Knox College
Department of Athletics
Department of Athletic Training

Emergency Action Plan

Revised Spring 2020

3/15/2020
# Table of Contents

1. Introduction ................................................................................................................................. 3
2. Emergency Procedures and Protocols (On Campus) ............................................................... 7
   a. E. & L. Andrew Fitness Center ........................................................................................ 8
   b. Blodgett Baseball Field .................................................................................................. 9
   c. Trevor Field/Outdoor Track ......................................................................................... 10
   d. Knosher Bowl ........................................................................................................... 11
   e. Memorial Gym Pool .................................................................................................... 12
   f. Athletic Training Room ............................................................................................ 13
   g. Film, Multi-Purpose Room, & Golf Performance Center ...................................... 14
   h. Knox Softball Field .................................................................................................... 15
   i. Jorge Prats Soccer Field .......................................................................................... 16
   j. T. Fleming Field House ............................................................................................ 17
   k. Memorial Gymnasium ................................................................................................. 18
3. Emergency Procedures and Protocols Away Practice/Competition .................................. 19
4. Concussion Management Plan .............................................................................................. 20
5. Cardiac Arrest ............................................................................................................................ 27
6. Spine Injured Athlete .............................................................................................................. 29
7. Asthma ........................................................................................................................................ 31
8. Diabetes ...................................................................................................................................... 33
9. Exertional Collapse Associated with Sickle Cell Trait ......................................................... 35
10. Any Exertional or Non-Exertional Collapse ...................................................................... 37
11. Infectious Disease .................................................................................................................. 41
12. Blood Borne Pathogens Exposure Control Plan ................................................................. 46
13. Mental Health Plan .................................................................................................................. 49
   l. Mood Disorders ......................................................................................................... 51
   m. Anxiety Disorders .................................................................................................... 53
14. Mental Health Emergency Action and Management Plan ................................................... 55
15. Inclement Weather and Lightning Plan ............................................................................... 59
16. Fire Alarms ............................................................................................................................... 64
17. Fan and Spectator Emergency Action Plan ............................................................................ 65
18. Fan/Spectator Inclement Weather ....................................................................................... 68
19. Critical Incident Plan and Emergency Notification Guidelines ......................................... 71
Introduction:

Emergency situations can arise at any time during an athletic event. In order to ensure the best possible care to a patient in a life threatening or emergency situation, expedient action must be taken. The development and implementation of an emergency action plan will help ensure the best care will be provided.

As emergencies can occur at any point during an activity, athletic organizations need to be prepared. It is the duty of the athletic organization to develop a plan that can be implemented immediately should an emergency situation arise so that appropriate standards of emergency care are provided to all patients. This preparation involves formulating an emergency action plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. The goal is to prevent as many emergency situations as possible through pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other avenues of safety. However, accidents and injuries are inherent to sports participation and proper preparation should enable each emergency situation to be managed appropriately.

Components of the Emergency Action Plan:

1. Emergency Personnel
2. Emergency Communications
3. Emergency Equipment
4. Serious Incident and Emergency Notification

Emergency Personnel:

1. Certified Athletic Trainers:
   - Scott Sunderland, M.S., ATC – Head Athletic Trainer/Assistant Athletic Director
   - Shana Sewick, M.S., ATC - Associate Athletic Trainer
   - Erica Witkowski, M.S., ATC - Assistant Athletic Trainer
2. Athletic Training Student Workers
3. EMT/Paramedics
4. Team Physician
   - Dr. Robert Ayers
5. Coaches
With athletic participation in practice and competition, the first responder to an emergency situation is typically a member of the Athletic Training Staff, most commonly a certified athletic trainer. Physician coverage may be limited to practices and competitions and the degree of first responder coverage may be limited to a coach or other institutional personnel based on the sport/activity, setting, and type of training. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills, instruction, and strength and conditioning. Records of these certifications are kept in the athletic training office.

The development of an emergency action plan cannot be completed without the organization of an emergency response team. This team may consist of a variety of healthcare providers including physicians, emergency medical technicians and paramedics, certified athletic trainers, athletic training student workers, coaches, managers, and even bystanders in some instances. There are four basic roles for the emergency response team:

1. Immediate care of the injured athlete: This is the first and foremost concern for the emergency response team. Acute care in a situation should be provided by the most qualified individual on scene.
2. Emergency equipment retrieval: May be done by anyone on the emergency response team who is familiar with the types and location of the specific equipment needed. Athletic training student workers fill this role.
3. Activation of EMS: This should be done as soon as the situation is determined to be an emergency or life-threatening event. Time is the most critical factor during emergency situations. Activation on EMS should be done by the person directed to by the leader of the emergency response team. Activation of EMS includes dialing 911 and Campus Safety at x7979 or (309) 341-7979. An individual chosen for this role should be able to stay calm under pressure and able to communicate efficiently over the telephone. It is advised that the individual follow the posted facility specific plan.
4. Direction of EMS to the scene: A member of the response team should be responsible for meeting the ambulance as they arrive at the facility. This person should have keys to any locked gates or doors. Campus Safety often assists in this role.

Activating EMS:

- Dial 911
- Notify Campus Safety at x7979 or 309-341-7979
● Provide information:
  o Name, address, telephone of caller
  o Nature of emergency (Medical or Non-Medical)
  o Number of patients
  o Condition of patients
  o First aid treatment initiated by the first responder
  o Specific directions as needed to locate the emergency scene
  o Other information as requested by dispatcher

**Emergency Communication:**

Effective communication is the key to efficient delivery of emergency care in athletic trauma situations. Certified athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes. It is paramount then, that communication prior to an event is a good way to build rapport and establish boundaries between both groups of healthcare professionals. If emergency medical transportation is not available on site during an athletic event, direct communications with the emergency medical system at the time of injury or illness will be necessary.

Access to a working telephone or other communications device, whether fixed or mobile, should be established. The communications system should be checked prior to each practice or competition to ensure its proper function. A back-up communication plan should be in effect in the event of failure of the primary communication system. The most common method of communications is the public telephone. However, in some instances cellular phones are preferred. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible. Two-way radios are carried by athletic training staff and can be used to notify staff in the athletic training room of an emergency or need for EMS. Athletic training staff will carry cellular phones on them at all times in case of emergency. In addition, emergency phones are located around campus including on the north end of the home sideline if the Knosher Bowl.

**Emergency Equipment:**

All necessary emergency equipment should be onsite and quickly accessible. Personnel should be familiar with the function and use of each type of emergency equipment. Equipment should be in good working order, and personnel should be trained in advance of its proper usage. Emergency equipment should be checked regularly and its use rehearsed and practiced by emergency personnel. Emergency equipment consists of but is not limited to: Automated...
external defibrillators, spine boards, gurneys, splints, BP cuff, bag valve masks, MD trauma kits, etc. It is important to note that the emergency equipment available should be appropriate for the level of training of the emergency medical providers.

**AED Locations:**

- **E. & L. Andrew Fitness Center** - Far west side behind the reception desk
- **Athletic Training Room** - In hallway, just outside of the south door
- **Knosher Bowl** - North end of home team sideline (east sideline) during fall, spring, and summer.
  - This AED is brought into the athletic training room for the winter.
- **Gator** - Located in the black trunk on the back of the gator
- A hand carried AED is available at all other locations for competitions with the athletic training staff

**Trauma Bag:**

A trauma bag will be located at most events as well as on board the Gator at all times. Trauma Bag contents are as follows:

- Bag-valve-mask resuscitator
- Airways
- CPR mask
- Cervical Collars
- Personal Protective Equipment
- Blood Pressure Cuff and Stethoscope
- Dressings and Open Wound Supplies
- Pulse Oximeter
- Glucometer

**Conclusion:**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. Prior planning is a must. An athlete’s survival may hinge on how well trained and prepared the athletic healthcare providers are. The emergency action plan should be reviewed at least once a year with all athletic personnel (administrators, coaches, athletic training staff, etc.), and should include CPR refresher training.
Emergency Procedures and Protocols
On-Campus Athletic Facilities

Unconscious/Seriously injured patient requiring special removal from the field/court/facility:

- Stabilize and stay with the patient. Do not move the patient until trained personnel arrive unless there is immediate danger of further injury.
- Contact certified athletic trainer, if available, by radio, phone, or send someone to get them.
- ATC will assign someone to contact EMS, which is usually a member of athletic training staff.
- Give important information:
  - Name, address, telephone number of caller
  - Number of patients, condition of patients
  - Treatment being provided by first responder
  - Specific directions needed to locate scene (above)
  - Other information as requested by dispatcher
- Assign someone to meet EMS personnel at the appropriate entrance based on facility-specific EAP.
- Assign someone to retrieve emergency equipment.
- If a Knox College student athlete is being transported, a member of the athletic training staff will accompany them.
- Emergency Medical Form should be sent with student athletes, if available.
- Incident and injury should be recorded on appropriate forms/charts.

Phone Numbers for Knox College Athletic Training Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danielle Irle, Director of Athletics</td>
<td>309-341-7280</td>
<td>701-330-0322</td>
</tr>
<tr>
<td>Scott Sunderland, Head ATC</td>
<td>309-341-7378</td>
<td>309-335-4078</td>
</tr>
<tr>
<td>Shana Sewick, Assoc. ATC</td>
<td>309-341-7317</td>
<td>815-997-3826</td>
</tr>
<tr>
<td>Dr. Robert Ayers</td>
<td>309-344-9411</td>
<td>309-335-6756</td>
</tr>
<tr>
<td>Galesburg Cottage Hospital</td>
<td>309-343-8131</td>
<td></td>
</tr>
<tr>
<td>OSF St. Mary’s Medical Center</td>
<td>309-344-3161</td>
<td></td>
</tr>
<tr>
<td>GHAAS Ambulance</td>
<td>309-342-5144</td>
<td></td>
</tr>
<tr>
<td>OSF Prompt Care</td>
<td>309-343-1000</td>
<td></td>
</tr>
<tr>
<td>Cottage Orthopedics</td>
<td>309-342-0194</td>
<td></td>
</tr>
<tr>
<td>Knox College Health Services</td>
<td>309-341-7559</td>
<td></td>
</tr>
<tr>
<td>Knox College Athletic Training Room</td>
<td>309-341-7317</td>
<td></td>
</tr>
</tbody>
</table>

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**
   
   Give EMS personnel the following information:
   - **Directions to Facility/Location:** Knox College E. & L. Andrew Fitness Center is located on the west side of Memorial Gym on the corner of Prairie and Depot Street.
     - For the downstairs weight room: go around the circle drive to the west entrance of the Memorial Gymnasium nearest to the outdoor track. Enter down the ramp and proceed through the first door on the right.
     - To enter the upstairs fitness center: go through the main (north) entrance to the T. Fleming Field house nearest to the baseball field. Take the elevator to the upper level. Go left out of the elevator and right at the end of the hall. The fitness center is on the left side just past the gymnasium.
   - **Critical Information:**
     - Name, address, telephone number of caller
     - Number of patients, condition of patients
     - Treatment being provided by first responder
     - Specific directions needed to locate scene (above)
     - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:** The nearest AED is located upstairs in the E. & L. Andrew Fitness center all the way to the west, behind the reception desk.

4. **If a Knox College student athlete is being transported:**
   - Athletic Training Staff Member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other Athletic Training Staff Members and Head Coach of incident and updates as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**
   - EMS 911
   - Campus Safety 309-347-7979
   - GHAS (Emergency) 309-342-5144
   - Athletic Training Room 309-341-7317
   - Danielle Irle, Director of Athletics Office: 309-341-7280 Cell: 701-330-0322
   - Galesburg Cottage Hospital 309-343-8131
   - OSF St. Mary’s Medical Center 309-344-3161
Emergency Action Plan - Blodgett Baseball Field

109 E. Knox St.

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**

   Give EMS personnel the following information:
   - **Directions to Facility/Location:** The Knox College baseball field is located on the northwest corner of Prairie and Depot Street. Enter through the parking lot between the baseball field and T. Fleming Field House. EMS personnel can enter the field via the gate nearest to the first base dugout.
   - **Critical Information:**
     - Name, address, telephone number of caller
     - Number of patients, condition of patients
     - Treatment being provided by first responder
     - Specific directions needed to locate scene (above)
     - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:** The nearest AED is hand carried by the certified athletic trainer covering the practice or competition. Vacuum splits and Trauma Bag are also carried with the ATC. The Gator is available to move an injured student athlete from the field.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**
   - EMS: 911
   - Campus Safety: 309-347-7979
   - GHAS (Emergency): 309-342-5144
   - Athletic Training Room: 309-341-7317
   - Danielle Irle, Director of Athletics:
     - Office: 309-341-7280
     - Cell: 701-330-0322
   - Scott Sunderland, Head ATC:
     - Office: 309-341-7378
     - Cell: 309-335-4078
   - Shana Sewick, Assoc. ATC:
     - Office: 309-341-7317
     - Cell: 815-997-3826
   - Dr. Robert Ayers:
     - Office: 309-344-9411
     - Cell: 309-335-6756
   - Galesburg Cottage Hospital: 309-343-8131
   - OSF St. Mary’s Medical Center: 309-344-3161

Knox College Athletics Emergency Action Plan pg. 9
Emergency Action Plan - Trevor Field/Outdoor Track
109 E. Knox St.

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**
   
   Give EMS personnel the following information:
   - **Directions to Facility/Location:** Knox College Trevor Field/Outdoor Track is located on the southwest corner of Prairie and Depot Street on the west side of Memorial Gym. Enter through the parking lot between the baseball field and T. Fleming Field House around the circle drive. EMS personnel can enter on the sidewalk ramp onto the track.
   
   - **Critical Information:**
     - Name, address, telephone number of caller
     - Number of patients, condition of patients
     - Treatment being provided by first responder
     - Specific directions needed to locate scene (above)
     - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:** The nearest AED is located inside the E. & L. Andrew Fitness Center behind the reception desk and downstairs in the hallway outside of the south door to the Athletic Training Room. Air splints and Trauma Bag are carried with the ATC and/or located on the Gator. The Gator is available to move an injured student athlete from the field.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**

   - EMS: 911
   - Campus Safety: 309-347-7979
   - GHAS (Emergency): 309-342-5144
   - Athletic Training Room: 309-341-7317
   - Danielle Irle, Director of Athletics: Office: 309-341-7280 Cell: 701-330-0322
   - Galesburg Cottage Hospital: 309-343-8131
   - OSF St. Mary’s Medical Center: 309-344-3161
Emergency Action Plan - Knosher Bowl  4 W. Knox St.

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**

   Give EMS personnel the following information:
   - **Directions to Facility/Location:** Knox College Knosher Bowl is located on the corner of W. Knox and Cedar Street. A staff member will meet EMS personnel at the northeast gate to enter onto the field.
   - **Critical Information:**
     - Name, address, telephone number of caller
     - Number of patients, condition of patients
     - Treatment being provided by first responder
     - Specific directions needed to locate scene (above)
     - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:**

   - The nearest AED is located on the northeast corner of the field on the home bench during football season. The Athletic Training Staff will also have vacuum splints, trauma bag, and a Gator to transport an injured student athlete from the field if necessary. For Football, helmet facemask removal equipment will be located in the trauma bag. Order of preference would be the Riddell quick removal tool for side clips (if applicable) and electric screwdriver with manual screwdriver for back-up for top clips (and side clips as needed). Trainer’s angel and pruning shear also available as backup only. Last resort would be removal of the helmet and shoulder pads for emergency airway access.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**

   - EMS                                      911
   - Campus Safety                            309-347-7979
   - GHAS (Emergency)                         309-342-5144
   - Athletic Training Room                   309-341-7317
   - Danielle Irle, Director of Athletics     Office: 309-341-7280  Cell: 701-330-0322
   - Galesburg Cottage Hospital               309-343-8131
   - OSF St. Mary’s Medical Center            309-344-3161
Emergency Action Plan - Memorial Gym Pool
109 E. Knox St.

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**
   Give EMS personnel the following information:
   - **Directions to Facility/Location:** Knox College Memorial Gym Pool is located on the corner of Prairie and Depot Street. A staff member will meet EMS personnel at the main entrance of the T. Fleming Field House and Memorial Gym, located on the north side of the building, nearest to the baseball field. Use the elevator to go to the lower level and continue through the double doors and enter the pool through the entrance on the right.
   - **Critical Information:**
     - Name, address, telephone number of caller
     - Number of patients, condition of patients
     - Treatment being provided by first responder
     - Specific directions needed to locate scene (above)
     - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.
   - *Lifeguard is responsible for stabilizing patient on a spine board and removing them from the pool.*
   - Athletic Training Staff will take over care once the patient is on the pool deck.

3. **Emergency Equipment:** The nearest AED is located in the hallway near the south entrance to the athletic training room. A backboard is stored on the pool deck.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**

   **EMS** 911
   **Campus Safety** 309-347-7979
   **GHAS (Emergency)** 309-342-5144
   **Athletic Training Room** 309-341-7317
   **Danielle Irle, Director of Athletics** Office: 309-341-7280 Cell: 701-330-0322
   **Scott Sunderland, Head ATC** Office: 309-341-7378 Cell: 309-335-4078
   **Shana Sewick, Assoc. ATC** Office: 309-341-7317 Cell: 815-997-3826
   **Dr. Robert Ayers** Office: 309-344-9411 Cell: 309-335-6756
   **Galesburg Cottage Hospital** 309-343-8131
   **OSF St. Mary’s Medical Center** 309-344-3161
Emergency Action Plan - Athletic Training Room
109 E. Knox St.

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**
   Give EMS personnel the following information:
   - **Directions to Facility/Location:** Knox College Athletic Training Room is located on the corner of Prairie and Depot Street. Go around the circle to the west entrance of the Memorial Gymnasium nearest to the outdoor track and Center of Fine Arts building where a Knox Staff member will be waiting to further direct EMS Personnel. Enter down the ramp and follow the hallway to the left and the Athletic Training room is the first door on the right.
   - **Critical Information:**
     - Name, address, telephone number of caller
     - Number of patients, condition of patients
     - Treatment being provided by first responder
     - Specific directions needed to locate scene (above)
     - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:** The nearest AED is located in the hallway just outside of the south door of the Athletic Training Room. A handheld AED may also be stored in the Athletic Training Room during the winter. The athletic training room also has air splints available.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**

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<tr>
<th></th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td>EMS</td>
<td>911</td>
</tr>
<tr>
<td>Campus Safety</td>
<td>309-347-7979</td>
</tr>
<tr>
<td>GHAS (Emergency)</td>
<td>309-342-5144</td>
</tr>
<tr>
<td>Athletic Training Room</td>
<td>309-341-7317</td>
</tr>
<tr>
<td>Danielle Irle, Director of Athletics</td>
<td>Office: 309-341-7280 Cell: 701-330-0322</td>
</tr>
<tr>
<td>Galesburg Cottage Hospital</td>
<td>309-343-8131</td>
</tr>
<tr>
<td>OSF St. Mary’s Medical Center</td>
<td>309-344-3161</td>
</tr>
</tbody>
</table>
Emergency Action Plan - Film, Multi-Purpose Room, and Golf Performance Center
109 E. Knox St.

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**
   
   Give EMS personnel the following information:
   - **Directions to Facility/Location:** Knox College Film/Multi-Purpose/Golf Performance Center is located on the corner of Prairie and Depot Street. Go around the circle to the west entrance of the Memorial Gymnasium nearest to the outdoor track and Center of Fine Arts building where a Knox Staff member will be waiting to further direct EMS Personnel. Enter down the ramp and follow the hallway to the left and take a right at the next hallway. The rooms are located on the left.
   - **Critical Information:**
     - Name, address, telephone number of caller
     - Number of patients, condition of patients
     - Treatment being provided by first responder
     - Specific directions needed to locate scene (above)
     - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:** The nearest AED is located in the hallway just outside of the south door of the Athletic Training Room. A handheld AED may also be stored in the Athletic Training Room during the winter. Vacuum splints and Trauma Bag are also stored in the Athletic Training Room.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**
   - EMS: 911
   - Campus Safety: 309-347-7979
   - GHAS (Emergency): 309-342-5144
   - Athletic Training Room: 309-341-7317
   - Danielle Irle, Director of Athletics Office: 309-341-7280 Cell: 701-330-0322
   - Galesburg Cottage Hospital: 309-343-8131
   - OSF St. Mary’s Medical Center: 309-344-3161
Emergency Action Plan - Knox Softball Field
256 W. Berrien St.

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**
   
   Give EMS personnel the following information:
   - **Directions to Facility/Location:** The Knox College Softball Field is located on Academy Street between Berrien and Brooks. EMS Personnel can enter the field from left field parking lot at Academy and Berrien Streets.
   - **Critical Information:**
     - Name, address, telephone number of caller
     - Number of patients, condition of patients
     - Treatment being provided by first responder
     - Specific directions needed to locate scene (above)
     - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:** The nearest AED is hand carried by the certified athletic trainer covering the practice or competition or is carried on the Gator. Vacuum splits and Trauma Bag is also carried with the ATC or are carried on the Gator. The Gator is available to move an injured student athlete from the field.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

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<tr>
<td>GHAS (Emergency)</td>
<td>309-342-5144</td>
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<tr>
<td>Athletic Training Room</td>
<td>309-341-7317</td>
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<tr>
<td>Danielle Irl, Director of Athletics</td>
<td>Office: 309-341-7280</td>
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<td>Cell: 701-330-0322</td>
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<tr>
<td>Scott Sunderland, Head ATC</td>
<td>Office: 309-341-7378</td>
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<td>Cell: 309-335-4078</td>
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<tr>
<td>Shana Sewick, Assoc. ATC</td>
<td>Office: 309-341-7317</td>
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<td>Cell: 815-997-3826</td>
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<tr>
<td>Dr. Robert Ayers</td>
<td>Office: 309-344-9411</td>
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<td>Cell: 309-335-6756</td>
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<tr>
<td>Galesburg Cottage Hospital</td>
<td>309-343-8131</td>
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<tr>
<td>OSF St. Mary’s Medical Center</td>
<td>309-344-3161</td>
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</table>
Emergency Action Plan - Jorge Prats Soccer Field

136 W. Knox St

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**

Give EMS personnel the following information:
- **Directions to Facility/Location:** Knox College Jorge Prats Soccer Field is located at the corner of Knox and Cedar Street where EMS Personnel can enter the field from the parking lot just east of the field.
- **Critical Information:**
  - Name, address, telephone number of caller
  - Number of patients, condition of patients
  - Treatment being provided by first responder
  - Specific directions needed to locate scene (above)
  - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:** The nearest AED is hand carried by the certified athletic trainer covering the practice or competition or located on the Gator. Air splints and Trauma Bag is also carried with the ATC or can be found on the Gator. The Gator is available to move an injured student athlete from the field.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**

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<th>Service</th>
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<tr>
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<td>Campus Safety</td>
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Knox College Athletics Emergency Action Plan pg. 16
Emergency Action Plan - T. Fleming Field House

109 E. Knox St.

1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**
   
   Give EMS personnel the following information:
   - **Directions to Facility/Location:** The Knox College T. Fleming Field House is located on the corner of Prairie and Depot Street just south of the baseball field. A Knox staff member will meet EMS personnel at the main entrance to the Field House and Memorial Gym on the south side of the building closest to the baseball field. Make an immediate left to enter the Field House.
   - **Critical Information:**
     - Name, address, telephone number of caller
     - Number of patients, condition of patients
     - Treatment being provided by first responder
     - Specific directions needed to locate scene (above)
     - Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:** The nearest AED is located upstairs in the E. & L. Andrew Fitness Center on the far west side behind the reception desk. During a competition, Athletic Training Staff will hand carry an AED, Trauma Bag, Sports Chair, and air splints to the facility.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**

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1. **Activate EMS** by calling 911 and notify Campus Safety at x7979 or (309) 341-7979.
   - Stabilize and stay with the patient. **Do not move the patient!**
   - Give EMS personnel the following information:
     - **Directions to Facility/Location:** The Knox College Memorial Gymnasium is located on the corner of Prairie and Depot Street just south of the baseball field. A Knox staff member will meet EMS personnel at the main entrance to the Field House and Memorial Gym on the south side of the building closest to the baseball field. Take the elevator to the upper level to reach the Gymnasium.
     - **Critical Information:**
       1. Name, address, telephone number of caller
       2. Number of patients, condition of patients
       3. Treatment being provided by first responder
       4. Specific directions needed to locate scene (above)
       5. Other information as requested by dispatcher

2. **Provide appropriate emergency care:** until arrival of EMS personnel. Upon arrival of EMS personnel, provide further pertinent information (method of injury, vital signs, treatment provided, pertinent medical history, etc.) and assist with emergency care as needed.

3. **Emergency Equipment:** The nearest AED is located upstairs in the E. & L. Andrew Fitness Center on the far west side behind the reception desk or in the basement just outside the Athletic Training Room. During a competition, Athletic Training Staff will hand carry an AED, Trauma Bag, and air splints to the facility.

4. **If a Knox College student athlete is being transported:**
   - Athletic training staff member should accompany student athlete to hospital
   - Emergency Medical Form should be sent with the student athlete/staff member
   - Notify other athletic training staff members and head coach of incident and update as appropriate
   - Athletic training staff will contact parents
   - Perform appropriate documentation

5. **Emergency Telephone Numbers:**

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Knox College Athletics Emergency Action Plan pg. 18
Emergency Action Plan - Away Practice/Competition Protocol

1. Be sure to ask host school representative to familiarize you with their Emergency Action Plan before activity begins. Information should include:

   - **Degree of Coverage**: Who will be covering the event? ATC? Physician? EMT? Where will these people be located? Is there someone trained in the evaluation and management of concussions/head injury?
   - **Emergency Equipment**: Where is the nearest AED? Air splints?
   - **Health Facility Use**: Where is the nearest hospital? How do you get there?
   - **Communication**: Where is the nearest telephone? Are there any special instructions for dialing out to EMS?
   - **Other Information**: Are there any other special instructions?

2. If a Knox College Student Athlete is transported:
   - A staff member should accompany the student athlete to the hospital. This person can be (in order of preference, if parent is not present):
     - Assistant Coach
     - Athletic Training Student Worker
     - Certified Athletic Trainer
   - The Emergency Medical Form should be sent to the hospital with the student athlete. If no insurance information is available, medical billing should be directed to the student athlete’s home address.
   - Inform the head athletic trainer of the injury as soon as possible.
   - If a student athlete must remain behind, a coach or member of the athletic training staff must remain with them until parents arrive.
   - **All decisions regarding treatment of the student athlete, including surgeries, should be coordinated through the Head Athletic Trainer and/or Team Physician.**
   - Once activity is completed, the certified athletic trainer should contact the student athlete’s parents. Do not forgo other responsibilities to contact parents. If over 18, approval to contact parents should be obtained from the student athlete, if possible.

3. **Important Telephone Numbers**:
   - EMS 911
   - Danielle Irle, Director of Athletics Office: 309-341-7280 Cell: 701-330-0322

Knox College Athletics Emergency Action Plan pg. 19
Concussion Management Plan

The definition of a concussion is much debated but can be defined as an injury to the brain that causes alteration in certain neuro functions. A concussion can result from a blow to the head by another athlete, a piece of sporting equipment, or a fall to the ground. A concussion can also result from a sudden fast movement with a sudden stoppage in movement of the head, which results in shearing forces being produced within the brain. The following procedures follow the NCAA concussion guidelines and clinical best practices and could be applied in any suspected head related injury:

1. Outline the signs and symptoms of concussion.
2. Immediate removal from activity and evaluation by a licensed medical practitioner (ATC, MD, DO) when the signs and symptoms of concussion are identified.
3. Discontinue activity if the symptoms persist, reoccur, and/or a diagnosis of concussion is made. No physical activity will be allowed until symptoms decrease significantly and/or are absent. No contact activity will be allowed until symptoms are absent.
4. All athletes and coaches will be educated about concussion on a routine basis.
5. Each athlete will sign the Informed Consent document yearly which will contain statements on the athlete’s willingness to participate in the evaluation/treatment process honestly and that they have been educated about the signs and symptoms of concussion.
6. May need to address the neuro-cognitive load of the concussed athlete (i.e. attending classes, film sessions, meetings, taking exams, and homework, paper writing, etc.).
7. Concussion protocol will be administered by the Athletic Training Staff and physician directed. Disqualifying factors for a season and/or career will be made by a physician (i.e. Team Physician).

Signs and Symptoms of a Concussion

**Signs:** Appears dazed or stunned, confusion, forgets assignments, unsure of game, score or opponent, moves lethargically or clumsily, answers questions slowly, any loss of consciousness, behavior or personality changes, unable to recall events prior to or after injury.

**Symptoms:** Amnesia, confusion, headache or pressure in the head, loss of consciousness, balance problems or dizziness, double or fuzzy vision, sensitivity to light or noise, nausea, feeling sluggish, foggy, or groggy, unusually irritable, concentration or memory problems, slowed reaction time.
Evaluation Process

**Time of Injury**: Perform a clinical Exam and Standard Assessment of Concussion (SAC) and administer the Symptom Check List.

**Time of Injury Hospital Referral**: Any loss of consciousness and/or prolonged amnesia.

**1 to 3 Hours Post-Injury**: Administer the Symptom Check List and educate in and give written Head Injury Instructions (include roommate or other responsible party to monitor the athlete).

**24 Hours Post-Injury**: Perform Clinical Exam, Symptom Check List, Vestibular Exam (if symptoms allow) and SAC.

- **If Symptomatic**: Continue Testing, Monitor Signs/Symptoms, and if deteriorating refer.
  
  **24 hours later repeat testing (except Impact testing that should only be done no closer than 3-4 days apart).**

- **Asymptomatic**: Impact Testing and Monitor Sings/Symptoms.
  
  **Symptomatic**: Repeat 24 hour testing.

**Asymptomatic (Return to Activity Progression)**

- Next 24 hours Asymptomatic Rest/Balance Error Scoring System (BESS) post-test
- Next 24 hours Functional Activity (Conditioning)
- Next 24 hours Functional Activity (Conditioning)
- Next 24 hours Light Contact
- Next 24 hours Return to Full

**Any symptoms during, revert to previous day and/or 24 Hour Post-Injury Testing.**

**Will monitor the athlete for signs and symptoms periodically throughout the remainder of the season.**

**Cognitive Rest**: When the concussed athlete shows exhibits signs of cognitive deficits and/academic issues, the Academic Dean of Students will be contacted for the request of
academic accommodations for the student-athlete. Accommodations may be in the form of excuse from class, extensions for papers/assignments/exams, and/or restriction from computer work for a prescribed length of time. Return to class may occur before the student-athlete may be able to be held accountable for academic work. Emphasis will be place on return to academics first and then to athletics. Restrictions on team meetings, film work, and presence at competitions/practice may also be limited.

**For all head injuries, a member of the Athletic Training Staff will contact the Associate Dean of the College to notify the student-athlete’s faculty regardless if academic accommodations are being requested with the hopes to have the student-athlete monitored and feedback provided to assist in the student-athlete’s medical management.**

### Return to Learn Procedure

Concussed student-athletes whose symptoms last beyond 2 weeks will need cognitive/academic restrictions and a return to learning progression. Symptoms lasting less than 2 weeks may need some cognitive/academic rest and a much more abbreviated return to learning progression. Not all concussed student-athletes will need the full 5 phases and the length of each phase will vary from injury to injury and student-athlete to student-athlete. Match the student-athletes signs and symptoms with the appropriate following phases and then apply the appropriate accommodations.

#### Phase 1: No school

- **Signs/Symptoms:** High level Symptom Score with symptoms that prevent the student-athlete from being able to function in their academics. Physical symptoms tend to be the most prominent and interfere with even basic tasks. Potentially abnormal SAC, Vestibular, and/or Impact exams.
- **Treatment:** The student should rest the brain and body as much as possible.
- **Interventions:**
  - No class attendance and/or academic exercises (exams, quizzes, papers, projects).
  - No activities that exacerbate symptoms, such as television, video games, computer use, texting or loud music.
  - Other “triggers” that worsen symptoms such as social activities, eating in the cafeteria. ADL modifications to reduce symptom severity for example the use of sunglasses, hat, etc. to reduce light sensitivity.
  - No practice and/or meeting attendance.
o No physical activity, which includes anything that increases the heart rate, such as (but not limited to) weigh training, practices and competitions, running, stationary biking, push-ups, sit-ups, etc.

**Phase 2: Partial attendance with accommodations**

- **Signs/Symptom Severity:** Moderate symptom score with the symptoms decreased to manageable levels. Symptoms may be exacerbated by certain mental activities that are complex, difficult and/or have a long duration. Normal SAC, normal Vestibular Exam, improving Impact Test, and potentially abnormal BESS test (if tested).
- **Treatment:** Balance rest with gradual re-introduction to academic activity. Avoid symptom triggers.
- **Interventions:**
  - Partial class attendance, with focus on the core subjects; prioritize what classes should be attended and how often.
  - Symptoms reported by student addressed with specific accommodations (i.e. no lab classes, relocation of seating in a class room away from a window to avoid sunlight, etc.).
  - Eliminate busy work or items not essential to learning priority material.
  - Emphasis in this phase on in-school learning; rest is necessary once out of class; homework reduced or eliminated, limit graded exercises.
  - Reintroduce practice and meeting attendance to support the student-athletes mental outlook.
  - No physical activity

**Phase 3: Full-day attendance with accommodations**

- **Signs/Symptom Severity:** Symptom Score will be minimal, normal SAC, Vestibular, and Impact Tests. BESS Test may be abnormal.
- **Treatment:** As the student improves, gradually increase demands on the brain by increasing the amount of work, length of time spent on the work, and the type or difficulty of work. Gradually re-introduce known symptom triggers for short time periods.
- **Interventions:**
  - Continue to prioritize assignments, tests and projects; limit student to one test per day
  - Continue to prioritize in-class learning material; minimize workload and promote best effort on important tasks
  - Gradually increase amount of homework
  - Reported symptoms addressed by specific accommodations; accommodations reduced or eliminated as symptoms wane and resolve
  - No physical activity
**Phase 4: Full-day attendance without accommodations**
- **Signs/Symptom Severity:** Asymptomatic to mild symptoms that are triggered by very specific cognitive and/or physical activities. All other testing normal, possible Symptom Score present.
- **Treatment:** Accommodations are removed when student can function fully without them.
- **Interventions:**
  - Construct a plan to finish completing missed academic work and keep stress levels low.
  - Begin Return to Activity Progression.

**Phase 5: Full school and extracurricular involvement**
- **Signs/Symptom Severity:** Asymptomatic. Normal testing.
- **Treatment:** No accommodations are needed.
- **Interventions:** Return to full activity after the completion of the Return to Activity Progression.

**Counseling Referral**
- Any athlete suffering symptoms beyond 3 weeks a referral to Counseling Services should be considered.
- Referral can be made to the counseling services of the athlete's choice including Knox College counseling services. The referral can be made through the normal procedure.
- Throughout the entire injury process the athlete should be monitored for signs and symptoms of anxiety and depression.

**Return to Activity Progression**
- Phase 1 Asymptomatic rest
- Phase 2 Functional activity—light conditioning such as exercise biking
- Phase 3 Functional activity—heavier conditioning such as a jog/sprint progression
- Phase 4 Light contact and drill phase
- Phase 5 Return to full practice activity
- Phase 6 Return to full competition

**Any symptoms during a phase, the patient must revert back to previous phase and consideration of additional testing and/or referral.**

**Will monitor the athlete for signs and symptoms periodically throughout the remainder of the season.**

Knox College Athletics Emergency Action Plan pg. 24
All diagnosed concussions will be cleared by the Team Physician prior to return to participation.

Disqualifying Factors: Determined on a case by case basis on magnitude of injury, proximity of multiple injuries, circumstances of the injury and athlete, and other risk factors the athlete may have for head injury.

Athlete Education: Every athlete will attend a yearly meeting where the signs and symptoms as well as care of concussion will be discussed, written information presented, and any questions answered. Each athlete will be required to sign an Informed Consent which will indicate the risks of their participation in their sport, the potential signs and symptoms of concussion, and their pledge to report their injuries accurately and expediently.

Concussion Tool Definitions

Head Injury Instructions: List of signs and symptoms that the athlete and responsible person with the athlete needs to watch for following the head injury and if identified take the proper action.

Impact Testing: Computer based neuro-psych testing. Baseline and post injury testing.

**Baseline impact testing will be performed on all in their first year of participation in varsity sports at Knox College and in preparation for their Junior year of varsity sports.**

Clinical Exam: Physical exam performed by the ATC and/or physician that is a survey of the Signs and Symptoms such as but not limited to History, Mechanism, and testing of the cranial nerves.

Symptom Check List: Document that inventories the severity of the list of concussion symptoms that the athlete indicates.

Standard Assessment of Concussion (SAC): Document that tests memory, concentration, orientation, and recall. The SAC exam also includes an examination of the cranial nerves.

Vestibular Exam: Examination of eye movements and tracking on objects with motor inputs. Examiner looks for production of symptoms or inability to perform task.

Balance Error Scoring System (Bess): Document that is a pretest of a symptom inventory and balance error scoring that is administered in a post-test.
**Baseline BESS testing will be performed on all athletes in their first year of participation in varsity sports at Knox College and in preparation for their Junior year of varsity sports.**

**Medical Coverage of Events**

An Athletic Trainer trained and experienced in the evaluation, diagnosis, and care of head injuries and concussion will cover all home contests. An Athletic Trainer trained and experienced in the evaluation, diagnosis, and care of head injuries and concussion will cover all Home Football Games and Football practices. All other practices, an Athletic Trainer will be available for the evaluation, diagnosis, and care of head injuries and concussion.

**Evaluation and Care of Head Injuries Traveling without a Knox College Athletic Trainer**

When traveling to a Midwest Conference opponent, the Midwest Conference Concussion Protocol will be in effect. The host school medical staff will have unchallengeable authority when a concussion is suspected.

When travelling to a nonconference and conference opponents, the Athletic Training Staff will confirm that adequate medical care will be in attendance that is knowledgeable in the care and treatment of concussions.


Cardiac Arrest

*Sudden cardiac arrest (SCA)* is the sudden, unexpected loss of heart function, breathing and consciousness. Sudden cardiac arrest usually results from an electrical disturbance in your heart that disrupts its pumping action, stopping blood flow to the rest of your body. Sudden cardiac arrest is a medical emergency. If not treated immediately, it causes sudden cardiac death. With fast, appropriate medical care, survival is possible. Administering cardiopulmonary resuscitation (CPR), treating with a defibrillator — or even just compressions to the chest — can improve the chances of survival until emergency personnel arrive.

The pre-participation physical examination should include the completion of a standardized history form and attention to episodes of exertional syncope or pre-syncope, chest pain, a personal or family history of sudden cardiac arrest or a family history of sudden death, and exercise intolerance.

A goal of less than 3 minutes from the time of collapse to delivery of the first shock is strongly recommended. Sudden cardiac arrest should be suspected in any athlete who has collapsed and is unresponsive. A patient’s airway, breathing, circulation, and heart rhythm (using the AED) should be assessed. An AED should be applied as soon as possible for rhythm analysis.

CPR Training
All Head Coaches, Strength Coaches, Fitness Center Workers, Life Guards, and Athletic Training Staff are required to have current Adult CPR, AED, and First Aid Certification. All other Athletic Department Staff are offered the ability and encouraged to maintain current certification. American Red Cross or American Heart Association training is accepted. Accountability of Athletic Department Staff is maintained in the Associate Director of Athletics for Sports Medicine’s Office. Fitness Center Workers and Life Guard certifications are maintained by the Director of the Fitness Center.

AED Locations:
- **E. & L. Andrew Fitness Center**: Far west side behind the reception desk
- **Athletic Training Room**: In hallway, just outside of the south door
- **Knosher Bowl**: North end of home team sideline (east sideline) during fall, spring, and summer.
  - This AED is brought into the athletic training room for the winter.
- **Gator**: Located in the black trunk on the back of the gator
- A hand carried AED is available at all other locations for competitions with the athletic training staff

The following plan should be followed if an athlete sustains a suspected cardiac arrest:
1. Early recognition of sudden cardiac arrest (collapsed and unresponsive)
2. Activate EMS and emergency action plan
3. Immediately begin cardiopulmonary resuscitation (CPR)
4. Use an automated external defibrillator (AED) as soon as it arrives to restore the heart to its normal rhythm.
   • Target goal collapse-to-shock is less than 3 minutes
5. Continue CPR/AED until Emergency Medical Services (EMS) arrive
   • Signs of life:
     o Place in recovery position
     o Monitor vital signs
Spine Injured Athlete

Spinal cord injuries (SCI) occur from blunt trauma to the patient that often causes permanent loss of strength, sensation and function below the site of the injury. It is key that this immediate attention is provided to a patient that is suspected to have a SCI.

Non-Equipment Athletes

In case of a suspected SCI event:
1. Check patients Airway, Breathing, Circulation, and Pulse.
   • Activate EMS if patient is unconscious and/or suspected to have a SCI
2. Spine immobilization should be maintained.
   • Victim is not to be moved until immobilized unless patient is unconscious and access to airway is needed immediately.
   • Head should be in line with the spine.
   • If patient is unconscious proceed with CPR
3. Correctly sized rigid cervical collar should be placed on athlete prior to moving.
   • Cervical collar should fit between patients chin and chest, resting on their clavicles.
4. Determine what type of transfer is needed.
   • Log roll technique requires 3 to 5 rescuers
   • Lift and Slide requires 6 people plus
   • The responder at the head of the patient is in command of transfer instructions.
5. When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit by securing the athlete to a long spine board.
6. One person of responding team should place board under athlete during transfer.
7. Once positioned onto the spine board, the patient should first be secured to the board using spine board straps.
8. Athlete's arms should be left free from long spine board straps to facilitate vital sign monitoring and IV access.
9. Once torso and legs are secured, the head should be secured.
   • Use foam padding to place around the head for support, then strap the head in across the forehead and the chin.
10. Then transport the athlete to the hospital

Equipment Athletes

In case of a suspected SCI event:
1. Check patients Airway, Breathing, Circulation and Pulse.
   • Activate EMS if patient to unconscious and/or suspected to have a SCI
2. Spine mobilization should be maintained.

Knox College Athletics Emergency Action Plan pg. 29
• Victim is not to be moved until mobilized unless patient is unconscious and access to airway is needed immediately.
• Head should be in line with the spine.
3. Face mask is to be removed from the helmet to provide access to patient’s airway, regardless of current respiratory status.
4. All loop straps of the face mask should be cut off rather than retracted. Tools available for removal of face mask includes cordless screwdriver, screwdriver, and/or quick release tool. Trainer’s Angle and pruning shear are also available to use in the event standard removal does not work.
5. Determine what type of transfer is needed.
   • Log roll technique requires 3 to 5 rescuers
   • Lift and Slide requires 6 people plus
   • The responder at the head of the patient is in command of transfer instructions.
6. When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit by securing the athlete to a long spine board.
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10. Once torso and legs are secured, the head should be secured.
    • Use foam padding to place around the head for support, then strap the head in across the forehead and the chin.
11. Then transport the athlete to the hospital
Asthma

Asthma is caused by the obstruction of the airflow through the airway to the bronchioles of the lungs. This obstruction can be caused by the build-up of inflammation or mucous along the cell walls or by airway hyper-activity which causes a bronchoconstriction response. Exercise-induced asthma is narrowing of the airways in the lungs triggered by strenuous exercise.

Factors that contribute to the severity of exercise induced asthma:
- Ambient air conditions (cold air, low humidity, pollutants)
- Exposure to allergens in sensitive individual (pollen, dust mites)
- Overall control of the disease
- Physical conditioning
- Respiratory infections
- Time since the last episode of exercise induced asthma
- Underlying bronchial hyper-activity

Major signs and symptoms:
- Coughing
- Chest tightness
- Wheezing
- Dyspnea
- Symptoms that vary by season or outdoor temperature
- Discontinued, decreased or altered exercise regimen
- Complaints of decreased or limited endurance
- Out of shape label used to describe a well-conditioned athlete
- Minimal problems with swimming or in warm humid environments

Identification of a combination of these symptoms and/or symptoms that persist would suggest referral to a physician.

Exercise-induced asthma is usually treated with drug therapy, including inhalers and oral medications. There are numerous different medications on the market to treat asthma and should be used carefully as directed by physician. Patients with exercise induced asthma using a short acting drug should inhale their medication 10 to 15 minutes before exercise. Rapid acting agents can be used during practice and game participation if needed.

Asthma Attack

In the event of an asthma attack the following steps should be completed:
1. Assess the athlete and asthma severity.
   - Assist the patient by encouraging them to control their breathing
   - Observe patients physical symptoms (skin complexion, breathing rate/depth)
2. Provide treatment to patient
   - Assist them with their emergency inhaler medication
   - Use as directed by physician
3. Monitor patient’s condition
   - Check Vitals
   - Continue to encourage slow controlled breathing
   - Asthma can be a life threatening situation. If symptoms cannot be controlled and breathing cannot be returned to normal, athlete should be transported for immediate care.
4. Follow-up care with team physician and/or pulmonologist as needed.

**Patients who are experiencing any degree of respiratory distress (including a significant increase in wheezing or chest tightness, a respiratory rate greater than 25 breaths per minute, inability to speak in full sentences, uncontrolled cough, significantly prolonged expiration phase of breathing, nasal flaring, or paradoxical abdominal movement) should be referred rapidly to an emergency department or to their personal physician for further evaluation and treatment. Referral to an emergency room or equivalent facility should be sought urgently if the patient is exhibiting signs of impending respiratory failure.**

In a known asthmatic, it is important to have on hand that athlete’s response inhaler. The athletic training staff should carry an extra inhaler as well as the Transfer of Medication document for that inhaler.

**Medication Availability:**
- It is the athlete’s responsibility to have their inhaler at all athletic activities.
- It is the athlete’s responsibility to provide a separate inhaler with the supervising athletic trainer at the event (must have on file a signed Transfer of Medication Document) to carry in the emergency medical kit.

**Patient Responsibility:**
- The athlete must notify the sports medicine staff if they are suffering increased symptoms associated with their asthma.
- The athlete must notify the sports medicine staff of all asthma attacks.
Diabetes

*Diabetes Mellitus* is a disease characterized by the loss of ability to control blood glucose (sugar) levels due to dysfunction in the pancreas and insulin secretion. In the population of student-athletes, patients with diabetes usually have Type 1 which is an inherited disease. Type 1 diabetes mellitus is a result of an absolute insulin deficiency, or the death of beta cells in the pancreas that produce insulin. Type 1 diabetes control their blood sugar through insulin injections, blood glucose monitoring, exercise, and diet control.

***Normal blood levels range between 80 and 120 mg/dl.***

**Hypoglycemia:** sugar levels below 70 mg/dl, the patient may exhibit the symptoms include:
- Lethargic, loss of energy
- Hunger
- Headache, Lightheadedness
- Sweating
- Increased heart rate
- Mood swings
- Tingling in the face, tongue, & mouth
- In severe cases, unconsciousness and the inability to swallow

**Hyperglycemia:** sugar levels of 200 mg/dl or more, the patient may exhibit the following symptoms:
- Listlessness
- Increased/frequent urination
- Dehydration/Extreme thirst
- Decreased reaction time
- Loss of appetite

**Treatment of Hypoglycemia:**
Treatment for hypoglycemia needs to be handled quickly and can be done by providing the athlete a form of sugar.

In the event of hypoglycemia the following steps should be completed.

1. Assess the patient and test glucose levels.
   - Observe patients physical symptoms (skin complexion, sweating, etc.)
     - If unconscious, activate EMS.
   - Test glucose level of patient with appropriate blood glucose testing equipment.
2. Provide treatment to patient
   - Provide fast-acting source of carbohydrate
Other fast acting sources include: fruit juice, non-diet soda, or electrolyte drinks.
If available solids should be followed up after intake of liquids.
- Retest blood glucose level approximately 15 minutes following intake of fast-acting source

3. Monitor patient’s condition
   - If blood glucose remains low, administer another dose of fast-acting carbohydrates.
   - Retest blood glucose level approximately 15 minutes following intake of fast-acting source.
   - If blood glucose does not return to normal range after second dosage activate EMS.

5. Follow-up care with team physician

**Treatment of Hyperglycemia**
In order to prevent high blood sugar, patients should pay careful attention to their diet. Medical referral may be necessary in severe situations. The key to the control of diabetes is discipline on the part of the student-athlete in managing their disease. Recognition of symptoms by the coach, athletic trainer, and student-athlete is important due to blood glucose levels potential of rising with physical activity.

**If the blood sugar level falls above 250 mg/dl the athlete should be excluded from physical activity.**

In the event of hyperglycemia, the following steps should be completed.

1. Assess the patient and test glucose levels.
   - Observe patients physical symptoms (skin complexion, sweating, etc.)
     - If unconscious, activate EMS.
   - Test glucose level of patient with appropriate blood glucose testing equipment.
   - Determine what type of insulin therapy patient uses (pump, pen, syringe)

2. Provide treatment to patient
   - If patient is conscious, they should administer proper dosage of insulin to themselves dependent on blood glucose levels indicated from test.
   - Hydrate patient with water

3. Monitor patient’s condition
   - Retest blood glucose levels approximately 15 minutes following insulin administration.
   - Refrain from activity with abnormal blood glucose levels.

4. Follow-up care with team physician
Exertional Collapse Associated with Sickle Cell Trait

Sickle Cell Trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During periods of intense exercise, the sickle cell trait can change the shape of the red blood cells from round to quarter-moon. When this occurs, these sickled red blood cells can accumulate in the bloodstream. The accumulation of sickled red blood cells can block vessels and can cause ischemic (cell death) rhabdomyolysis, the rapid breakdown of muscle cells. Sickling can occur in 2-3 minutes of intense exercise. Heat, dehydration, altitude, asthma and other medical conditions may increase the risk. In some cases, particularly with exertional rhabdomyolysis, sickle cell disease can be fatal. If collapse occurs, it is referred to as Exercise Collapse Associated with Sickle Cell Trait (ECAST).

Those at high risk are, ancestors from Africa, South or Central America, Caribbean, Mediterranean countries, India, and Saudi Arabia. Sickle Cell Trait occurs in 8% of U.S. African Americans and 1 in 2,000 to 10,000 Caucasians. Most dangerous risk is exertional rhabdomyolysis. Dehydration worsens exertional sickling. Sickled cells log jam blood vessels. The harder and faster the athlete goes, the faster the onset. Training and rest should be modified.

A sickling collapse is a medical emergency.

Risk Factors
The reasons for collapse and exertional death with SCT are unclear. Very low muscle oxygen, high body temperature, or dehydration can lead to red blood cell sickling. Exercise rapidly increases blood epinephrine levels, which may cause sickled cells to become “sticky” and block blood vessels. It is unknown why only a small percentage of people with SCT experience ECAST. The following conditions seem to make ECAST episodes more likely:

- Intense exercise over a long time period
- Inadequate rest between intense exercise periods (e.g. prolonged wind sprints)
- Early in athletic season or returning from prolonged rest
- High altitude
- Dehydration
- Excessive heat exposure
- High humidity
- Exercise-induced asthma
- Pre-exercise fatigue due to illness
- Dietary supplements containing stimulants

Symptoms
Athletes experiencing ECAST may have the following signs and/or symptoms:

- Muscle weakness (greater than muscle pain, though this may also be present)
- Muscle tenderness
- Slumping to the ground
- Rapid breathing
- Temperature usually less than 103 degrees Fahrenheit

ECAST differs from other causes of exercise collapse in several ways. Athletes with muscle cramps will have tight, hard muscles, rather than soft and weak muscles in ECAST. Those with cardiac causes often will not be able to speak or think normally. Athletes with exertional heat stroke will have a core body temperature above 104 degrees Fahrenheit. In ECAST, core body temperature is often normal or only slightly elevated, and athletes will usually speak and think normally.

**Evaluation and Treatment of ESCAT**
All collapsed athletes should have their pulse, breathing, and mental status checked. The most telling symptom of ECAST is increasing pain and weakness in muscles, especially the large muscles of the legs, buttocks and lower back. ECAST can lead to rapid destruction of muscle, a deadly condition called *explosive rhabdomyolysis*.

In the event of a sickling collapse, treat it as a medical emergency by doing the following:

- Check vital signs, along with checking oxygen saturation
- Apply oxygen to athlete as soon as possible
- Cool the athlete, if necessary.
- If the student athlete is not alert or as vital signs decline, activate Emergency Action Plan (EAP) (call 911), get athlete to hospital as fast as possible.
- Tell the doctors of his/her Sickle Cell Trait and to expect explosive rhabdomyolysis.

**Return to Play**
Before returning to play, athletes who collapse during exercise and have ECAST signs or symptoms should be referred to the Team Physician and/or personal physician to consider testing for SCT. Tests for other diseases such as diabetes, electrolyte abnormalities, muscle damage, and heart and lung conditions may be required. Athletes should meet with a doctor to discuss family history, environmental factors, and medications that increase risk of collapse. They should be educated about the signs and symptoms of ECAST, the importance of hydration, and the possibility of future ECAST episodes if exercising heavily in high heat. Athletes must have no symptoms at rest and normal lab values before resuming exercise.
Any Exertional or Non-Exertional Collapse

Prevention of Heat Illness Practice or competition in hot and/or humid environmental conditions poses special problems for the student-athlete. Heat stress and resulting heat illness is a primary concern in these conditions. This is a situation that primarily affects those athletes practicing outdoors in these conditions, but can also seriously affect those athletes practicing indoors with poor air circulation. Because it is not practical or specifically necessary to suspend practice or competition every time the temperature is above 90 degrees and the humidity is above 70%, prevention must become the primary objective.

Heat illness is when the body is unable to efficiently reduce the core body temperature. The body is most effectively cooled by sweating, allowing outside air to evaporate the sweat, and thus cooling the body. The moist air that results from high humidity inhibits evaporation and cooling which causes the body’s core temperature to rise. Heat emergencies are progressive conditions that arise from this increasing core body temperature.

There are six keys to prevention of heat illness:

1. **Complete Health History**
   - All Knox College student-athletes are required to obtain a pre-participation screening prior to participating in camps and practices. The student-athlete should note any previous history of heat illness, sickle cell trait, or other specific health issues that can predispose one to a possible heat illness problem during intense pre-season practices.

2. **Heat Acclimatization**
   - Prevention of heat illness begins with gradual acclimatization to environmental conditions. Student-athletes should gradually increase exposure to hot and/or humid environmental conditions during a minimum period of 7 to 10 days. This allows the student-athlete to adjust to the conditions before high intensity exercise/practices are started in hot/humid conditions.

3. **Education**
   - It is essential that all coaches and student-athletes are educated to the risk factors for heat stress syndromes; elevated core temperature, extreme weakness, muscle cramping, rapid/weak pulse, pale/flushed skin, nausea, disturbance of vision, or mental confusion. Coaches and athletes should be encouraged to be aware of and report any of these signs or symptoms when appropriate.

4. **Clothing**
   - When possible, encourage the frequent changing of sweat soaked clothing, and in especially hot situations consider limiting the amount of equipment (i.e. shirts, shorts, helmets, no pads).

5. **Hydration**

Knox College Athletics Emergency Action Plan pg. 37
• It is essential to keep well hydrated before, during, and after participation in the heat. Water breaks should be given at least every 15-20 minutes and more frequently when participating in two-a-day practices. Water should also be made available to athletes at all times between water breaks. Athletes should drink two cups of water/sports drink in the hour leading up to practice, and 16/24 oz. of fluid after activity for every pound loss during exercise session. Avoid any beverage containing caffeine including soda, coffee, and tea. Caffeine acts as a diuretic, which can lead to dehydration in hot environments. Also be aware that some over-the-counter medication and nutritional supplements can contain some form of a diuretic. Urine volume and output is a simple way to self-monitor one’s hydration status. If output is plentiful and pale yellow in color the athlete is well hydrated but as output decreases and the color darkens the athlete is heading into a dehydrated status.

6. Fitness

• Athletes with poor physical condition, those with excess body fat, those who regularly push themselves to capacity, those with a history of heat illness, and those with circulatory and respiratory problems are most often affected.

Identification of Heat Illness

There are five categories of heat stress syndromes:

1. Heat Rash: Occurs when the skin’s sweat glands are blocked and the sweat produced cannot get to the surface of the skin to evaporate. This causes inflammation that results in a rash. Will often resolve on its own.
2. Heat Syncope: Fainting, "blacking out," or syncope is the temporary loss of consciousness followed by the return to full wakefulness. This loss of consciousness may be accompanied by loss of muscle tone that can result in falling or slumping over. If not treated it can progress into either heat exhaustion or heat stroke.
3. Heat Cramps: These are the least severe, but the most painful. They are caused by dehydration. They generally begin in the stomach and calves, and then progress to other areas of the body.
4. Heat Exhaustion: Athletes will exhibit fatigue; dizziness; profuse sweating; cool, clammy, pale skin; nausea; rapid respiration and pulse, but a core temperature below 104 degrees Fahrenheit.
5. Exertional Heat Stroke (EHS): Athletes will exhibit diminished or loss of consciousness; dangerously high core temperature of over 104 degrees Fahrenheit and (often as high as 106 degrees); red, dry skin; rapid pulse; vomiting. Exertional heat stroke is a life threatening illness and emergency help must be sought immediately.

Treatment of Heat Illnesses

Knox College Athletics Emergency Action Plan pg. 38
The overall goal for all types of heat stress syndrome is to reduce body the patient's body temperature. These steps will be dependent on the type of heat illness incident occurring.

1. All athletes experiencing a heat illness should be moved to a cool location.
2. Observation of patients physical symptoms (skin complexion, rash, breathing rate/depth)
3. Monitor vital signs
4. Fan the athlete, or place in front of a fan, to aid evaporation.
5. If conscious, give cool water to drink, sip small amounts over time.
6. If an athlete is suspected to have EHS the following steps should be taken:
   - Check core temperature via rectal thermometer - See NATA Preventing Sudden Death in Sports Position Statement & Heat Stroke Treatment Authorization Form
   - Core temperature over 104 degrees denotes Heat Stroke, activate Emergency Action Plan and start cooling the athlete (to 102.5°F if possible) while waiting for transport.
   - The goal for any EHS victim is to lower the body temperature to 102°F (38.9°C) or less within 30 minutes of initial collapse. Start aggressive cooling of the body by cold water immersion (CIW). Water temperature should be 35°F (1.7°C) to 59°F (15.0°C) and continuously stirred to maximize cooling. If CIW pools are not available, apply cool wet cloths and ice bags to the skin (ex. neck, wrist, axillary, groin, and ankles). Emergency bags also include large tarps for cold water-cooling.
   - Continually monitor vital signs. The athlete should be removed from the CIW tub when core body temperature reaches 102°F (38.9°C) to prevent overcooling.

Rectal Thermometer Procedure
Using a rectal thermometer is safe and simple.

Supplies needed:
   - Rectal thermometer black box
   - Lubricating gel/water
   - Gloves

1. Remove the athlete from the playing field, if appropriate, to a shaded area (such as a tent, locker room/athletic training room, or tree shade).
2. Put on gloves.
3. Remove a clean DataTherm II probe from plastic bag.
4. Lubricate the probe.
5. Drape the patient appropriately (with towels or sheets) for privacy, if possible.
6. Position the patient on their side with their top knee and hip flexed forward.
7. Gently shift the top gluteal cheek to the side.
8. Insert the probe approximately 10 centimeters past the anal sphincter.
9. Plug the probe into the thermometer.
10. Turn the thermometer on.
11. Observe temperature readings and monitor for changes.
12. Leave the probe in for the duration of treatment.
13. After treatment has ended, remove the probe gently.
14. Clean the probe thoroughly with a sterilization solution, such as Cidex Plus. The sterilization process will take approximately 10 hours, or overnight.
Infectious Disease

Viruses, bacteria, and fungi are all disease causing organisms that can be infectious. A response plan should have the goals of caring for the ill athlete, preventing the illness from becoming worse, and the prevention of the spread of the infection. Some of the common illnesses and some specific care options is as follows:

**Influenza (Flu)**
The flu is a contagious respiratory illness caused by the influenza viruses. It can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications. In most college athletes it causes very uncomfortable symptoms and loss of academic and athletic time. The flu usually starts suddenly and may include these symptoms:
- Fever or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults

**Rotavirus**
Sudden upset stomach with vomiting and diarrhea can be caused by the rotavirus. Rotavirus disease is most common in infants and young children, but adults and older children can also become infected. Symptoms include:
- Fever
- Vomiting
- Diarrhea
- Abdominal pain
Once a person has been exposed to rotavirus, it takes about 2 days for symptoms to appear. Vomiting and watery diarrhea may last from 3 to 8 days in an infected person. Additional symptoms include loss of appetite and dehydration.

**Athlete's Foot** (Tinea Pedis)
- Athlete's foot is the most common fungal infection. It is contagious and when left untreated, can hinder athletic performance.
To prevent it, athletes should wear sandals or flip-flops when walking in public places, such as locker rooms or public pools. Feet should be dried thoroughly after showering. Clean, absorbent socks and dry shoes should be worn at all times.

**JOCK ITCH** *(Tinea Cruris)*
- Jock itch is often transferred from a foot infection, or from contact with clothing, bedding or towels used by other infected individuals.
- To prevent jock itch, athletes should wear clean, breathable clothing that does not cling to the skin. Dry the groin area thoroughly after showering and do not share towels.
- If a jock itch infection is contracted, apply anti-fungal spray powder or cream daily for two weeks, even if symptoms disappear.

**RINGWORM** *(Tinea Corporis)*
- Is noted by elevated scaly patches configured in a circular pattern.
- To prevent ringworm, athletes should always shower after participating in athletic activity. Clothing and towels should not be shared in the locker room and all uniforms and practice gear should be washed daily with a disinfectant solution.
- To cure ringworm infections, athletes should use anti-fungal solution daily for four weeks, even if symptoms disappear.

**Impetigo**
- Bacterial Infection that occurs quite frequently in wrestlers and is characteristic of itchy sore lesions that vary from pea-size to rather large circular lesions with yellowish crustaceans on the skin. This infection is most common on the face around the mouth and nostrils.
- Prevention involves immediate bathing post-activity and the washing of all clothing between each practice as well early recognition and disqualification of infected athletes.
- To cure the athlete needs immediate referral to a physician for a treatment of topical and oral anti-biotics.

**MRSA**
- MRSA is Methicillin-resistant Staphylococcus Aureus which is a bacterial infection that has developed a resistance to normal treatment methods of oral antibiotics. This particular infection moves very quickly and is potentially life threatening.
- If you notice the following:
  - Boils: tender red lumps that swell and get pimple-like white heads.
  - Boils can form on oily or moist skin such as the neck, arm pits, groin, and buttocks.
  - Small red bumps that look like spider bites or ingrown hairs.
  - Pain out of proportion to skin conditions.
- Do:
  - Wash hands 3 times per day with an anti-microbial soap
  - Shower immediately after activity with hot water and an anti-microbial soap

*Knox College Athletics Emergency Action Plan pg. 42*
- Advise anyone you may come in contact with to wash with an anti-microbial cleanser
- Keep wounds and lesions covered with clean, dry bandages. Especially important when drainage is present.
- Disinfect all towels, sheets, and surfaces that come in contact with the wound with a solution of 1:100 of household bleach.
- Wash and dry all clothes and linens with hot water and detergent and high heat in the drier.
- Avoid participation in contact sports or other skin to skin contact until the infection has healed.
- Use a skin antiseptic as well as physician prescribed anti-biotics.

**Do Not:**
- Get into a whirlpool or common tub
- Share bars of soap, razors, towels, or athletic gear.
- Wait to see if it gets better on its own—Notify athletic training staff.
- Contact the infected with any surface that is shared by others.

Education is a key to the prevention of the spread of infection. Athletes will be educated yearly with the following basic information:

**Basic Rules to the prevention of skin disorders:**
1. Shower immediately following activity with a good universal soap with anti-viral/anti-fungal properties.
2. Treat symptoms immediately when they appear and limit contact with non-infected individuals. Make the athletic training staff immediately aware of any skin lesion.
3. Wash gear daily and try not to store soiled clothing in locker. Dark warm environments act as a breeding ground for these pathogens. Clean lockers periodically removing all infrequently used clothing and launder. Remove equipment and wipe out entire locker with broad spectrum cleaner that can be gotten in the ATR. Allow shoes and other equipment that you are unable to launder to air out nightly.
4. Do not walk bare foot in public places and limit contact with people and equipment that you fear may be infected. Wear sandels for showering.
5. Daily cleaning of all equipment including all workout clothes, sleeves and braces, football pants, wrestling head gear, and wrestling mats with an anti-viral/anti-fungal solution (Knox laundry service will clean gear appropriately). Wrestling mats should be moved periodically so the edges and underneath surfaces can be cleaned.
6. Cover your nose and mouth with a tissue when you cough or sneeze or cough/sneeze into the crease of your elbow. This will block the spread of droplets from your mouth or nose that could contain germs.
7. Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
8. Avoid touching your eyes, nose, and mouth. Germs spread this way.
9. Stay well hydrated and eat appropriately.
10. Be sure to get plenty of rest, at least 8 hours per night.
11. Try to avoid close contact with sick people.
12. If you get sick with a respiratory illness, like flu, limit contact with others as much as possible to help prevent spreading illness. Seek attention in the Athletic Training Room for appropriate care. Stay home for at least 24 hours and/or after fever is gone w/o the use of fever reducing medications except to seek medical care or for other necessities.
13. Ultimate prevention of influenza is receiving the flu vaccine.

General Illness Care:
- All cold and flu like symptoms should be reported to the Athletic Training Staff. Persistent symptoms greater than 48 hours and/or temperature above 100 degrees F. warrant referral to the Team Physician or Health Services on campus for further evaluation.
- All questionable skin irritations or rashes should be reported to the Athletic Training Staff for evaluation.
- Activity should not be allowed for any athlete with a temperature above 100 degrees F, body aches, and vomiting, and/or loose stools. Consideration to these athletes not being present during team meetings, practices, and travel.
- An athlete who becomes ill during a trip should be isolated in a way to prevent the spread of infection such as rooming alone, his or her own seat on a bus, etc.
- Proper documentation of the illness should be done on the Knox College Illness form, or the NCAA Skin Evaluation Form.
- An outbreak or cluster (more than normal number of infections in close proximity) needs to be reported to Knox College Health Services for others that may have been infected, Athletic Department Staff and the Custodial Staff for equipment and facility disinfecting, and to the MWC via the MWC Policy Regarding Disclosure of Infectious Diseases.

MWC Policy Regarding Disclosure of Infectious Diseases
MWC member schools shall be required to formally disclose to competing schools any outbreak or cluster of any infectious diseases or conditions that, in the member school’s discretion, pose a serious risk to the health or safety of students, student athletes and/or staff. These possible diseases include but are not limited to staphylococcal infections, Methicillin-resistant...
Staphylococcus Aureus (MRSA), herpes simplex, herpes zoster, impetigo, etc.

In accordance with the Center for Disease Control (CDC) guidelines, “A disease outbreak is a greater-than-expected number of cases that occurs in a group of people in a geographic area over a period of time”. If an outbreak or cluster occurs in which there are 3 or more diagnosed cases of one disease involving students, student-athletes and/or staff over a 14-day period, the involved school’s athletic director (or someone designated by the athletic director) shall notify in writing the MWC office. At the time of disclosure, the involved school shall also provide basic guidelines for the prevention of the involved disease that are being carried out for all students, student-athletes and staff involved.

The involved school’s Athletic Training and/or Medical Staff’s are encouraged to communicate with each other to share diagnostic, treatment, and education plans. Sharing of information such as the number of cases, the frequency at which those cases developed, and if new cases have occurred since the possible exposure may be helpful information in the treatment and prevention process.

Any schools disclosing the outbreak or cluster of the involved disease are not required to identify individual cases (i.e. names of the individuals involved) but must identify the involved disease, the involved sport or sports and the date(s) of the confirmed diagnosis.
Blood Borne Pathogens Exposure Control

The Acquired Immunodeficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Hepatitis B virus (HBV) is the virus that causes hepatitis B which effects the tissue of the kidneys. These viruses are transmitted through sexual contact, DIRECT CONTACT WITH infected blood or blood components (vomitus, cerebral spinal fluid, etc.) through exposure to mucous membranes, unprotected open wounds, or errant needle punctures that have been virus infected and prenatal from mother to neonate.

It is estimated that 1.0 million persons in the United States are infected with HIV and 3 to 4 x’s that are infected with HBV. Sixty to seventy percent of HIV-infected adults develop AIDS within eight to 12 years after their initial infection. Some experts believe virtually all infected persons eventually will develop AIDS.

HIV and HBV have been isolated from blood, semen, vaginal secretions, saliva, tears, breast milk, cerebrospinal fluid, amniotic fluid, and urine. Scientific evidence, however, has implicated blood as the major source of transmission of HIV/HBV.

There is no evidence to suggest that HIV can be transmitted through casual contact (such as in members of the same household), by aerosols, by mosquitoes or other insect vectors, or through the air. The precise risk of transmission during exposure of open wounds or mucous membranes to contaminated blood is not known, but evidence would suggest that it is possible. While the theoretical possibility of HIV/HBV transmission by blood from one student-athlete to the open wound or mucous membrane of another student-athlete exists, the probability of this occurring is extremely low.

*BECAUSE OF ITS CHEMICAL COMPOSITION, HIV IS READILY INACTIVATED BY MANY CHEMICAL AND PHYSICAL AGENTS, INCLUDING BLEACH, HOUSEHOLD DISINFECTANTS, ULTRAVIOLET LIGHT AND HEAT. HBV ON THE OTHER HAND IS MUCH MORE HARDY AND THUS MORE DIFFICULT TO NEUTRALIZE. IMMUNIZATION SHOULD BE CONSIDERED FOR THOSE DEALING WITH BLOOD ON A REGULAR BASIS TO PREVENT HBV INFECTION.

Individuals who care for student-athletes should employ the universal precautions recommended currently by Centers for Disease Control in the care of all athletes, since medical history and examination cannot reliably identify patients infected with HIV/HBV.

THE UNIVERSAL PRECAUTIONS INCLUDE:

1. Routine use of barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated. Gloves should be worn for touching blood, bloody fluids, mucous membranes or non intact skin (e.g., abrasions, dermatitis) of all athletes, for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each student-athlete. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of
blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

3. Surfaces contaminated with blood should be cleaned with the commercial cleaner found in the spill kits or in the athletic training room and used by the department custodial staff.

4. Precautions should be taken to prevent injuries caused by needles, scalpels and other sharp instruments or devices. To prevent needle-stick injuries, needles should not be recapped, purposely bent, or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. Contaminated items should be disposed of in a sharps container which can be found in the Athletic Training Room.

5. Although saliva has not been implicated in HIV/HBV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, CPR shields, bag valve mask resucitators, or other ventilation devices are available and should be used for rescue breathing.

6. Rescuers and first aiders who have exudative lesions or weeping dermatitis should refrain from all direct patient care until the condition resolves.

7. Soiled linen should be bagged, marked, and washed in hot water with detergent. Place in a plastic bag, mark as blood, and place on top of the laundry machines in the laundry room. They should be laundered as normal but separately. All other blood soaked items (bandages, disposable towels, etc.) should be placed in hazardous disposal in the Athletic Training Room.

8. In the athletics environment, universal guidelines should be considered in the immediate control of bleeding, and when handling bloody dressings, mouth guards and other articles containing body fluids.

9. After providing care or clean-up be sure to wash hands thoroughly with an anti-bacterial soap.

The number one rule to remember is to always protect yourself with a barrier between you and the bodily fluid, mainly rubber gloves. Rubber gloves should be worn whenever you dress an open wound, clean a bodily spill, or handle soiled clothing. In addition to this, all first aid/athletic training kits are provided with a CPR shield to prevent the transfer of bodily fluids during rescue breathing. Do not hesitate if the situation arises to utilize these safety apparatuses.

When bodily spills occur, rubber gloves should be donned, the area flood with germicide cleaning solution, and the spill absorbed with paper toweling. Next the area should be sprayed with germicide cleaning solution and the area should then be wiped cleaned, the soiled toweling and gloves placed in a plastic bag, and disposed of properly in the proper hazardous disposal container. The area if small enough can also be cleaned with the anti-viral towelets.
When an open wound occurs rubber gloves should also be donned and the area should receive pressure with sterile gauze pads. **After the wound is fully dressed and any spills are cleaned, all the soiled materials including the rubber gloves should be placed in a plastic bag and disposed of properly into a bio-hazardous container lined with a red bag indicating such to be disposed of as hazardous waste.**

As many of you know, the NCAA has implemented rules in nearly all NCAA sports for the removal of blood soaked clothing. **When this rule comes into play and a uniform becomes blood soaked it should be cleaned w/ germicide cleaning solution wearing gloves and using gauze or the anti-germicidal towelet or removal of the uniform and place into a plastic bag and sealed. The bag should then be marked as a blood soaked uniform and the laundry personnel informed.** The uniform should be laundered separately from the other laundry and should be handled with rubber gloves. Blood soaked towels should also be placed into a plastic bag, marked, and placed into the laundry room. When handling all dirty laundry, rubber gloves should be worn and washed immediately after their removal. The incidence is high for soiled laundry to be placed with the other laundry undetected.

**Blood Borne Pathogens Clean-up**

1. Put on protective equipment including gloves, gown, face and eye protection, and foot covers as deemed necessary by the situation and seriousness of the spill.
2. Begin by cleaning up the bulk of the spill w/ disposable toweling and powdered/granular absorbent as needed. For dried body fluid, saturate the area w/ HDQ and then follow clean-up procedures. Dispose of all remnants into a impermeable plastic bag.
3. Saturate the area w/ cleaner and let stand if possible for 10-15 minutes.
4. Clean the area up w/ disposable toweling and dispose in a impermeable plastic bag.
5. The final cleaning phase is performed by spraying the area w/ a phenol spray which is performed by saturating the area thoroughly and allowing to dry for 10-15 minutes as allowed.
6. All disposable soiled items should be placed into the biohazardous container in the training room. Any garment needed to be laundered should be placed into a plastic bag and placed in the laundry room for special laundry process.

After handling any of these situations always be certain to wash your hands thoroughly with warm water and soap. Many of these germs may be neutralized if attacked immediately in this manner. You should wash your hands thoroughly even after wearing rubber gloves.
Mental Health Plan

Introduction:
Approximately, one in five adults will experience mental illness in a year. This rate tends to be highest among young adults, many of whom are college students. Mental health is a crucial and often overlooked aspect of overall student-athlete health and functioning. Mental health is a vital component of student-athlete wellness. Along with additional resources provided on campus, the athletic department, and the athletic training staff 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.

Student-athlete mental well-being is best served through a collaborative efforts of campus and community resources. The purpose of this document is to inform the athletic staff (athletic trainers, coaches, and administrators) on how to quickly identify a student athlete in distress, recognize the resources that are available to student-athletes campus wide, and to establish a referral mechanism for appropriate care provided by a mental health care professional.

How Being Injured Affects Mental Health:
Injuries are an unavoidable part of athletic participation. While most injuries can be managed fairly easily, there are some that impose significant physical and mental burden. It is important for athletic trainers and team physicians, as well as student-athletes, coaches and administrators, to be aware of common signs and symptoms for various mental health issues and understand the resources available to treat them.

- Screen for underlying mental health issues, such as depression, anxiety, eating disorders, and substance use during the pre-participation physical as well as during the season.
- Provide an environment of listening and empathy for athletes that may be experiencing mental health issues and provide referrals in a supportive manner.
- Communicate with coaches regarding any problematic responses to injury that may occur and provide suggestions to keep injured athletes involved in team functions and practice/play activities.
- Refer to the Knox College’s Mental Health Emergency Action and Management Plan for proper referral to mental health providers for evaluation and management.
Knox College Counseling Services:
- Counselors are available to consult with faculty and staff regarding how to help students of concern.
- Counselors can be reached during business hours at 309-341-7492 or via email at counseling@knox.edu.
- Counseling Services is located in Furrow Hall (175 West Knox Street) and open Monday - Friday, 9:00AM - 4:30PM

How to Respond when a Student-Athlete Approaches You:
- Speak privately. Convey your interest and concern regarding the problem or behavior you have observed.
- Listen sensitively. Do not jump to conclusions or offer quick solutions. Instead, reflect back what the student is saying to show that you understand.
- Discuss options for “problem solving” instead of feeling responsible for “solving the problem.”
- Avoid judging, evaluating or criticizing. Distressed students can be quite sensitive.
- Know your personal limits and how to make a referral.
- Suggest that counseling may be helpful and inform them that on-campus counseling is free and confidential.
- Offer help in making an introduction or appointment.

Student-Athlete Reluctant to Seek Mental Health Care:
- Express confidence in the mental health profession.
- Clarify what counseling is and how it could help the student-athlete’s overall health.
- Offer to accompany the student-athlete to the appointment.
- Emphasize the confidentiality of mental health care and referral.
- Be persistent, but not pushy, in recommending mental health assistance.

Your Words Matter! End the Stigma
(Also see below for additional resources)

Knowing Your Limits:
Athletic administrators, coaches, and athletic trainers are in an excellent position to recognize behavioral and emotional changes in the student-athlete. Only credentialed, licensed mental health care professionals are to legally evaluate, diagnose, treat, and classify a student-athlete for a mental illness. Our role as athletic administrators, coaches, and athletic trainers is to recognize potential harmful situations a student-athlete can be in and make an appropriate
referral if needed. It is of the utmost importance to realize your limitations and scope of your role in providing assistance to student-athletes. Be aware of what is reasonable to expect from yourself and how to act. See something, say something!

**Confidentiality and Privacy Laws:**
Be aware of confidentiality laws with the management and treatment of student-athletes. Medical providers cannot disclose medical information without student-athlete consent. HIPPA, federal, and state laws must be followed.

The Family Educational Rights and Privacy Act (FERPA) permits communication about a student-athlete of concern under the following circumstances:

- In case of a health or safety emergency
- To other College personnel when there is a legitimate need to know
- When the communication is regarding observations of a student’s behavior.

Observations are not “educational records” and are therefore not FERPA protected

All information should be shared with appropriate consideration for student privacy

**Mood Disorders:**

**Suicidal Ideation and Attempt:**

*Suicidal Ideation (Suicidal Thoughts):* the act of thinking, considering, or planning suicide.

*Suicide Attempt:* A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

- **Signs and symptoms:** Sadness, feeling of hopelessness, unexpected changes in behavior or mood, reckless behavior, possible abuse of drugs or alcohol, absent from social support or other activities.

When dealing with a student-athlete who has expressed, indicated a plan, or attempted suicide, do not attempt to determine the seriousness of the thought or attempt. Do not assume the person is engaging in suicidal thoughts or actions merely for attention. Make an immediate and appropriate referral (Level 2 or Level 3 Concerns, see below). Have the names and phone numbers of referral sources available. **DO NOT** leave the suicidal student-athlete alone. The student-athlete should have someone with him or her until proper procedures are in place.

*Knox College Athletics Emergency Action Plan pg. 51*
Acute Psychosis, Acute Delirium, or Confused State of a Student-Athlete:

Acute Psychosis: characterized by an impaired relationship with reality.

Acute Delirium (Confused State): decline from a baseline level of mental function

- **Signs and symptoms**: Hallucinations, delusions, disorganized behavior, anxiety, suicidal thoughts or actions, depressed mood.

When dealing with a student-athlete who is in a confused state, remain calm. Reassure them that you are here to help. Make an immediate and appropriate referral (Level 2 or Level 3 Concerns, see below). Have the names and phone numbers of referral sources available. DO NOT leave the student-athlete alone. The student-athlete should have someone with him or her until proper procedures are in place.

Self-Harm:

Self-Harm (Self-Injury): the act of deliberate infliction of damage to one’s body and includes burning, cutting, and other forms of injury - can become highly addictive.

- **Signs and symptoms**: fresh cuts, burns, scars, keeping sharp objects on hand, behavioral and emotional instability, impulsivity, unpredictability.

It is important to take self-harm seriously. A student-athlete who self-harms will describe their behavior as a way of coping with overwhelming feelings associated with difficult or painful experiences. If comfortable ask about how the student-athlete is feeling, and try to explore what the issues might be, and make a prompt referral (Concern Level 2). If the student-athlete does not feel comfortable talking to you, try to make sure they know you are there to listen if they want to talk, and ensure they know of other resources available to them.

Depression:

A mood disorder that negatively affects how you feel, think, and act

- **Signs and symptoms**: Lack of interest and or pleasure in previously enjoyed activities, unexpected changes in weight or diet, disturbance with sleep, irritability, helplessness, etc.
Anxiety Disorders:

Anxiety:
An emotion represented by feelings of tension, troublesome thoughts, or physical changes.
- **Signs and symptoms:** Elevated heart rate and breathing, difficulty falling or remaining asleep, evasion of social situations, excessive feelings of apprehension.

Stress:
A state of bodily or mental tension resulting from demanding circumstances.
- **Signs and symptoms:** Changes in diet, sleep, or daily activities, difficulty concentrating, mood swings and feeling overwhelmed

Eating Disorders:
Abnormal or disturbed eating patterns
- **Signs and symptoms:** Significant or sudden changes in weight, obsessive thoughts and behaviors revolving around food, avoiding social gatherings with food, exaggeration of one’s body image.

Student-Athlete Under the Influence of Drugs and/or Alcohol:
Overindulgence or dependence on an addictive substance.
- **Signs and symptoms:** Engaging in addictive behavior more often or in larger amounts than expected, changes in behavior, spending less time with friends and family to accommodate one’s addiction, trouble balancing a work and social schedule, potential financial difficulty.

Approaching a student-athlete with a suspected substance-abuse problem is somewhat different from approaching a student-athlete regarding symptoms of depression or anxiety. Student-athletes with substance-related difficulties may be less receptive to assistance for the following reasons:
- They may be using the substance in order to not feel bad
- Dependence on their substance
- Denial about their problem
- Fear of legal repercussions
- They may fear stigma associated with admitting a substance-use problem
Given these issues, approaching a student-athlete with a substance-use problem can prove to be difficult. They may deny the problem and resist your efforts to assist them. It is probably best not to argue with them or try to convince them. Simply tell them that you are concerned, and that the only way to know for sure if there is a problem is for them to be evaluated by a professional with expertise in this area. Make the referral (Level 2 Concern) and follow up to make sure the referral was accepted and completed.

**Discrimination and Harassment**

Sexual assault, harassment, bullying and hazing – these serious interpersonal injuries to an individual’s sense of safety and well-being find their way into athletics departments from the culture at large, tainting the experience of student-athletes.

Consistent with Knox College’s historical commitment to inclusivity, the College today aims to create a campus that is welcoming for all students, staff, and faculty and a climate that is safe, respectful, and free from all forms of bias. Bias incidents, however, often fall beyond the scope and protection of existing discrimination laws and regulations. Therefore, it is imperative that we respond as a unified educational community to address such behavior while respecting the rights of all individuals to freedom of speech and expression. It is Knox College’s position that acts of bias require a response that asks all members of our community to uphold our shared values of goodwill and acceptance.

How to Report Discrimination, Harassment, and Bias Incidents:

[Reporting and Resolution Protocol for Discrimination, Harassment, and Bias](#)
Knox College’s Mental Health Emergency Action and Management Plan

SEE SOMETHING SAY SOMETHING

LEVEL 1 CONCERNS (Non-Emergency: A situation where a student-athlete is experiencing a mental health challenge such as):

- Unexcused or unexplained absences
- Failure to turn in assignments
- Unusual or marked change in behavior
- Anxiety or depression that interferes with class performance
- Grades that indicate potential course failure
- Repeated requests for special consideration (e.g., deadline extensions, etc.)
- Significant personal difficulties

Submit an early alert at www.knox.edu/earlyalert

AND

If you’re comfortable, speak with the student directly. (See tips)

LEVEL 2 CONCERNS (Emergency: A mental health emergency may be a life-threatening situation where the behavioral status of an individual is highly concerning):

- Expressing suicidal thoughts either directly or in written work
- Expressing the desire to harm someone else
- Self-harming behavior such as cutting
- Eating concerns
- Drug or alcohol abuse
- Behavior that interferes with class management (e.g., student exhibiting over emotional distress, initiating inappropriate conflict)

Contact one of the following people:

Do NOT rely on voicemail.

Be sure to speak with someone directly.

Deb Southern, Dean of Students
309-341-7225

Anne Ehrlich, Vice President for Student Development
309-341-7221
Eleanor Khan, Director of Campus Life  
309-341-7303  
Or call 309-341-7222 for the DSD main line.

AFTER HOURS
Call campus safety at 309-341-7979. They will contact one of the above people for you.

LEVEL 3 CONCERNS (Imminent Danger: A situation in which a clear danger to self and/or others is present):
- Expressing the immediate intent to commit suicide or homicide (e.g., has a weapon in his/her backpack)
- Violent or physically aggressive behavior
- Inability to communicate clearly (e.g., slurred speech, disjointed thoughts)
- Seeing or hearing things that are not there
- Beliefs or actions that are in conflict with reality

CALL 911
AND
Make sure someone keeps the student insight while you call for help
AND
Notify Campus Safety at 309-341-7979 (24/7)

IMPORTANT PHONE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-threatening Emergency</td>
<td>911</td>
</tr>
<tr>
<td>Campus Safety</td>
<td>309-341-7979</td>
</tr>
<tr>
<td>Counseling Services</td>
<td>309-341-7492</td>
</tr>
<tr>
<td>Health Services</td>
<td>309-341-7559</td>
</tr>
<tr>
<td>Deb Southern, Dean of Students</td>
<td>309-341-7225</td>
</tr>
<tr>
<td>Anne Ehrlich, Vice President for Student Development</td>
<td>309-341-7221</td>
</tr>
<tr>
<td>Division of Student Development</td>
<td>309-341-7222</td>
</tr>
<tr>
<td>Daniella Irle, Director of Athletics</td>
<td>309-341-7280</td>
</tr>
</tbody>
</table>

Knox College Athletics Emergency Action Plan pg. 56
Lexie Vernon, Senior Women Administrator 309-341-7552
Athletic Training Room 309-341-7317
Scott Sunderland, Head Athletic Trainer 309-335-4078
Shana Sewick, Associate Athletic Trainer 815-997-3826

Important Questions for Staff Members to Consider:
- Is it safe for the student-athlete to be here on campus?
- Is it safe for the student-athlete to be alone?
- Is it safe for the student-athlete to return to practice or competition?
- Is it safe for the student-athlete to travel with the team?
- Am I concerned the student-athlete may harm himself-herself? If so, how?
- Am I concerned the student-athlete may harm others? If so, how?
- What specific behavior has the student exhibited that is causing you to be concerned?
- Did the student-athlete make verbal or physical threats?
- Is the student-athlete exhibiting unusual behavior such as thought disturbance that may or may not be due to substance use?

Resources:

Knox College:
https://www.knox.edu/offices/health-and-counseling-services/counseling-services/student-resources
https://www.knox.edu/offices/health-and-counseling-services/counseling-services/faculty-and-staff-resources

NCAA Sports Science Institute
Inclement Weather and Lightning Plan

Inclement weather is always a distinct possibility when competing in outdoor activities. Knox College staff will utilize an online weather monitoring system, WeatherSentry Online®, to make decisions regarding safety of weather conditions in compliance with NCAA and MWC rules and guidelines.

Lightning will be of the greatest concern to the health and well-being of our student athletes, fans, and athletic venues but tornadoes as well as severe rain storms that can also produce similar situations should also be dealt with in the same manor with the exception that athletes and personnel should be moved to the interior portion of the basements of the facilities that they have been sent. It is the responsibility of the team head coach to insure the safety and well being of their respective teams and support staff. All questions, concerns, and decisions may be forwarded to the certified athletic trainer on staff.

*MWC Inclement Weather Procedures will be follow and adhered to the for all competitions in regards to lightning and temperature.*

Lightning/Stormy Weather Plan:
The following protocol will be followed for lightning detection for all athletic activities:

1. A lightning strike within the 30 mile radius of the designated campus will trigger a text or email message alert (Advisory) to the designated individual. This is to alert administrators, athletic trainers, and coaches that severe weather is moving into the area.

2. A lightning strike within the 8 mile radius will trigger an additional text or email message alert (Warning) to the designated individuals. Upon receiving this text or email all individuals will be removed from the field of play, and should be moved to a livable structure.
   
   ***A livable structure is defined as an indoor area that people normally frequent and that is supplied with plumbing and electricity that ground the building. This structure should be pre-arranged and be as close to the competition site as possible. An automobile or bus would be a satisfactory substitute.***

3. No event may resume or start until the **all clear** text or email message is received by the designated individuals. This text message indicates 30 minutes have passed since the last lightning strike within the warning areas (8 mile radius).

In the event that Weather Sentry® is not available, the flash-to-bang method will be used:

- **Clear the field when the flash to bang ratio is 30 or less**
  - Count the time from the flash of lightning to the bang of the thunder (5s = 1mi)
Fans will be encouraged to return to their vehicles or assemble in the lobby of Memorial Gym. An announcement will be made by the Public Address Announcer indicating a weather delay and the need to evacuate the playing venue as directed by the Sports Information Director or their designee. The SID or their designee has the responsibility to alert the spectators with the resumption of play.

The following spectator statement will be used when conditions are possible for threatening weather on a day of competition:

ATTENTION EVERYONE: PLEASE BE AWARE OF THE SURROUNDING WEATHER CONDITIONS. IF THE WEATHER BECOMES SUCH THAT IT IS NOT SAFE TO REMAIN AT THE FIELD, SPECTATORS SHOULD GO TO THE MEMORIAL GYMNASIUM FOYER OR THEIR VEHICLES, STUDENTS SHOULD RETURN TO THEIR LIVING AREAS, WHILE PLAYERS, COACHES, AND OFFICIALS ARE TO RETURN TO THEIR RESPECTIVE LOCKER ROOMS OR VEHICLES ONCE OFFICIALS DETERMINE IT IS UNSAFE TO BE OUTSIDE. AN ALL CLEAR WILL BE GIVEN WHEN IT IS SAFE TO RETURN TO THE FIELD. THANK YOU.

Other Safety Tips:
- Stay clear of all metal structures (i.e. fences, dugouts), tall structures, and water
- Try to remove all metal objects from your person.
- Do not return to the outdoors until the all clear has been received from the online weather monitoring system (or after 20 minutes clear of lightning and/or severe weather activity)
- EVERYONE is required to clear the field including visiting team, fans, officials, administrators, athletic trainers, students, and other staff.

Tornado Warnings
Inclement weather can be in the form of Tornadoes and straight-line winds. In the event that a tornado warning and/or straight-line wind warning occurs during indoor or outdoor activities, all athletes, personnel, and spectators should proceed to the basement of Memorial Gym. Best locations to shelter would be the showers in the locker room areas. The hallways could serve as wind tunnels in the event of a direct hit by a tornado. All individuals need to move from the hallways and into the locker rooms closing the doors behind.

Heat Protocol
Athletes must have adequate time to rehydrate and cool down in hot, humid weather. Heat related illness can be prevented with additional breaks during the competition. These guidelines are in accordance with the NCAA Sports Medicine Handbook (2c) and the National...
Athletic Trainers’ Association position statement on prevention of heat illness. The following guidelines will be followed in the event

<table>
<thead>
<tr>
<th>Feels Like Temperature (°F)</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;90 (“Caution”)</td>
<td>All competitions and regular practices with full practice gear can be conducted. Be cautious of those un-acclimatized to the conditions.</td>
</tr>
<tr>
<td>90-104 (“Extreme Caution”)</td>
<td>Additional water breaks should be given where athletes are given the opportunity to remove any protective equipment to allow the release of body heat. Practice plan should be modified according to the athlete’s level of acclimation. Reduced protective equipment may be considered.</td>
</tr>
<tr>
<td>105-119 (“Danger”)</td>
<td>Increase water breaks, reduced practice intensity, and reduced protective gear should be considered. Consider moving this practice to a more optimal time for temperature and humidity.</td>
</tr>
<tr>
<td>120 (“Extreme Danger”)</td>
<td>Under these conditions all practice and competitions should be suspended, moved to a time when conditions are safer.</td>
</tr>
</tbody>
</table>

*In addition, follow and adhere to the MWC Temperature Guidelines for all competitions.*

**NCAA Soccer Hydration Mandatory Breaks**
During Men’s and Women’s Soccer Matches if the Wet Bulb Globe Temperature (WBGT) raises to 86 degrees Fahrenheit or above, there will be a mandatory 2 min or greater water break at the 25-30 minute mark of the first half of the match and a mandatory 2 minute or greater water break at the 70-75 minute mark of the second half. Appropriate host personnel before the game and again throughout the game should take the WBGT measurements. The host personnel will instruct the officials if the threshold for mandatory hydration breaks has been met. The referee is responsible for informing the head coaches and implementing the hydration breaks. Additional hydration breaks are permissible at the discretion of the referee. The following procedure will be used:

1. The covering ATC for Knox will test the WBGT pre-game and discuss the conditions with the officials upon their arrival to the field. The covering ATC will ensure that the Coaching Staffs for both teams are communicated with about the needed precautions for the day and if water breaks have been mandated.

2. The covering ATC will continue to test WBGT throughout the contest and alert the officials of any changes.
It needs to be kept in mind that acclimatization is the key along with proper nutrition and fluid rehydration to the prevention of a heat related illness. Prevention is the best treatment for heat emergencies. Recognition is important in-order to begin treatment ASAP to prevent these illnesses from escalating into medical emergencies. The three types of heat related illnesses are heat cramps, heat exhaustion, and heat stroke. All are caused by the body becoming overheated, dehydrated, and depletion of the electrolyte levels to some degree. Heat cramps are the lowest in severity and are characterized by tonic contractures of the muscles, usually the calves, quads, or hams. Treatment consist of fluid replacement and stretching of the muscle group. Heat exhaustion is next on the scale and is characterized by profuse sweating, weakness, lethargy, headache, and possibly cold chills. Treatment is rehydration and cooling through moist towels and elimination of activity. Heat stroke is a medical emergency and is the body's cooling mechanism failing or shutting down. Heat stroke is characterized by the athlete red and burning up with the absence of sweating, lethargy to becoming unconscious, and usually difficulty breathing. Treatment for this involves quickly cooling through ice immersion and transportation to the hospital usually by ambulance. If any of these disorders are identified they should be referred immediately to the athletic training staff. Prevention and early identification remain our best defense against heat illness.

The Heat Index is the temperature the body feels when heat and humidity are combined; “feels like”. The chart below shows the Heat Index that corresponds to the actual air temperature and relative humidity. This chart is based upon shady, light wind conditions. Exposure to direct sunlight can increase the Heat Index by up to 15 degrees Fahrenheit.
Cold Weather
Hypothermia will be the concern with cold weather activities especially those that involve moisture. Precautions should be taken to prevent this by keeping the hands, feet, and head dry and covered to conserve the heat. Signs of hypothermia are loss of feeling to the extremities, lethargy, and a decrease of the core body temperature. Treatment is gradual warming of the body by changing wet clothing and replacing with warm layered clothing to trap air to act as a thermal barrier. The best treatment is prevention in being prepared for the elements by wearing proper clothing and cancelling outdoor activity when conditions dictate.

Knox College Athletics will follow the MWC Cold Weather Temperature Guidelines for all practice activities.

*In addition, follow and adhere to the MWC Temperature Guidelines for all competitions.*
Fire/Fire Alarms

In the event of a fire alarm in any building, personnel should be sure that all individuals vacate the building immediately. Locate the closest and safest egress looking for signs of fire such as heat, smoke, and flames. Do not open any interior doors that are warm to the touch. Be sure all doors close behind you once everyone has vacated. If smoke and heat are present stay as low as possible. Once out of the building, individuals should gather in one location and not allow anyone to leave until accounted for by college personnel. Be prepared to give any information to the Fire Department upon their arrival. Do not re-enter the building until cleared to do so by the Fire Department and/or Campus Safety. Follow all posted building evacuation routes and procedures.
Fan and Spectator Emergency Action Plan

1. Medical Emergency
   a. Contact EMS with specific location of facility as laid out in the Facility EAP’s.
   b. Contact Campus Safety 341-7979.
   c. Provide First Aid care as trained to do so.
   d. Assist EMS with accessing specific location of medical emergency.
   e. Assist with crowd control.
   f. Document incident with Director of Athletics.

2. Peaceful Non-obstructive Protest
   a. Implement Public Address script for non-obstructive protest—initiated by the Game Administrator.
   b. Call Campus Safety

3. Disruptive or Violent Protest
   a. Implement Public Address Script for disruptive or violent protest—initiated by the Game Administrator.
   b. Move teams and officials to their respective team areas and officials off the playing surface. Move teams to a safe location away from protest area if warranted (violent).
   c. Contact campus safety (309) 341-7979.
   d. Provide crowd control as needed.
   e. Do not provoke protesters.
   f. Athletics Administration interacts with Officials, Home and Away Teams, and continue PA Script for Protests.
   g. Campus Safety arrives, implements Knox College Emergency Operations Plan/Civil Disturbance or Demonstration (Dean of Students or designee).
   h. Athletic Administration including Sports Information Director will work with Knox College Communications for post-event communications or actions.

4. Criminal Activity
   a. Contact Campus Safety/911.
   b. Evacuate participants and spectators as appropriate.

5. Fight/Riot
   a. Contact Campus Safety/911.
   b. Evacuate participants and spectators as appropriate.

6. Fire/Explosion
a. Evacuate participants and spectators and activate the nearest fire alarm if applicable.
b. Do not fight the fire unless trained and able to with the appropriate fire extinguisher.
c. Contact Campus Safety/911.

7. Bomb Threat/Threat other
   a. Contact Campus Safety/911.
   b. Evacuate participants and spectators to a safer location.

8. Power Outage
   a. Evacuate participants and spectators as appropriate to a safer location.
   b. Contact Campus Safety.

PA Script for Protests at a Contest

If Protest is Peaceful, Non-obstructive
Today’s/tonight’s contest provided an opportunity for the Knox community--students, faculty, and staff--to share their concerns about social justice. Their actions underscore the importance of these issues on a college campus, and Knox respects the right of all students, faculty, and staff to express themselves.

If Protest is Disruptive
Today’s/tonight’s contest provided an opportunity for the Knox community--students, faculty, and staff--to share their concerns about social justice. The College respects the rights of all members of our community to express themselves, the rights of our student-athletes to participate in competitive play, and the autonomy of the game’s officials to make decisions. As an educational institution, we strive to learn from one another and to grow together as a community.

So that the contest between Knox and NAME can begin, we ask that the playing surface be cleared and invite the demonstration to move to the (INSERT SITE LOCATION) (lobby of Memorial Gym, Front of the Fieldhouse, Entrance to the Bowl, public sidewalk spaces).

First Penalty (official’s warning)
Due to a delay in the game, the officials have issued a warning to Knox College and asked that the court/field be cleared so that the game may begin. (Insert any relevant statement from the official.)

Knox College respects the right of all of its students, faculty, staff, and community members to express themselves and of its student-athletes to participate in competitive play. So that the
contest between Knox and NAME can begin, we ask that the playing surface be cleared and
invite the demonstration to move to the (INSERT SITE LOCATION) (lobby of Memorial Gym,
Front of the Fieldhouse, Entrance to the Bowl or public sidewalk spaces).

(If court is cleared, resume normal game activities/announcements.)

Second Penalty (officials penalty) - This can be moved to forfeiture.
The officials have assessed a penalty (INSERT FORM OF PENALTY) to Knox College for the
continued delay of the game. (Insert any relevant statement from the official.)

Knox College respects the right of all of its students, faculty, staff, and community members to
express themselves and of its student-athletes to participate in competitive play. So that the
contest between Knox and NAME can begin, we ask that the playing surface be cleared and
invite the demonstration to move to the (INSERT SITE LOCATION) (lobby of Memorial Gym,
Front of the Fieldhouse, Entrance to the Bowl or public sidewalk spaces).

(If court/field is cleared, resume normal game activities/announcements.)

Warning of Forfeiture (if the court/field is not cleared within time determined by the officials)
Warning: Knox College respects the right of all of its students, faculty, staff, and community
members to express themselves and of its student-athletes to participate in competitive play. So that the
contest between Knox and NAME can begin, we ask that the playing surface be cleared within (insert time length) or the contest will be forfeited.
We invite the demonstration to move to the (INSERT SITE LOCATION) (lobby of Memorial Gym,
Front of the Fieldhouse, and Entrance to the Bowl or public sidewalk spaces).

Forfeiture Declared by Officials
Due to a delay of game, today's/tonight's game officials have decided that the women /men’s
SPORT game between Knox College and (NAME) College has been forfeited.

If there is a game following...

The women /men’s SPORT game between Knox and NAME is scheduled to begin at TIME.

Knox College respects the right of all of its students, faculty, staff, and community members to
express themselves and of its student-athletes to participate in competitive play. So that the
next contest between Knox and NAME can begin, we ask that the playing surface be cleared and
invite the demonstration to move to the (INSERT SITE LOCATION) (lobby of Memorial Gym,
Front of the Fieldhouse, Entrance to the Bowl or other public spaces).
Fan and Spectator Inclement Weather/Lightening Plan

Inclement weather is always a distinct possibility when competing in outdoor activities. Knox College staff will utilize an online weather monitoring system, WeatherSentry Online®, to make decisions regarding safety of weather conditions in compliance with NCAA and MWC rules and guidelines.

Lightening will be of the greatest concern to the health and well-being of our student athletes, fans, and athletic venues but tornadoes as well as severe rain storms that can also produce similar situations should also be dealt with in the same manor w/ the exception that athletes and personnel should be moved to the interior portion of the basements of the facilities that they have been sent. It is the responsibility of the team head coach to insure the safety and well being of their respective teams and support staff. All questions, concerns, and decisions may be forwarded to the certified athletic trainer on staff.

*MWC Inclement Weather Procedures will be follow and adhered to the for all competitions in regards to lightening and temperature.*

**Lightening/Stormy Weather Plan:**
The following protocol will be followed for lightening detection for all athletic activities:
1. A lightning strike within the 30-mile radius of the designated campus will trigger a text or email message alert (*Advisory*) to the designated individual. This is to alert administrators, athletic trainers, and coaches that severe weather is moving into the area.
2. A lightning strike within the 8-mile radius will trigger an additional text or email message alert (*Warning*) to the designated individuals. Upon receiving this text or email, **all individuals will be removed from the field of play**, and should be moved to a livable structure.  
   ---A livable structure is defined as an indoor area that people normally frequent and that is supplied with plumbing and electricity that ground the building. This structure should be pre-arranged and be as close to the competition site as possible. An automobile or bus would be a satisfactory substitute.
3. No event may resume or start until the **all clear** text or email message is received by the designated individuals. This text message indicates 30 minutes have passed since the last lightning strike within the warning areas (8-mile radius).

In the event that Weather Sentry® is not available, the **flash-to-bang** method will be used:
- **Clear the field when the flash to bang ratio is 30 or less**
  - Count the time from the flash of lightening to the bang of the thunder (5s = 1mi)

**Fans will be encouraged to return to their vehicles or assemble in the lobby of Memorial Gym.** An announcement will be made by the Public Address Anouncer indicating a weather delay and the need to evacuate the playing venue as directed by the Sports
Information Director or their designee. The SID or their designee has the responsibility to alert the spectators with the resumption of play.

The following spectator statement will be used when conditions are possible for threatening weather on a day of competition:

ATTENTION EVERYONE: PLEASE BE AWARE OF THE SURROUNDING WEATHER CONDITIONS. IF THE WEATHER BECOMES SUCH THAT IT IS NOT SAFE TO REMAIN AT THE FIELD, SPECTATORS SHOULD GO TO THE MEMORIAL GYMNASIUM FOYER OR THEIR VEHICLES, STUDENTS SHOULD RETURN TO THEIR LIVING AREAS, WHILE PLAYERS, COACHES, AND OFFICIALS ARE TO RETURN TO THEIR RESPECTIVE LOCKER ROOMS OR VEHICLES ONCE OFFICIALS DETERMINE IT IS UNSAFE TO BE OUTSIDE. AN ALL CLEAR WILL BE GIVEN WHEN IT IS SAFE TO RETURN TO THE FIELD. THANK YOU.

In the event the contest has been delayed due to lighting the following statement will be read:

ATTENTION EVERYONE: PLEASE BE AWARE OF THE SURROUNDING WEATHER CONDITIONS. LIGHTNING HAS BEEN CITED IN THE IMMEDIATE AREA. IT IS NOT SAFE TO REMAIN AT THE FIELD, SPECTATORS SHOULD GO TO THE MEMORIAL GYMNASIUM FOYER OR THEIR VEHICLES, STUDENTS SHOULD RETURN TO THEIR LIVING AREAS, WHILE PLAYERS, COACHES, AND OFFICIALS ARE TO RETURN TO THEIR RESPECTIVE LOCKER ROOMS OR VEHICLES. AN ALL-CLEAR WILL BE GIVEN WHEN IT IS SAFE TO RETURN TO THE FIELD. THANK YOU.

Other Safety Tips:
- Stay clear of all metal structures (i.e. fences, dugouts), tall structures, and water
- Try to remove all metal objects from your person.
- Do not return to the outdoors until the all clear has been received from the online weather monitoring system (or after 20 minutes clear of lightning and/or severe weather activity)
- EVERYONE is required to clear the field including visiting team, fans, officials, administrators, athletic trainers, students, and other staff.

Tornado
Severe weather can spawn tornadic activity. Tornados can occur on sunny days as well. Being aware of the possibility of tornados in the midwest at anytime of the year is important.

National Weather Service Tornado Alerts:
- **Tornado Watch**—Means the conditions are favorable that a tornado can be produced. Everyone should be aware of the potential of a tornado occurring in the area where the tornado watch has been issued.
- **Tornado Warning**—Means a tornado has been spotted either by a trained weather spotter and/or by radar. Everyone should move to an area of shelter immediately.
Areas of shelter would be the lowest level of a building in a small room with no windows and minimal doors. The basement of Memorial Gym is the preferred location for all Knox Athletics facilities. The locker rooms and/or Athletic Training Room would be the preferred shelter locations.

The following statement will be read over the PA as directed by the Event Administrator:

ATTENTION EVERYONE: PLEASE BE AWARE OF THE SURROUNDING WEATHER CONDITIONS. A TORNADO WARNING HAS BEEN ISSUED FOR OUR AREA. IT IS NOT SAFE TO REMAIN IN THIS AREA, SPECTATORS, ATHLETES, COACHES, OFFICIALS, AND GAME OPERATIONS PERSONNEL SHOULD GO TO THE BASEMENT OF MEMORIAL GYMNASIUM LOCKER ROOMS. AN ALL CLEAR WILL BE GIVEN WHEN IT IS SAFE TO RETURN TO THE FACILITY. THANK YOU.

Please see the Knox College Athletics Emergency Action Plan for the full Inclement Weather Plan.
Knox College Department of Athletics

Critical Incident Plan and Emergency Notification Guidelines

Overview

The Knox College Department of Athletics follows the procedures set forth in its *Emergency Action Plan* and the Knox College *Guidelines for Campus Emergencies Manual* in responding to incidents that cause serious injury to one or more members of the Knox College Athletics community.

In the event of a serious incident, these guidelines serve to guide the actions of Knox College personnel. These guidelines will be enacted at the request of the Head Certified Athletic Trainer and/or Director of Athletics.

Examples of incidents requiring the *Serious Incident and Emergency Notification Guidelines* (Not a comprehensive list)
- Any ambulance transport
- Any atypical Emergency Room visit
- Vehicle accident with injuries
- Death to any member of the team, coach, or staff

Contact Chain

The Head Certified Athletic Trainer and Director of Athletics will decide whom to contact and when based on the nature of any given situation. They may individually or collectively decide whether to enact the *Serious Incident and Emergency Notification Guidelines*.

*Whenever the Serious Incident and Emergency Notification Guidelines are enacted, the following contact chain should be implemented to ensure all contacts have been made:*

Athletic Training/Sports Medicine Staff contacts:
- Head Certified Athletic Trainer, who contacts:
  - Director of Athletics, who may contact:
    - President
    - Dean of the College
    - Dean of Students/Associate Dean of Students
    - Director of Public Relations
    - SID
    - Legal Counsel
  - Athletic Training Staff
- Head Coach, who may contact:
  - Team Coaching Staff
  - Team Athletes
- Physician
- Parents/Family
Head Certified Athletic Trainer will keep the Director of Athletics, Head Coach, and Family updated regularly.

Director of Athletics will notify appropriate members of the Senior Staff and enact the Knox College Crisis Communication Plan.

Head Coach will communicate with the Team Athletes.

At no time should Knox College personnel provide medical advice or updates to families with the exception of the Head and/or Associate Certified Athletic Trainers whom will attempt to keep the parents notified and advised as needed.

Director of Athletics, Head Certified Athletic Trainer, and Head Coach will keep their listed contacts and other appropriate staff regularly informed throughout the situation.

Public Announcements

Every effort should be made to contact the victim’s family prior to any public statement.

The Director of Public Relations will work with Director of Athletics (consulting with others as necessary) to prepare an initial public statement on behalf of the College.

- The Knox Crisis Communication Team will designate the appropriate spokesperson.
- At no time is anyone other than the designated spokesperson authorized to speak in specifics to anyone concerning the injured and/or the emergency situation. (See attached sample script)
- All inquiries from the media should be forwarded to the Public Relations Office, which will track and monitor media inquiries.
- The Crisis Communication Team will determine other communications to campus or community necessary according to the Knox Crisis Communication Plan.

Follow-up

Following the incident, Knox College personnel involved in the incident and the crisis response will participate in a debriefing to review the plan’s effectiveness.

Sample Script for Responding to Inquiries

Do not confirm or deny any information. Simply refer all inquiries to the Public Relations Office.

- During regular hours: (309) 341-7337
- During off-hours & weekends: (309) 335-4063

“We are gathering more information and notifying those affected. The Public Relations Office will provide additional information as it becomes available.”
Various Situations

**Home Practice/Contest:** follow plan as outlined above. Director of Athletics and Head Certified Athletic Trainer will proceed directly to the medical facility. Arrangements may need to be made to assist in transporting and housing athlete’s parents (i.e. hotel reservation, transport form the airport, etc.). Please note, Knox College or the Knox College Athletics Department will not pay for housing and/or transportation for the student/athletes parents.

**Away Practice/ Contest with a Certified Athletic Trainer:** follow plan as outlined above. Team will proceed home with a member of the coaching staff. Head or Staff Certified Athletic trainer and possibly the Head Coach will remain. Head Certified Athletic Trainer may replace Staff Certified Athletic Trainer at some point if they are along on the trip with possibly the Director of Athletics. Need for rental of a vehicle, other transportation costs, hotel, and food may arise. Accommodations for parents may need to be arranged for as above.

**Away Contest/Practice without ATC:** Head coach must contact the Head Certified Athletic Trainer immediately. Plan will be enacted as above. Head Certified Athletic Trainer and possibly the Director of Athletics will proceed to the medical facility. Head Coach will remain with the athlete. Assistant Coach (if applicable) will proceed back to campus with the team. Regular updates to the team will be given through the assistant coach and possibly a member of the Office of Student Development.

**Visiting Team:** Any assistance needed will be given by the Head Certified Athletic Trainer to the visiting Certified Athletic Trainer and/or coaching staff. Director of Athletics will coordinate with and assist the Visiting Team’s Director of Athletics with their Serious Incident Guidelines.

**Documentation:** Certified Athletic Training Staff and Head Certified Athletic Trainer will document all actions, procedures, diagnosis, follow-up, and outcomes. Protective equipment will be gathered and stored for 7 years (if warranted).

**Approvals:**

Dr. Bob Ayers  
Team Physician

Daniella Irle  
Director of Athletic

Scott Sunderland MS, ATC  
Associate Director of Athletics/Head Athletic Trainer/Athletic Health Care Administrator

Reviewed and Revised 3/2020

Knox College Athletics Emergency Action Plan pg. 73