2025-2026 POLICY AND PROCEDURE MANUAL

KANSAS TEAM HEALTH



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

LMH Health

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General Information

Health Services Directory

Head Team Physicians	**Phone #**
Jeff Randall, MD	919-574-1473
Senior Administrator, Sports Medicine	
Brian Conway	785-331-8049
Team Physician Assistant	
Polly Sheridan, PA-C, MPAS	785-864-7417
Team PCPSM Physician	
David Embers, MD	913-636-8494
Luis Salazar, MD	317-698-1324
Team Orthopedists	
Erik Henkelman, MD	816-214-3675
Stephen Pro, MD	785-843-9125
Doug Stull, MD	785-843-9125
Team ENT	
David Kriet	913-706-3380
Lee Reussner	785-760-3592
Radiologists	
Brian “Mac” Everest	913-406-4279
Tom Grillot	785-393-4589
Staff Athletic Trainers	
Madison Beene- Football	785-393-7959
Natasha Bieker – Tennis, Cheer	785-331-5476
Emily Bromley – Rowing	785-691-9731
Trent Carter - Football	785-331-5679
Bill Cowgill – Men’s Basketball, Men’s Golf	785-331-6611
Regan Croft – Women’s Basketball, Women’s Golf	785-551-9054
Cody Deardorf - Football	785-840-7033
Jacob Fouts – Softball	785-331-8612
Sean Giroir – T&F, XC	785-551-1759
Mason Lockwood – Volleyball, Rowing	785-551-9472
Jeff Roberts – Baseball	785-393-8518
Jake Rosenfeldt – Football	785-424-4971
Sindra Schueler- Soccer	785-592-1045
Frank Shipley- Swim/Dive	785-424-3895
Olivia Trocano-Cheer/SB	785-424-5057
Ann Wallace – Volleyball	785-331-7884
Veronica Sedlmayer – T&F, Soccer	785-393-7686
Sasha Newkirk – T&F, XC	TBD
Kyler Conn – Men’s Basketball, Baseball	TBD

Performance	
John Baumann	785-312-1969
Stryder Blackburn	785-393-6323
Luke Bradford	785-424-0496

Patrick Hampton	785-331-2676
Chuck Hollwedel	785-551-0423
Taylor Hynes	785-393-2433
Matt Gildersleeve	785-393-9254
Ally Ginkens	785-551-8791
Chula Loomis	785-312-2676
Conor Mcnally	716-512-4614
Ramsey Nijem	925-305-6515
Eric Scott	785-331-8359
Stewart Young	785-424-3390
Mental Health	
Kristie Baumchen	785-393-5015
Isaiah Robinson-McBride	785-331-9236
Emily Tyler, PsyD	785-331-9638
Dieticians	
Courtney Denny	785-865-8473
Katie O'Connor	785-331-9574
Stacey Potter	785-393-4747
Allika Pearson	785-312-2630
Office Manager	785-312-2630
Rebecca McAnderson	785-551-8694

Activity Coverage Chart

Medical Coverage by Sport and Event Type

Sport	Team Practice			Non-Team Practice			Home Events			Away Events			Strength Training			Conditioning	Alternate Activity
	AT Coverage	Physician Coverage	EMS	AT Coverage	Physician Coverage	EMS	AT Coverage	Physician Coverage	EMS	AT Coverage	Physician Coverage Post	EMS	AT Coverage	Physician Coverage	EMS	AT Coverage	AT Coverage
Baseball	Yes	OC	OC	TR	OC	OC	Yes	OC	Yes	Yes	TBD	TBD	TR	No	OC	Yes	TBD
Basketball, M	Yes	OC	OC	TR	OC	OC	Yes	Yes	Yes	Yes	Yes	TBD	TR	No	OC	Yes	TBD
Basketball, W	Yes	OC	OC	TR	OC	OC	Yes	Yes	Yes	Yes	Yes	TBD	TR	No	OC	Yes	TBD
Cross Country	Yes	OC	OC	TR	OC	OC	Yes	OC	Yes	Yes	No	TBD	TR	No	OC	Yes	TBD
Football	Yes	OC	OC	TR	OC	OC	Yes	Yes	Yes	Yes	Yes	TBD	TR	No	OC	Yes	TBD
Golf, M	OC	OC	OC	TR	OC	OC	Yes	OC	OC	No	No	TBD	TR	No	OC	Yes	TBD
Golf, W	OC	OC	OC	TR	OC	OC	Yes	OC	OC	No	No	TBD	TR	No	OC	Yes	TBD
Rowing	Yes	OC	OC	TR	OC	OC	Yes	OC	Yes	Yes	No	TBD	TR	No	OC	Yes	TBD
Soccer	Yes	OC	OC	TR	OC	OC	Yes	Yes	Yes	Yes	Yes	TBD	TR	No	OC	Yes	TBD
Softball	Yes	OC	OC	TR	OC	OC	Yes	OC	Yes	Yes	No	TBD	TR	No	OC	Yes	TBD
Swimming & Diving	Yes	OC	OC	TR	OC	OC	Yes	OC	OC	Yes	No	TBD	TR	No	OC	Yes	TBD
Tennis	Yes	OC	OC	TR	OC	OC	Yes	OC	OC	Yes	No	TBD	TR	No	OC	Yes	TBD
Track & Field, Indoor	Yes	OC	OC	TR	OC	OC	Yes	OC	Yes	Yes	No	TBD	TR	No	OC	Yes	TBD
Track & Field, Outdoor	Yes	OC	OC	TR	OC	OC	Yes	OC	Yes	Yes	No	TBD	TR	No	OC	Yes	TBD
Volleyball	Yes	OC	OC	TR	OC	OC	Yes	OC	Yes	Yes	No	TBD	TR	No	OC	Yes	TBD

OC = On Call TR = In Athletic Training Room

Approved:

Team Physician _____ Date _____

Team Physician _____ Date _____

Administrator _____ Date _____

_____ _____

Strength and Conditioning Program

Policy:
Team Athletic Trainers or their designate shall work in cooperation with the certified strength and conditioning specialist (CSCS) and /or Strength and Conditioning Coach Certified (SCCC) or designate to ensure the safety of all student-athlete during strength and conditioning sessions. For the sport of Football, a Licensed Athletic Trainer(s) shall be present during all conditioning sessions. For all other sports any outside conditioning must have an athletic trainer present and based on communication and risk stratification discussion between the athletic trainer and strength and conditioning coach coverage may be deemed necessary for indoor conditioning. If present at conditioning sessions the Athletic Trainer will have unchallengeable authority to cancel or modify the conditioning activities for health and safety reasons (NCAA 17.9.6.3).

Purpose:
To provide a safe environment for student-athletes, provide input regarding injured student-athletes to the strength and conditioning staff or designate, and to administer first aid and emergency services as needed.

Procedures

- A Team Athletic Trainer or designate will communicate on a regular basis with the strength and conditioning coach so as to be informed of all team strength and conditioning sessions.
- The strength and conditioning coach will provide to the Team Athletic Trainer a copy of their strength and conditioning program.
- On site coverage will be determined through communication between each Team Athletic Trainer and the strength and conditioning coach or designate.
- An emergency action plan and telephone will be accessible whenever a student-athlete is engaged in a team or individual strength and conditioning session.
- The Team Athletic Trainer should communicate with the strength and conditioning coach or designate any modifications of strength training methods or programing necessary due to injuries or illnesses.

Documentation
Medical issues that occur during strength and conditioning sessions and meet the criteria of an injury or problem will be recorded in Healthy Roster by the Team Athletic Trainer.

Team Physician Travel for Away Coverage

Decisions on which teams require travel coverage will be made by Head Team Physicians. Decisions on which physician travels with each team will be made by team physicians assigned to that team coverage in consultation with Head Team Physicians. It is the responsibility of the team physicians covering that team to make sure coverage is supplied. Sports Medicine Fellows (Primary Care and Orthopedic) may be used in this coverage. An effort should be made to have consistency in coverage so that student athletes and sports staff are comfortable with physicians involved.

MEN'S BASKETBALL All games, including regular season, tournament, post-season and international trips

WOMEN'S BASKETBALL All games, including regular season, tournament, post-season and international trips

FOOTBALL All games, including regular season and post-season competition

SOCCER Post-season competition and international trips

All others as requested by KU Athletics

ALL OTHER International TEAM trips

Orthopedic Coverage and Communication Policy

Head Team Orthopedic Surgeon

1. Full time faculty, Department of Orthopedics and Sports Medicine, University of Kansas Medical Center
2. Board certified with a Certificate of Added Qualification in Sports Medicine

Team Orthopedic Surgeon
Football Team Orthopedic Surgeon
Olympic Sports Team Orthopedic Surgeon

1. Faculty appointment, Department of Orthopedics and Sports Medicine, University of Kansas Medical Center
2. Board certified in Orthopedic Surgery with a Certificate of Added Qualification in Sports Medicine
3. Primarily available to assigned sports throughout the season and training activities
4. Available to travel to post season competition and international travel in assigned sports
5. Coordinate with Head Team Physician and other Team Physicians and Surgeons to ensure all games have proper medical coverage

Assistant Orthopedic Surgeon

1. Faculty appointment, Department of Orthopedics and Sports Medicine, University of Kansas Medical Center
2. Board Certified or Board eligible in Orthopedic Surgery and with or eligible for a Certificate of Added Qualification in Sports Medicine

Orthopedic Surgeon Organization

The Head Team Orthopedic Surgeon will be responsible for overseeing all musculoskeletal injuries and orthopedic conditions

The Head Team Physician will be responsible for overseeing all general medical issues and conditions

The Head Team Physician will approve all orthopedic consultations

The Head Team Physician will approve all general medical consultations

The Primary Care Team Physicians, Team Orthopedic Surgeons, and Assistant Orthopedic Surgeons will communicate any musculoskeletal injuries or orthopedic issues they evaluate to the Head Team Physician, and appropriate Football or Olympic Sports Team Orthopedic Surgeon within 24 hours by progress note after seeing a KU Athlete for a musculoskeletal injury or orthopedic issue.

Any acute fracture, dislocation, or injury requiring immediate protected weight bearing with crutches or immobilization with a cast, splint, or brace will also be directly communicated to the Head Team Physician, and appropriate football or Olympic Sports Team Orthopedic Surgeon by the Primary Care Team Physicians, Team Orthopedic Surgeons, or Assistant Orthopedic Surgeons by secure text, phone call, or in person within one hour of evaluation.

Any orthopedic injuries or musculoskeletal conditions that require surgery, prolonged absence from participation greater than 7 days, or a consultation with an approved Orthopedic Team Consultant will be directly communicated to the Head Team Physician, and appropriate Football or Olympic Sports Team Orthopedic Surgeon by the Primary Care Team Physicians, Team Orthopedic Surgeons, or Assistant Orthopedic Surgeons by secure text, phone call, or in person within 24 hours of making that decision.

Team Orthopedic Surgeons or Assistant Orthopedic Surgeons who perform surgery on KU Athletes will contact the Head Team Physician and appropriate Football or Olympic Sports Team Orthopedic Surgeon within one hour of completion of surgery by secure text, phone call, or in person. The football or Olympic Sports Team Orthopedic Surgeon will then inform the Football or Olympic Sports Team Primary Care Physician.

The Team Orthopedic Surgeons or Assistant Orthopedic Surgeons will keep the Head Team Physician and appropriate Football or Olympic Sports Team Orthopedic Surgeon informed of post-operative progress on KU Athletes after each post-operative evaluation within 24 hours by progress note.

Football

There will be two Orthopedic Surgeons assigned to each game in Football.
One Assistant Orthopedic Surgeon in Football will assist the Football Team Orthopedic Surgeon on the sidelines at home football games. Road football games may have an orthopedic sports medicine fellow as an orthopedic assistant.

The Assistant Orthopedic Surgeon in Football will be available to perform assigned in game orthopedic duties as determined by the Football Team Orthopedic Surgeon.

The Football Team Orthopedic Surgeon will solely evaluate all on field and in game musculoskeletal injuries in football unless assistance is requested.

The Football Team Primary Care Physician will solely evaluate all on field and in game general medical issues including concussions and heat related illnesses in football unless assistance is requested.

The Football Team Orthopedic Surgeon or Football Team Primary Care Physician will solely communicate injuries and illnesses with the football coaching staff and make ultimate decisions on return to play.

The Football Team Orthopedic Surgeon and Football Team Primary Care Physician will travel to road football games. Additional physician travel to road games will be determined by Head Team Physician as medical need and travel space allows.

The Assistant Orthopedic Surgeons in Football and Primary Care Physicians will report all musculoskeletal injuries and orthopedic conditions they evaluate in football to the Football Team Orthopedic Surgeon within one hour after practice or training room by secure text, phone call, or in person.

The Team Football Orthopedic Surgeon, Assistant orthopedic Surgeons, and Primary Care Physicians will report all general medical issues including concussions and heat related illnesses they evaluate in football to the Football Team Primary Care Physician within one hour after practice or training room by secure text, phone call, or in person.

All Team Orthopedic Surgeons, Assistant Orthopedic Surgeons, Primary Care Physicians, and Fellows that have assisted with football may attend Bowl games as approved by the Athletic Department.

The Assistant Orthopedic Surgeons in Football will be available to assist the Football Team Orthopedic Surgeon during the fall from the start of Fall Camp through the end of the season and during Spring Football. The Assistant Orthopedic Surgeons in Football will inform the Head Team Physician and Football Team Orthopedic Surgeon prior to the start of each season of any time away during these time periods.

The Assistant Orthopedic Surgeons in Football will be available to assist the Football Team Orthopedic Surgeon and Head Football Team Primary Care Physician in covering games, practice, pre-and post-participation physicals, and recruiting physicals.

In the event the Football Team Orthopedic Surgeon is unavailable for football game coverage, one Assistant Orthopedic Surgeon in Football or Team Orthopedic Surgeon will be designated by the Head Team Physician to assume the role of In-Game Football Team Orthopedic Surgeon and be responsible for evaluating in game injuries, communicating with coaches, and assigning in game orthopedic duties to the other participating Assistant Orthopedic Surgeons and Fellows. The designated In-Game Football Team Orthopedic Surgeon will communicate the in-game injuries with the Football Team Orthopedic Surgeon and Head Team Physician within one hour after the game concludes by secure text, phone call, or in person.

Administrative

Athletic Training Room Rules

The following is a list of rules that must be adhered to if the Athletic Training Room is to be effective in its role of prevention, treatment and rehabilitation of athletic injuries. Student-athletes are expected to abide by all established Athletic Training Room rules.

1. The Athletic Training Rooms are considered medical facilities
2. The Athletic Training Room clinics operates on a first-come, first-served basis. Report all injuries as soon as possible to your team certified athletic trainer. New injuries or illnesses must be reported immediately to allow the Athletic Trainers to report the student-athlete's prognosis to the coaching staff.
3. Student-athletes are responsible for getting taping or treatments done in time for all meetings and practices.
4. All treatments given after practice are only administered after showers.
5. Injured players are expected to report to each practice session. There is no excuse for missing a meeting or practice unless it is an emergency.
6. Student-athletes shall continue all treatment until they are medically released. Do not stop treatments just because the injury feels better.
7. Do not handle any of the treatment modalities. All treatments are administered by the Athletic Training Room staff.
8. Student-athletes are to use the Athletic Training Room for treatment only. No team meetings or study halls are allowed. The Athletic Training Room is not a lounge. The only reason to be in the in the Athletic Training Room is if the student-athlete has business with an Athletic Trainer.
9. No interviews are permitted in the Athletic Training Room.
10. Cell phones are permitted in the Athletic Training Room for music and video only (headphones must be worn).
11. No Photos, No FaceTime, No social media.
12. No phone calls in the Athletic Training Room
13. Abusive behavior or language is not tolerated.
14. The Athletic Training Room is the medical center of Kansas Athletics. Help keep this area clean and orderly. No outside food or drinks are allowed in the treatment or rehabilitation area of the Athletic Training Room.
15. The Athletic Training Rooms are co-ed. Please be certain that student-athletes wear appropriate clothing.
16. No football or multi-cleated shoes of any kind are to be worn in the Athletic Training Room.
17. No supplies should be removed from the Athletic Training Room without an Athletic Trainer's permission.
18. The Athletic Training Room phones and computers are for business use only.
19. Injuries not sustained during team functions are not the responsibility of Kansas Athletics.

Athletic Training Facility Disinfecting Protocol

The Athletic Trainer(s) that opens and/or close the Athletic Training Facility is responsible for the following duties:

Shift/ Time of Day	Responsibility	Directions
Morning	Tables, stools, rehab equipment, etc. (anything that is touched) after use	• Spray ALL tables and stools with *EPA-N List Disinfectant* solution • Let soak for 10 minutes • Wipe down tables with dry towel
	Counters after use	• Spray ALL counters with *EPA-N List Disinfectant* solution • Let soak for 10 minutes • Wipe down with a dry towel
Evening	Whirlpools *Whirlpools must be cleaned with Classic Whirlpool Disinfectant Cleaner	• Drain all whirlpools • Use mixture of 12oz of H2O in squeeze bottle with 2oz of *Whirlpool Disinfectant Cleaner* (total of 14oz)—can use leftovers from AM • Spray all whirlpool surfaces with disinfectant (including turbine and seat) • Wipe down whirlpool surfaces with towel (including turbine and seat) • Rinse off all surfaces
	Tables, stools, rehab equipment, etc. (anything that is touched) after use AND at end of day	• Spray ALL tables and stools with *EPA-N List Disinfectant* solution • Let soak for 10 minutes • Wipe down tables with dry towel
	Counters after use AND at end of day	• Spray ALL counters with *EPA-N List Disinfectant* solution • Let soak for 10 minutes • Wipe down with a dry towel
Daily	Water coolers/ice chests	• After use wipe down inside and outside of coolers/ ice chests with *Clorox Anywhere*, Hydrogen Peroxide, dish soap/water or other appropriate cleaning solution.

Inventory

Purpose:
Maintain appropriate levels of supply throughout the fiscal year. Identify appropriate ordering procedures.

The Sports Medicine Department will maintain a current inventory of all medical supplies and equipment. Medical supplies and equipment will be ordered in accordance with the procedures established by the University of Kansas Athletics and the University of Kansas Health System. The Sports Medicine Department will also be responsible for maintaining, using and issuing medical and equipment in an appropriate manner. Generally, supplies are ordered and received for the academic year during the summer. Ongoing needs will be ordered as needed.

All purchases require the approval of the Senior Administrator Sports Medicine or his/her designee.

Department Inventory

- Kansas Athletics (KAI)
    - Sports Medicine - responsible for cycle counts and distribution
        - Physical Inventory - Fall, Winter and Spring
    - Performance Nutrition
        - Sports Medicine Staff will assist with Nutrition Recovery product supply

Material Management

- Distribution
    - Sports Medicine staff removes items from inventory as needed
- Inventory Levels
    - Department designee is notified when levels are low in order to replenish items as needed
- Reorder
    - Department designee receives notification and contacts appropriate vendor
- New Item Request
    - Request is submitted to department designee prior to Spring bid submission
- All purchases require the approval of the Senior Administrator
- Student Athletes
    - Equipment and Devices that are issued for at home therapy or treatment will be checked out by the team athletic trainer and returned upon request
    - Student Athlete is responsible for notifying the athletic trainer of a lost, non-working or damaged equipment/device
- Returned/Damaged/Wrong Item
    - Inventory Manager will contact vendor to obtain refund, correct or replacement item

Expired Medications

- Over-the-counter medications are disposed according to OSHA and DEA approved guidelines

Supplies/Procurement

Timeline	Task
February-March	Current bid list is given to each AT staff member to review and add any items they use or would like to see go out for bid
April	Bid list finalized by the inventory/purchasing coordinator
May	The new bid list, vendor letter and request for proposal document are sent to potential vendors (typically Alert, Medco, DJO, Cardiac Life, MS Plastics & Henry Schein, but others could be added)
	End of year inventory taken and reported to Business Office
June	Complete bids are required to be submitted from each vendor to be considered
	Bids are reviewed by coordinator and items are awarded according to lowest cost
	Yearly estimates of usage are completed for Football and Nesmith ATR
July 1st	Purchase orders are requested, from the Business Office, for each vendor based on items awarded and yearly estimates of usage
	As soon as PO numbers are assigned to each vendor, initial orders are sent to each vendor, and all products are expected to be delivered by August 1st

Subsequent orders from bid list
The AT staff is expected to notify the coordinator when we are running low on items/products in storage. Upon notification, the coordinator while contact the appropriate vendor to order additional supplies.

Subsequent orders for item off the bid list
If there is a request for an item/product that is not currently on our bid list, the coordinator will send a request for a quote for said item(s) to each of our vendors. Typically, the lowest cost will be awarded, however space on our current open PO numbers will be considered when placing these orders as well.

Specialty items not on our bid list over $500
Item request that is not available from one of our usual vendors with a cost of over $500 will require an additional PO request from the Business Office. *Requires administrative approval*.

Specialty items not on our bid list under $500
These items can be purchased by using a KAI corporate purchasing card. *Requires administrative approval & Databasics report*.

Kansas Athletics Emergency Response Plan

Purpose:
The basic emergency procedures outlined in this plan are to enhance the protection of lives and property through effective use of University and campus community resources. Whenever there is an emergency affecting Kansas Athletics' facilities or event these contingency guidelines may be implemented. Since an emergency may be sudden and without warning, these procedures are designed to be flexible in order to accommodate contingencies of various types and magnitude.

This plan may not provide specific procedures for responding to every hazard-specific contingency but does establish an overall response structure, process, and concept of operations for Kansas Athletics to respond quickly, efficiently, and effectively to any extraordinary situation in order to meet the following prioritized objectives:

- Proper emergency medical care of any victims
- Assess and ensure proper management of major emergencies affecting Kansas Athletics;
- Ensure responsive communications with university constituents; and support continuity of operations and restoration of normal activities following a crisis

Scope:
These procedures apply to all personnel, buildings, and grounds owned, operated, or under the supervision and control of Kansas Athletics.

An appropriate emergency management and communication protocol will be activated whenever a critical situation arises. **This is not an option.** Everyone associated with Kansas Athletics is expected to use good judgment in evaluating a situation and its potential to become critical. This plan shall be reviewed annually and maintained and available online at: www.kuathletics.com; under the Internal tab and in our Ultipro system

Kansas Athletics defines an "Emergency" as any unexpected event or series of events that has the potential to, or does presently, significantly impact and/or harm to Kansas Athletics' student-athletes, visitors, staff, volunteers, operations, buildings, assets, finances, image, reputation, or the environment. The actual or potential emergency results from both the event itself and the impacts and consequences that result.

Overall Response Structure

In the event of an emergency, the Kansas Athletics Executive staff, led by the Athletics Director, will be responsible for all decision-making as the Emergency Response Team. The Emergency Response Team's primary role is to facilitate the proper handling of a situation on a broad scale. The Emergency Response Team will not, for instance, make specific medical decisions; however, it will allocate needed resources and guidance. In the event that executive staff is unavailable/not immediately on the scene, that responsibility falls to the event manager and/or head coach as appropriate until the members of the Emergency Response Team can assume control. The Emergency Response Team will include:

- **Travis Goff**, Athletics Director
- **Sean Lester,** Deputy Athletics Director
- **Nicole Corcoran,** Deputy Athletics Director
- **Daniel Berk,** Associate AD – Public Relations
- **Jeff Randall,** Head Team Physician's
- **Megan Walawender,** Athletics Corporate Counsel

Emergency Response Team Responsibilities

ANY MEDICAL EMERGENCY REQUIRES IMMEDIATE ACTIVITATION OF THE EMERGENCY ACTION PLAN.

There are three other groups of people who may have responsibilities in a given situation. Their involvement will be dictated by the nature of the situation and the discretion of the Emergency Response Team. Those three groups are:

Medical Staff

The Head Team Physician, or Athletic Training Staff often will be among the first responders to an emergency situation requiring medical attention. In each case, aiding the injured party is the first priority. A member of the medical response team will alert the proper emergency medical assistance (ambulance, EMT, etc.) and work with the Operations & Events Manager/Facilities Manager to secure the area. The Medical and Event Staff members must work cooperatively and coordinate their activities to provide an effective and appropriate emergency response. Effective communication and coordination between these parties is imperative, especially in the time before the Athletics Director and Emergency Response Team can be notified of the situation.

Immediately following an emergency situation, the Medical Team will work with Athletics Corporate Counsel to complete an Incident Report in order to document the emergency situation and response (including external communications releases) and assist with any NCAA insurance needs.

Event Management

In the event of an emergency at a Kansas Athletics facility, it is likely that a member of the Facilities/Event Management staff will be first on the scene. The Facilities/Event Management staff is responsible for notifying Police, Emergency Medical Team, and Event Supervisor. Event Supervisor is responsible for notifying Athletics Director or other members of the Emergency Response Team.

Until the Emergency Response Team is contacted, the Event Manager is responsible for securing the facility and coordinating with appropriate internal and external authorities to address the immediate needs presented by the particular crisis. Additionally, the senior member of the Event Staff at the site will be in charge until the Emergency Response Team is contacted.

Coaching Staff

The coaching staff is responsible for their student-athletes. In cases where a coach is the first responder, he/she is responsible for managing the situation, determining the need for assistance from the Medical Staff and Facilities/Event Staff, and for notifying the Athletics Director or other executive staff member of the Emergency Response Team.

When a crisis or emergency situation presents itself, it is essential that everyone involved knows their initial responsibilities. These tasks can change according to the situation and at the discretion/direction of the Emergency Response Team, led by the Athletics Director.

When a situation occurs, it is essential that the Athletics Director, the Deputy Athletics Directors, and the Executive Associate Athletics Director be notified immediately.

Medical Emergency Communication Protocol

In case of serious injury or illness of a student-athlete or staff member, use the following communication protocol:

A. Athletic Training Staff Member calls:

- Head Team Physician, if not previously contacted
- If Team Physician – Sports Medicine is unavailable, call Senior Administrator Sports Medicine or Deputy Athletics Director for Sport Administration and Student Athlete Well-Being

B. Sport Administrator, Executive Associate AD calls:
- Athletics Director
- If Athletics Director is unavailable, call Deputy AD - Administration

C. Athletics Director calls:
- Chancellor
- Injured student athlete or staff member's family/listed next of kin, if needed. This may be delegated to a coach or other administrator if they have a relationship with the individual's family/listed next of kin.
- Deputy AD - External or Associate AD – Public Relations

D. Associate AD -Public Relations calls:
- University Relations

E. In all cases:
- Maintain strict confidentiality of involved individuals.
- If additional student-athletes or staff members are aware of the incident, ask that they respect the privacy of those involved and wait to contact their families until told that it is appropriate.
- Refer media to the Associate AD, Public Relations.

Emergency Situation Conclusion & Follow Up

Incident Reports

A detailed written report will be prepared following any emergency situation to identify and explain the activities of those who participated in and responded to the incident. This report will be used to critique the process and serve as the basis for a review of procedures.

Debrief & Critique

Upon resolution of the situation or crisis, the Emergency Response Team should meet in a timely manner to analyze how the situation was handled and determine what steps are needed to close out or rectify the situation.

Questions to be asked:

- What lessons were learned from the emergency situation or crisis?
- How could communications be handled better?
- Do emergency procedures need to be modified?
- What actions or resources are needed to respond more quickly or more efficiently?
- What steps can be taken to prevent a similar crisis in the future?
- What feedback did we receive from our key constituencies?
- Do we understand how these constituencies' views of Kansas Athletics may have been affected by Kansas Athletics' response to the crisis?
- Was the plan followed and did it work?

Support Guidelines: Death or Catastrophic Injury to a Student-Athlete

These Support Guidelines should be used as a guide with the understanding that each loss is unique and will require sensitivity and compassion.

The loss of a student-athlete presents far-reaching effects on family, friends, teammates, staff, coaches, and the University family. Since every loss is unique, our purpose in developing these policies is to assist athletics personnel in being prepared to deal with the death or catastrophic injury of a student-athlete. No statements should be made to

the media except as approved by the Athletics Director and released through the department's spokesperson, the Associate Athletics Director –Public Relations.

Notification Procedures

See Emergency Action Plan for initial medical response and notifications

- Notification of Parent or Guardian is an especially sensitive process and should be initiated by the Athletics Director, Head Coach, or the staff person who is deemed to have an established relationship with the family.
- Every effort should be made to have a coach, sports medicine personnel or administrator make personal contact with every student-athlete on the team as quickly as possible so that appropriate support can be provided to the student-athletes as they deal with their grief. Prior to contacting the team, Kansas Athletics is to contact the Mental Health and Performance Services (MHAPS) Executive Director, who may reach out to CAPS (Counseling and Psychological Services) for assistance in dealing with the traumatic situation. During business hours call CAPS: 785-864-2277. Afterhours and on weekends, call the Student Success on-call cell phone: 785-766-9548.
- When sending a message to the team, do not say there has been a death, state there has been an emergency and have, if at all possible, the MHAPS team liaison or a MHAPS representative at the initial team meeting.
- The coaching staff will initiate contact with team members and other student-athletes with the assistance of the Sport Administrator.
- Immediately after notification of the family, the Athletics Director or their designee will notify the Chancellor or their designee.

Significant Medical Event Emergency Response Checklist:

- **Notification**
    - KTH athletic training and medical staff
    - Department of athletics staff
    - Athletics Director
    - Head Team Physician
    - Family
    - Grief management personnel
    - Mental Health and Performance Services (MHAPS) Executive Director
    - Student Affairs (CAPS), if needed
    - Local mental health services (university or community mental health experts), if needed
- **Phone numbers needed**
    - Updated list of emergency contacts (athletic training students and staff) – list shall be maintained by athletic training staff
    - Contact numbers for department staff
        - KTH athletic training and medical staff
        - AD/Executive Associate AD/Sport Administrator
        - Deputy Athletics Directors
    - Local medical staff (names and phone numbers)
        - Hospitals
        - Local physicians
        - Other resources (e.g., institutional athletics trainers, physical therapists)

- **Biographical information of student-athlete** – To be maintained by team athletic trainer
    - Date of birth
    - Address home and KU
    - Known allergies
    - Current medications
    - Insurance information
- **Who stays behind?** – In all instances involving injures, whether locally or on the road, a Sports Medicine staff member will stay until a family member arrives. For injuries involving a staff member, decisions regarding who will stay behind will be made by the department supervisor in consultation with the Head Team Physician and Sports Medicine staff. Note: Undergraduate students shall not stay behind unless a staff member is also staying.
- **Communication** - for person staying at site
    - Cell phone
    - Chargers – wall and car
    - Email – Smart phone, laptop, iPad, hotel room, office, Internet cafe
- **Hotel for staff –** Work with Anthony Travel to arrange
- **Money for staff -** KAI credit card should be used and expenses submitted through the expense report process
- **Personal items –** for staff staying. Note: Necessary purchases for the following items should be made with KAI credit card and submitted with expense report. Staff should work with Compliance to determine permissible purchases for student-athletes.
    - Clothing
    - Food
    - Medications
    - Toiletries
- **Transportation -** Work with Anthony Travel to secure
    - Local (at site)
    - Home
    - Plane – tickets; payment
    - Car – must be cleared with medical staff and sport supervisor
- **IDs for all individuals staying**
- **Decisions regarding medical care**
    - Remain departmental decisions while the injured is in the immediate care of KAI personnel.
    - Become family decisions once the injured is referred to and in the care of a local physician/medical facility.

Severe Weather and Lightning Policy

Lightning is the second leading cause of weather-related deaths taking an average of 80 lives per year and injuring 2.5 times as many. While the chances of being struck by lightning are small, it is important to understand that the odds increase significantly when a thunderstorm is in the area and safety precautions have failed to be met. It is the intent of this policy to educate those coaches, officials and administrators who are responsible for the safety of student-athletes on the preventative measures and safety precautions to follow to avoid inherent risk and injury associated with lightning.

Education

Lightning occurs due to a natural electrical discharge within the atmosphere. As a thunderstorm develops a region of positive and negative charges are separated into layers. This separation produces and electrical potential, which continues to build in strength until the air can no longer resist the attraction resulting in a flash. This flash is commonly categorized in one of two ways; a cloud discharge/ in-cloud lightning or cloud to ground lightning. Cloud to ground lightning is initiated by an electrical breakdown between the positive and negative charge regions. A faint luminous channel, known as the stepped leader, descends in a downward pattern toward the ground. As this stepped leader nears the ground an opposite discharge ascends from the ground or other object to meet the stepped leader. At this point of junction, the cloud is short-circuited to the ground and brilliant flash of high current is seen. A flash has a billion bolts of energy, with a peak current between 10,000 and 200,000 amperes.

Thunder is created when the air immediately around the lightning channel is superheated. This heated air expands rapidly producing the clips, rumbles, and all other sounds of thunder. Thus, thunder is actually the result of lightning and always accompanies it. Thunder at a distance is heard beginning with a rumble while at nearer vicinities it is initiated as a clap followed by a long rumble. Since light travels much faster than sound, the amount of time between a lightning bolt and thunderclap allows the distance of the lightning to be calculated based on the sound traveling at a rate of one mile per five seconds. This method of calculation is known as the “flash to bang” system and will be discussed in more detail in the methods of gathering information section.

Clouds to ground lightning strikes are most prominent from late spring to early autumn, with the number of positive flashes peaking in July. Strikes tend to occur most frequently during the afternoon and early evening and the majority of fatalities have been reported to occur between 10 a.m. and 7 p.m. This puts athletics at an increased risk since practices traditionally take place during the periods of elevated lightning occurrence. The existence of blue sky and absence of rain are not protection from lightning. Lightning can, and does, strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike.

The goal of this policy is to minimize lightning casualties by emphasizing advanced planning and the recognition of a potential threat. However, it is also important to know what to do if caught by surprise. If you are caught in a dangerous situation, too far from a safe shelter and you feel your hair stand on end or your skin tingle you should immediately crouch down on the balls of your feet with your arms wrapped around your knees and your head down. Minimize your body’s surface area and minimize contact with the ground! Don’t be the highest object or connected to anything taller that its surrounds, avoid metal objects, individual trees and standing pools of water.

Treatment

In the event that a person is struck by lightning do not hesitate to assist them; unlike electrical victims they do not carry a charge, so they may be safely handled. Activate the facility Emergency Action Plan and the emergency medical system (call 911).

If the victim is not breathing, yet has a pulse, begin mouth to mouth resuscitation.

- If a pulse is absent as well, it is imperative to initiate and sustain cardiopulmonary resuscitation (CPR) as soon as possible. The administration of CPR to a victim who appears dead can reverse cardiopulmonary arrest.
- If available, use an AED (automatic external defibrillator).
- If there are multiple victims, aid should be administered to the apparently "dead" first. Keep in mind, for the safety of the rescuer, the possibility of a second strike within the immediate area. It is recommended that all University of Kansas Athletic Department Staff be certified in CPR.

Decision to Suspend Game or Practice

Kansas Athletics, specifically both Facilities/Events and Sports Medicine staffs, subscribe to **weatherops.com**, a weather subscription service that provides real time data and information regarding severe weather including cloud to ground lightning strikes. This service will be the primary resource for Event Management personnel and sport medicine staff in aiding with the decisions to suspend or cancel practices or in conjunction with game officials, competitions.

"Flash to Bang" Method

- In the event weatherops.com is not available, the Flash to Bang method should be utilized. It requires no equipment and is an easy way to determine the distance from the last lightning strike. We cannot predict where the next strike will occur.
- This method is performed by beginning a count, which is equivalent to one second at the time you see a flash of light and continue counting until you hear the thunder. Take the number and divide by five to determine the distance in miles that the strike was from you. For example, if you counted thirty seconds, this would indicate that the strike was approximately six miles away.
- The average distance from one lightning strike to the next is approximately 2 to 3 miles yet can be as much as 10 miles. Therefore, a storm may still be several miles from your location, yet the very next strike could be on top of you.
- Based on NCAA guidelines, all activity should be suspended, and all persons should seek safe shelter when lightning strike has been detected within eight miles. Flash-to-Bang count of 40 seconds or less is detected. This is equivalent to eight miles or less.
- In the event of danger from severe weather, the certified athletics trainer will notify the supervising coach at the practice or the head coach and game officials at the game in conjunction with the senior most Event Manager on site. If appropriate, the certified athletics trainer and Event Manager must recommend that play be suspended at that time and that shelter should be taken.
- The decision to stop play during an official contest is the domain of the referee officiating the game. Also note that the event management, head coaches, or the certified athletics trainer of the home institution should be able to confer with the game official to bring stoppage of play during dangerous lightning activity.
- Stoppage of play should be based on the guidelines presented above.
- Once play has been suspended. Everyone involved with the game will seek shelter in designated "safe shelters."

Shelter Selection

- Kansas University Office of Public Safety (KUOPS) and Game Management Staff will monitor weather conditions along with the Sports Medicine Staff.

- If snow or ice or severe weather conditions develop during an event, a Public Address Announcement will be made to caution fans as they prepare to leave.
- The severe weather shelters in Allen Fieldhouse are on the first-floor corridors and basketball clubhouse spaces. The arena and lobby areas near glass doors are not safe shelters. Because of limited shelter space, this option is only feasible for smaller events. Smaller events consist of events with less than 5,000 spectators in attendance.
- Because of the limited shelter space, it is imperative that a decision regarding postponement or cancellation be made prior to a tornado warning condition.

Designated Safe Shelters

A safe shelter is defined as any building normally occupied or used by people (i.e., a building with plumbing and/or electrical wiring that acts to electrically ground the structure).

Avoid using shower facilities for safe shelter and do not use showers, plumbing, or land-line telephones during a thunderstorm.

Cellular telephones are a safe alternative to use if you are within a safe shelter. In absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (not a convertible or golf cart) and rolled up windows will provide a safe shelter. Do not touch the side of a vehicle. It is not the tires that make the vehicle safe; it is the hard-metal roof that dissipates the lightning strike that protects you.

Stay away from the tallest trees or objects (such as flag poles or light poles), metal objects (such as fences or bleachers), individual trees, standing pools of water, and open fields. Avoid being the highest object in a field. Do not take shelter under a single, tall tree.

Designated Shelter Areas for the University of Kansas event spaces are as follows:

- **ALLEN FIELDHOUSE**
  - Occupants should proceed to the first-floor offices or rooms without glass or windows. Occupants should proceed to the first-floor corridors on the east and west sides away from lobbies.
  - CAUTION: Stay out of the arena and off the second and third floor concourse. These are not considered appropriate shelter areas!
- **PARROTT ATHLETIC CENTER**
  - Occupants should proceed to the first-floor offices or rooms without glass or windows. Occupants should proceed to the first-floor hallway completely away from the breezeway entrance.
- **WAGNON STUDENT-ATHLETE CENTER**
  - Occupants should proceed to the first-floor corridors and meeting rooms and offices without glass or windows (e.g., Hadl Auditorium and restrooms).

- **ANSCHUTZ PAVILION**
  - This facility should NOT be occupied during severe weather. The arena and the Strength Center are not considered shelter areas. Occupants should seek shelter in the corridors on the first floor of Wagnon Student-Athlete Center.
- **MEMORIAL STADIUM**
  - Spectators should proceed to the ground level concourse areas underneath the stadium seating bowl. Stay clear of large entry doors. Time permitting, fans should be directed to the parking garage, Kansas Union, or other designated safe places on campus.

- **ANDERSON FAMILY FOOTBALL COMPLEX**
    - Occupants should seek shelter in the first-floor restrooms, the lower level weight room facility, or the Mrkonic Auditorium.
- **HOREJSI FAMILY ATHLETIC CENTER**
    - The arena is NOT considered shelter area. Move occupants to the public restrooms in the lobby or to the Volleyball locker room/team room.
- **HOGLAND BALLPARK**
    - Spectators should move to the nearest entrance of Allen Fieldhouse as quickly as possible. Visiting team should proceed to the visiting team locker room in Allen Fieldhouse. KU should proceed to locker room in the McCarthy Family Clubhouse.
- **ROCK CHALK PARK; SOCCER, SOFTBALL, TRACK & FIELD**
    - Fan/Spectators, depending on the crowd size should be directed to the lower interior level of RCP, SPL facility, or take shelter in their cars if warning time is adequate.
    - KU soccer, softball and track teams should proceed to their respective locker rooms.
    - Visiting teams should proceed to the visiting team locker rooms at RCP.
    - Umpires/officials should proceed to their locker rooms.
    - KAI staff, CSI staff, PD, and LDCFM staff should report to the interior lower levels of RCP.
    - The Press Box is not safe shelter and all occupants should proceed to the lowest level of the facility.
- **THE MCCARTHY FAMILY CLUBHOUSE**
    - Occupants should proceed to the lower-level locker room.
- **ANDERSON FAMILY STRENGTH CENTER**
    - This facility should NOT be occupied during severe weather. The arena and the Strength Room are not considered shelter areas. Occupants should seek shelter in the corridors on the first-floor of the Wagnon Student-Athlete Center.
- **JAYHAWK TENNIS CENTER**
    - Fan/Spectators, depending on the crowd size, should be directed to their cars if warning time is adequate.
    - KU and/or visiting tennis teams and any KAI or JTC staff should proceed to the lower level of RCP at the soccer entrance and take shelter there.
    - JTC should not be occupied during severe weather.
- **ROWING BOATHOUSE**
    - Occupants should move to the locker room (excluding showers) or interior meeting rooms without glass or windows.
- **PRACTICE GYM**
    - Occupants should move to the interior corridor connecting Wagnon and Parrott excluding the Nesmith Room (should retain exclusive use for Sports Medicine).
- **DONOR ATRIUM**
    - Occupants should move into the second-floor Parrott Athletic Center hallway and adjacent meeting rooms without glass or windows.
- **ACADEMIC CENTER**
    - Occupants should move to the lower interior hallway of Anschutz
- **OTHER SAFE SHELTERS IF NOT POSSIBLE TO REACH DESIGNATED AREAS**
    - Golf – Clubhouse
    - Cross-Country – Vans or other vehicles on course

Other Information:

- Stay away from areas with machinery, electrical equipment, or dangerous materials.
- Should the need occur, the training room (i.e., Nesmith Room) will be used as an emergency first aid station.
- Spectators should be instructed to seek safe shelter in a building.

Return to Activity

- Once a game or practice has been suspended, the storm should continue to be monitored**.**
- **No contest or practice should be resumed until all lightning activity within a 8-mile radius (40 second count) for 30 consecutive minutes**. This is to prevent any casualties caused by a back flash. Most people consider it safe to resume activity once a storm has passed or it has stopped raining. Studies have shown that more casualties occur after the peak flash rate.

Medical Time Out

Kansas Team Health (KTH) health care professionals will convene before the start of each athletic event – practice or competition – to go through a pre-athletic event checklist reviewing the venue's emergency action plan (EAP).

Pre-Athletic Event Checklist

1. Athletic health care providers meet before the start of each practice or competition to review the emergency action plan.
    - Determine the role and location of each person present (i.e. athletic trainer, emergency medical technician, medical doctor).
    - Establish how communication will occur (voice commands, radio, hand signals); what is the primary and secondary or back up means of communication.
    - Consider any issues that could potentially impact the EAP (equipment, construction, weather, crowd flow), plan accordingly and in advance of sports participation.
    - Review access to all emergency equipment available to confirm it is readily available.
    - Determine assignments with in the EAP.

2. If an ambulance will be onsite or on standby:
    - Review who is assigned to call for it;
    - Review where it is located;
    - Review what routes it can take to enter and exit the field in the least unencumbered manner;
    - Review who will be sent to meet the ambulance and where to stand; and
    - If ambulance is on-site, discuss which hospital has been designated for transport. This is determined by the ambulance crew.

For home football games, the head team physician or designee will attend the 120-minute pregame administration meeting. A medical time out will be conducted with both teams medical staff, EMS, and game personnel 45 minutes before game time.

Kansas Team Health Continuing Education Request Form

Instructions:

1. Please fill out this form completely. Incomplete applications will delay the approval process.
2. Submit this form and a copy of the course outline and/or program within 60 days of the course.
3. Please allow up to 7 days for decision.

Note: The program should include a time schedule/outline of the topics. Speaker background information should include his/her qualifications.

Name: _____ Date: _____

Program/Course Title: _____

Program/Course Date/s: _____ Sponsor: _____

Objectives of the Course:

_____

_____

_____

Benefit to Kansas Team Health and Kansas Athletics:

_____

_____

_____

PTO/Time Off Request Form

Time Off Information:

Employee Name: _____

Employee Number: _____

Department: _____

Manager: _____

Requested:

☐ Vacation

Dates of Absence: From: _____ To: _____

Description and Coverage Arrangements:

_____
_____
_____
_____
_____
_____

You must submit requests, at least one week in advance.

_____

Employee Signature Date

Manager Approval:

☐ Approved

☐ Rejected

Comments:

_____

Manager Signature Date

Student-Athlete Medical Rights and Responsibilities

The University of Kansas Athletics respects each Student-Athlete's right to personal dignity, privacy, and safety during examination and treatment. This document outlines the rights and responsibilities of each Student-Athlete in connection with the provision of medical care by Kansas Team Health.

Student-Athlete Rights

As a student-athlete at the University of Kansas, you have the following rights:

- **Access to Care**
  - To receive comprehensive, respectful and compassionate care in a safe environment regardless of your race, color, sex (including sexual harassment and pregnancy), sexual orientation, gender identity, ethnicity or national origin, religion, age, genetic information, disability, veteran status, or manner of payment.
- **Emergency Treatment**
  - To receive emergency treatment to stabilize your condition if presenting with a medical emergency.
- **Presence of Chaperone**
  - To have a Chaperone (health care provider knowledgeable about the examination or treatment being performed, a coach, or fellow Student-Athlete) of your choosing present for any treatment or examination.
- **Safety, Privacy, and Confidentiality**
  - To have treatments and exams performed in a safe and private environment:
    - Examinations and treatments will be administered in a designated treatment room or area, such as a training room.
    - At road contests, if examination or treatment must be provided at the team hotel, the examination or treatment will be performed in a designated room. Providers will not enter your hotel room without a Chaperone unless necessary to render emergency medical care.
    - To expect a Chaperone to be present for all examinations and treatments that involve physical contact with intimate bodily areas, require removal of clothing, or which involve physical contact and take place in a closed-door examination or treatment room or other space that is not open and accessible, unless it is an emergency or you request in writing or consent in the presence of a chaperone.
  - To expect all information pertaining to your care will be kept confidential, including your treatment records, unless you give permission to release information or applicable law or court order otherwise mandates reporting.
- **Information**
  - To receive a verbal explanation of the nature of the examination or treatment from the healthcare provider prior to any physical contact.
  - To understand and provide verbal consent before a healthcare provider proceeds with the examination or treatment described and to receive further explanation and provide additional consent before a healthcare provider deviates from the treatment or examination initially described.
  - To view your records and have the information explained, except when restricted by law.

- To be well-informed about your illness or injury, possible treatments and likely outcomes, including unexpected outcomes, and about pain and pain relief measures.
- To discuss information with your healthcare provider(s).

- **Consent or Refuse Treatment**
  - To consent or refuse treatment, as permitted by law, throughout your course of care. When refusal of treatment by you or your representative prevents the provision of appropriate care in accordance with professional standards, our relationship with you may be terminated upon reasonable notice.
- **Consultation**
  - To pause examinations and/or treatment to consult with family members, other decision makers, or a specialist at your own request and expense (as applicable).

Student-Athlete Responsibilities

As a Student-Athlete, you have the following responsibilities:

- **Communication**
  - To provide truthful and accurate information about your health, including past illness or injury, hospital stays, diagnostic tests, surgical procedures, allergies and use of medication and supplements.
  - To ask questions if you do not understand the information discussed with you, your family and/or legal guardian.
  - To tell your provider(s) if you believe you cannot follow through with your treatment.
  - To provide information for insurance and payment arrangements (as applicable).
- **Cooperation**
  - To be involved in developing your plan of care and pain management plan with your healthcare team.
  - To be properly clothed (*e.g.*, t-shirt, shorts) for examination and treatment. Clothing should only be removed to the extent necessary to perform the examination or treatment and only with your express verbal consent.
  - To be considerate and respectful to your healthcare provider(s).
  - To accept responsibility for refusing treatment or not following your healthcare provider(s) instructions and, if declining treatment, to sign documents stating you accept responsibility.

Reporting Concerns

If you have questions about your student-athlete medical rights and responsibilities, concerns regarding examination and treatment, or any other behavior by a provider that is potentially inappropriate or makes you feel uncomfortable. Such reports may be made to any or all of the following:

- Jarrod Harrall, Team Physician (785-393-3565 or jarrodharral@ku.edu)
- Jeff Randall MD, Team Physician (785-691-8134 or jrandall-vfa@kumc.edu)
- Brian Conway ATC:LAT Senior Administrator KTH, (785-331-8049 or conwayb@ku.edu)
- Nicole Corcoran Executive Associate Athletics Director (785-393-0258 or ncorcoran@ku.edu)
- University of Kansas Police Department (911 or 785-864-5900)

Medical Records and Confidentiality

The Sports Medicine Department will keep a record of all injuries, illnesses and surgical procedures, laboratory and imaging results, outside consultations and medical records along with injury records and treatment logs.

Mental or behavioral health records may be kept in confidential system separate from the main medical records system.

All medical records will be secured per HIPAA regulations. All computer records will be protected per HIPAA regulations. All medical information gathered by the Sports Medicine Department is confidential and protected by federal law (HIPAA and/or FERPA) and must be treated as such. The Sports Medicine Department will not release medical information unless a release has been signed as required by law.

Any questions regarding health status or medical information from the media will be redirected to athletic communications. The sports medicine staff should not disclose confidential medical information to the media.

Student-Athlete Paperwork

Two months prior to anticipated arrival
Requests are made to Athletic Trainers to obtain names, email addresses and date of birth for all new incoming student-athletes.

One month prior to anticipated arrival
The new student-athlete records are created in Healthy Roster(HR) and an invitation is sent through the HR system. Emails are sent to each new student-athlete providing them with their Shared Secret, instructions to gain access into HR, a list of forms to be completed, a request for health insurance cards and a request for their immunization records. A separate email is sent with NCAA banned substances and informs them about ADHD medication requirements that must be on file.

Periodic checking of accounts for completion of required forms takes place during the time of invitation to actual PPE. All documents must be completed before practice/participation in Kansas Athletics intercollegiate activity.

Required forms:

- New Student-Athlete Health History Questionnaire Form
- Authorizations of Disclosure-Parents//Guardians
- Student-Athlete Demographic and Insurance Information Form
- Consent to Treatment and Assumption of the Risk
- Authorizations of Disclosure-University Personnel
- Consent for the Use or Disclosure of Patient Health Info
- Kansas Athletics Sports Medicine Football Warning and Informed Consent (football only)
- Release of Confidential Information
- Nutrition Questionnaire
- Mental Health Screen – SMHAT-1

Requests for Paperwork (Returning Individuals)

Athletic trainers will need to contact their student-athletes via Teamworks of the forms that will need to be completed for their continued practice/participation. This is done once the previous season has ended and before their new season begins, which will include preparation for that sport. The notifications will include a list of forms to be completed, a request of insurance change, and a deadline for completion to continue with practice/participation.

Timeline

- SS & FB
    - Paperwork request sent May 1 by AT with expected completion by June 1
- All other sports
    - Paperwork request sent July 15 with expected completion by August 15

Required forms:

- Returning Student-Athletes Medical History Update
- Authorizations of Disclosure-Parents/Guardians
- Student-Athlete Demographic and Insurance Information Form
- Consent to Treatment and Assumption of the Risk
- Authorizations of Disclosure-University Personnel
- Consent for the Use or Disclosure of Patient Health Info
- Kansas Athletics Sports Medicine Football Warning and Informed Consent (football only)
- Mental Health Screen – SMHAT-1

Sexual Harassment Policy

Kansas Team Health, in its efforts to foster an environment of respect for the dignity and worth of all student-athletes at KAI is committed to maintaining a work-learning environment free of sexual and all other forms of harassment. It is the policy of The University of Kansas Health System that no member of its Kansas Team Health Staff shall harass student-athletes.

The objective of this policy is to set forth expectations and establish written documentation for the Kansas Team Health who provide services to the student-athletes and their competitors at the University of Kansas Athletics, Inc.

Kansas Team Health believes that student-athletes should never experience abuse of any kind. Kansas Team Health has a responsibility to promote the welfare of all student-athletes and to keep them safe. We are committed to practice in a way that protects them.

- This policy also includes independent contractors, visitors, vendors, and athletic training students.

Sexual harassment is unlawful discrimination on the basis of sex under Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act of 1964, and the Kansas Acts against Discrimination.

Harassment: The term "harassment" used in this policy refers both to sexual and other forms of harassment. Below are definitions of sexual and other forms of harassment, in addition to examples of conduct that may constitute harassment.

Types of Sexual Harassment

Sexual harassment, whether between people of different sexes or the same sex, includes but is not limited to, unwelcome sexual advances, requests for sexual favors, and other behavior of a sexual nature when:

- Submission to such conduct is made implicitly or explicitly a term or condition of a person's employment or participation as a student-athlete;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decision or participation as a student-athlete; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work or participation as a student-athlete, or creates an intimidating, hostile or offensive environment.

While it is not possible to list every type of behavior that may constitute sexual harassment, the following are examples of conduct that may be considered sexual harassment, depending upon the circumstances:

Verbal Harassment

Unwelcome conduct such as sexually suggestive, derogatory, or vulgar comments or jokes about your own or another person's appearance, dress, anatomy, or sex life; the use of sexual slurs, making unwanted sexual advances, invitations, or comments; requesting or demanding dates; asking intrusive questions about an individual's personal sex life; making suggestive or insulting sounds; sending inappropriate emails, letters, or notes of a sexual or offensive nature; and/or spreading rumors about or scoring others as to their sexual activity or performance.

Visual/Non-verbal Harassment

Unwelcome conduct such as the display of sexually suggestive or derogatory objects, pictures, posters, written materials, cartoons, drawings, or graffiti; pornographic websites, and/or computer-generated images of a sexual nature; and obscene gestures or leering.

Physical Harassment

Unwelcome conduct such as unwanted touching, kissing, patting, rubbing, hugging, holding, brushing alongside, blocking another's movement; and stalking, assault, or battery on the other individual.

Threats, demands or pressure

Request to submit to demands for dates or sexual favors as a condition of employment or participation as a student-athlete, or in exchange for employment-related benefits; and taking or threatening adverse action against a negative response to a sexual advance.

Other Forms of Harassment

In addition to sexual harassment, harassment based on an individual's protected characteristics is also strictly prohibited. Harassment is any verbal (including threats, demands or pressures), visual/non-verbal, or physical conduct that denigrates or shows hostility or aversion towards an individual because of his/her race, color, religion, sex, national origin, ancestry, age, sexual orientation, gender identity (including gender expression), disability, genetic information, military or veteran status, or any other characteristic protected by federal, state or local laws, ordinances or regulations.

Examples of harassing conduct include, but are not limited to, the types of verbal, visual/non-verbal or physical behaviors listed under the definition of sexual harassment, and more specifically identified as the following:

- Epithets, slurs, or negative stereotyping;
- Threatening, intimidating or hostile acts;
- Denigrating jokes; and
- Display or distribution of written or graphic materials that denigrates or shows hostility towards an individual or group of people based on a characteristic.

Sexual violence: physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent due to the victim's use of drugs or alcohol. An individual may also be unable to consent due to an intellectual or other disability. Several different acts fall into the category of sexual violence including rape, sexual assault, sexual battery and sexual coercion.

Staff Training Requirements

Kansas Team Health personnel on an annual basis will undergo training and be expected to understand the following regarding sexual harassment:

Student-Athlete Protection Policy, including:

- Nondiscrimination policy, which identifies the institution's Title IX coordinator and prohibits sexual assault and other forms of discrimination based on sex.

- Reporting obligation for "mandated employees" including: the person to whom misconduct must be reported, information to include in reports (names, dates, locations, and all other known relevant information), consequences for failing to report, and the procedure for responding to student-athlete requests for confidentiality.
- Behavioral standards for interacting with minors, such as limiting one-on-one access to student-athletes and other guidelines for maintaining healthy boundaries in adult-student relationships.
- The jurisdiction's definition of mandatory reports, sexual assault and stalking.

Practical information

- Identifying, preventing, receiving reports, and reporting sexual misconduct involving minors, including same-sex misconduct such as:
    - Bystander attitudes that may allow misconduct to continue (deliberate indifference).
    - Safe and positive options that a bystander can take to prevent harm or intervene when there is a risk of sexual assault or stalking against another person.
    - The potential for victimization by responders, and its effect on student-athletes.
    - Appropriate ways to respond to a student-athlete who may have experienced sexual violence, including use of non-judgmental language.
    - The impact of trauma on the student-athlete.

Federal requirements

- Employee's obligation to report incidents to the Title IX coordinator
- Information to include in the report:
    - Names, date, location, and all other known relevant information.
- DO NOT try to determine whether the alleged misconduct occurred or whether a hostile environment was created.
- Student-athlete's request for confidentiality and available confidential advocacy, counseling, or other support services.
- Support services available to the student-athlete.
- Student-athletes right to file both a Title IX complaint with the school and report a crime to the local authorities.

The prevalence of sexual misconduct with minors

- 83%- victims were a single incident
- 87%- harassers were male
- 74%- were a single perpetrator
- 5%- locker room location
- 20%- bathroom location
- 8%- off campus

Strategies used by perpetrators

- Access to student-athletes through youth-focused organizations
- Student-athletes with low self-esteem, weak academically or from troubled families
- Rewards/recognition
- Blackmail- compromising situations with drug/alcohol
- Situations where the student-athlete is alone, overnight or changing clothes

Warning signs in a student-athlete

- Avoiding a particular adult
- Sexual language, play or drawings that are not age appropriate
- Personality/behavioral changes

Other

- Hypothetical case studies
- Illustration of appropriate vs inappropriate topics/language when communicating with student-athletes
- Personal liability
- Review policy on Consensual Relationships and Title IX

Consensual Relationship Policy

- Where any student(s) (including non-student-athletes) are involved, all employees of Kansas Team Health are forbidden to enter a romantic, dating, or sexual relationship with any student-athlete. Any member found to be engaging in any of the above relationships will be subject to immediate corrective action, up to and including, termination of employment.

Responsibility to Report Prohibited Conduct

Any employee or non-employee who believes he/she has become aware of, observes, or has been subjected to any form of harassment or retaliation by a physician, member of management, another employee, or non-employee through action or word should immediately report the incident to their immediate supervisor, another member of the management, Human Resources, the Compliance Hotline and/or Title IX Coordinator indicated below.

Policy Violation

Any Kansas Team Health employee who violates this harassment policy is subject to disciplinary action up to and including termination of employment.

Title IX

Title IX, a section of the Education Amendments Act of 1972, prohibits sex discrimination in any federally funded education program. This prohibition applies to all institution receiving certain federal funds, including public school districts and publicly funded charter schools, and includes all educational experiences the district offers —academics, athletic and extracurricular activities.

The University of Kansas Health System employees who believe that unlawful harassment is occurring and who fail to report it may be subject to discipline up to and including termination.

Kansas Athletics: Title IX Reporting Process

- The purpose of Title IX is to end discrimination on the basis of sex in education and applies to all programs and activities that receive federal funding.

- Title IX encompasses many forms of sex-based discrimination, including, but not limited to addressing sexual misconduct (including sexual harassment), sexual violence (including sexual assault and domestic/dating/intimate partner violence), and stalking. The prevention of sexual misconduct and sexual violence is a major concern across college campuses in our country.

- Federal and University policies impose various obligations on Athletic Department staff. Under federal law, the term "sexual misconduct" includes sexual harassment, sexual assault, sexual violence, dating violence, domestic violence, rape, and stalking.

- Title IX – Kansas Athletics Point of Contact is Nicole Corcoran, Deputy Athletics Director for Sports Administration and Student-Athlete Well-Being/Senior Woman Administrator, who also serves as a Deputy Title IX Coordinator. The University Title IX Coordinator is in the Office of Civil Rights & Title IX.

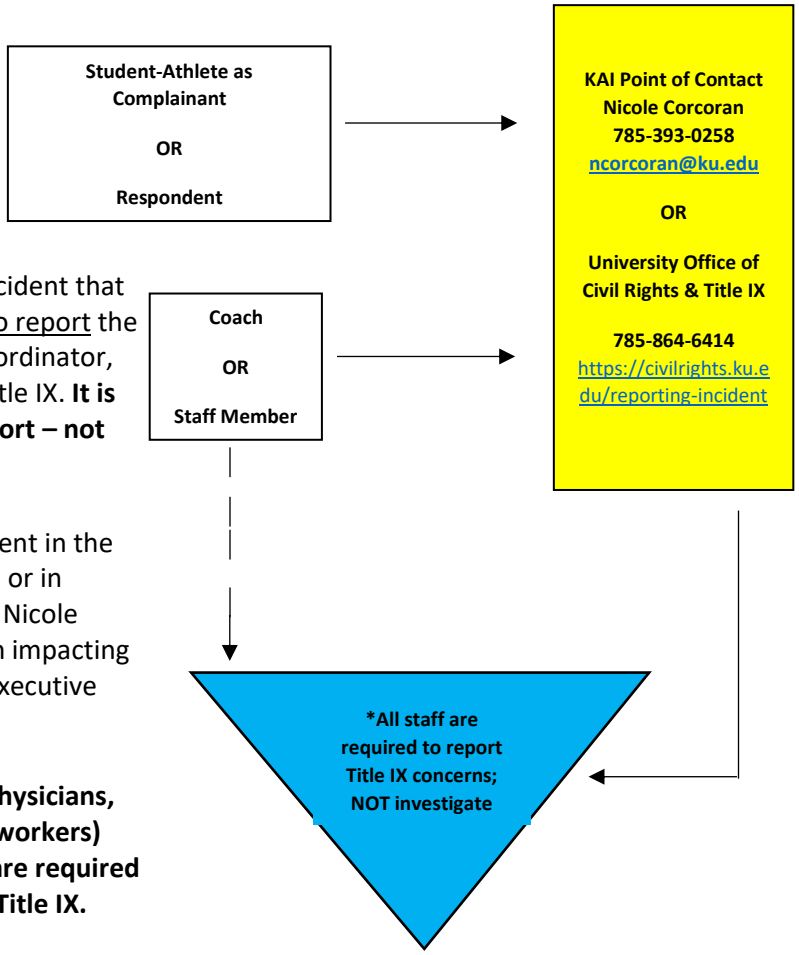
- CLERY ACT – "CAMPUS SECURITY AUTHORITY" – Report to KAI Point of Contact, Nicole Corcoran, or to the Office of Civil Rights & Title IX. The Clery Act requires all colleges and universities receiving federal funding to gather, keep and disclose information on specific crimes occurring on, or near, campus. https://civilrights.ku.edu/clery

If it is not an emergency**, student-athletes** are strongly encouraged to report all Title IX matters to the KAI point of contact, Nicole Corcoran, or to the Office of Civil Rights & Title IX. https://civilrights.ku.edu/reporting-incident

If any **coach or staff member** is made aware of an incident that may be related to Title IX, they are required by law to report the information to Nicole Corcoran as Deputy Title IX Coordinator, or directly to the University Office of Civil Rights & Title IX. **It is critical to remember – it's your responsibility to report – not investigate.**

All **employees** are required to report sexual harassment in the workplace or on property owned or controlled by KU or in conjunction with a KU sponsored event or activity to Nicole Corcoran or directly to the Title IX office. Information impacting employees will also be shared with Dawn McClure, Executive Associate Athletics Director – Human Resources.

***All staff, except health/mental health providers (physicians, physician assistants, clinical psychologists or social workers) who receive information while acting in their role, are required by law to immediately report all matters regarding Title IX.**



Massage/Chiropractic/Yoga Services

Oversight

Oversight of Massage Therapy services will be the responsibility of the Head Primary Care Team Physician in conjunction with the Senior Administrator. Oversight of Chiropractic service will be the responsibility of the Head Orthopedic Team Physician in conjunction with the Senior Administrator. The Team Physicians and the Senior Administrator will evaluate the qualifications of these providers and determine their suitability to provide these services. Sport Coaches and staff are prohibited from scheduling these services. All requests will be coordinated through the sport's athletic trainer. Contracted providers will be required annually to sign a professional services agreement and acknowledge KTH policy and expectations.

1. **Massage Therapy**

   Massage therapy services provided in Lawrence will be delivered onsite utilizing Kansas Athletics Facilities. Massage therapy will be provided in a designated area to be determined by the athletic trainer. In situations where a massage therapist is utilized at away competitions, services should be rendered at the venue or in a designated meeting/conference room at the team's hotel. The designated areas will allow services to be delivered in a professional setting with appropriate oversight by the athletic trainer.

   a. **Time Out to occur:**

      Prior to each massage session, the treatment plan will be discussed with each athlete. Within this treatment plan, the areas being treated, and the goal of the massage will be addressed. Additionally, should any concerns arise during the massage, the athlete should be instructed during the time out to speak up to both the massage therapist and the chaperone. At their initial visit for massage therapy, the athlete will be asked to review and sign the treatment consent form in the presence of their sport athletic trainer and the massage therapist.

   b. **Athletes with Injuries:**

      All athletes under the care of a physician for an injury must be cleared by the team physician before receiving massage services to the injured area. Clearance may be communicated to the athletic trainer either verbally or in writing and will be documented by both the athletic trainer and team physician. The athletic trainer will be responsible for directing these services once clearance is received.

   c. **Athletes receiving Performance Care:**

      Use of massage services may be authorized by the athletic trainer for performance purposes. The athletic trainer is responsible for documenting when massage services are rendered. If a musculoskeletal injury is suspected, by the athlete or athletic trainer, the athlete must have documented clearance in the medical record from the team physician prior to receiving massage service care.

d. Chaperone:

All massages must be chaperoned by a student advocate that may include coaches, athletic trainers, other student staff, or student athletes. The athletic trainer is responsible for ensuring an appropriate chaperone is present.

e. Environment:

The designated areas will allow services to be delivered in a professional setting with appropriate supervision by the athletic trainer and/or the designated chaperone.

f. Concerns:

At a minimum, concerns expressed by the student athlete regarding specific providers are to be shared with each of the following, the team physicians, Senior Administrator and Title IX coordinator when applicable. Athletic trainers should immediately pause massage services and address concerns with the team physicians, Senior Administrator and Title IX coordinator when applicable.

g. Documentation:

The athletic trainer will document the date, place, time, participants, and reason for the service and insert the documentation into the individual athlete's medical record and provide documentation to the Senior Administrator who will retain it.

2. Chiropractic

Chiropractic services will be delivered onsite utilizing Kansas Athletics Facilities in a designated area to be determined by the athletic trainer. The designated areas will allow services to be delivered in a professional setting with appropriate supervision by the athletic trainer. Offsite services must be approved by the Head Orthopedic Team Physician in advance and the student-athlete must be accompanied by the athletic trainer or designee. In situations where chiropractic treatment is utilized at away competitions, services should be rendered at the venue or in a designated meeting/conference room at the team's hotel. The designated areas will allow services to be delivered in a professional setting with appropriate oversight by the athletic trainer.

a. Time Out to occur:

Prior to each chiropractic session, the treatment plan will be discussed with each athlete. Within this treatment plan the areas being treated and the goal of the treatment will be addressed. Additionally, should any concerns arise during the treatment, the athlete should be instructed during the time out to speak up to both the chiropractor and the chaperone. At their initial visit for chiropractic treatment, the athlete will be asked to review and sign the treatment consent form in the presence of their sport athletic trainer and the chiropractor.

b. Athlete with Injuries:

All athletes under the care of a physician for an injury must be cleared by the team physician before receiving chiropractic treatment to the injured area. Clearance may be communication to the athletic trainer either verbally or in writing and will be documented by both the athletic trainer and team physician. The athletic trainer will be responsible for directing these services once clearance is received.

c. Athletes receiving Performance Care:

Use of chiropractic treatment may be authorized by the athletic trainer for performance purposes. The athletic trainer is responsible for documenting when chiropractic treatment is rendered. If a musculoskeletal injury is suspected, by the athlete, athletic trainer, or chiropractor, the athlete must have documented clearance in the medical record from the team physician prior to receiving chiropractic care.

d. Chaperone:

All chiropractic services must be chaperoned by a student advocate that may include coaches, athletic trainers, other student staff, or other student athlete. The athletic trainer is responsible for ensuring an appropriate chaperone is present.

e. Environment:

The designated areas will allow services to be delivered in a professional setting with appropriate supervision by the athletic trainer and/or the designated chaperone.

f. Concerns:

At a minimum, concerns expressed by the student athlete regarding specific providers are to be shared with each of the following the team physicians, Senior Administrator, and Title IX coordinator when applicable. Athletic trainers should immediately pause chiropractic services and address concerns with the team physicians, Senior Administrator and Title IX coordinator when applicable.

g. Documentation:

The athletic trainer will document the date, place, time, participants, and reason for the service and insert the documentation into the individual athlete's medical record and provide documentation to the Senior Administrator who will retain it.

3. Yoga

Oversight of yoga services will be the responsibility of the Head Primary Care Team Physician in conjunction with the Senior Administrator. The Head Primary Care Team Physician and the Senior Administrator will evaluate the qualifications of these providers and determine their suitability to provide these services. Sport Coaches and staff are prohibited from scheduling these services. All requests will be coordinated through the sport's athletic trainer. Providers will be required annually to sign a professional services agreement and acknowledge KTH policy and expectations.

Yoga services provided in Lawrence will be delivered onsite utilizing Kansas Athletics Facilities. Yoga services will be provided in a designated area to be determined by the athletic trainer. In situations where a Yoga instructor is utilized at away competitions, services should be rendered at the venue or in a designated meeting/conference room at the team's hotel. The designated areas will allow services to be delivered in a professional setting with appropriate oversight by the athletic trainer.

a. Time Out to occur:

Prior to each Yoga session, the goal of the session will be discussed with each athlete. Additionally, should any concerns arise during the Yoga session, the athlete should be instructed during the time out to speak up to both the Yoga instructor and the chaperone. At their initial visit for Yoga services, the athlete will be asked to review and sign the treatment consent form in the presence of their sport athletic trainer and the yoga instructor.

b. Chaperone:

All Yoga sessions must be chaperoned by a student advocate that may include coaches, athletic trainers, other student staff, or student athletes. The athletic trainer is responsible for ensuring an appropriate chaperone is present.

c. Environment:

The designated areas will allow services to be delivered in a professional setting with appropriate supervision by the athletic trainer and/or the designated chaperone.

d. Concerns:

At a minimum, concerns expressed by the student athlete regarding specific providers are to be shared with the team physicians, senior administrator, and Title IX coordinator when applicable. Athletic trainers should immediately pause massage services and address concerns with the team physicians, senior administrator and Title IX coordinator when applicable.

e. Documentation:

The chaperone will document the date, place, time, participants and reason for the service and provide documentation to the Senior Administrator who will retain it.

Sports Massage Tracking

Date	Student-Athlete	Chaperone	Body Part(s)

Student Athlete Massage Therapy Contact Expectations

Initial Visit: As massage therapists are not considered primary contact practitioners no assessment/evaluation with diagnosis should be expected. A brief discussion about the athlete's injury/ies and/or expectations of the visit/treatment should take place prior to treatment. The athlete should clearly communicate his/her needs for the particular session detailing specific areas that are sore/injured/stiff etc. and thus need attention. In addition, the athlete should clearly communicate areas to avoid.

Please circle and list areas to **avoid**.

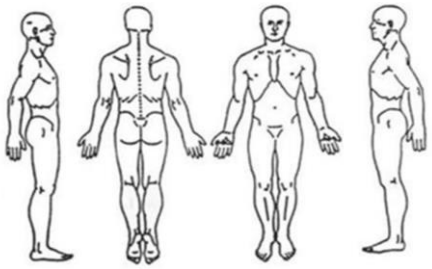
1.

2.

3.

4.

5.



If the session is for a non-injured athlete who has scheduled for a performance, recovery or relaxation massage this should be communicated with the therapist. The athlete should expect the massage therapist to ask him/her to disrobe to their underwear/tights/sports bra but no further undressing should be necessary.

***Initial Visit and Subsequent Visits*:** Athletes should expect the massage therapist to use specific hand, elbow and forearm contacts to superficially and deeply treat areas the athlete has designated as needing treatment. Athletes should understand that areas adjacent to, although maybe asymptomatic, the focused area may be treated as part of a thorough treatment. For example; if an athlete is being treated for a strained hamstring it is very common for a therapist to work the adjacent gluteals. If at any time an athlete feels uncomfortable with specific areas the therapist is treating, he/she should immediately report his/her discomfort to the chaperone and therapist. The therapist must cease treating said area. The student-athlete has the right to stop the treatment if he or she is uncomfortable. There is never a situation where a therapist should attempt to treat genitalia or breast tissue. If so, this should immediately be reported to team athletic trainers and team doctors. *Further action will be taken by the athletic trainers and physicians, reporting to the Title IX coordinator if warranted. The student-athlete should also report to the Title IX coordinator if they so choose.

Some discomfort during and after a typical massage session is to be expected. It is specifically not atypical for an athlete to experience discomfort during and after treatment if she/he is being treated for deep tissues disorders such as myofibrosis or specific strains/sprains.

Any adverse effects from massage therapy treatments should be reported to the athlete's athletic trainer and team doctor to ensure the athlete is benefitting not being hindered by the treatment.

Sports Consent Massage Therapy and Chiropractor

KANSAS TEAM HEALTH

The University of Kansas Health System LMHHealth

CONSENT FOR MASSAGE THERAPY & CHIROPRACTOR SERVICES

Name: _____

DOB: _____

MR#: _____

1. **GENERAL CONSENT**: I voluntarily consent to massage therapy and/or chiropractic service(s) provided by licensed independent contractors whose services are coordinated through the assigned athletic trainer of each specific sport under **LMH HEALTH, The University of Kansas Hospital and the University of Kansas Physicians together, "Kansas Team Health"** as is necessary in their judgment for the student athlete/patient listed above.

2. I understand that licensed **independent contractors** will perform only those services that are within their training, credentialing, and scope of practice in order to prevent, treat, and rehabilitate injuries or illnesses. I am aware that the practice of massage therapy and chiropractic services are not exact sciences, and I acknowledge that no guarantees have been made to me as to the results of these services.

3. I understand the licensed **independent contractors** providing massage and/or chiropractic services will discuss the risks, benefits and alternatives of their services and will require my voluntary written consent on a separate consent form.

4. I understand all of the following:
   - Prior to each massage and/or chiropractic session, the therapist will discuss the treatment plan with me, which includes **confirmation of the specific areas being treated and goal(s)** of massage and/or chiropractic services.
   - If at any time I feel uncomfortable and/or have any questions or concerns before and/or during the massage, I will speak up, ask that treatment be stopped and discuss my concerns with the chaperone and therapist.
   - I will provide written and signed consent for massage and/or chiropractic services in the presence of the assigned athletic trainer and therapist.

5. I voluntarily consent to report to my assigned athletic trainer and/or physician any injury or illness sustained, acquired or aggravated while engaging in athletic activity. I will comply with any prescribed services for massage therapy and/or chiropractic services and accept responsibility for refusing these services, including accepting responsibility for the impact such actions may have upon my clearance for practice or competition.

This consent shall remain in full force and effect for a period of one year from the date of its execution, unless it is specifically revoked in writing prior to that date.

I have read this form and fully understand and accept its terms and conditions.

_____
Signature of Athlete/Patient or Surrogate Decision-maker*

Interpreter Required: ☐ Yes ☐ No

Mode of Interpretation: ☐ Sight Translated ☐ Interpreted

_____
Printed Name of Surrogate Decision-maker*

_____
Signature of Interpreter

*Relationship to Athlete/Patient: ☐ Parent
☐ Legal Guardian ☐ Durable Power of Attorney
☐ Other/Relationship: _____

_____
Interpreters Printed Name

_____ _____
Date Time

_____ _____
Date Time

V3 2/19/2021

TELEPHONE CONSENT (*Applicable for athletes below 18 years of age and Parent or Surrogate Decision-maker is not physically available to sign form.*)

Printed Name of Witness to Telephone Consent	Signature of Witness to Telephone Consent	Date	Time

*Authorization must be signed by the athlete/patient, or if applicable, by an appropriate surrogate decision-maker.

CONSENT FOR MASSAGE THERAPY & CHIROPRACTIC SERVICES

Initial Yoga Session Checklist

____ 1. Expectations of a Yoga session

____ 2. Time Out to Occur

____ 3. Chaperones

____ 4. Environment

___ 5. Athlete Comfort with the class

Athlete Name _____

Provider Name _____

Athletic Trainer Name

Student-Athletes: Walk-on Student Athletes

In certain situations, students have been recruited for a team but are not offered an athletics grant-in-aid. Other students may be accepted on a team through a try-out procedure. Students who are on a team, but do not receive athletically related financial aid, are considered “walk-ons.”

Walk-on student athletes are expected to follow all policies and guidelines expected of all University of Kansas student-athletes. In addition, walk-ons must have health insurance to cover any athletically related injuries.

The process for determining initial eligibility is the same for all student-athletes. Non-scholarship student-athletes participating in intercollegiate athletics must abide by the same NCAA, Conference and institutional rules and regulations as scholarship student-athletes, except for specific restrictions incurred when accepting a grant-in-aid. All paperwork required by Compliance must be completed and approved before acceptance on a team.

Try-Out Procedures
Kansas Athletics recognizes the right of individuals who have not been recruited to try out for an intercollegiate sports team at the University of Kansas. The Head Coach of each sport has sole authority for establishing tryout guidelines and determining the success or failure of a tryout. However, in order to try out for a University sports team, a non-recruited individual must either be accepted for admission or be currently enrolled as a full-time student at the University. The Compliance Office works closely with the Head Coaches of all sports to ensure that applicable compliance records are maintained on all non-recruited student-athletes trying out for intercollegiate sports teams.

Prior to receiving athletic equipment and participating in tryouts, a non-recruited student-athlete must complete the following steps:

1. Be approved by the Head Coach to try out;
2. Complete all necessary paperwork with the Compliance Office to determine eligibility;
3. Complete and pass a physical examination;
4. Must show proof of current Health Insurance; and
5. Complete equipment acquisition procedures.

Benefits Extended to Walk-On Student-Athletes
Excluding grant-in-aid awards, Kansas Athletics extends to all non-recruited student-athletes the same benefits as scholarship student-athletes. These benefits may includeStudent-Athlete Support Services (e.g. tutoring, academic counseling, etc.);

- Training Room treatment for any athletically related injury;
- Strength and conditioning facility use;
- Team travel and equipment use;
- Ability to apply for Student Assistance Funds; and
- Athletic awards

Additionally, walk-ons may eventually be offered athletically related financial aid according to the provisions described in Policy 502C.

Outside Medical Services and Referrals

All student-athletes are subject to the following policy regarding any medical care outside of that provided by the certified athletic trainers, sports nutritionists, physical therapists, or team physicians that are members of the Kansas Team Health sports medicine team.

If a student-athlete desires a referral for outside medical services, they must first consult with the Team Physician, who will determine if the illness or injury can be treated within the Kansas Team Health Network. If the Team Physician refers an injured student-athlete to a health care provider, hospital, or clinic other than those available at Kansas Athletics or within Kansas Team Health, the referral must be expressly authorized in writing by the Team Physician prior to care or services being rendered. If immediate treatment is required and is available at a Kansas Team Health facility or the Sports Medicine Center (the "training room") but the facilities are closed, or the student-athlete is in another city, the athlete shall notify a full-time member of the training room staff prior to seeking medical attention.

In an emergency or other unusual circumstance that do not permit written permission in advance, the Team Physician or the team Athletic Trainer must be notified by the student-athlete as soon as reasonably possible, and the Team Physician retains all discretion, subject to applicable NCAA rules, State law and University policy as to whether treatment rendered may be covered under this policy. A student athlete with an emergency medical condition should not delay nor defer treatment; instead treatment should be sought and the Team Physician, or Team Athletic Trainer notified as soon as reasonably possible.

When the Team Physician determines that a student-athlete should be referred to a specialist, the Sports Medicine staff will make the necessary arrangements for appointments and transportation. Should a student-athlete take it upon themselves to see another physician or to obtain a second opinion without a recommendation from the Team Physician, the student-athlete is financially responsible for any costs/expenses above what those costs/expenses would be within our Kansas Team Health network. Kansas Athletics will not provide any travel expenses for a student-athlete second opinion not initiated by our Team Physicians. A coach may not refer a student-athlete to an Outside Specialist. If a coach wishes to have a student-athlete see an Outside Specialist, the coach should discuss with the Team Physician and/or Athletic Trainer to gain permission. Should the Team Physician or Athletic Trainer (in consultation with the Team Physician) concur with the coach's assessment, Athletic Trainer or Team Physician will arrange for the proper authorization and set up a specific appointment time for the student-athlete. If a student-athlete cannot provide their own transportation, the Sports Medicine staff will make the necessary arrangements, within Kansas Athletics, Conference and NCAA guidelines.

A consultation between the student-athlete's parents or guardians and the attending physician will be arranged upon the student-athlete's request, for those over the age of 18 or at the parent or guardian's request, should the student-athlete be under 18. All final decisions regarding medical approval for participation in athletics, including the resumption of practices or participation in athletic contests, however, rest with the Team Physician, even if an outside health care provider recommends clearance or restrictions. Decisions on participation in athletics are separate and distinct from decisions on medical treatment and remain the authority of the Team Physician.

Kansas Athletics will not be financially responsible for expenses above what would be expended within our Kansas Team Health Network. If services are not available within network or if circumstances dictate treatment away from this area, approval for treatment must be obtained prior to medical services. In no event, however, shall Kansas Athletics' responsibility for treatment or expenses for athletically related injuries or illness covered by this policy extend beyond two years from completion of athletic participation at the University or beyond the student coverage time limits contained in the University's athletic insurance policy in effect at the time of the injury (2 years after the onset of injury), whichever is longer.

Chiropractic Therapy Services

Policy:
When deemed appropriate by Team Physicians, Chiropractic Therapy Services are available for all University of Kansas student-athletes. All Chiropractic Therapy services will be coordinated by the sport's team Athletic Trainer. Chiropractic services for the student athlete will be determined after an evaluation from the team athletic trainer and consultation with the team physician. A sport coach cannot refer an athlete for Chiropractic Services without the consultation of team athletic trainer and team physician. If a student-athlete is seen for chiropractic care without consulting with their team's Athletic Trainer and team physician, Athletics will not be responsible for covering the cost of the appointment.

Purpose:
To provide chiropractic services for student athletes in a multi-disciplinary team approach of treatment and maintain coordinated care between all parties involved.

Procedure

- Student athlete will present injury/case to team Athletic Trainer for evaluation.
- Athletic Trainer will consult with team physician to determine the need for chiropractic care for a specific injury/condition.
- The team Athletic Trainer will coordinate chiropractic care and the scheduling of an appointment.
- The team Athletic Trainer will review any documentation provided by chiropractor and report any continuing problems to the team physician.
- Notify the chiropractor of our payment policy.
- The chiropractor will refer all student athletes with new or unrelated injuries to the staff athletic trainer/team physician for evaluation *before* undergoing any treatment for that condition.

Documentation

- Problems/Injuries referral and visits will be documented under the athlete by the Athletic Trainer in EMR.
- Each visit to the chiropractor clinic will be followed up by documentation/communication back to the team athletic trainer and the team physician.
    - Includes initial exam findings, treatment for that day, and future exercises/plans.

Dental Care

In the event of injury to a tooth related to athletic participation at the University of Kansas, the athletic department will be responsible for the cost of evaluation and treatment.

Routine dental or care is not covered for student athletes.

Special circumstances may arise and will be reviewed on a case by case basis and a final decision will be rendered by the Team Physician or his/her designee on any action or disposition.

Vision Correction Policy

As determined by the Head Team Physician, those athletes that need vision correction for participation in their sport and/or for academic participation will be allowed one of the two following options:

1. Contact lens wear
2. Prescription eyeglasses

If the student-athlete chooses to wear eyeglasses, the following guidelines will apply:

- KAI will cover up to $250 for the purchase of prescription eyeglass frames, and KAI will also purchase the lenses. Any cost over this amount is the responsibility of the student-athlete. If, during the student-athlete's period of eligibility, another pair of eyeglasses is required per the Head Team Physician, KAI will cover up to another $200 for the frames plus lenses for the purchase but no sooner than 24 months after the initial purchase.
- If the prescription eyewear is required for participation in a sport, the eyeglasses must be "sport" glasses. The AT must work with Equipment Services to acquire Adidas Frames.
- KAI will pay for a maximum of 1 pair of eyeglasses every 2 years of eligibility, not a pair of sunglasses and a pair of prescription glasses.
- Eyeglasses will be limited to single vision without transition.
- If the eyeglasses are lost or broken (unless broken while participating in their sport), replacement cost is the responsibility of the student-athlete.

In order to control costs, all purchases must be approved by the Head Team Physician and will be purchased through the offices of Drs. Dobbins and Letourneau, KAI team optometrists. Any purchase elsewhere will be the responsibility of the student athlete. KAI will not pay for prescription eyeglasses and contacts in the same 24-month period.

Scheduling

- The Sport Athletic Trainer must call and make the appointment. Do not use online scheduling and do not allow athletes to schedule themselves.
- The Sport Athletic Trainer can call and re-order a six-month supply of contacts once their current supply runs out. Please note the athlete must have a follow-up eye exam once per year.

Medical

General Medical Examination

Patient Name: _____

Height: _____ inches Weight: _____ lbs Pulse: _____ BP (sitting): R _____ L _____

Normal	Abnormal	
		Eyes: Vision
		Ears: Hearing, Canals, Drums
		Nose: Septum, Obstructions
		Mouth/ Throat: Teeth, Tongue, Gums, Lips, Tonsils
		Skin: Scars, Rashes, Bruises, Tattoos
		Chest: Pectus Excavatum
		Lungs: Auscultations
		Abdomen/Pelvis: Viscera Sears, Hernia
		Neurologic: Cranial Nerves, Sensation, Strength, Reflexes

Cardiac Health

Marfanoid? ☐ YES ☐ NO

Murmurs:

Supine: _____

Standing: _____

Rhythm: _____

Pulses:	R	L	O-Absent
Radial:	____	____	D-Diminished
Femoral:	____	____	N-Normal
			H-Hyperactive

Athletic participation approved without general medical limitation? ☐ YES ☐ NO

If No, specify participation limitations: _____

Specify actions needed for clearance: _____

_____

GP Signature/ Date

Patient Name: _____

Musculoskeletal Examination

Normal	Abnormal			
		Spine		
		Shoulders:	Left:	Right:
		Elbows:	Left:	Right:
		Wrists:	Left:	Right:
		Hands:	Left:	Right:
		Hips:	Left:	Right:
		Upper Legs:	Left:	Right:
		Lower Legs:	Left:	Right:
		Knees:	Left:	Right:
		Ankles:	Left:	Right:
		Feet:	Left:	Right:

Athletic participation approved without orthopedic limitation? ☐ YES ☐ NO

If No, specify participation limitations: _____

Specify actions needed for clearance: _____

_____

Orthopedic Signature/ Date

X-Ray Protocol

Policy:

When deemed appropriate by Team Physicians/Physician Assistant, x-ray services are available for all University of Kansas student-athletes. All x-ray services will be coordinated by the sport's team Athletic Trainer. X-ray services for the student-athlete will be determined after consultation with the Team Physicians/Physician Assistant.

Purpose:

To provide x-ray services for student-athletes to further diagnose, monitor, or treat potential injuries or illnesses.

Procedure

- Student-athlete will present injury/case to team Athletic Trainer for evaluation.
- Athletic Trainer will consult with a Team Physician/Physician Assistant to determine the need for imaging for a specific injury.
- The team Athletic Trainer will coordinate with X-ray Technician to schedule imaging.
- The team Athletic Trainer will provide an X-ray Requisition Form to the ordering Team Physician/Physician Assistant to sign or "verbal order" to be written in signature line with the ordering Team Physician/Physician Assistant's name and filled out for X-ray Technician.
- The ordering X-Ray Technologist will contact UKHS Radiology who will input order and will place electronic order for x-ray overread to Radiologist.
- X-ray and Overread will be reviewed by the Head Team General Physician or Head Team Orthopedic Physician.



X-RAY REQUISITION

Kansas Team Health
Sports Medicine
Office 785 864-7938
Fax 785 864-8250

DOB _____

KU ID _____

Patient Name_____ SPORT _____

Ordering Physician/PA_____ Date _____

Pregnant: YES NO

X-Ray Views_____

Clinical Diagnosis_____

Ordering Physician/PA Signature_____

X-Ray Technician_____ Date/Time_____

Impression/Comments_____
_____
_____

Signature _____

Immunization Policy and Procedure

Kansas Team Health (KTH) collaborates with Watkins Health Services (WHS) on campus. Immunization history is to be reviewed by the Team Physician Assistant (PA) for KTH and WHS. PA will then fill out an order form to be taken to WHS for immunization compliance. Hard copies of the immunization record will also be sent to WHS and stored in KTH electronic medical records system once immunization compliance is met.
Official copy(s) of immunizations from a personal physician's office, school, military, state record or childhood immunization booklet are required to verify the following:

1. All University of Kansas (KU) students are required to have a documented history of **2** measles, mumps, and rubella (MMR) vaccinations.
2. All KU students living in university housing are required to have the meningococcal vaccine within the last 5 years so that they are covered while living in university housing.
3. All KU student-athletes are required to be up to date on their tetanus vaccination within the last 5 years so that they are covered for the next 5 years.
4. The following athletic teams will be required to have the hepatitis B vaccine series: football, basketball, volleyball, soccer, baseball, and soccer.

There are **2** documents to be completed for Watkins Health Services and may be found at http://studenthealth.ku.edu/forms.

The University of Kansas (KU) Immunization Requirements:
Watkins Health Services (WHS) must have evidence of a student's compliance with the following immunizations. In the absence of this evidence, an enrollment hold will be applied and the student will be unable to enroll in subsequent semesters.

- **Measles, Mumps & Rubella (MMR):** All newly enrolled students born on or after January 1, 1957, must show proof of **two** vaccinations for MMR. History of the disease is not sufficient for compliance unless accompanied by a positive blood titer. A student may choose to sign a waiver***** indicating that they: 1) Have a medical condition that precludes them from getting the vaccine; 2) Are pregnant; Or, 3) Have religious reasons for not having the required vaccinations.

- **Meningitis:** All students living in university-owned group housing are required to be vaccinated with the quadrivalent meningococcal vaccine which protects against A, C, Y and W-135 types of meningitis or sign a waiver***** indicating that they decline vaccination. If the student received this vaccination more than five years prior to beginning attendance at KU, it will be necessary for the student to receive a booster dose. We recommend the student receive this booster prior to attending Orientation. For more information, refer to KU's policy for Meningitis on their web site. If you have questions about Meningitis or the vaccine, please refer to the WHS website. The meningitis B vaccine does not fulfill this requirement but is also recommended.
- Students may submit their immunization history using our Immunization Screening Form which must be completed by a medical provider. The form can be found on the WHS website. It is also acceptable to submit a copy of immunization records from an official source, such as a physician's office, or a school transcript that contains this information. All immunization forms or records submitted must include full name and date of birth. Questions about other acceptable proof of immunizations may be directed to the WHS Immunization Compliance Coordinator at 785-864-9533.

- ***Before a waiver is granted**, the student must meet with the WHS Chief of Staff.

The preferred way for students to submit immunization records is through our secure patient portal accessible seventy-two (72) hours after enrollment:

1. Login using your KU online ID and password. Go to the "Medical Clearances" tab to enter your immunizations and dates.
2. From the "Medical Clearances" page, select "Immunization Upload" to scan and upload official documentation verifying your immunization history. Please allow 3-5 business days for these documents to be verified.

Students should submit their immunization histories no later than the first day of classes to avoid an enrollment hold. If questions remain, please call 785-864-9533.

The University of Kansas Tuberculosis Screening Requirements:
These policies are compliant with regulations of the Kansas Department of Health and Environment.

International Students

All newly enrolled or re-enrolled international students are required to be screened for tuberculosis by Watkins Health Services upon arrival on campus and prior to enrollment.

- A TB blood test will be done during International Student Orientation physicals unless documented results are presented for a blood test **performed in the U.S**, within the past 12 months. Results from outside the U.S. cannot be accepted. Tests performed by Watkins Health Services are a covered benefit under the KBOR United Healthcare Student Resources insurance plan.
- Documentation must be presented for any prior treatment for latent or active TB and a chest x-ray will be required.
- Chest x-rays will also be required for any student with a positive or indeterminate TB blood test unless WHS is presented with documentation for a normal x-ray performed in the U.S. within the past six months.
- All international students are required to complete the entire process for TB screening and subsequent treatment when specified by WHS providers. Failure to do so will result in dis-enrollment from the University and subsequent notification to the Office of International Students and Scholars that you are no longer enrolled.

U.S. Students

All newly enrolled or re-enrolled U.S. students must be screened for tuberculosis during the enrollment process by answering specific screening questions (see below). Further testing may be required depending on these initial screening results. Students will be notified if further testing is required. If further testing is required, failure to complete that testing will result in an enrollment hold on the student's academic record. The student will not be able to enroll for the following semester until he/she has completed the TB screening process and the hold is lifted. If questions arise, please contact the WHS Immunization Compliance Office at 785-864-9533.

TB Screening Questions for U.S. Students:

1. Have you ever had a Tuberculosis/TB test with a result that was positive which indicates TB infection?
2. Have you ever been told that you have had close contact with someone who was sick with TB?
3. Were you born in a country NOT listed below?
4. Have you spent at least three months in a country NOT listed below?

According to the World Health Organization, these are the countries NOT of concern for Tuberculosis:

Australia	France	Netherlands
Austria	Germany	New Zealand
Bahamas	Greece	Norway
Belgium	Iceland	Puerto Rico
Canada	Ireland	Slovakia
Costa Rica	Israel	Slovenia
Cuba	Italy	Sweden
Cyprus	Jamaica	Switzerland
Czech Republic	Jordan	United Arab Emirates
Denmark	Luxembourg	United States of America
Finland	Malta	West Bank and Gaza Strip

Failure to comply with the University of Kansas – Watkins Health Services immunization requirements will result in an enrollment hold until compliance is met.

Students may incur a "Hold" on their university record for a number of reasons and most holds will suspend a student's ability to enroll in the following semester. The holds listed below are managed by Watkins Health Services and reflect non-compliance with University of Kansas policies that are intended to ensure the health and safety of our students.

"IMM" - Immunization Compliance

Non-compliance with KU policies on immunizations for meningitis and/or measles, mumps and rubella will result in the IMM hold. For information on how to achieve compliance and have this hold lifted, you will need to receive the required immunizations before your hold can be cleared. Please call our Immunization Compliance Desk at 785-864-9533 to make an appointment. If you have already received the required immunizations, please bring your immunization records to the Immunization Compliance Desk located on the first floor of Watkins Health Center. You can also have your health provider or previous school fax your immunization history to 785-812-0214. Once verified by our staff, your hold will be removed.

"TBW" - Tuberculosis

This hold is placed when an international student is not yet compliant with the tuberculosis (TB) screening process that is required of all international students. For information on how to achieve compliance and have this hold lifted, please refer to the **KU Tuberculosis Screening Policy** drop-down above for **International Students**.

“TBQ” - Tuberculosis

Students who are from the United States are now required to complete a TB screening as well but it is performed in a different manner than that which is done for international students. Therefore, noncompliance will result in this hold. For information on how to achieve compliance and have this hold lifted, please refer to the **KU Tuberculosis Screening Policy** drop-down above for **U.S. Students**.

Drug Awareness and Testing Policy

Updated 08.2025

Kansas Athletics strongly believes that the use and abuse of illegal and/or banned drugs:

A. Is detrimental to the health (physical & psychological) of a student-athlete;

B. Interferes negatively with the academic performance of a student-athlete;

C. Is dangerous to the life and health of the student-athlete and their teammates during athletic competition and practice; and

D. Compromises the integrity and spirit of intercollegiate athletics competition.

Thus, Kansas Athletics has made it a policy that the use and abuse of illegal and/or banned drugs will not be tolerated. Kansas Athletics recognizes the addictive results of illicit drug use and as provided in this policy will encourage education, treatment and rehabilitation for any student-athlete involved in the drug testing program. The health and performance of our athletes are among our primary concerns.

I. Purpose of the Policy and Program

A. Education - To educate University of Kansas student-athletes about the problems associated with drug use and abuse.

B. Promote Health and Safety of Student-Athlete Participation - To provide reasonable safeguards assuring that every student-athlete is able to safely and fully participate in athletics competition unimpaired by the use of illegal or banned drugs.

C. Detection of Abuse - To detect student-athletes who may be involved in substance abuse and to ensure that athletic competition is unimpaired by illegal or banned drugs.

D. Treatment and Rehabilitation - To assist in the treatment and rehabilitation of a student-athlete who tests positive for drug use as part of this program, so that the student-athlete may safely and fully participate in academics and athletics and to reduce personal, family and social disruption.

E. Discourage and Deter Drug Use - To discourage and deter the use of illegal and banned drugs by imposing sanctions on offenders

II. Education and Prevention Program

A. Objective - To provide educational guidance to the student-athlete regarding the physical, mental, and legal consequences of illegal drug use.

B. Program – Educational programs and discussions may be arranged throughout the academic year. In drug education programs and discussions, student-athletes are educated about the consequences and problems associated with substance abuse including alcohol, legal, and illegal drug use. These programs and discussions are led by members of Kansas Team Health.

C. Compliance – The Compliance Office and Kansas Team Health staff shall meet with each team at the beginning of each academic year to discuss the drug testing program, requirements, penalties, and

expectations. Compliance staff educates about the NCAA requirements and penalties associated with the drug testing program and Kansas Team Health educates about the testing process and implications of substance abuse on physical and mental health.

III. General Policies

A. Student-athletes shall be subject to this Drug Awareness and Testing Policy when the student-athlete reports to the university academic/athletic program and continues for the remainder of their athletic career. In the event a student-athlete no longer participates in athletically related activities (i.e., practice, competition or other team functions) but continues to receive athletically related financial aid from Kansas Athletics, the student-athlete may continue to be subject to this policy as long as they receive the financial aid.

B. If a student-athlete fails to report for drug testing within the allotted time after notification, the failure to appear shall be considered a positive test. A physician's note is required if the student-athlete is too ill to report for testing.

C. If a student-athlete reports to the testing site and subsequently leaves the site without permission from the drug testing administrator, they shall be considered to have a positive test.

D. If a student-athlete is observed altering or tampering with a specimen, substituting another urine sample, or otherwise affecting the validity of the test, it will be considered a positive test.

E. All tests results ordered, received, and opened by the Designated Team Physician or Senior Administrator for Kansas Team Health, even those not conducted as part of the regular Kansas Athletics Drug Awareness and Testing Policy, shall be considered a test under this policy. Any positive results from any tests ordered, received and opened pursuant to this paragraph, except as part of the Preliminary Medical Screening and/or under the Voluntary Disclosure Program as set forth below, shall be counted as a positive result under this policy.

F. If a student-athlete, as part of their performance contract, is required to receive counseling, they will receive notification of the counseling appointment. The first counseling session, whenever possible, should occur no later than 3 weeks after notification of the positive test, unless prohibited by a break in the academic calendar or an appeals process. Failure to report for counseling could result in the student–athlete being charged for the cost of the counseling session. [Note: Once an appointment has been scheduled, non-Athletics department counseling personnel will charge Kansas Athletics for the session even if the student-athlete fails to appear]. Should a student-athlete miss counseling sessions, they may be subject to sanctions for violating team rules and failure to meet the conditions of their performance contract, in addition they may be charged for the cost of the missed session, if applicable.

G. Conviction of a student-athlete for sale of drugs shall result in automatic dismissal from their team and the recommendation of loss of all athletically related financial aid.

H. A student-athlete testing positive shall be subject to testing to determine continued use or non-use. A drug(s) metabolite level that is the same or increased from the most recent test indicates usage and therefore a subsequent positive offense will be imposed. A decrease in drug(s) metabolite from the most recent test will not be considered a positive test.

I. The Drug Testing Appeals Committee shall be appointed at the discretion of the Director of Athletics. The Committee shall be chaired by the Deputy Athletics Director for Sports Administration & Student-Athlete Well-Being/SWA and also consist of the Head Team Physician, the Faculty Athletics Representative or another KU Lawrence Campus Faculty member. The Deputy Athletics Director/SWA shall ensure that any appeals to this Committee are conducted pursuant to this policy.

J. All drug testing results will be returned to the Designated Team Physician (DTP). The Senior Administrator for Kansas Team Health shall serve as the Kansas Athletics drug testing site coordinator.

K. This policy and its administration/operation are subject to change or modification at any time. However, any change or modification will be implemented only by action of the Athletics Director (or designee) and will not be applied retroactively if it would adversely affect a student-athlete's rights.

IV. Drug Testing Program

The Head Coach, the Compliance Office, and Kansas Team Health athletic training staff shall inform and educate the student-athletes about the drug testing program. Information concerning the program and a consent form associated with the program shall be provided to every student-athlete prior to their first drug test. Student-athlete is defined as any student-athlete who is certified eligible to participate in practice and/or competition in intercollegiate athletics and student-athletes who are receiving financial aid from Kansas Athletics, whether or not they have exhausted eligibility.

Each student-athlete at Kansas Athletics shall be subject to testing as described in this policy. The drug testing program shall be conducted by a medical laboratory agency and the Senior Health Administrator shall be the primary contact with the medical lab agency.

A. Mandatory Drug Testing Program

1. All student-athletes shall be subject to unannounced, random tests during the course of the year. The Senior Administrator for Kansas Team Health shall determine a number of student-athletes on selected teams that shall be subject to testing. The Senior Administrator for Kansas Team Health shall provide the Compliance Office with the names of the student-athletes that are randomly selected for testing. The Senior Administrator for Kansas Team Health in consultation with fellow members of the Drug Policy Committee shall determine the number of random tests that occur each year.
2. All student-athletes shall be tested periodically (including testing required by Kansas Athletics, NCAA, and/or Big 12) during their career at KU.
3. Note that under the NCAA's Cannabinoid Policy effective June 26, 2024, cannabinoids (marijuana, THC) have been removed from the list of NCAA banned drug classes. With the NCAA testing policy change, Kansas Athletics will test THC for health screening purposes only and results will be shared with Kansas Team Health. Any positive tests for THC will not be subject to sanctions outlined for positive test results of NCAA banned substances. An assessment with Kansas Team Health Mental Health and Performance Services (MHAPS) is required after a positive test for THC. Education and resources will be provided by MHAPS as needed. Marijuana is illegal in the state of Kansas.

B. Testing Program Based on Reasonable Suspicion

Information provided to Kansas Athletics indicating a "reasonable suspicion" of banned drug use by student-athletes shall prompt the Drug Policy Committee to require student-athletes to submit to drug-testing.

Reasonable suspicion shall not mean a mere "hunch" or "intuition," but shall instead be based upon a specific event or occurrence which has led to the belief that a student-athlete has used drugs banned by this policy. Any of the following criteria shall be sufficient on its own to constitute "reasonable suspicion:"

1. Direct observation of drug use by a reliable source;
2. Direct observation by coaches, athletic trainers, or team physicians of physical and mental deficiency, medical symptoms of drug use, aberrant conduct or unexplained absenteeism;
3. Common sense conclusions about observed or reliably described human behavior upon which practical people ordinarily rely (e.g., significant changes in behavioral patterns, athletic or academic performance; with regards to anabolic steroids, significant weight gain and/or unusually aggressive behavior);
4. Police, court, or other reliable source determination that the student-athlete has used or possessed prohibited drugs;
5. A demonstrated history of use of prohibited drugs, which can include either prior legal convictions or prior positive tests for prohibited drugs through Kansas Athletics, Big 12 Conference, and/or NCAA, or any other reliable testing program.

Information provided by Kansas Athletics indicating a concern for either THC or alcohol abuse will be evaluated by the Designated Team Physician and KTH Mental Health and Performance Services (MHAPS). Positive test results will not be subject to any sanctions under the drug awareness and testing policy.

C. Voluntary Disclosure Drug Testing Program

To assist in the treatment and rehabilitation of student-athletes so that they may safely and fully participate in academics and athletics, Kansas Athletics encourages voluntary admission of prohibited drug use. As such, Kansas Athletics has a Voluntary Disclosure Drug Testing Program through which a student-athlete may volunteer for evaluation, testing, and counseling. To enter the Voluntary Disclosure Program, a student-athlete must disclose use of a prohibited substance to the Designated Team Physician. A student-athlete shall not be eligible for the Voluntary Disclosure Program in the following instances:

- After the student-athlete is notified of their selection for drug testing; or
- Thirty (30) days prior to any NCAA or Big 12 Conference postseason competition; or
- If a student-athlete has previously entered themselves into the Voluntary Disclosure Program; or
- If a student-athlete has previously tested positive under this Kansas Athletics drug testing policy.

After a student-athlete requests entry into this program, the Designated Team Physician (DTP) and/or Director of Mental Health and Performance Services (MHAPS) will arrange for a chemical dependency evaluation. This assessment information will be used to develop an appropriate treatment plan for the student-athlete. As part of the treatment plan, counseling sessions may be set up with an outside provider, if indicated. The treatment plan will include drug testing. If the initial test upon entering this Voluntary Disclosure Program is positive for banned drug(s), the positive test shall not result in any administrative sanction except under this section. The DTP may remove the student-athlete from competition or practice if medically necessary as part of the treatment plan. The student-athlete will be permitted to remain in the voluntary disclosure program for a reasonable period of time, as determined by the treatment plan. While in compliance with the treatment plan, the student-athlete shall not be tested under the Kansas Athletics Drug Testing Program. However, the student-athlete may be selected by the NCAA and/or Big 12 for drug testing and if the student-athlete tests positive they shall be subject to any NCAA or Big 12 sanctions, if applicable.

Failure to comply with the Voluntary Disclosure Program treatment plan or evidence of new substance abuse (as determined by follow-up testing) shall result in a positive test result and the student-athlete shall be subject to sanctions for a positive test result. Any positive test result will result in the student-athlete being assessed a positive test result and they shall then be subject to the actions/sanctions indicated in this program. This option is available to a student-athlete on a onetime basis during their academic/athletic career.

V. Kansas Athletics Banned Drugs

Drug classes banned by Kansas Athletics and the NCAA (Appendix I) include the following:

1. Stimulants.
2. Anabolic agents.
3. Beta blockers (banned for rifle only).
4. Diuretics and masking agents.
5. Narcotics.
6. Peptide hormones, growth factors, related substances and mimetics.
7. Hormone and metabolic modulators.
8. Beta-2 agonists.

This list may change during the academic year and student-athletes will be informed of any updates by Kansas Team Health. In addition, updates may be found on the NCAA website (www.ncaa.org).

VI. Consent Form

All student-athletes shall read and complete the form entitled, *Consent and Authorization Agreement*. This form must be completed before a student-athlete is allowed to practice.

Failure to sign the consent form prior to practice and competition shall result in the student-athlete's ineligibility for practice or competition. Additionally, student-athletes who receive financial aid from Kansas Athletics must sign the consent form as a condition of receipt of such aid.

VII. Methodology

A. Notification of Testing – The Compliance Office shall prepare and distribute the notification of drug testing form(s) to the appropriate head coaches. Student-athletes selected for testing will be notified via Teamworks and will be required to complete Drug Testing Notification Form provided by Compliance, which designates the time and the site location of the testing. The notification shall occur no more than 24 hours in advance of the testing.

B. Collection and Coding
   1. In order to enforce this drug policy, it shall be necessary to acquire a urine specimen from the student-athlete.
   2. Urine voiding shall be monitored by a member of the medical laboratory agency or a designated allied health professional.
   3. Drug Testing and Transgender Athletes: Confidentiality shall be maintained when clarifying an athlete's gender transition status. Private, gender-neutral bathroom facilities are used for all drug testing. The transgender student-athlete shall have the opportunity to request a drug testing validator in accordance with their gender identity.

4. Chain of custody in specimen collection, preparation and handling shall be followed as prescribed by the testing agency to ensure accurate and confidential results. Prior to testing, each student-athlete will be given an opportunity to provide information concerning any medication being taken or other circumstances that might attribute to a positive test. This information will not qualify as part of the "Voluntary Disclosure Program."
5. All student-athletes' samples will be tested on site for specific gravity. Any student-athlete who cannot produce a concentrated specimen (i.e., specific gravity of 1.005 or above) will be allowed to leave the lab for tutoring or class, but must return that day as soon as possible and produce a concentrated specimen.
6. Any deviation from the above testing protocol must be approved and documented by the Head Team Physician or Senior Administrator for Kansas Team Health prior to the deviation.

C. Testing Techniques – The medical laboratory agency shall screen each urine sample with the enzyme multiplied immunoassay technique and then perform gas chromatography/mass spectrometry for confirmation. The screen and confirmation shall be based on levels to be determined by the Head Team Physician or Designated Team Physician in consultation with the medical laboratory.

D. Results – Test results shall be returned to the Senior Administrator for Kansas Team Health and the Designated Team Physician. Documentation indicating confirmation for drug use shall be dated by the Designated Team Physician.

E. Positive Test – A positive test, from mandatory testing, Kansas Athletics directed testing, or the voluntary disclosure program, will be defined as one that indicates concentration levels consistent with those established by the NCAA. Student-athletes with positive test results shall be notified as soon as possible by the Designated Team Physician.

F. Notification – Positive test results for THC will be shared with the student-athlete and Kansas Team Health only, unless there are significant concerns for the student-athlete's health and well-being or their ability to participate. Positive test results for banned drugs shall be reported to the following individuals: the Designated Team Physician, Head Team Physician, the student-athlete, Sport Administrator, Head Coach, Senior Administrator for Kansas Team Health, Director of Mental Health and Performance Services, Physician Assistant, Senior Associate Athletics Director/Compliance, Athletic Trainer assigned to that sport, Deputy Athletics Director for Sports Administration & Student-Athlete Well-Being/SWA, Director of Peak Performance and Leadership, and counseling or rehabilitation program personnel. The Head Coach has the option of notifying the student-athlete's parent(s), legal guardian(s), and/or spouse, provided the student-athlete has signed the necessary permission forms or given approval.

VIII. NCAA and Big 12 Testing and Sanctions

The NCAA conducts drug testing year-round on student-athletes.

Should a student-athlete test positive on an NCAA test for a "narcotic" as defined on the list of NCAA banned drugs, the student-athlete shall be declared ineligible for further participation in postseason and regular-season competition in accordance with the ineligibility provisions in this bylaw, 18.4.1.4. A student-athlete

who, as a result of a drug test administered by the NCAA, tests positive for use of a substance in a banned drug class other than shall be subject to the following under 18.4.1.4.1:

(a) The student-athlete shall be ineligible for competition in all sports until the student-athlete has been withheld from the equivalent of one season (the maximum number of championship segment regular-season contests or dates of competition in the applicable sport per Bylaw 17) of regular-season competition. The student-athlete must be otherwise eligible for competition to fulfill this penalty except a transfer student-athlete may fulfill a transfer residence requirement and a drug-testing penalty concurrently if the student-athlete meets all other eligibility requirements;

(b) A student-athlete who tests positive during a year in which the student-athlete did not use a season of competition shall be charged with the loss of one season of competition in all sports. A student-athlete who tests positive during a year in which the student-athlete used a season of competition shall be charged with the loss of one additional season of competition in all sports (in addition to the season used) unless the student-athlete uses a season of competition in the academic year immediately after the positive test; and

(c) The student-athlete shall be ineligible for intercollegiate competition for 365 consecutive days after the collection of the student-athlete's positive drug-test specimen and until the student-athlete tests negative pursuant to the policies and procedures of the NCAA Drug-Testing Program.

Student-athletes who test positive for a banned substance, or who breach NCAA testing protocol requirements, are subject to loss of eligibility. These student-athletes may be subject to additional testing for all NCAA banned substances by the NCAA at any time. Drug-testing penalties are legislated under NCAA Bylaws 18.4.1.4 (Divisions I and II) and 18.4.1.5 (Division III) Ineligibility for Use of Banned Drugs.

The Big 12 also may conduct drug testing. Should a student-athlete test positive on a Big 12 test for performance enhancing drug use, the student-athlete will lose eligibility for one (1) calendar year from the date of the first positive test and the student-athlete will be charged with the loss of a season of competition in all sports. Should a student-athlete test positive on a Big 12 test for a narcotic, the student-athlete shall be subject to the Kansas Athletics' drug testing sanctions as described below.

A positive test result for either performance enhancing or recreational drug use on either an NCAA test or a Big 12 test will count as a positive drug test for purposes of Kansas Athletics' drug testing sanctions, unless otherwise provided in the Voluntary Disclosure Program section of this Policy.

IX. Kansas Athletics Actions/Sanctions

The following consequences/sanctions have been established by Kansas Athletics for a **Positive Drug Test**. If a student-athlete tests positive on a drug test administered by Kansas Athletics, they shall be subject to the consequences/sanctions specified in this policy.

Note: Each student-athlete's situation shall be viewed independently due to the potentially serious nature of the student-athlete's substance abuse, the best interest of their mental health, the safety of other student-athletes, and/or the integrity of the sport program. Flexibility and discretion may be used in developing a particular performance contract.

Positive test for any banned drug

FIRST-TIME POSITIVE FOR ANY BANNED DRUG

1. The student-athlete will be on probation and subject to the conditions set forth below.
2. The Designated Team Physician will arrange for a chemical dependency evaluation of the student-athlete. This assessment information will be used by the DTP to develop an appropriate treatment plan for the student-athlete. Counseling sessions may be set up with an outside provider.
3. A case management team will be assigned to the student-athlete to develop a performance contract for the student-athlete and monitor their progress, or lack thereof, in meeting the terms of the contract. This team will consist of the Designated Team Physician, the Head Coach or designee, and the Sport Administrator.
4. The performance contract will specify expectations of behavior, including the expectations set forth in the aforementioned treatment plan (e.g. attendance and engagement in counseling sessions).
5. The student-athlete will be suspended for a minimum of one (1) contest beginning with the first available outside (pre-season or regular season) competition after the Designated Team Physician receives the test results and has informed the student-athlete of the results.
6. At the conclusion of a successful completion of the performance contract, as determined by the case management team, the student-athlete will be subject to a random drug test to confirm their compliance with the drug testing program. The test result must indicate a negative test for any banned substance.
7. If the student-athlete does not successfully complete the performance contract, as determined by the case management team, or if they have a positive test for any banned substance as part of confirming compliance with the drug testing program, the student-athlete will be deemed to have a "second positive" and shall be subject to the consequences as set forth below.
8. Based on team rules, the Head Coach, in consultation with the Sport Administrator, has the discretion of adding further consequences/sanctions.

SECOND-TIME POSITIVE FOR BANNED DRUG

1. A performance contract will be developed that specifies the expectations of behavior, (attendance and engagement in counseling sessions). Leadership/PYT sessions will not be part of this contract.
2. The case management team will continue to monitor the progress that is made in meeting the terms of the student-athlete's performance contract.
3. The student-athlete will be suspended for a minimum of 25% (or six (6) contests, whichever is less,) of contests beginning with the first available outside (pre-season or regular season) competition after the Designated Team Physician receives the test results and has informed the student-athlete of the results.
4. At the conclusion of a successful completion of the performance contract, as determined by the case management team, the student-athlete will be notified that they will be subject to a random drug test to confirm their compliance with the drug testing program. The test result must indicate a negative test for any banned substance.

5. If the student-athlete does not successfully complete the performance contract, as determined by the case management team, or they have a positive test for any banned substance as part of confirming compliance with the drug testing program, the student-athlete will be deemed to have a "third positive" and shall be subject to the consequences as set forth below.
6. Based on team rules, the Head Coach, in consultation with the Sport Administrator, has the discretion of adding further consequences/sanctions.

THIRD-TIME POSITIVE FOR ANY BANNED DRUG

For a third positive test for any banned street drug or a banned performance enhancing drug, the student-athlete will be dismissed from the team and a recommendation shall be made to cancel any athletic-related financial aid.

X. Appellate Process

A. Student-athletes may appeal the validity of the test results. A student-athlete must notify the Designated Team Physician or Senior Administrator for Kansas Team Health within 48 hours of their notification of the positive test result if they request that a second sample be tested. All costs of conducting the second test shall be charged to the student-athlete.

B. Only student-athletes who are subject to sanctions imposed by this policy for a second or third positive test for a Track Two banned substance (any street drug/or a performance enhancing drug) may request an appeal of the sanctions. Appeals to avoid the sanctions of this policy will be given consideration by the Drug Testing Appeals Committee, in its sole discretion, only if there is a basis for the appeal or for unique circumstances.

C. Student-athletes have three (3) business days after receipt of written notification of a positive test result in which to notify the Senior Administrator or Designated Team Physician, in writing, of their request to appeal the imposition of the sanctions.

D. Any suspensions from competition for a positive test result shall be stayed until the conclusion of the appeals process, unless at the discretion of the Head Coach a determination is made that the suspensions would be in the best interests of the program.

E. An appeals hearing shall be conducted within 14 calendar days of receipt of the student-athlete's written request to appeal. The appeal will be heard by the Drug Testing Appeals Committee, chaired by the Deputy Athletics Director for Sport Administration & Student-Athlete Well-Being/SWA. Should any member of the Drug Testing Appeals Committee be unavailable to serve for any reason, such as a conflict of interest or schedule conflict, the Athletics Director may appoint a replacement for that person for that particular appeal only.

F. The appeals process will not be adversarial. Student-athletes will receive written notice of the hearing at least forty-eight (48) hours prior to the hearing and they may appear in person and be accompanied by an advisor. Such advisor may only advise the student-athlete and will not be allowed to otherwise participate in the appeal hearing. If the advisor is an attorney, the General Counsel for Kansas Athletics will be notified. If the student-athlete wants to submit

materials in support of the appeal, such materials must be submitted to the Drug Testing Appeals Committee at least twenty-four (24) hours before the appeal hearing. Alternatively, in lieu of a personal appearance, a student athlete may present matters in writing for consideration on appeal. In the event the student-athlete requests, in writing, a more expedited appeal, the Drug Testing Appeals Committee is authorized to take such action as is reasonable to accommodate such a request. The Drug Testing Appeals Committee shall consider all written records, including the test results, notices, and the student-athlete's written appeal and all relevant evidence presented to it, including all mitigating and aggravating circumstances. The Drug Testing Appeals Committee shall have the authority to modify any sanction based on its evaluation of the evidence and/or to hold any sanction in abeyance.

G. The Drug Testing Appeals Committee shall render a decision on the appeal. This decision shall be deemed final and not subject to appeal by any party.

H. Should the student-athlete appeal successfully a positive test result, further testing shall be considered at the discretion of the Designated Team Physician or Head Team Physician. Should the appeal be unsuccessful, the sanctions imposed by this policy shall be applied immediately upon written notification to the student-athlete.

APPENDIX I
NCAA BANNED DRUGS

It is the student-athlete's responsibility to check* with their Kansas Athletics Trainer, Sport Dietitian, or the Head Team Physician *before using any substance

The NCAA bans the following classes of drugs:

1. Stimulants.
2. Anabolic agents.
3. Beta blockers (banned for rifle only).
4. Diuretics and masking agents.
5. Narcotics.
6. Peptide hormones, growth factors, related substances and mimetics.
7. Hormone and metabolic modulators.
8. Beta-2 agonists.

Note: Any substance chemically related to these classes is also banned.

The student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

Substances and Methods Subject to Restrictions:

1. Blood and gene doping.
2. Local anesthetics (permitted under some conditions).
3. Manipulation of urine samples.
4. Tampering of urine samples.
5. Beta-2 agonists (permitted only by inhalation with prescription).

Note: THIS IS NOT A COMPLETE LIST. Any substance chemically related to the class, even if it is not listed as an example, is also banned.

Before consuming any nutritional or dietary supplement or product, it is the responsibility of each student-athlete to check with their Kansas Athletic Trainer, Sport Dietitian, or Designated Team Physician to review the label of any product, medication, or nutritional/dietary supplement before it is consumed.

- There are no NCAA-approved nutritional or dietary supplements.
- Nutritional/dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test.
- Student-athletes have tested positive and lost their eligibility using nutritional/dietary supplements.
- Many nutritional/dietary supplements are contaminated with banned drugs not listed on the label.
- While third- party tested and low-level risk products may be options, complete elimination of risk is impossible.

All nutritional/dietary supplements are taken at the student-athlete's own risk.

THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY LABEL INGREDIENT.

Many nutritional/dietary supplements are contaminated with banned substances not listed on the label. It is the student-athlete's responsibility to check with the appropriate or designated athletics staff before using any substance.

Drug Classes	Some Examples of Substances in Each Class	
Stimulants	Amphetamine (Adderall) Caffeine (Guarana) Cocaine Dimethylbutylamine (DMBA; AMP) Dimethylhexylamine (DMHA; Octodrine) Ephedrine Heptaminol Hordenine Lisdexamfetamine (Vyvanse) *Exceptions: Phenylephrine and Pseudoephedrine are not banned.*	Methamphetamine Methylhexanamine (DMAA; Forthane) Methylphenidate (Ritalin) Mephedrone (bath salts) Modafinil Octopamine Phenethylamine (PEA) and its derivatives Phentermine Synephrine (bitter orange)
Anabolic Agents	Androstenedione Boldenone Clenbuterol Clostebol DHCMT (Oral Turinabol) DHEA Drostanolone Epitrenbolone Etiocholanolone	Methandienone Methasterone Nandrolone (19-nortestosterone) Oxandrolone SARMS [Ligandrol (LGD-4033); Ostarine; RAD140; S-23] Stanozolol Stenbolone Testosterone Trenbolone
Beta Blockers (banned for rifle only)	Atenolol Metoprolol Nadolol	Pindolol Propranolol Timolol
Diuretics and Masking Agents	Bumetanide Canrenone (Spironolactone) Chlorothiazide Furosemide *Exceptions: Finasteride is not banned.*	Hydrochlorothiazide Probenecid Trimterene Trichlormethiazide
Narcotics	Buprenorphine Dextromoramide Diamorphine (heroin) Fentanyl and its derivatives Hydrocodone Hydromorphone Meperidine	Methadone Morphine Nicomorphine Oxycodone Oxymorphone Pentazocine Tramadol
Peptide hormones, growth factors, related substances and mimetics	BPC-157 Growth hormone (hGH) Human Chorionic Gonadotropin (hCG) *Exceptions: Insulin, Synthroid and Forteo are not banned.*	Erythropoietin (EPO) IGF-1 (colostrum; deer antler velvet) Ibutamoren (MK-677)
Hormone and Metabolic Modulators	Anti-Estrogen (Fulvestrant) Aromatase Inhibitors [Anastrozole (Arimidex); ATD (androstatrienedione); Formestane; Letrozole] PPAR-d [GW1516 (Cardarine); GW0742] SERMS [Clomiphene (Clomid); Raloxifene (Evista); Tamoxifen (Nolvadex)]	
Beta-2 Agonists	Albuterol Formoterol Higenamine	Salbutamol Salmeterol Vilanterol

Any substance that is chemically/pharmacologically related to one of the above drug classes, even if it is not listed as an example, is also banned.

Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting AXIS at 816-474-7321 or axis.drugfreesport.com (access code ncaa1, ncaa2 or ncaa3).

Kansas Team Health Prescription Medication Policy

1. Only physicians or physician's assistants are allowed to prescribe or dispense prescription medications.
2. There are **locked medication boxes** in Nesmith Training Room and Anderson Family Football Complex Training Room and should be kept lock when not in use.

    a. Only Physicians or Physician Assistants are allowed to access locked medication boxes.
    b. Types of medication kept in these lock boxes will be under the discretion of the Head Team Physicians following restrictions of state pharmacy regulations.
    c. These medications are for use when pharmacies are not easily accessible or medication is needed immediately. They should be given out only in the amount needed for the patient to access a pharmacy for future doses.
    d. All medications dispensed from the medication lock box should be documented on supplied log sheet including:
        i. Patient's Name and KUID number or date of birth
        ii. Name of medication dispensed
        iii. Strength of medication dispensed
        iv. Number or volume of medication dispensed
        v. Lot number of medication if available
        vi. Signature of physician or PA dispensing
    e. Medications in lock box will be replaced by Pharmacists from Watkins Student Health Center.
3. **Team Physicians/PAs Medical Bags** will be available for use by Team Physicians, Sports Medicine Fellows from the University of Kansas Health System and Team PA only.
    a. These bags will be stocked via prescriptions in the name of Kansas Athletics from Watkins Student Health Center and will be billed to Kansas Athletics. Only the prescribing Physician or PA may pick up the prescriptions from the pharmacy.
    b. The purpose of these bags is to allow the Team Physicians and Team PA to dispense medications when traveling with the teams or at a home event when medication use is needed before the patient is able to pick up a prescription from the pharmacy.
    c. Although controlled substances in the form of pseudoephedrine, Lomotil and tramadol are allowed to be dispensed to the physician/PA for use in the state of Kansas, these medications must be removed from the bag and kept in locked storage for travel with teams outside of the state of Kansas.
    d. These bags are to be kept in a locked office or locked cabinet when not in the possession of a Team Physician, Sports Medicine Fellow or Team PA.
    e. Medications dispensed from these bags must be logged into sheet with following information:
        i. Patient's name
        ii. Name of medication dispensed
        iii. Strength of medication dispensed
        iv. Number or volume of medication dispensed
        v. Lot number of medication dispensed if available
        vi. Signature of physician or PA dispensing
    f. Physicians or PAs will be responsible for keeping their bags stocked and removing outdated or damaged medication. Head Team Primary Care Physician will be responsible for these duties if there are "generic" bags available for other Team Physicians or Fellows
    g. Expired or damaged medications should be handled as follows:

i. Use above log sheet to document medication
    1. Name of medication
    2. Quantity left
    3. Signature of physician or PA
ii. Discard medication (prescription and OTC) in MEDSAFE at Watkins Student Health Pharmacy
iii. If Controlled medication is expired, return medication to pharmacist at Watkins Student Health Center instead of MEDSAFE so that amount of medication can be reconciled.

4. Prescription pads should be kept in medication lock box or locked cabinets when not in use.

Naloxone Policy

Naloxone, for example Narcan®, is a medicine that can help people who are overdosing on an opioid. Opioids include prescription medications, heroin, and fentanyl. Sometimes other drugs, including cocaine and methamphetamine, are mixed with fentanyl.

Naloxone can reverse the effects of an overdose from opioids, including:[1]

- Heroin
- Morphine
- Oxycodone (OxyContin®)
- Methadone
- Fentanyl
- Hydrocodone (Vicodin®)
- Codeine
- Hydromorphone

Naloxone (Narcan) is available to all KTH Providers/ Employees to utilize in case of a suspected overdose.

In case of an overdose

1. Activate EAP, Call 911.
2. Give naloxone (Narcan).
3. If there is no reaction in 3 minutes, give second dose. If the person is still unresponsive after the 2nd dose, start CPR.

Stay with the person until medical help arrives. Make sure the person does not take more opioids even if they feel sick.

Allergy Injections

Allergy immunotherapy is used to alter the immunologic response in allergic patients. The extracts used are individually prepared solutions supplied by allergists not Kansas Team Health (KTH). It is the intent of KTH to provide to patients the service of administrating these extracts under protocols written and provided by outside allergists.

Policy:

- Patients requesting administration of immunotherapy extracts will complete a consent and request form given by their Allergist.
- Referring Allergists will provide:
    - Allergen Extract for injection
    - Detailed protocols for dosing and dose adjustments including schedules for: escalation and maintenance dosing, the use of new vials, during seasonal exposures, if the constituents of the allergen immunotherapy extract have changed, missed doses, and when reactions occur.
- Protocols from referring Allergists will be reviewed to insure that the protocol is consistent with current standards of care and consistent with the current capabilities of KTH. If the protocol does not meet these criteria, the patient will be given an appropriate referral, either to the original Allergist or to an Allergist in the community.
- The referring Allergist is responsible for the management of the individual immunotherapy and modification of dosing schedules. KTH will periodically send updated treatment history back to the referring Allergist as outlined per the protocol provided by the referring Allergist.
- Administration of immunotherapy extract will be performed by the Team Physician Assistant (PA).
- Treatment of reactions will be done under KTH EpiPen protocol.
- KTH will provide the service of storing allergen extracts for patients between injections as described in the following procedures. KTH is not liable for the compromise in the integrity of the medication due to handling before KTH receives the medication or for loss or compromise of integrity due to power outage, storage equipment failure, or catastrophic event.

KTH assumes the referring Allergist will reevaluate the patient at least annually.

Procedures:

The patient is seen by PA who is privileged to administer immunotherapy extract. The patient must have:

1. Referral agreement signed by the referring Allergist.
2. Protocols for dosing and dose adjustment form from the referring Allergist and approved by the KTH PA.
3. Allergen extract from the referring Allergist.

Storage of Allergen extract:

- The extract is to be stored in containers clearly indicating the patients name and labeled to identify the contents of the vial.
- The extract is to be stored, refrigerated and kept between 3°C and 6°C (37.4°F and 42.8°F).
- If the extract is exposed to heat or frozen, KTH PA will contact the referring Allergist for instructions and document the contact and instructions.

Administration of the Extract:

- Injections are given subcutaneously using a 1-mL syringe with a 30 or 27 gauge half-inch non-removable needle.
- Injections should be given in the posterior portion of the middle third of the upper arm at the junction of the deltoid and triceps muscles.
- The syringe should be aspirated to check for blood return in the syringe before injecting. If blood is present, the solution should not be injected and the syringe removed and discarded in an appropriate container.
- The patient should remain and be observed for 30 minutes after an injection. (The onset of most anaphylactic reactions occurs within 30 minutes following injection.)

Dosage and Dose Adjustment:

Dose changes are indicated:

1. during escalation and maintenance dosing,
2. the use of new vials,
3. during seasonal exposures,
4. if the constituents of the allergen immunotherapy extract have changed,
5. missed doses, and
6. if reactions have occurred. Detailed dose and dose adjustment for the above mentioned scenarios are per the schedule provided by the referring Allergist.

Any questions or clarifications should be made to the referring Allergist.

Contraindications:

- Injections should be postponed if the patient is ill, febrile, has symptomatic asthma, or has sunburn or irritation at the injection site.
- Injections should not be given to patients taking beta-blockers or monoamine oxidase inhibitors (MAOI's).
- Caution advised- appropriately revised dosage schedules must be obtained from the referring Allergist in order to continue injections during pregnancy.

Documentation:

Every visit is to be charted in the KTH EMR documenting the following information:

- Current health status.
- Temperature (if clinically appropriate).
- Record if patient felt any reaction occurred with most previous injection (local swelling, local itching, wheezing, hives, delayed reaction, systemic, large local, etc.)
- Pre-injection Peak Flow if clinical concern for possible asthma symptoms or exacerbation (e.g. if Albuterol use in the last week, recent asthma flare, or recent illness).
- Post-injection Peak Flow (if systemic reaction symptoms occur).
- Missed or late dose.
- Protocol reference for next dose.
- Injection information (extract, concentration, volume, location of injection).

- Documentation that patient was observed for 30 minutes or that patient left early.
- Inspection and description of injection site after 30 minutes (e.g. negative, inflammation, swelling, wheal and flare size in mm of longest diameter, etc.).
- Reaction, if any, due to injection (local or systemic)..
- Post injection treatment if indicated (e.g. ice, topical steroid, oral antihistamines, resuscitation, etc.).

The treatment record (flow chart) provided by the referring Allergist is to be completed for each visit and kept in a separate Allergy Clinic chart. Any time the treatment record is sent to the referring Allergist, a note should be placed in the EMR and a copy of the treatment record sent should be scanned into the EMR.

Treatment of Local Reactions:

- Usually no treatment is required for local reactions other than application of an ice pack and adjustment of future doses.
- For Local reactions greater than 2 inches, topical steroids may be applied.
- For local itching, redness and large swelling, an oral antihistamine such as diphenhydramine 50mg may be given.

Immediate treatment of Systemic Reactions:

- If a systemic reaction is suspected, assess airway, breathing, and circulation.
- Administer a dose of 0.3 mL epinephrine 1:1000 intramuscularly into the Deltoid near the injection site.

Intravenous Fluids Protocols

In this setting of athletics and this sports medicine department only two are utilized.

1. Maintenance of Hydration:

Patients who simply cannot meet their normal fluid or electrolyte needs by oral or enteral routes but who are otherwise well in terms of fluid and electrolyte balance and handling i.e. they are essentially euvolaemic, with no significant deficits, ongoing abnormal losses or redistribution issues.

2. Replacement:

IV fluids to treat losses from intravascular and or other fluid compartments, are not needed urgently for resuscitation, but are still required to correct existing water and/or electrolyte deficits or ongoing external losses. These losses are usually from gastrointestinal or urinary tract, although high insensible losses occur with fever and excessive sweating leading to muscle cramping. Sometimes, these deficits have developed slowly with associated compensatory adaptations of tissue electrolyte and fluid distribution that must be taken into account in subsequent replacement regimens (e.g. cautious, slow replacement to reduce risks of pontine demyelinosis).

IV Fluids are to be ordered and started by team Physician or Team Physician Assistant only. Prior to admission baseline vitals (weight, blood pressure, pulse, and temperature) are to be collected. IV start time and completion time should also be recoded. Athlete should not be left unattended for more than 10 minutes once IV is started.

Aseptic technique must be maintained throughout all IV therapy procedures, including initiation of IV therapy, preparing and maintaining equipment, and discontinuing an IV system. Always perform hand hygiene before handling all IV equipment. If an administration set or solution becomes contaminated with a non-sterile surface, it should be replaced with a new one to prevent introducing bacteria or other contaminants into the system.

Procedures:

1. Personal protective equipment should be used (per OSHA guidelines).
2. Attempt to perform IV in the most appropriate clinical environment unless a true medical emergency exists.
3. Document patient symptoms and vital signs.
4. Select proper fluid.
5. Inform the patient of need for IV.
6. Assemble necessary equipment and supplies.
7. Check fluid for condition and date of expiration.
8. Connect proper drip set to IV bag.
9. Hang fluid for gravity flow and fill chamber properly.
10. Clear line of all air bubbles (prime the tubbing).
11. Select appropriate site and apply constricting band above site.
12. Prep site using aseptic technique with alcohol or betadine.
13. Open venipuncture device and inspect.
14. Advise patient of stick.
15. Apply distal traction to vein.
16. Enter vein at appropriate angle, obtain flashback, lower catheter and advance into vein.
17. Remove needle and place in sharps container.
18. Connect IV tubing to catheter.
19. Release constricting band and turn on fluid flow (may actually precede connecting the IV tubing to catheter in some individual's sequence).

20. Stabilize IV site.
21. Monitor for infiltration/troubleshoot IV.

*****The Physician will record all orders, written and verbal, solution used and baseline vitals in athlete's electronic chart along with post IV vitals and duration if infusion.

Emergency IV Prep Kit

The Intravenous Prep Kits should be checked yearly for expiration dates and the bags of fluid should be checked for expiration date before each use. Each prep kit should be double bagged and contain the following:

1. 1 Bag I.V. fluid (Normal Saline)
2. 1 pair non-latex gloves
3. 3 povidone-iodine swabs
4. 3 alcohol prep swabs
5. Sterile Gauze (minimum 4)
6. 2 self-adhesive bandages
7. 1, 18 g. IV catheter
8. 1, 20 g. IV catheter
9. 1 transparent film dressing (veniguard/tegaderm, etc.)
10. 1 constricting band

The physician will record all orders, written and verbal, solution used and baseline vitals in athlete's electronic chart along with post IV vitals and duration of infusion.

Anaphylaxis/Use of Epi-Pens

Anaphylaxis is a potentially severe or life-threatening allergic reaction that can occur very quickly, as fast as within a couple of minutes of exposure to the allergen. It can be triggered by an allergy to a food (peanuts or shellfish, etc.), biting or stinging insects (bees), medications (penicillin), latex (sterile gloves) or a variety of other allergic triggers.

Epi-Pen Policies and Procedure

Epinephrine is the drug of choice for the emergency treatment of severe allergic reactions to insect stings or bites, foods, drugs, or other allergens and for basic life support treatment for severe asthma. Epinephrine mimics the responses of the sympathetic nervous system. It quickly constricts blood vessels to improve blood pressure, reduces the leakage from the blood vessels, relaxes smooth muscle in the bronchioles to improve breathing through bronchodilation and alleviate the wheezing and dyspnea, stimulates the heartbeat, and works to reverse swelling and hives. The drug takes effect within seconds, but the duration of its effectiveness is short (about 10-20 minutes).

All Student-Athletes with known severe allergies are required to have an active Epi-Pen prescription upon arrival the University and are asked to supply Team Athletic Trainer with a current, non-expired Epi-Pen to have in team Athletic Trainer's possession in case of emergency. As a result the Athletic Trainers utilize both brand and generic Epi-Pen Auto-Injectors, a disposable delivery system for self-administration. For precautionary purpose, all Athletic Trainers will carry Epi-Pens for emergency use. The Epi-Pen has a spring activated needle that is designed to deliver a single precise dose (0.3 mg of 1:1000 solution) of epinephrine to adults when activated. It may be necessary in very severe reactions to administer a second dose after five minutes if initial response is inadequate.

Emergency Care for Anaphylaxis and/or Severe Asthma with an Epi-Pen

The Athletic Trainer should:

- Call for EMS (if not on-site or in-route)
- Maintain a patent airway
- Be prepared to assist ventilation with positive pressure ventilation with bag-valve-mask
- Administer epinephrine by a prescribed auto-injector
- Initiate early emergency transport via EMS

Indications/Contraindications for Epinephrine Administration

Epinephrine should be administered if the student-athlete displays signs and symptoms of a severe allergic reaction (anaphylaxis), including respiratory distress and/or shock (hypo perfusion) or severe asthma. Patients who have progressed to severe asthma experience a combination of the following: shortness of breath (> 30 respirations/minute), mental status changes (anxious, confused, combative, drowsy), inability to speak in sentences, sweaty and restless. There are no contraindications for the administration of epinephrine in a life-threatening allergic reaction or severe asthma; however, precautions should be taken with elderly patients or patients with heart disease or hypertension.

Administration of Epinephrine

- The Athletic Trainer will attempt to contact Team Physician or PA to review symptoms and receive verbal approval.
- Check the Epi-Pen to ensure the medication has not expired, has not become discolored, and does not contain particulates or sediments.
- Prep skin site with alcohol (if able)
- Remove the safety cap from the auto-injector

- Place the tip of the auto-injector against the lateral aspect of the patient's thigh midway between the waist and knee
- Push the injector firmly against the thigh until the spring-loaded needle is deployed and the medication is injected (at least 10 seconds)
- Dispose of the auto-injector in a biohazard container designed for sharp objects. Be careful not to prick yourself since the needle will now be protruding from the end of the injector
- Record that epinephrine was administered, the dose, and time of administration
- Arrange for transport of the patient to the closest available medical facility for follow-up evaluation and treatment

Side Effects

The patient may complain of side effects following the administration of epinephrine. Possible side effects include increased heart rate, pale skin (pallor), dizziness, chest pain, headache, nausea, vomiting, excitability and anxiousness.

Reassessment

Following the administration of epinephrine, it is necessary to reassess the patient. Reassessment should include continued evaluation of airway, breathing and circulatory status. Decreasing mental status, decreasing blood pressure and increasing difficulty in breathing indicate the allergic reaction or severe asthma is worsening. If condition is worsening, consider the following interventions: injection of second dose of epinephrine if second auto-injector is available, provide emergency care for shock, be prepared to administer positive pressure ventilation, and be prepared to initiate CPR and apply AED if patient becomes pulseless.

If patient's condition improves following the administration of epinephrine, continue to perform ongoing assessments. Be aware patient may complain of side effects from epinephrine. Conscious patients may be administered 50 mg. diphenhydramine orally or sublingually for antihistamine effects. Treat for shock if necessary.

Procedures for Training and Testing in Use of Epi-Pen Auto-Injector

Athletic Trainers will complete a training session each year with review of signs and symptoms and emergency medical care for allergic reactions, anaphylaxis, anaphylactic shock, and severe asthma. Athletic Trainers will complete a training session each year with instruction in the proper use and maintenance of Epi-Pen Auto-Injectors of varying types and practice with Epi-Pen Trainer.

Annual Blood Work Protocol

Twice a year some teams may undergo blood testing. These tests consist of a hemoglobin and ferritin to prevent and diagnose iron deficient anemia. In a female athlete anemia in the instance is defined by a hemoglobin less than 11.0 and a ferritin below 15nm/mmol. In a Male athlete this is defined as a hemoglobin of less than 12 and ferritin of less than 15nm/mmol. In the event any athlete has a within normal limits hemoglobin and a ferritin of 40nm/mmol or less they will be given a written prescription for Ferrous sulfate at a dose of 325mg to be taken twice per day. This prescription is to be taken to the Sport Nutrition department where the athlete will be given instruction on iron rich food sources and receive the iron supplement as described above.

Teams that may be subject to testing could be:

- Men's Cross Country
- Women's Cross Country
- Men's Mid Distance Track
- Women's Mid Distance Track
- Soccer
- Volleyball
- Rowing
- Softball
- Swim and Dive
- Women's Basketball

Kansas Team Health Bloodborne Pathogens Exposure Control Plan

SCOPE

This policy is applicable to Kansas Team Health facilities within Kansas Athletics.

PURPOSE

To be compliant with The University of Kansas Health System (UKHS) Bloodborne Pathogen Exposure Control Plan.

POLICY

Kansas Team Health (KTH) prevents or limits occupational exposure to blood or other potentially infections materials by strict adherence to standard precautions, providing suitable personal protective equipment, and ongoing training. KTH adheres to culture of safety, reporting injuries, analyzing data, and selecting and evaluating devices. This plan complies with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard (29CFR1910.1030) and PA Act 148.

STANDARD PRECAUTIONS

It is not always known when patients are infected with Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Hepatitis C (HCV) or other infectious agents. Therefore, standard precautions must always be taken when handling potentially infectious body fluids to prevent the risk of infection. Standard precautions require that the blood and potentially infectious body fluids of every patient, regardless of known illnesses and risk factors, be handled as if infectious, and that barrier precautions such as gloves be worn to protect healthcare workers from coming into contact with them.

Potentially infectious body fluids include:

Blood, blood components and products made from blood

Urine

Semen

Vaginal fluids

Cerebrospinal fluid

Synovial fluid

Fecal matter

Saliva or sputum

Any body fluid visibly contaminated with blood

All body fluids in situations where it is difficult to differentiate between body fluids

ENGINEERING CONTROLS

Engineering controls are systems or devices that isolate or remove the BBP hazard from the workplace. Examples of engineering controls presently in use at KTH include sharps containers, devices to prevent splash exposures, and safety devices to prevent penetrating injuries from sharp instruments.

Sharp Containers

Sharps containers are inspected regularly and are replaced when they are no more than 3/4 full.

Sharps containers containing contaminated items are not to be reached into for any reason.

All sharps containers are replaced as needed by a trained health care worker..

When a sharps container is replaced, the lid is locked in place and the filled container is removed in a safe manner.

Reusable contaminated equipment are stored and transported in puncture resistant leak-proof containers and are decontaminated prior to being handled.

Sharps Handling

Keep the exposed sharp in view.

Safety needles or needleless systems are used when appropriate and/or effective.

Activate safety features after use.

Contaminated needles are discarded as soon as feasible after use and are not to be bent or broken.

Steps are taken to avoid hand to hand passing of sharps.

Dispose of devices in sharps containers.

Other Safe Work Practices

Hands will be washed with soap and water or alcohol-based waterless hand cleanser after removing personal protective equipment (PPE) and after contact with potentially infectious materials. Hand washing facilities are reasonably accessible to employees. In situations where soap and running water are not accessible, antiseptic alcohol-based waterless hand cleanser is available.

Eating, drinking, smoking, applying of cosmetics or lip balm, or handling of contact lenses are not allowed in work areas where blood or body fluids are likely to be present.

Food and drink will not be taken into patient care areas.

Food and drink are not stored in refrigerators, freezers, shelves, cabinets or on counter tops where blood or other potentially infectious materials are present.

Employees perform procedures that may cause splashing or spraying of blood or potentially infectious body fluids in a manner that reduces risk of exposure and are strongly encouraged to wear a face shied (i.e. eye protection and surgical mask).

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) to prevent contact with blood and body fluids is readily accessible to employees and is laundered, repaired or replaced as needed by the hospital. PPE is provided at no cost to employees, and is removed prior to leaving the work area. Disposable PPE is disposed of in trash containers. Types of PPE available at KTH to prevent contact with blood and body fluids include gloves, gowns, aprons, face shields, masks, protective eye wear, and resuscitation devices. These devices are available in proper sizes, are appropriate for the tasks performed, and are effective in preventing the penetration of blood and other potentially infectious body fluids.

Gloves

Gloves are worn, per standard precautions, when there is reasonable likelihood of hand contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or when handling contaminated items or surfaces. Hand hygiene is performed before and after glove use.

Hypoallergenic gloves are provided for those employees who are allergic to gloves normally provided.

Disposable gloves are changed when contaminated, torn, or punctured.

Gloves are changed between patients or during the care of a single patient when moving from a contaminated to a clean body site.

Disposable gloves are not washed or reused.

Masks, Eye Protection, Face Shields and Head Coverings

Masks in combination with eye protection devices, such as goggles or safety glasses with solid side shields, may be worn whenever splashes, spraying, or droplets of blood or other potentially infectious bodily fluids may be generated and contamination of the eyes, nose, or mouth is reasonably anticipated. Surgical caps, bonnets, or hoods are worn when gross contamination is reasonably anticipated.

Gowns, Aprons, Shoe Covers, and Other Protective Clothing

Proper protective clothing is available to employees to prevent blood or other potentially infectious body fluid from passing through to the clothing or skin beneath. Protective clothing provided by WHS is laundered as needed by contracting facility. Clothing is removed prior to leaving the work area, daily, or visibly soiled. When contaminated, items are placed in designated containers for reprocessing or disposal.

HOUSEKEEPING

Environmental Protection Agency (EPA) approved disinfectants reviewed by KTH are used to decontaminate environmental and work surfaces. These surfaces are cleaned and decontaminated routinely and as soon as feasible after contact with blood and other potentially infectious materials.

Broken glassware or other sharps that may be contaminated are disposed of using mechanical means such as a brush and dustpan, tongs, or forceps.

Spills of blood or other potentially infectious body fluids are cleaned by removing the infectious substance, then disinfecting the area with EPA approved disinfectants.

DISPOSAL OF REGULATED MEDICAL WASTE

Regulated medical waste is defined as:

Liquid or semiliquid blood or other potentially infectious materials if compressed, items that are caked with dried blood or other potentially infectious materials and contaminated sharps, pathological and microbiological waste containing blood or other potentially infectious materials.

Regulated medical wastes, other than contaminated sharps, must be placed in continers which are

Closable.

Constructed to contain all contents and prevent leakage of fluides during handling, storage, trasnsport or shipping.

Labeled as biohazard and/or red color-coded.

Containers are closed prior to removal to prevent spillage or protrusion of contents during handling, storage transport or shipping of waste.

COMMUNICATION OF BIOHAZARDS

The universal biohazard symbol shall be used throughout the KTH facilities to indicate the presence of blood or other potentially infectious materials and shall be affixed to containers of infectious waste, containers used to transport these materials.

POST EXPOSURE INJURIES

Immediately wash skin exposure with soap and water, or thoroughly flush eye, nose or mouth exposure with water.

Notify departmental supervisor, manager, or Doctor on Call, or member of the KTH leadership team.

Call University of Kansas Health System (UKHS) NurseNow® system @ 866-356-5353, or 913-356-5350.

Provide annual staff education to promote safety.

Provide staff feedback as needed.

Kansas Team Health Bloodborne Pathogen Exposure Control Plan, last approved 9/24.

In-House Lab Testing Protocol

Clinical Laboratory Improvement Amendments (CLIA)

- All test performed are certified CLIA waived
- Minimal procedural steps
- Clearly readable results with internal controls
- All test will have Quality Control (QC) Measures performed accordingly
- When a new rapid kit is opened a QC with be run using the kit internal positive and negative controls
- The QC will be recorded in the Lab Test Log binder

The following outlines the specific in house CLIA waived tests performed.

Urine Dip

- Reasons for collection:
  - Increased urinary Frequency with little out put
  - Burning with urination
  - Hematuria
  - Lower back discomfort with or without fever
- Sample Collection:
  - Collect "Clean Catch" specimen in clean dry cup.
  - Clean Catch- student-athlete will have cleansed the area before beginning and catch the urine mid-stream
- Instructions:
  - Follow current step by step kit instruction to be found in Lab Test Log binder under U-dip.
- U-dip is Positive if:
  - Any amount of Leukocytes in the absence of pregnancy.
  - Any amount of Nitrite positive, pink.
  - Any amount of blood in the presence of Nitrite positive or Glucose >50, unless ascorbic acid is positive, then must recheck 10hr after last vitamin C intake.
  - Blood alone may indicate Kidney Stone in coordination with clinical presentation.

Urine hCG

- Reason for collection:
  - Female Athlete needing X-ray who is unsure of LMP
  - Female Athlete with Abdominal Pain (Mother Theresa on her Period)
  - Female Athlete with painful, irregular, non-cyclical bleeding
- Always note LMP
- Instructions:
  - Follow current step by step kit instruction to be found in Lab Test Log binder under hCG.
- Sample Collection:
  - First void of the day is best, but not ideal

Rapid Strep – Group A *Streptococcus pyogenes*

- Reason for Collection:
  - Sore Throat
  - Fatigue

- Fever >101.0 F
- Nausea/Vomiting/Diarrhea
- Headache
- Foul Breath

- Sample Collection:
  - Ask student-athlete to open mouth as wide as they can
  - Using suppled cotton tipped swap, collect sample from oropharynx using a sweeping motion making sure the posterior oropharynx is touched while avoiding the tongue.
- Instructions:
  - Follow current step by step kit instruction to be found in Lab Test Log binder under Rapid Strep
- If RSS is negative:
  - Collect Throat Culture to identify any non-Strep A bacterial infections.

Mono Spot

- Reason for Collection:
  - Severe Sore Throat
  - Fatigue
  - Loss of Appetite
  - Unexplained Fever >100.4 F
- Sample Collection:
  - Clean 3rd or 4th digit with alcohol swab
  - Milk finger
  - Use lancet to stick medial or lateral pad of DIP
  - Wipe away first bit of blood
  - Use capillary tube to collect blood by gently touching tip to bead of blood
  - Fill capillary tube to the line with blood
- Instructions:
  - Follow current step by step kit instruction to be found in Lab Test Log binder under Mono Spot.

Influenza A/B

- Reason for Collection:
  - Exposure
  - Fever >100.4 F
  - Painful Cough
- Sample Collection:
  - Using kit supplied swap place in more patent nasal passage moving posteriorly parallel to the floor until resistance if felt in nasopharyngeal wall.
  - Promptly withdraw swab once resistance is felt.
- Instructions:
  - Follow current step by step kit instruction to be found in Lab Test Log binder under Influenza A/B.

SARS COVID-19 Antigen

- Reason for Collection:
    - Sore Throat
    - Fatigue
    - Fever >101.0 F
    - Nausea/Vomiting/Diarrhea
    - Headache
    - Fatigue
- Sample Collection:
    - Ask student-athlete to tilt chin up
    - Using suppled swap, collect sample from anterior nares using a sweeping/rolling motion making sure there is adequate contact with the nares and turbinate. Repeat bilaterally.
- Instructions:
    - Follow current step by step kit instruction to be found in Lab Test Log binder under COVID Antigen.
- If Antigen is positive:
    - Collect Saliva PCR for verification.

Sickle Cell Trait and the Student-Athlete

Policy: Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one normal hemoglobin. During intense or extensive exertion, the sickle hemoglobin can change the shape of red blood cells from round to quarter moon or "sickle." This change can pose grave risk for some athletes. All student-athletes will be tested. Student-athletes that have the sickle cell trait can participate in athletics; here are the guidelines to follow for a sickling athlete.

Purpose: Screening for sickle cell trait will be a part of pre-participation physical medical examination and will be required for any potential student-athlete trying-out for any of the teams at the University of Kansas, including spirit squad. The sickle cell trait test is done through a simple blood test. If a test is positive, the student-athlete will be notified and offered counseling on the implication of sickle cell trait, including health and athletics.

- Sickle cell trait occurs in about 8 percent of the U.S. African population, and between one in 2000 to one in 10000 in the Caucasian population
- The NCAA recommends that all athletics departments confirm the sickle cell trait status in all student-athletes.

The purpose of this policy is to educate athletic trainers, medical staff, coaches and student-athletes on Sickle Cell and their response in case that a student-athlete has a 'sickle' episode. Provides details on measures that can reduce the risk of collapse during sports and exercise related to sickle cell trait among student-athletes.

Procedures

- If a student-athlete tests positive for the sickle cell trait, they are still able to participate in their respective sport.
    - The positive result will be recorded in Healthy Roster by the physician. The student- athlete, coaches, performance staff and athletic trainers will be educated by the Physician on the symptoms and treatments for sickling.
    - The Physician will educate to create an environment that encourages student-athletes with sickle cell trait to report any symptoms (i.e. dizziness, dehydration, muscle cramping, etc.) immediately.
    - Education will be completed and documented with coaching staff, sports performance staff, athletic training staff and student-athlete in Healthy Roster by the physician.
    - A counseling document will be reviewed and signed by the student athlete. This form will be scanned into Healthy Roster by the physician.
- Student-athletes that carry the sickle cell trait can have their red blood cells sickle during intense exertion.
    - Sickling can begin in 2 – 3 minutes of sprinting or any all-out exertion and increase to grave levels quickly.
- Sickling is often confused with heat cramping.
    - Sickling has no muscle twinges; muscles look normal
    - Sickling players slump to ground with weak muscles, heat crampers hobble to a halt with 'locked-up' muscles.
    - If caught early, sickling players recover faster.
- Precautions and Treatments
    - All student athletes must pass a Pre-Participation Physical and be tested for The Sickle Cell trait before participation.
    - Build up slowly in training with paced progressions, allowing for longer rest and recovery.
    - Encourage participation in preseason strength and conditioning programs to enhance preparedness for sport specific performance testing.
    - Cessation of activity with onset of symptoms.

        - Swelling, muscle weakness, tenderness, inability to “catch” breath, fatigue
    - Sickle cell student-athletes, who do participate in repetitive high-speed sprints and/or interval training, should be allowed extended recovery between repetitions.
    - Heat stress, dehydration, asthma, some medications, illness, and altitude predispose the student-athlete with sickle trait to an onset of crisis in physical exertion.
        - Adjust work/rest cycles for environmental heat stress
        - Emphasize proper hydration
        - Control asthma
        - No workout if sickle trait athlete is ill
        - With altitude, watch closely. May have to modify training and have supplemental oxygen available.
    - Educate student-athlete with sickle trait to report symptoms immediately.
        - Fatigue, difficulty breathing, leg or low back pain or cramping.
- In event of a sickling collapse, treat it as a medical emergency!
    - Follow EAP’s for that particular sport and venue
    - Check Vitals
    - Administer low level oxygen (15 lpm with non-rebreather mask)
    - Cool athlete, if necessary
    - Be prepared to give Advance Emergency Care
    - Alert hospital and EMS personnel of the past medical history, including sickle cell trait.
    - Call the Team Primary Care Physician.

Documentation

- Sickle cell trait and counseling will be documented in EPIC under the student-athlete by the physician.
- Any episodes of sickling will be documented in Healthy Roster by the athletic trainer andin EPIC for the physician. (Waiver: attached)

Sickle Cell Trait Positive Waiver (2019)

I, _____ acknowledge that I have been informed by Kansas Athletics, Inc.
(Student-Athlete Print Name)
Sports Medicine personnel on _____ that I have tested positive for the following condition:
(Date)

Sickle Cell Trait Positive **Initial: _____**

About Sickle Cell Trait:

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.
- Likely sickling inducing settings include timed runs, all out exertion of any type for 2 – 3 continuous minutes without a rest period, intense drills and other spurts of exercise after prolonged conditioning exercises, and other extreme conditioning sessions.
- Common signs and symptoms of a sickle cell emergency include but are not limited to: increased pain and weakness in the working muscles (especially the legs, buttocks, and/or low back); cramping type pain of muscles; soft, flaccid muscle tone; and/or immediate symptoms with no early warning signs.

I, the undersigned, do hereby affirm that I have been informed that I am sickle cell trait positive. I further attest that the physical findings and recommendations have been discussed with me by a member of the Kansas Athletics, Inc. Sports Medicine Department; and that I fully understand the recommendations and have had the opportunity to have any questions answered to my satisfaction. I have been told to notify my private physician as soon as possible that I am sickle cell trait positive, and I agree to do so. I also have been advised to share this information with my parent or guardian. I further attest that I will notify a member of the Kansas Athletics Sports Medicine Department immediately should I begin to feel weakness, cramping sensations, difficulty breathing and/or catching my breath, and/or any other signs or symptoms of distress during or after exercise without fear of repercussion.

I give my permission to be identified in a manner reasonably certain to facilitate identification during workouts/practice as a sickle cell trait so that sports medicine and sports performance staff will take needed steps in the event of a medical emergency. **Initial: _____**

Student-Athlete Signature (If under 18, include parent/guardian signature)	**Date**
Examining Physician Signature	**Date**
Examining Physician Print Name	**Date**
Athletic Trainer Signature	**Date**
Strength & Conditioning Coach	**Date**

Asthma in the Student Athlete (Allergic and Exercise Induced)

Asthma is a disorder of the airway characterized by chronic hyper-responsiveness of the bronchi with bronchospasm and mucous production. Although the exact causes of asthma are unknown, several factors, including exercise and allergies may induce an acute asthma attack. The majority of student-athletes with asthma will have exercise-induced asthma (EIA) or allergic (AIA). EIA usually occurs during or minutes after vigorous activity, reaches its peak 5-10 minutes after stopping the activity and usually resolves in another 20-30 minutes.

All student-athletes diagnosed with asthma and being managed properly with infrequent, minor episodes will be suggested to follow-up with their respective medical provider on an annual basis. Student-athletes whose asthma is not under control, are having frequent episodes or worsening signs and symptoms will be suggested to follow-up with their respective medical provider as soon as possible for an adjusted treatment plan based on asthma classification.

Asthma is classified into four general categories:

Asthma classification	Signs and symptoms
Mild intermittent	Mild symptoms up to two days a week and up to two nights a month
Mild persistent	Symptoms more than twice a week, but no more than once in a single day
Moderate persistent	Symptoms once a day and more than one night a week
Severe persistent	Symptoms throughout the day on most days and frequently at night

The treatment plan should include the following and will be overseen by Physician/PA.:

1. Annual peak flow test
2. Periodic Spirometry or Pulmonary Function Test (PFT). The NCAA has deemed beta agonist medications a performance enhancing drug. Therefore, all incoming student-athletes with a current or history of asthma diagnosis will undergo Spirometry or PFT.
3. List of prescription medicine used by the student-athlete
    - Depending on the severity of asthma, medication can be taken on an as-needed basis (prn) or regularly to prevent or decrease acute exacerbations. Most of the medications fall into two of the following categories:
        i. Quick Relief/Rescue Medications: Short-Acting Beta Agonists (SABA) or oral corticosteroinds - Bronchodilators with quick relief that are used to treat acute asthma symptoms or an acute episode.
        ii. Long term Asthma control Medications: Inhaled Corticoidsteroids (ICA), Long-Acting Beta Agonists (LABA), Leukotriene Modifiers, or Theophylline - used daily to maintain control of asthma and prevent acute asthma symptoms by reducing inflammation in the bronchi.
4. Written verification of each prescription medication with directions.
5. Action plan that takes into account practice dynamics and how to prevent acute asthmatic episodes during practice/competitions
6. Action plan should an asthmatic emergency arise where SABA are ineffective.

Inhaled medications are delivered directly to the airway, which is useful in lung disease. Aerosol devices for inhaled medications may include the metered-dose inhaler (MDI), MDI with spacer, breath activated MDI, dry powder inhaler or nebulizer. The most common of these is the inhaled medication with/without a spacer. This allows for minimal side-effects because the medication goes directly into the lungs and no other body parts.

Accurate use of the prescribed MDI by the student-athlete is essential to get the correct dosage and benefit. Use of the spacer, which attaches to the MDI and holds the medication in its chamber long enough for the student-athlete to inhale it in one/two deeps breaths, helps to alleviate this problem.

It is important that the Athletic Trainer know the student-athlete's past medical history of asthma and the NECESSITY of the student-athlete having their inhaler at ALL practices and competitions. The Athletic Trainer will carry an Albuterol Inhaler in their kit under the direction of the Team Physician. The Athletic Trainer will develop a management/treatment plan in the event of an acute asthmatic episode. The treating medical provider should develop a treatment plan in writing as noted above. This plan should be obtained by the Athletic Trainer. If there are any questions about the treatment plan, the Athletic Trainer will contact the prescribing provider about the details of the plan. All medication prescribed will be monitored by the treating provider. The Athletic Trainer may assist the student-athlete in the use of asthma-related medication. If the Athletic Trainer is needed to assist, written documentation of the event, and contact with the Medical Director will take place after the event.

Diabetes Mellitus Protocol

Type 1 diabetes, once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin. Insulin is a hormone needed to allow sugar (glucose) to enter cells to produce energy. Different factors, including genetics and some viruses, may contribute to type 1 diabetes. Although type 1 diabetes usually appears during childhood or adolescence, it can develop in adults. Despite active research, type 1 diabetes has no cure. Treatment focuses on managing blood sugar levels with insulin, diet and lifestyle to prevent complications.

All student-athletes diagnosed with diabetes and being managed properly will be suggested to follow-up with their respective medical provider on an annual basis. Student-athletes whose diabetes is not under control, are having glycemic control issues or worsening signs and symptoms will be suggested to follow-up with their respective medical provider as soon as possible for an adjusted treatment plan based on recent events.

Diabetes Care Plan for the Student Athlete

Each athlete with diabetes should have a diabetes care plan for practices and games. The plan should include the following:

1. Blood glucose monitoring guidelines. Address frequency of monitoring and pre-exercise exclusion values.
2. Insulin therapy guidelines. Should include the type of insulin used, dosages and adjustment strategies for planned activities types, as well as insulin correction dosages for high blood glucose levels.
3. List of other medications. Include those used to assist with glycemic control and/or to treat other diabetes related conditions.
4. Guidelines for hypoglycemia recognition and treatment. Include prevention, signs, symptoms, and treatment of hypoglycemia, including instructions on the use of glucagon.
5. Guidelines for hyperglycemia recognition and treatment. Include prevention, signssymptoms, and treatment of hyperglycemia and ketosis. Emergency contact information. Include parents' and/ or other family member's telephone numbers, physician's telephone number, and consent for medical treatment (for minors).
6. Athletes with diabetes should have a medic alert tag with them at all times.

Supplies for Athletic Training Kits

Supplies to treat diabetes-related emergencies should be available at all practices and games. The athlete (or athlete's parents/guardians, in the case of minors) provides the following items:

- A copy of the diabetes care plan.
- Blood glucose monitoring equipment and supplies. The athletic trainer should check the expiration dates of supplies, such as blood glucose testing strips and insulin, on a regular basis. Blood glucose testing strips have a code number located on the outside of the test strip vial. The code number on the blood glucose meter and test strip vial must match.
- Supplies to treat hypoglycemia, including sugary foods (eg, glucose tablets, sugar packets) or sugary fluids (eg, orange juice, non-diet soda) and a glucagon injection kit.
- Supplies for urine or blood ketone testing.
- A ''sharps'' container to ensure proper disposal of syringes and lancets.
- Spare batteries (for blood glucose meter and/or insulin pump) and, if applicable, spare infusion sets and reservoirs for insulin pumps.

Pre-participation Physical Examination by Diabetic Specialist

- Athletes with type 1 diabetes should have a glycosylated hemoglobin (HbA1c) assay at least every 6 months to assess overall long-term glycemic control. However, the HbA1c value is not used to make day-to-day decisions concerning participation.
- An annual examination for retinopathy, nephropathy, and neuropathy is recommended along with an annual foot examination to check sensory function and ankle reflexes. Screening for cardiovascular disease should occur at intervals recommended by the athlete's endocrinologist or cardiologist. Exercise limitations or restrictions for athletes with diabetes-related complications should be determined by the athlete's physician.

Recognition, Treatment, and Prevention of Hypoglycemia

Strategies to recognize, treat, and prevent hypoglycemia typically include blood glucose monitoring, carbohydrate supplementation, and/or insulin adjustments. Athletes with diabetes should discuss with their physician specific carbohydrate qualities and quantities, and the use of an insulin reduction plan for activity.

Athletic trainers should know the signs, symptoms, and treatment guidelines for mild and severe hypoglycemia. Hypoglycemia is defined as mild if the athlete is conscious and able to swallow and follow directions or severe if the athlete is unable to swallow, follow directions, or eat as directed or is unconscious. Treatment of severe hypoglycemia requires use of glucagon, and athletic trainers should be trained in administering glucagon. The athlete, athlete's family, or physician can provide appropriate training.

Recognition, Treatment, and Prevention of Hyperglycemia

- Athletes with type 1 diabetes and athletic trainers are advised to follow the American Diabetes Association (ADA) guidelines for avoiding exercise during periods of hyperglycemia.
- Athletes with type 1 diabetes who experience hyperglycemia during short-term, intense, and stressful periods of exercise should consult with their physicians concerning an increased basal rate or the use of small insulin boluses to counteract this phenomenon.
- Athletes should drink non-carbohydrate fluids when blood glucose levels exceed the renal glucose threshold (180 mg/ dL, or 10 mmol/L), which may lead to increased urination, fluid loss, and dehydration.

Travel Recommendations

1. Athletic trainers should review the advice provided by the Transportation Security Administration in conjunction with the ADA for airline passengers with diabetes traveling within the United States. In addition, athletes are advised to carry diabetes supplies with them and have prescriptions available in the event that medication or supplies need to be replaced. Due to extreme temperature that could affect insulin action, insulin should not be stored in the cargo hold of the airplane.
2. When traveling, athletes with type 1 diabetes are advised to carry prepackaged meals and snacks in case food availability is interrupted. If travel occurs over several time zones, insulin therapy may need to be adjusted to coordinate with changes in eating and activity patterns.

Athletic Injury and Glycemic Control

Trauma, even in persons without diabetes, often causes a hyperglycemic state. Hyperglycemia is known to impair the wound healing process; thus, for athletes with type 1 diabetes, an individualized blood glucose management protocol should be developed for use during injury recovery, including frequency of blood glucose monitoring.

Disordered Eating/Low Energy Availability

Low energy availability (LEA) is a state in which there is insufficient dietary energy intake to support baseline bodily functions and activities of daily living once the energy used in exercise/training/competition is expended. Low energy availability can lead to impaired physiologic function including but not limited to metabolic rate, sex hormone function, bone health, immunity, protein synthesis, and cardiovascular health. There is a wide range of behaviors that can contribute to LEA, ranging from unintentional under-fueling to severe clinical eating disorders. When involving athletes, this low energy available state regardless of cause is known as Relative Energy Deficiency in sports (RED-S).

Kansas Team Health considers the detection, evaluation and treatment of RED-s to be of utmost importance for the short-term and long-term health and performance of our student-athletes. It is important to understand that not all disordered eating is based in athletic activity and that student athletes are subject to the same stresses and traumas as other young adults. Mental health issues contributing to Disordered Eating may be how they present to the KTH staff. Because of this, the following RED-S protocols have been developed for Kansas Athletics:

1. Screening or intake for RED-S including disordered eating
    - All athletes will be asked to fill out a RED-s screening questionnaire upon their entry into Kansas Athletics and yearly thereafter. These will be evaluated and if at risk will be referred to the RED-S Management Team for further evaluation and possible treatment and long-term monitoring (see flow sheet 1).

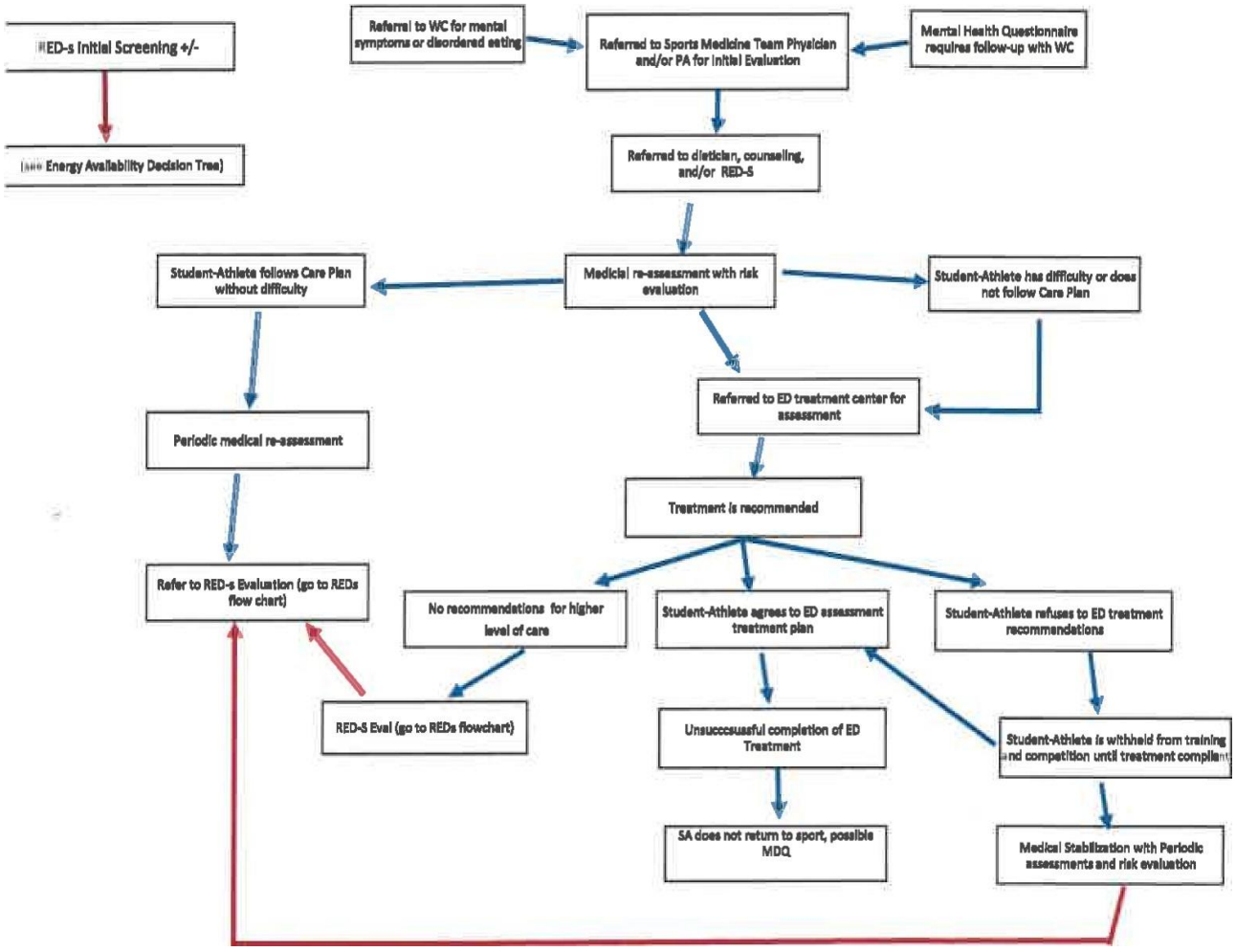
    - Student Athletes presenting to the Mental Health Team at Kansas Team Health for mental health disorders will be screened for Eating Disorders as part of their evaluation. Any athlete with a history of an eating disorder or at risk for disordered eating based on this screen will be considered to be seen, evaluated and monitored by the RED-S management team in addition to having their other mental health concerns addressed by the mental health team (Flow Chart 2).

2. RED-S Management Team
    - Multidisciplinary approach to the prevention, identification, and treatment of Relative Energy Deficiency in Sport and other Eating Disorders
    - Composed of:
        - Head Team Primary Care Physician
        - Team Physician Assistant
        - Sports Nutritionist
        - Mental Health Representative
        - Other Team physicians or athletic trainers as needed.
3. Prevention
    - Prophylactic nutrition and mental health education will be available and encouraged to sports teams identified as “high risk” for eating disorders:
        - Swim/dive
        - Track and cross country
        - Tennis
        - Rowing

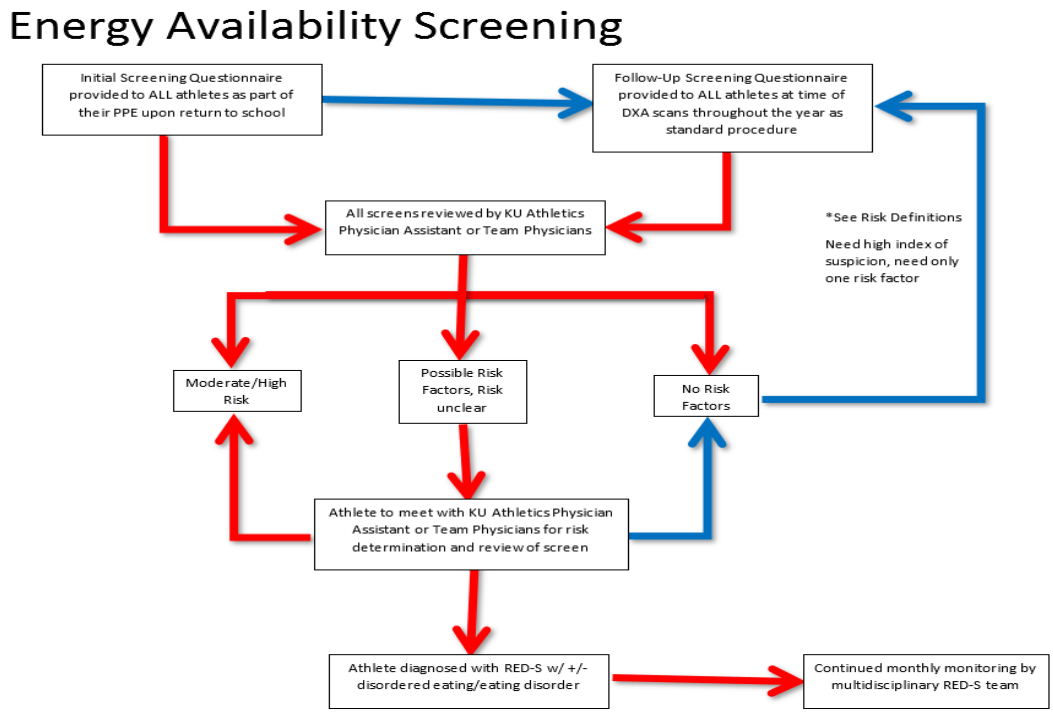
    - Volleyball
- Education about RED-S and ED will be provided for professionals working with student-athletes including:
    - Coaches
    - Athletic Trainers
    - Strength and Conditioning Coaches
    - Academic Counselors
    - Administrators
- This education will be done by members of the RED-S Management Team or other health professionals when appropriate

4. Evaluation of possible RED-S/ED

FLOW CHART 1: RED-S Screening



Flow Chart 2 ED WITH MENTAL HEALTH PRESENTATION



Eating Disorders:

Kansas Team Health advocates for the development of healthy and responsible lifestyles for Kansas student-athletes, with the goal of long-term enrichment and enhancement of their lives. One behavior that threatens a healthy lifestyle is disordered eating. The manifestations of eating disorders reflect the interaction of biological, psychological, and sociological factors in both the development of eating disorders and their treatment. Student-athletes are at an increased risk of developing or maintaining patterns of disordered eating due to their participation in elite, college sports.

Each student-athlete has a unique body type that is largely influenced by genetics. We wish to emphasize healthy personal improvement in nutrition, body composition, and fitness level, recognizing individual differences. The goal is for athletic department staff to recognize individual differences and trends within an individual, instead of relying on pre-published group norms and absolute values. Kansas Team Health recommends the following guidelines regarding weight and body composition goals and measurements:

Our body comp/health data is elective for student athletes unless there is a medical indication/condition we are monitoring. The information is shared with members of KTH including strength/conditioning and nutrition. A multi-disciplinary team meets after tests are done and reviews recommendations to provide to SA.

The information is not available to coaches (outside above), unless the SA consents for the information to be provided to them.

a. Sport coaches should bring their concerns about a student-athletes' body weight/composition to the Athletic Trainer and/or Sport Nutritionist. The Athletic Trainer, Sport Nutritionist and student-athlete will set goals together regarding student-athlete's weight and body composition. The addition of physicians, strength & conditioning coaches, and Mental Health Professionals may be included in the goal setting process. The Sport Nutritionist should be involved with any student-athletes' attempts to lose or gain weight in order to avoid unhealthy eating behaviors.
b. Athletic department staff should consider each student-athlete's weight and body composition individually, and refrain from setting group goals.
c. Sport coaches should not weigh student-athletes, measure their body composition or share weight/body composition information publicly.
d. Frequent measuring of weight and body composition can be harmful to student-athletes. The Sport Nutritionist will be responsible for setting the DEXA schedule and taking measurements for training programs effectiveness. Measures will be taken in a manner conducive to protecting the privacy of each student-athlete. Trends will be reported to coaching and other staff as needed to develop health and performance goals. Absolute values will not be routinely reported.
e. The administrator in charge of the particular sport will be consulted if staff members do not follow these guidelines

Disordered eating is a continuum that often starts with appropriate eating and exercise behaviors that overtime can progress into more extreme weight loss methods and dieting. The severe end of the continuum is diagnosis of a clinical eating disorder. Many eating disorders thrive in secrecy therefore a high index of suspicion is warranted. This is especially true in the setting of athletics where dieting, weight cycling, high level of daily training to illicit body composition changes can be promoted to improve performance. The following signs, symptoms and definitions are used to identify patterns of disordered eating:

- Calorie restriction
- Rigid eating
- Hoarding
- Frequent binge eating
- Obsession with clean eating
- Fear foods
- Fear of becoming 'fat'
- Frequent body checking, weighing
- Preoccupation with thinness
- Intense Self-Criticism (comparing self to others out of context)
- Excessive/Compulsive Exercise (exercising outside of recommendations of coaching or medical staff)
- Lack of flexibility (mindset)
- High Anxiety
- Poor Sleep

Definitions of Eating Disorders

The following are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5):

Anorexia Nervosa Diagnostic Criteria (DSM-5):

- Restriction of energy intake relative to requirements, leading to significantly low body weight in the context of age, sex, developmental trajectory and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.
- Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation or persistent lack of recognition of the seriousness of the current low body weight.
- 2 subtypes: restricting & binge-eating/purging
- Recent change is eliminating Amenorrhea (absence of three-plus consecutive menstrual periods) as a diagnostic criteria

Bulimia Nervosa Diagnostic Criteria (DSM-5):

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
    - eating, in a discrete period of time (e.g., within any two-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
    - a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
- Recurrent inappropriate compensatory behaviors in order to prevent weight gain
    - Purging Type - Self-induced vomiting
    - Non-Purging Type
        - Misuse of laxatives, diuretics, enemas, other meds
        - Excessive exercise
        - Fasting
- Binge eating and compensatory behaviors occur on average one time per week for three months
- Previous diagnostic criteria was two times a week
- Self-evaluation is unduly influenced by body shape and weight

Binge-Eating Disorder Diagnostic Criteria (DSM-5):

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

- Eating, in a discrete period of time, an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances
- A sense of lack of control over eating during the episode
- Three or more of the following
- Eating more rapidly than normal
- Eating until uncomfortably full
- Eating large amounts of food even when not hungry
- Eating alone because embarrassed about the amount one is eating
- Feeling guilty, disgusted, depressed about amount of food

- Marked distress regarding binge eating is present
- Binge eating occurs, on average, at least once a week for three months

Other Specified Eating Disorder

- Atypical Anorexia Nervosa
- Bulimia Nervosa (of low frequency and/or limited duration)
- Binge-Eating Disorder (of low frequency and/or limited duration)
- Purging disorder

Unspecified Eating Disorder

- Those who do not meet full criteria for other disorders

Relative Energy Deficiency in Sport

The syndrome of RED-S, recognized by the International Olympic Committee since 2014, refers to impaired physiological functioning caused by relative energy deficiency; a mismatch of energy intake versus the cost of energy for daily living and exercise. The potential health consequences are many, effecting most major physiologic processes in the body (Figure 3) as well as many potential effects on sports performance (Figure 4)

Figure 3

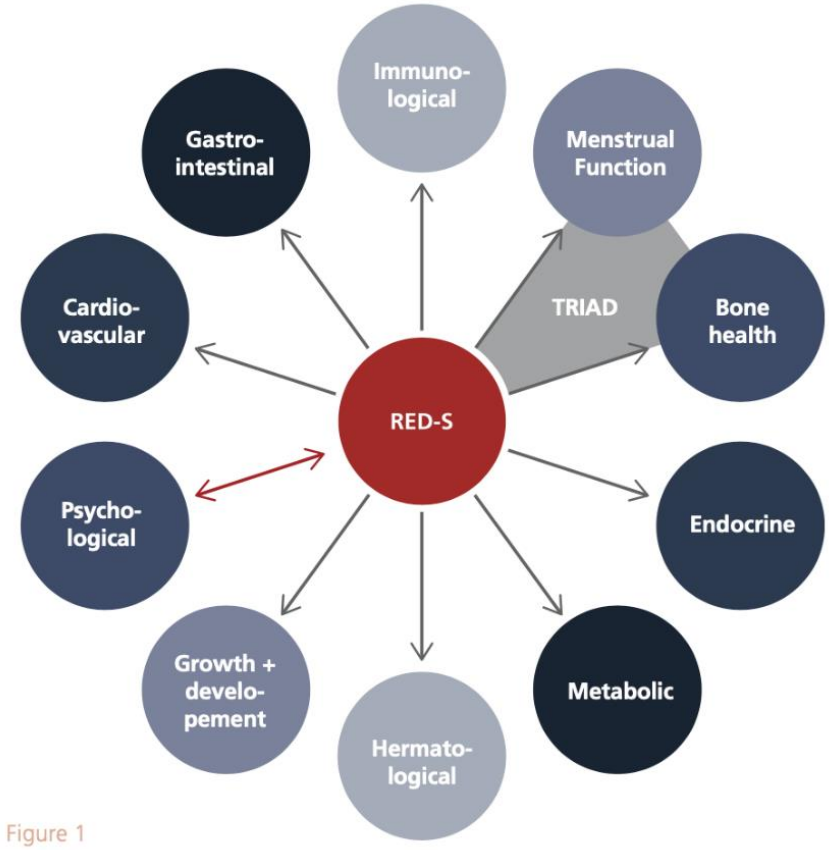


Figure 1

Figure 4

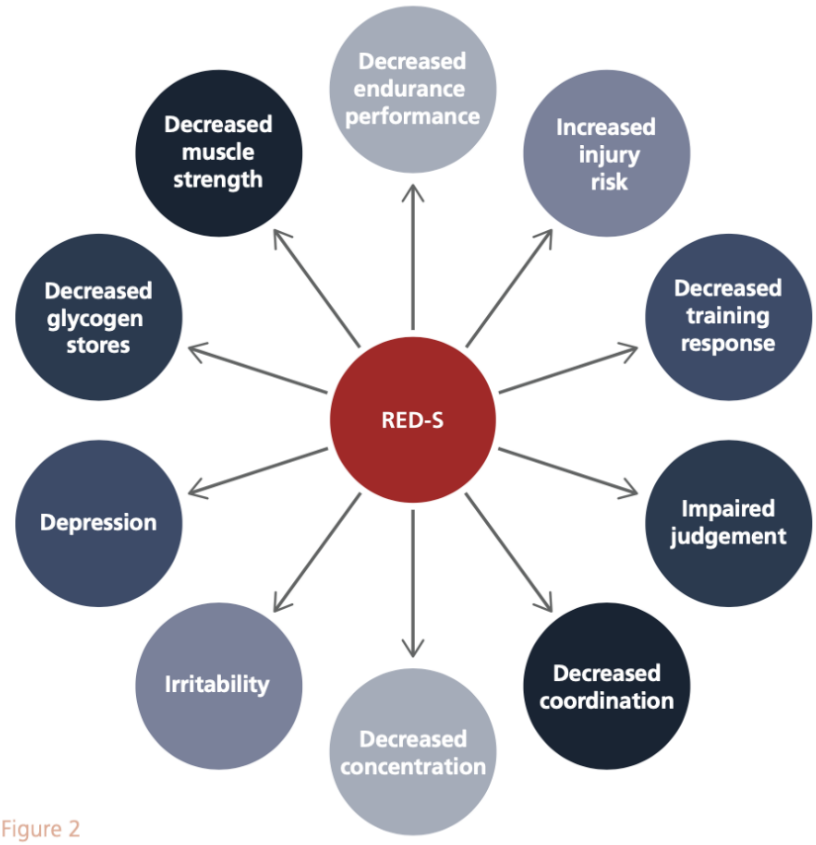


Figure 2

Mountjoy M, Sundgot-Borgen J, Burke L, Carter S, Constantini N, Lebrun C, Meyer N, Sherman R, Steffen K, Budgett R, Ljungqvist A, Ackerman K. RED-S CAT. Relative Energy Deficiency in Sport (RED-S) Clinical Assessment Tool (CAT). Br J Sports Med. 2015 Apr;49(7):421-3. doi: 10.1136/bjsports-2015-094873. PMID: 25896450.

Screening for RED-S

The screening and diagnosis of RED-S is challenging and is a medical diagnosis to be made by a trained health care professional. Screening is aimed at identifying those at risk as early as possible to prevent long-term health consequences while optimizing performance.

Athletes with ANY of the following are at risk:

- Disordered eating or clinical eating disorder
- Weight loss or significant weight fluctuations (>5-10% body mass in one month)
- Resistance to weight gain
- Females: menstrual dysfunction:
    - No period for 3 consecutive months
    - Less than 8 periods a year/irregular periods
    - On birth control to “give a period”

    - Never had a period
    - Caveat: if on birth control menstrual history is unreliable
- Males: low libido or less than 3 morning erections in a week
- Recurrent injury
- Recurrent illness
- Stress Fracture: current or history of recurrent
- Decreased performance (any listed in figure 4)
- Mood changes
- Chronic Fatigue
- Lab abnormalities:
    - Anemia
    - Low WBCs
    - Mild elevation of LFTs
    - Low LH/FSH
    - Low or lower end of normal testosterone
    - Low estradiol
    - Electrolyte abnormalities
    - Low glucose
- GI complaints: bloating, constipation, food intolerance, full after eating a few bites
- Cardiovascular complaints: fatigue, dizziness, orthostatic, low HR <50 with a + walk around the room test
- Low Bone Mineral Density: z-score < -1.0
- Prolonged abnormally low BF%
- Physical Signs:
    - Orthostatic Vitals
    - Bradycardia
    - Wearing long sleeves, baggy sweatshirts, warm clothes in warm environment
    - Lanugo: long thin hair on face and arms
    - Acrocyanosis: reddish-blue/purple fingers and toes
    - Dry cracking skin
    - Thin brittle hair, hair loss
    - Finger nails stop growing

Risk Assessment and Management of RED-S

Those athletes that screen at risk will meet with the KTH Medical staff for further questioning. If risk is confirmed student athletes will be seen and managed in conjunction with the RED-S management team. See flow charts 1 and 2 (previous)

Level of risk is assessed using the RED-S Risk Assessment Model as published by the IOC REDS-CAT. This classifies athletes into 3 categories using a "Red Light": High risk, "Yellow Light" Moderate risk and "Green Light": low risk model. Level of sport participation and management is guided using this risk assessment model and taking into account each athlete's individual risk modifiers (medical factors, sport factors and decision modifiers). Once fully evaluated by the RED-S management team a similar red light, yellow light, green light model is used to determine level of sports participation. In cases that are high risk and where compliance is challenged, a treatment contract may be utilized for clarity of treatment recommendations and requirements to safely continue sports participation (all figures below).

HIGH RISK: NO START RED LIGHT	MODERATE RISK: CAUTION YELLOW LIGHT	LOW RISK: GREEN LIGHT
- Anorexia nervosa and other serious eating disorders - Other serious medical (psychological and physiological) conditions related to low energy availability - Use of extreme weight loss techniques leading to dehydration induced hemodynamic instability and other life threatening conditions.	- Prolonged abnormally low % body fat measured by DXA* or anthropometry - Substantial weight loss (5–10 % body mass in one month) - Attenuation of expected growth and development in adolescent athlete	- Appropriate physique that is managed without undue stress or unhealthy diet/exercise strategies
	- Low **EA of prolonged and/or severe nature	- Healthy eating habits with appropriate EA
	- Abnormal menstrual cycle: functional hypothalamic amenorrhea >3 months - No menarche by age 15y in females	- Healthy functioning endocrine system
	- Reduced bone mineral density (either in comparison to prior DXA or Z-score <-1 SD). - History of 1 or more stress fractures associated with hormonal/menstrual dysfunction and/or low EA	- Healthy bone mineral density as expected for sport, age and ethnicity - Healthy musculoskeletal system
- Severe ECG abnormalities (i.e. bradycardia)	- Athletes with physical/psychological complications related to low EA+/-disordered eating; - Diagnostic testing abnormalities related to low EA +/-disordered eating	
	- Prolonged relative energy deficiency - Disordered eating behavior negatively affecting other team members - Lack of progress in treatment and/or non-compliance	

* dual energy X-ray absorptiometry

**EA: Energy availability = Energy intake – Energy cost of exercise (additional energy expended in undertaking exercise).

STEPS	RISK MODIFIERS	CRITERIA	RED-S SPECIFIC CRITERIA
STEP 1 Evaluation of Health Status	MEDICAL FACTORS	- Patient Demo-graphics - Symptoms - Medical History - Signs - Diagnostic Tests - Psychological Health - Potential Seriousness	- Age, sex - See Yellow Light column in RED-S Risk assessment model - Recurrent dieting, menstrual health, bone health - Weight loss/fluctuations, weakness - Hormones, electrolytes, electrocardiogram, DXA - Depression, anxiety, disordered eating/ eating disorder - Abnormal hormonal and metabolic function - Cardiac arrhythmia - Stress fracture
STEP 2 Evaluation of Participation Risk	SPORT RISK MODIFIERS	- Type of Sport - Position Played - Competitive Level	- Weight sensitive, leanness sport - Individual vs. team sport - Elite vs. recreational
STEP 3 Decision Modification	DECISION MODIFIERS	- Timing and Season - Pressure from Athlete - External Pressure - Conflict of Interest - Fear of Litigation	- In/out of season, travel, environmental factors - Mental readiness to compete - Coach, team owner, athlete family, sponsors support - If restricted from competition

HIGH RISK RED LIGHT	MODERATE RISK YELLOW LIGHT	LOW RISK GREEN LIGHT
- No competition - No training - Use of written contract	- May train as long as he/she is following the treatment plan - May compete once medically cleared under supervision	- Full sport participation

For those athletes with an Eating Disorder the following levels of care will additionally be considered in developing a treatment plan with medical contract as outlined below: Levels of Care

	Green: Outpatient care appears to be good fit base on most recent assessment	**Yellow**: outpatient care may not be sufficient to meet treatment needs over time, ability to meet treatment needs with outpatient care to be frequently re-evaluated with referral to higher level of care if needed	**Red**: outpatient care cannot meet current treatment needs, referral to higher level of care is needed
Medical Status	Medically stable	Medically stable to the extent that frequent medical monitoring is not needed	*HR<40bpm; BP<90/60 mmHg; glucose<60 mg/dl; potassium <3 mEq/L; electrolyte imbalance; temperature<97.0 F; dehydration; hepatic, renal or cardiovascular organ compromise requiring acute treatment; poorly controlled diabetes
BMI	>17	>16	<16
Eating Behaviors	Able to follow meal plan on own, does not need added structure	Occasional difficulty adhering to meal plan	Needs supervision/structure/support at all meals or will restrict eating
Compensatory Behaviors: Exercise	Can control compulsive exercise	Occasional difficulty controlling compulsive exercise	Structure consistently needed to prevent compulsive exercise
Compensatory behaviors: Purging (self-induced vomiting, laxative, diet bill and diuretic use)	Mild (1-3x week); able to significantly reduce purging behaviors with minimum structure	Moderate (4-7x week); inconsistency in ability to reduce purging behavior, at time may need additional structure/support	Severe (8-13 x week) or extreme (>14 x week); Needs supervision during and after meals, and in the bathroom, to prevent purging behaviors
Comorbidity, including but not limited to suicidality	Severity of comorbid condition can always influence level of care; no suicidal intent or plan	Severity of comorbid condition can always influence level of care; no suicidal intent or plan	Severity of comorbid condition indicates a need for hospitalization; suicidal intent and /or planning

Cognitive status	No signs/symptoms of cognitive impairment secondary to ED	No signs/symptoms of cognitive impairment secondary to ED	Evidence of cognitive dysfunction secondary to ED
Response to Treatment (used at reassessment, and if applicable at initial assessment)	Symptoms have improved of stabilized	Symptoms have worsened over time (for re-assessment); inconsistent or unclear response to past outpatient treatment (if prior treatment history)	Long ED history with past difficulty attaining and/or maintaining response after specialized intensive ED treatment

Treatment Contract (SAMPLE)

(Student-Athlete Full Name)

Multidisciplinary Team:

_____(Physician) _____ (Mental Health Provider)

_____ (Sports Dietitian) _____ (Athletic Trainer)

Requirements:

- Meet with _____ (Mental Health Provider) ____ time per week, or as recommended by mental health provider.
- Meet with _____ (Sports Dietitian) ____ time per week, or as recommended by dietitian.
- Meet with Dr. _____ _____ times per month, or as recommended.
- Follow daily meal plan as outlined by Sports Dietitian.
- Keep daily workout log updated with specific type of workout, length, and effort level.
- Weight gain of _____ lbs per week.
- Weekly weigh-in with _____ (Team Member) or at time intervals of every _____ weeks.
- Must achieve minimal acceptable body weight of _____ lbs by _____ (Date).
- After reaching minimum weight, must maintain weight at or above this minimal acceptable body weight.
- Limit of _____ workout sessions per week with no one session being more than _____ minutes in length. All activities count including biking, running, weight lifting, and swimming.

Positive Consequences:

If ALL requirements are met, then clearance to participate in team activities and use of athletic facilities will:

- Be granted
- Continue

Negative Consequences:

If ANY requirement(s) are not met, then clearance to participate in team activities and use of athletic facilities will be revoked. Re-instatement will be at the discretion of the Team Physician and Multidisciplinary Team.

I, _____ have read this contract and all of my questions were answered.

_____

Student-Athlete Name Student-Athlete Signature Date

_____

Team Physician Name Team Physician Signature Date

Relative Energy Deficiency in Sport (RED-S) Treatment Contract

RED-S Treatment Contract for _____

Multidisciplinary Team:

- (Physician) _____
- (Psychotherapist/Psychiatrist) _____
- (Exercise physiologist) _____
- (Dietitian) _____
- (Other) _____

Requirements

Meet with:

- The psychotherapist at intervals recommended by the health professional treatment team
- The dietitian at intervals recommended by the health professional treatment team
- The physician at intervals recommended by the health professional treatment team
- Follow daily meal plan developed by the health professional treatment team
- Follow the adapted training plan developed by the health professional treatment team
- If underweight, weight gain expected to be _____ kg per week/weight stable within week _____
- If underweight, must achieve minimal acceptable body weight/fat of _____ kg/percent by _____
- Regular weigh-in at the following time intervals of _____ week (s)
- After this date, _____ (dd/mm/yyyy), must maintain weight and % fat at or above minimal acceptable body weight/fat mass of _____ (kg/%)
- Other _____

If **ALL** requirements are met and the eating behavior (and other severe conditions) are normalized the Team Physician will decide if cleared for competition.

I, _____ have read this contract and all of my questions were answered.

Athlete Name	Athlete Signature	Date
Team Physician Name	Team Physician Signature	Date

Mountjoy M, Sundgot-Borgen J, Burke L, Carter S, Constantini N, Lebrun C, Meyer N, Sherman R, Steffen K, Budgett R, Ljungqvist A, Ackerman K. RED-S CAT. Relative Energy Deficiency in Sport (RED-S) Clinical Assessment Tool (CAT). Br J Sports Med. 2015 Apr;49(7):421-3. doi: 10.1136/bjsports-2015-094873. PMID: 25896450.

Concussion

Concussion Assessment, Management, Return to Play and Academics Guidelines

The following policy and procedures on neurocognitive baseline testing and subsequent assessment and management of concussions as well as return to play guidelines have been developed to provide quality healthcare services and assure the well-being of each student-athlete at the University of Kansas.

Purpose:

The Kansas Athletics Sports Medicine Department and Kansas Team Health recognizes that sport induced concussions pose a significant health risk for those student-athletes participating in athletics at The University of Kansas. With this in mind, the Sports Medicine Department has implemented policies and procedures to assess and identify those student-athletes who have suffered a concussion. The Department also recognizes that baseline neurocognitive testing on student-athletes who participate in sports sponsored by Kansas Athletics, Inc. and/or who have had a history of concussions prior to entering The University of Kansas will provide significant data for return to competition decisions. This baseline data along with physical examination by team physician and/or certified athletic trainer, along with diagnostic testing will be used in conjunction in determining when it is safe for a student-athlete to return to competition.

Concussion Definition

A traumatically induced transient disturbance of the brain function and involves a complex pathophysiological process affecting the brain. This may be due to directed or indirect contact sustained by a student-athlete with or without the loss of consciousness.

Signs and Symptoms of Concussion

Team Physicians, Physician Assistants and Certified Athletic Trainers (ATC) all need to be aware of the signs and symptoms of a concussion to properly recognize and intervene on behalf of the student-athlete. The suspected diagnosis of concussion can include, but not limited to, one or more of the following clinical domains:

- **Physical Symptoms**
  - Headache, Vision Difficulties, Nausea, Dizziness, Balance Difficulties, Light Sensitivity, Fatigue, Feeling like in a fog, Loss of Consciousness, Amnesia
- **Cognitive Symptoms**
  - Memory Loss (Amnesia), Attention Disorders, Reading Difficulties, Slowed Reaction Times
- **Emotional Symptoms**
  - Irritability, Sadness, Nervousness, Sleep Disturbances

Educational Programming

Kansas Athletics shall provide annually to all student-athletes, coaches, team physicians, physician assistant, ATCs and the Director of Athletics the NCAA concussion fact sheets, or other applicable materials discussing concussions in athletic environments. Each person shall sign an acknowledgement that he/she has received, read, and understood the material.

Recognition and Diagnosis of Concussion

Baseline Assessment

All incoming freshman and transfer student-athletes to the University of Kansas who are participating in all sports sponsored by Kansas Athletics will have as part of their pre-participation examination (PPE), a baseline concussion assessment which shall include the following tests:

- A brain injury and concussion history (the PPE should include concussion-related questions including a past history of concussion (number, frequency, severity and recovery) and the presence of mood, learning, attention or migraine disorders);
- A symptom evaluation;
- A baseline neurocognitive test (C3 Logix); a Standardized Assessment of Concussion (**SAC™**);

The Kansas Athletics Sports Medicine Department utilizes the **C3 Logix** system. The **C3 Logix** system is an iPad based user-friendly computer program which is designed to test cognitive functioning. The Sport Concussion Assessment Tool (**SCAT5**) and the **SAC™** is a series of questions testing orientation, immediate memory, concentration, and delayed memory to measure the immediate neurocognitive effects of a student-athlete with a suspected concussion.

Kansas Athletics will record the baseline assessment test for each student-athlete in his/her medical records. All baseline assessment tests will be performed prior to the first practice. The baseline test tools should be used post-injury at appropriate time intervals.

Concussion Diagnosis and Management

In any circumstance where a concussion is suspected or any student-athlete exhibiting signs, symptoms or behaviors consistent with a concussion, at rest or with exertion, shall be removed from practice or competition and referred to the team athletic trainer or team physician/physician assistant with experience in evaluation, treatment, and concussion management. Particular attention should be given to excluding a cervical spine injury.

The student-athlete should be evaluated serially and monitored for deterioration following injury. The evaluation shall include symptom assessment, a physical and neurological examination, a cognitive assessment **(SAC™, C3,)**, and a clinical assessment for cervical spine trauma, skull fracture and intracranial bleeding. Concussion evaluation tools can be compared to the student-athlete's baseline assessment.

The student-athlete should be immediately transported to the nearest hospital if any of the following signs or symptoms are present:

- Glasgow Coma score less than 13;
- Prolonged period of loss of consciousness (longer than one minute);
- Focal neurological deficit;
- Repetitive emesis;
- Persistently diminished or worsening mental status or other neurological signs or symptoms;
- Potential spine injury--if a cervical spine injury cannot be eliminated, neck immobilization and immediate transfer to the emergency department capable of advanced neurological imaging and management of cervical trauma should follow.

The student-athlete should be assessed periodically until post-concussive confusion has cleared.

In all circumstances, the ATC must document the player's name, position, circumstance of injury, duration of confusion and any post-concussive symptoms. All student-athletes who sustain a concussion should be referred for neurocognitive testing and evaluation with the Team Physician or designee within 24 hours if possible. The student-athlete shall not be permitted to return to play or practice until receiving clearance from the Team Physician or his designee.

Sideline Management (if student-athlete remains on site)

1. A concussed player should not be left alone if the decision is made to keep the player on site, and regular monitoring for deteriorating physical or mental status is essential.
2. Assess the student-athlete for post-concussive clearing of his/her confusion every 5 minutes for the first 30 minutes, then every 15 minutes for the next 2 hours.
3. The athletic trainer must document the player's name, position, circumstance of injury, duration of confusion and any post-concussive symptoms.
4. The student-athlete should **NOT** return to the current practice or competition, even if symptoms completely clear.
5. The student-athlete should be referred for neurocognitive testing and evaluation by the Team Physician within 24 hours of the injury if possible.
6. Student-athletes with a concussion need appropriate disposition to home, to remain onsite until the end of the contest, or if needed transfer to an emergency facility.

Post-Concussion Management

If a concussion is confirmed, the student-athlete shall be removed from practice or play for that calendar day.

Upon discharge from the initial medical care, both oral and written instructions for home care should be given to the student-athlete and to a responsible adult (e.g., parent or roommate—the "caretaker") who should continue to monitor and supervise the student-athlete during the acute phase of sport-related concussion. Documentation of the instructions should be recorded in the student-athlete's medical record.

Student-athletes with concussions should have medical follow-up. A detailed history of the event mechanism, course of symptoms and previous history of concussion should be elicited. Serial monitoring of standardized symptoms scores can be helpful to more objectively assess resolution of symptoms or return to their pre-injury designee shall monitor the concussion symptoms and evaluate the student-athlete's recovery to consider additional diagnosis and best management options. Additional diagnoses may include, but are not limited to, post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, mood disorders such as anxiety and depression, ocular or vestibular dysfunction.

Some issues to be observed or considered include the following:

- Student-athletes that are recovering from a concussion should not have their sleep interrupted. Caretakers should be informed that it is desirable to let the student-athlete sleep. Sleep disturbance is a common and important symptom experienced throughout the course of a concussion. Sleep issues in the first few days following injury onset should be addressed conservatively, without medications, and with particular attention to good sleep hygiene.
- After the acute phase, medications may be considered for symptomatic relief. Those that affect the central nervous system, such as stimulants, certain anti-nausea and antidepressants should be used with caution as they may cloud the neurological and cognitive examination.
- Treatment options for headaches are limited. Acetaminophen offers a possible benefit without significant increased bleeding risk.
- A dim, quiet environment may moderate head pain, as well as symptoms of photophobia and phonophobia.
- Headaches that continue as part of a post-concussion syndrome (symptoms lasting longer than 6 weeks) often require a multidisciplinary approach.
- Alteration in mood is also a common manifestation of concussion, particularly in the acute setting. If mood issues persist beyond 6-12 weeks, treatment with medications and/or cognitive therapy should be considered.

- Decreasing academic responsibilities and other cognitive demands should be considered for any significant decrease in cognitive performance.

The Sports Medicine Department recognizes that it may not be possible for neurocognitive testing to take place within a 24-hour time frame due to team travel and other difficulties. With that in mind, it is necessary to plan for an evaluation with the Team Physician or designee and for neurocognitive testing and SAC testing as soon as possible for the student-athlete, after he/she returns to campus.

Return-To-Play Guidelines

The initial management of sport-related concussion is relative physical and cognitive rest. The student-athlete diagnosed with a concussion must be removed from play and not return to play or practice for at least one calendar day and will be evaluated as soon as possible by the Team Physician or designee. Once the concussed student-athlete has returned to baseline level of symptoms, cognitive function and balance, then the return-to-play progression can be initiated. Each student-athlete with a concussion must undergo a supervised stepwise progression management plan (see sample plan below) by the Team Physician, Physician Assistant, or the ATC with expertise in concussion. The plan shall specify that the student-athlete have limited physical and cognitive activity until he/she has returned to baseline, then progresses with each step below one calendar day apart without worsening or new symptoms:

- Light aerobic exercise without resistance training;
- Sport-specific exercise and activity without head impact;
- Non-contact practice with progressive resistance training;
- Unrestricted training;
- Return to full participation.

The student-athlete should be free of concussion symptoms at rest as well as during and after exertional activity before returning to full participation. The student-athlete should also have a normal neurological exam including a normal cognitive and balance evaluation compared to a pre-injury baseline.

Neurocognitive testing in conjunction with the Team Physician or designee, physical exam and additional diagnostic tests as needed may determine when a student-athlete will return to activity. Neurocognitive testing will be scheduled for 24 hours post initial injury if possible and indicated by Team Physician or Physician Assistant and then periodically as determined by Team Physician or designee until the student-athlete scores at his/her baseline level, or an equivalent score that is acceptable by the Team Physician or designee.

Continued post-concussive symptoms, prior concussion history and any diagnostic testing results along with neurocognitive testing and physical exam, will be utilized by the Team Physician or Physician Assistant in establishing a timeline for a student-athlete's return to activity. It is important to note that this timeline could last over a period of days or months, or potential medical disqualification from Kansas Athletics sponsored teams. All cases and progression management plans will be handled on an individualized, case-by-case basis. The decision by the Head Team Physician or designee for all cases of an athletes return to activity is final.

Post-Concussion Follow-Up (*24-48 hours post-injury)*

Students-athletes will perform the following:

- Post-Concussion Symptom Check List
- C3 Logix
    - SAC test
    - BESS

Vestibular therapy may be instituted under guidance of Team Physician or Physician Assistant.

NOTE: The Traumatic Brain Injury Post Concussion Symptom Check List will be repeated every day until the student-athlete Self-Reports Asymptomatic (SRA), at which time the student-athlete will begin with Step 1 SRA Procedures.

Step 1: Self-Report Asymptomatic (SRA)

a. Traumatic Brain Injury Post-Concussion Symptom Check List
b. Neuropsychological Assessment – C3 Logix
c. Vestibular Therapy if indicated
d. Cardiovascular exercise in controlled setting as indicated above under baseline progress
e. Mode, duration and intensity dependent upon sport
f. Monitor symptoms
g. If student-athlete becomes symptomatic, return the student-athlete to the concussed state / procedures until he/she Self-Report Asymptomatic (SRA)

Step 2: Self-Report Asymptomatic (SRA)– with no increase in symptoms and minimum one calendar day from Step 1

a. Exertional Functional Activity without contact
    - Mode, duration, and intensity dependent upon sport
    - Monitor symptoms
b. Vestibular Therapy if indicated
c. Traumatic Brain Injury Evaluation Post Concussion Symptom Check List
d. Weight Training (under the direction of a certified athletic trainer)
e. Mode, duration and intensity dependent upon sport
f. If Step 2 does not fall within the student-athlete's scheduled weight lifting schedule, the student-athlete should still perform weight training exercises under the direction of an ATC.
g. Monitor symptoms
h. If student-athlete becomes symptomatic, return the student-athlete to the concussed state / procedures until he/she Self-Report Asymptomatic (SRA)

If the student-athlete is asymptomatic with all activity; consult with the Head Team Physician or Physician Assistant for return to play clearance.

The final determination of a student-athlete's return to play shall be made by the Team Physician or Physician Assistant. The ATC should not permit athlete to return to play without this determination.

Return to Academics Guidelines

Return to academics (return-to-learn) is a parallel concept to return-to-play but has received less scientific evaluation than its counterpart. The foundation of return-to-learn includes:

- Return-to-learn should be managed in a stepwise program that fits the needs of the individual.
- Return-to-learn guidelines assume that both physical and cognitive activities require brain energy utilization, and they similarly assume that such brain energy is not available for physical and cognitive exertion because of the concussion-induced brain energy crisis.
- Return-to-learn recommendations are based on consensus statements, with a paucity of evidence-based data to correlate with such consensus recommendations.
- Return-to-learn recommendations and academic adjustments should be made within the context of a multi-disciplinary team, including but not limited to includes physicians, athletic trainers, coaches, administrators as well as academic (e.g. professors, deans, academic advisors) and office of disability services representatives.

The level of multi-disciplinary involvement should be made on a case-by-case basis. An individual shall be identified at Kansas Athletics who will be the designated "point" person who will navigate the return-to learn process for the student-athlete (generally the academic counselor).

Like return-to-play, it is not always easy to provide prescriptive recommendations for return-to-learn because the student-athlete may appear physically normal but is unable to perform at his/her expected baseline due to concussive symptomatology.

The first step of return-to-learn is physical and cognitive rest immediately following any type of concussion, just as the first step of return-to-play is physical and cognitive rest. Cognitive rest means minimizing potential cognitive stressors such as school work, video games, reading, texting and watching television. The student-athlete should not return to classroom activity on the same day as a concussion.

When a student-athlete is diagnosed with a concussion the academic advisor will be informed, the academic advisor will then notify professors and instructors. The period needed to avoid class or homework should be individualized. The gradual return to academics is based on the return of concussion symptoms following cognitive exposure. The consensus to date includes:

- If the student-athlete cannot tolerate light cognitive activity, he or she should remain at home or in the residence hall.
- Once the student-athlete can tolerate cognitive activity without return of symptoms, he/she should return to the classroom and studying as tolerated. At any point, if the student-athlete becomes symptomatic, or scores on clinical measures decline, the Team Physician or Physician Assistant should be notified, and the student-athlete's cognitive activity reassessed.

A concussion is a challenging injury for student-athletes and unlike other injuries, the timeline for return to full activity is often difficult to project. Modification of schedule or academic accommodations for up to two weeks may be indicated. It is important that health care providers continue to communicate and document the status of the student-athlete as he/she continues their recovery.

When a student-athlete has not recovered in the anticipated period of time, the student-athlete may need a change in his/her class schedule; special arrangements may be required for extended absences, test, term papers and projects. The Team Physician or Physician Assistant may recommend to academic counselor the possibility of arrangements. Such accommodations can often be assessed through KU Academic Achievement and Accessibility Center.

When the student-athlete experiences prolonged cognitive difficulties, the academic counselor can develop a detailed academic plan that specifies the support services specifically available for the student-athlete. The academic counselor along with the Team Physician or Physician Assistant can discuss/disclose the documentation to the disability office to seek long-term accommodations or academic adjustments. The disability office will need to verify if the impairment is limiting a major life activity per the Americans with Disabilities Act. A detailed academic plan coupled with accommodations can provide the needed support for a student-athletes as he/she returns to learning after a concussion.

The academic counselor, professor or instructor can best support a student-athletes return to academics and recovery by understanding possible concussion effects and providing needed accommodations and support. Understanding concussion symptoms can help the student-athlete and members of the team identify individual needs of the student-athlete, monitor changes, and with proper permission, take action when necessary. This will help facilitate a full

recovery and discourage student-athletes from minimizing the symptoms due to embarrassment, shame, or pressure to return to activities.

RETURN TO LEARN (sample plan)

All levels/Phases to be assessed one calendar day apart

LEVEL 1 or Phase 1

- Rest
- **No** reading, computer, TV, class, tutor, team meetings, video games
- **No** Concentrating
- (No physical activity)

LEVEL 2 or Phase 2

- Class and team meetings if tolerated.
- Mild Concentration
- (Low level training room activity--bike, etc.) Target Heart Rate 40%-60%
- Exercises in quite room

LEVEL 3 or Phase 3

- Add tutoring and position meetings as tolerated
- Mild/Moderate Concentration
- Exercises in gym or more active environment
- Team Warm up
- On field conditioning, drills Target Heart Rate 60%-80%

LEVEL 4 or Phase 4

- Add class related computer work and team-related film sessions if tolerated.
- Exams "?"
- Sports Specific Activity Target Heart Rate 80% (+)
- Aggressive Strength Training
- (Non-contact practice)

LEVEL 5 or Phase 5

- Progress to regular mental activity as tolerated, drills)
- (Progress to full activity, contact)

The student-athlete must be symptom free before moving to next level or phase.

THE STUDENT-ATHLETE SHOULD NOT BE RETURNED TO FULL PHYSICAL PARTICIPATION UNTIL THEY ARE AT FULL ACADEMIC PARTICIPATION

Reducing Head Trauma Exposure

To best reduce head trauma exposure, Kansas Athletics shall adhere to the Inter-Associate Consensus: Year-Round Football Practice Guidelines and the Inter-Association Consensus: Independent Medical Care Guidelines. Kansas Athletics also will take a "safety first" approach to athletic practice and competitions and shall work with coaches and student-athletes on safe play and proper techniques, reducing gratuitous contact during practice, and "taking the head out of contact."

Summary

Kansas Athletics' Sports Medicine Department is committed to providing quality health care services for all student-athletes. As such, Kansas Athletics is very proactive in the assessment, diagnosis, and management of concussions. By following this program, the risks of concussions associated with athletics and the potential catastrophic and long-term complications from concussions shall be limited.

Chaperone Policy

Policy:

It is KU/UKHS policy that, for the protection of the patient and the healthcare provider, any patient or provider may request that a second healthcare professional serve as a chaperone during any medical examination. Unless waived by the patient, chaperones must attend all sensitive examinations.

Purpose:

This policy sets forth expectations regarding having chaperones present during clinical examinations. Chaperones are optional for non-sensitive examinations but are required for sensitive examinations. The provider must document any refusal by the patient to have a chaperone. If a patient refuses to have a chaperone for an examination where one is required or one where the provider has requested a chaperone, transfer of care to another provider or clinic would be considered.

This policy identifies the situations in which KU/UKHS expects that patients and providers be given the opportunity to have a chaperone present in the examination room. Having a chaperone present in examinations protects both the patient and the provider. Due to the issues surrounding sensitive examinations, unless the patient waives the requirement, chaperones are required for sensitive examinations.

KU/UKHS 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.

Definitions

Chaperone: A trained member of the Sports Medicine staff who will be in the examination room while the provider is physically examining the patient. Chaperones may not be family members or guests of thepatient.

Sensitive Examination: Generally, an examination of the patient, whether they are disrobed, partially robed or in street clothing, involving the breasts, genitalia, or rectum. The term “examination” also includes treatment and procedures. Examples include: breast exams, procedures of the pelvic floor or urogenital diaphragm, vaginal or rectal exams. The patient’s and the provider’s perceptions will be considered when determining whether an examination is sensitive. Religious or cultural requirements andpreferences should also be considered.

Procedures Chaperone Duties

- Chaperones shall 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 provider is doing.
- Chaperones must report any good faith concerns regarding the provider’s behavior or actions.
- So long as reports are made in good faith, chaperones will not be subject to disciplinary action orother retaliation based on those reports.

Patient Rights

- Healthcare provider should accommodate patient preference as to chaperone gender wheneverappropriate and feasible.
- 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 scheduleddate.
- If a patient refuses to have a chaperone for an examination where one is required or one where the provider has requested a chaperone, transfer of care to another provider or clinic would be considered.
- The provider must document the provider's discussion with the patient regarding KU/UKHS chaperone requirement and the patient's refusal.
- In a non-emergency situation, the provider may either perform the examination without a chaperone or refer the patient to another qualified provider. The provider must document the referral and the reason for it.
- Patients will be notified of the availability of chaperones via any "welcome" materials and visible posting throughout KU/UKHS Healthcare Operations.

Pregnancy

PURPOSE: Pregnancy is a normal health state for young women. In the student-athlete it can influence their athletic performance, training regimen and routine health practices. Pregnancy can also pose certain health risks for the student-athlete and/or the fetus depending on the sport specific function needed to train and compete and the stage or complications of the pregnancy.

1. The student-athlete is encouraged to disclose her medical condition as soon as possible to the appropriate university medical/sports medicine staff with the understanding that her confidentiality will be maintained to the extent possible.

2. The team physician and sports medicine staff will develop a comprehensive health plan and training plan which will include, but not be limited to:

a. Ob/Gyn referral or coordination

b. Nutritional education

c. Exercise guidelines

d. Post partum exercise guidelines

3. The student-athlete, certified athletic trainer, team physician and any other referrals or existing medical providers will work together to monitor the pregnancy and look for signs/symptoms that would mean the health of the woman or her fetus are at risk. Modification to the student-athlete's training and participation will be made based on the management needed to insure her health. Some symptoms of problems may include:

a. Vaginal bleeding

b. Uterine contractions

c. Blood pressure changes

d. Syncope or pre-syncope

e. Edema

4. Participation in contact sports training or competition may be prohibited after the 14th week of gestation. Also, participation restrictions will be guided by the team physician, ob/gyn and other health care referral recommendations.

5. Environmental factors that may affect the health of the fetus such as extreme heat and hot tubs immersion should be avoided.

Transgender Policy

Purpose:

The University of Kansas believes in and is committed to diversity, inclusion, and gender equity among its student-athletes, coaches and administrators. Our goal is to create a safe and welcoming environment inwhich our student-athletes are able to achieve success on and off the field. In addition to supporting and promoting the University of Kansas Policies regarding diversity, inclusion and nondiscrimination, KAI recognizes unique circumstances exist that are specific to the transgender student-athlete. With that in mind, the following policy has been developed to ensure transgender student-athletes fair, respectful andlegal access to collegiate sports teams based on current medical and legal knowledge and consistent withstate and federal law and NCAA regulations.

- "Biological/anatomical sex" refers to the physical characteristics typically used to assign a person's gender at birth, such as chromosomes, hormones, internal and external genitalia, and reproductive organs.
- "Gender" refers to a person's individual identity and sense of being one, both, or no gender.
- "Transgender" or "trans" is an umbrella term for people whose gender identity or expression isdifferent from their biological/anatomical sex.
- A "trans male" ("FTM" or "female-to-male") is a person who was born with a female body butidentifies as a boy or a man.
- A "trans female" ("MTF" or "male-to-female") is a person who was born with a male body butidentifies as being a girl or a woman.
- "Gender fluid" refers to someone who does not want to be restricted by the stereotypical classifications of girls or boys, therefore, their gender expression may change from day to day.
- A "mixed team," under NCAA regulations, is a varsity intercollegiate sports team on which at least oneindividual of each gender competes.
    - A male participating in competition on a female team makes the team a "mixed team."
    - A mixed team shall count toward the minimum sponsorship percentage for men's championships.

Transgender Student-Athlete Participation

A transgender student athlete who is undergoing hormone treatment may participate in sex-separated sports activities as follows:

1. The NCAA identifies testosterone as a banned substance and provides for a medical exceptionreview for demonstrate need for use of a banned substance.
2. A trans male (FTM) student-athlete who has received a medical exception for treatment with testosterone for diagnosed gender identity disorder or gender dysphoria and/or transsexualism may compete on a men's team, but is no longer eligible to compete on a women's team without changing the team status to a mixed team.
3. A trans female (MTF) student-athlete being treated with testosterone suppression medication for gender identity disorder or gender dysphoria and/or transsexualism may continue to compete on a men's team but may not compete on a women's team without changing it to a mixed team status until completing one calendar year of testosterone suppression treatment.

Any transgender student-athlete who is not taking hormone treatment related to gender transition may participate in sex-separated sports activities in accordance with his or her assigned biological/anatomicalsex.

1. A trans male (FTM) student-athlete who is not taking testosterone related to gender transition may participate on a men's or women's team.
2. A trans female (MTF) transgender student-athlete who is not taking hormone treatments related to gender transition may not compete on a women's team.

University of Kansas Responsibility

The Director of Athletics along with Head Team Physician will meet with the student to review eligibility requirements and procedure for approval of transgender participation.

- In the case of testosterone treatment, the Head Team Physician will submit the request for a medical exception for testosterone treatment prior to the student-athlete competing while undergoing treatment.
- In the case of testosterone suppression, the Head Team Physician will submit written documentation to the NCAA of the year of treatment and ongoing monitoring of testosterone suppression.
- All discussions among involved parties and required written supporting documentation shall be kept private, unless the student-athlete makes a specific request otherwise. All information about an individual student's transgender identity and medical information, including physician's information provided pursuant to this policy, shall be maintained confidentially.
- If a student's request is denied by the Athletic Director or his/her designee, the must be automatically reviewed by the Transgender Participation Committee to be established by the TitleIX designated administrator. This committee shall be convened and its decision reported to the athletic director or his/her designee and the school administrator in a **timely** fashion.

The committee shall include:

- A health professional: physician, physician assistant, psychiatrist, psychologist or other licensed health professional with experience in transgender health care and the World Professional Association for Transgender Health (WPATH) Standards of Care. The student athlete's outside physician can serve in this role.
- The faculty athletic representative, and
- The Title IX Coordinator

Transgender Student's Responsibility

In order to avoid challenges to a transgender student's participation during a sport season, a student- athlete who has completed, plans to initiate, or is in the process of taking hormones as part of a gender transition should submit the request to participate on a sports team in writing to the director of athleticsor coach upon matriculation or when the decision to undergo hormonal treatment is made.

- The request should include a letter from the student's physician documenting the student- athlete's intention to transition or the student's transition status if the process has already been initiated.
- This letter should identify the prescribed hormonal treatment for the student's gender transition and documentation of the student's testosterone level, if relevant.
- This information must be disclosed to the head team physician and follow up documentation as the transition continues will be provided.

Facilities Access

Changing areas, toilets, showers

- Transgender student-athletes shall have access to the locker room, shower, and toilet facilities that accord with the student's gender identity.
- Private, separate facilities will be made available upon request, but transgender students will notbe required to use separate facilities.

Accommodations for travel

- Whenever possible, a University of Kansas athlete traveling to another school will be given accessto locker room, shower, and toilet facilities that accord with the student's gender identity.
- Whenever possible, transgender student-athletes generally will be assigned to share hotel rooms based on their gender identity, with more privacy provided upon request.

Language Preferred names

- In all cases, teammates, coach and all others in the school will refer to transgender student-athletes by their preferred names.

Pronouns

- Similarly, in all cases, pronoun references to transgender student-athletes will reflect their gender and pronoun preferences.

Dress Codes and Team Uniforms Dress codes

- Transgender student-athletes will be permitted to dress consistently with their gender identities. That is, a female-to-male transgender athlete will be permitted to dress as a male. A male-to- female transgender athlete will be permitted to dress as a female.
- Dress codes for athletic teams when traveling or during a game day at school will be gender- neutral. Instead of requiring a girls' or women's team to wear dress or skirts, for example, ask thatteam member wear dresses or slacks that are clean, neat, well cared for and appropriately "dressy" for representing their school and team.

Uniforms

- All team members will have access to uniforms that are appropriate for their sport and that theyfeel comfortable wearing. No student should be required to wear a gendered uniform that conflicts with the student's gender identity.

Education Training

- All members of the University of Kansas community should receive information and education about transgender identities, institutional and conference non-discrimination policies, the use ofpreferred names and pronouns and expectations for creating a respectful team and school climate for all students, including transgender and gender-variant students.

Opposing teams/universities

- Without naming or violating the privacy of transgender athletes, personnel should communicate with their counterparts at other schools prior to competitions in which a transgender athlete is participating about general expectations for treatment of transgender student-athletes both on and off the field.

Privacy

Protecting the privacy of transgender student-athletes is a top priority for all athletics department and affiliated school personnel, particularly when in the presence of the media. All medical information shall be kept confidential in accordance with applicable state.

a. Athletes with Injuries:

All athletes under the care of a physician for an injury must be cleared by the team physician before receiving chiropractic treatment to the injured area. Clearance may be communicated to the athletic trainer either verbally or in writing and will be documented by both the athletic trainer and team physician. The athletic trainer will be responsible for directing these services once clearance is received.

b. Athletes receiving Performance Care:

Use of chiropractic treatment may be authorized by the athletic trainer for performance purposes. The athletic trainer is responsible for documenting when chiropractic treatment is rendered. If a musculoskeletal injury is suspected, by the athlete, athletic trainer, or chiropractor, the athletic must have documented clearance in the medical record from the team physician prior to receiving chiropractic care.

c. Chaperone:

All chiropractic services must be chaperoned by a student advocate that may include coaches, athletic trainers, other student staff, or student athletes. The athletic trainer is responsible for ensuring an appropriate chaperone is present.

d. Environment:

The designated areas will allow services to be delivered in a professional setting with appropriate supervision by the athletic trainer and/or the designated chaperone.

e. Concerns:

At a minimum, concerns expressed by the student athlete regarding specific providers are to be shared with each of the following the team physicians, Senior Administrator and Title IX coordinator when applicable. Athletic trainers should immediately pause chiropractic services and address concerns with the team physicians, Senior Administrator and Title IX coordinator when applicable.

f. Documentation:

The athletic trainer will document the date, place, time, participants and reason for the service and insert the documentation into the individual athlete's medical record and provide documentation to the Senior Administrator who will retain it.

Exertional Heat Illness Protocol

Purpose:

Exertional heat illness is inherent to physical activity and its occurrence increases with rising ambient temperature and relative humidity. The standards contained in this policy clearly cover both indoor and outdoor activity, as well as contact and non-contact sports.

Prevention:

- Identify patients predisposed to exertional heat illness during pre-participation physicals, including:
  - History of heat illness
  - Poor physical conditioning
  - High fat mass (obesity) or high muscle mass to body mass ratio
  - Prescription, over-the-counter, and supplements that alter thermoregulation
  - Pre-existing medical conditions including cardiac, gastrointestinal, renal, and liver diseases
  - Inadequate heat acclimatization
  - Individuals who have moved from cooler states or countries
- Identify and mitigate other risk factors that predispose patients to exertional heat illness, including:
  - High environmental temperature and relative humidity
  - Wearing equipment/uniforms
  - Overzealousness or “warrior” mentality
  - Peer, coach, or organizational pressure
  - Recent (within last 7 days) or current illness or fever
  - Inadequate sleep
  - Inadequate nutrition and hydration
  - Inappropriate work to rest ratios during activity
  - Inadequate access to water and water breaks during activity
- Team physicians or athletic trainer will review any history of heat illness with athletes during pre-participation examinations to determine the risk of reoccurrence
- Proper hydration, eating a well-balanced diet that follows the Food Guide Pyramid and the US Dietary Guidelines, and sleeping at least 6-8 hours at night in a cool environment.
- Athletic trainers will ensure that water and/or carbohydrate-electrolyte beverage is readily available during activity sessions. Coaches or other staff members may not restrict access to hydrating beverages as a punishment.
- When covering a practice or game, athletic trainers are responsible for knowing which athletes have increased risk for heat illness
- Athletic trainers will have unchallengeable authority to remove patients from participation due to suspected heat illness
- Heat illnesses can occur in mild (60-70°F) environmental conditions. Heat illnesses may also occur in indoor sports, especially in facilities that are not air-conditioned.
- Athletic trainers will determine when unsafe environmental conditions exist and will alert coaches to cancel or modify activity when the athletic trainer determines that an unreasonable risk for heat illnesses exists. Athletic trainers will have unchallengeable authority to cancel or modify practices based on hot, humid conditions (see WBGT below for specific guidelines).
- The below equipment will be used to monitor and assist in treating athletes suspected of experiencing an exertional heat illness. The location of these items should be established prior to activity starting.
  - Automated external defibrillator
  - Cardiopulmonary resuscitation mask with oxygen inlet
  - Bag valve mask with oxygen inlet

    - Supplemental oxygen cylinder with pressure regulator (225- 450 liters, 15-30 min supply) and varied flowrate meter (must be capable of 15 liters/min)
    - Pulse oximeter
    - Stethoscope
    - Sphygmomanometer
- Rectal thermistors will be available in all exertional heat illness kits to assess core body temperature. At no time should any other temperature device (oral, aural, temporal, etc.) be used to measure core body temperature when an exertional heat illness is suspected.
- Ice water immersion is the gold standard treatment for exertional heat stroke. In the instance where ice water immersion is not available (eg., off-site cross-country), the athletic trainer will utilize the tarp-assisted cooling (TACO) method or rotating ice towels. In the instance when a patient needs to be cooled but is not experiencing an exertional heat stroke (ie., heat syncope, heat exhaustion) the athletic trainer may use ice towels, fanning, dousing water, or ice bags, or the athletic trainer may choose to immerse the patient to initiate cooling.
- Some equipment available to manage exertional heat illness is site specific and will be set up prior to activity starting. A heat Illness Kit will be available at each practice / competition.

- **The Heat Illness Kit will include:**
    - Data Therm II rectal thermometer
    - 9’ x 12’ tarp
    - Canvas stretcher
    - Twin bed sheet (flat)
    - Exam gloves
    - Skin lube
    - Gator Lytes
    - Straws
    - Note pad
    - Scissors

Cooling Options

- Football
    - Outdoor practice field
        - Ice tubs available onsite at practice field and also inside in AFFC Athletic Training Room.
        - Ice available both in AFFC athletic Training Room and the Indoor facility
    - Indoor practice field
        - Ice tubs available onsite at indoor field and also inside in AFFC Athletic Training Room …
        - Ice available both in AFFC athletic Training Room and the Indoor facility
    - Memorial stadium
        - Ice tubs available onsite under overhang of AFFC or inside in AFFC Athletic Training Room
        - Ice available both in AFFC athletic Training Room and the Indoor facility
- Rock Chalk Park (women’s soccer, track and field, softball)
    - Ice tubs available inside the athletic training room of Rock Chalk Park or will utilize the TACO method.
    - Ice available in the athletic training room of Rock Chalk Park or in the Softball Athletic training Room.
- Tennis Center
    - Ice tubs available inside athletic training room at the Tennis Center
    - Ice available in the athletic training room.

- Allen Fieldhouse/Anschutz/Strength Center/Volleyball Arena
    - Ice Tubs available in the ARC or the Women's and Men's Basketball locker rooms.
    - Ice available in the Wagnon Athletic Training Room or in the satellite AT rooms in the team locker rooms.
- Hoglund Park will have a ice tub onsite or utilize the TACO method.
    - Ice is available in the athletic training room onsite.
- Cross country (off-site)
    - Will be set up for competitions onsite at park. Will utilize TACO method offsite
    - Ice will be transported for use as needed.
- Rowing
    - Lone Star Park will utilize TACO method for cooling
        - Ice will be transported for use as needed.
    - Burcham Park will utilize TACO method for cooling
        - Ice is available in the AT Room in the KU Boathouse.
    - Wyandotte County Lake Park will utilize TACO method for cooling
        - Ice will be transported for use as needed.
- Robinson (swim and dive) will utilize TACO method for cooling
    - Ice is available in the team locker room inside Robinson swimming facility

Hydration

Dehydration is the process of losing fluids, and when fluids are not adequately replenished, the patient will become hypohydrated. Hypohydration is a risk factor for exertional heat illness due to increased cardiovascular strain on the body. As dehydration progresses performance decreases and the risk for experiencing exertional heat illness increases. An individual who is hypohydrated may experience nausea, vomiting, lightheadedness, dizziness, headache, gastrointestinal distress, apathy, or flushed skin.

Hydration varies widely between individuals. Maintaining euhydration (optimal hydration) and rehydrating during or after activity should be based on the individual's fluid and electrolyte needs. It is imperative individuals do not over hydrate, as this may lead to hyponatremia (low blood sodium concentration), which can be detrimental, as well.

The most common ways to measure patients' hydration status is change in body weight from before to after activity, urine color, and urine specific gravity. Hydration testing is performed at the discretion of the physician or athletic trainer. Individuals may also be educated on using urine color, void frequency, and thirst sensation to self-assess their hydration status.

Body weight

- Body weight change is useful for tracking hydration status over 24 hours or between practices on days where there are multiple workouts.
- Individuals will be weighed by athletic training, strength or nutrition staff prior to practice and again after practice
- Percent body mass loss will be calculated from pre- to post-activity weight by the team athletic trainer or nutrition staff.
- Individuals will be given a specific amount of fluid, typically 100-150% of fluid loss, to consume before the next exercise session
    - 16-24 oz for every 1 lb lost or 1 L for every 1 kg lost
- Upon weighing in to the next day practice, body weight must be within 2% of the previous day's before practice weight

- If the athlete has not returned to 98% of previous weight they must see a team physician, and a discussion with the athletic trainer and team physician will take place to determine the person's participation status for that day.

Mild hypohydration is <2% body weight loss and is typical during athletic activity. At 2% body weight loss individuals can begin to experience decreases in performance. For individuals experiencing mild hypohydration during activity:

- Continue participation with monitoring symptoms
- Attempt to rehydrate during activity
- If needed, move to cool environment
- The athletic trainer determines return to activity
- After activity, follow up with specific fluid recommendations based on weight loss

Acclimatization

Heat acclimatization involves progressively increasing the intensity and duration of physical activity and phasing in protective equipment (if applicable) repeatedly in the heat over 10-14 days. During this time, the body undergoes improvements in cardiovascular function (increased stroke volume and decreased heart rate), as well as increased sweat rate, earlier onset of sweating, and decreased sweat sodium concentration. Combined, these physiological responses improve the individual's ability to thermoregulate and tolerate exercise and heat exposure. Campers should be encouraged to acclimatize to the environmental conditions they will be participating.

Wet Bulb Globe Temperature

Wet Bulb Globe Temperature (WBGT) is a measure of the heat stress in direct sunlight, which takes into account temperature, humidity, wind speed, sun angle and cloud cover (solar radiation).

The athletic trainer will use these guidelines, based on WBGT, in planning, modifying, or canceling activities:

- Measure WBGT prior to activity if ambient temperature is greater than 70°F
- To measure the WBGT:
    - Depending on location and availability, the athletic trainer should use the WBGT device found in their heat illness kit to measure at the specific playing site (not just outside the athletic training room)
    - Place the device on the activity surface (field, track, etc.) where patients will be performing activity
        - Ensure the device is not in a shaded area or next to a building
    - If the WBGT device is not available, the athletic trainer should use information from WeatherOps App that each athletic trainer should have downloaded on their mobile telephone.
    - Document the WBGT prior to practice within the medical timeout report or on a spreadsheet maintained by the sport athletic trainer in the medical timeout or on a spreadsheet maintained by the sport athletic trainer.
    - During practice:
        - If WBGT is > 82.0°F measure and record WBGT every 15 minutes
        - If WBGT drops < 82.0F during activity the AT should… *no l*onger needs to recheck every 15 minutes unless ambient temperature, *humidity or solar energy increases. It should be re-checked within 60 minutes to continue to monitor.*

- WBGT measures should be documented in the medical timeout or on a spreadsheet maintained by the sport athletic trainer and include the date and time
- Activity modifications are based on the below regional safety guidelines published by Grundstein et al. The University of Kansas is located in Category 3

Cat 3	Cat 2	Cat 1	Activity Guidelines
< 82.0°F <27.8°C	< 79.7°F <26.5°C	< 76.1°F <24.5°C	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9°F 27.9-30.5°C	79.9 - 84.6°F 26.6-29.2°C	76.3 - 81.0°F 24.6-27.2°C	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
87.1 - 90.0°F 30.6-32.2°C	84.7 - 87.6°F 29.3-30.9°C	81.1 - 84.0°F 27.3-28.9°C	Maximum practice time is 2 h. For Football: players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9°F 32.2-33.3°C	87.8 - 89.6°F 31.0-32.0°C	84.2 - 86.0°F 29.0-30.0°C	Maximum practice time is 1 h. For Football: No protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1°F ≥ 33.4°C	≥ 89.8°F ≥32.1°C	≥ 86.2°F ≥30.1°C	No outdoor workouts. Delay practice until a cooler WBGT is reached.

- If heat illness risk can be significantly mitigated by changing clothing, appropriate accommodations will be made to allow for changing or the removal of clothing. Coaches or other staff members may not instruct patients to wear unnecessary clothing or special garments for the purpose of increasing sweat production.

Wet Bulb Globe Temperature (WBGT) from Temperature and Relative Humidity

Temperature in Degrees Fahrenheit

Relative Humidity (%)	68.0	71.6	75.2	78.8	82.4	86.0	89.6	93.2	96.8	100.4	104.0	107.6	111.2	114.8	118.4	122.0
0	58.6	60.9	64.3	65.5	67.7	69.9	72.1	74.3	76.4	78.5	80.6	82.6	84.7	86.6	88.6	90.5
5	59.6	62.1	65.6	67.0	69.3	71.7	74.0	76.4	78.6	80.9	83.1	85.3	87.5	89.9	92.1	94.2
10	60.7	63.3	66.9	68.4	70.8	73.3	75.8	78.2	80.7	83.0	85.5	88.0	90.3	92.8	95.1	97.6
15	61.7	64.5	68.1	69.6	72.2	74.8	77.4	80.0	82.6	85.2	87.8	90.2	92.8	95.4	98.0	
20	62.7	65.6	69.4	70.9	73.6	76.3	79.2	81.8	84.5	87.1	89.8	92.5	95.2	97.8		
25	63.8	66.7	70.5	72.2	75.1	77.8	80.6	83.4	86.2	89.0	91.8	94.6	97.4			
30	64.8	67.6	71.7	73.4	76.3	79.2	82.1	84.9	87.8	90.8	93.6	96.6	99.4			
35	65.6	68.6	72.7	74.6	77.5	80.5	83.5	86.4	89.4	92.4	95.3	98.3				
40	66.7	69.6	73.8	75.7	78.8	81.8	84.8	87.8	90.9	94.0	97.0					
45	67.5	70.6	74.8	76.8	79.9	83.0	86.1	89.2	92.3	95.4	98.6					
50	68.4	71.5	75.8	77.8	81.1	84.1	87.4	90.5	93.7	96.9						
55	69.3	72.4	76.7	78.8	82.1	85.3	88.5	91.9	95.1	98.3						
60	70.1	73.3	77.7	79.8	83.2	86.4	89.8	93.1	96.3	99.6						
65	70.9	73.8	78.6	80.9	84.2	87.5	90.8	94.1	97.5							
70	71.7	75.0	79.5	81.7	84.9	88.6	91.9	95.3	98.6							
75	72.4	75.9	80.3	82.7	86.1	89.6	92.9	96.4								
80	73.2	76.7	81.2	83.6	87.1	90.4	93.9	97.4								
85	74.0	77.4	82.0	84.5	88.0	91.5	94.9	98.5								
90	74.7	78.2	82.9	85.3	88.9	92.3	95.9	99.4								
95	75.5	78.9	83.6	86.1	89.6	93.2	96.8									
100	76.1	79.7	84.4	86.9	90.5	94.1	97.7									

NOTE: This chart is calculated using temperature and humidity, assuming a very clear sky (maximal solar load), and atmospheric pressure of 1ATA (760 mmHg). Chart A was developed by Professor Yoram Epstein to be used in Ariel's Checklist for hikers in Israel.

Exercise-Associated Muscle Cramps

Exercise-associated muscle cramping (EAMC) is sudden or sometimes progressively and noticeably evolving, involuntary, painful contractions of skeletal muscle during or after exercise. EAMC may occur in hot or cold environmental temperature but are often seen in hot, humid conditions and sometimes referred to as "heat cramps". EAMC is primarily attributed to neuromuscular dysfunction caused by poor physical conditioning and/or poor nutrition that causes the muscle to fatigue and not work correctly. Other factors that may contribute to developing EAMC include dehydration and electrolyte depletion.

**Exertional sickling should be considered in the differential diagnosis when suspecting EAMC. If the patient is sickle cell trait positive, remove the individual from participation, cool, and administer emergency oxygen.*

Management

Because EAMC is primarily caused by neuromuscular dysfunction, the best management is to prevent their occurrence through proper training/conditioning and nutrition (including hydration and electrolytes).

If EAMC occurs, the following management strategies can be attempted:

- Remove from activity
- Move to a shaded or cool area
- Light passive stretching
- Massage
- Ice bag on the cramping muscle, may combine with massage
- Oral hydration, if possible, with a carbohydrate-electrolyte beverage

Monitor the patient closely for changes in status until the symptoms resolve.

Return to participation

Campers must be cleared by a licensed physician to return to camp after any heat related illness. They must bring signed documentation from a licensed physician to present to athletic trainer and camp coordinator to return to participation.

Heat Syncope

Heat syncope, or orthostatic dizziness, occurs in persons who stand for a long period of time or suddenly change posture in the heat. Individuals wearing a uniform or insulated clothing are also at risk, as these encourage skin vasodilation. A patient who exhibits or experiences a brief episode of fainting associated with dizziness, tunnel vision, pale or sweaty skin, and a decreased pulse rate while standing in the heat or after intense exercise is likely experiencing heat syncope. Rectal temperature is usually low (39^{o}C/102^{o}F). However, responsiveness, breathing, and pulse must be assessed to rule out a cardiac event.

Heat syncope is often attributed to poor physical conditioning, lack of heat acclimatization, dehydration and fatigue.

Management

- Move patient to a shaded area or cool building
- Place patient supine with legs elevated
- Cool the skin with cold water
- Once awake and able, provide oral fluids for rehydration
- Monitor patient and assess vital signs (blood pressure, heart rate, respiration rate, oxygen saturation)

- If patient's condition deteriorates or if indicated from other signs/symptoms assess rectal temperature to rule out exertional heat stroke

Return to participation

Campers must be cleared by a licensed physician to return to camp after any heat related illness. They must bring signed documentation from a licensed physician to present to athletic trainer and camp coordinator to return to participation.

Exertional Heat Exhaustion

Heat exhaustion is the inability to effectively exercise in the heat and is usually the result of a combination of factors, including cardiovascular insufficiency and energy depletion. Individuals have an elevated core body temperature (typically ≤ 105°F), their skin will appear red due to high skin blood flow, and they are sweating profusely. Individuals may also experience dehydration; excessive fatigue; faint or collapse with minor cognitive changes (e.g., headache, dizziness, confusion, lightheadedness); weakness and impaired muscle coordination; vomiting or nausea; or low blood pressure.

The athletic trainer should assess the patient's central nervous system (CNS) function by noting any bizarre behavior, hallucinations, altered mental status, confusion, disorientation, or coma as these indicate a more serious condition, such as exertional heat stroke.

Management

- Remove patient from participation
- Remove any excess clothing or equipment and move to shaded area or cool building. Position patient supine with legs elevated. Facilitate skin cooling via a fan or ice towels.
- If possible, provide oral fluids for rehydration; if not assess need for IV hydration.
- Assess vital signs and re-assess every 5-10 minutes to determine the patient's status and if emergency action plan activation is needed with subsequent transport to an emergency medical facility.
    - Respiratory rate
    - Heart rate
    - Blood pressure
    - Oxygen saturation
- If the patient's status deteriorates (vitals not stable or shows signs of CNS dysfunction) assess rectal temperature to differentiate from exertional heat stroke and initiate EAP

Return to participation

Campers must be cleared by a licensed physician to return to camp after any heat related illness. They must bring signed documentation from a licensed physician to present to athletic trainer and camp coordinator to return to participation.

Exertional Heat Stroke

Exertional heat stroke is the most severe heat illness and a medical emergency. **Two key signs characterize exertional heat stroke: central nervous system (CNS) impairment and a core body temperature ≥ 105°F.** Exertional heat stroke results from high metabolic heat production (working muscles) and environmental heat load (high WBGT) that overwhelms the body's ability to thermoregulate, thus increasing core body temperature. Exertional heat stroke is a medical emergency that can progress to a systemic inflammatory response and multi-organ system failure unless promptly and correctly recognized and treated.

Central nervous system dysfunction may manifest as collapse, aggressiveness, irritability, confusion, seizures, or altered consciousness. Patients may become combative (eg., fighting, biting, punching, spitting). An individual's physiological responses to activity and the environment vary greatly and are influenced by the person's individual risk factors. For example, some individuals may have high core temperatures (> 105°F) but no CNS dysfunction or other signs of exertional heat illness. However, if the athletic trainer suspects a patient is experiencing exertional heat stroke due to CNS dysfunction but the rectal temperature is slightly lower than 105°F (ie., 104°F), it is prudent to assume the patient is suffering from exertional heat stroke and begin the appropriate treatment. Similarly, if the athletic trainer suspects a patient is experiencing exertional heat stroke due to CNS dysfunction but a rectal temperature cannot be obtained (eg., thermistor is not working), it is prudent to assume exertional heat stroke and begin treatment. The risks of morbidity and mortality increase the longer an individual's body temperature remains above the critical threshold (105°F) and are significantly reduced if body temperature is lowered promptly.

Management

For all EHS patients, the goal is to **lower core body temperature to <102°F as soon as possible. Ice water immersion is the gold standard treatment** and should be conducted when possible. In certain instances (eg., off-site cross-country), an alternative cooling method may be warranted. Appropriate alternative methods are TACO and rotating ice towels.

Patients experiencing exertional heat stroke will be cooled first, then transported to an medical facility. The emergency action plan will be activated.

- **Rectal Temperature**
  - A rectal temperature should be obtained immediately by a certified athletic trainer to obtain core body temperature and diagnose exertional heat stroke
    - Oral, aural, temporal, axillary, forehead stickers, and other devices should NOT be used to determine the patient's temperature. If a rectal temperature cannot be obtained, another device will not be used.
  - Each exertional heat stroke kit contains one rectal thermometer with a flexible probe designed to remain in the patient's rectum during assessment and treatment. The probe should remain in to continuously monitor the patient and indicate when the patient should be removed from ice water immersion.

- **Cold/Ice Water Immersion**
  - Prior to activity, tubs will be prepared with cold/ice water (34-59°F) for immersion
  - Remove as much excess clothing and equipment as possible
  - Obtain rectal temperature
  - Place as much of the patient's body in the tub as possible, ensure the torso (core) is immersed
  - Aggressively stir water while the patient is immersed to promote cooling
  - Continue whole body cooling until the patient's rectal temperature lowers to 102°F*
    - If rectal temperature is not being measured, cool approximately 10-15 minutes and then transport to a medical facility
  - Once the patient is removed from the tub, continue to monitor temperature to prevent hypothermic overshoot
  - If possible, assess vital signs (blood pressure, heart rate, respiratory rate, and oxygen saturation) and re-assess every 5-10 minutes until the patient is transported to an emergency medical facility
  - If possible, a team physician may administer IV fluids

- **Tarp Assisted Cooling (TACO)**
  - Tarps are located in exertional heat stroke kits
  - Remove as much excess clothing and equipment as possible
  - Obtain rectal temperature
  - Place the patient supine on the tarp and pull the sides of the tarp up
  - Slightly elevate the end of the tarp where the patient's head is and pour ice water onto the patient

- Agitate the water to assist with cooling
- Continue cooling until the patient's rectal temperature lowers to 102°F*
  - If rectal temperature is not being measured, cool approximately 10-15 minutes and then transport to a medical facility
- Once active cooling stops, continue to monitor temperature to prevent hypothermic overshoot
- Assessing vitals and administering IV fluids during the TACO is difficult and likely will not occur until active cooling has stopped

- **Rotating Ice Towels**
  - Move the patient to a shaded area or cool building
  - Remove as much excess clothing and equipment as possible
  - Obtain rectal temperature
  - Place the patient supine and cover the entire body with ice towels
  - Change out towels every 1 minute to promote cooling
  - Continue cooling until the patient's rectal temperature lowers to 102°F*
    - If rectal temperature is not being measured, cool approximately 10-15 minutes and then transport to a medical facility
  - Once active cooling stops, continue to monitor temperature to prevent hypothermic overshoot
  - If possible, assess vital signs (blood pressure, heart rate, respiratory rate, and oxygen saturation) and re-assess every 5-10 minutes until the patient is transported to an emergency medical facility
  - If possible, a team physician may administer IV fluids

*If at 102°F the patient is still experiencing CNS dysfunction, the clinician should consider other differentials (eg, hyponatremia, hypoglycemia, severe dehydration, cardiac condition, head trauma, etc.)

Return to participation

Campers must be cleared by a licensed physician to return to camp after any heat related illness. They must bring signed documentation from a licensed physician to present to athletic trainer and camp coordinator to return to participation.

Hyponatremia

Hyponatremia is a life-threatening condition where the sodium concentration in the blood becomes low (< 135 mmol/L). Hyponatremia is sometimes referred to as "water intoxication". The most common cause for hyponatremia is individuals drinking more hypotonic fluids (water or sports drinks) than what they need or not replacing sodium loss (salty sweaters or individuals on low sodium diets). As the condition progresses, central nervous system (CNS) changes (e.g., altered consciousness, confusion, coma, convulsions, altered cognitive functioning) and respiratory changes will occur resulting from cerebral and/or pulmonary edema, respectively. Excessive fluid consumption and CNS changes are primary indicators for hyponatremia.

Other indicators for hyponatremia include:

- Overdrinking
- Increasing headache and disorientation
- Nausea, dizziness, vomiting (often repetitive)
- Altered mental status, mood changes, agitation, seizure
- Lethargy/apathy
- Tingling and/or swelling of extremities (hands and feet)
- Muscle twitching or weakness
- Irregular diet (e.g., inadequate sodium intake)

- Prolonged activity (often lasting >4 hours)
    - Hyponatremia is traditionally associated with long duration activity; however, clinicians should be aware of cases in football and other shorter events where individuals consume too much fluid in attempt to rehydrate after activity or are misdiagnosed as experiencing dehydration and are subsequently mistreated.
- Frequent urination with low specific gravity or appearing clear
    - In severe cases urination will stop
- Absence of severe hyperthermia
    - Most commonly body temperature will be <104°F

When physically active people match fluid and sodium losses, via sweat and urine, with overall intake, exertional hyponatremia is prevented. The risk of acquiring hyponatremia can be substantially reduced if fluid consumption during activity does not exceed fluid losses and sodium is adequately replaced. Athletes should not drink fluids to gain weight beyond pre-exercise measurements. Monitoring weight before and after activity can help determine if individuals are consuming too much fluid.

Management

Serum sodium assessment is the key method of differentiating exertional hyponatremia. If blood sodium levels cannot be determined onsite and the clinician suspects hyponatremia, hold off on rehydrating the athlete (to prevent further diluting sodium concentration) and activate the EAP. If possible, clinicians should take vitals (blood pressure, heart rate, respiratory rate, oxygen saturation, and rectal temperature) and reassess every 10 minutes.

If blood sodium levels are determined to be mildly low (< 135 mmol/L) and the person is experiencing mild symptoms, fluids should be restricted and the athlete should consume salty foods, or hypertonic solution, such has 3-5 bullion cubes dissolved in 1 cup (8 fluid ounces) of hot water. Sports drinks are NOT an appropriate treatment for hyponatremia, as they are hypotonic fluids.

Athletes experiencing severe hyponatremia may need intravenous *hypertonic* solutions, especially if mental status deteriorates. IV solutions will be administered under the supervision of or by the team physician, emergency medical services, or the emergency department personnel.

Return to participation

Campers must be cleared by a licensed physician to return to camp after any heat related illness. They must bring signed documentation from a licensed physician to present to athletic trainer and camp coordinator to return to participation.

Notes:

The athletic trainer on site will initiate the EAP and manage the medical care in all scenarios until EMS or the team physician arrive on site. The athletic trainer or designee should contact the team physician as the situation allows.

References

National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training.* 2015;50(9):986-1000.

National Athletic Trainers' Association Position Statement: Fluid Replacement for the Physically Active. *Journal of Athletic Training.* 2017;52(9):877-895.

Grundstein A, et al. Regional safety thresholds for athletics in the contiguous United States. *Applied Geography.* 2015;56:55-60.

Cold Stress and Cold Exposure

Policy:
When the physically active cannot maintain heat, cold exposure can be uncomfortable, can impair performance and may be life threatening. The NATA position statement stated that injuries from cold exposure are due to a combination of low air or water temperatures and the influence of wind on the body's ability to maintain a normothermic core temperature, due to localized exposure of extremities to cold air or surface. The University of Kansas Sports Medicine Staff and coaches should identify student-athletes or conditions that may place members of their teams at greater risk for a cold injury (predisposing medical conditions, physiological factors, mechanical factors, environmental conditions).

Purpose:
Educating student-athletes and coaches in proper prevention is the key to decreasing the possibility of cold exposure injury or illness. Early recognition of cold stress is important. Excessive shivering contributes to fatigue and makes performance of motor skills more difficult. As cold exposure continues, the core temperature drops which can lead to the student-athlete exhibiting sluggishness, poor judgement, appear disorientated and may have cardiac arrhythmias.

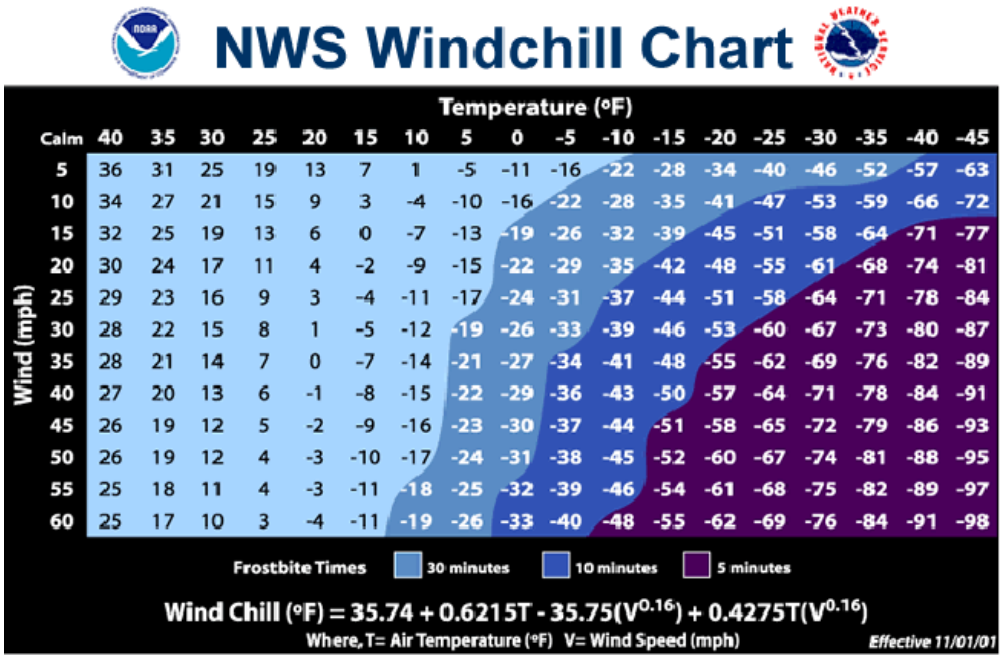
Procedures

- If the student-athlete presents one of the following symptoms, start the re-warming process:
    - Excessive shivering, numbness and pain in fingers and toes, burning sensations in ears, nose or exposed flesh, sluggishness, disorientated, slurred speech, clumsy, wants to lie down.
- Get into warm shelter/vehicle.
- If clothes are wet, place the student-athlete into warm, dry clothing, blankets/towels for warmth, can use hot packs, warm drinks.
- If conditions are deteriorating or if student-athlete wants to lie down and rest, activate the EAP's for that facility.
- Hot tub immersion is NOT recommended.

Practice and Competition Sessions
Team Athletic Trainer should be aware of the conditions that are occurring and communicate with the team coaches on recommendations due to the weather conditions (based on NATA position statement 2008).

Condition	Protocol
30^{o}F to 26^{o}F	Team Athletic Trainer needs to be aware of potential for cold injury and notify appropriate personnel (coaches) of the potential.
25^{o}F to 16^{o}F	Provide additional clothing; cover as much exposed skin as practical; provide opportunities and facilities for re-warming.
15^{o}F to 1^{o}F	Limit to an hour of exposure broken up into two sessions no longer than 30 minutes followed by 20 minutes inside warm-up period and then an additional 30 minutes.
0^{o}F and below	Outdoor practice activities should be canceled or rescheduled as temperature/wind chill permits.
Other Definitions & Guidelines	

Wind Chill: Increased wind speeds accelerate heat loss from exposed skin. As a general guideline – potentially dangerous wind chill conditions are at minus -18°F. Frostbite can occur within 30 minutes or faster if clothing is wet.
Wind Chill Advisory: The National Weather Service issues a Wind Chill Advisory when the wind chill could be life threatening if action is not taken.
Wind Chill Warning: The National Weather Service issues a Wind Chill Warning when the wind chill is life threatening.



Clothing

- Individuals should be advised to dress in layers and to stay dry
- Layers can be added or removed depending on temperature, activity and wind chill
- Wicking fabric, light weight pile or wool layers for warmth, wind blocking garment next to skin to avoid wind chill
- Head and ears should be covered (40% of heat loss)
- Hand coverings as needed, mittens are warmer than gloves
- Feet can be kept dry with moisture wicking or wool socks that breathe and should be dried between uses
- Genitalia, breasts and nose should be covered

Energy/Hydration

- Negative energy balance increases the susceptibility to hypothermia, as does fatigue/exhaustion
- Dehydration effects body's ability to regulate temperature and increases the risk of frostbite
    - Avoid alcohol, caffeine, nicotine and other drugs that cause water loss, vasodilation or vasoconstriction of skin vessels

Documentation

- Daily activity calendar with temperature and wind chill is recorded daily in Healthy Roster.
- Any cold stress injury or illness will be recorded in Healthy Roster.
- Any cold stress injury or illness that sees a physician will be recorded in EPIC.

References

- National Athletic Trainers' Association Position Statement: Environmental Cold Injuries. *Journal of Athletic Training.* 2008;43(6):640-658.
- NCAA Sports Medicine Guidelines, 2014-2015
- National Weather Service. Wind Chill Chart

Performance Nutrition

Purpose and Mission

The mission of The Performance Nutrition Program is to provide evidence-based nutritional information and guidance for KU athletes to have the proper knowledge to fuel their body for maximized performance and health. We are committed to helping athletes on their journey to fulfilling nutritional goals on and off the field, and ultimately creating the opportunity to live a healthy lifestyle through optimal nutrition. Goals of the program include: 1.) Creating an equal opportunity for nutrition education and interaction between all student-athletes 2.) Maximizing fuel opportunities for student athletes to enhance performance 3.) Optimizing athletic performance and recovery through individualized nutrition strategies before, during and post exercise 4.) Utilizing DXA body composition analysis to determine individual optimal composition and corresponding nutritional goals for peak performance

Background

Nutrition is well understood to play a major role in optimizing human performance in addition to general health and wellbeing. Nutritional needs are highly variable based upon the individual athlete and their chosen sport. However, an athlete's nutritional needs are often beyond what is required for the average individual and have been shown to be at higher risks for impairments including eating disorders, insufficient energy intake, and bone/soft tissue injuries, all of which are impacted by nutrition. It is the job of a qualified nutrition professional (Registered Dietitian) to provide individualized, timely and science-based education and counseling in order to best serve the athlete and ensure optimized physical health, performance, and wellbeing. It is also the job of the nutrition professional to collaborate within an interdisciplinary team when determined to be necessary (see collaboration below).

KU Performance Nutrition promotes whole foods as the optimal fuel source for the body. We believe in providing an individualized approach to develop a plan based on sport, genetics, periodization, schedule, and goal(s).

Best Practice

A. Collaboration

As nutrition has broad reaches across the physical and mental spaces of a student athlete's well-being, it is in the best interest of the student-athlete for collaboration to be a point of emphasis within KTH. The Registered Dietitians will work alongside the student-athlete's primary health care providers (Head Team Physician or designee (HTP-D)), Team Physician Assistant (PA), Certified Athletic Trainers (ATC), Certified Strength Coach (CSCS), and Mental Health Provider (LSCSW or PhD) to provide the most robust and individualized care possible.

B. Licensure

Members of the Performance Nutrition team and outside nutrition specialists must meet or be under the supervision of an individual who has met the minimum qualifications as defined by The Commission on Dietetic Registration (CDR) to obtain licensure as a Registered Dietitian Nutritionist (RD/N) or Certified Nutrition Specialist (CNS). The nutrition professional must also be certified to practice in the State of Kansas by obtaining licensure issued by the State Department for Aging and Disability Services. These licensure requirements will ensure that nutritional care will be provided to the student athlete by a qualified professional and will be of the highest standard.

C. Professional Ethics

The KU Performance Nutrition Program follows the Code of Ethics as defined by the Academy of Nutrition and Dietetics (AND) and its credentialing agency, the Commission on Dietetic Registration (CDR), as well as Kansas Athletics Inc. (KAI) and Kansas Health System (KHS) Code of Ethics. AND defines 4 core principles that outline the Code of Ethics for nutrition professionals: 1.) Competence and professional development in practice 2.) Integrity in personal and organizational behaviors and practices 3.) Professionalism 4.) Social responsibility for local, regional, national, global nutrition and well-being. Nutrition and dietetics practitioners have voluntarily adopted this Code of Ethics to reflect the values and ethical principles guiding the profession and to set forth commitments and obligations of the nutrition and dietetics practitioner to the public, clients, the profession, colleagues, and all others to which they provide service.

Body Composition Assessment & Analysis

The purpose of our body composition testing is to provide training & nutritional adaptation information to the Kansas Team Health members in order to deliver the most effective training, nutrition and treatment possible. BodPod is a medical tool utilized by KTH and many other institutes to analyze body composition. Participation in body composition evaluation via BodPod is completely optional to the athlete and athletes also retain the option to complete a scan without viewing their results. If an athlete does choose to review their results, a sports dietitian will provide an explanation of their data and answer any related questions they may have. The goal is for athletic department staff to recognize individual differences and trends within an individual, instead of relying on pre-published group norms and absolute values. The registered dietitian will assess results with the team physician, strength coach, and athletic trainer to determine if any intervention is necessary. Body composition data is considered sensitive health information and will only be shared with the athlete and/or KTH employees.

Nutritional Supplements

Kansas Athletics believes that optimizing a student-athlete's performance depends on many factors, one of the most important of which is maintaining proper nutrition. To that end, the monitoring of nutritional supplements is an important component of proper nutrition.

A growing number of nutritional supplements are marketed to athletes. The NCAA has banned certain ingredients found in many of these nutritional supplements. Minimal regulation of these supplements by the federal government greatly increases the risk of contamination. Besides containing banned substances, many supplements are available that are very likely hazardous to the athletes' health. To provide the safest possible care and in order to monitor potential drug/supplement interactions, the sports medicine staff must be informed of all nutritional supplements taken by the student-athlete. To that end, all student-athletes will be required to list the current supplement(s) they are taking on the Performance Nutrition Questionnaire via Healthy Roster.. This form will be available with the yearly forms that must be completed. On this form, the student-athlete will list all supplements that he/she is taking and will also commit the student-athlete to taking only supplements approved by Kansas Athletics. The Sports Nutritionist shall review all forms and evaluate the potential risk associated with all supplements taken by the student-athlete. Student-athletes are not permitted to take any nutritional supplements other than those provided by Kansas Athletics without a supplement evaluation review from the Sports Nutritionist.

Coaches are not permitted to provide nutritional supplements. Any supplement provided for athletes by Kansas Athletics must be evaluated by the Sports Nutritionist. The Sports Medicine will be informed of all supplements being used by student-athletes directly or via Healthy Roster based on risk level/concern. Please see attached supplement review form

used by the Sports Nutritionist to evaluate a nutritional supplement. This form will be reviewed with the student athlete and signed to indicated that they have been provided with information and recommendations from the Sports Nutritionist, including that they take any and all supplements at their own risk knowing that supplements are not regulated by the FDA

NCAA Guidelines for institutions providing supplements to student-athletes:

PERMISSIBLE:	**NONPERMISSIBLE:** Athletes may consume these products but do so at their own risk.	**NONPERMISSIBLE:** Unless prescribed by physician to treat a current condition
Carbohydrate/electrolyte drinks Energy Bars Carbohydrate Boosters Protein Supplements Vitamins and Minerals	Amino acids Chrysin Creatine / Creatine containing products Garcinia Cambogia Ginseng Glutathione Glycerol Green Tea HMB MSM L-carnitine Melatonin St. John's Wort Yohimbe	Chondroitin Glucosamine

Mental Health

Mental Health

Purpose

The purpose of this policy is to provide an overview of the Mental Health and Performance Services (MHAPS) entity within Kansas Team Health, define a mental health emergency, mental health crisis, and mental health problem/routine referral, provide examples of each, and delineate appropriate actions for each. This policy incorporates the NCAA's Mental Health Best Practices for Student-Athlete Wellness (NCAA Best Practices 2nd edition, 2024). "Inter-Association Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness" ("Best Practices") is a practical extension of the NCAA publication "Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness" http://www.ncaa.org/sport-science-institute/introduction-mind-body-and-sport. These "Best Practices" are designed to provide athletics and sports medicine departments with recommendations for supporting and promoting student-athletes mental health. Kansas Athletics (KAI), in collaboration with The University of Kansas Health Systems (UKHS) & Lawrence Memorial Hospital (LMH), or Kansas Team Health (KTH), has adopted these best practices to ensure that appropriate resources are provided to meet student-athletes' mental health wellness needs.

Background

Student-athletes face the same challenges as all college students, with the added pressures of time management, travel, visibility, performance demands, and injuries. While sports participation may improve mental health through exercise and social support, the athletic culture discourages vulnerability and help-seeking behavior when there are problems. Because mental health disorders affect student-athletes' overall well-being, as well as their athletic performance, academic performance, and risk of suicide, Kansas Team Health emphasizes the importance of recognizing and treating mental health disorders.

Mental and physical health are inextricably linked. For example, evidence suggests an elevated risk of injury among athletes who experience anxiety or depression, who abuse alcohol, or who have an eating disorder. Furthermore, the athlete's psychological response to injury has the potential to exacerbate existing vulnerabilities to depression or anxiety, substance abuse, or disordered eating behaviors. Insomnia and sleep disorders can be an indicator or risk factor for mental health challenges and can compromise academic and athletic performance through direct or indirect pathways. Mental health is a key component of student-athlete wellness, and the athletics department can play a pivotal role in providing an environment that supports wellness while also providing resources so that student-athletes can obtain referrals to mental health services.

KAI in collaboration with KTH shall work with qualified mental health practitioners to ensure that student-athletes perform at their highest levels, both academically and athletically. This must be a collaborative effort between a student-athletes' KTH primary health care providers: Head Team Physician (HTP), Designated Team Physician (DTP), Physician Assistant (PA), Certified Athletic Trainers (ATC), Mental Health and Performance Services (MHAPS) provider.

Best Practices

Collaboration. Student-athlete mental well-being is best served through a collaborative process of engaging the full complement of available campus and community resources, which may include athletics, campus health, counseling services, accessibility services, and community agencies. Identifying the resources that are available and integrating strong professional working relationships across these areas are critical to ensure that professionals are informed and respond quickly and effectively. Collaboration between the student-athlete's primary health care providers Head Team Physician (HTP), Designated Team Physician (DTP), Team Physician Assistant (PA), Certified Athletic Trainers (ATC), and Mental Health and Performance Services (MHAPS) Team, as well as other licensed mental health practitioners is crucial to ensuring that the student-athletes at the University of Kansas receive the best possible care. Such integration links professionals in a collaborative model of care that can enhance the ability of individual service providers and maximize support of student-athlete wellness.

Licensure. KTH shall only refer student-athletes to clinically licensed practitioners who are qualified to provide mental health services (e.g., psychiatrists, clinical or counseling psychologists, licensed clinical social workers, psychiatric mental health nurses, licensed mental health counselors, board certified primary care physicians with core competencies to treat mental health disorders).

Professional Ethics. Individuals providing mental health care to KAI student-athletes shall have autonomous authority consistent with their professional licensure and ethical standards to make mental health management decisions for the student-athlete.

Overview of Mental Health and Performance Services (MHAPS)

Kansas Team Health and the MHAPS Team are committed to enhancing the mental wellness of student-athletes on and off the field of play. The goal is to provide each student-athlete excellent care and a positive experience.

- Student-athletes have access to psychology services at any time per their request. Student-athletes can request information about MHAPS from their respective athletic trainer, coach or any other support staff. Student-athletes are provided this information at the start of each academic year as well. This education is provided in the "Athletic Training and Medical Services" (Beginning of the Year) presentation to student-athletes at the start of each academic year.
- All mental health concerns are confidential. A conversation with the student-athlete regarding information that can be shared should take place frequently. A student-athlete can, at any time, request information to not be shared with any individual they wish. Exceptions to confidentiality include when required by law (e.g., imminent danger to self or others, child abuse, subpoena) and when a release of information is given.
- The treating mental health professional and team physician must be involved for coordination of participation status and consistency of care. The team physician working in collaboration with MHAPS and other licensed practitioners will be transparent with the student-athlete and parties with whom the student-athlete has consented to release information to about the status of the student-athlete, the content of the protocol, and the circumstances under which they could be invoked.
- Principles of confidentiality shall be clearly established and communicated to all stakeholders. Some student-athletes may find that a limited level of communication with coaches about their mental health care is appropriate. MHAPS has an informed consent process that identifies the construct of care and includes a release of information in order to allow a clinician to confirm student-athlete engagement in mental health services.

Services

- Individual sessions are free and confidential and can be worked around a student-athlete's busy schedule for their convenience.
- Appointments are generally offered in-person Monday-Friday 8am-8pm. Appointments can be made outside of these hours and days and via telehealth (virtual) in consultation with the MHAPS staff.
- Drop-in appointments may be available but cannot be guaranteed.
- MHAPS offices are conveniently located in Wagnon Student Athlete Center.
- All mental health concerns are confidential. A conversation with the student-athlete regarding information that can be shared should take place frequently. A student-athlete can, at any time, request information to not be shared with any individual they wish. Exceptions to confidentiality include when required by law (e.g., imminent danger to self or others, child abuse, subpoena) and when a release of information is given. The treating mental health provider and team physician must be involved for coordination of participation status and consistency of care.
- Student-athletes may utilize MHAPS while they are an eligible student-athlete enrolled at The University of Kansas.
- Student-athletes who terminate their sport career for any reason (e.g., graduate, quit, enter transfer portal) but remain at KU, may continue to receive services until the end of the current semester.
- Services may be utilized anytime during the calendar year, both in and out of season, and regardless of academic eligibility.

Initial Appointment / Consultation

All student-athletes begin their work with MHAPS through an initial assessment. This brief (30-45 minute) consultation involves meeting with a MHAPS licensed mental health provider and will involve a comprehensive evaluation of their needs. The student-athlete will be asked questions to understand the concerns that have brought them to seek counseling services. There will be a discussion about goals and treatment options to address the concerns. The provider will help to determine which, if any, of our services are appropriate. If it is determined that the treatment needs require resources beyond what MHAPS can provide, we will assist the student-athlete with a referral to appropriate services.

Individual Sessions

MHAPS offers individual counseling, psychotherapy, and mental performance sessions to student-athletes to enhance their mental health and sport performance. Those challenges include but are not limited to difficulty managing anxiety, homesickness, depression/sadness, interpersonal relationships & dating, lack of motivation, performance slumps.

Team Consultation and Workshops

MHAPS offers support to coaches and staff members around strategies for optimizing athletic performance and how to support student-athlete's mental health. Each member of MHAPS works with specific sports teams to provide team talks, workshops, coach consultation, and team support around a variety of topics.

Referral Coordination

Referral coordination sessions include determining what resources are needed for the student-athlete (i.e., academic, counseling, campus security/accommodations, etc.) as well as the plan for engaging in/returning to athletic-related activities, as needed. MHAPS providers will establish ongoing dialogue with campus and off-campus community resources that could potentially be involved in caring for a student-athlete who is experiencing a mental health challenge and consider consulting with them during the referral coordination process. The list of licensed practitioners qualified to provide mental health services to student athletes is available through MHAPS.

Student-athletes referred to specialized mental health care shall be covered through KAI while they are an eligible student-athlete enrolled at University of Kansas. Student-athletes who terminate their sport career for any reason (e.g., graduate, quit, enter transfer portal) but remain at KU, may continue to be covered through KAI until the end of the current semester. A student-athlete must have a release of information and guarantee of payment form signed from MHAPS prior to services. KAI will not be responsible for payment of services rendered without a referral and guarantee of payment.

Student-athletes seeking care outside of MHAPS will be referred to KU's Counseling and Psychological Services (CAPS). Individual therapy sessions at CAPS cost $15. If a student-athlete wishes to have their sessions covered by KAI, the following steps must be completed:

1. Initial MHAPS Appointment – The student-athlete must first meet with an internal, MHAPS provider
2. Required Documentation – Prior to beginning services at CAPS, the student-athlete must have a Guarantee of Payment form and sign a Release of Information with MHAPS.

<u>Scheduling an Appointment</u>

Student-athletes can schedule an appointment with Mental Health and Performance Services (MHAPS) in one of several ways:

- Reach out directly to one of the MHAPS providers through email, phone call, text message, or Teamworks
- Sign up for an appointment using the online scheduling platform, KUathletics website:

  https://outlook.office365.com/book/MentalHealthServices@KuMed.onmicrosoft.com/

Prevention

A specialized interdisciplinary team should be organized that supports student-athlete mental wellness and health. Each team may vary depending on the needs of the team and specific student-athlete. This team may consist of team physicians, athletic trainers, mental health providers, academic support staff, registered dietitians, coaches, student-athlete development support staff, sport performance coaches, and others that contribute to the overall health and well-being of the student-athletes.

Identification, Evaluation, and Referral for Mental Health Support

Mental Health Screening

Screening for mental health symptoms and disorders is one important way to identify student-athletes who may benefit from further support. Using a validated screening tool, all student-athletes should be screened for psychological distress at least once annually (NCAA Best Practices 2nd edition, 2024). Screening tools shall be used in consultation with the Mental Health and Performance Services (MHAPS) Team.

Each incoming and returning student-athlete shall complete the Sport Mental Health Assessment Tool-1 (SMHAT-1) at the beginning of the year during Pre-Performance Evaluations (PPE) and shall be reviewed by the Mental Health and Performance Services (MHAPS) providers. This tool was developed by the *International Olympic Committee Mental Health Working Group*. It is a standardized assessment tool aimed at identifying elite athletes at risk of or already experiencing mental health symptoms and disorders. MHAPS will work in collaboration with the HTP, DTP, PA, and ATC as part of the PPE. If a student-athlete is considered 'at risk' due to their answers on the questionnaire, MHAPS will reach out to the student-athlete, or ATC, for necessary follow-up assessment and intervention.

ATCs can administer the SMHAT-1 electronically to student-athletes using the following link or QR code: https://redcap.kumc.edu/surveys/?s=79ML44XFDKAR4HCW

ATCs shall inform their MHAPS team liaison when they have shared the link with their student-athletes, so the MHAPS liaison can review student-athlete responses and follow-up accordingly. HTP, DTP, ATC, PA, or MHAPS can request that the SMHAT-1 is administered to a team or student-athlete anytime throughout the year as needed (e.g., near mid-semester or final exams, post-season). The decision to administer the SMHAT-1 more than once annually should be made in consultation with MHAPS and HTP.

Recognition and Referral of Student-Athlete to Qualified Practitioners

Identifying student-athletes with mental health concerns

Identifying an impending or evolving crisis early on-before it has become a life-threatening emergency is the ideal approach to crisis management. The keys to identifying risk and crisis are being vigilant about changes in cognitive function, emotional state and behavior or disturbances in typical functioning or basic life functions.

Kansas Team Health sports medicine staff, coaches, support staff and student-athletes should know the symptoms of a person in distress. Efforts should be made to provide graded (appropriate to their level of responsibility) gatekeeper training to all athletes and staff. The training should be adjusted in detail for differing populations. Athletes and staff should receive simple overviews of identifying risk and knowing the process for reporting concern while staff more likely to be involved in actual response should receive more detailed training.

KTH sports medicine staff are required to obtain and maintain certification in Mental Health First Aid (MHFA). All KAI coaches and staff are strongly encouraged to complete MHFA training (https://www.mentalhealthfirstaid.org/). MHFA teaches participants how to recognize and refer a someone experiencing a mental health challenge to appropriate resources, including following the KAI Mental Health Emergency Action Plan (MH-EAP). Certification is valid for three years. Dr. Emily Tyler offers MHFA training twice a year (during winter and summer breaks). Reach out to Dr. Tyler at dr.emily@ku.edu if interested in a training.

In addition to training, it is essential that all KTH and KAI stakeholders (athletes, coaches, staff) understand how to communicate a concern about someone experiencing a mental health challenge or who is in crisis. Information should be shared during all orientation meetings and there should be signs posted about how to inform the proper parties if anyone is worried about themselves, a teammate, or a colleague.

Student-athletes shall be referred to the Mental Health and Performance Services (MHAPS) team liaison, designated team physician (DTP), or athletic trainer if any of the following are displayed in a student-athlete:

- suicidal thoughts (specific plan, intent, and/or a previous history of suicide attempts can increase risk)
- multiple anxiety or depressive symptoms (see Tables 1 and 2)
- symptoms that persist for two weeks or more
- aggressive or destructive behaviors
- symptoms that interfere with participation in academic or athletic requirements

Some of the most common diagnoses in collegiate student-athletes are anxiety and depression. Below are common signs and symptoms associated with anxiety and depression. Educational programming is performed annually to athletic trainers to provide the most appropriate recommendations for identification and treatment of these diagnoses. See Education section for more information.

Table 1. Anxiety Signs and Symptoms		
• Increased heart rate • Muscular tension • Breathing rapidly • Sweating	• Tightness in chest • Having a sense of impending danger or doom • Trembling	• Feeling weak or tired • Feeling apprehensive • Feeling powerless
Table 2. Depression Signs and Symptoms		
• Depressed, sad, or "empty" mood for most of the day and nearly every day • Irritability • Decreased performance in school or sport • Difficulty concentrating	• Change in appetite (including weight loss or gain) • Change in sleep habits • Lack of or loss of interest or pleasure in activities that were once enjoyable (hanging out with friends, practice, school, hobbies)	• Indecisiveness • Feeling sad or unusually crying • Recurrent thoughts of death or thoughts about suicide • Frequent feelings of worthlessness, hopelessness, or excessive guilt

Most individuals who experience anxiety and depression can recover and lead productive lives. A combination of counseling and medication is occasionally necessary for the management of these diagnoses. If prescription medications are necessary, they should only be taken and/or stopped under the direct care of a physician. Kansas Team Health Physicians may consult with psychiatrists or other mental health professionals regarding complex mental health issues.

Clinical licensure of providers who oversee and manage student-athlete mental health care

Per the NCAA Sport Science Institute Consensus document, "Mental Health Best Practices: Understanding and Supporting Student-Athlete Mental Health":

> Formal evaluation and treatment of student-athletes with mental health symptoms and disorders should be performed by a licensed mental health provider acting within the scope of activities covered by their clinical licensure. The licensed provider who is qualified to provide mental health services may be employed by the athletics department, sports medicine department or by an administrative unit outside of athletics such as student health services or campus counseling. The provider may also be a local, off-campus provider or telehealth provider (NCAA Best Practices 2nd edition, 2024).

KTH shall only refer student-athletes to clinically licensed practitioners who are qualified to provide mental health services (e.g., psychiatrists, clinical or counseling psychologists, licensed clinical social workers, psychiatric mental health nurses, licensed mental health counselors, board certified primary care physicians with core competencies to treat mental health disorders).

Referrals to Mental Health Providers

Student-athletes may choose to self-refer or consult with a member of their primary care health team (ATC, PA, HTP, DTP, MHAPS) for mental health support.

WITHIN Kansas Team Health – Mental Health and Performance Services (MHAPS)

Student-athletes may utilize MHAPS while they are an eligible student-athlete enrolled at University of Kansas. Student-athletes who terminate their sport career for any reason (e.g., graduate, quit, enter transfer portal) but remain at KU, may continue to receive services until the end of the current semester. Services may be utilized anytime during the calendar year, both in and out of season, and regardless of academic eligibility.

OUTSIDE Kansas Team Health

Student-athletes seeking care outside of MHAPS will be referred to KU's Counseling and Psychological Services (CAPS). Individual therapy sessions at CAPS cost $15. If a student-athlete wishes to have their sessions covered by KAI, the following steps must be completed:

1. Initial MHAPS Appointment – The student-athlete must first meet with an internal, MHAPS provider
2. Required Documentation – Prior to beginning services at CAPS, the student-athlete must have a Guarantee of Payment form and sign a Release of Information with MHAPS.

A student-athlete must have a referral, release of information, and guarantee of payment form from MHAPS prior to services. KAI will not be responsible for payment of services rendered without a ROI and guarantee of payment. Student-athletes referred to specialized mental health care shall be covered through KAI while they are an eligible student-athlete enrolled at University of Kansas. Student-athletes who terminate their sport career for any reason (e.g., graduate, quit, enter transfer portal) but remain at KU, may continue to be covered through KAI until the end of the current semester.

Management of Emergency Mental Health Concerns

(Note: for life-threatening mental health emergencies, call 911)

The **Mental Health Emergency Action Plan (MH-EAP)** shall be provided to all stakeholders and healthcare providers who work with student-athletes, clearly specifying each stakeholder's role in managing an emergency or crisis situation and the routine referral process for student-athletes for mental health care.

Definition of Emergency Situations

EMERGENCY – is a sudden, pressing necessity, such as when a life is in danger because of an accident, a suicide attempt or potential imminent attempt, or interpersonal violence. It requires IMMEDIATE attention by emergency medical services, law enforcement, Child Protective Services (CPS), or other professionals trained to respond to life-threatening events.

Emergency Mental Health-Related Situations can include but are not limited to:

- Acute delirium/confused state/paranoia
- Acute intoxication or drug overdose (i.e., consumed more than prescribed within last 24hrs)
- Acute psychosis (often involving hallucinations and/or delusions)
- Highly agitated or threatening behavior
- Specific intent and plan to die by suicide
- Specific intent and plan to kill others
- Suicide attempt – if reported attempt occurred within last 24 hours call 911
- Victim of interpersonal violence/sexual assault – acute
- Victim of physical assault – acute

Action Plan for Mental Health Emergency Situations

Mental Health Emergency Action Plan: Emergency situations warrant calling 9-1-1 immediately, then contacting the Designated Team Physician (DTP) and monitoring until emergency medical services arrives to transport as quickly as possible.

After immediate care has been rendered and the student-athlete has been treated appropriately, the MHAPS Team liaison, Head Team Physician, Athletic Trainer, MHAPS Exec. Director, and Senior Administrator for KTH should be notified immediately. Other providers/staff relevant to the student-athlete's care team should be notified as soon as possible (i.e., sport psychiatrist, mental health provider, dietician, sports performance coach, etc.).

With the student-athlete's consent, the athletic trainer, MHAPS provider, and/or team physician will inform the appropriate parties (i.e. coaches, academics staff, parents, etc.) of the student-athlete's treatment status. Management expectations will be communicated to these individuals if necessary (i.e. expectations for referral in an emergency situation, monitoring of student-athlete, notification to athletic trainer, etc.). If a student-athlete does not consent to sharing information about the emergency with non-KTH parties, *Crimson Zone* shall be introduced by MHAPS (see Crimson Zone Protocol).

If a student-athlete has not consented to their mental health information being disclosed and a coach or non-KTH personnel inquires about their status, see below suggested verbiage:

> *"For health and safety reasons the athlete will not be available for team activities. They are safe and we are taking care of them."*

Return to sport will be determined in collaboration with MHAPS and in alignment with KTH policies and procedures.

Once the situation has transformed to a non-emergency status, the MHAPS Executive Director will schedule a debriefing for all stakeholders involved in the resolution of the emergency. This meeting will include a critique of the process, a discussion of any preventative measures that may have been in place, and the determination of appropriate resources and follow-up care to the student-athlete who experienced the mental health emergency.

Sequential Escalation Call Tree for Emergency Mental Health Situation

To ensure timely and effective support during a mental health emergency, a Sequential Escalation Call Tree will be used to ensure a timely and appropriate response. This structured process ensures that a qualified clinician is available to respond to emergent situations.

Step	Action	Details
1	**Call 9-1-1**	monitor until emergency medical services arrives to transport as quickly as possible
2	**Call Designated Team Physician*** if no response, escalate to 2a	**Designated Team Physician assignments** Olympic Sports: Dr. Embers 913-636-8494 Football: Dr. Salazar 317-698-1324
2a	Call other Designated Team Physician if no response, escalate to 2b	
2b	Call Polly Sheridan, PA-C if no response, escalate to 3	785-840-7488
3	**Athletic Trainer**	ATC or designee will notify on-call physician/PA and additional staff needed ASAP (see below)

**KTH staff – reference the primary care physician on-call schedule for more immediate support*

After immediate care has been rendered and the student-athlete has been treated appropriately, the following staff should be notified **immediately**.		
• Head Team Physician • MHAPS Team liaison	• MHAPS Exec. Director • Athletic Trainer	• Senior Administrator for KTH
Additional providers/staff who may be relevant to the student-athlete's care team should be notified **as soon as possible** (ensure consent has been given and ROI has been obtained, consider using *Crimson Zone* if needed)		
• Sport Psychiatrist • Physician Assistant • Mental Health Provider	• Sport Performance Coach • Dietician	• Academic Counselor • Coach

Management of Crisis Mental Health Concerns

Definition of Crisis Situations

CRISIS – is an upset in a steady mental state that may create a disruption or breakdown in a person's normal or usual pattern of functioning. The upset, or disequilibrium, is typically acute. A crisis constitutes circumstances or situations which cannot be resolved by one's customary problem-solving resources. A crisis is a non-life-threatening situation that requires URGENT attention of a mental health provider as soon as possible, within 24 hours. If a situation can wait 24 hours for a response, without placing an athlete in jeopardy, it is a crisis and not an emergency.

Crisis MH-related situations can include but are not limited to:

- Active homicidal thoughts, urges, intent, or plan*
- Active suicidal thoughts, urges, intent, or plan*
- Acute malnutrition/electrolyte imbalance due to eating disorder behavior
- Catastrophic injury
- Manic episode
- Severe panic attacks
- Significant loss or death directly impacting athlete
- Survivor of intimate partner violence** – post-abuse care
- Survivor of sexual assault** – post-assault care
- Trauma reaction

***Suicidal and/or Homicidal Thoughts and Urges**: Depression may involve suicidal thoughts and urges. If a student-athlete exhibits signs of depression, it is appropriate to ask if he or she is considering suicide. Asking about suicide does not make someone suicidal. IMMEDIATELY refer the student-athlete to a mental health professional if there are signs of suicidality. If you are concerned the student-athlete will not be safe, contact the appropriate MHAPS team liaison and have ATC or campus police transport the student-athlete to the Bert Nash Treatment and Recovery Center (if in Lawrence) or nearest emergency department.

****Victims of Sexual Assault**: Refer to https://sapec.ku.edu/ for references and recommendations for dealing with student-athletes that are victims of sexual assault. At this website you will find resources for on-campus and community support. MHAPS is also available for referral.

What can I do?

- When dealing with an athlete who has expressed thoughts, indicated an intent or plan, or attempted suicide, do not attempt to determine the seriousness of the thoughts, gesture, or attempt. Such thoughts, behaviors or threats are serious and potentially dangerous. Do not assume the person is engaging in suicidal thoughts or actions merely for attention.
- In the case of an emergency, activate the Mental Health Emergency Action Plan. If no immediate risk is present, activate the Mental Health Crisis Action Plan as noted below.
- Your quick response lets an athlete know that you take their health difficulties and life seriously; it is better to err on the side of responding immediately and in a supportive manner.
- Make sure a suicidal athlete is not left alone. The athlete should have someone with them until a mental health evaluation is completed.

(Adapted from NCAA Mind, Body, and Sport, 2013)

Action Plan for Mental Health Crisis Situations

Mental Health Crisis Action Plan: Crisis situations warrant contacting the appropriate MHAPS liaison as soon as possible, within 24 hours, for further evaluation and treatment. MHAPS will coordinate with the Designated Team Physician (DTP) as appropriate for coordination of care, including hospitalization as needed.

If the situation occurs locally, the MHAPS liaison should contact the DTP to coordinate the response process, emergency department or Treatment and Recovery Center transport (as appropriate), parental notification (if indicated and with consent), involuntary retention, etc. For non-life-threatening mental health concerns that require transportation to the emergency department or Treatment and Recovery Center (if in Lawrence), may contact the KU police for transport at 785-864-5900.

If the situation occurs while the student-athlete is traveling with a KAI team, the Head Coach or designee will be the responsible party to ensure both immediate medical services (as appropriate) and the notification of the MHAPS liaison and DTP for additional response protocol.

The treating mental health professional and team physician must be involved for coordination of participation status and consistency of care. Return to sport will be determined in collaboration with MHAPS and in alignment with KTH policies and procedures.

With the student-athlete's consent, the athletic trainer, MHAPS provider, and/or team physician may inform the appropriate parties (i.e. coaches, sports performance coaches, academics staff, parents, etc.) of the student-athlete's treatment status. Management expectations will be communicated to these individuals if necessary (i.e. expectations for referral in an emergency situation, monitoring of student-athlete, notification to athletic trainer, etc.). If a student-athlete does not consent to sharing information about the crisis with non-KTH parties, *Crimson Zone* may be introduced by MHAPS (see Crimson Zone protocol).

If a student-athlete has not consented to their mental health information being disclosed and a coach or non-KTH personnel inquires about their status, see below suggested verbiage:

> *"For health and safety reasons the athlete will not be available for team activities. They are safe and we are taking care of them."*

After immediate care has been rendered, and with the student-athlete's consent (consider use of *Crimson Zone*), the MHAPS provider will communicate regarding further treatment and plan of care with appropriate parties. All mental health concerns are confidential. A conversation with the student-athlete regarding information that can be shared should take place frequently. The student-athlete can, at any time, request information to not be shared with any individual they wish.

Once the situation has transformed to a non-crisis status, the MHAPS liaison may schedule a debriefing for all KTH and KAI stakeholders involved in the resolution of the crisis. This meeting will include a critique of the process, a discussion of any preventative measures that may have been in place, and the determination of appropriate resources and follow-up care to the student-athlete who experienced the mental health crisis.

Sequential Escalation Call Tree for Crisis Mental Health Situation

To ensure timely and effective support during a mental health crisis, a Sequential Escalation Call Tree will be used to ensure a timely and appropriate response. This structured process ensures that a qualified clinician is available to respond to urgent situations.

Step	Action	Details
1	**Call MHAPS liaison** if no response, escalate to 1a	**MHAPS liaison assignments** FB, SWD, WBB, WGO: Kristie Baumchen SOC, SB, VB, TFXC: Dr. Emily Tyler BSB, MBB, MGO, ROW, TEN: Isaiah Robinson-McBride
1a	Call Dr. Emily Tyler, Executive Director if no response, escalate to 1b	785-331-9638
1b	Call Kristie Baumchen, Director if no response, escalate to 1c	785-393-5015
1c	Call Isaiah Robinson-McBride, Athletic Counselor if no response, escalate to Step 2	785-331-9236
2 *(as needed)*	**Call Designated Team Physician*** if no response, escalate to 2a	**Designated Team Physician assignments** Olympic Sports: Dr. Embers 913-636-8494 Football: Dr. Salazar 317-698-1324
2a	Call other Designated Team Physician if no response, escalate to 2b	
2b	Call Polly Sheridan, PA-C If no response, escalate to Step 3	785-840-7488
3 *(as needed)*	**Athletic Trainer** If no response, escalate to Step 4	ATC will work with MHAPS provider to notify necessary staff ASAP (see below)
4 *(as needed)*	National: 988 or 911 Lawrence: Mobile Response Team 785-832-7509 (9AM-12AM) KU CAPS: 785-864-2277 (M-F 8AM-4:30PM)	Consider utilizing local and national resources for additional crisis management support

**KTH staff – reference the primary care physician on-call schedule for more immediate support*

Additional providers/staff who may be relevant to the student-athlete's care team should be notified **as soon as possible** (ensure consent has been given and ROI has been obtained, consider using *Crimson Zone* if needed)

- Athletic Trainer
- Sport Psychiatrist
- Physician Assistant
- Mental Health Provider
- Dietician
- Head Team Physician
- Sport Performance Coach
- Coach
- Academic Counselor
- Senior Administrator for KTH

Mental Health and Performance (MHAPS) Team Liaison

Kristie Baumchen, LSCSW, LCAC	785-393-5015	FB, SWD, WBB, WGO
Isaiah Robinson-McBride, LCPC	785-331-9236	BSB, MBB, MGO, ROW, TEN
Dr. Emily Tyler, LP, HSP	785-331-9638	SFB, SOC, TFXC,VB

Crisis Situation – KAI/KTH Stakeholder Roles

Depending on the situation, circumstance, and location of the mental health emergency, a non-health professional may be the first responder. The potential role of each stakeholder as an initial responder to an emergency mental health situation is described below. Each stakeholder is expected to respond appropriately during a crisis situation.

KAI/KTH STAFF POSITION	ROLE OF STKEHOLDER
Academic Support/KU Leads	Notify MHAPS Team Liaison, DTP, or ATC
Athletic Coach	Notify MHAPS Team Liaison, DTP, or ATC
Sport Administrator	Notify MHAPS Team Liaison, DTP, or ATC
Sport Performance Coach/Dietician	Notify MHAPS Team Liaison, DTP, or ATC
Athletic Trainer (ATC)	Perform triage, notify and collaborate with MHAPS Team Liaison, potentially transport to ED or TRC, coordinate with MHAPS to notify necessary individuals
Designated Team Physician (DTP) or Head Team Physician (HTP)	Perform triage, notify and collaborate with MHAPS Team Liaison, potentially transport to ED or TRC, notify parents (if needed, with consent), determine “need to know” staff list
Team Physician Assistant (PA)	Perform triage, notify and collaborate with MHAPS Team Liaison and HTP/DTP, potentially transport to ED or TRC
Mental Health and Performance Services (MHAPS) Liaison	Perform triage, notify and collaborate with DTP/HTP, potentially coordinate transportation to ED or TRC, notify MHAPS Exec. Director, and additional relevant staff as needed (i.e., ATC, psychiatrist, mental health provider, dietician, coach, academics, etc.), if indicated, introduce Crimson Zone to student-athlete, coordinate with student-athlete treatment/safety plan and referrals if needed

Crisis Response Local (Lawrence) Resources

These local resources may be utilized instead of transporting directly to the Emergency Department in crisis (non-medical emergency situations). The decision to go to the TRC vs ED can be made it consultation with MHAPS staff and the Designated Team Physician.

Bert Nash – Treatment & Recovery Center

The purpose of the TRC is to provide excellence in the assessment, treatment and coordination of crisis care for all people experiencing a psychiatric, substance use, or co-occurring disorder. It serves as the lifeline for immediate access to care and connects people to community resources that put them on the journey to recovery.

The TRC provides crisis care through urgent care, treatment, and recovery.

Urgent Care: anyone in crisis can come to the TRC for immediate access to behavioral health crisis assessment and treatment.

Treatment: the TRC will provide a safe, structured environment for individuals experiencing a severe mental health or substance use crisis using trauma-informed methods.

Recovery: the TRC will provide care coordination, treatment and support to create a safety net of access to community resources and programs, providing a road map and community for a stable future.

The TRC is open **24/7, 365 days a year. No appointments necessary.** It's located at 1000 W. 2nd St., Lawrence, KS.

Bert Nash – Mobile Response Team

The Mobile Response Team (MRT) serves clients that are experiencing a behavioral health crisis. The MRT deploys to the crisis location to assess the situation and decide as to the next step in the service provision continuum.

Currently, MRT is available **7 days a week between 9 am - 12 am.** 785-832-7509

Call 988 or 911 and request for Mobile Response Team deployment

- After a crisis call is received, dispatch will make a determination that the crisis team should be dispatched, then the MRT will meet the individual in their environment.
- Requests for a response by MRT can additionally come through Douglas County community resources or partners, as well as the Emergency Communication Center.
- The MRT is responsive and will always provide those involved in a crisis situation the opportunity to accept or decline interventions in real time.

Situations might be utilized:

- After suicide attempt, non-life threatening
- Self-harm, paranoia, psychosis
- Emergency room is not warranted

Management of Routine (Non-Emergency/Problem) Mental Health Concerns

Definition of Routine/Problem Situations

PROBLEM – is a different from a crisis or an emergency. While a ***problem*** may create stress and be difficult to solve, the athlete can find a solution. Consequently, a problem that can be resolved by an athlete is not a crisis and does not require immediate care. Problem situations can wait up to 72 hours for a response, without placing an athlete in jeopardy. "Problem situations" are also known as "routine referrals."

Problem Mental Health-related situations can include but are not limited to:

- "All-or-nothing" thinking
- Academic difficulty
- ADHD assessment
- Becoming more irritable/problems managing anger
- Changes in eating and sleeping habits (e.g., insomnia, restricting)
- Decreased interest in activities that have been enjoyable or taking up risky behavior
- Decreased sport performance
- Desire for mental skills training
- Drug or alcohol abuse
- Excessive worry or fear
- Family problems
- Feeling out of control
- Frequent complaints of fatigue, illness or being injured that prevent participation
- Gambling issues
- Gastrointestinal complaints, headaches
- Increased agitation or irritability
- Irresponsibility, lying
- Legal problems, fighting, difficulty with authority
- Loss of emotion or sudden changes of emotion within a short period of time
- Negative self-talk
- Overuse injuries, resolved injuries, or continually being injured
- Panic attacks
- Problems concentrating, focusing, or remembering
- Rapid mood swings
- Recent environmental stressors (e.g., death of loved one, breakup)
- Relationship problems
- Retirement from sport
- Self-harming or maladaptive coping behaviors that are not life-threatening or causing serious property damage
- Shaking, trembling
- Slow recovery from or distress from injury
- Taking one or more "Mental Health Day(s)"
- Talking about death, dying or "going away"
- Unexplained weight loss or gain
- Unexplained wounds or deliberate self-harm
- Withdrawing from social contact

Action Plan for Mental Health Problem Situations/Routine Referrals

All stakeholders within Athletics who work with student-athletes should be aware of these procedures regarding the referral of student-athletes with non-emergency mental health concerns.

Mental Health Problem Action Plan/Routine Referral: Problem situations warrant contacting the appropriate MHAPS liaison within 72 hours, for further evaluation and treatment. Problem situations can wait up to 72 hours for a response, without placing an athlete in jeopardy.

Mental Health and Performance (MHAPS) Team Liaison

Kristie Baumchen, LSCSW, LCAC	785-393-5015	FB, SWD, WBB, WGO
Isaiah Robinson-McBride, LCPC	785-331-9236	BSB, MBB, MGO, ROW, TEN
Dr. Emily Tyler, LP, HSP	785-331-9638	TFXC, SFB, SOC, VB

- Coaches, support staff, teammates, administrators or other nonclinical staff within athletics who are concerned about the mental health of a student-athlete should communicate their concerns through MHAPS, their respective sport's athletic trainer, and/or team physician. MHAPS is responsible for managing such referrals.
- Staff and athletes are encouraged to fill out a **STUDENT-ATHLETE REFERRAL FORM** for routine referrals, whenever they have referred an athlete to MHAPS or have concerns for a student-athlete's mental health.

KANSAS TEAM HEALTH EMERGENCY RESPONSE

MENTAL HEALTH EMERGENCY ACTION PLAN

Rev. 7/2025

EMERGENCY Situations
that warrant activation of EMS IMMEDIATELY

Emergency- a sudden, pressing necessity, such as when a life is in danger
Requires immediate attention by emergency medical services

- Acute delirium/confused state/paranoia
- Acute intoxication or drug overdose (i.e., consumed more than prescribed within last 24hrs)
- Acute psychosis (often involving hallucinations and/or delusions)
- Highly agitated or threatening behavior
- Specific thoughts, intent, and plan to die by suicide
- Specific thoughts, intent, and plan to kill others
- Suicide attempt– if reported attempt occurred within last 24 hours call 911
- Victim of interpersonal violence/sexual assault – acute
- Victim of physical assault – acute

IMMEDIATELY

CALL 9-1-1

THEN

DESIGNATED TEAM PHYSICIAN
(if DTP is unavailable call other DTP or PA, then ATC, if needed)

MONITOR UNTIL EMS ARRIVES AND TRANSPORT AS QUICKLY AS POSSIBLE

CRISIS Situations
that warrant contacting MHAPS ASAP

Crisis- non-life-threatening situations that require urgent attention within 24 hours

- Active homicidal thoughts, intent, or plan
- Active suicidal thoughts, intent, or plan
- Acute malnutrition/electrolyte imbalance due to eating disorder behavior
- Catastrophic injury
- Manic episode
- Severe panic attacks
- Significant loss or death directly impacting athlete
- Survivor of intimate partner violence – post-abuse care
- Survivor of sexual assault – post-assault care
- Trauma reaction

ASAP

CALL MHAPS TEAM LIASION
(if team liaison is unavailable call other MHAPS provider then DTP and athletic trainer, if needed)

Call 988 for crisis management support if any of the above providers do not respond and urgent care is needed

PROBLEM Situations
that warrant contacting MHAPS WITHIN 72 HOURS

Problem- situations that can wait 24-72 hours for a response, without placing an athlete in jeopardy

- "All-or-nothing" thinking
- Academic difficulty
- ADHD assessment
- Becoming more irritable/problems managing anger
- Changes in eating and sleeping habits (e.g., insomnia, food restricting)
- Decreased interest in activities that have been enjoyable or taking up risky behavior
- Decreased sport performance
- Desire for mental skills training
- Drug or alcohol abuse
- Excessive worry or fear
- Family problems
- Feeling out of control
- Frequent complaints of fatigue, illness or being injured that prevent participation
- Gambling issues
- Gastrointestinal complaints, headaches
- Increased agitation or irritability
- Irresponsibility, lying
- Legal problems, fighting, difficulty with authority
- Loss of emotion or sudden changes of emotion within a short period of time
- Negative self-talk
- Overuse injuries, resolved injuries, or continually being injured
- Panic attacks
- Problems concentrating, focusing, or remembering
- Rapid mood swings
- Recent environmental stressors (e.g., death of loved one, breakup)
- Relationship problems
- Retirement from sport
- Self-harming or maladaptive coping behaviors that are not life-threatening or causing serious property damage
- Shaking, trembling
- Slow recovery from or distress from injury
- Taking one or more "Mental Health Day(s)"
- Talking about death, dying or "going away"
- Unexplained weight loss or gain
- Unexplained wounds or deliberate self-harm
- Withdrawing from social contact

WITHIN 72 HOURS

CONTACT MHAPS TEAM LIASION

OR

COMPLETE STUDENT-ATHLETE REFERRAL FORM

Designated Team Physician

Dr. David Embers	913-636-8494	Olympic Sports
Dr. Luis Salazar	317-698-1324	Football
Polly Sheridan, PA-C	785-840-7488	*backup*

MHAPS Team Liaison

Kristie Baumchen	785-393-5015	FB, SWD, WBB, WGO
Isaiah Robinson-McBride	785-331-9236	BSB, MBB, MGO, ROW, TEN
Dr. Emily Tyler	785-331-9638	SOC, SFB, TFXC, VB

Emergencies:
After immediate care has been rendered, the following should be notified immediately:

•MHAPS Team liaison •Head Team Physician •Athletic Trainer •MHAPS Exec Director •KTH Senior Administrator

For **Emergencies and Crises**: Additional providers/staff who may be relevant to the student-athlete's care team should be notified as soon as possible (ensure consent has been given and ROI has been obtained, consider using *Crimson Zone* if needed)

•Therapist •Psychiatrist •Dietician •Coach •Academics •S&C Coach •PA

KANSAS TEAM HEALTH
The University of Kansas Health System · LMH Health

Is this a life-threatening situation? Is a life in imminent danger?

YES

IMMEDIATELY

#1: Call 911
#2: Call DTP
Monitor until EMS arrives
If unavailable call other DTP, PA-C, then ATC

Emergency

Designated Team Physician

Dr. David Embers	913-636-8494	Olympic Sports
Dr. Luis Salazar	317-698-1324	Football
Polly Sheridan, PA-C	785-840-7488	*backup*

Emergencies:
After immediate care has been rendered, the following should be notified **immediately**:

- MHAPS Team liaison
- Head Team Physician
- Athletic Trainer
- MHAPS Exec Director
- KTH Senior Administrator

Additional providers/staff who may be relevant to the student-athlete's care team should be notified **as soon as possible** (ensure consent has been given and ROI has been obtained, consider using *Crimson Zone* if needed)

- Therapist
- Psychiatrist
- Dietician
- Coach
- Academics
- S&C Coach
- PA

NO

Does urgent action need to be taken? Should athlete be attended to by a mental health provider within 24 hrs?

YES

ASAP

Call MHAPS Team Liaison
If unavailable call other MHAPS provider, DTP, ATC, then 988

Crisis

NO

WITHIN 72 HRS

Call MHAPS Team Liaison

OR

Complete online [Student-Athlete Referral Form]

Problem

ROUTINE REFERRAL

MHAPS Team Liaison

Kristie Baumchen	785-393-5015	FB, SWD, WBB, WGO
Isaiah Robinson-McBride	785-331-9236	BSB, MBB, MGO, ROW, TEN
Dr. Emily Tyler	785-331-9638	SFB, SOC, TFXC, VB

Mental Health Day Protocol

Recognize that this is a protocol – which is defined as "a set of procedures or steps to be followed for the accomplishment of a given task." This protocol was designed as steps for when an athlete takes a mental health day.

One off – When an athlete needs one day off and it's an isolated incident in which they fully expect to return the following day

The athlete will reach out to their coach and athletic trainer as soon as possible. Athlete will be encouraged by athletic trainer to connect with their Mental Health and Performance Services (MHAPS) liaison to let them know about their mental health day and discuss the athlete's needs. Athletic trainer will inform MHAPS of athlete's mental health day.

Multiple occurrences/pattern – When an athlete needs a day off and it's not an isolated incident, meaning this is a recurring pattern

The athlete will reach out to their coach and athletic trainer as soon as possible, then reach out to the MHAPS team liaison. If the athlete has an active provider in MHAPS they may contact them. Athletic trainer will inform MHAPS of athlete's mental health day. It is *highly recommended* that the athlete begins meeting with MHAPS if there are recurring mental health issues keeping them from practice with any consistency.

Consecutive days off – When an athlete needs two or more consecutive days off

The athlete will reach out to their coach and athletic trainer to let them know. The athlete will be expected to contact a member of the MHAPS team within 24 hours to set up a time to create a plan for moving forward. MHAPS will ask the athlete for permission to communicate the plan with the coach and the athlete will also expect to be in communication with coach about the plan.

Athlete Mental Health Day Checklist:

When an athlete needs a mental health day (i.e., miss practice, weights, competition, etc.) they must inform the following individuals:

- ☐ Coach
- ☐ Athletic Trainer
- ☐ MHAPS Liaison
- ☐ *If you will miss class, strength & conditioning, tutoring, etc. notify necessary individuals*

*each person will confirm with one another that you have communicated your absence

Mental Health and Performance Services

Kristie Baumchen, LSCSW, LCAC	**Isaiah Robinson-McBride, LCPC**	**Dr. Emily Tyler, LP, HSP**
785-393-5015	785-331-9236	785-331-9638
FB, SWD, WBB, WGO	BSB, MBB, MGO, ROW, TEN	SOC, SOF, TFXC, VB

988 SUICIDE AND CRISIS LIFELINE AVAILABLE 24 HOURS

Education

Anxiety, Depression, and Intercollegiate Athletics

Individuals may experience anxiety and depression for many reasons including genetic predisposition, challenges of transitions, academic stress, financial pressures, family problems, interpersonal difficulties and grief/loss. Participation in athletics does not provide student-athletes immunity to these stresses, and it has the potential to pose additional demands. Student-athletes may experience significant anxiety that interferes with their athletic and/or academic performance. For student-athletes with strong athletic identities, injuries can be devastating and increase their risk for depression.

Anxiety Disorders

Everyone may experience occasional worry or panic. Anxiety disorders involve distressing, persistent anxiety or maladaptive behaviors to reduce anxiety (as noted in Table 1 above). The most common anxiety disorders are Generalized Anxiety Disorder and Panic Disorder.

- *Generalized Anxiety Disorder* is excessive, chronic worry that causes distress and impairment in functioning. The worry is associated with restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and/or sleep disturbance.
- *Panic Disorder* involves recurrent and unexpected panic attacks. A panic attack is a surge of intense fear and discomfort associated with pounding heart, sweating, trembling, shortness of breath, chest pain, nausea, dizziness, chills, numbness, feelings of unreality or detachment, fear of losing control, and/or fear of dying.

Depression and Mood Disorders

Depression is a syndrome that causes significant distress and impairment in functioning (school, sport, sleep, eating, and work). Types of mood disorders include Major Depression, Persistent Depressive Disorder, and Bipolar Disorder. For any one individual, the number, severity, and duration of symptoms may vary.

- *Major Depression*, or "clinical depression," is a combination of symptoms that interfere with functioning. Student-athletes experiencing five or more symptoms (as noted in Table 2 above) for two weeks or longer should be referred to the team physician and mental health professional.
- *Persistent Depressive Disorder* involves depressive symptoms for at least two years.
- *Bipolar Disorder*, or "manic-depression," involves cycling mood swings from major depressive episodes to mania. Depressive episodes may last as little as two weeks, while manic episodes may last as little as 4 days. Signs and symptoms of mania are presented in Table 3 below.

Table 3. Mania Signs and Symptoms

• Abnormal or excessive elation • Unusual irritability • Markedly increased energy • Poor judgment • Inappropriate social behavior	• Increased talking • Racing thoughts • Increased sexual desire • Decreased need for sleep • Grandiose notions

Mental Health Indicators

LOW	DECREASED	STABLE	HIGH / ENHANCED
functioning + performance	**functioning + performance**	**functioning + performance**	**functioning + performance**
significant disruption in many areas, limited effective coping strategies	moderate/mild disruption in one or more areas, some effective coping strategies	little disruption in most areas, several effective coping strategies	no disruption in most areas, many effective coping strategies
MENTAL ILLNESS	**MENTAL HEALTH CHALLENGE**	**MENTAL DISTRESS**	**NO DISTRESS**



Excessive anxiety, anger or depressed mood	Persistent anxiety, anger or sadness	Occasional anxiety, irritability or sadness	Normal mood, good sense of humor
Significant sleep disturbances/oversleeping	Sleep disturbances, nightmares	Sleep difficulties	Normal sleep patterns
Exhaustion, physical illness	Persistent fatigue, aches or pains	Low energy, tension or headaches	High energy and physical health
No concentration, dark or suicidal thoughts	Poor concentration, indecision	Reduced concentration, intrusive thoughts	High concentration and alertness
Inability to perform/complete normal tasks	Poor performance	Inconsistent or reduced performance	Consistent performance
Absenteeism	Presenteeism	Decreased engagement, procrastination	High engagement
Isolation, withdrawal from loved ones	Social avoidance	Reduced social activity	Normal social activity
Severe and persistent functional impairment	Significant functional impairment	Common and reversible distress	Normal functioning



A Note on Confidentiality for Coaches and Staff

One of the most important aspects of psychological management and treatment involves the issue of confidentiality. Healthcare practitioners are legally and ethically required to maintain the privacy and confidentiality of their patients. They cannot divulge any information about their patients to anyone (even the patient's parents) without the patient's written consent. Even then, the information is still restricted to what the patient agrees can be released, what is appropriate to be released, the conditions under which the information can be released and to whom. The only exceptions to the release of such information occur in cases involving imminent risk to the patient or others, child abuse, and a court order requesting the information. Confidentiality assures patients that their information will not be shared with anyone without their consent. The purpose of confidentiality is to promote a therapeutic atmosphere in which patients feel safe and secure enough to talk about anything related to their difficulties, regardless of how serious or personal.

Although confidentiality is viewed as the cornerstone of psychological treatment, it can feel like a stumbling block to people who want to know about the patient's condition, treatment and progress. Most of the time, the people seeking this information are simply concerned for the patient's welfare. Regardless of their motives, however, the information cannot be released by the practitioner without the patient's written consent. Sometimes for a variety of reasons, the patient may not want others to know anything about his or her condition or treatment. Even if the patient consents, the practitioner still makes the decision whether it is appropriate or in the patient's best interests to release the information. Obviously, this can be quite frustrating to someone who wants the information.

Some coaches have the benefit of having a departmental clinical sport psychologist. Those coaches who have such a benefit, or who have an ongoing, working relationship with a psychologist or mental health professional, will likely know what to expect and how to proceed. Those who are working with a mental health professional for the first time are likely to have the most success by contacting the professional, introducing yourself, explaining that you understand and respect confidentiality issues, but would also like to be helpful to the student-athlete. Therefore, with everyone's consent, you would simply like to know if the student-athlete is okay, if appointments are being kept, how treatment is progressing, whether the student-athlete should be training or competing, and what you might do to be helpful. This type of dialogue will not only be helpful with the existing case, but can facilitate the management of subsequent cases by laying the groundwork for a good relationship with the professional or agency.

Confidentiality does not have to be a problem, especially if it is handled properly from the beginning by healthcare professionals, both in terms of describing confidentiality to the patient and to those requesting information. In such circumstances, most patients are usually willing to consent to information release to significant others, especially if it pertains to general statements regarding condition and progress rather than specific information related to specific issues. Regardless, this release of information must always be voluntary by the patient. The patient should never be manipulated or coerced into giving permission.

Sometimes the concerned persons in the patient's life may not be requesting information. Rather, they may want to provide the practitioner with information. Different practitioners handle this situation differently. Some may not want information. Even if they are willing to receive information, it may be difficult to do so because confidentiality precludes them from even acknowledging that they are treating the patient.

The Role of the Coach: We have discussed why and how the coach should be involved in managing mental health issues that arise in their student-athletes. We have stressed that the coach's role is not to be a therapist to affected student-athletes, but rather to "identify" and "refer." This is not to say, however, that they should be uninvolved in the student-athlete's treatment. Coaches have considerable power and influence with their student-athletes. That power and influence can be used by coaches to encourage and support treatment, which can have a positive effect on treatment outcome.

1. The coach's responsibility is to recognize and refer, not treat psychological problems such as depression, anxiety disorders, eating disorders or substance abuse disorders.
2. Approaching a student-athlete to discuss psychological issues requires good listening skills.
3. Referrals are most successful when made to a specific person.
4. Confidentiality is an essential aspect of psychological treatment.

References

Mental Health Best Practices: NCAA Sport Science Institute: Inter-Association Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness (2014).

Mind, Body, & Sport: Understanding and Supporting Student-Athlete Wellness NCAA (2014) http://www.ncaapublications.com/p-4375-mind-body-and-sport-understanding-and-supporting-student-athlete-mental-wellness.aspx

Thompson, R.A., & Sherman, R.T. (n.d.). *NCAA Best Practices: Managing Student Athlete Mental Health Issues*. NCAA Sport Science Institute Mental Health Best Practices. Retrieved March 29, 2023 from https://www.ncaa.org/sports/2016/5/2/mental-health-best-practices.aspx

Student-Athlete Treatment Agreement for Mental Health and Performance Services

Rev. July 2025

Welcome to Mental Health and Performance Services: The goal of **Kansas Team Health** and **Mental Health and Performance Services (MHAPS)** is to provide you with excellent care and positive experience. This document contains important information about our policies, confidentiality, its limits, and emergency contacts.

Please review this *Treatment Agreement* and note any questions you might have so that you can discuss them with your MHAPS provider. You will be asked to sign to give your consent for counseling services and agreement to the terms within.

ELIGIBILITY FOR SERVICES

Student-athletes may utilize **Mental Health and Performance Services** while they are an eligible student-athlete enrolled at The University of Kansas. Student-athletes who terminate their sport career for any reason (e.g., graduate, quit, enter transfer portal) but remain at KU, may continue to receive services until the end of the current semester. Services may be utilized anytime during the calendar year, both in and out of season, and regardless of academic eligibility.

INITIAL ASSESSMENT

All student-athletes begin their work with Mental Health and Performance Services (MHAPS) through an initial assessment. This brief consultation involves meeting with a MHAPS licensed mental health provider ("therapist") and will include a comprehensive evaluation of your needs. You will be asked questions to understand the concerns that have brought you to seek counseling services. We will discuss goals and options to help you with your concerns.

- A possible treatment plan may be discussed, and you will decide whether to continue with the suggested treatment plan. If for any reason you have concerns about your treatment or progress, you should discuss these with your therapist whenever they arise.
- Your therapist will work with you to determine which, if any, of our services are appropriate for you. If it is determined that your treatment needs require resources beyond what MHAPS can provide, we will assist you with a referral to appropriate services.

SCHEDULING AND CANCELLATIONS

Student-athletes are expected to keep their appointments to get the help they need.

- Should you need to **cancel or change** your appointment, **please text, email or call your therapist <u>at least</u> 24 hours before** your scheduled appointment.
- To protect your privacy, you should not text or email any specific information to your therapist, since messages are not secure.

This allows your therapist to offer that hour to someone else. We recognize that unforeseeable circumstances happen and therefore, one "emergency" cancellation (under 24 hours' notice) is accepted.

TELEHEALTH

If you are interested in receiving care via **telehealth** (video visits), **please discuss it with your therapist**. You will decide together about what makes the most sense for your care.

Prior to your telehealth appointment, your therapist will send you a link. You will need a smartphone, tablet, or computer enabled with a webcam to participate in video visits. Using a laptop or desktop computer is best for visual contact. Arrive a few minutes early for each session to be sure you have a good connection. Be sure your microphone and camera are on. It is important to be in a comfortable, quiet, private space that is free of distractions during the session. Further, it is important to use a secure internet connection rather than public/free Wi-Fi. Your therapist will work with you on a back-up plan (e.g., phone number where you can be reached) to restart or reschedule a video visit in the event of technical problems, as well as a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation.

CONFIDENTIALITY

Confidentiality will be discussed in depth during the first session. All individual counseling and mental health services are confidential. No client information is released to anyone outside Kansas Team Health (i.e., team physicians, athletic trainers, dieticians, sport performance coaches, sport psychiatrist, affiliated medical providers). Any information shared between the student-athlete and therapist will remain confidential and will not be shared with parents, coaches, teammates, administrators, academic counselors, etc. Information will only be shared with your written permission or when required by law.

Mental health professionals are required by law to report cases of suspected child abuse, animal abuse, or abuse of a vulnerable adult (e.g., elderly or person with a disability). We may disclose information when it is necessary to protect a client or others from imminent danger. Information may be disclosed when an appropriate court order or subpoena is received. Kansas Team Health personnel and affiliated medical providers also reserve the right to share information with each other for treatment purposes.

COLLABORATION AND RECORD KEEPING:

A holistic approach in which team providers have the flexibility to see individual providers is the professional norm for mental health and sport performance services across elite sport settings. It is the approach at the USOPC, in all 32 NFL teams, and it is the prevailing approach across the NCAA.

MHAPS will share relevant information about your counseling with Kansas Team Health personnel (i.e., team physicians, athletic trainers, dieticians, sport performance coaches, sport psychiatrist, affiliated medical providers) to make the best care decisions. Your clinic records are part of the Kansas Team Health electronic medical record and are therefore accessible to all your Kansas Team Health providers and through *EPIC CareEverywhere*. This allows us to stay in touch with others on your healthcare team regarding your care. Notes from your visits to our clinic will be automatically released to you via *MyChart*; they will also be automatically released to anyone who has proxy access to your *MyChart* account. If you have any concerns about this, please discuss them with your MHAPS provider.

MULTIPLE RELATIONSHIPS

"Multiple relationships" include situations in which a therapist has a professional relationship with two student-athletes ("clients") who are closely associated, or with a client and an Athletics staff member or coach who have a close association. These multiple relationships frequently arise because Athletics is a small community and because therapists for student-athletes sometimes consult with staff and coaches on a range of topics.

It is important for you to know that all client information, including the identities of client(s) who are in therapy, is confidential in compliance with statute and mental health codes of ethics.

A multiple relationship is not necessarily a problem. However, in situations where a therapist finds that unforeseen factors have led to a potentially harmful multiple relationship, that therapist will take reasonable steps to resolve the situation with careful consideration of the welfare of client(s), and in compliance with professional guidelines and rules for ethical practice.

In addition, you have the right to request a different provider if you have concerns about the potential for a problematic multiple relationship.

EMERGENCY INSTRUCTIONS

If your situation is urgent, you are in crisis, or you are in an emergency and your therapist is unavailable, you should first call 911 or go the nearest hospital emergency room.

If I am in a crisis or having an emergency and I cannot reach MHAPS, I will have a plan to:

- Contact a supportive person such as a friend, parent, athletic trainer, or coach
- Go to nearest emergency room
- Call 911 or KU and/or Lawrence Police
- Crisis Resources and Services that provide 24/7 assistance:
  - Call/text: Suicide and Crisis Lifeline, 988
  - Kansas Suicide Prevention Headquarters, 785-841-2345
  - My SSP @ KU 1-866-408-2828
- KU Counseling and Psychological Services (CAPS), 785-864-2277
- Bert Nash Community Mental Health Center (Douglas County), 785-843-9192
- Kansas Crisis Hotline, 1-888-END-ABUSE (363-2287)
- The Willow Domestic Violence Center, 785-843-3333
- The Sexual Trauma & Abuse Care Center, 785-843-8985

I have read and fully understand this Treatment Agreement for Mental Health and Performance Services form. I have discussed any and all concerns about this information with my therapist to my satisfaction and agree to the terms within.

Student-Athlete Name: _____

Student-Athlete Signature: _____ **Date:** _____

PATIENT-DIRECTED REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

Student-Athlete Name: _____ Date of Birth: _____

I know that Mental Health and Performance Services (MHAPS) may discuss relevant information about my counseling with Kansas Team Health personnel (i.e., team physicians, athletic trainers, dieticians, sport performance coaches, sport psychiatrist, MHAPS, and affiliated medical providers) to make the best care decisions. In addition to Kansas Team Health personnel, I give authorization and permission for MHAPS clinician: _____
Name

to verbally: ☐ disclose to ☐ obtain from ☐ exchange with

☐ Coach(es) _____
Name / Contact Information

☐ Parent(s)/Caregiver(s)_____
Name / Contact Information

☐ Compliance _____
Name / Contact Information

☐ Student-Athlete Support Services (SASS) _____
Name / Contact Information

☐ Health Care Provider(s)_____
Name / Contact Information

☐ Performance contract team members _____
Name / Contact Information

☐ Other_____
Name / Relationship / Contact Information

particular information regarding my psychological counseling covering the period of health care from:

☐ Specific date(s):_____to _____ ☐ All dates of encounters/visit

Information to be released/obtained (check all applicable categories):

☐ Attendance only (including dates of service) ☐ Treatment plan
☐ Attendance and brief counseling summary ☐ Diagnosis, brief description of progress

☐ Other: _____

Purpose or need for disclosure (check all applicable categories):

☐ Referral ☐ Crimson Zone / RED-S Care Coordination ☐ Performance contract updates
☐ Coordinate care ☐ Sport participation ☐ Other _____

I acknowledge that I have read this authorization and fully understand the nature of the release. I authorize the verbal sharing of my health information in accordance with the specification listed above. This release does not authorize release of medical records. This authorization will remain in effect for one year after date of signature unless agreed and modified by both the MHAPS clinician and student-athlete. I reserve the right to rescind this release at any time. Written consent is necessary to revoke this request. A copy of this consent shall be as valid as the original.

Student-Athlete Signature: _____ Date: _____

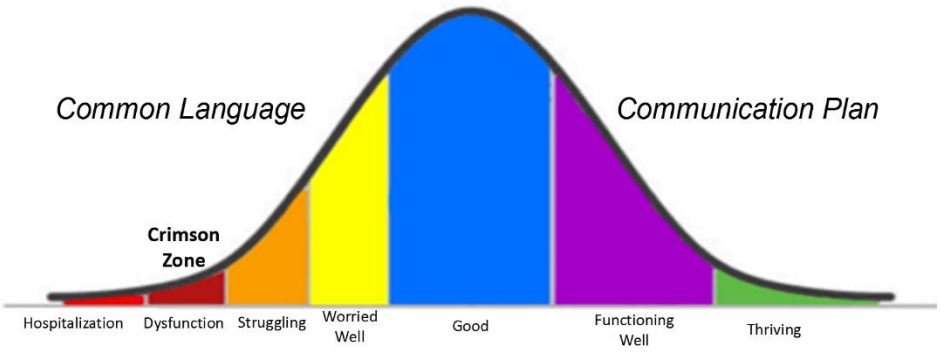
Witness Signature: _____ Date: _____

Crimson Zone Protocol

What is the Crimson Zone?

The Crimson Zone is a classification to denote a student-athlete currently within care of Mental Health and Performance Services experiencing **moderate to severe** mental health concerns.

It serves as a "speed bump"— attempting to prevent hospitalization by including additional individuals outside of Kansas Team Health to an athlete's treatment plan and care team.



Examples of behaviors that may place a student-athlete in the Crimson Zone:

- Experienced a Crisis or Emergency situation (see *MH EAP*)
- Suicidal statements or expressing plans to kill self
- Homicidal statements or making threats of violence
- Self-injurious behavior
- Major changes in eating habits – binging, restricting
- Extreme mood changes, withdrawal from others
- Delusional or paranoid thinking
- Reports of recent trauma, sexual assault, or other adverse events (including significant injury

Crimson Zone Plan of Communication

If a student-athlete is classified by the Mental Health and Performance (MHAPS) Team as "in the Crimson Zone," the following steps will be taken:

1. Talk with student-athlete

- MHAPS provider educates athlete about benefits of including additional people to their care team
- Introduce Crimson Zone and seek athlete's consent to disclose protected health information to individuals outside KTH, obtain ROI or verbal consent

2. Put athlete on KTH radar

- MHAPS informs ATC and DTP that the athlete is now "in the Crimson Zone" and they may need additional support from the team's staff

3. Share with coaches/ support staff

- Upon consent, ATC or MHAPS informs appropriate coaches/support staff that the athlete is "in the Crimson Zone" and should be "on everyone's radar" as appropriate

The reason(s) why an athlete is in the Crimson Zone may not be provided.

4. Follow-up

- MHAPS will follow-up dependent on athlete's progression and needs
- MHAPS will inform ATC, who will share with appropriate coaches/support staff, when the athlete no longer is in the Crimson Zone.

Crimson Zone is effective through the end of the semester it is activated with new documents signed by the athlete each semester as appropriate.

General strategies for supporting student-athletes' mental health

- **Be aware**: pay attention to changes in behavior
- **Connect**: connect with athlete as a person, normalize challenge and difficulty
- **Be active**: address when you notice something, encourage them to do what they need to care for themselves
- **Be supportive**: show patience, engage in empathy, provide appropriate accommodation, engage in active listening without judgment
- **Ask**: ask the athlete what they need, then work towards an appropriate accommodation; ask the athlete what they want/need in terms of support – it's ok to ask about it, but avoid trying to over-relate or give your own insight, sometimes "I'm here for you" is enough
- **Monitor**: follow-up on things they share with you, connect with support staff, expect recurrence of signs and symptoms, avoid punishing signs and symptoms – **Keep people accountable for their behaviors, not their mood – *criticize the play, not the player***
- **Pay attention**: watch for the athlete's warning signs, and be prepared to call 9-1-1 or MHAPS in an emergency or crisis (refer to *Mental Health EAP*)
- **Set and respect healthy boundaries**: an athlete may not want to disclose the reason they are in the Crimson Zone, be respectful of this decision and continue to support them by not asking for details they may not be ready to share
- **Competency**: it's important to affirm for athletes that their mental health condition or situation does not define them nor makes them incompetent. Showing them that you still believe in their potential, their capacity to perform, and their ability to contribute to the team can be a vital component of their overall well-being.
- **Consult with Mental Health and Performance Services**: reach out for support from the MHAPS staff, as you are not expected to be an expert in supporting athletes with moderate to severe mental health concerns

Reminders

- **Healthy coaching strategies rarely need adjusted to accommodate mental health**
- The Crimson Zone is only a designation for **athletes who are within care of MHAPS**. There is a strong likelihood that athletes may by experiencing a mental health crisis and are not yet connected with MHAPS. It is important to ensure these athletes are connected with MHAPS as soon as you begin to notice any major changes in behavior (refer to *Mental Health EAP*)
- **33%** of D1 collegiate athletes experience symptoms of depression, anxiety, or other mental health conditions – **only 10%** choose to seek help. Some barriers to help-seeking include negative attitudes of numerous athletic stakeholders, gender bias, lack of mental health knowledge and resources, lack of time, and proper institutional protocols
- **26%** of college students think about suicide to some degree

Mental Health and Performance Services (MHAPS) Team is dedicated to providing the best quality care and service for our student-athletes at the University of Kansas, and we appreciate your support in ensuring that our student-athletes' well-being remains a priority.

Mental Health and Performance (MHAPS) Team

Dr. Emily Tyler, LP, HSP
785-331-9638

Kristie Baumchen, LSCSW, LCAC
785-393-5015

Isaiah Robinson-McBride, LCPC
785-331-9236

Crimson Zone – Questions & Answers

Why are we doing this? / What is the purpose? / What is the goal? / What are we hoping to accomplish? How is this helpful for... athletes? coaches/support staff? Kansas Team Health?

- High need for efficient & effective communication and collaboration – *care team, safety plan, treatment plan*
- Protect privacy while communicating necessary info with stakeholders
- Support holistic view of SAs and normalizes mental health concerns
- Add individuals outside KTH to care team, treatment/safety plan, "speed bump" preventing hospitalization
- Share necessary info with stakeholders without sharing confidential information

It's important to recognize the changing culture and shift in mental health for our SAs – especially within the past 5 years due to the pandemic. There's a higher need to be able to communicate about how folks are doing before there is a catastrophic event – we want to get ahead of it.

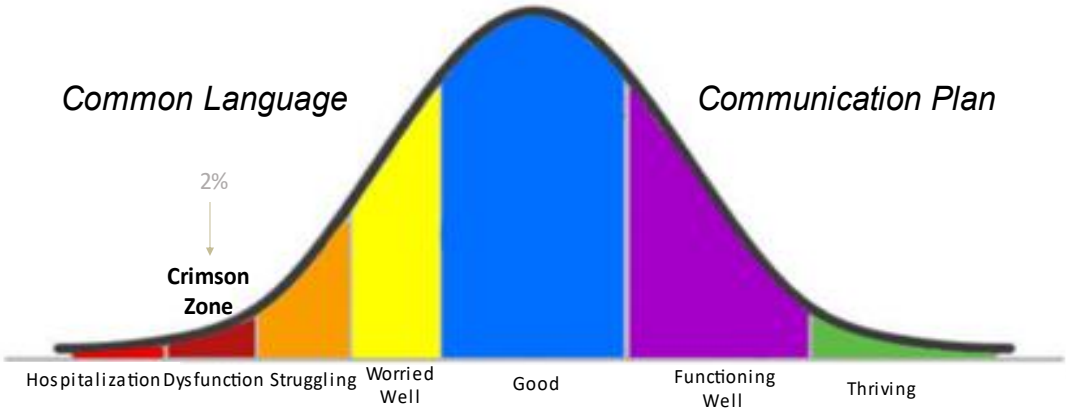
As licensed mental health professionals, it is our duty to protect a patient's confidentiality, except in certain instances such as when there is an imminent risk of harm to oneself or others, suspected child abuse, a court subpoena, or when we have a patient's permission to disclose information.

- All client information, including the identities of student-athletes who are in therapy, is confidential in compliance with statute and mental health codes of ethics.
- No client information is released to anyone outside Kansas Team Health. Any information shared between the student-athlete and therapist will remain confidential and will not be shared with parents, coaches, teammates, administrators, academic advisors, etc. Information will only be shared with student-athletes' written permission or when required by law.
- MHAPS will share relevant information about athletes' counseling with Kansas Team Health personnel (i.e., athletic trainers, sports dieticians, strength and conditioning, team physicians) for treatment purposes and to make the best care decisions.

So, when an athlete is really struggling, and it would be beneficial for individuals outside KTH to know, we discuss that with the athlete, and they determine what we are allowed to share. As you may imagine, many SAs want to keep as much information as possible private. The Crimson Zone is a way to do that. It's a way to maintain the privacy of SA while communicating with the folks that need to know so they can have a better sense of what is going on for them and provide support.

What is the Crimson Zone? / What determines Crimson Zone?

"Crimson Zone" is a classification to denote a student-athlete currently within care of MHAPS experiencing **moderate to severe** mental health concerns



Times when it is helpful to inform individuals about what is going on with an athlete vary, but generally, when an athlete is exhibiting moderate to severe mental health concerns this will come up, as we want more people aware so proper support can be provided.

So, an athlete may not necessarily be at the level in which they need to go to the hospital or are in imminent danger of harming themselves or others, but they are struggling enough to where they are not functioning well. I'll share more about what that might look like specifically on the next slide.

But broadly speaking, the Crimson Zone serves as a "speed bump"— attempting to prevent hospitalization by including additional individuals outside of Kansas Team Health to an athlete's treatment plan and care team.

Want to note: there is a very small portion of our student-athletes that likely fall within the crimson zone – around 2% – keep in mind, this only describes the athletes we know about and are receiving care with MHAPS – so if someone is labeled as "in the Crimson Zone," that is also confirmation that they are engaged with the MHAPS Team.

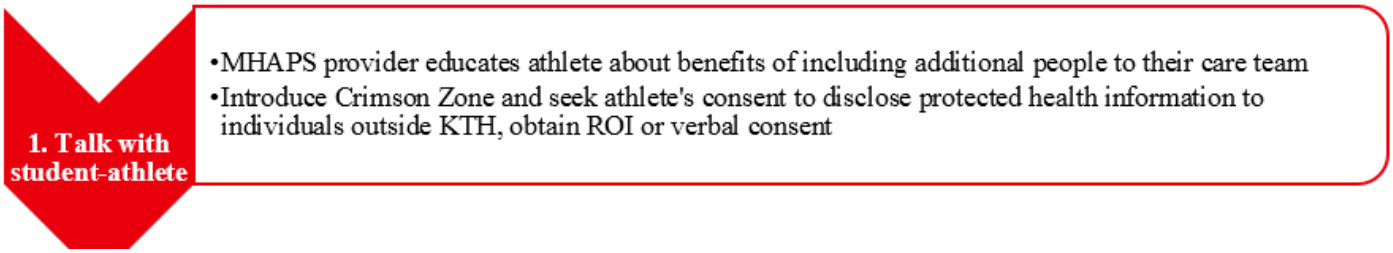
Someone may be considered in the Crimson Zone after they have experienced either an emergency or crisis situation (see *MH EAP*). For example, an athlete who has recently experienced a sexual or physical assault or another traumatic event may, very likely, fall into the Crimson Zone category.

Why not extend the Crimson Zone to when SA is experiencing "mild" mental health concerns?

When a SA is engaged with MHAPS and experiencing mild mental health concerns, there may be times when they want people outside KTH to know about their experience. In these cases, we will obtain the SA's consent to disclose their information to the designated individuals. If an athlete does not want people outside KTH to know, MHAPS must maintain confidentiality and not share specific information with individuals outside KTH. It is not legal or ethical to share this information with non-KTH personnel when an athlete has not consented to do so. Sometimes, MHAPS will offer general "themes" or "trends" to stakeholders to share some information without disclosing identifiable health information.

Keep in mind, there are ***many*** athletes that fall in the "mild" range and their experience is typically temporary (see Mental Health Indicators). Although some athletes may benefit from accommodation or additional support, the attention or knowledge that others know may not be helpful for the athlete and may, in fact, make things worse.

How will the Crimson Zone be communicated?



Once the MHAPS Team determines that an athlete falls within that Crimson Zone category, we'll talk with the athlete about the benefits of informing additional people outside of KTH that they are struggling. This may be a coach, academic counselor, or administrator

We normalize the experience for the athlete and let them know that when people bump into these kinds of things, it's important that individuals outside of KTH know what's going on so that they can understand and

support them; without divulging all the details of what's going on for them or why they are feeling that way. We can then introduce the Crimson Zone and explain that it's a common language, and a "code word" we use to share general information rather than the specific details that they may not want disclosed.

We then seek the athlete's written consent (ROI) and agree to the information they are comfortable with us sharing (if any).

2. Put athlete on KTH radar

- MHAPS informs ATC and DTP that the athlete is now "in the Crimson Zone" and they may need additional support from the team's staff

It's possible that an athlete does not give us permission to share anything with anyone outside of KTH. We will, however, inform the team athletic trainer and designated team physician, that they are at least in the Crimson Zone and should be on their radar and provide more specific details about how to support the athlete or how to proceed.

Every athlete that engages in treatment with the MHAPS Team signs a treatment agreement, acknowledging that their information may be shared within KTH for treatment purposes. And when there are imminent risks of harm to oneself or others, athletes are aware that MHAPS will inform additional parties to protect the athlete and keep others safe.

3. Share with coaches/ support staff

- Upon consent, ATC or MHAPS informs appropriate coaches/support staff that the athlete is "in the Crimson Zone" and should be "on everyone's radar" as appropriate

The reason(s) why an athlete is in the Crimson Zone may not be provided.

When the athlete consents to have additional folks informed about the Crimson Zone, we will inform the appropriate coaches or support staff that the athlete is "in the Crimson Zone" …that we want to put them on your radar...and here's how to support them…

Keep in mind, each athlete and situation will be different and the reason why they are in the Crimson Zone may not be provided.

Our goal is to share enough information to be helpful for the athlete and you all, while maintaining patient confidentiality and respecting their privacy.

4. Follow-up

- MHAPS will follow-up dependent on athlete's progression and needs
- MHAPS will inform ATC, who will share with appropriate coaches/support staff, when the athlete no longer is in the Crimson Zone.

Crimson Zone is effective through the end of the semester it is activated with new documents signed by the athlete each semester as appropriate.

Follow-up will be determined on a case-by-case basis and at the MHAPS clinician's discretion. MHAPS will inform the ATC when the athlete has progressed and is no longer in the Crimson Zone.

Crimson Zone is effective through the end of the semester it is activated with new documents signed by the athlete each semester as appropriate.

Will MHAPS communicate that a SA is in the Crimson Zone to Strength and Conditioning? Nutrition?

MHAPS will communicate that an athlete is in the Crimson Zone with providers within Kansas Team Health (nutrition, S&C) as needed and when athlete has provided consent.

Will MHAPS communicate that a SA is in the Crimson Zone to SASS? Compliance?

MHAPS will only communicate that an athlete is in the Crimson Zone with the individuals the athlete has given MHAPS permission to communicate that information to. If an athlete has not provided written or verbal consent to disclose their protected health information to individuals outside of KTH (e.g., SASS, compliance, coaches, etc.) MHAPS will not share that the athlete is in the Crimson Zone with those individuals.

How is this different than what we have done in the past (prior to 2024)?

The biggest difference is that we will use a code word ("Crimson Zone") rather than stating specific details about what is going on for an SA. Currently, we give as much information as we are legally allowed to and what the SA has consented for us to share. In some cases, an athlete may give MHAPS permission to disclose specific details with someone, therefore specific details may still be shared.

Who has reviewed and approved Crimson Zone?

The Crimson Zone Protocol was created in collaboration with Kansas Team Health personnel and Kansas Athletics administrators – Dr. Jarrod Harrall, Brian Conway, Nicole Corcoran, Dr. Jeff Randall, Dr. Amanda Klass, Dr. Emily Tyler, Kristie Baumchen, and Jason Kraman (2023).

Mental Health Indicators

LOW	DECREASED	STABLE	HIGH / ENHANCED
functioning + performance	**functioning + performance**	**functioning + performance**	**functioning + performance**
significant disruption in many areas, limited effective coping strategies	moderate/mild disruption in one or more areas, some effective coping strategies	little disruption in most areas, several effective coping strategies	no disruption in most areas, many effective coping strategies
MENTAL ILLNESS	**MENTAL HEALTH CHALLENGE**	**MENTAL DISTRESS**	**NO DISTRESS**



Excessive anxiety, anger or depressed mood Significant sleep disturbances/ oversleeping Exhaustion, physical illness No concentration, dark or suicidal thoughts Inability to perform/complete normal tasks Absenteeism Isolation, withdrawal from loved ones Severe and persistent functional impairment	Persistent anxiety, anger or sadness Sleep disturbances, nightmares Persistent fatigue, aches or pains Poor concentration, indecision Poor performance Presenteeism Social avoidance Significant functional impairment	Occasional anxiety, irritability or sadness Sleep difficulties Low energy, tension or headaches Reduced concentration, intrusive thoughts Inconsistent or reduced performance Decreased engagement, procrastination Reduced social activity Common and reversible distress	Normal mood, good sense of humor Normal sleep patterns High energy and physical health High concentration and alertness Consistent performance High engagement Normal social activity Normal functioning



Student-Athlete Referral Form

Mental Health and Performance Services
1651 Naismith Drive
Lawrence, KS 66045
(785) 331-9638

https://redcap.kumc.edu/surveys/?s=8W8A3F48CFKHT7TJ

Referrals are designed to encourage early identification of individuals who may be experiencing difficulty coping with their environment, life circumstance, or other barrier to their well-being. This form is for anyone who has referred a student-athlete to Mental Health and Performance Services (MHAPS) or who would like the MHAPS to connect with a student-athlete for counseling support, mental performance enhancement, additional examination, diagnosis, treatment, or connect a student-athlete with appropriate resources or other support services. All referral form submissions are confidential and reviewed by members of the MHAPS Team.

BEFORE YOU BEGIN: If this is an emergency involving imminent risk of harm to self or others, contact 911 or the University of Kansas Police Department at 785-864-5900 prior to completing this referral. This form is not designed to initiate emergency response.

What is a referral form?

A referral form is used to recommend an individual to another professional or service. It contains the contact information of the person being referred, the reason for the referral, and the specific services the individual needs and experience they have -- allowing the professional or service to fully understand their needs or skills.

Why are referral forms important?

Referral forms provide an effective and efficient way to match up professionals and organizations with the services they need. A referral form helps to

- **Streamline communication:** It provides a standardized method of communicating essential information about an individual from one professional or organization to another.
- **Clarify needs:** It explicitly outlines the reasons for the referral and the specific services or expertise required, which helps the receiving party to prepare and tailor their approach.
- **Keep detailed records:** It serves as a formal referral record, which is important for legal and financial purposes.
- **Provide high-quality care:** In healthcare or social services, referral forms can improve continuity of care and care coordination, ensuring the individual receives the most suitable service or treatment.
- **Increase efficiency:** A referral form saves time and reduces the possibility of miscommunication, as all necessary information is included in a single, concise document.

What information is needed to complete the referral form?

Referrer details & contact information: information about the person making the referral (e.g., name, title, organization, contact information, relationship to referred student-athlete)

Student-Athlete details & contact information: information about the student-athlete being referred to Mental and Performance Health Services (e.g., name, sport, contact information)

Reason for referral: provide a description of the problem or need, the services required, and any specific goals or outcomes desired from the referral

Background information: include any relevant history, context, or observations that may help the MHAPS Team better understand and assist the referred student-athlete.

Confidentiality statement: The information in the form is confidential and will only be used for the intended purpose, and complies with relevant privacy laws and regulations.

Know When to Refer

Pay attention to patterns of thoughts and/or behaviors, not just one or two isolated events, to determine if a student-athlete is experiencing significant distress and could benefit from a referral to a provider. Those closest to the student-athlete, such as teammates, friends, athletic trainers, coaches, academic support staff and parents are in a position to notice when something is "going on" that is out of the norm for them. Below are some behaviors and symptoms that may indicate a mental well-being concern. The list is not all inclusive

- Changes in eating and sleeping habits
- Difficulty concentrating
- Lack of interest or participation in things they are usually interested in
- Loss of motivation
- Withdrawing/isolating from social contact
- Irritable, edgy, impatient, argumentative
- Deterioration in appearance and/or hygiene
- Negative self-talk
- Excessive worry or fear
- Loss of enjoyment in activities previously found to be enjoyable
- Irresponsibility, lying
- Mood swings or lack of emotion
- Feeling out of control
- Physical complaints not related to sport injury
- Unexplained wounds or deliberate self-harm
- Unhealthy weight control practices (e.g., restrictive dieting, binge eating, over-exercising, self-induced vomiting, or abuse of laxative, weight loss supplements and diuretics)
- Overuse injuries, unresolved injuries, or continually being injured
- Talking about death, dying or "going away"

It is important to be aware of what the student-athlete's typical or usual demeanor and behavior are, so any changes can be compared and concerns can be flagged and addressed.

How to Support a Student-Athlete in Distress

Student athletes are often most comfortable talking first to a friend, teammate, or peer when they are struggling. And although we want to help, it can sometimes be hard to know what to say in order to be supportive, so here are some things to keep in mind.

- Remember, the student athlete came to you because they have a level of trust with you - this is a positive start. You might want to let them know you are aware it is not easy to open up and that you are glad they did.
- Approach and respond from a place of care and compassion.
- Listen, listen, listen - Allow them to express thoughts and feelings. Allow for moments of silence.
- Avoid judging. Provide unconditional support. There is no need to pressure yourself to solve or fix the problem. You are not the clinician. Normalize the student athlete's experience and offer hope.
- Ask questions for clarification.
- Ask questions about personal safety ("Are you thinking of hurting yourself?" and "are you thinking of suicide?") Asking these questions will NOT plant the idea in their head. If the answer to these questions is "yes" call our office or take your friend to the nearest medical personnel.
- Do NOT promise a friend that you will keep their suicidal thoughts or behavior private! "We need extra help. I want to connect you with someone who can help you."
- If you are approaching a student-athlete due to concerns you have for their wellbeing, be prepared to share concrete, specific examples of behaviors and actions that created your concern. State them factually, without judgment and commentary. For example, "I am worried about you. You don't seem like yourself lately. You haven't been eating, you've been sleeping a lot, and you don't seem as focused at practice. Have you thought about going to talk with someone about what's on your mind?

- Let them know there are resources available that can help and that you believe they can benefit from them.
- You may choose to offer to go with them to the provider for the first time. Some people will be open to that and take you up on your offer. Do not offer this if you can't follow through, or don't really want to do this.
- Recognize that the student-athlete may not be ready for help right away and may refuse your suggestion. Don't take it personally. You might want to follow up in a few days, specifically asking about the concern, and whether they have considered the idea of talking to a provider. If the willingness and interest is there now - provide contact information for MHAPS.

If the student athlete acknowledges having thoughts of suicide, self-harm, or harm to others, it is imperative that you speak immediately to one or more of the following: MHAPS provider, coach, administrator, athletic trainer, other person in a position of responsibility.

On the rare occasion where there is an immediate threat to safety, call 911.

(Adapted from NCAA Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness, October 2014)

EMERGENCY INSTRUCTIONS
If your situation is urgent, you are in crisis, or you are in an emergency, you should first call 911 or go the nearest hospital emergency room.

- Call 911 and/or KU Police 785-864-5900
- Contact a supportive person such as a friend, parent, trainer, or coach
- Go to nearest emergency room
- Crisis Resources and Services that provide 24/7 assistance:
    - Call/text: Suicide and Crisis Lifeline, 988
    - Kansas Suicide Prevention Headquarters, 785-841-2345
    - My SSP @ KU 1-866-408-2828
- KU Counseling and Psychological Services (CAPS), 785-864-2277
- Bert Nash Community Mental Health Center (Douglas County), 785-843-9192
- Kansas Crisis Hotline, 1-888-END-ABUSE (363-2287)
- The Willow Domestic Violence Center, 785-843-3333
- The Sexual Trauma & Abuse Care Center, 785-843-8985

Mental Health and Performance Services

Kristie Baumchen, LSCSW, LCAC	**Isaiah Robinson-McBride, LCPC**	**Dr. Emily Tyler, LP, HSP**
785-393-5015	785-331-9236	785-331-9638
FB, SWD, WBB, WGO	BSB, MBB, MGO, ROW, TEN	SOC, SOF, TFXC, VB

Catastrophic Event Postvention
Mental Health Resources Guide

While a student-athlete death may be catastrophic to members of an athletic department, it is an event that affects and is generally handled by the larger university. It is important to consult both with ***Student Affairs****,* ***University Communications,*** *and* ***CAPS*** *for overarching university protocols, including giving guidance to student-athletes, parents, and staff as well as the handling of media about how to manage messaging and requests related to a student-athlete death.*

Both internal and media communications may help or hurt those affected by the event, including students who may be struggling with risk who are unknown. Ideally, both language considerations and procedural suggestions specific to the circumstances are discussed with sport administrators, coaches, teams, staff, and people identified as being affected by the event in advance of any action.

In the event we have an unexpected death of a student-athlete, these guidelines are to help with the sensitive handling of family, teammates/coaches, and the entire Athletic Dept community. An unexpected death may be a suicide, overdose, sudden illness, or a fatality including a car accident or other type of accident. These guidelines are offered as suggestions, as it is impost important to consider the specific needs of the family, team, entire department and wider community in each case.

Note: It is extremely important to give special consideration to communications, responses and messages of mourning when the student-athlete death is by suicide. Public statements about cause of death are not encouraged as it may increase risk for those currently struggling with similar thoughts. The 18- to 24-year-old age group is one of the most vulnerable when it comes to suicide contagion, which can be fueled by how communications within the department and the university as well as the media are handled. In the event of a death by suicide, it is recommended that you consult the following Postvention Guide for College Campuses.

> ***Postvention*** is an organized, immediate, short-term, and long-term response in the aftermath of a suicide or death to promote healing and mitigate the negative effects of exposure to suicide.

- To facilitate the healing of individuals from the grief and distress of suicide loss
- To mitigate other negative effects of exposure to suicide
- To prevent suicide among people who are at high risk after exposure to suicide

Mental Health and Performance Services Contacts

Dr. Emily Tyler – TFXC, SFB, SOC, VB Exec. Director	785-331-9638
Kristie Baumchen – FB, SWD, WBB, WGO Director	785-393-5015
Isaiah Robinson-McBride – BSB, MBB, MGO, ROW, TEN Athletic Counselor	785-331-9236

On-Campus Contacts

Counseling and Psychological Services (CAPS)	785-864-2277 (business hours)
Student Success On-Call	785-766-9548 (after hours)
Office of Student Support and Case Management Rachel Auten, LMSW (Director)	785-864-7022 785-864-0801
KU Public Safety Office	785-864-5900
KU CARE Coordinators	785-864-9255 care@ku.edu
Sexual Assault Prevention and Education Center	785-864-5879
Student Access Center	785-864-4064

Local Resources

Bert Nash Community Mental Health Center	785-843-9192 200 Maine St
Lawrence Mobile Response Team (MRT)	785-841-2345
United Way 2-1-1 of Kanas	211 or 888-413-4327
Lawrence Memorial Hospital	325 Maine St.
Douglas County Treatment & Recovery Center	1000 W 2nd St.
The Care Center	785-843-8985
Willow Domestic Violence Center	785-843-3333

Considerations

- Implementation Essential: In the aftermath of a suicide, it is important that campus administrators collaborate with practitioners and the greater campus community to develop a coordinated response to the death.
- Every effort should be made to have a coach, sports medicine personnel or administrator make personal contact with every student-athlete on the team as quickly as possible so that appropriate support can be provided to the student-athletes as they deal with their grief. Prior to contacting the team, Kansas Athletics is to contact Dr. Emily Tyler (Exec. Director of Mental Health Services), who

may reach out to Counseling and Psychological Services (CAPS) for assistance in dealing with the traumatic situation.

- When sending a message to the team, do not say there has been a death, state there has been an emergency and have the representative from the Mental Health Team at the initial team meeting.
- **Create a Crisis Response Team (CRT)** – with a CRT in place, team members can be assigned to aspects of the postvention plan to ensure smooth and proper implementation
- **Family of Deceased** – Ensure the organization notifies the family of the death promptly. Talking to the family about what support they need and what information they would like KAI to share is a good way to respect their boundaries and develop a relationship (if not already established).
- **Uniform Response** – Families and peers may wish to memorialize the person who died. It is important to have a conversation about how to appropriately memorialize the person without risking suicide contagion among others who may be at risk. Keep in mind that all deaths should be addressed in the same way. Having differing approaches may reinforce stigma surrounding suicide.
- **Support** – Provide support for not only peers but also leaders within KAI; Bring in external professionals appropriate for the organization; Focus on how the death affects peers and leaders, and move away from graphic details

Postvention: A Guide for Response to Suicide on College Campuses

Clinical Services Guidelines

- Staff needs to be flexible as to setting, time and structure of interventions based on nature of event in order to make services accessible.
- It is best to create an informal and relaxed setting for peer support with professionals in the background for support if needed.
- It will be useful to have different format options for providing services. Individuals may have different levels of comfort with the formats provided for clinical services. Some students may want to have the support of their peers and learn how others have been affected by a campus suicide. Other student responses may warrant the need for more individualized support.
- Services should be well-publicized to intended audiences. The postvention committee needs to think about who will need support and how to connect and communicate with these groups. The best approach for reaching targeted audiences might include displaying notes/printed messages in residence halls, student centers, locker rooms or other relevant locations.
- All activities and events should be voluntary – do not enforce a campus-wide or class-required clinical intervention
- Clinical interventions should promote psychoeducation (for example, informing students about common and typical reactions following a suicide and conveying to students that there is not one way to grieve and the time it takes for someone to return to normal after a death or crisis varies).
- Focus on value of self-care and returning to routine as much as possible as this helps to focus attention on healthy grieving. Clinically, it is very helpful to make sure sleep is not disrupted too much

Managers Guidebook to Suicide Postvention

IMMEDIATE: Acute Phase

1. Coordinate: Contain the crisis.
2. Notify: Protect and respect the privacy rights of the deceased and their loved ones during death notification.
3. Communicate: Reduce the potential for contagion, dispel rumors
4. Support: Offer practical assistance

SHORT-TERM: Recovery Phase

5. Link: Identify and link impacted employees to additional support resources and refer those most affected to professional mental health services.
   - **Role of Mental Health Professionals:**
     1) consult with and support management in what is often a fluid/unfolding situation;
     2) play a role in formal communication to the employees on issues such as the availability of support services, normalizing reactions, and psycho-education on self-care and recovery;
     3) meet with affected employees individuals and in small groups depending on the workplace situation and employee preferences, to help facilitate resiliency and recovery;
     4) encourage those experiencing complicated grief or trauma reactions to follow through with additional support resources as available;
     5) be available for triage of safety needs of acutely affected employees
6. Comfort: Support, comfort, and promote healthy grieving of those who have been impacted by the loss.
7. Restore: Restore equilibrium and optimal functioning in the workplace.
8. Lead: Build and sustain trust and confidence in organizational leadership
   Demonstrating leadership in times of crisis is always an opportunity to build trust, confidence, and workplace cohesiveness.

LONGER-TERM: Reconstructing Phase

9. Honor: Prepare for anniversary reactions and other milestone dates.
10. Sustain: Transition postvention to suicide prevention

National Resources

Disaster Distress Helpline – Call or text 1-800-985-5990

The Disaster Distress Helpline (DDH) is the first national hotline dedicated to providing year-round disaster crisis counseling. This toll-free, multilingual, crisis support service is available 24/7 to all residents in the U.S. and its territories who are experiencing emotional distress related to natural or human-caused disasters.

The helpline puts people in need of counseling on the path to recovery. When you call or text, crisis counselors listen to what's on your mind with patience and without judgment. DDH is staffed by trained counselors from a network of crisis call centers located across the United States, who provide:

- Crisis counseling for people in emotional distress related to any natural or human-caused disaster
- Information on how to recognize distress and its effects on individuals and families
- Referrals to local crisis call centers for additional follow-up care and support
- Healthy coping tips

The helpline is open to anyone experiencing emotional distress related to disasters. This includes survivors of disasters; loved ones of victims; first responders; rescue, recovery, and relief workers; clergy; and parents and caregivers. You may call for yourself or on behalf of someone else.

Disasters may include:

- Incidents of Mass Violence
- Incidents of community unrest
- Anniversaries and Trigger Events
- Tornadoes and Severe Storms
- Hurricanes and Tropical Storms
- Floods
- Wildfires
- Earthquakes
- Drought
- Infectious disease outbreaks, such as the Coronavirus pandemic

The impact of crises may affect people in different ways. Recognize the warning signs and risk factors for emotional distress related to natural and human-caused disasters.

References, Resources, Guides, Handouts

Tips for Survivors: Coping With Grief After Community Violence (samhsa.gov)

Tips for Survivors: Coping with Grief After a Disaster or Traumatic Event (samhsa.gov)

NCTSN.org- Trauma Types

Supporting Survivors of Suicide Loss

Best Practices and Recommendations for Reporting on Suicide

Standby Support After Suicide

Developing Guidelines for the Aftermath of a Student Suicide

Suicide Response (Postvention) School operations

https://timelycare.com/blog/campus-support-after-student-suicide/

https://dasa.ncsu.edu/support-and-advocacy/postvention-at-nc-state/

Domestic Violence/Sexual Assault Protocol

A. **Domestic violence** is defined as violence or abuse in a domestic setting, such as marriage or other intimate relationship. This can include physical abuse, verbal abuse, emotional abuse, and sexual abuse/misconduct.

B. **Sexual misconduct** is an umbrella term that covers a number of non-consensual behaviors.

Anyone can be a victim of sexual misconduct, regardless of age, race, or gender. Likewise, assailants can be anyone: coaches, strangers, friends, family members, or spouses/partners. In addition to any physical injuries from the assault, victims often suffer from emotional and psychological trauma that sexual violence introduces into their lives.

C. **Sexual assault** refers to sexual contact or behavior that occurs without explicit consent of the victim. Some forms of sexual assault include:

- Attempted rape
- Fondling or unwanted sexual touching
- Forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator's body
- Penetration of the victim's body, also known as rape

It's hard to know what to do, how to feel, or what options are available after domestic violence or sexual assault. **If you and/or a student athlete are in immediate danger or seriously injured, call 911.**

When a person tells you that they have been the victim of domestic violence or sexually assault, it is sometimes difficult to know how to respond in a way that is genuine, appropriate, and empowering. If a survivor has chose to disclose to you, it means they trust you and your response can impact their recovery.

- Immediate Physical Concerns:
    - Do they have immediate medical needs?
    - Does the survivor have a place to go and a safe way to get there?
    - Is there anyone who can stay with him/her/they or she/he/they can stay with?
    - If the survivor is not safe, how can they be safe?

- Immediate Emotional Concerns:
    - Are they feeling safe emotionally?
    - Are they suicidal or homicidal?
    - Are they able to find support if/when they need it?
    - How will they cope in the immediate?

Seeking Medical Care

- Domestic violence: Once in a safe place, you can call the National Domestic Violence Network at 1-800-799-SAFE to be connected to a domestic violence service provider.
- Sexual Assault: Victims of sexual assault are recommended to seek medical care at Lawrence Regional Hospital, 325 Maine Street, Lawrence, KS 66044. This process should occur no later than 3-5 days after the encounter. If possible, it's best to avoid showering or bathing before arrival. Bring a change of clothing with you if you are able. Upon arrival to the ER, victims of sexual assault may simple state to the admission clerk (ER admissions) that they are there for a "SANE" exam. This simple statement will activate the sexual assault team without the need to discuss the details of the event to anyone outside of the sexual assault team.

In addition to receiving medical attention, there is an option to have a sexual assault forensic exam, sometimes call a "rape kit". This exam will be performed by a Sexual Assault Nurse Examiner (SANE), where they will collect DNA evidence that can help identify the perpetrator. They will also recommend/provide any prophylaxis (preventative) medical treatment including for HIV and other STI's. It is important to note, the examiner will provide the **option** to the victim as to whether or not they want the police department notified or if they would like to defer this decision to a later date. This decision is completely up to the victim, they do not have to decide at this time. This decision will be discussed as the "informative path" or the "investigative path". If the victim elects to waive their right to notification of the police department, i.e. informational path, the samples collected will be stored for use in the future if the victim subsequently decides to proceed with legal action. This evidence will be held with the Kansas Bureau of Investigation for years until released by the victim. Following the exam, community resources and contacts will be provided to the victim to help assist them in the recovery or potential investigative pathway if decided in the future.

Seeking Mental Health Care

- Refer to Mental Health and Performance Services (MHAPS) team liaison if a student-athlete has disclosed that they are a victim of sexual violence.
- Refer to https://sapec.ku.edu/ for references and recommendations for dealing with student-athletes that are victims of sexual assault. At this website you will find resources for on-campus and community support.

Emergency Action Plans

EMERGENCY ACTION PLAN: ALLEN FIELDHOUSE

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), team physician(s), on-site and/or on-call EMS available for competition. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

EMERGENCY COMMUNICATION: Cellular devices. Fixed line available in the Men's Basketball Athletic Training Room (room # 1115 AFH) in Men's & Women's Basketball Clubhouse west side of Allen Fieldhouse (785-864-6218).

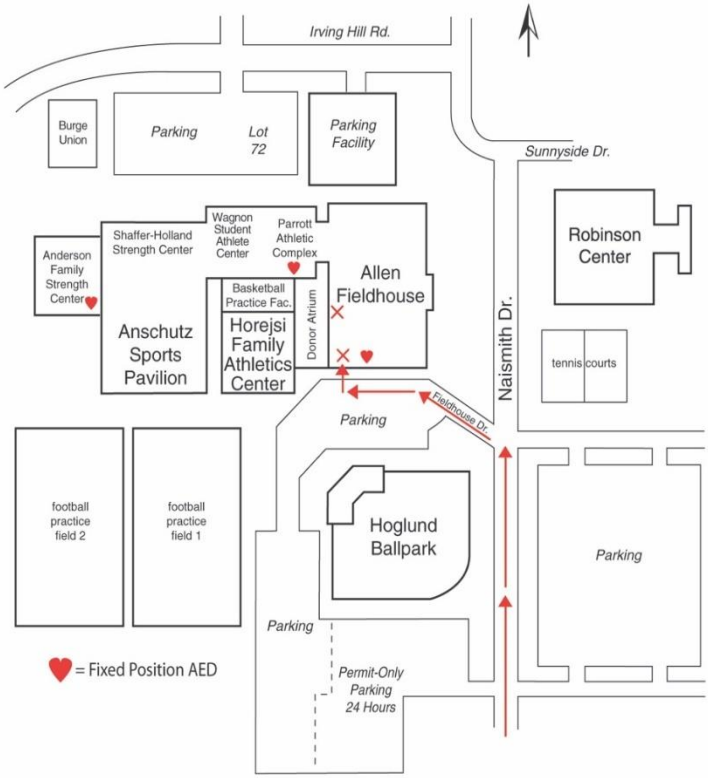
EMERGENCY EQUIPMENT: Supplies (competition: AED, first aid kit, splint bag). Additional emergency equipment located in the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
   a. 8-911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
   b. 911 operator will notify campus police
4. Direction of EMS to scene
   a. Open appropriate gates/doors
   b. Designate individual to "flag down" EMS at Gate 12 or South End Garage Door next to Gate 12, and direct to scene
   c. Scene control: Limit scene to first aid providers and move bystanders away from area

VENUE DIRECTIONS: Allen Fieldhouse is located on the south end of campus. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive. The preferred entrance to Allen Fieldhouse are:

1. To access the court – Gate 12 or garage door entrance directly south of Gate 12.



EMERGENCY ACTION PLAN: ALLEN FIELDHOUSE 3RD FLOOR NE CONCOURSE

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), team physician(s), on-site and/or on-call EMS available for competition. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 7am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

EMERGENCY COMMUNICATION: Cell phone on each coach and athletic trainer(s) during time of practice.

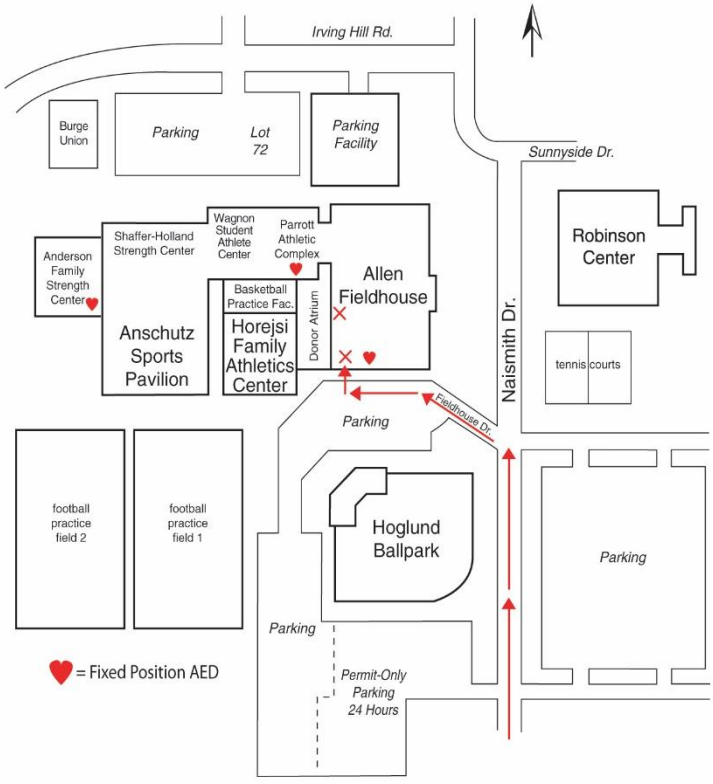
EMERGENCY EQUIPMENT: Supplies (AED, Ambu Bag, first aid kit) on water cart. Additional emergency equipment located in the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

5. Immediate care of the injured or ill student-athlete.
6. Emergency equipment retrieval.
7. Activation of emergency medical system (EMS).
   c. Call 8-911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
   d. 911 operator will notify campus police.
8. Direction of EMS to scene.
   a. Open appropriate gates/doors.
   b. Designate individual to "flag down" EMS at Gate 12 or South End Garage Door next to Gate 12, and direct to scene.
   c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Allen Fieldhouse is located on the south end of campus. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive. The preferred entrance to Allen Fieldhouse are:

2. To access the elevator – Gate 12 or garage door entrance directly south of Gate 12. Elevator is due east of Gate 12 entrance.
3. Elevator to 3rd floor.
4. Head east on concourse to access northeast corner.



EMERGENCY ACTION PLAN: AMBLER STUDENT RECREATION FITNESS CENTER

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Building Emergency Liaison (BEL), Certified athletic trainer(s) and athletic training student(s) on site for practices and competition.

EMERGENCY COMMUNICATION: Fixed telephone line available at the front desk (785) 864-3546 and personal cell phones.

EMERGENCY EQUIPMENT: Supplies (AED, first aid kit).

ROLES OF FIRST RESPONDERS:

9. Immediate care of the injured or ill student-athlete
10. Emergency equipment retrieval
11. Activation of emergency medical system (EMS)
    a. Call 911 from a cell phone or fixed phone line (provide name; request an ambulance; provide address and telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
12. Direction of EMS to scene
    a. Open appropriate gates/doors
    b. Designate individual to "flag down" EMS at corner of Watkins Center Drive and Schwegler Dr, and direct to scene
    c. Scene control: Limit scene to first aid providers and move bystanders away from area

VENUE DIRECTIONS: The Ambler Student Recreation Fitness Center is located at 1740 Watkins Center Drive Lawrence, KS 66045. Enter campus on the southside via Naismith Drive. Turn Right onto Schwegler Dr. Turn right into Lot 90 and Ambler Rec Center parking lot. Personnel will direct EMS to appropriate access door.



EMERGENCY ACTION PLAN: ANDERSON FAMILY FOOTBALL COMPLEX

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified Athletic Trainers in the Athletic Training Room at all times. At times physician will be located in the athletic training room. CPR certified Strength and Conditioning Coaches located in the weight room.

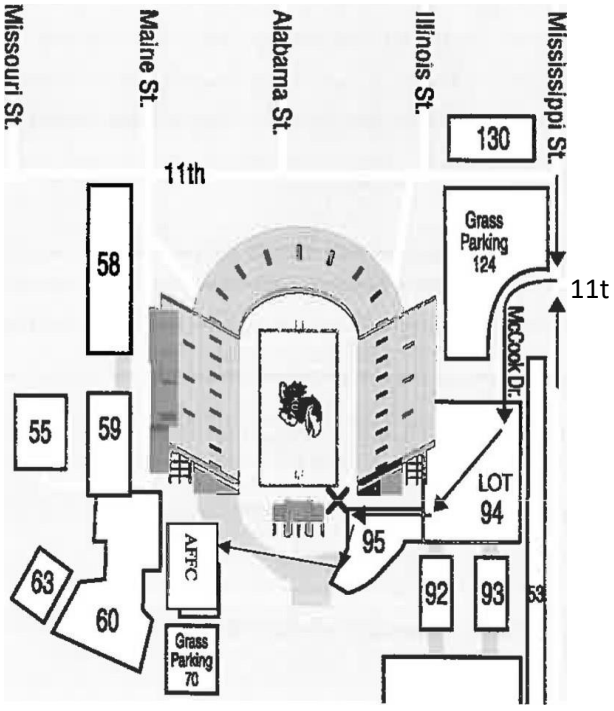
EMERGENCY EQUIPMENT: Emergency equipment (AED [ATR, Wt. Rm, Front Desk Main Floor, Hallway Main Floor Leading to FB offices by bathrooms], trauma kit, splint bag with pump, spine-board, helmet removal devices) maintained in Athletic Training Room Garage; AED in ATR Room on wall & Weight Room on wall.

ROLES OF FIRST RESPONDERS:

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
    a. Notify Certified Athletic Trainer in the facility
3. Activation of emergency medical system (EMS)
    a. Signal paramedics on site
    b. 911 call directs to campus police (provide name and that an ambulance is needed; continue to provide address; telephone number, number of individuals injured; condition of the injured; first aid treatment; specific directions; other information as requested
    c. Campus police on site will assist in coordinating as necessary
4. Direction of EMS to scene
    a. Open appropriate gates/doors
    b. Designate individual to "flag down" EMS and direct to scene
    c. Scene Control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Anderson Family Football Complex is located 1146 Fambrough Way on the south end of campus at the corner of 11th Street and Maine Street. You can gain access by continuing on Main St. headed south past the stadium (this will bring you to main entrance on main floor of facility) or (see below from lower level back door entrance.

1. Back door of Anderson Family Football Complex: follow McCook Drive (cross street Mississippi) through Parking Lot 94. Enter Parking Lot 95 at SE corner and drive to back door of building by southwest corner of the stadium.



* ATC AND/OR PHYSICIAN ON SITE WILL DICTATE AND DILINEATE ROLES DURING ANY EMERGENCY SITUATION *

EMERGENCY ACTION PLAN: ANDERSON FAMILY STRENGTH CENTER

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Full-time strength coaches certified in first aid and CPR during open hours. Certified athletic trainers may be available (M-F 7am-5pm) in the Nesmith Athletic Training Room (785-864-7938).

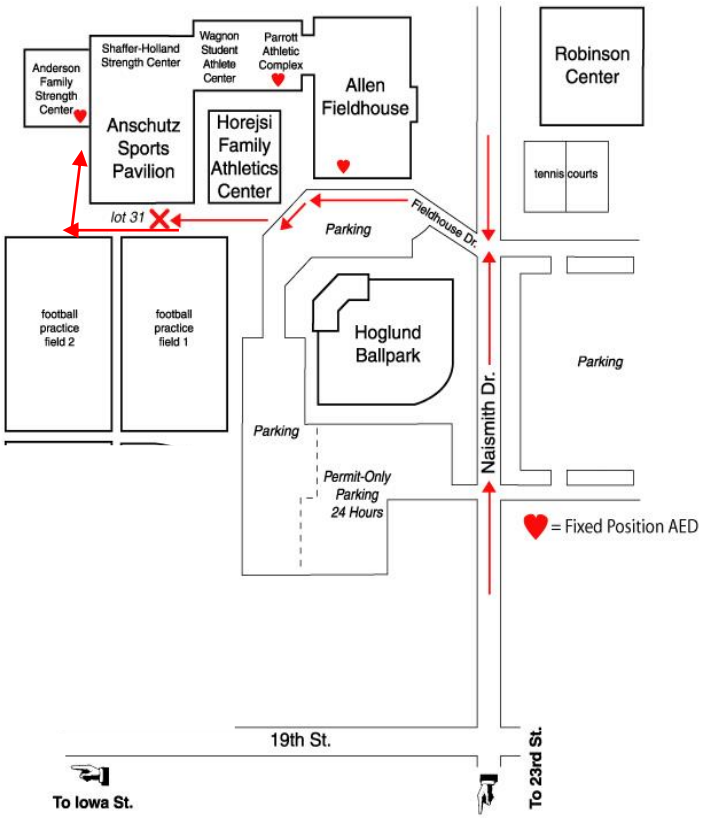
EMERGENCY COMMUNICATION: Cellular devices. Full-time strength coaches have fixed telephone lines in his/her respective office (room # 115, 116, 117, 118 & 119).

EMERGENCY EQUIPMENT: AED is located on the East wall approximately 15 feet inside main entrance. Additional equipment located in the Nesmith Athletic Training Room.

ROLES OF FIRST RESPONDERS:

13. Immediate care of the injured or ill student-athlete
14. Emergency equipment retrieval
15. Activation of emergency medical system (EMS)
    e. 8-911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
    f. 911 operator will notify campus police
16. Direction of EMS to scene
    a. Open appropriate gates/doors
    b. Designate individual to "flag down" EMS in the gravel parking lot and direct to scene
    c. Scene control: Limit scene to first aid providers and move bystanders away from area

VENUE DIRECTIONS: The Anderson Family Strength Center is located near the southwest end of campus, west of Allen Fieldhouse. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive through parking lot 71 (stay south of Horejsi Family Athletics Center). Continue through to parking lot 31 (gravel lot) and turn north and park by the Anschutz garage doors.



EMERGENCY ACTION PLAN: ANSCHUTZ GRASS PRACTICE FIELDS

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), student athletic trainer(s), Physician on site for competition. Additional sports medicine staff may be available (M-F 7am-5pm) in the Nesmith Athletic Training Room (785-864-7938).

EMERGENCY COMMUNICATION: Cellular devices will be used in the event of an emergency situation.

EMERGENCY EQUIPMENT: AED and heat illness kit will be available on the Sports Medicine Cart. Splint bag is located in the ARC. Oxygen is located in the NATR. Spine board is located in the Anschutz Sports Pavilion. EMS will be on call with further emergency equipment if needed.

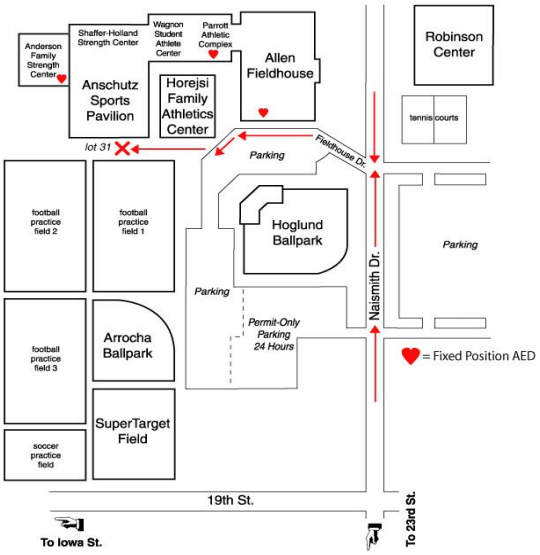
ROLES OF FIRST RESPONDERS:

17. Immediate care of the injured or ill student-athlete
18. Emergency equipment retrieval
19. Activation of emergency medical system (EMS)
    g. Call 911 from a fixed line or 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    h. 911 Operator notifies campus police.
20. Direction of EMS to scene
    a. Open appropriate gates/doors
    b. Designate individual to "flag down" EMS and direct to scene
    c. Scene control: Limit scene to first aid providers and move bystanders away from area

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes) are available on the sports medicine cart. Cold water immersion tank will be available in the ARC or a mobile tank on-site. Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff on-site at field level via direct assessment by digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer(s) is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer(s) can delay, postpone, or cancel the sport activities by their discretion using WeatherOps (web-based program), the flash-to-band method, or by accessing severe weather/tornado information on cellular or computer devices. In the case of evacuation, the Assistant Athletic Director of Facilities/Events (Game Administrator) along with certified athletic trainer(s) will direct participants, staff, coaches, and spectators to shelter in the locker room and/or vehicles.

VENUE DIRECTIONS: The soccer practice fields are located near the South end of campus, west of Allen Fieldhouse. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive through parking lot 71 (stay south of Horejsi Family Athletics Center). Continue through to parking lot 31 (gravel lot) and the practice fields will be on your left.



EMERGENCY ACTION PLAN: ANSCHUTZ SPORTS PAVILION

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s) on site for competition. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional sports medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Room (785-864-7938).

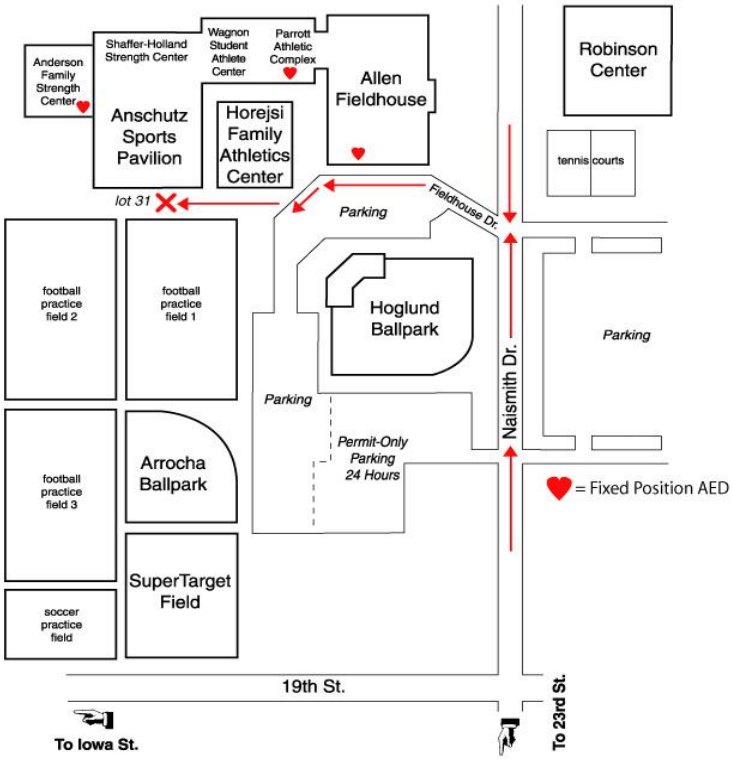
EMERGENCY COMMUNICATION: Cellular devices will be used in the event of an emergency situation. If Certified Athletic Trainer is not on site (within ear shot) for an emergency, EMS activation is first priority by calling 911 and then calling an ATC.

EMERGENCY EQUIPMENT: AED is available in the Anschutz Sports Pavilion next to the middle doors along the north wall. Spine board and splint kit will be located on southeast corner near pole vault pit. Other supplies maintained in Nesmith Athletic Training Room.

ROLES OF FIRST RESPONDERS:

21. Immediate care of the injured or ill student-athlete
22. Emergency equipment retrieval
23. Activation of emergency medical system (EMS)
    i. Call 911 from a fixed line or 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    j. 911 Operator notifies campus police.
24. Direction of EMS to scene
    a. Open appropriate gates/doors
    b. Designate individual to "flag down" EMS and direct to scene
    c. Scene control: Limit scene to first aid providers and move bystanders away from area

VENUE DIRECTIONS: Anschutz Sports Pavilion is located near the South end of campus, west of Allen Fieldhouse. The address is 1651 Naismith Drive. From Naismith drive, go west on Fieldhouse Drive through parking lot 71 (stay south of Horejsi Family Athletics Center). Continue through to parking lot 31 (gravel lot) and onto cement ramp at southeast corner of the pavilion.



EMERGENCY ACTION PLAN: AQUATIC REHABILITATION CENTER (ARC)

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s) and/or associated staff supervising during operating hours. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (864-7938).

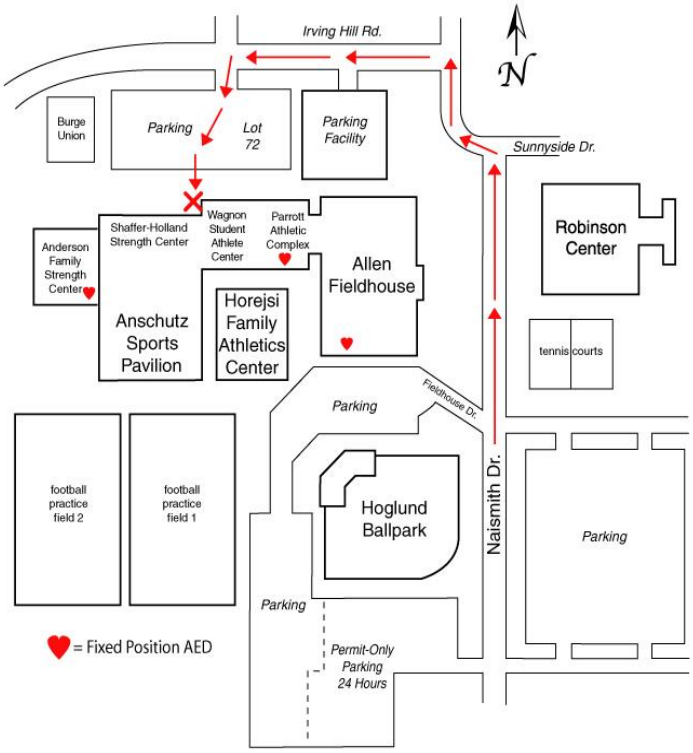
EMERGENCY COMMUNICATION: Cellular devices will be used in the event of an emergency situation. If Certified Athletic Trainer is not on site (within ear shot) for an emergency, EMS activation is first priority by calling 911 and then calling an ATC

EMERGENCY EQUIPMENT: AED is available in the Ansutchz Pavilion next to the middle doors along the north wall. Spine board and splint kit will be located on southeast corner near pole vault pit. Other supplies maintained in Nesmith Athletic Training Clinic.

ROLES OF FIRST RESPONDERS:

25. Immediate care of the injured or ill student-athlete
26. Emergency equipment retrieval
27. Activation of emergency medical system (EMS)
    k. 8-911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
    l. 911 operator will notify campus police
28. Direction of EMS to scene
    a. Open appropriate gates/doors
    b. Designate individual to "flag down" EMS at Gate 12 or South End Garage Door next to Gate 12, and direct to scene
    c. Scene control: Limit scene to first aid providers and move bystanders away from area

VENUE DIRECTIONS: ARC is located at the north end of the Anschutz Sports Pavilion. The address is 1651 Naismith Drive. From Naismith Drive, go west on Sunnyside Avenue to 3-way stop. Go west on Irving Hill Road and turn left (south) into parking lot 72. Will need to park at southwest corner of lot 72 where person will flag down ambulance and direct them inside the ARC.



EMERGENCY ACTION PLAN: BASKETBALL PRACTICE FACILITY

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s) on site for practice activity. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional sports medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (864-7938).

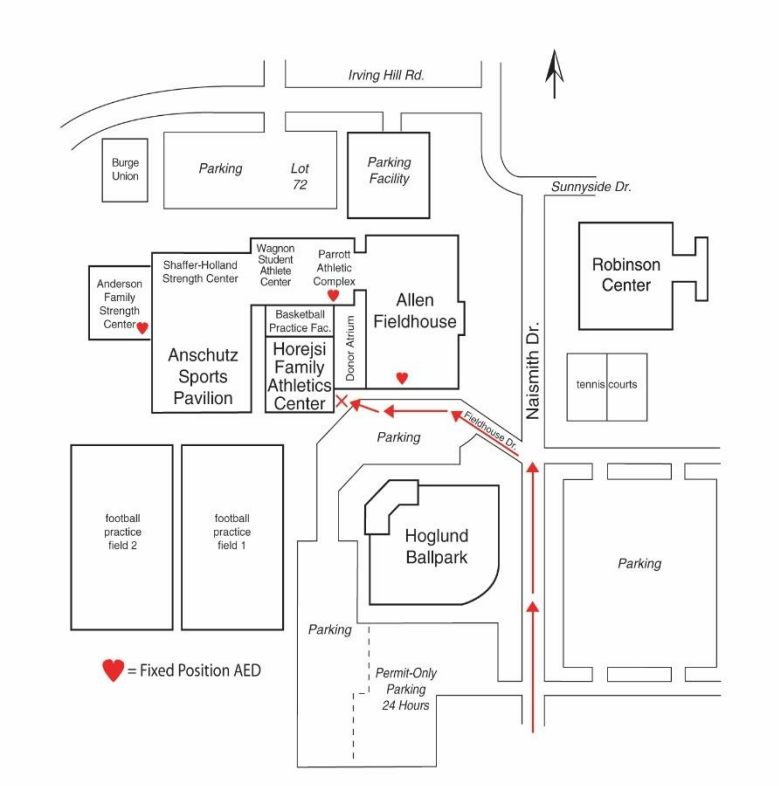
EMERGENCY COMMUNICATION: Fixed telephone lines are available in the Nesmith Athletic Training Clinic (room #134 Parrott)(785-864-7938).

EMERGENCY EQUIPMENT: Supplies (AED, first aid kit, splint bag with pump). Additional emergency equipment is available from the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

29. Immediate care of the injured or ill student-athlete
30. Emergency equipment retrieval
31. Activation of emergency medical system (EMS)
    m. Call 8-911 from a fixed phone line or 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    n. 911 operator will notify campus police
32. Direction of EMS to scene
    a. Open appropriate gates/doors
    b. Designate individual to "flag down" EMS at Gate 12 or South End Garage Door next to Gate 12, and direct to scene
    c. Scene control: Limit scene to first aid providers and move bystanders away from area

VENUE DIRECTIONS: Basketball Practice Facility is located near the South end of campus, just West of Allen Fieldhouse. The address is 1651 Naismith Drive. From Naismith From Naismith Drive, go West on Fieldhouse Drive to the Southeast entrance of the building. Enter Gate 12. There you will see an individual designated to take you to the practice facility.



EMERGENCY ACTION PLAN: BASKETBALL WEIGHT ROOM

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), team physician(s), on-site and/or on-call. EMS available for competition. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (864-7938).

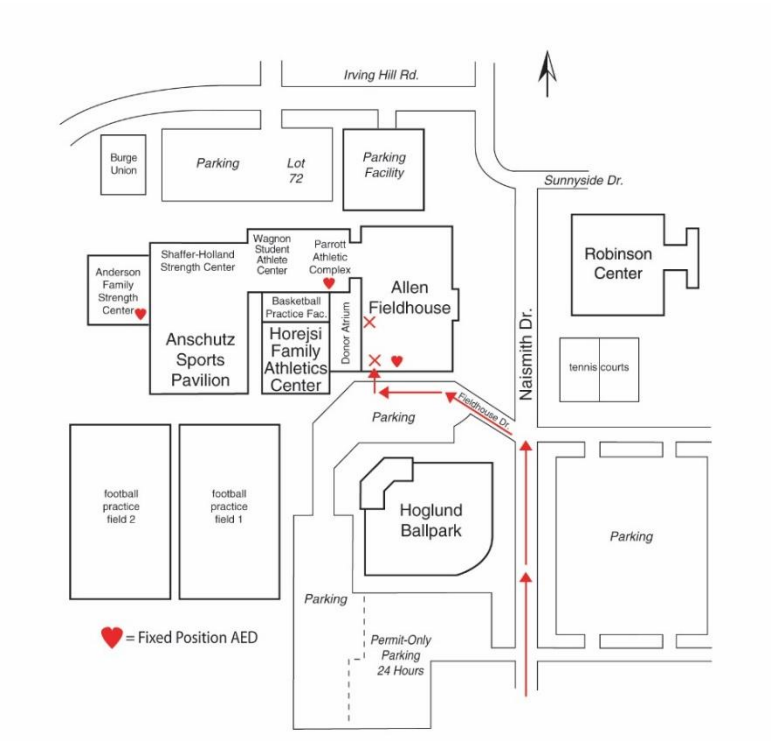
EMERGENCY COMMUNICATION: Cellular devices. Fixed line available in the athletic training room (room #1115 AFH) in southwest corner of Allen Fieldhouse (864-6218).

EMERGENCY EQUIPMENT: Supplies (competition: AED, first aid kit, splint bag). Additional emergency equipment located in the Nesmith Athletic Training Clinic (864-7938).

ROLES OF FIRST RESPONDERS:

33. Immediate care of the injured or ill student-athlete.
34. Emergency equipment retrieval.
35. Activation of emergency medical system (EMS).
    o. Call 8-911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    p. 911 operator will notify campus police.
36. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS at Gate 12 of Allen Fieldhouse and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Allen Fieldhouse is located on the south end of campus. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive. The preferred entrance to the Basketball Weight Room is through Allen Fieldhouse utilizing Gate 12 entrance located on the south end of the venue. Then will be directed to scene.



EMERGENCY ACTION PLAN: CAMPANILE HILL

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Healthcare providers and first responders.

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, splint bag, heat illness kit) are carried by the athletic trainer if on-site. EMS will be on call with further emergency equipment if needed.

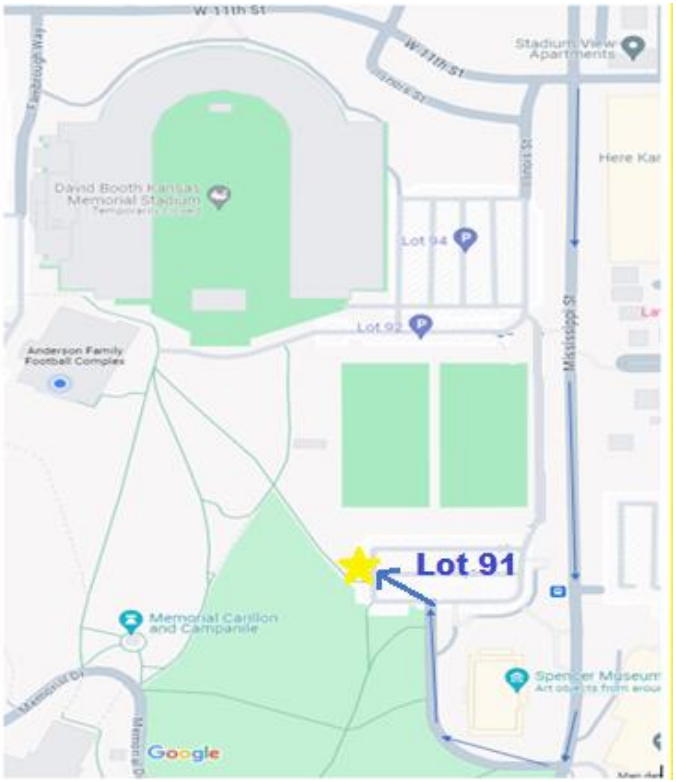
ROLES OF FIRST RESPONDERS:

37. Immediate care of the injured or ill student-athlete.
38. Activation of emergency medical system (EMS).
    q. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
39. Emergency equipment retrieval.
40. Direction of EMS to scene.
    a. Designate individual to "flag down" EMS and direct to scene.
    b. Scene control: Limit scene to first aid providers and move bystanders away from area.

OFF-SITE MONITORING OF PRACTICE: Certified athletic trainer(s) will be in direct communication with coaching staff by cell phone via talk/text.

SEVERE WEATHER/LIGHTNING PROCEDURES: The coaching staff will be responsible for monitoring severe weather that includes extreme heat, cold, and lightning on cellular devices.

VENUE DIRECTIONS: CONSTRUCTION ALONG MISSISSIPPI AND 11TH STREET MAY IMPACT ROUTE. Campanile Hill is located south of Memorial Stadium – KU Football. Memorial Stadium is located at 1101 Mississippi St on the north end of campus at the corner of 11th St and Mississippi St. To reach the practice fields, drive south on Mississippi street and utilize the Lot 91 access road just south of Spencer Museum of Art. A team member will be located on the west side of lot 91 to direct EMS to the injury location.



EMERGENCY ACTION PLAN: CROSS COUNTRY OFF-SITE

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), coaching staff. EMS on call.

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, splint bag, heat illness kit) are carried by the certified athletic trainer(s). EMS will be on call with further emergency equipment if needed.

ROLES OF FIRST RESPONDERS:

41. Immediate care of the injured or ill student-athlete.
42. Activation of emergency medical system (EMS).
    r. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
43. Emergency equipment retrieval.
44. Direction of EMS to scene.
    a. Designate individual to “flag down” EMS and direct to scene.
    b. Scene control: Limit scene to first aid providers and move bystanders away from area.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes) will be carried by the certified athletic trainer(s). Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff via direct assessment by a hand held digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

OFF-SITE MONITORING OF PRACTICE: Certified athletic trainer(s) will be in direct communication with coaching staff by cell phone via talk/text. Runners will run at a minimum in pairs. Coaching staff will be with lead runners while the certified athletic trainer(s) will follow the runners in a van.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer(s) is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer(s) can delay, postpone, or cancel the sport activities by their discretion using WeatherOps or the flash-to-bang method or by accessing severe weather/lightning information on cellular devices.

VENUE DIRECTIONS: Directions vary based on practice site.

EMERGENCY ACTION PLAN: CRESTLINE HILL

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Healthcare providers and first responders.

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, splint bag, heat illness kit) are carried by the athletic trainer if on-site. EMS will be on call with further emergency equipment if needed.

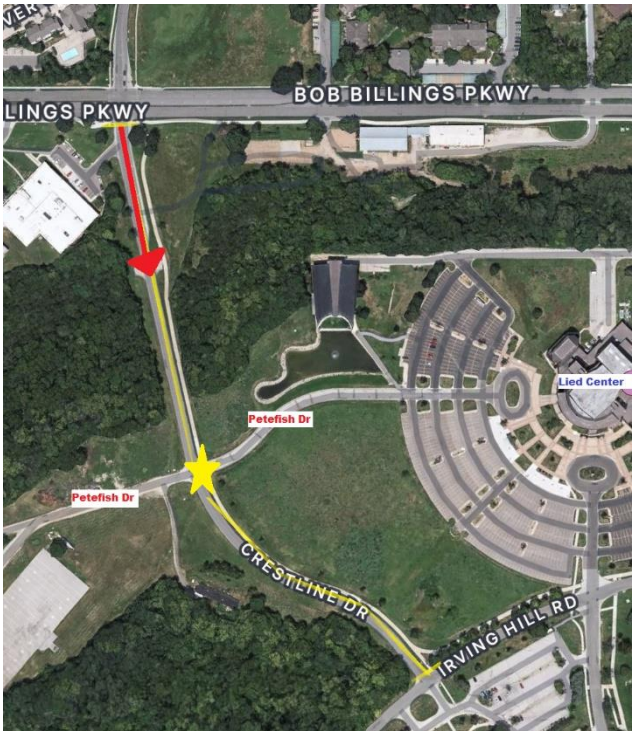
ROLES OF FIRST RESPONDERS:

45. Immediate care of the injured or ill student-athlete.
46. Activation of emergency medical system (EMS).
    s. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
47. Emergency equipment retrieval.
48. Direction of EMS to scene.
    a. Designate individual to "flag down" EMS and direct to scene.
    b. Scene control: Limit scene to first aid providers and move bystanders away from area.

OFF-SITE MONITORING OF PRACTICE: Certified athletic trainer(s) will be in direct communication with coaching staff by cell phone via talk/text.

SEVERE WEATHER/LIGHTNING PROCEDURES: The coaching staff will be responsible for monitoring severe weather that includes extreme heat, cold, and lightning on cellular devices.

VENUE DIRECTIONS: Crestline Hill is located to the east of the Lied Center, west of main campus. The midpoint of this hill is the corner of Crestline Drive and Petefish Drive. From Bob Billings Parkway, head south on Crestline Drive (past the city bus station) and continue south on Crestline Drive. A team member will be located at the intersection of Crestline Dr and Petefish Dr to direct the ambulance to the injury.



EMERGENCY ACTION PLAN: FEMALE STAFF LOCKER ROOM

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), team physician(s), on site or on call. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

EMERGENCY COMMUNICATION: Fixed line available in the equipment room (room #130 AFH) in southwest corner of Allen Fieldhouse (785-864-7618).

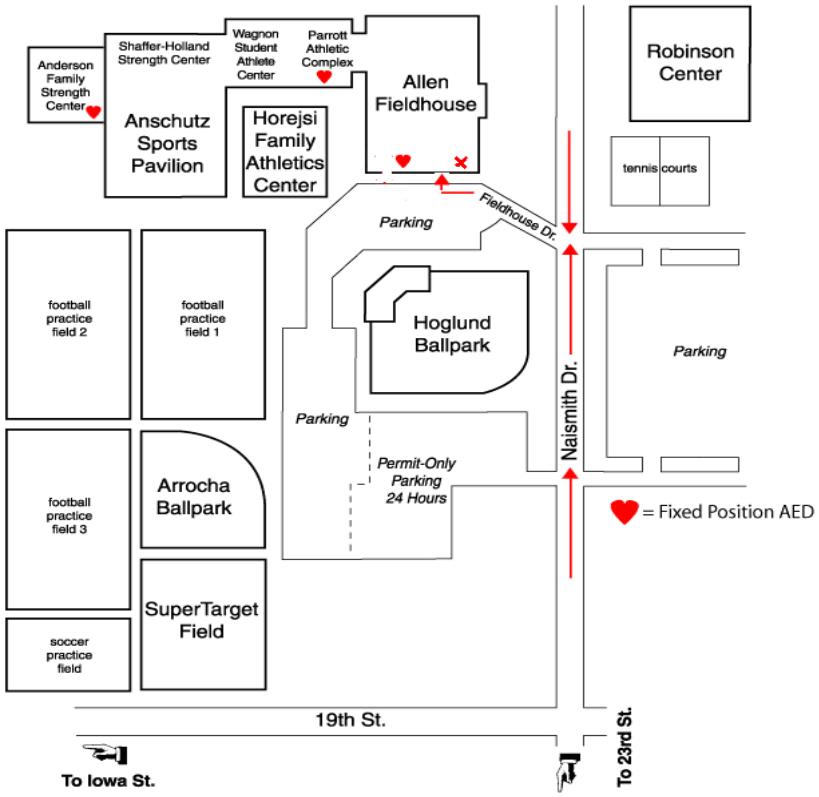
EMERGENCY EQUIPMENT: Supplies (competition: AED, first aid kit, splint bag). Additional emergency equipment located in the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

49. Immediate care of the injured or ill student-athlete.
50. Emergency equipment retrieval.
51. Activation of emergency medical system (EMS).
    t. Call 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    u. 911 operator will notify campus police.
52. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Allen Fieldhouse is located on the south end of campus. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive. The preferred entrance to Female Staff locker room is:

5. To access the locker room- garage door entrance on the southeast end of the venue.



Emergency Action Plan: Football Indoor Practice Facility

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified Athletic Trainers in the Athletic Training Room during established hours at AFFC, on-site for practice. At times physician will be located in the athletic training room at AFFC as well. CPR certified Strength and Conditioning coaches located in the weight room.

EMERGENCY COMMUNICATION: Cellular devices are to be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, first aid kit, trauma kit, heat exhaustion kit, splint bag with pump, spine-board, and helmet removal devices – all located on med bed gator (garage of facility).

ROLES OF FIRST RESPONDERS:

53. Immediate care of the injured or ill student-athlete.
54. Emergency equipment retrieval.
    a. Notify Certified Athletic Trainer at AFFC Facility.
55. Activation of emergency medical system (EMS).
    v. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    w. 911 operator will notify campus police.
56. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: The Indoor Practice Facility is located at 1135 Fambrough Way across from the West Side of the stadium. You can gain access by continuing on Main St. headed south across 11th onto Fambrough Way (IPF will be on your right (west) side; access through the parking lot and the first glass to garage door (most southern one) will be direct access to the field).

6. Pull up to the First Glass Garage door on the southeast side of the indoor facility; this will be open prior to arrival.



EMERGENCY ACTION PLAN: FOOTBALL INDOOR PRACTICE FACILITY: VOLUNTARY DRILLS

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified Athletic Trainers in the Athletic Training Room during established hours at AFFC. At times physician will be located in the athletic training room at AFFC as well. CPR certified Strength and Conditioning coaches located in the weight room at AFFC as well.

ATHLETES WILL GAIN ACCESS TO FACILITY AND BE MONITORED VIA STRENGTH & CONDITIONING / ATHLETIC TRAINING INTERN OR FULL TIME STAFF BASED ON AVAILABILITY

EMERGENCY COMMUNICATION: Cellular devices are to be used in an emergency situation.

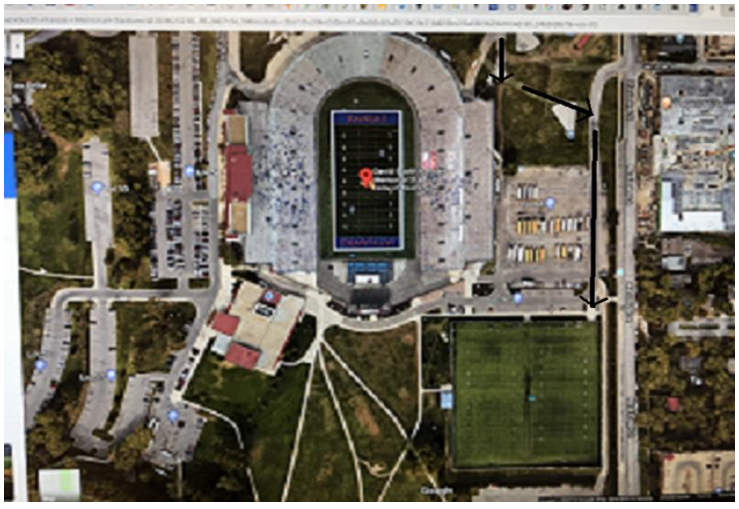
EMERGENCY EQUIPMENT: Emergency equipment AED in Athletic Training Room on wall; additional emergency equipment located in AFFC ATR or paramedic crews in ambulance once arrived.

ROLES OF FIRST RESPONDERS:

57. Immediate care of the injured or ill student-athlete.
58. Emergency equipment retrieval.
    a. Notify Certified Athletic Trainer at AFFC Facility.
59. Activation of emergency medical system (EMS).
    x. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    y. 911 operator will notify campus police.
60. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to “flag down” EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: The Indoor Practice Facility is located at 1135 Fambrough Way across from the West Side of the stadium. You can gain access by continuing on Main St. headed south across 11th onto Fambrough Way (IPF will be on your right (west) side; access through the parking lot and the first glass to garage door (most southern one) will be direct access to the field).

7. Pull up to the First Glass Garage door on the southeast side of the indoor facility; this will be open prior to arrival.



EMERGENCY ACTION PLAN: HASKELL XC COURSE

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Healthcare providers and first responders.

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, splint bag, heat illness kit) are carried by the athletic trainer if on-site. EMS will be on call with further emergency equipment if needed.

ROLES OF FIRST RESPONDERS:

61. Immediate care of the injured or ill student-athlete.
62. Activation of emergency medical system (EMS).
    z. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
63. Emergency equipment retrieval.
64. Direction of EMS to scene.
    a. Designate individual to "flag down" EMS and direct to scene.
    b. Scene control: Limit scene to first aid providers and move bystanders away from area.

OFF-SITE MONITORING OF PRACTICE: Certified athletic trainer(s) will be in direct communication with coaching staff by cell phone via talk/text.

SEVERE WEATHER/LIGHTNING PROCEDURES: The coaching staff will be responsible for monitoring severe weather that includes extreme heat, cold, and lightning on cellular devices.

VENUE DIRECTIONS: The course is located on the south-west side of Haskell University's campus, south of the Powwow Grounds. To access from E 23rd St, go south on W Perimeter Rd. Continue until Kiowa Ave. A team member will direct the ambulance from the intersection of W Perimeter Rd and Kiowa Ave.



EMERGENCY ACTION PLAN: HOGLUND BALLPARK

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), student trainer(s), supervising physician. EMS on-site for conference series only. Additional sports medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Room (785-864-7938).

EMERGENCY COMMUNICATION: Cellular devices. Fixed telephone line available in McCarthy Family Clubhouse athletic training room (785-864-7562). On-site EMS activated by radio or hand signal (conference series only).

EMERGENCY EQUIPMENT: Supplies (AED, splint bag, heat illness kit) are available in the McCarthy Family Clubhouse athletic training room. Cold water immersion tank is available behind the visitor's dugout. EMS will have further emergency equipment when on-site.

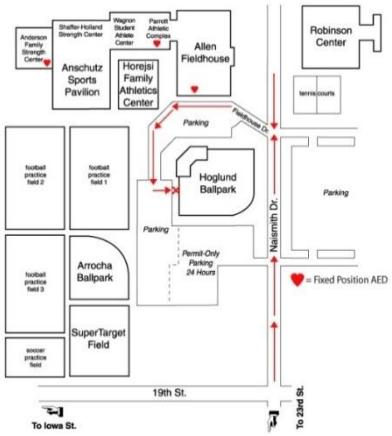
ROLES OF FIRST RESPONDERS:

65. Immediate care of the injured or ill student-athlete.
66. Emergency equipment retrieval.
67. Activation of emergency medical system (EMS).
    aa. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.
    bb. 911 operator will notify campus police.
68. Direction of EMS to scene.
    a. Open west gate along first base line.
    b. Designate individual to "flag down" EMS at Gate 12 or South End Garage Door next to Gate 12, and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.
69. Notify the guardians/coach of the injured or ill participant.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes) are available in the McCarthy Family Clubhouse athletic training room. Cold water immersion tank is available behind the visitor's dugout. Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff on-site at field level via direct assessment by digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer(s) is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer(s) can delay, postpone, or cancel the sport activities by their discretion using WeatherOps (web-based program), the flash-to-band method, or by accessing severe weather/tornado information on cellular or computer devices. In the case of evacuation, the Assistant Athletic Director of Facilities/Events (Game Administrator) along with certified athletic trainer(s) will direct participants, staff, coaches, and spectators to shelter in the locker room and/or vehicles.

VENUE DIRECTIONS: Hoglund Ballpark is located near the south end of campus, just south of Allen Fieldhouse. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive. Follow parking lot around the press box and enter through gate entrance along the first base line (west) side of the field. This gate provides the best entrance for EMS to field level.



EMERGENCY ACTION PLAN: HOREJSI FAMILY VOLLEYBALL ARENA

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s) on site for competition. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938). Physician or Physician Assistant will be on site for all competitions.

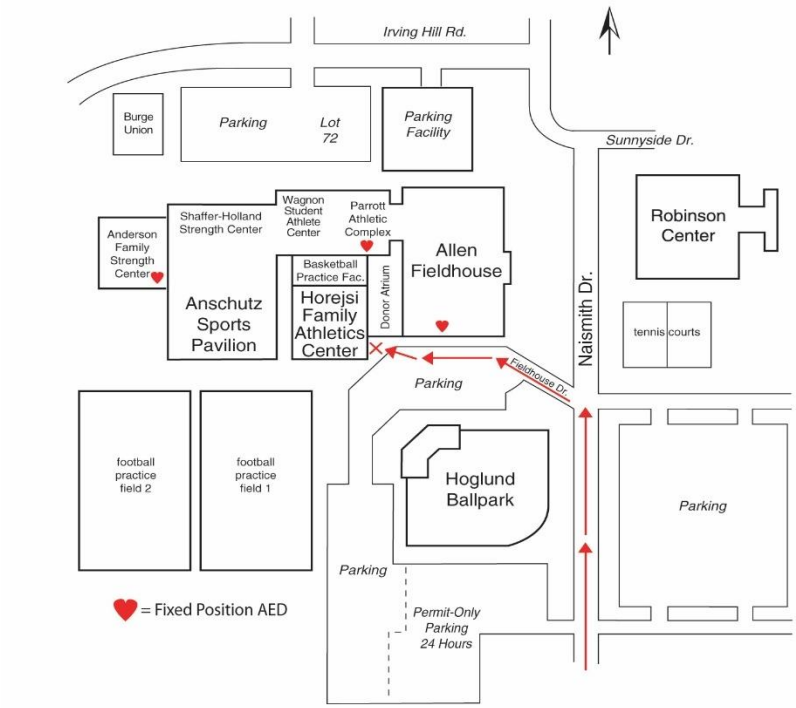
EMERGENCY COMMUNICATION: Cellular devices. Fixed telephone lines are available in the Nesmith Athletic Training Clinic (room #134 Parrott) (785-864-7938).

EMERGENCY EQUIPMENT: Supplies (AED, first aid kit, splint bag with pump, oxygen). Additional emergency equipment is available in the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

70. Immediate care of the injured or ill student-athlete.
71. Emergency equipment retrieval.
72. Activation of emergency medical system (EMS).
    cc. Call 911 from a fixed phone line or 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    dd. 911 operator will notify campus police.
73. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Horejsi Family Volleyball Arena is located near the south end of campus, just west of Allen Fieldhouse. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive to the southeast entrance of the building. Horejsi Family Volleyball Arena has multiple entrances. The southeast entrance provides the best access for EMS.



EMERGENCY ACTION PLAN: IRVING HILL ROAD

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), coaching staff. EMS on call.

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, splint bag, heat illness kit) are carried by the certified athletic trainer(s). EMS will be on call with further emergency equipment if needed.

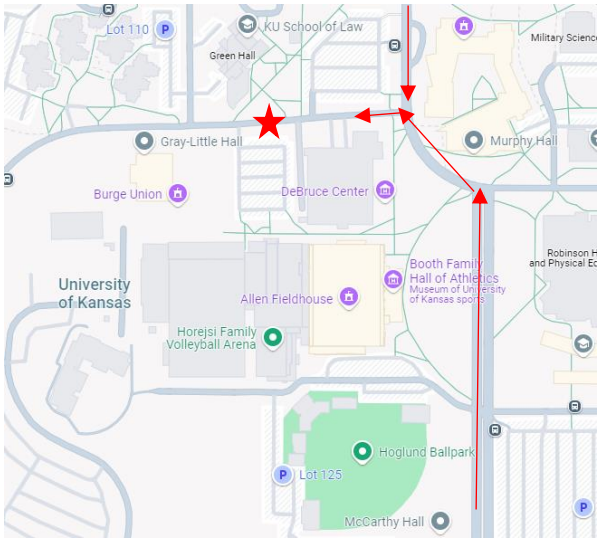
ROLES OF FIRST RESPONDERS:

74. Immediate care of the injured or ill student-athlete.
75. Activation of emergency medical system (EMS).
    ee. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
76. Emergency equipment retrieval.
77. Direction of EMS to scene.
    a. Designate individual to "flag down" EMS and direct to scene.
    b. Scene control: Limit scene to first aid providers and move bystanders away from area.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes) will be carried by the certified athletic trainer(s). Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff via direct assessment by a hand held digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer(s) is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer(s) can delay, postpone, or cancel the sport activities by their discretion using WeatherOps or the flash-to-bang method or by accessing severe weather/lightning information on cellular devices.

VENUE DIRECTIONS: Irving Hill Road is located North of Allen Fieldhouse, the Debruce Center, and the Burge Union. From Naismith Drive, head West on Irving Hill Road and there will be someone flagging you down to the correct location. 1447 Irving Hill Road is the most accurate address for this location.



EMERGENCY ACTION PLAN: JAYHAWK TENNIS CENTER

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer, coaches, and/or possible athletic training students/managers on site. Additional Sports Medicine staff are available on competition day.

EMERGENCY COMMUNICATION: Fixed line at the Jayhawk Tennis Center (785)-749-3200.

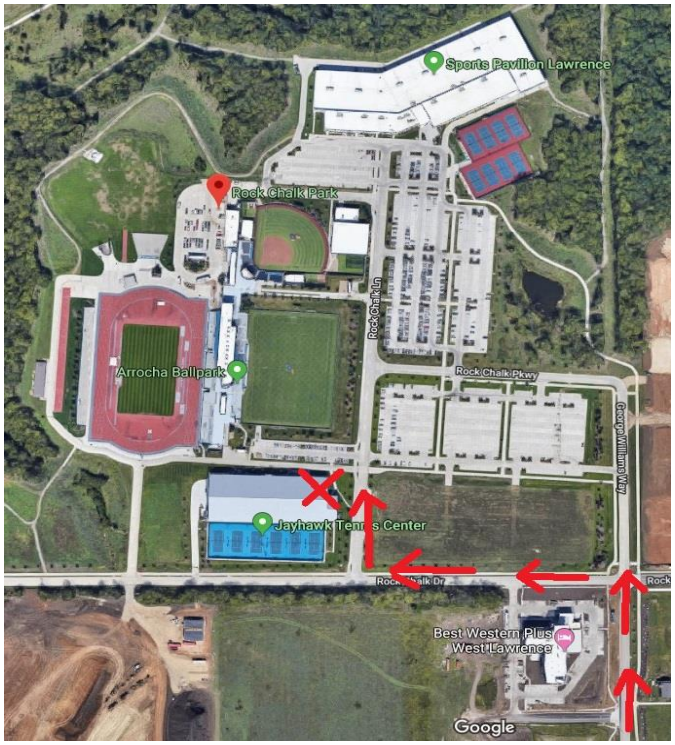
EMERGENCY EQUIPMENT: Splint, crutches, AED, and first aid will be accessible from the Kansas Tennis athletic training room. Additional AED is located at the front desk. On call EMS will have further emergency equipment (IV fluids, oxygen, gurney, etc).

ROLES OF FIRST REPONDERS:

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical services (EMS)
    a. Call 911 (provide name and that an ambulance is needed; continue to provide address; telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
4. Direction of EMS to scene.
    a. Open appropriate doors or gates. Gate key is located at the front desk or outdoor courts.
    b. Designate individual to “flag down” EMS and direct to scene.
    c. Scene control: limit scene to first aid providers and move bystanders away from area.

SEVERE WEATHER/LIGHTNING/TORNADO PROCEDURES: The ATC is responsible for monitoring severe weather and lightning. If necessary, the ATCs can delay, postpone, or cancel the sport activities by their discretion using WeatherOps, the flash-to-bang method, or by accessing severe weather/tornado information on cellular or computer devices. In the case of evacuation, the Assistant Athletic Director of Facilities/Events (Game Administrator) along with the ATCs will direct patrons to the first floor locker room level of Rock Chalk Park.

VENUE DIRECTIONS: Jayhawk Tennis Center is located at 233 Rock Chalk Lane, north of 6th street, east of the K10 bypass to I-70. Emergency personnel should be directed from 6th street to go north on George Williams Way. They should then go west on Rock Chalk Drive and then enter the facility from the east entrance.



EMERGENCY ACTION PLAN: KANSAS RIVER AND WYANDOTTE COUNTY LAKE PARK WATER RESCUE

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Water rescue launch (motorized water vehicle) operator: KU coaches. Competition officials and Open Water Safety personnel during competition.

Practice: Launch operator with one launch per two boat maximum.

Competition: Burcham Park: Launches stationed approximately one kilometer apart and one designated rescue launch at Boathouse dock.
Wyandotte Lake: One Launch will follow boats from start to finish, with one designated rescue launch at dock.

EMERGENCY COMMUNICATION: Cellular devices or radios will be used in an emergency. Fixed line available in the coach's office 785-856-1193 and the athletic training room 785-856-1906 as a backup.

Practice: Coaches and land emergency personnel have cell phones and contacts programmed in addition to radios and land lines.

Competition: Launch and land emergency personnel will have radios. Secondary, each launch and land emergency personnel listed on contact sheet. Contact sheet is located in each launch and with land emergency personnel.

ROLES OF FIRST RESPONDERS:

78. Locate all student athletes and assess for injuries/illness.

a. If all student athletes are accounted for and no injures, resume with practice if able.
b. Pass our life jackets.
c. Use throw bag if athlete goes under water.
d. If student athlete needs assistance, instruct them to stay with the boat or lay across the boat if needed.
e. Approach student athletes from down river. Make sure you are clear of people around the boat and motor as you approach. Assist student athletes onto launches or back into shell.
f. If a student athlete is unconscious or having a serious medical issue: call 911 immediately then call ATC.

79. If a student athlete is unaccounted for:

a. DO NOT JUMP IN TO SEARCH.
b. CALL 911
   i. KU Rowing Boathouse inside Burcham Park 200 Indiana St, Lawrence, KS
   ii. Provide incident description and how many are missing
   iii. Notify land emergency personnel EMS has been contacted and to begin Land Emergency Action Plan: Direction of EMS to scene.
c. Immediately drop yellow buoy at the site where the incident occurred.
d. Find 3 points that line yourself with the incident site and make note of area.
e. Have remaining student athletes climb into shell or launch.
f. Return student athletes to dry land.
g. Give immediate care to any injured/ill student athletes and follow Land Emergency Action Plan.

EMERGENCY ACTION PLAN: LAWRENCE COUNTRY CLUB

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s) coverage for competitions. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (864-7938).

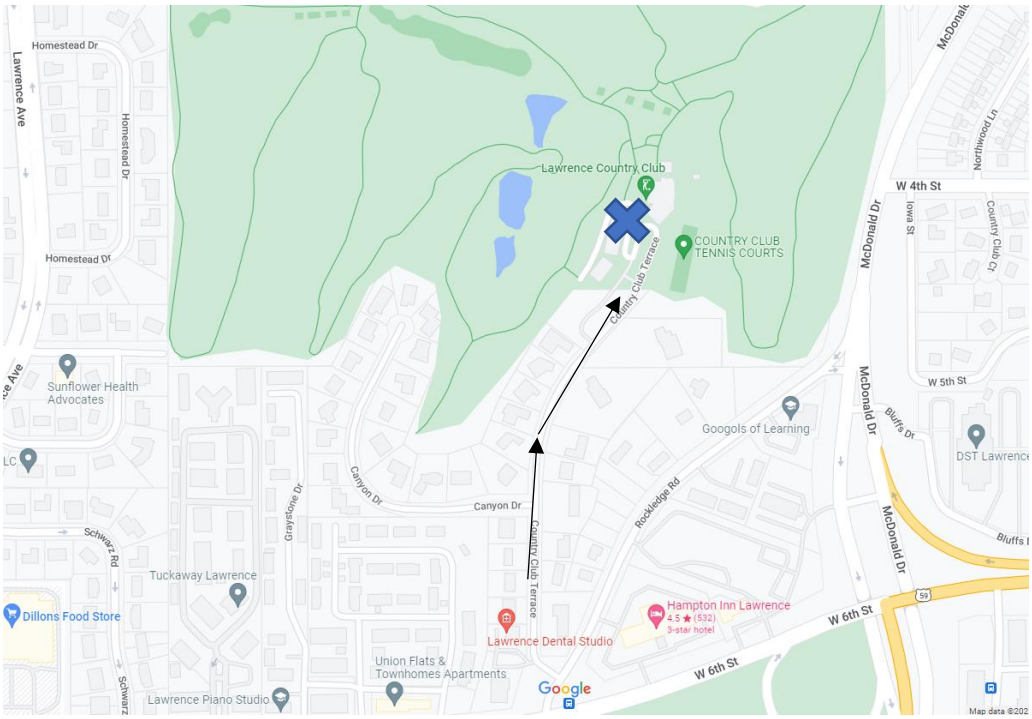
EMERGENCY EQUIPMENT: Supplies (AED, first aid kit)

ROLES OF FIRST RESPONDERS:

80. Immediate care of the injured or ill student-athlete.
81. Emergency equipment retrieval.
82. Activation of emergency medical system (EMS).
    ff. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
83. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Lawrence Country Club is located at 400 Country Club Terrace, Lawrence KS 66049

8. From 6th Street, go north on Rockledge Rd then turn onto Country Club Terrace. You will arrive at the clubhouse of Lawrence Country Club



EMERGENCY ACTION PLAN: LONE STAR PARK (COMPETITION)

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer, athletic training student(s), supervising physician. Lawrence-Douglas County Fire Medical on-site.

EMERGENCY COMMUNICATION: The safety director, medical staff, lifeguards, and safety patrol boats will communicate via the event radio network and VHF radios. There will be 6 kayaks occupied by lifeguards (4) and coaches (2) who are trained in water safety rescue to monitor swimmers' safety. The 4 lifeguards will be stationed within course by every buoy and the 2 coaches will be floating around course. There will be two safety boats idling well inside course with staff to respond if needed.
Communication between lifeguards in kayaks and all parties will be through whistles and flags. If lifeguards need assistance from the safety boats or kayaks, they will blow a series of long whistle blasts and wave orange flags. The safety boats or kayaks will respond and bring distressed or missing swimmer to shore. LDCFM and the Medical staff will respond. Swimmers requiring evacuation via ambulance will be transported to Lawrence Memorial Hospital, approx. 17 miles from the venue.
Should an athlete need transportation via ambulance, the second race will be suspended until an additional EMS unit arrives.

EMERGENCY EQUIPMENT: Supplies (AED, rescue buoys, splint bag, heat illness kit, solar blankets) will be available with medical staff. Further emergency equipment will be accessible through LDCFM.

ROLES OF FIRST RESPONDERS:

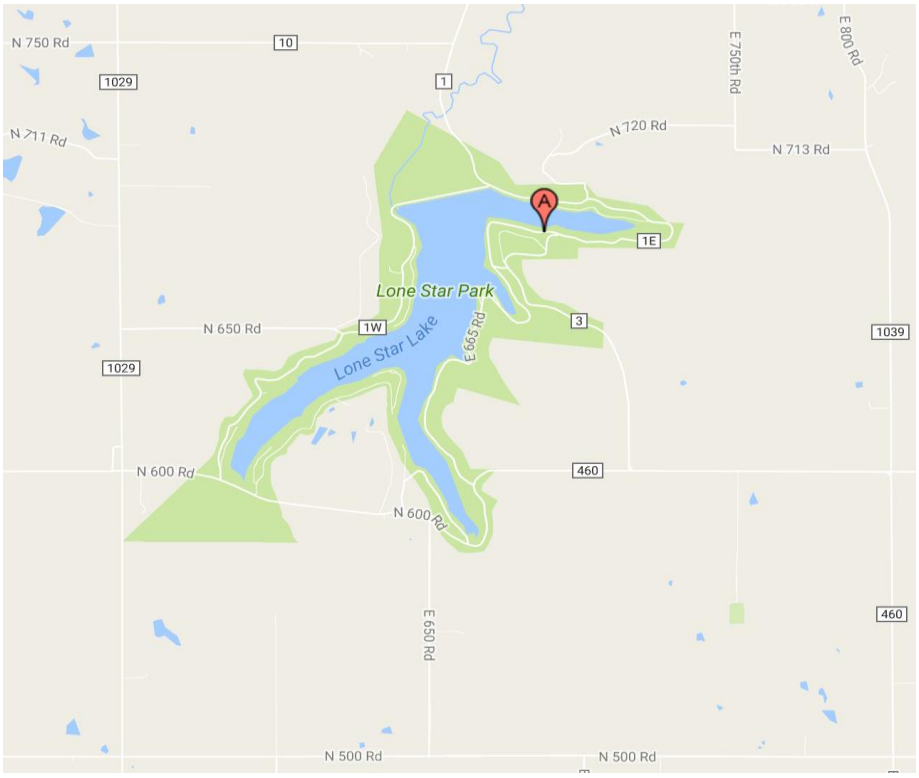
84. Immediate care of the injured or ill student-athlete.
85. Emergency equipment retrieval.
86. Activation of emergency medical system (EMS).
    gg. Call EMS through the VHF radio network (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.
87. Direction of EMS to scene.
    a. Clear appropriate entrances/exits.
    b. Designate individual to "flag down" EMS and direct to emergent location.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.
88. Notify the guardians/coach of the injured or ill participant.

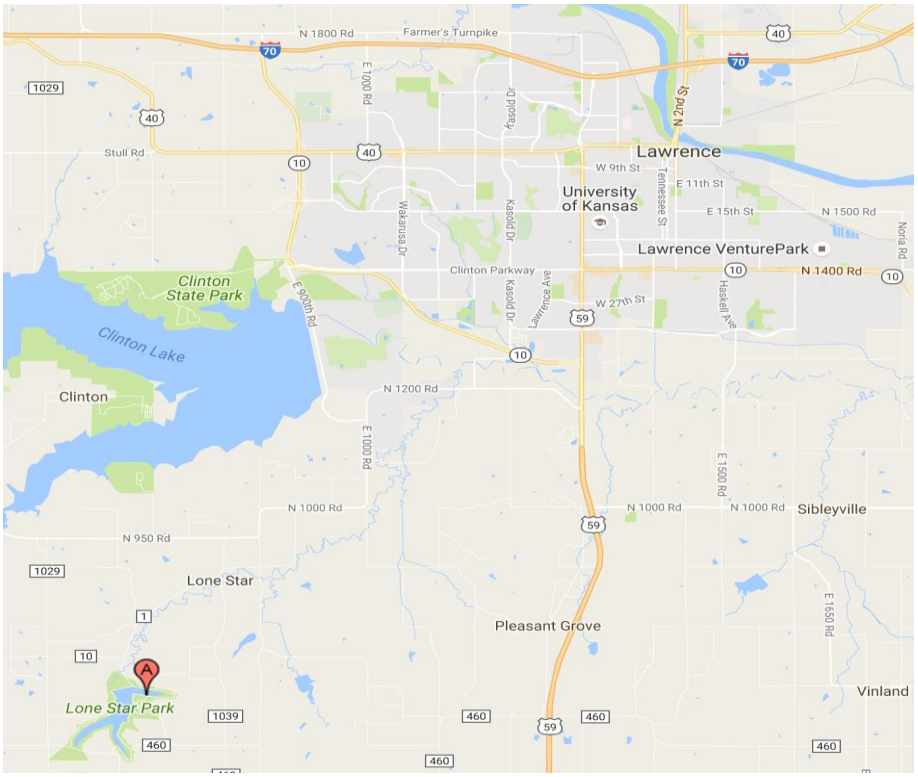
HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes) will be carried by the certified athletic trainer(s). Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff via direct assessment by a hand held digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer(s) is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer(s) can delay, postpone, or cancel the sport activities by their discretion using WeatherOps or the flash-to-bang method or by accessing severe weather/lightning information on cellular devices.

VENUE DIRECTIONS: The start/finish line and medical tent sits just north and east of 665 East 665 Road, Lawrence, KS 66047.

1. **From 23rd (Clinton Pkwy) and Iowa (US-59 S) in Lawrence:** Travel south 2.31 miles, turn right onto N 1200 Rd/County Hwy-458. Continue to follow County Hwy-458 7.47 miles. Turn left onto E 800th Rd (following green sign to Lone Star Lake). Continue 0.73 miles. Take the 2nd right onto E 661st Diag Rd. and continue 2.58 miles as E 661st Diag Rd becomes E 715th Rd at the entrance to Lone Star Lake. Continue 1.06 miles around the inlet until you reach the swimming beach, start/finish line and medical tents.
2. **From West Clinton Pkwy and K-10 in Lawrence:** Start out going west on W Clinton Pkwy toward E 900th Rd. Turn left onto E 900th Rd. Then continue 2.32 miles across the Clinton Lake reservoir. E 900th Rd becomes N 1150 Rd. Continue 0.88 miles and turn right onto E 1000 Rd/County Hwy-458. Continue to follow County Hwy-458 for 3.87 miles. Turn left onto E 800th Rd. (following green sign to Lone Star Lake). Continue 0.73 miles. Take the 2nd right onto E 661st Diag Rd. and continue 2.58 miles as E 661st Diag Rd becomes E 715th Rd at the entrance to Lone Star Lake. Continue 1.06 miles around the inlet until you reach the swimming beach, start/finish line and medical tents.


N 750 Rd
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E 800 Rd
N 711 Rd
N 720 Rd
N 713 Rd
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Lone Star Park
N 650 Rd
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Lone Star Lake
E 665 Rd
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N 600 Rd
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N 500 Rd


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Stull Rd
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E 11th St
University
of Kansas
Tennessee St
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Nona Rd
Wakarusa Dr
Kasold Dr
Lawrence VenturePark
Clinton Parkway
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N 1400 Rd
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Clinton
State Park
E 900th Rd
Lawrence Ave
W 27th St
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Haskell Ave
Clinton Lake
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N 1200 Rd
Clinton
E 1000 Rd
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N 1000 Rd
N 1000 Rd
Sibleyville
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N 950 Rd
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Lone Star
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EMERGENCY ACTION PLAN: LONE STAR PARK (PRACTICE)

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), supervising physician, open water rescue certified coach(es). Lawrence-Douglas Fire Medical on call.

EMERGENCY COMMUNICATION: The certified athletic trainer(s) will be present during open water practice. Kayaks will be available for certified water rescue coach(es) to utilize on the water. Coach(es) acting as water rescue responders will communicate directly with the certified athletic trainer(s) regarding needed care for athletes. Team personnel will be utilized to dial 911 in the event of an emergency. Swimmers requiring transportation via ambulance will be transported to Lawrence Memorial Hospital, approximately 17 miles from the venue.

EMERGENCY EQUIPMENT: Supplies (AED, rescue buoys, splint bag, heat illness kit, solar blankets) will be available with medical staff. Lawrence-Douglas County Fire Medical will be on call with further medical equipment if needed.

ROLES OF FIRST RESPONDERS:

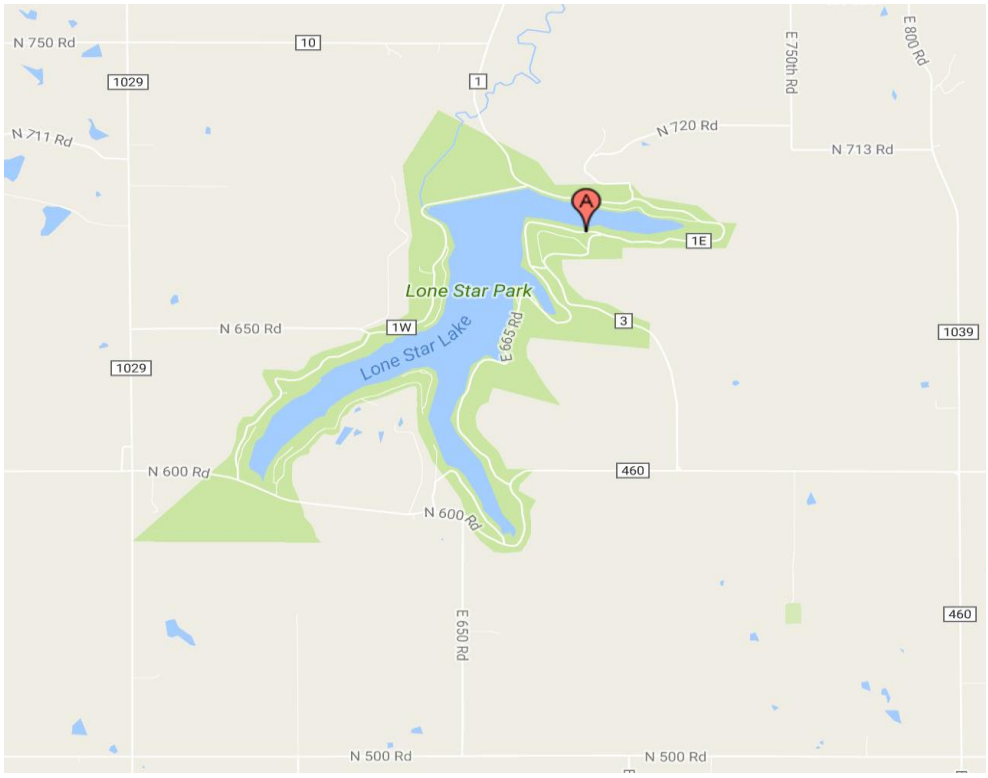
89. Immediate care of the injured or ill student-athlete.
90. Emergency equipment retrieval.
91. Activation of emergency medical system (EMS).
    hh. Call EMS through the VHF radio network (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
92. Direction of EMS to scene.
    a. Clear appropriate entrances/exits.
    b. Designate individual to “flag down” EMS and direct to emergent location.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.
93. Notify the guardians/coach of the injured or ill participant.

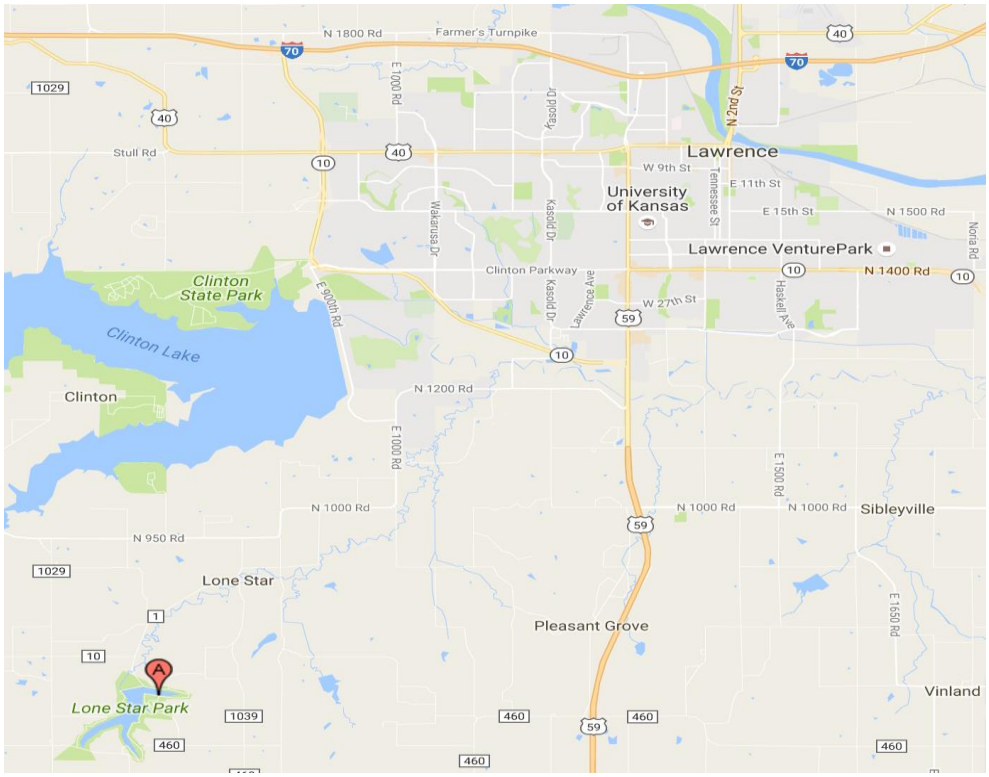
HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes) will be carried by the certified athletic trainer(s). Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff via direct assessment by a hand held digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer(s) is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer(s) can delay, postpone, or cancel the sport activities by their discretion using WeatherOps or the flash-to-bang method or by accessing severe weather/lightning information on cellular devices.

VENUE DIRECTIONS: The start/finish line and medical tent sits just north and east of 665 East 665 Road, Lawrence, KS 66047.

1. **From 23rd (Clinton Pkwy) and Iowa (US-59 S) in Lawrence:** Travel south 2.31 miles, turn right onto N 1200 Rd/County Hwy-458. Continue to follow County Hwy-458 7.47 miles. Turn left onto E 800th Rd (following green sign to Lone Star Lake). Continue 0.73 miles. Take the 2nd right onto E 661st Diag Rd. and continue 2.58 miles as E 661st Diag Rd becomes E 715th Rd at the entrance to Lone Star Lake. Continue 1.06 miles around the inlet until you reach the swimming beach, start/finish line and medical tents.
2. **From West Clinton Pkwy and K-10 in Lawrence**: Start out going west on W Clinton Pkwy toward E 900th Rd. Turn left onto E 900th Rd. Then continue 2.32 miles across the Clinton Lake reservoir. E 900th Rd becomes N 1150 Rd. Continue 0.88 miles and turn right onto E 1000 Rd/County Hwy-458. Continue to follow County Hwy-458 for 3.87 miles. Turn left onto E 800th Rd. (following green sign to Lone Star Lake). Continue 0.73 miles. Take the 2nd right onto E 661st Diag Rd. and continue 2.58 miles as E 661st Diag Rd becomes E 715th Rd at the entrance to Lone Star Lake. Continue 1.06 miles around the inlet until you reach the swimming beach, start/finish line and medical tents.


N 750 Rd
10
1029
1
E 750th Rd
E 800 Rd
N 711 Rd
N 720 Rd
N 713 Rd
A
1E
Lone Star Park
N 650 Rd
1W
3
Lone Star Lake
E 665 Rd
1039
1029
N 600 Rd
460
N 600 Rd
460
E 650 Rd
N 500 Rd
N 500 Rd


N 1800 Rd
Farmer's Turnpike
70
40
1029
E 1000 Rd
Kasold Dr
N 2nd St
Stull Rd
10
Lawrence
W 9th St
E 11th St
University of Kansas
Tennessee St
E 15th St
N 1500 Rd
Wakarusa Dr
Noria Rd
Lawrence VenturePark
Clinton Parkway
N 1400 Rd
Clinton State Park
E 900th Rd
Lawrence Ave
W 27th St
Haskell Ave
59
Clinton Lake
Clinton
N 1200 Rd
E 1000 Rd
E 1500 Rd
N 1000 Rd
N 1000 Rd
N 1000 Rd
Sibleyville
N 950 Rd
1029
Lone Star
1
Pleasant Grove
E 1650 Rd
10
A
Vinland
Lone Star Park
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460

EMERGENCY ACTION PLAN: MENTAL HEALTH OFFICES-WAGNON

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s) located in NATR during operating hours. Additional sports medicine staff may be available (M-F 7am-5pm) in the Nesmith Athletic Training Room (785-864-7938).

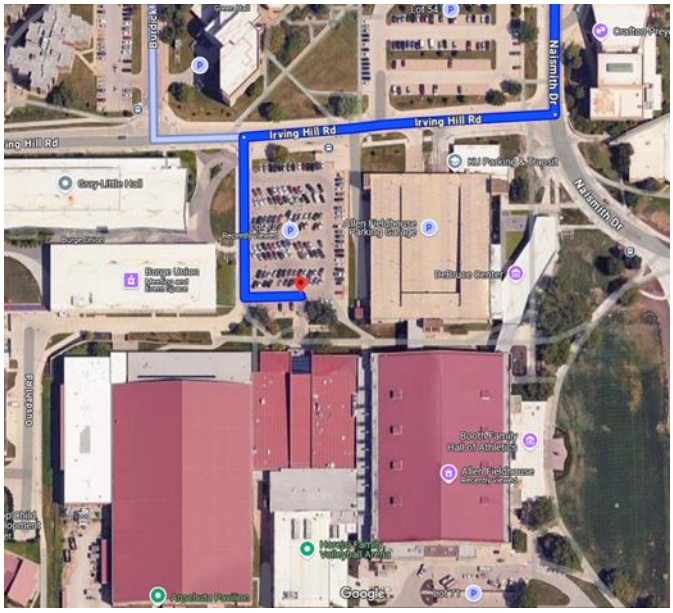
EMERGENCY COMMUNICATION: Cellular devices will be used in the event of an emergency situation.

EMERGENCY EQUIPMENT: AED, splint bag, and spine board are located in the NATR.

ROLES OF FIRST RESPONDERS:

94. Immediate care of the injured or ill student-athlete.
95. Emergency equipment retrieval.
96. Activation of emergency medical system (EMS).
    ii. Designate individual to call 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    jj. 911 operator will notify campus police.
97. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Individual that was designated to call 911 with then go "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: The mental health offices are located in the Wagnon Student Athlete Center. Address is 1555 Irving Hill Road, Lawrence, KS 66045. From Naismith Drive, go west on Irving Hill Rd and turn south into Lot 72. You will enter the main entrance and someone will direct you where to go.



EMERGENCY ACTION PLAN: MALE STAFF LOCKER ROOM

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), team physician(s), on-site and/or on-call. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

EMERGENCY COMMUNICATION: Fixed line available in the equipment room (room #130 AFH) in southwest corner of Allen Fieldhouse (785-864-7618).

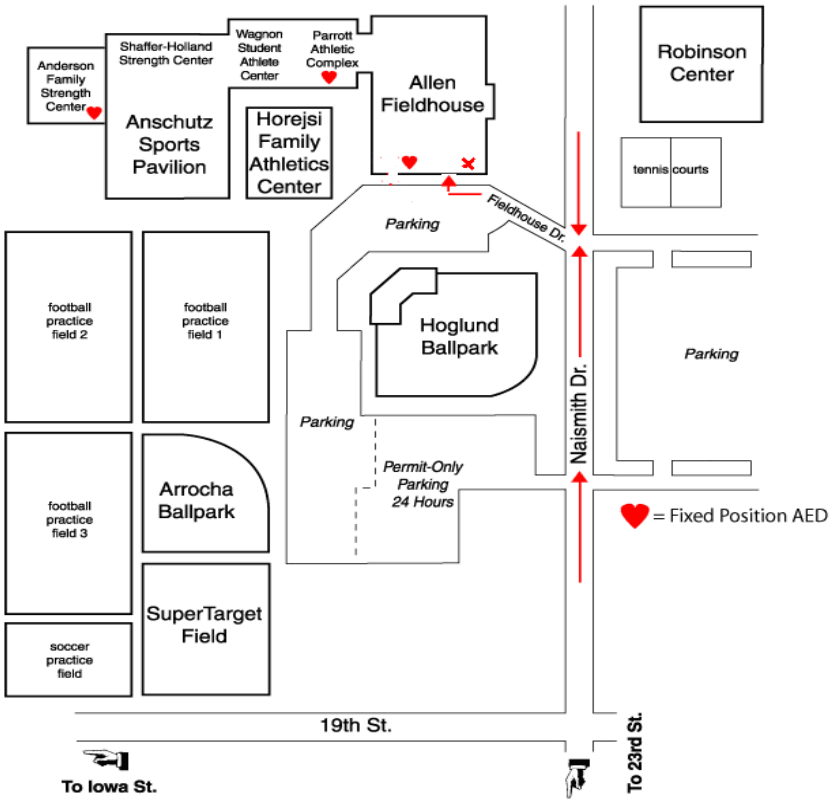
EMERGENCY EQUIPMENT: Supplies (competition: AED, first aid kit, splint bag). Additional emergency equipment located in the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

98. Immediate care of the injured or ill student-athlete.
99. Emergency equipment retrieval.
100. Activation of emergency medical system (EMS).
    kk. Call 911 from a fixed line or from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    ll. 911 operator will notify campus police.
101. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Allen Fieldhouse is located on the south end of campus. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive. The preferred entrance to Male Staff locker room is:

9. To access the locker room – garage door entrance on the southeast end of the venue.



EMERGENCY ACTION PLAN: MEN'S BASKETBALL LOCKER ROOM

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), team physician(s), on-site and/or on-call. EMS available for competition. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

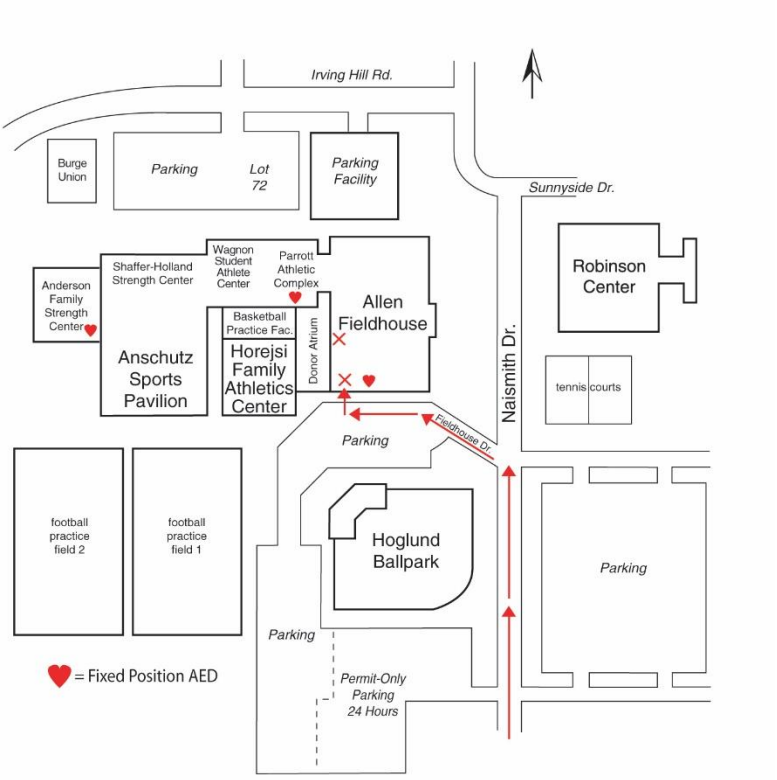
EMERGENCY COMMUNICATION: Cellular devices. Fixed line available in the athletic training room (room #1115 AFH) in southwest corner of Allen Fieldhouse (785-864-6218).

EMERGENCY EQUIPMENT: Supplies (competition: AED, first aid kit, splint bag). Additional emergency equipment located in the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

102. Immediate care of the injured or ill student-athlete.
103. Emergency equipment retrieval.
104. Activation of emergency medical system (EMS).
    mm. Call 8-911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    nn. 911 operator will notify campus police.
105. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS at Gate 13 of Allen Fieldhouse and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Allen Fieldhouse is located on the south end of campus. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive. The preferred entrance to the Men's Basketball Locker Room is through Allen Fieldhouse utilizing the garage door entrance which is located on the southwest end of the venue next to Gate 13. Then will be directed to scene.



EMERGENCY ACTION PLAN: MEN'S TRACK LOCKER ROOM

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), and/or associated staff supervising during operating hours. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

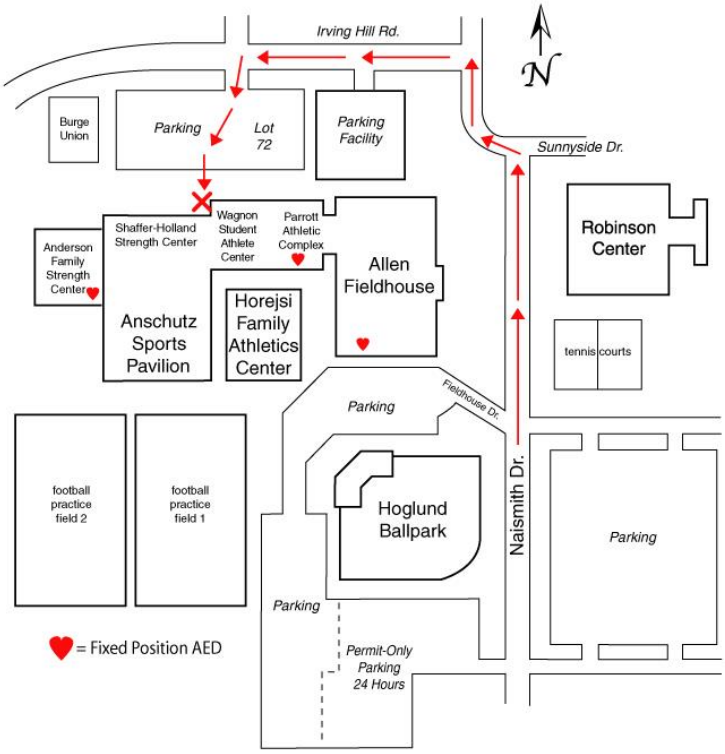
EMERGENCY COMMUNICATION: Cellular devices will be used in the event of an emergency situation. If Certified Athletic Trainer is not on site (within ear shot) for an emergency, EMS activation is first priority by calling 911 and then calling an ATC.

EMERGENCY EQUIPMENT: AED is available in the Anschutz Pavilion next to the middle doors along the north wall. Spine board and splint kit will be located on southeast corner near pole vault pit. Other supplies maintained in Nesmith Athletic Training Clinic.

ROLES OF FIRST RESPONDERS:

106. Immediate care of the injured or ill student-athlete.
107. Emergency equipment retrieval.
108. Activation of emergency medical system (EMS).
    oo. Designate individual to call 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    pp. 911 operator will notify campus police.
109. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Individual that was designated to call 911 with then go "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Men's locker room is located at the north end of the Anschutz Sports Pavilion. The address is 1651 Naismith Drive. From Naismith Drive, go west on Sunnyside Avenue to 3-way stop. Go west on Irving Hill Road and turn left (south) into parking lot 72. Will need to park at southwest corner of Lot 72 where person will flag down ambulance and direct them through the ARC and to the locker room.



EMERGENCY ACTION PLAN: ROCK CHALK PARK- SOCCER

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), student athletic trainer(s), supervising physician. EMS on-site for gamedays only.

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation. On-site EMS activated by radio or hand signal (gameday only).

EMERGENCY EQUIPMENT: Supplies (AED, oxygen, splint bag, heat illness kit) are available inside the Rock Chalk Park main athletic training room which is centrally located on the lower floor. EMS will have further emergency equipment when on-site.

ROLES OF FIRST RESPONDERS:

110. Immediate care of the injured or ill student-athlete.
111. Emergency equipment retrieval.
112. Activation of emergency medical system (EMS).
    qq. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    rr. 911 operator will notify campus police.
113. Direction of EMS to scene.
    a. Open south gate.
    b. Designate individual to "flag down" EMS from south parking lot and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.
114. Notify the guardians/coach of the injured or ill participant.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes, cold water immersion tank) are available in the Rock Chalk Park main athletic training room, which is centrally located on the lower floor. Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff on-site at field level via direct assessment by digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer(s) is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer(s) can delay, postpone, or cancel the sport activities by their discretion using WeatherOps (web-based program), the flash-to-band method, or by accessing severe weather/tornado information on cellular or computer devices. In the case of evacuation, the Assistant Athletic Director of Facilities/Events (Game Administrator) along with certified athletic trainer(s) will direct participants, staff, coaches, and spectators to shelter in the locker room and/or vehicles.

VENUE DIRECTIONS: Rock Chalk Park: The address is 6100 Rock Chalk Drive. located North of 6th street, East of K10. Emergency personnel access from 6th street: NORTH on George Williams Way, WEST on Rock Chalk Drive, enter the facility/stadium SOUTHERN parking lot for soccer/tennis.



EMERGENCY ACTION PLAN: ROCK CHALK PARK- SOFTBALL

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), student athletic trainer(s). Team physician/physician assistant on-call, EMS on-site for home games.

EMERGENCY COMMUNICATION: Cellular devices are to be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, oxygen, splint bag, heat illness kit) are available inside the Rock Chalk Park softball satellite athletic training room, which is located behind the 3rd base dugout. EMS will be on call with further emergency equipment if needed.

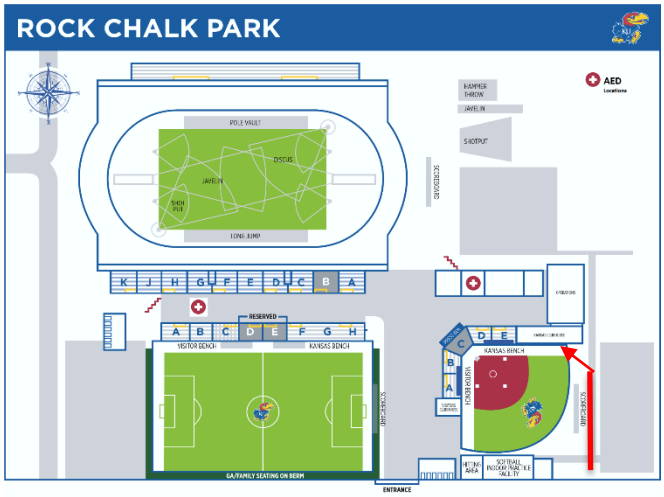
ROLES OF FIRST RESPONDERS:

115. Immediate care of the injured or ill student-athlete.
116. Emergency equipment retrieval.
117. Activation of emergency medical system (EMS).
    ss. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    tt. 911 operator will notify campus police.
118. Direction of EMS to scene.
    a. Open left field gate.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.
119. Notify the guardians/coach of the injured or ill participant.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes) are available in the Rock Chalk Park softball satellite athletic training room. Cold water immersion tank is available at the Rock Chalk Park main athletic training room, which is centrally located on the lower floor. TACO (Tarp Assisted Cooling Oscillation) method will be available at the field. Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff on-site at field level via direct assessment by a hand held digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer can delay, postpone, or cancel the sport activities by their discretion using WeatherOps (web-based program), the flash-to-band method, or by accessing severe weather/tornado information on cellular or computer devices. In the case of evacuation, the Assistant Athletic Director of Facilities/Events (Game Administrator) along with certified athletic trainer will direct participants, staff, coaches, and spectators to shelter in the locker room and/or vehicles.

VENUE DIRECTIONS: Rock Chalk Park is located north of 6th street, east of the K10 bypass to I-70. The address is 6100 Rock Chalk Drive. Emergency personnel should be directed from 6th street to go north on George Williams Way. They should then go west on Rock Chalk Drive, north on Rock Chalk Lane, then follow the curve heading west and park by the north gate of Arrocha Ballpark by the left field foul pole.



EMERGENCY ACTION PLAN: ROCK CHALK PARK- SOFTBALL INDOOR FACILITY

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), student athletic trainer(s), on-call physician/physician assistant. EMS on-site for conference series.

EMERGENCY COMMUNICATION: Cellular devices are to be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, splint bag) are located in the back hallway of indoor facility, heat illness kit and oxygen are available inside the Rock Chalk Park softball satellite athletic training room, which is located behind the 3rd base dugout. EMS will be on call with further emergency equipment if needed.

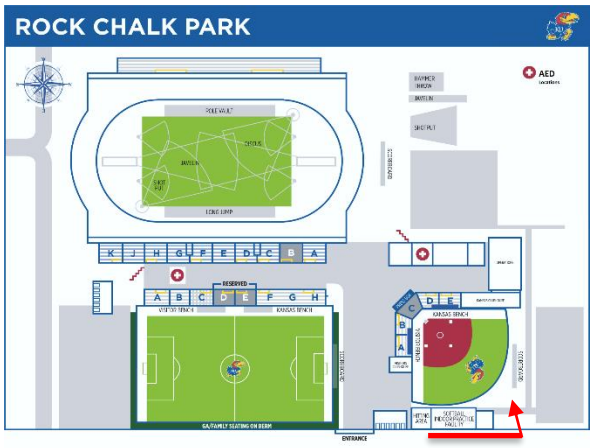
ROLES OF FIRST RESPONDERS:

120. Immediate care of the injured or ill student-athlete.
121. Emergency equipment retrieval.
122. Activation of emergency medical system (EMS).
    uu. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    vv. 911 operator will notify campus police.
123. Direction of EMS to scene.
    a. Open northeast door of indoor facility.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.
124. Notify the guardians/coach of the injured or ill participant.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes) are available in the Rock Chalk Park softball satellite athletic training room. Cold water immersion tank is available at the Rock Chalk Park main athletic training room, which is centrally located on the lower floor. TACO (Tarp Assisted Cooling Oscillation) method will be available at the field. Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff on-site on indoor turf via direct assessment by a hand held digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer can delay, postpone, or cancel the sport activities by their discretion using WeatherOps (web-based program), the flash-to-band method, or by accessing severe weather/tornado information on cellular or computer devices. **If severe weather, garage doors will remain closed**. In the case of evacuation, the Assistant Athletic Director of Facilities/Events (Game Administrator) along with certified athletic trainer will direct participants, staff, coaches, and spectators to shelter in the locker room and/or vehicles.

VENUE DIRECTIONS: Rock Chalk Park is located north of 6th street, east of the K10 bypass to I-70. The address is 6100 Rock Chalk Drive. Emergency personnel should be directed from 6th street to go north on George Williams Way. They should then go west on Rock Chalk Drive, north on Rock Chalk Lane, then follow the curve heading west and park by the garage on the north side of the indoor facility.



EMERGENCY ACTION PLAN: ROCK CHALK PARK- TRACK

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), supervising physician, student athletic trainer(s). EMS will be available on event days only.

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation. On-site EMS activated by radio or hand signal (event days only).

EMERGENCY EQUIPMENT: Supplies (AED, oxygen, splint bag, heat illness kit) are available inside the Rock Chalk Park main athletic training room which is centrally located on the lower floor. EMS will have further emergency equipment when on-site.

ROLES OF FIRST RESPONDERS:

125. Immediate care of the injured or ill student-athlete.
126. Emergency equipment retrieval.
127. Activation of emergency medical system (EMS).
    ww. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    xx. 911 operator will notify campus police.
128. Direction of EMS to scene.
    a. Open appropriate gate.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.
129. Notify the guardians/coach of the injured or ill participant.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes, cold water immersion tank) are available in the Rock Chalk Park main athletic training room, which is centrally located on the lower floor. Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps (web-based weather program). WBGT will be monitored by medical staff on-site at field level via direct assessment by digital psychrometer when ambient temperature is above 70 degrees Fahrenheit.

SEVERE WEATHER/LIGHTNING PROCEDURES: The certified athletic trainer(s) is responsible for monitoring severe weather and lightning. If necessary, the certified athletic trainer(s) can delay, postpone, or cancel the sport activities by their discretion using WeatherOps (web-based program), the flash-to-band method, or by accessing severe weather/tornado information on cellular or computer devices. In the case of evacuation, the Assistant Athletic Director of Facilities/Events (Game Administrator) along with certified athletic trainer(s) will direct participants, staff, coaches, and spectators to shelter in the locker room and/or vehicles.

VENUE DIRECTIONS: Rock Chalk Park: located North of 6th street, East of K10. The address is 6100 Rock Chalk Drive. Emergency personnel access from 6th street: NORTH on George Williams Way, WEST on Rock Chalk Drive, NORTH on Rock Chalk Lane, then WEST following Rock Chalk Lane and through the gate. Enter the facility/stadium NORTHERN parking lot for TRACK.



UNIVERSITY OF KANSAS

EMERGENCY ACTION PLAN: ROCK CHALK PARK- WEIGHT ROOMS/CARDIO ROOM

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), student athletic trainer(s), strength coach(es)

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, oxygen, splint bag, heat illness kit) are available inside the Rock Chalk Park main athletic training room which is centrally located on the lower floor. There is a second AED located right outside the cardio room.

ROLES OF FIRST RESPONDERS:

130. Immediate care of the injured or ill student-athlete.
131. Emergency equipment retrieval.
132. Activation of emergency medical system (EMS).
    yy. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
133. Direction of EMS to scene.
    a. Open south "Soccer" entrance.
    b. Designate individual to "flag down" EMS from south parking lot and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.
134. Notify the guardians/coach of the injured or ill participant.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, electrolytes, cold water immersion tank) are available in the Rock Chalk Park main athletic training room, which is centrally located on the lower floor.

VENUE DIRECTIONS: Rock Chalk Park: The address is 6100 Rock Chalk Drive. located North of 6th street, East of K10. Emergency personnel access from 6th street: NORTH on George Williams Way, WEST on Rock Chalk Drive, enter the facility/stadium SOUTHERN parking lot between the Tennis Facility and the main Rock Chalk Park Facility. From there, you will enter the "Soccer" entrance located on the south side of the main Rock Chalk Park Facility.



EMERGENCY ACTION PLAN: RIM ROCK FARM (COMPETITION)

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainers, athletic training student(s), supervising physician(s). EMS on-site for competition.

EMERGENCY COMMUNICATION: Fixed land line is located within the barn (785-842-7883). Cellular devices carried by medical staff. Certified athletic trainers and supervising physician(s) will also be supplied with radios to aid in communication between medical staff.

EMERGENCY EQUIPMENT: Supplies (AED, oxygen, splint bag, heat illness kit) will be available in the medical tent located at the finish line. On-site EMS will have further emergency equipment if needed.

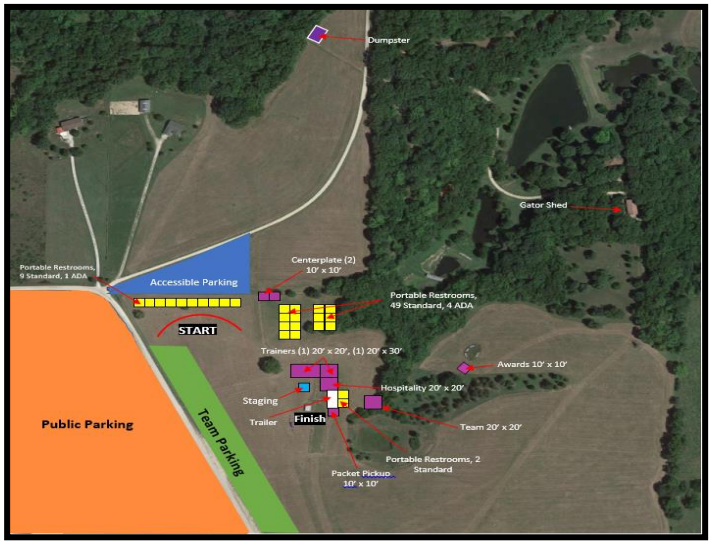
ROLES OF FIRST RESPONDERS:

135. Immediate care of the injured or ill student-athlete.
136. Emergency equipment retrieval.
137. Activation of emergency medical system (EMS).
    zz. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    aaa. 911 operator will notify campus police.
138. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, cold water immersion tank) are at the medical tent located at the finish line. On-site competition management EMS teams will have advanced emergency equipment for transportation to local ED. Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps, on-site at field level will be monitored by medical staff via direct assessment by digital psychrometer.

SEVERE WATHER/LIGHTNING PROCEDURES: The certified athletic trainers are responsible for monitoring severe weather and lightning alongside the facilities staff. If necessary, the certified athletic trainers can delay, postpone, or cancel the sport activities by their discretion using WeatherOps software or lightning detector. In the case of evacuation, the Assistant Athletic Director of Facilities/Events (Event Administrator) along with the certified athletic trainers will direct participants, staff, coaches, and spectators to shelter in the team buses and/or cars.

VENUE DIRECTIONS: From Lawrence: 1. Take US-59 North / 2. Turn right onto E Wellman Rd / 3. Turn left onto 13th / 4. Turn right onto Republic Rd / 5. Turn right onto Burnett Lane / 6. End at 2276 Burnett Lane.



EMERGENCY ACTION PLAN: RIM ROCK FARM (PRACTICE)

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s). EMS on-call for practice.

EMERGENCY COMMUNICATION: Fixed land line is located within the barn (785-842-7883). Cellular devices carried by medical staff. Certified athletic trainers will also be supplied with radios to aid in communication between medical staff.

EMERGENCY EQUIPMENT: Supplies (AED, oxygen, splint bag, heat illness kit) will be available in the medical van or trail gator. On-call EMS will have further emergency equipment if needed.

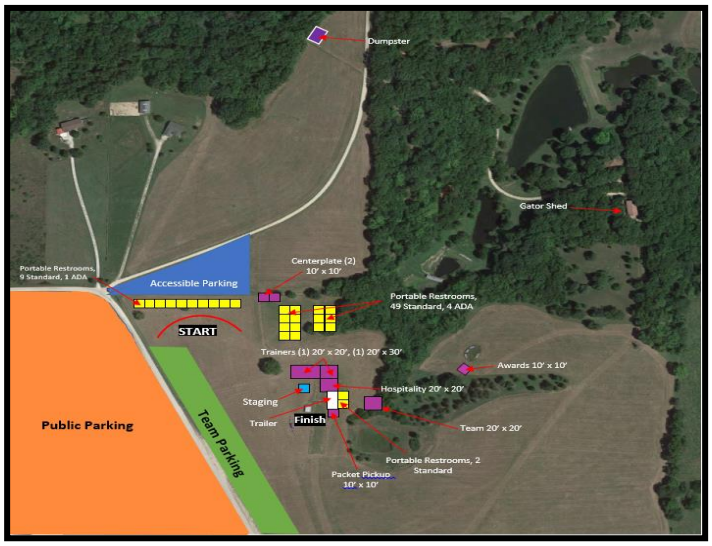
ROLES OF FIRST RESPONDERS:

139. Immediate care of the injured or ill student-athlete.
140. Emergency equipment retrieval.
141. Activation of emergency medical system (EMS).
    bbb. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    ccc. 911 operator will notify campus police.
142. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

HEAT ILLNESS: Supplies (rectal core thermometer, tarp, canvas stretcher, polar pod) are located in the medical van. On-call EMS will have advanced emergency equipment for transportation to local ED. Ambient air temperature and relative humidity will be monitored by daily weather reports from WeatherOps, on-site at field level will be monitored by medical staff via direct assessment by digital psychrometer.

SEVERE WATHER/LIGHTNING PROCEDURES: The certified athletic trainers are responsible for monitoring severe weather and lightning alongside the facilities staff. If necessary, the certified athletic trainers can delay, postpone, or cancel the sport activities by their discretion using WeatherOps software or lightning detector. In the case of evacuation, the certified athletic trainers will direct athletes, staff, and coaches to shelter in the team buses and/or cars.

VENUE DIRECTIONS: From Lawrence: 1. Take US-59 North / 2. Turn right onto E Wellman Rd / 3. Turn left onto 13th / 4. Turn right onto Republic Rd / 5. Turn right onto Burnett Lane / 6. End at 2276 Burnett Lane.



EMERGENCY ACTION PLAN: ROBINSON CENTER

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s) and athletic training student(s) on site for competition. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

EMERGENCY COMMUNICATION: Personal cell phone of athletic trainer or coach on site.

EMERGENCY EQUIPMENT: Supplies (competition: AED, first aid kit, splint bag with pump). Additional equipment includes aquatic spine board and rescue buoy maintained on pool deck by KU Athletics Facilities. Further emergency equipment located in the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

143. Immediate care of the injured or ill student-athlete. Coaches and water safety trained personnel available will be primarily responsible for removing a student-athlete from the water.
144. Emergency equipment retrieval.
145. Activation of emergency medical system (EMS).
    ddd. Call 8-911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    eee. 911 operator will notify campus police.
146. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Robinson Natatorium is located on the south end of campus inside Robinson Center near the intersection of Naismith Drive and Sunnyside Avenue at 1301 Sunnyside Ave. From Naismith Drive, go east on Schwegler Drive, just south of the Capitol Federal Hall-School of Business. Turn left (north) on the service road that runs between Capitol Federal Hall and Watkins Health Center. Turn left (west) into parking lot 118 (lot is located on the east side of the Robinson Center). The entrance to the Natatorium is on that east side of the building. Robinson Center has multiple entrances. The preferred entrance is the east entrance through parking lot 118.



EMERGENCY ACTION PLAN: ROBINSON CENTER DRYLAND ROOM

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s) and athletic training student(s) on site for competition. Practice coverage dependent on availability of certified athletic trainer and/or associated staff. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

EMERGENCY COMMUNICATION: Personal cell phone of athletic trainer or coach on site.

EMERGENCY EQUIPMENT: Supplies (competition: AED, first aid kit, splint bag with pump). Additional equipment includes aquatic spine board and rescue buoy maintained on pool deck by KU Athletics Facilities. Further emergency equipment located in the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

147. Immediate care of the injured or ill student-athlete.
148. Emergency equipment retrieval. AED is mounted on wall in the hallway outside the northeast corner of the dryland room.
149. Activation of emergency medical system (EMS).
    fff. Call 8-911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    ggg. 911 operator will notify campus police.
150. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Robinson Natatorium is located on the south end of campus inside Robinson Center near the intersection of Naismith Drive and Sunnyside Avenue at 1301 Sunnyside Ave. From Naismith Drive, go east on Schwegler Drive, just south of the Capitol Federal Hall-School of Business. Turn left (north) on the service road that runs between Capitol Federal Hall and Watkins Health Center. Turn left (west) into parking lot 118 (lot is located on the east side of the Robinson Center). The entrance to the Natatorium is on that east side of the building. Robinson Center has multiple entrances. The preferred entrance is the east entrance through parking lot 118.



EMERGENCY ACTION PLAN: ROWING BOATHOUSE AT BURCHAM PARK

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s) and athletic training student(s) on site for practices and competition.

EMERGENCY COMMUNICATION: Cellular devices will be used in emergency situation. Fixed telephone lines available in the coach's office (785-856-1193) and the athletic training room (785-856-1906) are available for backup.

EMERGENCY EQUIPMENT: Supplies (competition/practice: AED, first aid kit, splint bag, heat illness kit).

ROLES OF FIRST RESPONDERS:

151. Immediate care of the injured or ill student-athlete
152. Emergency equipment retrieval
153. Activation of emergency medical system (EMS)
    a. Call 911 from a cell phone or fixed phone line (provide name; request an ambulance; provide address and telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
154. Direction of EMS to scene
    a. Open appropriate gates/doors
    b. Designate individual to "flag down" EMS at Gate 12 or South End Garage Door next to Gate 12, and direct to scene
    c. Scene control: Limit scene to first aid providers and move bystanders away from area

VENUE DIRECTIONS: The Kansas Rowing Boathouse is located in Burcham Park, at 200 Indiana Street. Go north on Maine Street past Lawrence Memorial Hospital. Turn right (east) onto 2nd Street and continue to the entrance of Burcham Park. The entrance is located on the left hand side of 2nd Street. Continue down the drive and take the paved driveway on the left (north) to the boathouse.



EMERGENCY ACTION PLAN: SAND VOLLEYBALL COURTS

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Healthcare providers and first responders.

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, splint bag, heat illness kit) are carried by the athletic trainer if on-site. EMS will be on call with further emergency equipment if needed.

ROLES OF FIRST RESPONDERS:

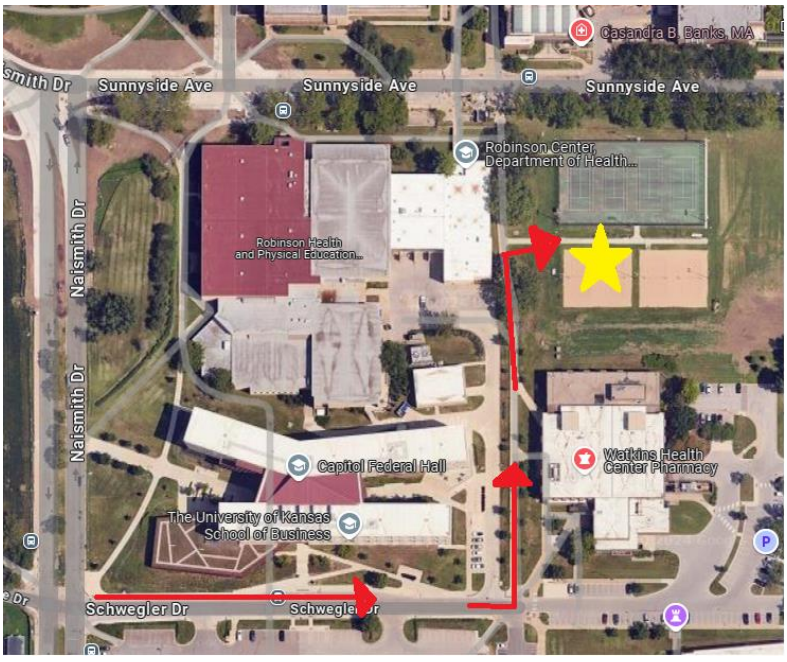
155. Immediate care of the injured or ill student-athlete.
156. Emergency equipment retrieval.
157. Activation of emergency medical system (EMS).
    hhh. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    iii. 911 operator will notify campus police.
158. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

OFF-SITE MONITORING OF PRACTICE: Certified athletic trainer(s) will be in direct communication with coaching staff by cellphone via talk/text.

SEVERE WEATHER/LIGHTNING PROCEDURES: The coaching staff will be responsible for monitoring severe weather that includes extreme heat, cold, and lightning on cellular devices.

VENUE DIRECTIONS: Volleyball courts are located behind Watkins Student Health Center at 1200 Schwegler Drive. Only one access point for Emergency Services.

10. Begin going south on Iowa Street. Turn left onto 15th street. Turn right onto Naismith Drive. Follow Naismith Drive then turn left onto Schwegler Drive. Follow Schwegler Drive, turn left onto access road between Capitol Federal Hall and Watkins Health Center. Sand volleyball courts will be on your right-hand side.



EMERGENCY ACTION PLAN: SOCCER LOCKER ROOM- WAGNON

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s) located in NATR during operating hours. Additional sports medicine staff may be available (M-F 7am-5pm) in the Nesmith Athletic Training Room (785-864-7938).

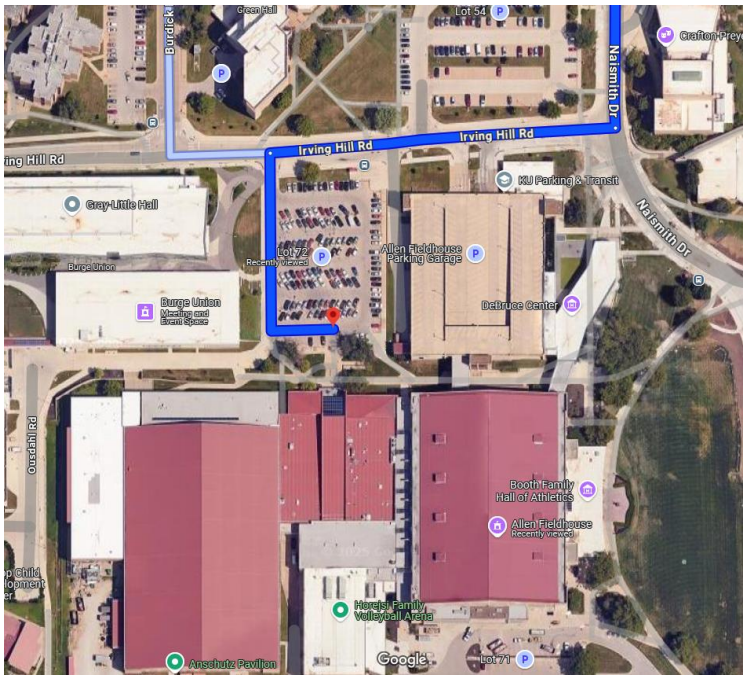
EMERGENCY COMMUNICATION: Cellular devices will be used in the event of an emergency situation.

EMERGENCY EQUIPMENT: AED, splint bad, and spine board are located in the NATR.

ROLES OF FIRST RESPONDERS:

159. Immediate care of the injured or ill student-athlete.
160. Emergency equipment retrieval.
161. Activation of emergency medical system (EMS).
    jjj. Designate individual to call 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    kkk. 911 operator will notify campus police.
162. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Individual that was designated to call 911 with then go "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: The soccer locker room is located in the Wagnon Student Athlete Center. Address is 1555 Irving Hill Road, Lawrence, KS 66045. From Naismith Drive, go west on Irving Hill Rd and turn south into Lot 72. You will enter the main entrance and someone will direct you where to go.



EMERGENCY ACTION PLAN: SOFTBALL LOCKER ROOM-WAGNON

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s) located in NATR during operating hours. Additional sports medicine staff may be available (M-F 7am-5pm) in the Nesmith Athletic Training Room (785-864-7938).

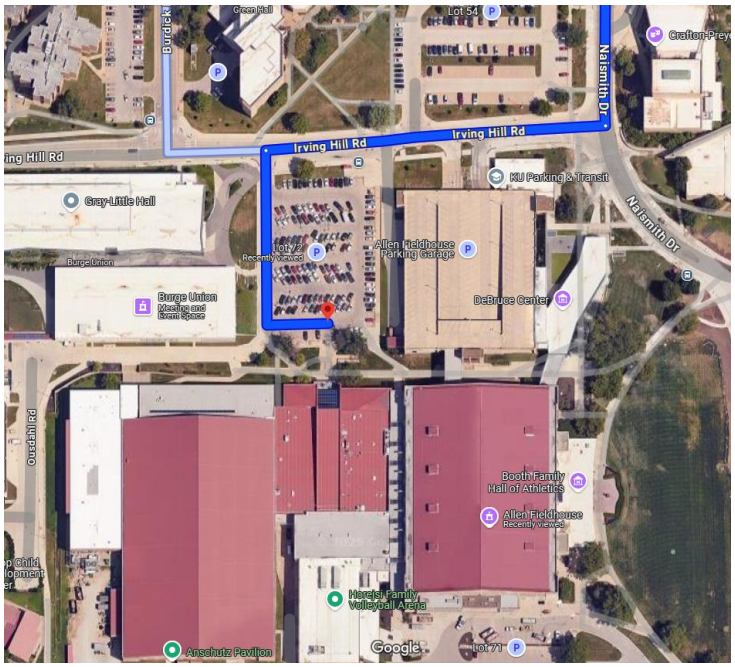
EMERGENCY COMMUNICATION: Cellular devices will be used in the event of an emergency situation.

EMERGENCY EQUIPMENT: AED, splint bag, and spine board are located in the NATR.

ROLES OF FIRST RESPONDERS:

163. Immediate care of the injured or ill student-athlete.
164. Emergency equipment retrieval.
165. Activation of emergency medical system (EMS).
    lll. Designate individual to call 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    mmm. 911 operator will notify campus police.
166. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Individual that was designated to call 911 with then go "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: The softball locker room is located in the Wagnon Student Athlete Center. Address is 1555 Irving Hill Road, Lawrence, KS 66045. From Naismith Drive, go west on Irving Hill Rd and turn south into Lot 72. You will enter the main entrance and someone will direct you where to go.



EMERGENCY ACTION PLAN: SPORTS PAVILION LAWRENCE TENNIS COURTS

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer, coaches, and/or possible athletic training students/managers on site. Additional Sports Medicine staff are available on competition day.

EMERGENCY COMMUNICATION: Mobile phone carried by ATC.

EMERGENCY EQUIPMENT: Splint bag and AED will be on site at the sports pavilion location in the medical tent. Crutches and first aid will be available at the Jayhawk Tennis Center. On call EMS will have further emergency equipment (IV fluids, oxygen, gurney, etc.).

ROLES OF FIRST REPONDERS:

5. Immediate care of the injured or ill student athlete.
6. Emergency equipment retrieval.
7. Activation of emergency medical services (EMS)
    a. Call 911 (provide name and that an ambulance is needed; continue to provide address; telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
8. Direction of EMS to scene.
    a. Open appropriate doors or gates.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: limit scene to first aid providers and move bystanders away from area.

SEVERE WEATHER/LIGHTNING/TORNADO PROCEDURES: The ATC is responsible for monitoring severe weather and lightning. If necessary, the ATCs can delay, postpone, or cancel the sport activities by their discretion using WeatherOps, the flash-to-bang method, or by accessing severe weather/tornado information on cellular or computer devices. In the case of evacuation, the Assistant Athletic Director of Facilities/Events (Game Administrator) along with the ATCs, patrons will be directed to the first floor of the sports pavilion.

VENUE DIRECTIONS: Sports Pavilion Lawrence Tennis Courts are located at 100 Rock Chalk Lane just outside the facility, north of 6th street, east of the K10 bypass to I-70. Emergency personnel should be directed from 6th street to go north on George Williams Way until reaching Rock Chalk Lane. They then should go north on Rock Chalk Lane until reaching the closest parking lot to SPL and make a right-hand turn into the parking lot leading up to the tennis courts.



EMERGENCY ACTION PLAN: TRACK & FIELD OFF-SITE

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Healthcare providers and first responders.

EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, splint bag, heat illness kit) are carried by the coaching staff. EMS will be on call with further emergency equipment if needed.

ROLES OF FIRST RESPONDERS:

167. Immediate care of the injured or ill student-athlete.
168. Activation of emergency medical system (EMS).
    nnn. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
169. Emergency equipment retrieval.
170. Direction of EMS to scene.
    a. Designate individual to "flag down" EMS and direct to scene.
    b. Scene control: Limit scene to first aid providers and move bystanders away from area.

OFF-SITE MONITORING OF PRACTICE: Certified athletic trainer(s) will be in direct communication with coaching staff by cell phone via talk/text.

SEVERE WEATHER/LIGHTNING PROCEDURES: The coaching staff will be responsible for monitoring severe weather that includes extreme heat, cold, and lightning on cellular devices.

VENUE DIRECTIONS: Directions vary based on practice site.

EMERGENCY ACTION PLAN: WOMEN'S BASKETBALL LOCKER ROOM

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), team physician(s), on-site and/or on-call. EMS available for competition. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

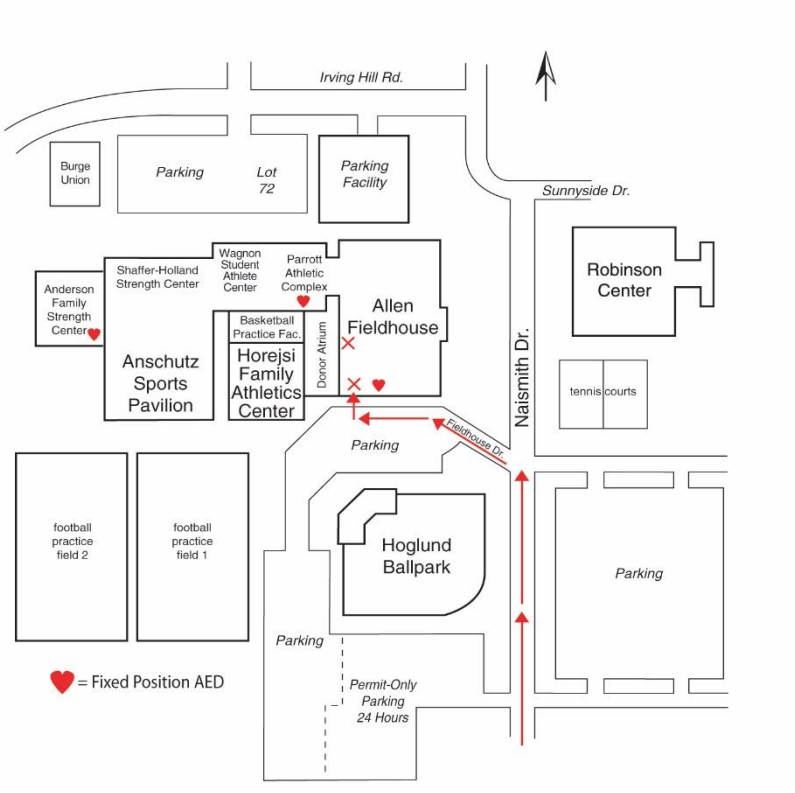
EMERGENCY COMMUNICATION: Cellular devices. Fixed line available in the equipment room (room #130 AFH) in southwest corner of Allen Fieldhouse (785-864-7618).

EMERGENCY EQUIPMENT: Supplies (competition: AED, first aid kit, splint bag). Additional emergency equipment located in the Nesmith Athletic Training Clinic (785-864-7938).

ROLES OF FIRST RESPONDERS:

171. Immediate care of the injured or ill student-athlete.
172. Emergency equipment retrieval.
173. Activation of emergency medical system (EMS).
    ooo. Call 8-911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    ppp. 911 operator will notify campus police.
174. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Designate individual to "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Allen Fieldhouse is located on the south end of campus. The address is 1651 Naismith Drive. From Naismith Drive, go west on Fieldhouse Drive. The preferred entrance to the Women's Basketball Locker Room is through Gate 12 of Allen Fieldhouse or through the garage door directly south of Gate 12.



EMERGENCY ACTION PLAN: WOMEN'S TRACK LOCKER ROOM

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s) and/or associated staff supervising during operating hours. Additional Sports Medicine staff may be available (M-F 8am-5pm) in the Nesmith Athletic Training Clinic (785-864-7938).

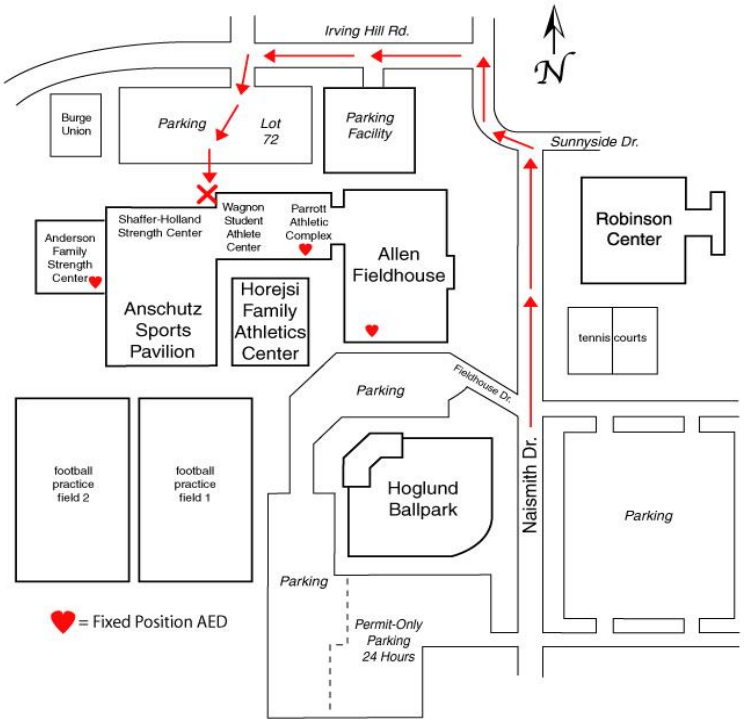
EMERGENCY COMMUNICATION: Cellular devices will be used in the event of an emergency situation. If certified athletic trainer is not on site (within ear shot) for an emergency, EMS activation is first priority by calling 911 and then calling an ATC.

EMERGENCY EQUIPMENT: AED is available in the Anschutz Pavilion next to the middle doors along the north wall. Spine board and splint kit will be located on southeast corner pole vault pit. Other supplies maintained in Nesmith Athletic Training Clinic.

ROLES OF FIRST RESPONDERS:

175. Immediate care of the injured or ill student-athlete.
176. Emergency equipment retrieval.
177. Activation of emergency medical system (EMS).
    qqq. Designate individual to call 911 from a cell phone (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
    rrr. 911 operator will notify campus police.
178. Direction of EMS to scene.
    a. Open appropriate gates/doors.
    b. Individual that was designated to call 911 with then go "flag down" EMS and direct to scene.
    c. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Women's locker room is located at the north end of the Anschutz Sports Pavilion. The address is 1651 Naismith Drive. From Naismith Drive, go west on Sunnyside Avenue to 3-way stop. Go west on Irving Hill Road and turn left (south) into parking lot 72. Will need to park at southwest corner of lot 72 where person will flag down ambulance and direct them through the ARC and to the locker room.



EMERGENCY ACTION PLAN: WYANDOTTE COUNTY LAKE PARK

IN AN EMERGENCY DIAL 911

EMERGENCY PERSONNEL: Certified athletic trainer(s), athletic training student(s), supervising physician. EMS and Open Water Safety on-site for competition only.

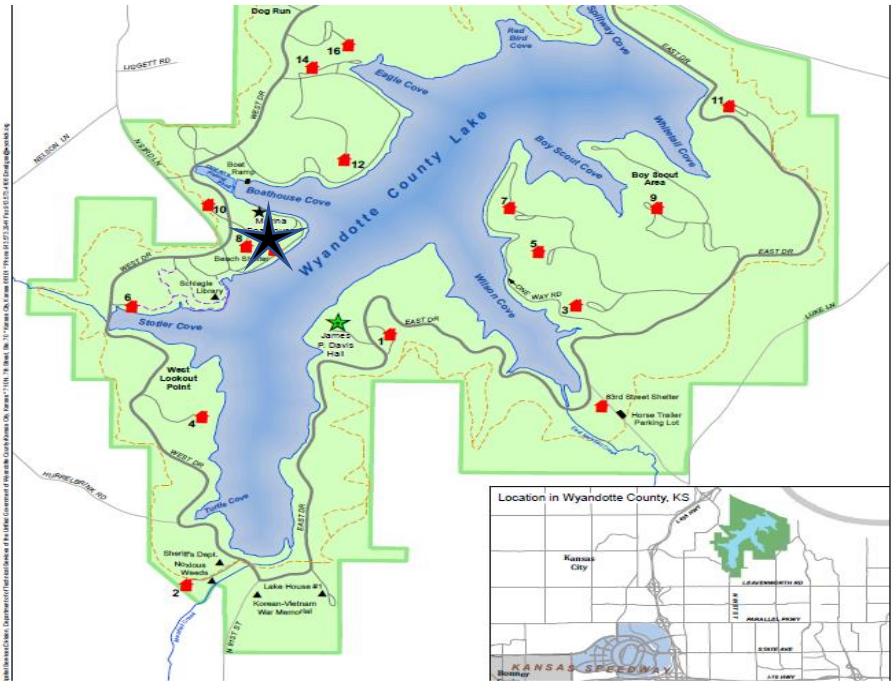
EMERGENCY COMMUNICATION: Cellular devices will be used in an emergency situation.

EMERGENCY EQUIPMENT: Supplies (AED, splint bag, heat illness kit) will be carried by the certified athletic trainer(s). EMS will have further medical equipment when on-site.

ROLES OF FIRST RESPONDERS:

179. Immediate care of the injured or ill student-athlete.
180. Emergency equipment retrieval.
181. Activation of emergency medical system (EMS).
    sss. Call 911 from a cell phone.
        i. Provide name and request EMS.
        2. Provide address- Wyandotte County Lake Park Beach Shelter, 91st and Leavenworth Rd, Kansas City, KS, 66109.
        3. Provide number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.
    ttt. If EMS is on-site, notify immediately and provide above information.
182. Direction of EMS to scene.
    a. Designate individual to "flag down" EMS and direct to scene.
    b. Scene control: Limit scene to first aid providers and move bystanders away from area.

VENUE DIRECTIONS: Take N. 93rd St. and go north towards Wyandotte County Lake Park. As the road goes into a "Y" formation, go straight (to the left) to enter the park. Continue to the stop sign. Go straight through the stop sign and turn left following the right fork in the road leading to the docks and beach shelter.



Camps/Clinics Guidelines

Employment Policy

Vacation will not be charged for Certified Athletic Trainers (ATC) working institutional camps/clinics on or off campus.

Staffing

Kansas Athletics, Inc. (KAI) policy recommends all institutional camps/clinics employ the services of a National Athletic Trainers' Association Board of Certification (NATABOC) Certified Athletic Trainer who is licensed to practice and provide athletic training services in the State of Kansas. KAI policy requires all institutional camps/clinics to have a designated First Responder on site at the minimum. A First Responder is defined as a person who is currently First Aid/CPR/AED certified. First Responders must provide proof of certification to Camp ATC.

Arrangements for hiring ATCs for all institutional camps/clinics should be made at least **four (4) weeks** in advance, utilizing the "Camps/Clinics Athletic Trainer Request Form" (see Appendix). Requests for athletic training coverage for camps/clinics that are not received four (4) weeks in advance may not be honored due to staff availability. All requests for athletic training coverage for camps/clinics must be made in writing through the ATC assigned to the respective sport, or to the Summer Camp Coordinator for Sports Medicine. Requests should include the dates, times, and location(s) of the camp/clinic, anticipated number of participants, contact information, and any other pertinent information.

Exclusivity of Athletic Training Services

Institutional camps and clinics will use only ATC, and/or FR services arranged through the ATC assigned to the sport or the Summer Camp Coordinator for Sports Medicine.

General Athletic Training Room Rules & Regulations

In order to ensure proper and precise medical care and treatment, the following guidelines must be followed at all times.

1. Camp/Clinic participants are not permitted in the athletic training room without proper supervision.
2. Unnecessary clothing and equipment should not be brought into the athletic training room.
3. Food and drinks are not permitted in the athletic training room.
4. Abusive and/or foul language, horseplay, loud talking, and/or loitering are not allowed in the athletic training room.
5. Shoes are to be removed before sitting on the treatment tables.
6. No supplies are to be taken from the athletic training room without the permission of an ATC.
7. The athletic training facility is under the direct supervision of the Director of Sports Medicine and/or his designee.
8. Camp/Clinic participants are not to operate equipment (including clerical) and/or perform "self-treatments".

All camp/clinic participants are expected to strictly adhere to the rules and regulations at all times. Failure to comply with the rules and regulations may result in disciplinary sanctions.

Dress Code

ATCs working camps/clinics must adhere to the following dress code unless specifically instructed by the camp/clinic coordinator:

- Khaki/tan or black pants or shorts (fingertip length or longer)
- Any KAI collar shirt or T-shirt
- Wear comfortable, athletic-type shoes at all times
- Body piercing(s) are permitted as long as they cannot be seen

Athletic Training Coverage Guidelines

- **High Contact/Collision Sports (contact football):**
  - < 13 years old = Two (2) ATC per **150 participants per venue/field**
  - ≥ 13 years old = Two (2) ATC per **100 participants per venue/field**
- **Contact Sports (non-contact football, basketball, diving):**
  - One (1) ATC per **200 participants per venue/field**
- **Limited Contact Sports (baseball, soccer, softball, volleyball, cheer, pole vault):**
  - One (1) ATC **per 200 participants**
- **Non-Contact/Lifetime Sports (tennis, golf, crew, swim, track/cross country etc):**
  - May employ an ATC on an "on-call" basis.
  - The ATC will provide phone numbers where he/she can be contacted.
  - The ATC must be compensated a **minimum of (1) hour** if he/she is called to provide care.

Salary Guidelines

The standard salary scale for Sports Medicine Services will be as follows:

- **Certified Athletic Trainers (ATC):**

	High Contact	Contact, Limited Contact, Non-Contact/Lifetime Sports
Hourly Rate	$35/hour	$30/hour

  - Minimum of $75 per camp if employed on an "on-call" basis and $25 per hour (one hour minimum) is called to provide care
  - Minimum of $50.00 per night differential pay if the ATC or FR is required to stay overnight in the dormitories with the campers

All ATC employed by the institutional camp/clinic must fill out a timesheet (see Appendix) for each camp/clinic. The timesheet must be signed by the ATC and the Camp/Clinic Director/Coordinator. Copies of the timesheet will be distributed to the Camp/Clinic Director/Coordinator, the ATC, and for athletic training room camp/clinic files.

Schedule Changes

Institutional Camp and Clinic Directors/Coordinators are requested to maintain a constant line of communication between themselves and their ATC. Camp/clinic director/coordinators are asked to give at least **24 hours' notice** regarding schedule changes and/or cancellations, with the exception of changes dictated by lightning and/or severe weather. ***Failure to give adequate notice may result in sports medicine not being available for coverage and will result in the ATC still being compensated at the standard rate for any time that he/she is present.*** **It will be the camp/clinic director/coordinator's liability and responsibility if a participant does not receive adequate medical care due to the failure to give adequate notice.**

Emergency Health Information & Parental Authorization

All institutional camp/clinic participants must have a completed physical (within the last 12 months) a Confidential Medical Record form on file with the camp/clinic (Appendix). Failure to have the completed form on file will result in the camp/clinic participant being disqualified from participation until the required form is received. **No camp/clinic employee shall permit a camp/clinic participant to participate without the completed form on file.**

Medical Alerts

The ATC employed by the institutional camp/clinic is expected to be in attendance during the registration period of the camp/clinic. It will be his/her job to review all Emergency Health Information & Parental Authorization Forms for completeness and pertinent medical conditions for each participant. The ATC will interview participants, parents, and/or guardians as necessary regarding pertinent medical conditions/history.

COVID-19

Camps will follow local state, county, city, and university policies in regards to masking, social distancing, and all other COVID-19 guidelines.

Medical Time-Out

Employed ATC will be responsible for going through a pre-athletic event checklist, communicating Medical Alerts, and reviewing the venue's emergency action plan (EAP) with venue FR prior to the start of camp. Employed ATC will be responsible for all facilities they are overseeing including those with FR. If the athletic trainer is on-call they are not responsible for completion of a Medical Time-Out. However, they are responsible for communicating the EAP with the camp coordinator. Medical Time-Out Policy and Procedure can be found on page 52 of the Kansas Team Health Policy and Procedures Manual.

Emergency Action Plan (EAP)

- In the event of a medical, orthopedic, and/or cardio-respiratory emergency, the Emergency Action Plan (EAP) for the facility is to be initiated and followed. EAPs can be found in Appendix.
- Each EAP should be reviewed by the ATC/FR, camp/clinic directors/coordinators, managers, coaches and all other members of the camp/clinic staff prior to the beginning of each camp.
- Any questions regarding the EAP should be directed to the ATC with the sport or with the Summer Camp Coordinator for Sports Medicine.

Emergency Phone Numbers

- **Ambulance/Police/Fire : 8-911** (on-campus phone)
  911 (off-campus/cell phone)
- Poison Control Center - 1-800-282-3171
- Kansas Athletics, Inc. Police/Public Safety - (785) 864-5900
- Kansas Athletics, Inc. Student Health Services - (785) 864-9500
- Nesmith Athletic Training Room - (785) 864-7938

Injury Treatment Procedures

First Responders (FR)

- Arrive at the scene of an emergency or injury to provide initial medical assistance.
- Initiates immediate care and activates the established Emergency Action Plan (EAP) for the facility being used.
- Provides basic life support skills such as CPR, rescue breathing, airway obstruction techniques, and shock.
- Provides basic first aid such as splinting, wound care, and ice application when indicated.

The FR is NOT permitted to perform evaluation techniques, apply any therapeutic treatment modalities other than ice, or apply any kind of therapeutic exercise protocol without the direct supervision of the ATC. The FR will not make any decisions regarding the return of an athlete to participation. The FR will be required to read, understand, and comply with this policy prior to participation in any clinical and/or field experience.

Certified Athletic Trainers (ATC)

- Will make every effort to prevent, evaluate, manage, and treat all injuries and illnesses to the best of their ability. Activation of the EAP will be initiated if needed.
- **ALL** injuries and/or illnesses, no matter how minor, are to be reported to the ATC as soon as possible.

Institutional Camp/Clinic Staff

- In the event that ATC is not immediately and/or readily available, camp/clinic staff should not move the injured person, should control bleeding and stabilize the injured person as best possible until qualified help arrives.
- In the event that a participant's parent and/or guardian must be contacted, the following procedures will be followed:
    1. A camp/clinic representative will call the number listed on the Emergency Health Information form. If there is no answer,
    2. A camp/clinic representative will call the parents' and/or guardian's numbers as listed. If there is no answer,
    3. A representative will call the emergency contact number listed. If there is no answer,
    4. A representative will continue to call all of the numbers listed until someone is contacted and/or will leave a message on the answering machine.

Emergency Transportation of Camp/Clinic Participants

It is the responsibility of the institutional camp/clinic director/coordinator to arrange for emergency transportation for injured and/or ill participants as the sports medicine personnel must remain on site. **It is not the responsibility of the ATC or FR to use personal transportation to transport a camp/clinic participant**.

Return to Play Guidelines

The ATC employed by the institutional camp/clinic, in consultation with applicable physicians, has the final authority in deciding if and when an injured/ill participant may return to activity.

Medications

ATCs/FRs are not permitted to dispense over-the-counter medications to camp/clinic participants except in rare, special situations in which a parent/guardian has given written or oral consent to such treatment. Camp/Clinic participants needing to take prescription medications during the course of a day must abide by the following rules and regulations:

- The participant must provide a written description of the prescribed medication, dosage directions, etc. at check-in/registration.
- The participant must report to the ATC/FR at the beginning of each day to drop off the medication to be taken. The ATC will log and properly store the medication throughout the day.
- The participant must report to the ATC/FR at the time the medication is to be taken.
- The participant must report to the ATC/FR at the end of the day to pick-up the medication. The ATC/FR will not be responsible for medications not picked-up at the end of the day and/or the end of the camp session.

Record Keeping

The following procedures will be used for all institutional camps/clinics with regards to record keeping of injuries and/or treatments.

- All camp/clinic medical records are legal and binding documents and should be treated as such.

- All camp/clinic medical records and medical information about a participant are private and confidential. Anything seen or heard concerning a participant should remain confidential.
- All notes MUST be written in ink only
- All injuries/illnesses requiring an ATC and/or FR evaluation and management must be documented using the Camps/Clinics Initial Evaluation Form (see Appendix) and signed by the ATC and/or the FR.
- All treatments given by an ATC and/or FR, no matter how minor, must be documented on the Camps/Clinics Daily Treatment Log (see Appendix).
- All completed forms are to be turned in to the camp/clinic director/coordinator at the conclusion of each camp/clinic for proper archiving.
- Archived records are to be kept by the camp/clinic coordinator or in the camp's/clinic's office for a period of seven (7) years.

Athletic Training Supplies & Equipment

Athletic training supplies are the property of KAI and not the property of the camps or the coaches. Accordingly, all camps/clinics will be charged appropriately for expendable athletic training supplies used during the duration of the camp/clinic according to the KAI Athletic Training Supply & Equipment Price (see Appendix). All ATCs/FRs will closely monitor the use of athletic training supplies on a daily basis and will log this information on the Camps/Clinics Supply Inventory Log (see Appendix) on a daily basis. The Supply Inventory Log will be totaled at week's end, with copies being distributed to the KAI Business Office, the camp/clinic director/coordinator, and the athletic training room (see Appendix). Non-expendable supplies such as crutches, braces, splints, etc. will only be used on an "as-needed" basis. Such equipment and/or supplies will be signed out to camp/clinic participants for their use during the camp/clinic. If the equipment is not returned in good working condition at the end of the camp/clinic, the camp's /clinic's account will be charged appropriately.

Cups, Coolers, & Water Bottles

Gatorade Summer Camps will provide all equipment, supplies, transportation, educational material, and personnel for the "hydration" needs of the participants.

Lightning & Severe Weather

Chain of Command:

The responsibility for terminating a camp/clinic activity in the event of lightning, severe weather, and/or storms lies with the ATC employed by the camp/clinic.

The ATC will check the weather daily prior to practice or games, via www.weather.com or https://weatheropscommander.com/login. In the event of danger from severe weather, The ATC will communicate with the camp/clinic director/coordinator, his/her designee, the supervising coach at the camp/clinic site, the head coach, and/or game officials. If appropriate, the ATC will recommend that all activities stop at that time and shelter be taken.

The decision to stop play during an official game or contest is the domain of the official or officiating referee. Event management, home or visiting head coaches, and/or the ATC is allowed to confer with the game official to initiate stoppage of play in the event of severe weather.

If a camp/clinic coordinator, his/her designee, the supervising coach, the head coach, and/or game officials make the decision to continue with an outdoor activity despite a National Weather Service Severe Weather Warning, the cancellation of classes, and/or the verbal instruction by a ATC, they will be doing so against the recommendations of Kansas Athletics, Inc.; and could be personally liable for any and all injuries resulting from the failure to discontinue the activity.

"Flash to Bang" Method

- In the event weatherops.com is not available, the Flash to Bang method should be utilized. It requires no equipment and is an easy way to determine the distance from the last lightning strike. We cannot predict where the next strike will occur.
- This method is performed by beginning a count, which is equivalent to one second at the time you see a flash of light and continue counting until you hear the thunder. Take the number and divide by five to determine the distance in miles that the strike was from you. For example, if you counted thirty seconds, this would indicate that the strike was approximately six miles away.
- The average distance from one lightning strike to the next is approximately 2 to 3 miles yet can be as much as 10 miles. Therefore, a storm may still be several miles from your location, yet the very next strike could be on top of you.
- Based on NCAA guidelines, all activity should be suspended, and all persons should seek safe shelter when lightning strike has been detected within eight miles. Flash-to-Bang count of 40 seconds or less is detected. This is equivalent to eight miles or less.
- In the event of danger from severe weather, the certified athletics trainer will notify the supervising coach at the practice or the head coach and game officials at the game in conjunction with the senior most Event Manager on site. If appropriate, the certified athletics trainer and Event Manager must recommend that play be suspended at that time and that shelter should be taken.
- The decision to stop play during an official contest is the domain of the referee officiating the game. Also note that the event management, head coaches, or the certified athletics trainer of the home institution should be able to confer with the game official to bring stoppage of play during dangerous lightning activity.
- Stoppage of play should be based on the guidelines presented above.
- Once play has been suspended. Everyone involved with the game will seek shelter in designated "safe shelters."

Shelter Selection

- Kansas University Office of Public Safety (KUOPS) and Game Management Staff will monitor weather conditions along with the Sports Medicine Staff.
- If snow or ice or severe weather conditions develop during an event, a Public Address Announcement will be made to caution fans as they prepare to leave.
- The severe weather shelters in Allen Fieldhouse are on the first-floor corridors and basketball clubhouse spaces. The arena and lobby areas near glass doors are not safe shelters. Because of limited shelter space, this option is only feasible for smaller events. Smaller events consist of events with less than 5,000 spectators in attendance.
- Because of the limited shelter space, it is imperative that a decision regarding postponement or cancellation be made prior to a tornado warning condition.

Designated Safe Shelters

A safe shelter is defined as any building normally occupied or used by people (i.e., a building with plumbing and/or electrical wiring that acts to electrically ground the structure).

Avoid using shower facilities for safe shelter and do not use showers, plumbing, or land-line telephones during a thunderstorm.

Cellular telephones are a safe alternative to use if you are within a safe shelter. In absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (not a convertible or golf cart) and rolled up windows will provide a safe shelter. Do not touch the side of a vehicle. It is not the tires that make the vehicle safe; it is the hard-metal roof that dissipates the lightning strike that protects you.

Stay away from the tallest trees or objects (such as flag poles or light poles), metal objects (such as fences or bleachers), individual trees, standing pools of water, and open fields. Avoid being the highest object in a field. Do not take shelter under a single, tall tree.

Designated Shelter Areas for the University of Kansas event spaces are as follows:

- **ALLEN FIELDHOUSE**
    - Occupants should proceed to the first-floor offices or rooms without glass or windows. Occupants should proceed to the first-floor corridors on the east and west sides away from lobbies.
    - CAUTION: Stay out of the arena and off the second and third floor concourse. These are not considered appropriate shelter areas!
- **PARROTT ATHLETIC CENTER**
    - Occupants should proceed to the first-floor offices or rooms without glass or windows. Occupants should proceed to the first-floor hallway completely away from the breezeway entrance.
- **WAGNON STUDENT-ATHLETE CENTER**
    - Occupants should proceed to the first-floor corridors and meeting rooms and offices without glass or windows (e.g., Hadl Auditorium and restrooms).
- **ANSCHUTZ PAVILION**
    - This facility should NOT be occupied during severe weather. The arena and the Strength Center are not considered shelter areas. Occupants should seek shelter in the corridors on the first floor of Wagnon Student-Athlete Center.
- **MEMORIAL STADIUM**
    - Spectators should proceed to the ground level concourse areas underneath the stadium seating bowl. Stay clear of large entry doors. Time permitting, fans should be directed to the parking garage, Kansas Union, or other designated safe places on campus.
- **ANDERSON FAMILY FOOTBALL COMPLEX**
    - Occupants should seek shelter in the first-floor restrooms, the lower level weight room facility, or the Mrkonic Auditorium.
- **HOREJSI FAMILY ATHLETIC CENTER**
    - The arena is NOT considered shelter area. Move occupants to the public restrooms in the lobby or to the Volleyball locker room/team room.
- **HOGLAND BALLPARK**
    - Spectators should move to the nearest entrance of Allen Fieldhouse as quickly as possible. Visiting team should proceed to the visiting team locker room in Allen Fieldhouse. KU should proceed to locker room in the McCarthy Family Clubhouse.
- **ROCK CHALK PARK; SOCCER, SOFTBALL, TRACK & FIELD**
    - Fan/Spectators, depending on the crowd size should be directed to the lower interior level of RCP, SPL facility, or take shelter in their cars if warning time is adequate.
    - KU soccer, softball and track teams should proceed to their respective locker rooms.
    - Visiting teams should proceed to the visiting team locker rooms at RCP.

- Umpires/officials should proceed to their locker rooms.
- KAI staff, CSI staff, PD, and LDCFM staff should report to the interior lower levels of RCP.
- The Press Box is not safe shelter and all occupants should proceed to the lowest level of the facility.

- **THE MCCARTHY FAMILY CLUBHOUSE**
  - Occupants should proceed to the lower-level locker room.
- **ANDERSON FAMILY STRENGTH CENTER**
  - This facility should NOT be occupied during severe weather. The arena and the Strength Room are not considered shelter areas. Occupants should seek shelter in the corridors on the first-floor of the Wagnon Student-Athlete Center.
- **JAYHAWK TENNIS CENTER**
  - Fan/Spectators, depending on the crowd size, should be directed to their cars if warning time is adequate.
  - KU and/or visiting tennis teams and any KAI or JTC staff should proceed to the lower level of RCP at the soccer entrance and take shelter there.
  - JTC should not be occupied during severe weather.
- **ROWING BOATHOUSE**
  - Occupants should move to the locker room (excluding showers) or interior meeting rooms without glass or windows.
- **PRACTICE GYM**
  - Occupants should move to the interior corridor connecting Wagnon and Parrott excluding the Nesmith Room (should retain exclusive use for Sports Medicine).
- **DONOR ATRIUM**
  - Occupants should move into the second-floor Parrott Athletic Center hallway and adjacent meeting rooms without glass or windows.
- **ACADEMIC CENTER**
  - Occupants should move to the lower interior hallway of Anschutz
- **OTHER SAFE SHELTERS IF NOT POSSIBLE TO REACH DESIGNATED AREAS**
  - Golf – Clubhouse
  - Cross-Country – Vans or other vehicles on course

Other Information:

- Stay away from areas with machinery, electrical equipment, or dangerous materials.
- Should the need occur, the training room (i.e., Nesmith Room) will be used as an emergency first aid station.
- Spectators should be instructed to seek safe shelter in a building.

Return to Activity

- Once a game or practice has been suspended, the storm should continue to be monitored**.**
- **No contest or practice should be resumed until all lightning activity within a 8-mile radius (40 second count) for 30 consecutive minutes**. This is to prevent any casualties caused by a back flash. Most people consider it safe to resume activity once a storm has passed or it has stopped raining. Studies have shown that more casualties occur after the peak flash rate.

Camps Appendix

KAI CAMPS/CLINICS ATHLETIC TRAINER REQUEST FORM

Name of Camp/Clinic _____

Camp/Clinic Director/Coordinator _____

Camp/Clinic Coordinator Phone _____ Email _____

Camp/Clinic Date(s) _____

Camp/Clinic Venue(s) _____

Estimated Number of Participants/Attendees:

Less than 13 years old: males _____ females _____

Greater than 13 years old: males _____ females _____

Number of Athletic Trainers Requested:

Certified Athletic Trainers _____ First Responders _____

Will someone be required to stay overnight in the dorms? ☐ YES ☐ NO

Camp/Clinic Registration Date _____ Time _____ Place _____

Estimated Camp/Clinic Schedule *{please place "X" or shade in times when camp/clinic will be in session}*

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							

I, the undersigned, have read the Kansas Athletics, Inc. Camps/Clinics Policies & Procedures Manual and agree to abide by all policies & procedures set forth.

_____ _____

Camp/Clinic Director/Coordinator Signature Date

KAI Camps/Clinics Athletic Trainer's Timesheet

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Certified Athletic Trainer Pay Scale:

	High Contact	Contact, Limited Contact, Non-Contact/Lifetime Sports
Hourly Rate	$35/hour	$30/hour

Total Hours_____ x Hourly Rate = $ _____

Overnight in Dorms # of Days_____ x $50 = $_____

On-Call # of camps _____ x $75 = $_____

On-Call # of times called for service _____ x $25 = $ _____

Total = $ _____

I, the undersigned, hereby attest and certify that the above information is true and correct to the best of my knowledge.

_____ _____

Athletic Trainer's Signature Date

_____ _____

Supervisor's Signature Date

KAI Camps/Clinics Initial Evaluation Form

Participant's Name: _____

Sex: ☐ Male ☐ Female Team/Group _____

Injury Date: _____ Injury Time: _____ am/pm

Injured Body Part: ☐ Right ☐ Left _____

SUBJECTIVE INFORMATION

HISTORY/DESCRIPTION_____

_____

_____

_____

_____

_____

OBJECTIVE EXAMINATION

_____

_____

_____

_____

_____

_____

ASSESSMENT_____

TREATMENT PLAN:

☐ Return to Participation ☐ Removed from Activity

☐ Referred to: LMH PromptCare WHC ☐ Sent Home

☐ Other _____

Patient transported to medical facility? ☐ YES ☐ NO ☐ LMH ☐ PromptCare ☐ WHC

By whom: _____ Date: _____ Time: _____am/pm

Parents/Guardians contacted? ☐ YES ☐ NO If yes, by whom: _____

Date: _____ Time: _____ Name: _____

Comments: _____

_____

_____ _____

Athletic Trainer's Signature Date

KAI Camps/Clinics Daily Treatment Log

Date: _____ Time: _____am/pm

Name: _____ Team/Group: _____

Injured Body Part: Right/Left _____

Treatment Given: _____

_____

_____

Athletic Trainer: _____ Evaluation Filled Out: Yes/No

Date: _____ Time: _____am/pm

Name: _____ Team/Group: _____

Injured Body Part: Right/Left _____

Treatment Given: _____

_____

_____

Athletic Trainer: _____ Evaluation Filled Out: Yes/No

Date: _____ Time: _____am/pm

Name: _____ Team/Group: _____

Injured Body Part: Right/Left _____

Treatment Given: _____

_____

_____

Athletic Trainer: _____ Evaluation Filled Out: Yes/No

Date: _____ Time: _____am/pm

Name: _____ Team/Group: _____

Injured Body Part: Right/Left _____

Treatment Given: _____

_____

_____

Athletic Trainer: _____ Evaluation Filled Out: Yes/No

Date: _____ Time: _____am/pm

Name: _____ Team/Group: _____

Injured Body Part: Right/Left _____

Treatment Given: _____

_____

_____

Athletic Trainer: _____ Evaluation Filled Out: Yes/No

KAI Camps/Clinics Equipment & Supply Price List

ITEM	UNIT	PRICE
Latex Examination Gloves (100/box)	Box	$5.00
Sterile gauze sponges (100/box)	Box	$4.00
1”x3” Adhesive Strip Bandages (100/box)	Box	$4.00
Small Finger/Small Patch Bandages (50/box)	Box	$4.00
Knuckle/Large Finger Bandages (50/box)	Box	$5.00
4-Wing/Large Patch Adhesive Bandages (50/box)	Box	$7.00
2”x3” Telfa Pads	Box	$6.00
3”x4” Telfa Pads (100/box)	Box	$13.00
Eye Patch	Each	$1.00
Bacitracin/Triple Antibiotic Ointment Foil Packet	Each	$.10
1 oz Bacitracin/Triple Antibiotic Tube	Tube	$2.00
Hydrocortisone Foil Packet	Each	$.10
1 oz Hydrocortisone Tube	Tube	$1.50
Steri-Strips (4/pack)	Pack	$1.50
Mastisol/Stik-It Ampule	Each	$2.50
Hydrogen Peroxide (16 oz)	Bottle	$1.00
Isoprophyl Alcohol (16 oz)	Bottle	$2.00
Tampax Tampons	Each	$.25
Sanitary Napkins	Each	$.25
Emergency Dental Kit/Tooth Preserving System	Each	$15.00
Blood Buster	Bottle	$6.00
Sani Wipes	Bottle	$4.00
Spill Clean-Up Kit	Each	$6.00
10 oz Tuf Skin Tape Adherent Spray	Can	$7.00
1.5” Coach White Tape	Roll	$2.00
1” Zonas White Tape	Roll	$1.00
Pre-Wrap	Roll	$1.00
2” Lite-Elastic Tape	Roll	$2.00
3” Lite-Elastic Tape	Roll	$2.00
1” Elastic Tape	Roll	$2.50
2” Elastic Tape	Roll	$2.50
3” Elastic Tape	Roll	$3.00
2” Powerflex Co-hesive Tape	Roll	$2.00
2” elastic bandage	Each	$2.00
4” elastic bandage	Each	$3.00
6” elastic bandage	Each	$4.00
Double 4” elastic bandage	Each	$6.00
Double 6” elastic bandage	Each	$8.00
2” Stockinette Compression Sleeve (2’ long)	Each	$1.00
3” Stockinette Compression Sleeve (3’ long)	Each	$1.00
4” Stockinette Compression Sleeve (3’ long)	Each	$1.00
Ankle compression pad	Each	$.50
Aluminum Push-Button Crutches	Pair	$50.00
Arm Sling	Each	$2.00
Cock-Up Wrist Splint	Each	$12.00
4” Flexi-Wrap Ice Bag Wrap	Roll	$3.00
Ice bags	Each	$5/camp
Ice scoop	Each	$12.00
48-quart ice chest	Each	$40.00

60-quart ice chest	Each	$50.00
5-gallon cooler	Each	$20.00
10 gallon cooler	Each	$45.00
Gatorade Water Bottle	Each	$2.00
Neoprene knee sleeve	Each	$15.00
Neoprene Flexible Hinge Knee Sleeve	Each	$40.00
Neoprene Hinged Knee Sleeve	Each	$60.00
Neoprene Thigh Sleeve	Each	$15.00
Neoprene Calf/Shin Sleeve	Each	$15.00
Ankle Brace	Each	$30.00
Stax Finger Splint	Each	$3.00
Aluminum Finger Splint	Each	$3.00

KAI Camps/Clinics Supply Inventory Log

Camp/Clinic Name: _____

Camp/Clinic Director/Coordinator: _____Camp/Clinic Dates: _____

Athletic Trainer(s): _____

SUPPLY ITEM Date	SUN	MON	TUES	WED	THURS	FRI	SAT
Latex Exam Gloves (100/box)							
Sterile Gauze (50/box)							
1"x3" Strip Bandages							
Small Finger/Patch Bandages							
Knuckle/Large Finger Bandages							
4-Wing/Large Patch Bandages							
2"x3" Telfa Bandages							
3"x4" Telfa Bandages							
Nose Sponges							
Butterfly Bandages							
Steri-Strips (4/pack)							
Mastisol/Stik-It Ampule							
Triple Antiobiotic Foil Pack							
Triple Antibiotic 1 oz Tube							
Hydrogen Peroxide (16oz)							
Isoprophyl Alcohol (16oz)							
Calamine Lotion (4oz)							
Blood Clotting Spray (4oz)							
Saline Wound Solution							

I, the undersigned, hereby attest and certify that the above information is true and correct to the best of my knowledge.

_____ _____

Athletic Trainer's Signature Date

_____ _____

Supervisor's Signature Date

KAI Camps/Clinics Supply Inventory Log

Camp/Clinic Name: _____

Camp/Clinic Director/Coordinator: _____ Camp/Clinic Dates: _____

Athletic Trainer(s): _____

SUPPLY ITEM	SUN	MON	TUES	WED	THURS	FRI	SAT
½" white tape							
1" white tape							
1 ½" white tape							
Pre-wrap							
Heel & lace pads							
2" lite elastic tape							
3" lite elastic tape							
2" Powerflex							
1" elastic tape							
2" elastic tape							
3" elastic tape							
2" elastic bandage							
3" elastic bandage							
4" elastic bandage							
6" elastic bandage							
Double 4" elastic bandage							
Double 6" elastic bandage							
Tuf Skin (10 oz can)							
Ice bag wrap (roll)							
Ice bags							

I, the undersigned, hereby attest and certify that the above information is true and correct to the best of my knowledge.

_____ _____

Athletic Trainer's Signature Date

_____ _____

Supervisor's Signature Date

KAI Camps/Clinics Supply Inventory Log

Camp/Clinic Name: _____

Camp/Clinic Director/Coordinator: _____ Camp/Clinic Dates: _____

Athletic Trainer(s): _____

SUPPLY ITEM	SUN	MON	TUES	WED	THURS	FRI	SAT
6” tongue depressors							
Cotton-tipped applicators (bag)							
Crutches							
Stax finger splint							
Alumafoam finger splint							
SAM splint							
Triangle bandages							
Straight leg immobilizer							
Tooth preserving system							
Ibuprofen dose pack							
Acetaminophen dose pack							
Benadryl dose pack							
Epi-Pen							
Diamode dose pack							
Dio-tame liquid unit dose							
Dio-tame dose pack							
Eye wash/Saline Solution							
Contact lens case							
Sting kill swabs							
Sunscreen							

I, the undersigned, hereby attest and certify that the above information is true and correct to the best of my knowledge.

_____ _____

Athletic Trainer’s Signature Date

_____ _____

Supervisor’s Signature Date

KAI Camps/Clinics Supply Inventory Log

Camp/Clinic Name: _____

Camp/Clinic Director/Coordinator: _____Camp/Clinic Dates: _____

Athletic Trainer(s): _____

SUPPLY ITEM	SUN	MON	TUES	WED	THURS	FRI	SAT

I, the undersigned, hereby attest and certify that the above information is true and correct to the best of my knowledge.

_____ _____

Athletic Trainer's Signature Date

_____ _____

Supervisor's Signature Date

KAI Camps/Clinics Supply Invoice

Camp/Clinic Name: _____

Camp/Clinic Director/Coordinator: _____ Camp/Clinic Dates: _____

Athletic Trainer(s): _____

SUPPLY ITEM	UNIT	PRICE	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL SUPPLY USED	TOTAL CHARGE
TOTAL											

I, the undersigned, hereby attest and certify that the above information is true and correct to the best of my knowledge.

_____ _____

Athletic Trainer's Signature Date

_____ _____

Supervisor's Signature Date

KAI CAMP/CLINIC CONFIDENTIAL MEDICAL RECORD

Name of Camp: _____

This completed form must accompany the camper on their first health center visit. It is essential that consent for treatment of a minor is signed by a parent/guardian.

Camper's Name: _____ Sex: _____

SSN: _____ Birth Date: _____

Parent/Guardian Name: _____

Address:_____

_____

Home Phone: _____ Cell Phone: _____

Person to notify in case of emergency, if other than above:

Name: _____

Home Phone: _____ Cell Phone: _____

Address:_____

_____

Name of Family Physician: _____ Phone: _____

1. **Does camper have any significant illness or disability?** □ YES □ NO
If yes, please explain: _____

2. **Has the camper ever experienced a heat related injury?** □ YES □ NO
If yes, please explain: _____

3. **Please check if camper has or has had any of the following:**
□ asthma □ chicken pox □ diabetes □ epilepsy □ kidney problems
□ polio □ rheumatic fever □ tuberculosis
□ other _____

4. **Has camper had any other significant illnesses, injuries, or surgeries?** □ YES □ NO
If yes, please explain: _____

5. **What routine medications & their dosages and time does the camper take?**
_____

6. **Date of last tetanus/diphtheria**: _____
Date of last MMR: _____

7. **Does camper have any allergies, including to any medications?** □ YES □ NO
If yes, please list:
_____
_____

HEALTH INSURANCE BILLING INFORMATION

Insurance Company: _____ I.D. #: _____
Group #: _____

Claim Address: _____

Name of Policyholder: _____ Policyholder Date of Birth: _____

Address of Policyholder: _____

I hereby authorize Student Health Services to disclose to the above named insurance company, information from the camper's medical record as needed in presenting my claim for benefits.

_____ _____
Camper Signature Date

_____ _____
Parent/Guardian Signature Date

CONSENT FOR TREATMENT OF A MINOR

I hereby give my consent for treatment of:

_____
Last Name First Middle Date

This authorization covers any procedure, which may be deemed advisable by the attending staff physician.

_____
Parent/Guardian Signature Relationship to Camper Date