prescription and over-the-counter (OTC) medications should be stored in designated areas that assure proper environmental and security conditions. Regulating the inventory and distribution of stored pharmaceuticals must be accurately documented.

The dispensing of prescription medications is done via doctors' standing orders and is the sole responsibility of the team physician or attending doctor.

- All prescription (Rx) medication designated for athletic illness or injury treatment, and stored in the Athletic Training Room, must be thoroughly documented and will be the direct responsibility of the team physician and Sports Medicine staff.
- It is expressly forbidden for sports medicine students to dispense any medications without the knowledge and approval of a member of the Sports Medicine staff.
- Physician standing orders are kept on file with the prescription medication.

Before dispensing any medication:

- Be fully aware of the indication and contraindications of the medicine.

- Interview the student-athlete and make sure they do not have any contraindications to that medication.
- Athletes receiving medication should be properly informed about what they are taking and how they should take it. This should include:
 - Name of drug
 - Dose
 - Route of administration
 - Duration of therapy
 - Intended use of the drug
 - Expected reaction
- Dispensing OTC medications should be done in single dose only.
- All OTC's must be dispensed by an athletic trainer and documented on the drug log sheet.
- The drug log sheet will include the following:
 - Medication name
 - Name of student-athlete receiving medication
 - Name of athletic trainer dispensing the medication
 - Date/time dispensed
 - Quantity dispensed
 - Reason for dispensing (i.e. cold/flu symptoms, pain, allergies, etc.)

Over the Counter Medications (OTC's)

Only athletic trainers are allowed to authorize dispensing of non-prescription medications. Athletic trainers should always be consulted prior to the recommendation or administration of any medication by a sports medicine student or coach

OTC medication protocol is a recommendation and is not a replacement for treatment and consultation with a physician.

Before dispensing any OTC medication always obtain a sample history.

- Signs/symptoms
- Allergies
- Medications
- Pertinent past history
- Last oral intake
- Events leading to the injury or illness
- Always ask athlete about any allergic conditions
- Always ask athlete if presently taking any medications (Rx or OTC) or nutritional supplements.
- Always ask the athlete if they have been hit in the head recently or are currently suffering from a head injury.

Always instruct student-athlete to follow guidelines on package when taking any OTC medications.

Avoid alcoholic beverages when taking OTC medications.

Instruct athlete to read guidelines about precautions that persist when taking OTC medications while operating any machinery.

In addition, caution should be taken with administration of medications during practices/events, or within 30 minutes of activity. For many medications, time is needed to get the drug out of the stomach and into the system for it to work. Also, some medications may cause GI distress if taken during activity.

2.10 Student-Athlete Drug Testing Policy

1. General information

- a. The purpose of drug testing at the University of Arkansas Fort Smith is to promote the health and safety of student-athletes through a drug free environment. This policy is designed to encourage student-athletes to refrain from drug use and to help serve those with drug abuse issues through treatment and rehabilitation.
- b. All varsity student-athletes at the University of Arkansas Fort Smith are subject to this policy. A student-athlete's playing status does not remove them from drug testing selection.
- c. All student-athletes are required to complete the Drug Testing Consent form.
- d. The drug testing program will test for drugs on the NCAA banned list which includes but is not limited to performance enhancing drugs, street drugs, alcohol, and any drugs synthetically produced to resemble an NCAA banned drug. A list of NCAA Banned Drugs can be obtained through the Sports Medicine staff or the UAFS athletics website.

2. Drug testing parameters

- a. The drug testing program will consist of two different types of testing
 - i. Random testing
 - ii. Reasonable suspicion
 1. Student-athletes who have a previous positive test result will fall under reasonable suspicion for all follow-up tests
- b. Both types of drug testing will use the same protocol for specimen collection, results reporting, and positive test result response.
- c. All drug testing records will be kept confidential as permitted by law. A copy of the student-athlete's test results will be kept in their permanent individual hard copy file maintained by the Sports Medicine staff. Results of drug tests will only be released as permitted by this policy or by law.
- d. A log of past drug testing rosters will be kept but will not include any test results. This list will only contain dates, times, and names of past drug tests.

3. Random drug testing

- a. Will be carried out periodically at the discretion of the Athletic Director and/or Sports Medicine staff as a screening method to deter and identify student-athletes using banned and/or illegal substances.
- b. Participants will be drawn by using the "Random List Generator" on the SIMS injury tracking software used by the Sports Medicine staff.
 - i. In the event that this software is unavailable a similar method for random selection will be utilized to select the student-athletes
- c. Student-athletes who are randomly selected for drug testing will be notified by the Sports Medicine staff no more than 24 hours prior to the testing date.
 - i. The selected student-athletes will be required to report to the Athletic Training Room and sign a notification form prior to drug test.
 1. The notification form will include the date and time of the drug test. It will also include the address of the drug testing site.

4. Reasonable suspicion drug testing

- a. Reasonable suspicion is deemed to be applicable but not limited for the following reasons: (A) When an individual student-athlete's actions pose concern from their normal behavior (B) Obvious signs and symptoms of drug use (C) Violation of team or university rules (D) Arrest or conviction related to possession or dealing of prohibited drugs or substances (E) Observed in the presence of or possession of prohibited substances or drug paraphernalia
- b. In the event of reasonable suspicion, the applicable reasons must be presented to the Athletic Director and/or Director of Sports Medicine. It will be the responsibility of the Athletic Director and/or Director of Sports Medicine to determine if the reasonable suspicion is enough to warrant drug testing.
 - i. In the event that reasonable suspicion drug testing is deemed necessary, a meeting consisting of the Athletic Director, Director of Sports Medicine, respective head coach, and involved student-athlete will take place.
 - ii. During this meeting the athlete will be provided with a notification form outlining the reasons of reasonable suspicion. This form must be signed by the athlete and one of the UAFS staff members in the meeting. A copy of this form will be kept in the athlete's medical file.
- c. All student-athletes who have a previous positive drug test will fall into the category of reasonable suspicion for the remainder of their participation in UAFS athletics. These individuals will be subject to unannounced drug testing for the remainder of their athletic eligibility.

5. Collection of specimen

- a. All drug testing specimen collection will take place at Job-Lab Services at 3444 Old Greenwood Rd. Suite B, Fort Smith, AR 72903.
- b. Drug testing participants will follow the procedures of the collection lab for specimen collection. A urine sample will be collected for each individual as part of collection.
- c. After a sample is collected test results may be observed on the self-testing strip on the specimen cup or specimen samples may be mailed to the appropriate testing laboratory for examination.
 - i. Self-testing strip will be read by staff member of Job-Lab Services.

6. Results reporting

- a. Test results will be returned to the Sports Medicine staff when available.
- b. The Sports Medicine staff will communicate all results to the Athletic Director and respective head coach(es).
- c. A positive test result will be communicated to the student-athlete in an individual meeting with 1 or more of the following people: Athletic Director, respective head coach, and/or member of the Sports Medicine staff.

7. Positive test result response

- a. The University of Arkansas Fort Smith will honor any NCAA positive drug test when determining the total number of positive results. As an example, if student-athlete "A" tests positive on an NCAA drug test, and subsequently tests positive on an UAFS drug test, this will be deemed a second positive drug test.
- b. Failure to report for a drug test will result in a positive test result.
- c. **All actions for a failed drug test are a minimum corrective action. The Director of Athletics and Coach have the authority to impose a stricter penalty. The results of a failed test will remain on record for the entire time of the student-athlete's eligibility.**

d. **First Positive Test Result**

- i. The following are actions that will be taken by the Director of Athletics as a result of the first positive test result:
 1. The student-athlete will be referred to the University of Arkansas Fort Smith Student Counseling Services. The student-athlete's attendance, participation, and compliance with counseling recommendations will be monitored closely by the Director of Sports Medicine and/or Director of Athletics (a minimum of three visits). Any additional costs incurred by outside counseling will be the responsibility of the student-athlete.
 2. The Director of Athletics will inform the parents and/or guardians of the student-athlete in writing of the positive test results.
 3. The student-athlete will be required to perform 40 hours of community service at an approved venue.
 4. The Director of Athletics, Head Coach, Director of Sports Medicine, Team Physician, and/or Counselor reserve the right to suspend the student-athlete immediately and indefinitely if the safety, health and well-being of the student-athlete are deemed in jeopardy as a result of intake of the banned substance.
 5. The Director of Athletics will prepare a confidential written reprimand informing the student-athlete that future positive test results could render the student-athlete ineligible for competition for one calendar year (365 days) or permanently and affect financial aid and/or scholarship support.
 6. The Head Coach will be notified of the positive test result and its implications.
 7. If the positive test result shows that the drug is an illegal drug in the United States*, then the student-athlete will also be referred to the Dean of Students.

*This includes medications that are illegal without a prescription (i.e. Tylenol with codeine).

e. **Second Positive Test Result**

- i. The student-athlete will be referred back to his/her certified drug and alcohol counselor for further treatment and/or medical follow-up (a minimum of six visits). Attendance, participation, and compliance with counseling recommendations will be monitored closely by the Director of Sports Medicine and/or Director of Athletics. Any costs will be at the student-athlete's expense.
- ii. The student-athlete will be suspended from 10% of competition according to their respective sports as follow:
 1. Baseball – 5 contests
 2. Basketball – 3 contests
 3. Cross Country – 2 dates
 4. Golf – 2 dates
 5. Tennis – 3 dates
 6. Volleyball – 3 dates

The suspension will begin with the next scheduled competition following notification of the positive result, unless there is an appeal, in which the suspension will begin following the appeal ruling. The number of competitions missed, in accordance with the list above, will run consecutively and occur during the championship season, including all scheduled golf and tennis competitions. UAFS reserves the right to retest the student-athlete at any time during or after the suspension period.

- iii. The student-athlete will be required to perform 60 hours of community service at an approved venue.
- iv. The Director of Athletics will inform the student-athlete's parents and/or guardians in writing of the positive drug test and the implications that may result.
- v. The Director of Athletics reserves the right to take any other action as is deemed appropriate under the circumstances.
- vi. Financial aid and scholarship support may not be renewed.
- vii. The Head Coach will be notified of the positive test and its implications.
- viii. If a second test result is found to be positive, is on the NCAA or University banned substance list, and is illegal in the United States*, then the remainder of the student-athlete's eligibility will be lost at UAFS and athletic scholarship support may be lost as well. The student-athlete will be referred to the Dean of Students.

*This includes medications that are illegal without a prescription (i.e. Tylenol with codeine).

f. Third Positive Test Result

- i. On a third positive test result reported, the following actions will be taken:
 - 1. The student-athlete will be referred back to their certified drug and alcohol counselor, and the Student Health Clinic for further treatment and/or medical follow-up. Attendance, participation, and compliance with the Counseling clinic and Health Clinic recommendations will be monitored closely by the Director of Sports medicine and/or Director of Athletics.
 - 2. The Director of Athletics will declare the student-athlete ineligible from any further participation at UAFS.
 - 3. The Director of Athletics will notify the student-athlete's parents and/or guardians in writing of such suspension and its implications.
 - 4. Athletic scholarship support will not be renewed.

g. Appeals

- i. A student-athlete who tests positive on a UAFS sponsored drug test is entitled to an appeal. However, an appeal cannot be based solely on the results of the test. Appeals must be based on the fact that the testing protocol was not followed according to the prescribed procedures as set herein or by the testing center. To initiate the appeal process the student-athlete must submit a letter or appeal to the Director of Athletics within 24 hours of notification of the positive test result and before the next scheduled competition. The letter should include a detailed description of the basis of the appeal and provide evidence supporting such. In turn, the Committee Chair (the Dean of Students) will be notified of the appeal request. The Committee, which will consist of the Dean of Students, the Vice Chancellor of Student Affairs, and the Director of the Student Health Center, will hear the

appeal within five business days. The student-athlete's suspension and/or sanction will begin immediately following the ruling by the Committee.

8. Safe Harbor Program

- a. All student-athletes will be afforded one chance to use the "safe harbor" declaration once during their time as an eligible member of a University of Arkansas Fort Smith varsity athletic team.
- b. All student-athletes will be given the right to the Safe Harbor Program prior to any drug test. Individuals who wish to use this right must declare "safe harbor" to the Athletic Director, respective head coach, or a member of the Sports Medicine staff prior to the time of drug testing specimen collection. A student-athlete will not be permitted to use "safe harbor" once they have arrived at the specimen collection site.
- c. After the "safe harbor" declaration, the student-athlete will still be drug tested and the test will immediately count as a positive drug test even if the results are negative. This positive test will carry with it the opportunity for the student-athlete to have the result removed from their record. To have the positive test stricken from their record, the individual student-athlete must pass the Safe Harbor Program.
 - i. An individual in the Safe Harbor Program will be subject to up to 5 follow-up drug tests as part of the reasonable suspicion drug testing protocol.
 - ii. The student-athlete must show no declining amounts or no traces of banned drug substances over the course of the first 3 follow-up tests. The 3rd test must have NO traces of any banned substances for the student-athlete to have passed the Safe Harbor Program.
 - iii. An individual who has passed the initial 3 tests of the Safe Harbor Program will still be subject to up to 2 more drug tests. These tests must occur within 1 calendar year of the individual's 3rd test of the Safe Harbor Program. These 2 tests may be used as follow-up testing to ensure the student-athlete who has passed the Safe Harbor Program has maintained a drug free status.
 - iv. A student-athlete who has passed the Safe Harbor Program will have their previous positive drug test result removed from their record.
- d. If a student-athlete who has passed the Safe Harbor Program tests positive for any banned substances on any future drug test; either the 4th or 5th test of the Safe Harbor Program or a future drug test, the initial positive test will retroactively be reinstated and the subsequent positive drug test will count as a second violation.

2.11 Risk Management

Sports Medicine staff members must adhere to all of the following risk management policies:

- Report all faulty equipment immediately.
- Dangerous materials (i.e. solvents, cleaners, caustic, or corrosive chemicals) must be stored no higher than two feet. These items should be stored in OSHA approved cabinets. If security is an issue, these cabinets should be locked.
- Read thoroughly and understand all product precautions prior to use. If product precautions recommend eye protection, a mask, or proper ventilation, staff members are responsible for abiding by them.
- Staff members should never place equipment or park staff vehicles in an unsafe proximity to athletic practices or events.

- Items weighing more than ten pounds should not be stored higher than four feet.
- If work related tasks involve the assistance of a step stool or ladder, the condition of these items should be inspected prior to use.
- Thoroughly clean and dry all spills created by athletes or staff within the Athletic Training Room. This will lessen the possibility of slip and fall situations. Wet floor signs should be posted during clean up and until the area is completely dry.
- Use proper lifting techniques and get assistance with heavier items.
- Use caution when entering and exiting through doors to avoid accidental injury.
- Exercise great caution when using and disposing of medical sharps (i.e. needles or scalpel blades). Disposal should be into an OSHA approved sharps containers.
- Use proper personal protection equipment when addressing any potential infectious waste contamination situation.
- Disposal of soiled objects into biohazard containers.
- Staff members should be familiar with the location and proper use of fire alarms and extinguishers in their area.
- Staff members should be familiar with the evacuation plans. They must also be prepared (through periodic drills) to assist others in the event that emergency evacuation is necessary.
- Staff members should report athletic playing surface hazards to the proper administration immediately. If the hazard appears potentially dangerous, no one should be allowed to use the surface until repaired. Reports are made both in writing and verbally. Reports should be made to the Associate Athletic Director and if serious, to the Athletic Director.
- Staff members should always get assistance when lifting or transporting injured athletes.
- When working with job related toxins or adhesives, staff members should always wear proper protective equipment and use a well-ventilated area.
- Staff members should work closely with coaches and equipment managers to ensure the safety of all required protective athletic equipment. All equipment should meet required national standards and be in good working condition. In addition, athletes should never be allowed to modify equipment. Doing so may increase the chances of injury. It may also void any claim of manufacturer's negligence if an athlete is injured as a result of faulty equipment.
- Annual reconditioning of protecting equipment is the responsibility of the coaching staff of each sport.

Playing Condition Policy

It is within the scope of practice for UAFS Sports Medicine staff members to make safety checks of all playing surfaces prior to use.

Athletic practice or playing surface may present such obstacles as pot holes, large rocks, broken glass, old nails, poorly recessed sprinkler heads, loose boards, gaps or tears in artificial turf surfaces, as well as faulty or outdated equipment.

In conjunction with the institution's risk management personnel and coaching staff, all staff members should check for these hazards at all facilities on a regular basis. The day-to-day demands of athletic training make it difficult for all playing surfaces to be checked on a daily basis. The coaches are encouraged to do daily checks for obvious hazards to the student-athlete's health.

The playing surface safety check should include the following:

- Prior to all competitions (both home and away), staff members should inspect the venue's playing surface for possible hazards. Discovered hazards must be reported to the coach and/or Athletic Director immediately.
- Hazards discovered on UAFS playing surfaces must be documented and reported to the Athletic Director or another administrator immediately.

2.12 Blood Borne Pathogen Exposure Control Plan

It is a goal of UAFS to provide all community members with a safe work environment. This includes steps to contain infectious material and fluids, and limit disease transmission. The following guidelines have been established for the protection of employees against HBV/HIV and other infections. As such, all employees, student workers, and others who may (in the course of carrying out their assigned duties) come in contact with blood borne pathogens are required to know and follow universal precautions, as described by the Center for Disease Control, and adopted by the University of Arkansas Fort Smith. The use of universal precautions does not negate the need for other isolation precautions as identified in the Center of Disease Control Guidelines for Isolation Precautions. The specific infection control policies and procedures are listed herein and are provided to staff and student workers.

All components of the Exposure Control Plan are in writing and serve as directive for initial and update training.

Personal Protective Equipment

By order of OSHA and the county health department, all health care personnel must wear personal protection equipment whenever possible exposure situations present themselves. The following protective equipment is strongly recommended when addressing bodily fluid situations:

- Latex or vinyl gloves
- Safety glasses (clear)
- Mouth and nose mask
- Disposable gowns (if needed)
- One-way valve CPR mask

These items (when needed) are mandatory for all staff members. It is further recommended that all staff members engage in proper post-treatment sanitation practices (such as personal protective equipment disposal and antibacterial hand and forearm scrubbing). The personal protective equipment necessary to prevent occupational exposure is available for employee use. Employee training on equipment is available and proper use of and repair/replacement procedures are provided. Students are provided personal protective equipment as outlined in the Blood borne Pathogens Exposure Control Plan

Causative Factors and Health Consequences

HIV, HBV, HCV are transmitted through direct contact with infected blood or blood components, direct sexual contact, and prenatal mother to baby contact. High-risk behaviors such as sexual intercourse and sharing needles with persons who are infected have been identified as the most common sources of transmission of the viruses.

These policies are developed to accomplish the following:

- Minimize contact with blood and body fluids by staff and student.
- Minimize likelihood of transmission of specific organisms, such as: HBV, HIV, TB, Staph, Strep.
- Practice consistent appropriate sharp disposal procedures.
- Increase confidentiality for patients, i.e. the same precautions for all patients.
- Practice consistent infection control procedures.

Accidental Exposure

Any staff member that feels they have been exposed to a patient's bodily fluids should do the following immediately:

- Do not panic. If the exposure involved a wound, it should be cleaned thoroughly for at least five minutes.
- Report the possible exposure to the Director of Sports Medicine or Athletic Director. An incident report must be filled out. Report forms are on file in the Athletic Training Room.
- The exposed individual should report to a nearby hospital for testing and treatment if needed.
- If possible, the patient should be tested for hepatitis A, B, and C, tuberculosis, and HIV.

Note: The confidentiality rule will be in effect for any cases involving possible exposure situations.

The best advice to all staff members is safety first. Remember that non-puncture exposures carry the lowest chance contracting diseases.

Universal Precautions

Hands should always be washed before and after contact with each client. Hands should be washed after removal of gloves and other protective equipment. Hands should be washed with warm soap and after for a minimum of ten seconds or with a bacterio/virocide gel.

Gloves are provided to all employees and students. Glove use is indicated for:

- All patient care which involves potential exposure to blood or body fluids.
- Cleaning of obvious or suspected blood or body fluids and decontamination procedures of work areas.
- When cleaning instruments contaminated with blood or body fluids prior to sterilization and which are capable of causing puncture or cut wounds.
- If the staff member has cuts, abraded skin, chapped hands, dermatitis, or other non-intact skin.
 - Gowns or plastic aprons are indicated if blood and/or body fluid splattering are likely.
- Masks and protective goggles should be worn if aerosolization or splattering is likely to occur such as in certain wound irrigations.
- To minimize the need for mouth-to-mouth resuscitation; mouthpieces, resuscitation bags or other ventilation devices are strategically located in the Athletic Training Room and in each athletic training kit.
- All personal protective equipment must be removed and placed in the appropriate disposal site prior to leaving the work area.
- Approved and labeled sharps disposal containers and hazardous waste containers are to be used for all tainted supplies.

- When containers are full, they are to be disposed of by contacting the appropriate company.
- All equipment and work surfaces must be cleaned with a 10% bleach solution, or decontaminate approved for such use, after contact with blood or other potentially infectious material and also at the end of the workday.
- Towels contaminated with blood or body fluid should be placed and sealed in a hazardous waste red bag and taken directly to the laundry room where they are washed separately in a hot cycle.
- Other regulated waste includes liquid or semi-liquid blood or other potentially infectious materials: contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, pathological and microbiological wastes containing blood, or other potentially infectious materials. Such regulated waste must be placed in the hazardous waste container or in a sealed hazardous waste red bag.

2.13 Eating Disorders

Eating Disorder Response Protocol

A student-athlete can be faced with the paradox of eating for health and performance but eating to maintain weight or body fat. Emphasis on body weight or body fat may benefit performance if the guidelines for proper weight are based on sound and reasonable principles.

Recognizing a student-athlete struggling with an eating disorder is not easy and often the Sports Medicine staff will rely on other athletes notifying them concerning a troubled athlete. It must be noted that not all victims of an eating disorder are female.

Some, but not all, of the warning signs for eating disorders are:

- Binge eating followed by vomiting
- Use of laxative and/or diuretics
- Obsession with weight or body image
- Severe weight loss or continual weight loss
- Not eating in public
- Exercising in response to eating
- Yellowing teeth
- Poor gum health
- Foul breath
- Decrease in performance
- Strict diets

Since eating disorders are known to be a psychological disease and not purely of physical nature, it is important for the Sports Medicine staff to know their limitations when approaching and helping an athlete with an eating disorder. The treatment must be a team approach between athlete, coach, athletic trainer, team physician, mental health practitioner, and a dietitian.

2.14 Concussion Policy

UAFS Sports Medicine Concussion Management Policy

What is a Concussion? (As per the Consensus Statement on Concussion in Sport 4th International Conference on Concussion in Sport Held in Zurich, November 2012)

Concussion is defined as a subset of mild traumatic brain injury (MTBI) and is a complex pathophysiological process affecting the brain, induced by biomechanical forces. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that maybe utilized in defining the nature of a concussive head injury include:

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

Symptoms

MTBI and concussions symptoms usually fall into the following categories:

Thinking/Remembering	Physical	Emotional	Sleep
-Difficulty thinking clearly -Difficulty concentration or remembering -Feeling more slowed down -Feeling sluggish, hazy, foggy, or groggy	-Headache -Nausea or vomiting -Balance problems -Fatigue or feeling tired -Blurry or double vision -Sensitivity to light or noise -Numbness/tingling -Does not “feel right”	-Irritable -Sad -More emotional -Nervous	-Drowsy -Sleep less than usual -Sleep more than usual -Difficulty falling asleep

Required Concussion Education

Concussion education will be performed annually by the Sports Medicine staff. Student-athletes and coaches will receive a concussion fact sheet which is available from the NCAA. Upon review of this fact sheet, all student-

athletes will sign a concussion education form signifying that they have been given education materials and acknowledge their responsibilities of reporting any possible concussion signs or symptoms.

Baseline Testing

All student-athletes participating in high risks sports will be required to do baseline concussion testing. No student-athlete may participate in any officially sanctioned team activity until their baseline testing process is completed. Individuals who suffer a concussion during their career will be asked to do a new baseline exam at the 6 month mark following their return to play. Baseline exams will be used to gather data including an individual's concussion history, symptoms, cognitive assessment, and balance testing.

Baseline testing will comprise of the following elements:

1. Medical History Form – This form will be completed by all student-athletes as part of their pre-participation exam. It is expected that all student-athletes complete this form accurately and do not willing withhold any pertinent information.
2. ImPACT computerized baseline testing – This test will include current symptom evaluation as well as cognitive assessment.

Coverage

A member of the UAFS Sports Medicine staff will be available for all sponsored team practices. Availability may constitute being on site, being in close proximity to the practice location, or being on call. If not directly on site, the ATC will be available to be contacted so that treatment may be advised and/or the ATC can report to the facility as needed. The ATC should be available to be contacted via cell phone, text, and/or email. Basketball, volleyball, and baseball practices will be the primary sports covered due to the increased nature of injuries with these sports.

A member of the UAFS Sports Medicine staff will be on site for coverage of all basketball, volleyball, and baseball home game. Should any conflict among competition dates/times occur, basketball coverage will be the primary sport covered. In this occasion, if there are multiple events going on at the same time and only 1 ATC present for coverage, the ATC should be able to be reached via cell phone and able to advise in the case of an injury at the site they are not currently at.

Clinical Evaluation and Assessment

As per NCAA rules, a student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion will be removed from practice or competition and evaluated by a member of the UAFS Sports Medicine Staff (licensed/certified athletic trainer or physician). Athletes may be identified as exhibiting signs and symptoms of a concussion either through self-reporting or identified by others, and an immediate evaluation of the suspected concussion will be conducted and a documented serial clinical evaluation inclusive of symptom inventory and evaluation of cognition and balance will be produced, following these steps:

1. On-field assessment ruling out need for initiation of the emergency action plan and transportation to emergency medical facility.
 - Glasgow Coma Scale <13
 - Prolonged loss of consciousness
 - Focal neurological deficit suggesting intracranial trauma

- Signs/Symptoms associated with spine injury
- 2. If no emergency transport is needed, assist athlete from court/field.
- 3. Allow the athlete time to calm down
- 4. Move the athlete to an area where they will not be interrupted and can concentrate if at all possible (i.e. Locker Room)
- 5. Perform a thorough evaluation of a suspected concussion which may include, but is not limited to:
 - Symptom Scoring
 - Standardized Assessment of Concussion Test (SCAT Test)
 - Evaluation of balance (BESS Test, part of SCAT Testing)
 - Visual tracking/testing (manual)

The determination of a concussion will be based on the collective interpretation of all test results.

Symptom Scoring Scale

Student-athletes symptoms will be assessed as part of the SAC Testing evaluation. The total score of their symptoms can be used to compare to baseline scoring as well as immediate post-injury and follow-up testing for an infinite amount of time. Reporting of symptoms should be correlated to injury mechanism and other testing results in determining whether an athlete has suffered a concussion.

Visual Tracking/Testing

- Examine pupils: note symmetry, reaction, size, visual tracking changes, or painful areas in ROM
- Visual Clarity.

*Abnormalities in any of these areas are cause for suspected concussion

Management of Diagnosed Concussion

Following a suspected concussion, any student-athlete with abnormal testing results indicating a concussion will be removed from the game/practice. The sports medicine staff or team physician will make a final determination on the student-athlete being able to return-to-play that day. If all testing falls within normal limits and the student-athlete does not show any significant symptoms, they may be permitted to return to play but should be monitored closely by the sports medicine staff and coaches.

If a concussion is diagnosed, the student-athlete will NOT be able to return-to-play and will be withheld from physical activities for the remainder of the day. A follow-up examination will be performed the following day and a final determination will be made for concussion diagnosis.

Once diagnosed with a concussion, the student-athlete should be monitored frequently for the remainder of the day. This monitoring process will be completed by the sports medicine staff as much as possible but may need to include other people such as coaches, administration personnel, teammates, roommates, etc. If symptoms deteriorate, the student-athlete may need to be taken to an appropriate medical facility for further evaluation and testing.

If a student-athlete with a diagnosed concussion has steady or improving symptoms, they will be provided with home care instructions and allowed to be released home. The sports medicine staff will also communicate with another person who will be the responsible party to monitor the student-athlete while at home. This may be a

teammate, roommate, family member, etc. The student-athlete will also be given a time to follow-up with the sports medicine staff the following day and should be encouraged to contact the staff member at any time if symptoms change at a later time. A student-athlete should not attend class the same day they are diagnosed with a concussion and the sports medicine staff should communicate with the FAR about possible interventions with classroom attendance for the student-athlete for the next day(s).

Following a concussion diagnosis, a student-athlete will be subject to regular follow-up evaluations with the sports medicine staff. Student athlete will be referred to team physician as needed for diagnosis and evaluation. The team physician will determine if further testing (i.e. CT scan, etc.) needs to be ordered.

Regular monitoring of symptoms will also take place. The student-athlete will fill out a symptom score sheet daily. This symptom scoring is correlated to the ImPACT testing symptoms the athlete has/will complete on their baseline and all post-concussion tests. Symptoms scoring will occur daily until the student-athlete's symptoms have resolved.

Follow-up testing using the ImPACT and SCAT tests should also be used. These follow-up scores compared to their respective baselines will give the sports medicine staff important information to be used to gauge the student-athlete's recovery. The team physician should be updated with testing results throughout the process.

Sport-related concussion is a challenging injury for student-athletes and, unlike other injuries, the timeline for return to full activity (including return-to-play and return-to-learn) is often difficult to project.

If prolonged concussion symptoms persist, it will be determined by the team physician or physician-designee to continue with re-evaluation exams and further diagnostic testing as needed. It is important that health care providers remain alert to the signs and symptoms of depression and other emotional responses to injury that can be particularly challenging following concussive injury. A student-athlete's health care provider should verify the diagnosis instead of assuming that the student-athlete has prolonged concussion symptoms. These symptoms may represent post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, or co-morbid mood disorders such as anxiety and depression. Passive management, such as prolonged physical and cognitive rest, may be counter-productive in these scenarios.

Once the student-athlete's symptoms have resolved or have reached a very minor level and all testing scores are within a normal limit, the graduated return-to-play protocol may be initiated at the discretion of the team physician or physician-designee. It is important to communicate with the student-athlete and coaches throughout this process. The team physician or physician-designee will make the final decision to permit a student-athlete to return to play in practice or competition.

Return to Classroom Activities (Return-to-Learn)

Return-to-Learn is a vital concept to know and understand when dealing with student-athletes who have suffered a concussion or MTBI. Similar to return-to-play guidelines, a student-athlete must also have cognitive rest following a concussion to ensure time for the brain to heal. Cognitive activity caused by reading, writing, listening to lecture, etc. can slow the healing process down and may lead to long-term symptoms. The return-to-learn stepwise progression allows for the student-athlete to slowly return to daily and school activities while also allowing for rest and recovery. This process may be different from one individual to the next and needs to fit each individual student-athlete's needs. The process is based on the student-athlete's symptoms which may vary

from day-to-day. To ensure safe and effective recovery the Return-to-Learn process will be overseen by the UAFS sports medicine staff and the team physician and communicated to the school faculty as needed through the Faculty Athletics Representative (FAR). Communication through this process is very important.

No student-athletes suspected of or having a concussion may return to classroom activity on the same day the injury is sustained. The sports medicine staff will communicate with the FAR as soon as possible to pass along all pertinent information related to the individual's school participation.

The Return-to-Learn process is usually completed in 7-14 days. Student-athletes with more severe symptoms may take several weeks before full recovery is reached, which make for a much more difficult Return-to-Learn progression.

Return-to-Learn Parameters		
Stage 1	Symptoms at rest. Cannot tolerate cognitive activity	<ul style="list-style-type: none"> - Athlete will <u>NOT</u> attend any classes or meetings. Will not do any classwork, homework, tests, or quizzes. This includes team meetings. - Athlete should refrain from reading, watching television, playing video games, AND texting as much as possible. - Will move to Stage 2 as symptoms resolve and more activity is tolerated. - Cases where athlete remains in Stage 1 for longer than 2 weeks may need special consideration and discussion amongst medical staff, academic advisors, and specialists.
Stage 2	No symptoms at rest. Can tolerate up to 1 hour of cognitive activity without symptoms becoming present.	<ul style="list-style-type: none"> - Will return to classroom attendance but may need to be limited for the amount of time they spend in the classroom. Initial goal will be to attend class for 30-60 minutes at a time. *Remember a student-athlete's schedule includes multiple classes and they may need to limit time when having back-to-back classes. Breaks between classes will help with this. - Should work on classwork/tests as tolerated. Again, keep in mind the student-athlete's full workload and possibility of being behind a few days in several classes. Arrangements should be made to allow the student-athlete to get caught up in an organized and fair manner. - If symptoms persist, student-athlete may need to limit activity more. - Likely begin return-to-play progression as cognitive function improves and can tolerate activity for multiple hour time periods.
Stage 3	Return to all activities	<ul style="list-style-type: none"> - Return to all cognitive activities including classes and team meetings. - Will continued to be monitored for symptoms and should report any issues immediately.

Return to Sports Participation (Return-to-Play)

The cornerstone of concussion management is physical and cognitive rest until symptoms start to resolve and then a graded program of exertion and return-to-learn program prior to medical clearance and return to play. Graduated return to play following a concussion will follow a stepwise process. If any post-concussion symptoms occur while in the stepwise program, then the student-athlete should drop back to the previous asymptomatic level and try to progress again after a further 24 hour period of rest has passed. Time frames within each level are not established, but dictated by monitoring of symptoms. Listed below are general guidelines to be used as a

stepwise process for return to activity. There is typically a period of time of complete rest between stages to assess reaction to activity and subsequent progress. The student-athlete will be returned to full play only with clearance by the team physician following a diagnosed concussion.

Return-to-Play Protocol		
Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Stage Objective
1. No Activity	Complete physical and cognitive rest	Recovery
2. Light Aerobic Exercise	- Walking, swimming, or stationary cycling keeping intensity <70% maximum predicted heart rate. - No resistance training	Increase heartrate
3. Sport-Specific Exercise	- Dribbling drills in basketball, running drills in soccer. * No head impact activities.	Add movement
4. Non-Contact Training Drills	- Progression to more complex training drills, ex. Passing drills in basketball and soccer. - May start progressive resistance training.	Exercise, coordination, and cognitive load
5. Full Contact Practice	- Following medical clearance participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6. Return to Play	- Normal game play	

Education

At the beginning of each school year and prior to participating in practices or competitions, all student-athletes and coaches shall be provided continuing education pertaining to concussions. This information will be directed from the NCAA and given to the student-athletes and coaches by the sports medicine staff. This information is to provide overall knowledge of concussions, their symptoms, and the overall process for returning to learn and returning to play following a concussion diagnosis.

The NCAA will also provide the institution with educational materials for faculty regarding academic accommodations that may be advisable for use with a student athlete recovering from a concussion. This information will be passed along to the institution's faculty by the Faculty Athletic Representative.

2.15 Weather, Lightning, Playable Conditions

Heat Policy

Hyperthermia – elevated body temperature – is a major concern in an athletic setting. According to the Center of Disease Control, approximately 400 people die each year from exposure to heat. During hot and humid conditions, both the Sports Medicine staff and the coaching staff of the University of Arkansas Fort Smith need to have the correct weather information before and periodically during practice and competition. Required alterations to practice and game situations will be given from the Sports Medicine staff to the coaches when heat and humidity are near dangerous levels. All student-athletes competing or practicing in these conditions need to be carefully watched for signs and symptoms of heat stress. This is the Athletic Department's Heat Policy to use a Heat Index calculation: the temperature the body feels when heat and humidity are combined.

The following will occur when the Heat Index is:

Below 95 degrees:

- Practice is normal
- Ample supply of water and frequent break at least every 30-60 minutes
- Watch and monitor student-athletes
-

95-99 degrees:

- Ample supply of water and frequent break at least every 30 minutes
- Watch and monitor student-athletes
- Ice towels for cooling
- Removal of equipment if not necessary in safety of sport
- Practice length needs to be reduced or practice moved to a later time in the day
- Recheck temperature and humidity every 30 minutes to monitor for increased Heat Index

100-104 degrees:

- Ample supply of water and frequent break at least every 30 minutes
- Watch and monitor student-athletes
- Ice towels for cooling
- Removal of equipment if not necessary in safety of sport
- Allow athlete to change into dry clothes
- Practice length needs to be reduced and/or practice moved to a later time in the day
- Recheck temperature and humidity every 30 minutes to monitor for increased Heat Index

Above 104 degrees:

- All sports MUST stop outside activities in practice and/or play
- Indoor practice must also stop if air conditioning is unavailable

Cold Temperatures

Cold environments can cause injury as well. In contrast to heat illnesses, prolonged exposure to moderate or extreme cold temperatures combined with the wind chill factor, can cause severe and permanent tissue damage.

Cold injuries can range from frostnip to three different varieties of frostbite. These are:

Chilblains

- Swelling, redness, tingling, stinging sensation in fingers and toes

Superficial frostbite

- Skin appears hard, pale, and waxy to the touch

Deep frostbite

- This is an extreme medical emergency, permanent tissue damage is possible, and victim may exhibit signs similar to chilblain and superficial frostbite.

Student-athletes and staff members should do the following when there are cold conditions:

- Cover the head , neck, and hands
- Dress in dry layers that can be discarded as the athlete's body temperature increases
- Encourage fluid consumption during activity. Dehydration can still occur in cold temperatures
- Discourage warm liquid consumption during activity. Warm liquids can increase the perspiration level even in cold temperatures. This also increases the possibility of dehydration and frostbite.
- Discourage activity during freezing rain or heavy snowfall as such weather could intensify cold related injuries.

Inclement Weather Guidelines

Lone Star Conference member institutions will be provided with a Weather Sentry account purchased by the conference to monitor lightning strikes.

Utilization of a weather tracking program or weather radio should be utilized well in advance (minimum 4 hours) of scheduled competition and may also be utilized in conjunction with another brand of lightning detector.

The decision to suspend a competition due to inclement weather rests solely with the host institution's certified/licensed athletic trainer on-site.

The host athletic trainer will notify the officials and game administrator of the weather situation

The athletic trainer will use the Weather Sentry to assess the speed, tracking, and make-up of dangerous weather (lightning, hail, tornado, etc). Per the NCAA, fields of play should be clear when lightning strikes occur in a radius of 8 miles or less. Using information derived by the Weather Sentry, the on-site athletic trainer will suspend play and initiate venue evacuation purposefully allowing for sufficient time for student-athletes and spectators to safely and orderly reach a designated shelter.

- It may be necessary to suspend play prior to an alert at 8 miles depending on the following conditions
 - Speed of incoming storm
 - Time needed to clear venue

The conference standard for the Weather Sentry system should be set to monitor strikes from 30 to 8 miles away and should signal a tone to notify when a strike within the 8 mile radius has been detected.

30 miles: when a storm and accompanying lightning strikes have reached a radius 30 miles away from the athletic site, the sports medicine representative should closely monitor the storm, its direction, and speed. Officials, coaches, and administration members should be notified of any incoming inclement weather so evacuation measures can be readied.

10 miles: once lightning strikes have reached the 10 mile radius, the evacuation process should begin. Game officials should be made aware of the situation and the field should begin to be cleared

- If the lightning strike is determined to be in a location that the storm will not reach the playing site or has already moved past the playing site, the game/practice may not need to be suspended

8 miles: if a lightning strike alert is at the 8 mile radius or less the playing field must be evacuated IMMEDIATELY. Student-athletes, coaches, officials, staff, and spectators should all be evacuated to the

nearest designated storm shelter. NO further work on the field is to be done (i.e. putting the tarp on the field).

If play is suspended because of inclement weather and/or lightning, both teams should be directed to any building normally occupied or frequently used by people containing plumbing and/or electrical wiring that acts to ground the structure (NCAA Sports Medicine Handbook). It is the host institutions responsibility for notifying all spectators of the approaching storm as well as designating a location for spectators to go in the even the contest is suspended due to inclement weather.

- The designated weather shelter for Crowder Field will be the Stubblefield Center. All involved people should be able to enter through the McSpadden entrance of the gym. A UAFS representative should ensure these doors are unlocked. Attendees may also return to their vehicles and/or leave the premises.
- In a worst-case scenario, in the absence of a building, any vehicle with a hard, metal roof and doors, and/or a low-lying area including a ditch or ravine may be utilized. If outside during a lightning storm, one should make oneself into a ball crouched in the ditch/ravine with knees to chest while hugging knees and tucking the head into the knees. Do NOT lie flat on the ground.
- If at the Fort Smith Athletic Club (tennis): All student athletes, coaches, support staff, and fans will be directed from the outdoor courts to move inside the Fort Smith Athletic Club building. Attendees may also return to their vehicles and/or leave the premises.
- Golf: Depending on the venue, golf student athletes and coaches will be directed to the nearest shelter. This may include the course club house or an outer building such as a bathroom or storage building. If no immediate shelter can be found, as a last resort, participants should stand in a low area such as a ditch or bottom of a hill.
- Cross country: Given the nature of hosting practice/workouts in various areas, the coach and student athletes should always have a plan. Options for the nearest shelter should be identified prior to workouts. Student athletes should be educated about these options the first time a workout is held at a new venue.

Once play has been suspended and the team's removed from the site of competition, play may not resume for up to 30 minutes from the most recent lightning strike.

- If play has resumed and another lightning strike occurs within the 8 mile radius, the field of play must be evacuated immediately and a new 30 minutes suspension will commence.
- At the end of the 30 minute suspension, the athletic trainer will communicate to the host institutions game administrator, contest officials, and coaches that play may resume.
- The on-site athletic trainer is the sole and final authority on play suspensions, site evacuation, and resumption of play. If a situation should arise where there isn't an on-site athletic trainer, coaches should reach out to the Sports Medicine staff via cell phone for determination to suspend or resume play.

Playable Field Conditions

The home team game administration, which shall include the home team athletic trainer, in consultation with the two head coaches and game officials, will determine whether or not a game will start.

For baseball, after the lineup cards have been exchanged, the umpires will have sole jurisdiction as to whether the game will be stopped and/or continued due to field conditions.

Athletic Director and coaches may, by mutual agreement, delay starting times if the possibility of improved field conditions would exist at a later time.

2.16 Emergency Action Plans

Emergency Action Plans (EAPs) are important part of any Athletic Department. The EAPs should be put together in a way to maximize the organization and activation of medical care in an emergency situation. This helps to ensure proper and efficient care being provided. The EAPs should be reviewed regularly and modified as needed. These procedures should be presented to all athletic department staff members and coaches prior to each school year.

Emergency Action Plan -Stubblefield Center-

EMERGENCY PERSONNEL

1. Certified athletic trainer on site for all games and practices.
2. Additional Sports Medicine staff members on site.
3. Other personnel may also include coaches, managers, emergency medical technicians, student athletic trainers, and possibly, bystanders.

EMERGENCY COMMUNICATION

1. Cellular phones are the most convenient and easiest way to communicate during an emergency.
2. Fixed phones are located throughout the arena and Athletic Training Office
 - A. 2nd floor concourse at the audio table by the bathroom
 - B. 2nd floor in the atrium by the Bill and "Miss" Wanda Srygley Room, near the concession stand
 - C. 1st floor back hallway across from the weight room entrance by the vending machines
 - D. Athletic training office, room 120

EMERGENCY EQUIPMENT

*Supplies on the court or nearby in the Athletic Training Room (ATR)

1. AED
 - A. 2nd floor concourse, mid court, on the west wall
 - B. 1st floor, on the wall between the weight room entrance and the elevator
2. Splint kit
3. Crutches
4. First-aid supplies

ROLE OF FIRST RESPONDERS

1. Immediate care for the injured or ill student-athlete.
2. Emergency equipment retrieval.
3. Activate emergency medical system (EMS); call 911
 - Provide name, address, and phone number
 - Number of individuals injured
 - Condition of the injured person(s)

- Care being given to the injured
- Specific directions to the scene
- Other information as requested

4. Direct EMS to the scene

- Open appropriate doors and/or garage doors
- Designate an individual to meet EMS in the parking lot and direct them to the scene
- Scene control, limit scene to first-aid providers and move bystanders away from the area

LOCATION

Stubblefield Center
532 N. Waldron Road
Fort Smith, AR 72903

The Stubblefield Center is located on the University of Arkansas Fort Smith campus on the southeast corner of N. Waldron Road and Kinthead Avenue. EMS should enter at the loading dock on the northeast side of the building. (If emergency is located in the athletic offices, direct EMS to enter the building through the front doors on the northwest side of the building.)

EMERGENCY PHONE NUMBERS

Emergency medical system: 911

Campus police: 479-788-7140



Stubblefield Center, preferred entrances. Northeast entrance at the loading dock should be used for all emergencies unless located in the front athletic offices.

Emergency Action Plan -Crowder Field-

EMERGENCY PERSONNEL

1. Certified athletic trainer on site for all games and practices.
2. Additional Sports Medicine staff members on site.
3. Other personnel may also include coaches, managers, emergency medical technicians, student athletic trainers, and possibly, bystanders.

EMERGENCY COMMUNICATION

1. Cellular phones are the most convenient and easiest way to communicate during an emergency.
2. A fixed phone is located in the press box

EMERGENCY EQUIPMENT

1. AED – in the press box
2. First-aid supplies
3. Splint kit – for games only. Otherwise located in the Athletic Training Room in the Stubblefield Center
4. Crutches – located in the Athletic Training Room in the Stubblefield Center

ROLE OF FIRST RESPONDERS

1. Immediate care for the injured or ill student-athlete.
2. Emergency equipment retrieval.
3. Activate emergency medical system (EMS); call 911
 - Provide name, address, and phone number
 - Number of individuals injured
 - Condition of the injured person(s)
 - Care being given to the injured
 - Specific directions to the scene
 - Other information as requested
4. Direct EMS to the scene
 - Open appropriate doors and/or garage doors
 - Designate an individual to meet EMS in the parking lot and direct them to the scene
 - Scene control, limit scene to first-aid providers and move bystanders away from the area

LOCATION

Crowder Field
532 N. Waldron Road
Fort Smith, AR 72903

Crowder Field is located on the University of Arkansas Fort Smith campus on the south side of Kinkead Avenue. The field is located adjacent to the Stubblefield Center and is accessible through the same parking lot.

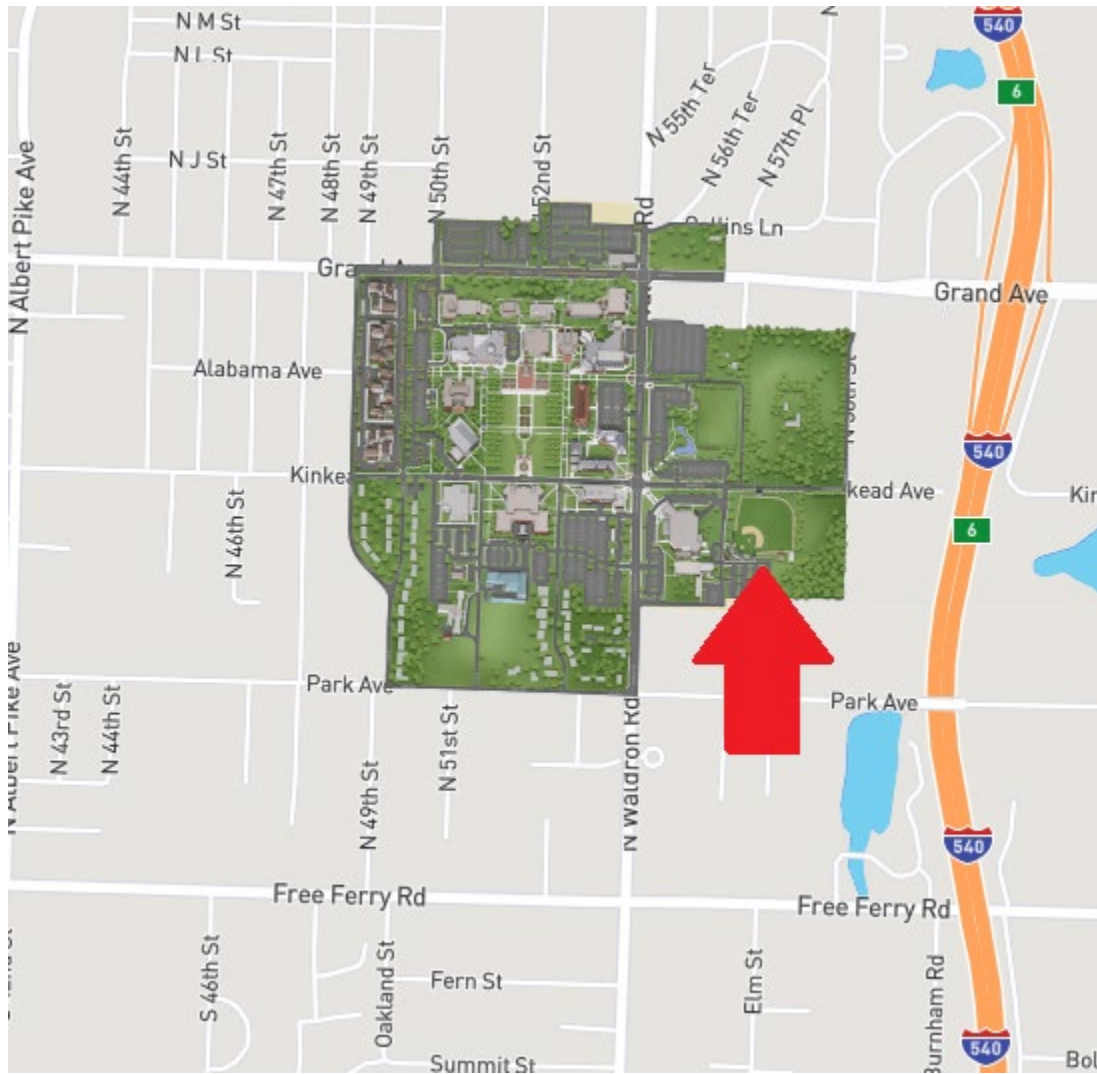
For access to the field, EMS should be directed to park on the ramp by the left field foul pole which is accessible off of Kinkead Avenue and enter through the outfield fence gate. This is on the northwest corner of the field and is the easiest access point to the playing field. A UAFS representative will be there to ensure the gate is unlocked and open.

If EMS is needed in the press box or terraces, EMS should be directed to park at the southwest corner of the stadium and enter through the gate.

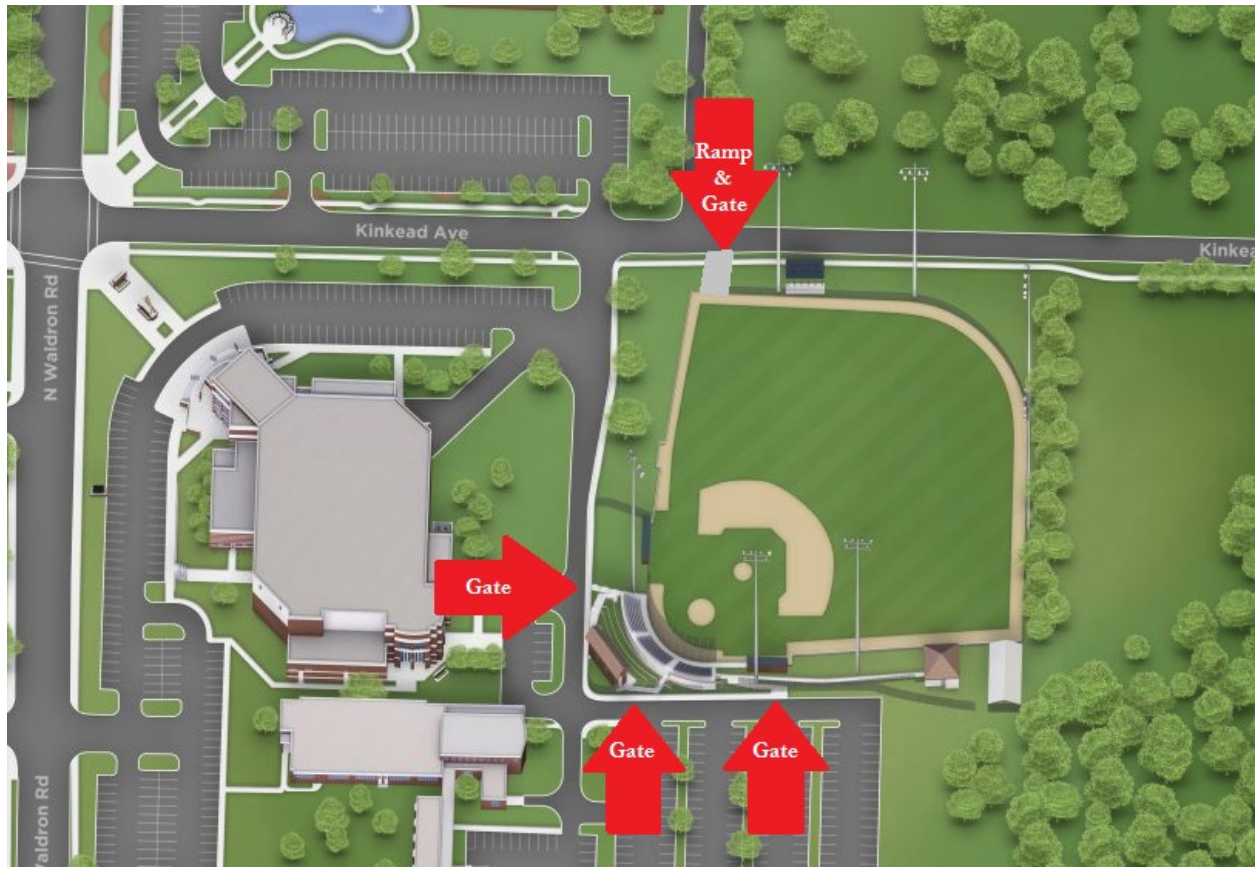
EMERGENCY PHONE NUMBERS

Emergency medical system: 911

Campus police: 479-788-7140



Location of Crowder Field on campus



Crowder Field, access points. The northwest corner of the field is the most accessible point to the playing surface. EMS can park on the ramp and enter through the gate in the outfield fence.

Current UAFS Provider List

(Updated June 2021)

Baptist Health

- Dr. Eric Heim – Baptist Health Orthopedics
- Dr. Justin Voris – Baptist Health Family Clinic
- Dr. Abdul Adjei – Baptist Health Cardiology
- Dr. Spencer Mortensen – Baptist Health Foot and Ankle

Mercy

- Dr. Jody Bradshaw – Mercy Clinic Orthopedics – River Valley

Balkman Chiropractic

- Dr. Kyle Jarnigan

Skinner Dentistry

- Dr. Bob Skinner

Arkansas Vision Development Center

- Dr. Wanda Vaughn

The Dermatology Center

- Dr. Craig Stites

Coleman Pharmacy (Charge account set up)

- Dr. Mike Smets
- Dr. Bonnie Smets
- Dr. Peggy Thomas