

Murray State University

Athletic Training Student Handbook

Athletic Training Education Program



INTRODUCTION

This Athletic Training Student Policies and Procedure Manual is a guide for the operation of the Athletic Training – Sports Medicine Department and the Athletic Training Education Program at Murray State University. The Athletic Training Room is a place where the student-athlete can get medical advice on specific conditions by a Certified Athletic Trainer or Team Physician. Additionally, the athletic training room is utilized as a clinical education site for students admitted into the Athletic Training Education program.

Your college and experience at Murray State University, both in the classroom and in the clinical setting should be exciting and rewarding. The classroom portion of your education is important as it will provide the didactic background for your experiences at the clinical sites. The development of good work habits, team work, and pride in both academic and clinical achievements is important to the program.

This manual has been established to serve as a guide and a reference for the athletic training student. It contains information pertinent to your role in the Athletic Training Education Program.

The overall effectiveness of the Athletic Training – Sports Medicine program is dependent on all of us working together as a team. The Athletic Training Student is a critical member of that team.

It is exciting to have you as part of the Athletic Training Education Program and we look forward to helping you meet your academic and athletic training goals

MISSION STATEMENTS

Department of Athletic Training – Sports Medicine Mission Statement

The objectives for the Athletic Training Room are to provide the highest level of athletic and sports medicine care to the intercollegiate student-athletes and student health referrals of Murray State University. This includes the prevention, care, and rehabilitation of athletic injuries as well as helping to direct the nutritional, physiological, and psychological needs of the student-athlete.

The objectives of the Athletic Training Education Program are to educate students in the field of Athletic Training to serve the scholastic, intercollegiate, professional, and recreational athletes that are participating in sport whether this sport is organized formally or informally. Education in the areas of work enhancement, accident prevention, and industrial "athlete" settings is also provided for a student to pursue a career in the clinical or industrial athletic training. These objectives are aimed at assisting the development and advancement of the students toward their life goals while also attempting to develop and/or maintain the positive role model atmosphere. Athletic training students learn and encompass competencies in twelve content areas:

Risk Management and Injury Prevention
Pathology of Injuries and Illnesses
Assessment and Evaluation
Acute Care of Injury and Illness
Pharmacology
Health Care Administration

Therapeutic Modalities
Therapeutic Exercise
General Medical Conditions and Disabilities
Nutritional Aspects of Injury and Illness
Psychosocial Intervention and Referral
Professional Development and Responsibilities

Department of Wellness and Therapeutic Sciences Mission Statement

The Department of Wellness and Therapeutic Sciences' primary mission is to provide the best educational experience that is responsive to the needs of a diverse society as well as the health care community. The different divisions that make-up the Department are challenged, in particular, to develop individuals who have great interpersonal skills, flexibility of perception, and the ability to tackle difficult problems creatively.

To achieve the mission, the Department in general strives to:

- A. Provide a curriculum structure that includes courses that focus upon spoken, written, and technological communication;
- B. Provide a curriculum structure that provides students with a sense of identity, purpose, and responsibility;
- C. Provide a curriculum structure that fosters a continuing eagerness for knowledge and critical thinking skills necessary to **manage the rapid change of culture**;
- D. Provide access and to facilitate student needs for practicum experiences through cooperative educational activities in internal and external settings; and
- E. Provide the continuous assessment of student needs, utilizing the data for planning, implementing and evaluating programs.

Each division of the Department strives to achieve the mission by:

The Division of Exercise Science and Athletic Training

- a. To prepare students for careers in health-related professions including but not limited to: sports medicine, athletic training, rehabilitation, corporate fitness, hospital wellness programs and private fitness facilities;
- b. To assist students in preparation for national certification in discipline specific exams;
- c. To provide opportunities for knowledge based and practical "hands-on" experience prior to graduation; and
- d. To provide a solid undergraduate foundation for students who wish to pursue graduate studies in related disciplines.
- e. Students will have a comprehensive knowledge base in athletic training as described by the National Athletic Trainers' Association, CAATE and the Board of Certification.
- f. Students will demonstrate competency in fitness assessments.
- g. Students will demonstrate competency under the most current and in-effect Athletic Training Educational Competencies at this time they are enrolled in the program.

TEAM PHYSICIANS

Richard Blalock, MD

An alumnus of Murray State University, Dr. Blalock credits former team physician and medical director, Dr. Houston for his interest in sports medicine. While in medical school at the University of Louisville and as a resident in Memphis, Dr. Blalock put miles on his vehicle every weekend to follow the Racers. Specializing in internal medicine, Dr. Blalock practices in Murray at Primary Care Medical Center. Dr. Blalock has also received the Golden Horseshoe Award at Murray State University. Dr. Blalock love for athletics is a benefit to the student-athletes at Murray State as well as the student-athletes at Murray High School.

Hal E. Houston, MD, FACS, Team Physician Emeritus

Dr. Hal, as he is known to the student-athletes, has served Murray State athletics for over 25 years. He has given his time unselfishly to the well-being of all student-athletes. A graduate of Murray State University himself, Dr. Houston attended the University of Louisville Medical School and had extensive training at the Mayo Clinic in Rochester, Minnesota. Dr. Houston is an inducted member into the Murray State University Athletic Hall of Fame and has received the prestigious Golden Horseshoe Award for service and commitment to the university. Dr. Houston specializes in general surgery and emergency medicine. He spends time at Vanderbilt Medical Center teaching Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS). Dr. Houston is also a Colonel in the Tennessee National Guard.

Team Physician Policies

Dr. Blalock is the team physicians for the Murray State University Department of Athletics. Dr. Blalock is the coordinator for all sports medicine care for the student-athletes at Murray State University. Although, Dr. Blalock is supported by the full-time athletic trainer staff, they makes all decisions regarding the primary care of the student-athlete including, but not limited to, ordering diagnostic testing and referring to specialists. Dr. Blalock will make all decisions in regards to prescribing medications and prescribing courses of treatment for injuries sustained by Murray State University student-athletes.

Dr. Blalock plays a role in athletic training education as well. Often, the team physician is willing to allow students to watch their evaluations and interactions with the student-athlete's consent. When observing with the team physician, be courteous, quiet and respectful. Do not react to situations that may arise in the examination room. If the physician requests your assistance, do whatever you can to help him. If you do not understand something, ask. We would rather it be right, than to have to fix something later.

The team physician is always willing to help you with your minor medical problems as well. This privilege should be kept to a minimum and must wait until the physician has seen all of the student-athletes that need to be seen. Time permitting; we will try to arrange for you to ask about your situation. Attempts should be made to first utilize the services at Student Health Services, as these services are free to students.

Murray State University Referring Physicians

Orthopedics	John A. Yezerksi, MD Derek Morgan, MD
Neurology	Christopher King, MD
Neurosurgery	Alan Sills, MD
Urology	Steve Trevathan, MD H.S. Jackson, MD
Cardiology	Cathryn Christopher, MD Bill Holman, MD
ENT	Shaun Jones, MD David Kest, MD
Maxiofacial	Michael Bobo, DDS, MD
Ophthalmology	David Bryson, MD
Optometry	Reed Jarvis, OD
Dentistry	Randy Taylor, DMD Richard Vonahmee, DMD

CERTIFIED ATHLETIC TRAINERS

Alan Lollar, MA, ATC, Head Athletic Trainer

Alan Lollar has been head athletic trainer since 1993. Lollar is a native of Vernon, Alabama. A 1981 graduate of Mississippi State University, Lollar received his master's degree from Murray State in 1984. He also did postgraduate work at Western Carolina. Lollar returned to Murray State in 1992 as assistant athletic trainer after serving six years as assistant trainer at the University of Mississippi. He previously served as assistant director of sports medicine at the University of Richmond from 1984-87. Lollar has had experience with the Bakersfield Mariners, a Class A minor league team of the Seattle Mariners. He also has worked numerous summer basketball camps, including the B/C All-Stars. Lollar is certified by the National Athletic Trainers' Association Board of Certification. He is a member of the Kentucky Athletic Trainers' Society and the Southeast Athletic Trainers' Association. Lollar also serves Murray State as the Head Coach for the Rifle team.

Eric Frederick, MS, ATC, Assistant Athletic Trainer

Eric Frederick began as assistant athletic trainer in 1993. A native of Cleveland, Ohio, Frederick's primary duties include the day-to-day handling of the MSU men's basketball team's training needs. Frederick also assists with MSU football training needs in addition to supervising the coverage of Murray State's spring sports and student trainer staff. Frederick came to Murray State from Texas Christian University, where he served as a student and graduate assistant trainer. A 1992 graduate of TCU with a bachelor's degree in physical education, Frederick also earned his master's degree from TCU in May of 1995. Frederick is certified by the Board of Certification. He is also a member of the Kentucky Athletic Trainers' Society and the Southeast Athletic Trainers' Association. Frederick is also licensed by the Texas State Department of Health. Frederick is currently pursuing his PhD in Rehabilitation Sciences at the University of Kentucky with an expected completion date of May 2012.

Cate Ellis, MA, ATC, Assistant Athletic Trainer

Cate Ellis began at Murray State in 2005. She handles the athletic training duties for women's basketball, men's and women's tennis and oversees women's soccer, as well as several other non-revenue sports. An assistant trainer at Murray State, Ellis is a member of the National Athletic Trainers' Association. She earned her bachelor's degree in athletic training in 2003, graduating cum laude from New Hampshire, and earned her master's degree in exercise science in 2005 from Central Michigan. At New Hampshire, Ellis had the athletic training duties for football, women's basketball, volleyball and field hockey. At Central Michigan, she handled the duties for softball, field hockey, track and field and the nationally-ranked cross country team. Ellis grew up in Saudi Arabia, as her father was an oceanographer for an oil company there, and has played sports all her life. She enjoys hiking, running, biking and swimming. She has two brothers: Seth, who played soccer at Springfield (Mass.) College, and Ian, who is a professional beach lifeguard in San Diego, CA.

Fulton Hart, MA, ATC, Assistant Athletic Trainer

Fulton Hart returned to his alma mater in 2007 to serve Murray State as the athletic trainer for the football program. Hart also oversees graduate assistants and the women's track and field student-athletes. Hart earned his bachelor of science degree in exercise science with an emphasis in athletic training from MSU in August of 2005. Hart served Southeastern Louisiana University in Hammond, LA as a graduate assistant athletic trainer while pursuing his master's degree and coordinating coverage for the men's and women's track and tennis teams at SELU. Hart has served SELU and Murray State as a clinical instructor. In the spring of 2006 Hart joined the NFL's New Orleans Saints as an athletic trainer intern.

Jeremy Erdmann, MA, ATC, Director, Athletic Training Education Program

Jeremy Erdmann is the Athletic Training Education Program Director and has held that position since 2001. Jeremy served as a Graduate Assistant at Murray State University from 1997-1999 and returns to Murray State to assist in the development of the Athletic Training Education Program. Jeremy graduated in 1996 from the University of Iowa where he earned a bachelor of science degree in Athletic Training from a CAAHEP approved athletic training education program. Jeremy does not carry any athletic responsibilities, however, can be found in the athletic training rooms supervising and educating athletic training students during their clinical experiences.

Graduate Assistant Athletic Trainers

The Department of Athletic Training – Sports Medicine hires four graduate assistant athletic trainers to assist in the coverage of the 17 intercollegiate athletic programs at Murray State University. These individuals are hired for a term of two years. Therefore, the graduate assistant athletic trainers change frequently. Graduate assistants have earned their bachelor degrees in athletic training or a related field and are pursuing a Master's degree at Murray State University. Although, BOC Certification is not required for initial employment, graduate assistants must gain BOC certification while serving at Murray State University.

Certified Athletic Trainer Policies

The coordinator of the Athletic Training – Sports Medicine department in the Department of Athletics is the Head Athletic Trainer. This person is assisted by three full-time assistant athletic trainers, the graduate assistant athletic trainers, and the athletic training students. All student-athletes must see one of the staff athletic trainers prior to seeing the team physicians. Many problems can be taken care of by the athletic trainers by following Standard Operating Procedures and Standards of Care that have been developed along with the Team Physicians. It is important that all injuries and illnesses are reported to the athletic trainers. All reported injuries and illnesses will be evaluated to determine playing status or the need to be referred to the team physicians. It is the responsibility of the athletic training staff, in consultation with the student-athlete to determine if the extent of an injury warrants notifying the parents or guardians. Directions for medical care by the athletic trainers will be implemented without alteration by the coaching staffs.

ATHLETIC TRAINING STUDENT POLICIES

Chain of Command

There are three different chains of command that dictate the athletic training education program. An academic chain, which deals with the didactic portion of the program, the clinical chain, which contains details about the clinical education of athletic training students and the athletic chain of command that dictates the appropriate health care of the student-athlete.

Academic Personnel

**Randy Dunn, Ed.D.
Institution CEO**

**Bonnie Higginson, Ph.D.
Provost**

**James “Corky” Broughton, Ph.D.
Dean, College of Health Sciences and Human Services**

**Pearl Payne, Ph.D.
Chair, Department of Wellness and Therapeutic Sciences**

**Jeremy Erdmann, MA, ATC
Athletic Training Education Program Director**

**Alan Lollar, MA, ATC
Cate Ellis, MA, ATC**

**Eric Frederick, MS, ATC
Fulton Hart, MA, ATC**

Athletic Training Students

Clinical Personnel

Jeremy Erdmann
Athletic Training Education Program Director / CIE

Alan Lollar, MA, ATC
Cate Ellis, MA, ATC

Eric Frederick, MS, ATC
Fulton Hart, MA, ATC

Graduate Assistant Certified Athletic Trainers

Athletic Training Students

Athletic Training – Sports Medicine Personnel

Dr. Richard Blalock, MD
Team Physician

Alan Lollar, MA, ATC
Eric Frederick, MS, ATC
Cate Ellis, MA, ATC
Fulton Hart, MA, ATC
Staff Certified Athletic Trainers

Graduate Assistant Certified Athletic Trainers

Graduate Assistant Non-Certified Athletic Trainers

Coaches

Athletic Training Students

Athletic Training Student Travel Policies

Staff athletic trainers will make decision regarding athletic training students traveling to away contests with Department of Athletic Intercollegiate teams. Athletic training students traveling with a Certified Athletic Trainer will be allowed to utilize this time as clinical education and experience. Students may perform basic first aid skills in this setting, but may not perform athletic training skills without the direct supervision of a certified athletic trainer. Athletic training students that travel with intercollegiate teams must follow team travel regulations:

Vehicles

- You must be recommended by a coach to use MSU vehicles. A student driver authorization form from the motor pool must be filled out and approved by the assistant director for transportation.
- Authorization for student use of vehicles must be renewed annually.
- Any passenger car may be assigned to a student.
- To drive outside of Calloway County, students must be at least 21 years of age or must be accompanied by a faculty or staff member who is a passenger in the same vehicle.
- A coach must be a passenger in a vehicle (van or car) being driven by a student-athlete (or athletic training students) and/or must be the lead vehicle of a caravan.

Dress

- On Racer Athletics sponsored trips you should dress appropriately and in good taste.
- You may be asked to go home and change.
- An infraction of this rule results in a reprimand from the athletic training staff.
- If further action is necessary, due to repeated violation, it is suggested that you will no longer be allowed to travel.

Smoking

- No smoking is permitted in a University vehicle (car, van, or bus) while on a Racer athletic sponsored trip.
- No smoking is permitted on the athletics fields or playing court.
- There shall be no smoking while at a restaurant or other eating place while on a Racer Athletic sponsored trip.
- Smoking in the hotel/motel room is discouraged but is permissible IF agreeable with ALL of the other students or staff sharing the room.
- An infraction of this rule results in a reprimand from the athletic training staff.
- If further action is necessary, due to a repeated violation, it is suggested that you will no longer be allowed to travel.

Drinking

- No alcoholic beverages are to be consumed at ANY time while on a Racer Athletic sponsored trip. This includes time spent in the hotel/motel.
- Drinking prior to a University trip is not subject to penalty unless it results in offensive behavior on the trip.
- An infraction of this rule could result in immediate dismissal from the Athletic Training Education Program.

Drugs

- No drugs other than those prescribed for medical purposes shall be taken at any time with on Racer Athletic sponsored trips.
- An infraction of this rule could result in immediate dismissal from the Athletic Training Education Program.

ALL OF THE ABOVE POLICIES ARE ALSO APPLICABLE TO EVENTS HOSTED ON THE MURRAY STATE UNIVERSITY CAMPUS.

Leaving the Group

- Permission to go out after arriving at a given destination may be granted by the coach.
- The coach should be informed at all times where an athletic training student may be found.
- The coach is legally responsible for everyone on the trip.
- Everyone should be in their room and quiet at a reasonable hour. The coach will set the curfew. Athletic training students are required to abide by the curfew set by the coach.
- An infraction of this rule will result in probation or immediate dismissal dependent upon the severity of the offense.
- **In order for an athletic training student to have permission to travel to or from an event by means other than team transportation, written permission by the student's parent(s) or guardian(s) is necessary. A fax is acceptable. THE COACH MUST RECEIVE THE PERMISSION BEFORE TRAVEL OCCURS.**

Athletic Training Room/University Keys

Athletic training students that are issued University keys to the athletic training rooms on campus are responsible for keeping up with the keys. The keys will be signed in and out each academic year. Athletic training students are not to loan keys issued to them for any reason. If athletic training room keys are on the same ring as your personal keys, remove them before loaning your personal keys. Students will be charged \$75.00 per key that is lost or stolen.

Dress Code/Jewelry and Body Art Policy/Grooming Policy

Shoes and socks will be worn at all times when you are in public. No flip flops, sandals or such style of shoe will be worn on the field or court. Shirts will be worn and tucked in at all times when in the athletic training room or on the practice fields. Athletic training students will be issued MSU Athletic Training – Sports Medicine attire to wear while working in the athletic training rooms on campus.

Name Tags

Students will be required to wear their name tag (university ID) that is issued to them by the university. Badge holders may be purchased at the university store. **THIS IS MANDATORY.** Athletic training students must keep up with the name tag for the duration of the program.

Clinical Assignment Dress Code

Dress for clinical assignments away from campus will be professional dress. Khaki pants or shorts and a collared shirt (such as game-day shirt) shall be worn with the name tag. Individual clinical sites may also have additional requirements.

Jewelry/Body Art

Jewelry should be kept at a minimum while working in the athletic training room and at clinical sites. Piercings other than ear piercing are not permitted. Women are limited to two piercings per ear. Men are not allowed to wear earrings in the athletic training room or at clinical sites. If an athletic training student has these piercings, the jewelry must be removed when working in the athletic training room or attending a clinical site. Necklaces are permitted, but should not be long enough to be grabbed or get in the way. Tattoos, although permanent in most instances, must be covered by clothing while working in the athletic training room or at clinical sites.

Grooming Policy

Athletic training students are part of the medical profession. You work for the University and the athletic department, thus your looks reflect upon the total program. The following grooming rules are in effect during the months you are enrolled at the University: Facial hair, if any, must meet the approval of the staff athletic trainers. Sideburns are not to go below the ear. Your haircut is to be neat, not excessively long, and it is to be clean. These rules, plus any rules the student-athletes have regarding haircuts and grooming will be followed by athletic training students while working in the athletic training room or clinical sites.

Tobacco, Alcohol, Drugs, Gambling, and Promiscuity Policy

Tobacco

The use of tobacco products is not permitted in the athletic training room or in any of the clinical sites. This includes smokeless tobacco products. It is a violation of NCAA rules to have tobacco products in an athletic facility and around athletic practices and competitions. Although it is discouraged, the use of tobacco products is permitted when the athletic training student is not participating in program activities.

Alcohol

Athletic training students are not permitted to drink alcohol while participating in athletic training program events or Racer athletic events. The use of alcohol by students is limited to the laws of the Commonwealth of Kentucky governing alcohol. Athletic training students convicted of alcohol violations (ie. DUI, DWI, PI, Possession by a minor, etc.) will be suspended from the program until a hearing is held by the Head Athletic Trainer, Athletic Training Program Director, and the Chair of the Department of Wellness and Therapeutic Sciences.

Drugs

No drugs of any kind, other than medications prescribed by a physician for a specific condition, may be used by Athletic Training Students. Athletic training students are subject to drug testing at the discretion of the Athletic Training Education Program Director. Drug convictions will result in dismissal from the program.

Gambling

Athletic training students shall not knowingly:

- Provide information to individuals involved in organized gambling activities concerning intercollegiate athletics competition;
- Solicit or accept a bet on ANY intercollegiate competition for any item (e.g., cash, shirt, dinner) that has tangible value; or
- Participate in ANY gambling activity that involves intercollegiate athletics or professional athletics, through a bookmaker (bookie), a parley card or any other method employed by organized gambling, including the Internet. (Bylaw 10.3, NCAA Division I Manual)

It is also against NCAA regulations to place a wager on any sporting event sponsored by the institution you are attending. For example, you may not wager on the following sports at any level (collegiate or professional): Baseball, Basketball, Football, Golf, Rifle, Soccer, Tennis, Track, Volleyball and Softball because MSU sponsors these sports. Violation of this policy could lead to dismissal from the Athletic Training Education Program.

Promiscuity

Relationships with student-athletes you are providing health care for is not professional and is discouraged. If there is suspicion of an inappropriate relationship between an athletic training student and a student-athlete, it will be investigated. Disciplinary action will be at the discretion of the Athletic Training Education Program director.

Attendance Policy

Every attempt will be made to schedule classes so the athletic training student can be in the athletic training room no later than 1:00 pm. By arranging schedules to end before 1:00 pm, the athletic training students will be able to participate in pre-practice activities. Some sports have later practice times, so check with the staff athletic trainer concerning practice schedules after receiving your clinical assignment. We understand that certain courses will create conflicts with some practice times, however, scheduling an elective course during practice and/or game times is inappropriate. Athletic training students are expected to be on time and in uniform when reporting to the clinical sites. Athletic training students will be given their clinical rotation schedule at the beginning of each semester. Student schedules will be coordinated with the supervising athletic trainer at that site. Attendance is required at all practices and times required by the clinical instructor. If an athletic training student is going to be absent for any reason other than *acute* illness, one week notice is required in writing to the clinical instructor at that site. Excessive unexcused absences and tardiness could result in dismissal from the program.

Confidentiality Policy

General Public/Media

On occasion you will be confronted with questions as to the health of a student-athlete. This information is confidential, protected by federal law (HIPAA) and is not to be discussed outside of the athletic training room. All questions pertaining to student-athletes should be referred to a staff certified athletic trainer. Do not discuss a student-athlete's injury with anyone who is not a member of the athletic training or coaching staff. This pertains especially to other student-athletes.

Confidentiality Statement

Athletic training students will be required to read and sign a confidentiality statement each semester. Specific clinical sites may also require a signed statement from the student prior to the beginning of the clinical rotation. **Any student in who breaches the confidentiality of a student-athlete or patient at a clinical site may be dismissed from the program.**

Hepatitis B Vaccination Policy

All athletic training students who have been identified to have exposure to blood or other potentially infectious material must have Hepatitis B vaccinations or a signed declination form on file. All athletic training students must show proof of Hepatitis B vaccination prior to beginning clinical rotations. These vaccinations can be obtained through the Calloway County Health Department. Students may wish to get the vaccinations from their home physician's office. Please provide the clinical education coordinator these records prior to beginning clinical experiences. Athletic training students who decline the Hepatitis B vaccination must sign the waiver.

Active Communicable Disease Policy

Athletic training students who report to clinical sites with active communicable disease or illness are immediately referred for evaluation by Student Health Services on campus. Employees of the student health service will make referral recommendations for the student based on the level and nature of the illness. Athletic training students must have signed documentation from a physician or nurse practitioner indicating that the student is no longer in a contagious state prior to returning to clinical rotations and field experiences.

MSU Regulations in Accordance with OSHA Standards for Bloodborne Pathogens

It is anticipated that athletic training students associated with MSU Athletic Training – Sports Medicine will come in contact with blood or other infectious materials while performing their duties. The potential of exposure not only exists in the athletic training rooms and clinical sites, but also on the practice and competition fields.

It is the policy of Murray State University, in conjunction with the Office of Environmental Safety and Health, to conduct annual, effective training designed to equip all at risk employees with methods to protect themselves from occupational exposure to blood or other potentially infectious materials. In accordance with OSHA regulations, individuals designated to perform first aid, such as athletic trainers, health clinic nurses, and campus patrol officers, shall receive the Hepatitis B vaccination series, prior to bloodborne pathogen exposure. Murray State University shall provide the Hepatitis B vaccination series to any employee having a known exposure to a bloodborne pathogen, after the exposure has occurred, in accordance with OSHA regulations. Athletic training students will be responsible for the cost of Hepatitis B vaccinations prior to beginning clinical experiences in the Athletic Training Education Program.

Handling Bloodborne Pathogens

OBJECTIVE

The following procedure is to ensure the safe handling of body fluids, which may be encountered by the personnel staff on the campus of Murray State University. Employees who have the potential to come in contact with body fluids in the course of the performance of their jobs should be familiar with and follow this outline as standard operating procedure.

1.0 DEFINITIONS FOR THE PURPOSE OF THIS RULE.

1.1 Body fluids include blood, vomit, feces, urine, sweat, nasal secretions, vaginal blood and secretions, etc.

1.2 Disinfectant solution - twelve (12) ounces of liquid bleach per one gallon of water.

2.0 ROUTINE HANDLING PROCEDURES

2.1 Disposable gloves (chemical resistant) shall be worn prior to handling any body fluids or anything which is or suspected of being contaminated with body fluids.

2.2 In places where body fluids are commonly found, such as bathrooms or clinics, gloves shall be worn.

2.3 Containers which commonly contain trash with body fluids, such as restroom trash cans, shall have plastic liners. The liner will be changed each time the container is emptied. Care should be taken to contact only the outside of the plastic bag. If the bag is torn, rubber gloves shall be worn during the bag replacement.

2.4 If containers commonly contain trash contaminated with body fluids and sharp objects such as broken glass, needles, etc., a cardboard or fiberboard box shall be used and lined with a plastic bag. When it becomes full, the plastic bag will be left in the box, the top sealed and the box and plastic bag removed and replaced within another box and plastic bag.

2.5 Containers containing needles will have special labeling and will be handled differently. Contact the Office of Environmental Safety and Health at #3480 for more information.

Handling of Bloodborne Pathogens

3.0 REMOVAL AND DISINFECTING OF BODY FLUIDS FROM SURFACES

To remove body fluids from surfaces such as sinks, toilet bowls, showers, floors etc., the following procedures should be followed:

3.1 Put on rubber gloves and cuff the bottom by the wrist over and back. (This will prevent disinfectant from running, washing down your arms.) Put on safety glasses or goggles if there is a possibility of the disinfectant being splashed in your eyes. The gloves and goggles will be provided to you by your supervisor.

3.2 For disinfectant, mix one and one half cup (12 oz.) of Clorox bleach per gallon of water. **DO NOT MIX BLEACH WITH ANYTHING CONTAINING AMMONIA!** This will release chlorine gas which is very poisonous.

3.3 Wet the mop, rag, etc., in the disinfectant and wipe the surface clean, rinsing out the rag, mop, etc as needed.

3.4 When you are finished with the job, thoroughly rinse out the rag, mop, etc., in the disinfectant and pour down the drain. Rinse the container the disinfectant was in (bucket, pail, etc.) with water, in addition to the rag or mop and rinse off the gloves.

3.5 Gloves shall be left on until all disinfecting has been performed.

3.6 Wash hands and forearms to elbow with soap and water.

4.0 REMOVAL OF BODY FLUIDS MIXED WITH SHARPS (GLASS, NEEDLES, ETC.)

Anything which may cut, tear or puncture a rubber glove will be considered sharps and the following procedure will be performed:

4.1 Put on rubber gloves, cuffing them as described previously. If there is a possibility of chlorine bleach cleaning mix (disinfectant) splashing in eyes, put on safety glasses or face shield.

4.2 Mix Clorox bleach at one and one half cups (12 oz.) per gallon of water.

4.3 Obtain a disposable container, such as a cardboard box lined with a red plastic bag with a biological hazard label on it.

4.4 Use a broom or sweep brush to sweep up sharps and place them in the plastic bag. It is alright if body fluids end up inside the plastic bags. Pour two or three cups (16-24 oz.) of disinfectant into the plastic bag. Seal the top of the plastic bag, close the box and dispose of it in a campus dumpster.

4.5 When all sharps have been removed, use a rag or mop, etc., wetted in disinfectant to wipe clean surface.

4.6 Rinse out rag and mop in disinfectant and drain solution. Rinse out the rag and mop and container using water.

4.7 After these steps have been taken, remove gloves.

4.8 Wash hands and forearms to elbows with soap and water.

4.9 After washing hands, remove eye protection.

5.0 PROPER DISPOSAL TECHNIQUES

5.1 Once routine handling procedures have been followed, dispose of the waste in a Murray State dumpster.

5.2 The only allowable waste to be disposed of in a dumpster must be in an approved Bio-Bag furnished by Murray State.

If you do not understand this procedure, ask your supervisor. If you are in need of further information, contact the Office of Environmental Safety and Health in the Physical Plant Department at ext. #3480.

Incident Reporting

If an Exposure Occurs

If you are ever directly exposed to blood or other potentially infectious material, wash the area contacted with bacterial soap and warm water as soon as possible. Washing should be very thorough, including, for example, under the fingernails if hands have been exposed. If material has splashed into your eyes, immediately use emergency eyewash or another source of clean running water to flush them for at least 15 minutes. Hold the eyes open and roll them around to make certain that water reaches their entire surface. As soon as possible after washing, seek medical attention. Always report any exposure to blood or other possibly infectious materials in the workplace to your supervisor or other designated person as soon as possible.

In-service Training for OSHA and Bloodborne Pathogens

Athletic training students will be expected to attend an annual training seminar on bloodborne pathogens and the safe-handling of such materials. Students will be expected to sign an OSHA training and compliance statement each year.

Telephone

No one may use the telephone for personal reasons without permission. The phone should be:

- Answered professionally by saying, “***Athletic training room, (your name) speaking.***”
- Phone messages should be taken accurately with your signature, date, and time of call.

Athletic Training Communication

Chain of Command

In order to establish effective communication, a chain of command must be established. It is important that all members of the program follow this process. It is as follows:

- Medical Director (Team Physician)
- Staff Athletic Trainer
- Graduate Assistant Athletic Trainer
- Athletic training students with the most experience

Failure to follow this chain of command can result in a breakdown of the total program.

Communication with Other Staff and Personnel

Medical Director

Athletic training students will have the opportunity to observe, listen and work with the team physician and other medical specialists associated with the program. Watching and listening is a great way to learn. Be tactful with physicians and office staff, look and act professionally, and be assertive in observing.

Athletic training students are **not** in a position to refer student-athletes to the team physician, unless it is an emergency. Consult with a full-time staff member concerning whether a student-athlete should be seen by a physician. If you are called upon to report with a student-athlete to the doctor, be sure you give detailed information and follow their orders immediately and efficiently.

The team physician will make the final decision concerning the participation or non-participation of an injured student-athlete. This does not mean he will make all decisions. In the absence of the team physician, the designated certified athletic trainer will make the final decision.

Staff Athletic Trainers

The staff athletic trainers are your supervisors and have full responsibility for the athletic training program. They are directly responsible for you and your actions, thus you should follow their directions at all times. Feel free to discuss anything with them at any time. The staff has the following responsibilities:

- Coordination of the undergraduate athletic training education program
- Education of athletic training students
- Providing athletic training coverage
- Selection of the athletic training students

Graduate Assistant Athletic Trainers

Graduate Assistant Athletic Trainers are considered to be staff. As a student it is your responsibility to interact and communicate with the graduate assistants in a professional manner. The graduate assistants are working under the guidance of the staff athletic trainers. You are accountable for following their directions.

Coaches and Athletic Administrators

While you are primarily working under the direct supervision of certified athletic trainers, you are also working with coaches and athletic department administrators. Respect, courtesy, and cooperation should characterize your relationship with all departmental personnel. You are not responsible for “coaching,” “second-guessing,” or “cheerleading.” This type of attitude will quickly lose the respect of coaches and student-athletes alike. Direct medical responsibility for the athletes comes under the team physicians and certified athletic trainers while athletes are primarily responsible to their coaches. It is imperative that a good athletic trainer-coach relationship is established on the team for which you may be responsible. This involves a consistent communication process, both written and verbal on the daily health status of the student-athletes. Remember, discuss but never argue with a coach. If you have a conflict with a coach it should be reported to a staff athletic trainer. The staff athletic trainer will assist you in effectively communicating with the coaching staff.

Observing your supervising athletic trainer in his/her interaction with a coach is an excellent learning opportunity. You may also have the opportunity in interacting daily with coaches, take advantage and refine this skill. It is an essential tool for athletic trainers.

Athletic Training Student

Servicing and caring for a large number of student-athletes takes a well-coordinated and efficient effort on everyone's part. All members of the athletic training staff are dependent upon each other. It is expected that there will be nothing less than excellent rapport among the athletic training students. Petty arguments, misuse of authority, or any negative attitudes not conducive to learning and productivity will not be tolerated. Upperclassmen should take it upon themselves to instruct younger students and freely accept constructive criticism. Consensual relationships between athletic training students should be kept outside of the athletic training room.

Student-Athlete

Earning the respect of the student-athlete is an important goal to reach and is in turn very gratifying. Treat all student-athletes with integrity, respect, and courtesy. Combine friendliness with professionalism. Respect can be gained most readily by exhibiting competence. Never guess or pretend to know something you do not. Show concern, but do not overprotect the student-athlete. You must draw the line between providing competent and friendly care, and fraternization. In time you will gradually learn the attitudes, temperaments, and peculiarities of individual student-athletes; use this insight to foster your professional relationship with them. We want to help the student-athlete pursue an injury-free career. For this reason all student-athletes are to adhere to the rules and regulations pertaining to them in the athletic training room. Violations of these rules are to be handled by the individual staff certified athletic trainer in a sensible and courteous but firm manner. Guidelines for dealing with student-athletes:

- Gain respect through competence
- Do not let the student-athletes dictate to you what is to be done. Base your actions on your knowledge, or by asking your supervising clinical instructor.
- Do not discuss a student-athlete's injury with anyone who is not member of the athletic training or coaching staff. This pertains especially to other student-athletes.
- Don't become a student-athlete's "buddy" and bend rules for him/her or provide special privileges.
- Do not cover up for a student-athlete.
- Be careful when talking about an injury. In some cases the more a student-athlete knows, the more he/she will worry. Let the team physician or certified athletic trainers estimate how long a student-athlete will be out of action.
- Consensual relationships with student-athletes you are providing health care services for is not professional. If there is suspicion of this type of relationship, the Program Director will schedule a meeting with the athletic training student inquiring about suspected inappropriate relationships with student-athletes. Disciplinary action will be at the discretion of the program director, including suspension from the program.

Any athletic training student having a relationship with a student in a high school clinical setting will be permanently suspended from the athletic training education program.

- Treat all student-athletes without bias and free from discrimination.
- Hold student-athletes accountable to athletic training rules and team rules.

Equipment Personnel

The relationship with equipment personnel should be a close working nature. We will help them during travel, practice, and game set-up when necessary. It is vitally important to establish a good working relationship with the equipment personnel and managers. Make sure to properly check out equipment or other materials with the appropriate person.

ATHLETIC TRAINING EDUCATION PROGRAM POLICIES AND PROCEDURES

Admission/Retention Criteria

The admission and retention criteria for the Athletic Training Education Program can be found at : <http://www.murraystate.edu/Academics/CollegesDepartments/CollegeOfHealthSciencesAndHumanServices/WTS/AthleticTraining/Admission/AdmissionAndRetentionStandards.aspx>

Non-Discrimination Policy Statement

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information contact Sabrina Dial, Director of Equal Opportunity, Murray State University, PO Box 9, Murray, KY 42071-0009; telephone (270) 762-3155.

Affirmative Action Policy

Murray State University formally declares its commitment to all laws mandating affirmative action and equal opportunity regulations, together with all valid state and federal regulations enacted pursuant thereto. The policy of Murray State University is to guarantee freedom from discrimination in its operation and administration of its programs, services, and employment practices; in its relationships with students, faculty, and staff; and in its interactions with the community which it serves. Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. The policy of Affirmative Action is an on-going commitment. The policy of affirmative action is limited, in that the achievement of its objective removes the necessity of its existence. Murray State University is committed to achieving the goals that have been established and published in the Murray State University Affirmative Action Plan. It should also be known that this Affirmative Action Plan is an official policy of Murray State University.

Functions in connection with the evaluation and monitoring of the Affirmative Action Program of Murray State University have been assigned to the Affirmative Action Committee by the President of the University. To this end, the Committee should have access to all records and on-going processes necessary to effectuate its responsibility. A description of the composition and specific duties of the Affirmative Action Committee is found in the University Governance System policy.

Persons who wish to inspect the MSU Affirmative Action Plan or who seek other information concerning the Affirmative Action Program of Murray State University should contact the Director of Equal Opportunity, Murray State University, Murray, KY 42071.

September 8, 1995

Date Modified: February 19, 2008, November 18, 2008 (amended)

Technical Standards

All students must meet the Technical Standards established to assure the health and safety of the candidate, other Student Athletic Trainers, faculty and staff, and student-athletes or other physically active persons. All candidates are required to complete a physical exam upon acceptance into the ATEP. Students must provide the ATEP Director with a copy of their physical exam, proof of proper immunizations, and either proof of Hepatitis B vaccination (HBV) or signed waiver.

Any student who, after reasonable accommodations, cannot perform the **essential skills** may not be permitted to continue in the ATEP. It is the student's responsibility to notify the Director, Office of Equal Opportunity/ADA Coordinator, Murray State University, to request a reasonable accommodation. All requests for accommodation must be accompanied by appropriate documentation from a qualified professional referencing the condition and specific need for the accommodation requested.

Essential Skills

The **essential skills** necessary to succeed in the ATEP and be a successful entry-level certified athletic trainer, include:

Critical thinking: Critical thinking ability sufficient for clinical judgment; sufficient powers of intellect to acquire, assimilate, integrate, apply, and evaluate information and solve problems.

Interpersonal: Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, economic, and intellectual backgrounds.

Communication: Communication abilities sufficient for interaction with others in verbal and written form. Utilizes effective communication skills to interact with patient/client, peers, and other health care personnel of various ages, cultural, economic, and intellectual backgrounds in a variety of settings.

Behavioral: Sufficient motivation, responsibility, and flexibility to function in new, ever-changing, and stressful environments. Must exercise good judgment while maintaining a mature, sensitive, and effective professional relationship with faculty, staff, students, patients/clients, and other members of the health care team.

Sensory: Sufficient use of the senses of vision, hearing, touch and smell; to observe, assess, and evaluate effectively (both close at hand and at a distance) in the classroom, laboratory, and clinical setting.

Motor Skills: Gross and fine motor abilities sufficient to provide safe and effective athletic training care. Ability to move from room to room, athletic sidelines to athletic playing field, lift and position, maneuver in small places, and maintain the physical health and stamina needed to carry out athletic training procedures. Ability to get self to clinical areas.

Clinical Education

Athletic Training Terms

NATA: National Athletic Trainers' Association, founded in 1950. Organization that is member driven (approx. 30,000 members worldwide). www.nata.org

BOC: Board of Certification. Develops and handles the certification exams. www.bocatc.org

CAATE: The mission of the CAATE is to provide comprehensive accreditation services to institutions that offer Athletic Training degree programs and verify that all CAATE-accredited programs meet the acceptable educational standards for professional (entry-level) athletic training education. www.caate.net

Certified Athletic Trainer (ATC) or Athletic Trainer

Student Athletic Trainer or Athletic Training Student

CIE: Clinical Instructor Educator — An ATC who has completed the CIE training course and provides the ACI training course for that particular institution

ACI: Approved Clinical Instructor — ATCs who have gone through the ACI training course

CI: Clinical Instructor—Other Allied Healthcare Professional, not an ATC or ATC who has not completed the ACI training course

CS: Clinical Supervisor

ATS: Athletic Training Student

Introduction

Changes in clinical education have made us re-evaluate the role and function of athletic training students. The historical approach to clinical education, although serving our profession well, was full of contradiction and confusion. Students who practiced skills in the classroom and laboratory were not credited with clinical education. A student who was located in the athletic training room waiting for a patient to show up is credited as having gained clinical education experience.

To improve the consistency of the clinical education experience and to maximize the student's learning experience, the NATA Education Council established a set of clinical education guidelines that have been incorporated into the CAATE *Standards and Guidelines*. Successful completion of the student's clinical learning will be based on demonstrated competence of the Clinical Proficiencies and an appropriate mixture of experiential learning assignments.

The clinical education experience should begin introducing the athletic training students to the different clinical skills that are needed. The next phase should allow for a period of re-introducing the skills, along with a basic understanding of the various aspects of each skill. The last phase should test advanced aspects of each skill, as well as evaluate mastery of each skill and the ability to apply each skill in an appropriate manner.

First and foremost, restructuring our clinical education process has made us collectively re-evaluate the roles, responsibilities, and expectations of athletic training students. The student's roles within the program must be well defined and communicated to all parties. Unlike the athletic training field experiences, clinical education must be associated with an academic course and earn academic credit. The clinical education segment of the program can be part of a didactic course, a laboratory course, an internship, practicum or externship. The number of contact hours per week and academic credit awarded should be in accordance with the institution's academic guidelines.

Clinical education and experiences should be initiated early in the program and designed to provide the student with sufficient opportunity to develop specific health care competencies. While development of psychomotor skills should represent a major focus of the student's clinical experience, many opportunities also should be provided for development and demonstration of competencies within the cognitive and affective aspects of each content area.

A minimum period of two academic years (4 semesters) of clinical education is required. The program should also be structured to allow for additional field experiences. The clinical setting must include the athletic training room, athletic practices, and competitive events for a minimum of one of the two academic years under the direct supervision of an ACI and/or certified athletic trainer. Students should be assured exposure to upper extremity, lower extremity, equipment intensive, and general medical experiences of both genders. Students should also be exposed to other allied health care settings where athletic trainers are employed. The use of adjunct professional settings is encouraged. However, these experiences should not compromise the majority of the student's experience. The roles and expectations associated with clinical education and experiential learning rotations should be commensurate with the student's knowledge, abilities, and needs.

Clinical education is supervised by an ACI or other qualified allied health professional; experiential learning is supervised by an ATC. The supervision of the clinical education experience must involve the constant visual and auditory interaction between the ACI and student. The ACI supervision of students must allow for multiple opportunities for evaluation and feedback.

During clinical education, students will be assigned to an ACI, not to a sport. This changes the scheme of many athletic training experiences since many clinical instructors work with a sport continuously until that season is over. The greater the variety of experiences the student has, the more prepared he or she may become. The desire to have a student spend an entire season with a single sport can be accomplished via the field experiences.

{Above information taken from NATA CIE Seminar Manual (2001)}

The faculty of the Murray State University Athletic Training – Sports Medicine program understand that in order to maintain and even to raise the standards of education in our curriculum, that the clinical education experience must involve a highly structured framework that provides the athletic training students with comprehensive learning opportunities. It is essential that the clinical education experience consist of teaching and evaluation tools that are consistent, reliable, applicable, and thorough. It is through the combined educational experiences of academic and clinical learning that enables the Murray State University Athletic Training – Sports Medicine program to set the high standards that are necessary for its graduates to be professional and competent athletic trainers.

Perspectives on Clinical Education

Clinical education represents a significant portion of the curriculum in the education of allied health care professionals. The clinical education component is characterized as that part of the educational experience that allows students to apply theory and didactic knowledge to the real world of clinical practice. Both academic and clinical faculty contribute to the effectiveness of the clinical learning experience. Faculty share the responsibility for the student's clinical competency outcomes. Clinical competencies and objectives need to be clearly defined in such a manner that the student is aware of the clinical expectations and how these competencies will be evaluated.

Learning Over Time

The ATS must be able to demonstrate a progression of skill acquisition. Being able to show through repeated evaluation that important skills are learned, performed, and retained would exhibit that the student has mastered the knowledge base and skills required to function as a certified athletic trainer.

Skills are usually taught in lecture, demonstrated and formally evaluated in the clinical experience course, and are then applied under the watchful eye of an ACI in the actual practice setting where there will be time for the student to perfect the skill. Breaking the skills down into the basic subsets allows the student to approach the skill systematically, learn each portion, and apply in appropriately. This breakdown into basic parts allows the CIE and ACI to objectify the skill and award quantifiable rating for each skill. This forms the basis for quantifying clinical education. The students will face increasing challenges on the same competency. Initially, the ACI will have the students practice the skills being taught in lecture class and laboratory. Once the student has developed the performance of the skill, the ACI will challenge the student to perform the skill. This will first be performed on other students or volunteers. Once the ACI feels the student is ready, the challenge may occur while the student is treating a patient while under the supervision of an ACI or other ATC. As the student's skills and confidence improve, the challenge can be unannounced. Once the ACI feels comfortable enough to allow the student to perform the skill on a patient, the student will then be monitored while performing the skill in normal daily activities in the practice setting. The student who shows competency in a skill over time will probably not be challenged on the skill as often.

Documentation of Learning Over Time

Each student will purchase a text or receive handouts for their first clinical experience course. This text and/or handouts consists of a list of items and areas for instructor sign-offs. The text and/or handouts will be used by the athletic training student throughout the athletic training education clinical program. ***It is the athletic training student's responsibility to keep this text and/or these handouts until the end of their final semester. At the completion of the final clinical experience, this book and/or handouts must be turned into the ATEP director for inclusion in the student's permanent file.*** At the completion of each semester, the ACI must sign off on the clinical content. ***The textbook must be brought to class each day and to the respective clinical/field experience setting each day.***

Field Experience Overview

The primary setting for the student's clinical education and field experiences will include the athletic training rooms, athletic practices and competitive events. The athletic training room is considered to be "a designated facility where comprehensive health care services are provided." Comprehensive health care services include practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation and related services.

Ample opportunity will be provided for student coverage of athletic practices and competitive events in a variety of men's and women's sports including high-risk sport activities. These experiences should also include adequate opportunities for observation of, and involvement in, the immediate management and emergency care of variety of acute athletic injuries and illness.

Supervised field experiences involve personal/verbal contact at the site of supervision between the ATS and the ATC or CI who plans, directs, advises and evaluates the student's athletic training field experience. The supervising ATC or CI must be on-site where the athletic training experience is being obtained.

Clinical supervisors and clinical instructors should know the educational competency level of all of the athletic training students assigned to them. Evaluations will be based on the educational competency level. Athletic training students are to perform the competencies/skills that they have had signed off. Skills that are introduced by a Clinical Supervisor (though not mandatory) or Approved Clinical Instructor in the field experience should be considered "supplemental learning."

Clinical Supervisors and Approved Clinical Instructors must have a meeting with their athletic training students at the beginning of each field experience rotation. The following areas are to be addressed:

- Expectations of the ATS
- ATS's competency level, goals and responsibilities (**competency levels of each ATS will be given to the CI or ACI**)
- Review of policies and procedures, attendance, effective communication, dress code, etc.
- Practice and game schedule; treatment and rehab schedule
- Any other pertinent information

Athletic training students are expected to be in attendance at their field experience unless excused by the Clinical Supervisor or Approved Clinical Instructor. In case of acute illness/injury or emergency situation the athletic training student should contact the clinical education coordinator as soon as possible. If an athletic training student requests time off, he/she should make the request to the clinical supervisor or approved clinical instructor and clinical education coordinator at least one week in advance. Note: the request can be denied.

General Medical Rotation Goals

Clinical assignments/field experiences within other facilities such as physician's offices, physical therapy clinics, etc will be made for each athletic training student throughout their time in the athletic training education program. Students must develop an understanding of the roles and responsibilities of health and medical professionals in the care of the physically active and as they relate to athletic training. The athletic training student's duties would be to serve primarily in an "observation" capacity. An evaluation of the ATS will be performed at the end of each rotation.

Clinical/Field Experience Hours

Athletic training students will be scheduled by the CI or ACI at their respective clinical site. Every effort will be made to keep the number of clinical hours to a maximum of 20 hours per week.

Clinical/Field Experience Athletic Training Student Supervision

In most cases there will be direct supervision of the athletic training student in the clinical/field experience through constant and direct contact between the clinical supervisor or approved clinical instructor and the athletic training student.

In situations when constant and direct contact between the clinical supervisor or approved clinical instructor and athletic training student is not possible, there will be constant and direct communication via two-way radio or mobile phone communication between the two parties. In the event of an injury, the athletic training student will immediately contact the clinical supervisor or approved clinical instructor. Until their arrival, the athletic training student will serve **only as a first responder**. Serving in this capacity involved skills obtained in the athletic training student's First Aid/CPR/AED course.

Clinical Experience Evaluations

Evaluation forms will be used consistently throughout the athletic training student's clinical/field experience. Athletic training students will be evaluated by their clinical supervisor or approved clinical instructor twice (mid-term, end of semester) during the semester. After each evaluation, the student will have time to review the evaluation with their clinical supervisor or approved clinical instructor. Athletic training students should remain consistent on the high marks and strive to improve on the low marks. Evaluations are then turned into the clinical education coordinator and placed in the athletic training student's file.

Athletic training students will evaluate the clinical supervisor or approved clinical instructor and the clinical/field experience site at the end of each rotation/semester. Athletic training students should not identify themselves on the evaluation form. The evaluation forms are placed into specific folders and sealed. The sealed folders are given to the respective clinical supervisor of approved clinical instructor after the rotation/semester has been completed. Examples of these forms can be found in Appendix E.

CPR/First Aid/AED Certification Requirements

All athletic training students **MUST** be certified in American Red Cross or American Heart Association CPR, First Aid and AED Training. **This must be completed prior to beginning clinical/field experiences.** An American Red Cross course will be taught for all students in the program at least one time/year (usually in the Fall prior to the beginning of fall sports practices). The student will incur a fee for certification card processing. Students who fail to attend the training offered by the program, will be required to sign up for a course through the Calloway County American Red Cross office.

NATA Student Membership

Although not required, it is strongly encouraged that all students become student members of the National Athletic Trainers' Association. This membership comes with some benefits to students including the quarterly *Journal of Athletic Training*, monthly *NATA News* magazine, and discounted certification exam fees. Membership will also allow you to have full access to www.nata.org, the association web site full of information pertaining to athletic training and career services.

Liability Insurance Coverage

All athletic training students must be covered by a professional liability insurance program. Murray State University has opted to purchase a blanket policy to cover all athletic training students in the program. Students will be provided coverage of up to \$1,000,000 per incident/\$3,000,000 aggregate each year for \$15.00. This cost will be collected each spring from the students so coverage does not lapse from semester to semester. **Coverage must be in effect prior to beginning clinical/field experiences.**

Student Support Services

Student Support Services on campus offers free tutoring, academic skill development, financial ad counseling, career planning and many other programs and services to qualified students. For more information on these services contact the Student Support Services office in Wells Hall at (270) 809-2059.

Testing and Counseling Center

Located in the east wing of Ordway Hall, the center has a full-time staff available for educational, career, and personal counseling. Students with concerns of a personal nature should feel free to contact the Counseling and Testing Center for confidential assistance. Appropriate referrals to additional mental health services will also be provided to students.

Study Hall/Computer Labs

Although there is no formal study hall requirement for athletic training students, on an as available basis, the study hall program used for athletics can be made available to athletic training students. Students requesting this program will be expected to abide by the rules set forth in the study hall program in the Department of Athletics. The computer lab located in the Weaver Center is intended primarily for student-athlete use, but may be used by athletic training students on an as-available basis. There are also several other on-campus computer labs available for student use.

Handbook Appendices

NATA Links and Documents of Importance

NATA Home Page: www.nata.org
NATA Code of Ethics: www.nata.org/codeofethics/code_of_ethics.pdf
NATA Membership Application: www.nata.org/membership/joinnata.htm
NATA Position, Official, Support
and Consensus Statements: www.nata.org/statements/

MSU Physical Forms and Paperwork

https://admin.xosn.com/ViewArticle.dbml?DB_OEM_ID=6700&ATCLID=1482713

https://admin.xosn.com/ViewArticle.dbml?DB_OEM_ID=6700&ATCLID=1482714

https://admin.xosn.com/ViewArticle.dbml?DB_OEM_ID=6700&ATCLID=228365

IMPORTANT PHONE NUMBERS

FACILITIES

Area Code is (270)

Prefix is 809

Stewart Stadium Athletic Training Room	6858, 6806
Team Physician Office	3032
Fax	3129

Carr Health Athletic Training Room	6658
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Regional Special Events Center Athletic Training Room	5512
ATC Office	5579, 5580
Team Physician Office	5581

RSEC Court	5558
Racer Arena Court	6815
Baseball Dugout	2698

STAFF

Alan Lollar, ATC, Head Athletic Trainer	753-5621 – Home 293-4235 – Cell
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Eric Frederick, ATC, Asst. Athletic Trainer	753-3253 – Home 293-1690 – Cell
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Cate Ellis, ATC, Asst. Athletic Trainer	293-0587 – Cell
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Fulton Hart, ATC, Asst. Athletic Trainer	293-3190 - Cell
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Jeremy Erdmann, ATC, Program Director	762-4517 – Office 705-4448 – Cell
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Dr. Richard Blalock, Team Physician	759-9200 – Office
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Dr. John Yezerki, Orthopedics	759-1444 – Office
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Dr. Reed Jarvis, Optometry	759-1429 – Office
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Walter's Pharmacy	753-7688
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EMERGENCY

Public Safety	2222
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Ambulance/Police/Fire	911
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STANDARD OPERATING PROCEDURES

STANDARDS OF CARE

The following standards of care are possible conditions which may be encountered by the athletic trainer during the performance of their duties and responsibilities as a health care provider. These standards are to serve as examples and guidelines for the management of conditions and are not all inclusive.

INJURY MANAGEMENT – EVALUATION PROTOCOL

I. Check All Vital Signs

Primary Survey

- Status/Consciousness
- Airway
- Breathing
- Circulation/Pulse

Detect and Manage Immediate Life Threatening Conditions

Provide Basic Life Support – Activate EMS System

II. Determine Severity of Injury/Illness

Secondary Survey

- History/Inspection/Palpation/Functional Tests
- Monitor Status and Vital Signs

III. Stabilize the Athlete and/or Injury

- Follow appropriate first aid procedures
- Monitor status and vital signs
- Treat for shock

IV. Collect and Record Information

- Name/Address/Phone
- Injury Report Form (SOAP Note)

V. Notify Supervisor of Situation

- Report on current status
- Transport or refer as advised

IDENTIFIED MEDICAL CONDITIONS

1. Diabetes
2. Exercise Induced Asthma
3. Menstrual Cramps
4. Allergic Conditions
5. Epilepsy
6. Headache
7. Diarrhea
8. Congestion/Cold
9. Muscle Cramping

I. PROCEDURE

- Medical history at time of physical notes a medical condition requiring specific medication.
- As per standing orders, the athletic trainer has permission to carry an emergency dose of medication for the prescribed athlete.
- As per standing order, in case of an emergency, the athletic trainer may assist the student-athlete with the administration of the prescribed medication.
- If, in the judgment of the athletic trainer, there are significant signs/symptoms present, medical assistance should be sought.

II. MEDICATIONS

1. Diabetic Emergency

a. Recognition

- Dizziness
- Drowsiness
- Confusion
- Rapid breathing/Rapid pulse
- Feeling and looking ill

b. Management

Conscious Patient

- Check Vitals, Manage as Indicated
- Give food or fluid containing sugar
- If no improvement in 5 minutes, call EMS
- Refer

Unconscious Patient

- Check vitals, Manage as indicated
- Maintain body temperature
- Call EMS
- Refer

2. Exercise Induced Asthma: Inhaler

3. Menstrual Cramps: 400, 600, 800 mg Ibuprofen
4. Allergic Conditions: Benadryl, Epinephrine (EpiPen of student-athlete)
5. Epilepsy: Medication per specific physician order
6. Headache: WITHOUT HEAD INJURY ONLY: 325, 500 mg Acetaminophen
7. Diarrhea: Diatrol, Imodium AD
8. Congestion/Cold: 30 mg Pseudo ephedrine HCL (Check for high blood pressure first)
9. Muscle Cramps: Heat Guard – Slow Release Electrolyte Replenisher (2 tabs)

IMMEDIATE THREATS TO LIFE

Examples of Immediate Life Threatening Conditions:

- Airway Obstruction
- Respiratory Arrest
- Cardiac Arrest
- Hemorrhage
- Shock

In conditions where there is exposure to blood, body fluids or mucous membranes, universal precautions based upon the Centers for Disease Control (CDC) recommendations and Occupational Safety and Health Administration (OSHA) Blood borne Pathogen Standard, must be followed.

LIFE THREATENING CONDITIONS

I. Recognition/Management

The athletic trainer will assess a patient for the presence of a life threatening condition by conducting a primary survey. Basic life threatening conditions include airway obstruction, respiratory arrest, and cardiac arrest. If the primary survey uncovers a life threatening condition, the athletic trainer, per standing order, will provide Basic Life Support and activate EMS. Basic Life Support includes clearing an obstructed airway, rescue breathing and CPR.

Basic life support efforts should continue until one of the following occurs:

1. Patient recovers, regains breathing and pulse
2. Resuscitation efforts have been transferred to a more qualified individual.
3. A physician or physician directed person or team assumes responsibility.
4. Patient is transferred to trained personnel involved with EMS.
5. Rescuer is exhausted and unable to continue Basic Life Support techniques.

II. Referral

Immediate.

HEMORRHAGE

I. Recognition

1. Open wound, severe bleeding
2. Closed wound, deteriorating vital signs

II. Management

1. Apply steady, direct pressure over wound
Elevate part, if possible, and if condition allows
Apply ice, as indicated
If bleeding persists, apply compression at pressure point (Use in conjunction with direct pressure)
Apply pressure bandage and secure
Refer
2. Monitor Vitals
Treat for Shock
Refer

III. Referral

1. Refer as quickly as possible
2. Immediate

SHOCK

I. Recognition

1. Restlessness and anxiety
2. Extreme thirst
3. Nausea, vomiting
4. Cold, clammy skin
5. Weak, rapid pulse
6. Shallow, rapid respirations
7. Alterations in state of consciousness
8. Decrease in blood pressure

II. Management

1. Maintain airway
2. Perform CPR and/or ventilations, if indicated
3. Control bleeding, if indicated (See Hemorrhage SOP)
4. Refer

III. Referral

1. Immediate

MEDICAL EMERGENCIES

Examples of Medical Emergencies are:

- Head Injury
- Cervical Spine Injury
- Facial Injury
- Seizure
- Anaphylaxis
- Abdominal Pain
- Chest Injury
- Heat Stroke
- Hypothermia

HEAD INJURY

I. Recognition

A. Mild Concussion

1. No loss of consciousness
2. Momentary confusion
3. Mild transient tinnitus
4. Mild transient dizziness
5. Usually no unsteadiness

B. Moderate Concussion

1. Transitory loss of consciousness (<5 minutes)
2. Slight confusion
3. Mild retrograde amnesia
4. Moderate tinnitus
5. Moderate dizziness
6. Varied unsteadiness

C. Severe Concussion

1. Prolonged loss of consciousness (>5 minutes)
2. Severe confusion
3. Prolonged retrograde amnesia
4. Severe dizziness
5. Marked unsteadiness

D. Signs of Increasing Intracranial Pressure

1. Deteriorating state of consciousness
2. Hemiplegia or quadriplegia
3. Vomiting
4. Dilation of one pupil
5. Rising blood pressure with slowing pulse
6. Abnormal respirations or apnea

II. Management

A. Mild Concussion

1. Athlete should recover quickly
2. Monitor post-concussion symptoms
3. Remove from activity until symptoms have resolved

B. Moderate Concussion

1. Monitor airway
2. Check vitals
3. Evaluate for cervical spine injury
4. Remove from activity, return only per physician order
5. Refer

C. Severe Concussion

1. Maintain airway
2. Check vitals
3. Treat for cervical spine injury
4. Remove from activity, return only on physician order
5. Refer

D. Increasing Intracranial Pressure

1. Maintain airway
2. Remove from activity, return only on physician order
3. Refer

III. Referral

A. Mild Concussion

1. Monitor athlete for 24 to 48 hours – Refer if signs/symptoms change

B. Moderate Concussion

1. Refer to physician for evaluation

C. Severe Concussion

1. Immediate

D. Increasing Intracranial Pressure

1. Immediate

CERVICAL SPINE INJURY

(Injuries may range from minor neck pain to paralysis)

I. Recognition

1. Utmost caution is necessary when evaluating an athlete with neck pain.
2. Decreased range of motion
3. Shooting pain into posterior scalp, behind ear, around neck, or down to shoulder
4. Radiating pain, numbness, loss of function of arm and possibly hand
5. Loss of sensation
6. Muscle spasm
7. Insecure feeling of neck

II. Management (Refer to Official NATA Position State on the *Appropriate Care of the Spine Injured Athlete*: <http://www.nata.org/spineinjuredathlete/main.htm>)

1. Immobilize spine, if indicated
2. Check for associated head injury
3. Maintain airway, assist breathing if necessary
4. Check pulse, begin CPR if indicated
5. Monitor vitals and maintain neurological watch
6. Immediate or delay referral, if indicated

III. Referral – Signs/Symptoms for Immediate Referral

1. Pain and tenderness over spinous process
2. Deformity
3. Numbness or paresthesia
4. Loss of sensation
5. Diaphragmatic breathing
6. Hypotension without other signs of shock
7. Unconscious state
8. Any doubt regarding nature and severity of the condition

FACIAL INJURY

I. Recognition

General: Ecchymosis, swelling, protrusions, impaled object, tenderness, instability, bleeding

Eye: Visual acuity, eye movements, pupil size, equality, reaction to light

Jaw/Teeth: Loss of tooth, malocclusion, deformity

II. Management

1. Rule out head and neck injury
2. Immobilize cervical spine
3. Maintain airway
4. Control bleeding (see Hemorrhage SOP)
5. Carefully rinse and replace avulsed skin and teeth
6. Save amputated parts in a moist, sterile dressing
7. Clean and dress wound, if indicated
8. Apply ice and compression, if indicated
9. Immediate or delay referral, as indicated

III. Referral – Signs/Symptoms for Immediate Referral

- Jaw:*
1. Obvious deformity
 2. Crepitus
 3. Severe swelling
 4. Malocclusion
 5. Loss of symmetry
 6. Loss of jaw movement

- Nose:*
1. Epistaxis
 2. Foreign body
 3. Severe swelling
 4. Deformity, crepitus
 5. Rhinorrhea

- Ear:*
1. Hemorrhage
 2. Foreign body
 3. Otorrhea
 4. Swelling, hematoma formation
 5. Infection or inflammation
 6. Blanching of skin
 7. Sudden hearing impairment, tinnitus, vertigo, sudden fullness in ear

- Teeth:*
1. Bleeding around tooth
 2. Chipped, cracked, broken or dislodged
 3. Malocclusion
 4. Sensitivity to air and temperature

- Eye:*
1. Foreign body
 2. Suspected abrasion, laceration
 3. Loss of vision
 4. Double vision
 5. Irregularly shaped pupil
 6. Ocular pain
 7. Hemorrhage into anterior chamber
 8. Restricted eye movement

SEIZURE

I. Recognition

1. Blank stare
2. Clumsy
3. Rapid blinking
4. Chewing movements
5. Rigidity, followed by muscle jerks
6. Shallow breathing
7. Bluish skin
8. Possible loss of bladder or bowel control
9. Jerking of one body segment

II. Management

1. Protect patient from further injury. Do not forcibly restrain him/her.
2. Maintain clear airway. Turn head to side to avoid aspirating vomit.
3. Talk calmly and reassure person. Gentle hand holding, but no excessive rubbing or touching
4. Once seizure has subsided:
 - a. Check vitals
 - b. Check for injuries
 - c. Obtain history: Description of seizure, medications
 - d. It is natural for a person to be sleepy following a seizure
5. Refer as indicated

III. Referral

1. Initial seizure (No prior history)
 - a. Refer for evaluation
2. Prior History
 - a. Refer for evaluation if seizure is unusual or a change in pattern

ANAPHYLAXIS

I. Recognition

1. Dyspnea (labored or difficult breathing)
2. Chest tightness
3. Wheezes
4. Feeling of lump in throat
5. Hoarseness or stridor (harsh, high pitched sound)
6. Swelling of eyelids, tongue, or lips
7. Nausea, vomiting, cramps. Diarrhea
8. Pruritis (severe itching)
9. Urticaria (eruption of pale evanescent wheals; hives)

II. Management

1. Patient education
 - a. Medical ID tags
 - b. Personal emergency kit
2. Lie patient flat, legs elevated
3. Maintain open airway
4. If patient has identified allergy, with emergency kit, help administer appropriate medication
5. Refer

III. Referral

1. Immediate

ABDOMINAL PAIN

I. Recognition

1. Vomiting blood or “coffee grounds” in vomit
2. Pain accentuated with coughing, sneezing or movement
3. Constipation or diarrhea, bloody or very black stool
4. Rebound tenderness
5. Psoas sign
6. Abdominal distention, tenderness or rigidity
7. Look for signs of impending shock:
 - Restlessness
 - Cold, clammy skin
 - Hypotension
 - Rapid pulse
 - Rapid breathing
8. Keh'r sign
9. Pain shift to right lower abdominal quadrant, suggests possible appendicitis

II. Management

1. Place patient in a position of comfort
2. Be alert for vomiting
3. Give nothing by mouth
4. Handle gently
5. Keep an accurate, detailed record of the secondary survey
6. Immediate or delay referral, as indicated

III. Referral – Signs and symptoms of immediate referral

1. Severe pain
2. Presence of what appears to be radiating or referred pain
3. Tenderness, rigidity, spasm of muscles
4. Blood in urine or stool
5. Signs of shock
6. Rebound tenderness
7. Prolonged discomfort, sensation or weakness or pulling groin
8. Superficial protrusion or palpable mass
9. Increasing nausea
10. Vomiting
11. Any perineal laceration (women)
12. Any doubt regarding the nature and severity of the condition

CHEST INJURY

I. Recognition

1. Bruises over chest; laceration(s) of chest wall
2. Tenderness to palpation
3. Pain on breathing or coughing
4. Respiratory distress
5. Deviation of trachea
6. Unequal expansion or paradoxical movement
7. Decreased or absent breath sounds on one side
8. Muffled heart sounds
9. Distended neck veins
10. Cyanosis
11. Coughing up blood
12. Shock

II. Management

1. Maintain open airway
2. Assist with breathing, if indicated
3. Control external bleeding, if indicated (see Hemorrhage SOP)
4. Cover sucking chest wounds, if indicated
5. Stabilize flail segments, if indicated
6. Immediate or delay referral, as indicated

III. Referral – Sign/Symptoms for immediate referral

1. Difficult or labored breathing
2. Shortness of breath – inability to catch breath
3. Severe pain in chest
4. Diminished chest movement
5. Shifting or moving trachea
6. Vomiting or coughing up blood
7. Suspected rib fracture, costochondral separation
8. Signs of shock
9. Any doubt regarding nature and severity of the condition

HEAT STROKE

I. Recognition

1. Headache, weakness, dizziness
2. Confused, delirious, or in coma
3. Temperature very high (over 105 degrees F)
4. Skin hot, red, dry
5. Pulse, rapid; thready in classic heat stroke; bounding in exercise-induced heat stroke
6. Blood pressure usually normal early; hypotension in exercise-induced heat stroke
7. Tachypnea

II. Management (See NATA *Consensus Statement on Exertional Heat Illness*)

1. Cool patient as rapidly as possible.
2. Move to cool, well ventilated location
3. Remove as much clothing as possible
4. Monitor vital signs closely
5. Refer

III. Referral

1. Immediate
2. Transport to hospital as soon as possible; continue cooling en route

Practice Guidelines

Per heat index, practice intensity and duration will be adjusted according to heat index indicators. Heat indicators will be measured using a sling psychrometer.

HYPOTHERMIA

I. Recognition

A. Moderate Hypothermia

1. Conscious, but may be apathetic, sleepy, confused, listless
2. Skin is pale, cold to touch
3. Shivering
4. May have an acetone odor to breath

B. Severe Hypothermia

1. Stuporous or comatose
2. Skin is ice cold
3. Muscles are rigid (patient looks dead)
4. Pupils dilated, unreactive
5. Heart sounds cannot be heard
6. Blood pressure usually unobtainable
7. Respirations 2-3 per minute
8. Pulse very difficult to palpate

II. Management

A. Moderate Hypothermia

1. Move patient to sheltered area, out of wind (indoors preferred)
2. Replace all wet clothing with dry garments
3. Cover with insulating materials and blankets
4. Give hot liquids by mouth, if fully conscious
5. Refer

B. Severe Hypothermia

1. Gentle handling, avoid jolts
2. Cut away wet clothes, do not pull off
3. Maintain airway
4. Assist ventilations, if indicated
5. Perform CPR, if indicated
6. Refer

III. Referral

A. Moderate Hypothermia

1. Wrap patient from head to toe and transport

B. Severe Hypothermia

1. Transport immediately, in slightly head down position

NON-LIFE THREATENING CONDITIONS

The following are examples of non-life threatening conditions:

Wounds
Fractures
Dislocations
Sprains
Strains
Contusions
Illness
Heat Exhaustion

OPEN WOUNDS

I. Recognition/Management/Referral

Abrasion: Superficial, little bleeding, oozing, weeping

1. Clean, scrub with betadine or soap and water
2. Remove debris
3. Apply antibiotic ointment
4. Check daily, change dressing as needed
5. Refer as necessary
6. Securely cover or occlude wound for activity

Laceration: Jagged edges, may bleed freely, contusion and tearing, often leave scar

1. Control bleeding
2. Clean with betadine
3. Apply steri-strips and/or refer for sutures if necessary
4. Determine last tetanus inoculation
5. Inspect daily, change dressing, as needed
6. Refer as necessary
7. Securely cover or occlude wound for activity

Incision: Smooth edges, freely bleeding

1. Control bleeding
2. Clean with betadine
3. Apply steri-strips and/or refer for sutures if necessary
4. Determine last tetanus inoculation
5. Inspect daily, change dressing as needed
6. Refer as necessary
7. Securely cover or occlude wound for activity

Puncture: Any size opening, usually minimal bleeding

1. Clean with betadine or soap and water
2. Inspect for imbedded object
3. Determine last tetanus inoculation
4. Inspect daily, change dressing as needed
5. Refer as necessary
6. Securely cover and occlude wound for activity

Avulsion: Completely loose, hanging as a flap; may bleed freely

1. Control bleeding
2. Clean
3. Save avulsed tissue
4. Refer, activity status per physician orders
5. Securely cover or occlude wound for activity

FRACTURES

I. Recognition

1. Pain
2. Localized point tenderness
3. Crepitus
4. Loss of function, unnatural mobility
5. Guarding
6. Ecchymosis

II. Management

1. Ice
2. Immobilize/Splint in position
3. Crutches or sling
4. Refer for evaluation and x-ray

III. Referral

1. Immediate

DISLOCATION

I. Recognition

1. Deformity, sometimes fixed or locked in position
2. Loss of function or inability to use joint
3. Pain
4. Loss of sensation or paresthesia in distal part
5. Diminished or absent distal pulse

II. Management

1. Ice
2. Immobilize/Splint in position
3. Reduction not advised unless specific orders from a physician
4. Refer

III. Referral

1. Immediate

SPRAINS

I. Recognition

A. Mild Sprain (1st degree)

1. Mild disability
2. Mild localized tenderness at site of ligament damage
3. Little or no pain on normal motion
4. Will be able to walk or have function of joint
5. Mild pain on stretch of involved ligament
6. No abnormal motion
7. Little or no swelling
8. Ligament stretch with no loss of strength or stability of joint

B. Moderate Sprain (2nd degree)

1. Some loss of function
2. May have function of joint, but with much difficulty
3. Pain during normal motion
4. Tenderness at site of tear
5. Moderate pain on stretch of involved ligament
6. May have abnormal motion in one or more ranges of motion
7. Moderate swelling
8. Joint tightness due to swelling
9. Partial ligamentous tear with loss of strength and joint instability; an end-point felt

C. Severe Sprain (3rd degree)

1. Complete loss of function
2. Abnormal motion of joint possible
3. Severe pain on normal motion and severe to no pain on stretch of ligament
4. Severe swelling with possible immediate discoloration
5. Tenderness to the point of nausea at site of tear
6. Joint tightness due to swelling and spasm
7. Complete ligamentous tear with loss of strength and joint instability; no end-point felt

II. Management

A. Initial

1. Apply ice
2. Apply wet or dry compression
3. Elevate limb if possible
4. Stabilize or protect original injury from additional trauma
 - a. Soft splint
 - b. Open basketweave
 - c. Rigid splint
 - d. Crutches
 - e. Sling
5. Refer as indicated

B. On-Going

1. Treat per rehabilitation protocols and/or physician orders
2. Approximate recovery times
 - a. Mild Sprain: 2-3 day to 1 week
 - b. Moderate Sprain: 10 days to 3 weeks
 - c. Severe Sprain: 3-4 weeks to 3 months
3. Refer as needed

III. Referral – Signs and symptoms for physician evaluation

A. Foot/Ankle/Lower Leg

1. Gross deformity
2. Suspected fracture or dislocation
3. Significant or unexplained swelling
4. Significant pain, persistent pain – especially in compartments (anterior)
5. Decreased circulation, motor function or sensations in leg or foot
6. Joint stability
7. Crepitus
8. Suspected malalignment or structural deformities
9. Any doubt regarding severity or nature of the injury

B. Knee

1. Gross deformity
2. Significant or unexplained swelling
3. Loss of motion, weakness
4. Joint instability
5. Significant pain

6. Abnormal sensations (ie. Clicking, popping, grating)
7. Crepitus
8. Locked knee
9. Any doubt regarding severity or nature of the injury

C. Hip/Thigh

1. Gross deformity
2. Significant loss of motion
3. Severe disability
4. Noticeable and/or palpable mass, depression
5. Suspected fracture
6. Injury that does not respond to treatment within 2-3 weeks
7. Significant or unexplained swelling
8. Crepitus
9. Any doubt regarding the severity or nature of the injury

D. Shoulder

1. Suspected fracture, separation, or dislocation
2. Gross deformity
3. Significant loss of motion, weakness
4. Significant or continued (persistent) pain
5. Joint instability
6. Abnormal sensations in distal extremity
7. Significant or absent distal pulse
8. Crepitus
9. Any doubt regarding the severity or nature of the injury

E. Elbow/Forearm

1. Gross deformity
2. Significant or unexplained swelling
3. Significant or persistent pain
4. Significant loss of motion, weakness
5. Joint instability
6. Suspected fracture and/or dislocation
7. Abnormal sensations at or distal to elbow
8. Crepitus
9. Any doubt regarding the severity or nature of the injury

F. Wrist/Hand

1. Gross deformity
2. Suspected fracture or dislocation
3. Significant or unexplained swelling
4. Significant or persistent pain
5. Joint instability
6. Loss of motion, weakness
7. Crepitus
8. Any doubt regarding the severity of the injury

STRAINS

I. Recognition

A. Mild Strain (1st degree)

1. No applicable disruption
2. Low grade inflammation and swelling
3. Some discomfort with active motion
4. No loss of strength or motion
5. Local tenderness
6. Overstretch of muscle and/or tendon resulting in micro-trauma to fibers

B. Moderate Strain (2nd degree)

1. Actual damage to fibers with decreased strength
2. Moderate swelling and inflammation
3. Loss of normal function
4. Pain on normal motion (disability pain)
5. Increased tenderness – may have palpable defect
6. Marked decrease in flexibility
7. Overstretch of muscle and/or tendon resulting in partial tear of fibers

C. Severe Strain (3rd degree)

1. Rupture of fibers or avulsion at attachment
2. Complete loss of function – no strength
3. Muscle enlargement, swelling, irregularity – defect
4. Moderate to severe pain
5. Tremendous limitation of motion
6. Overstretch of forceful contraction of muscle and/or tendon resulting in complete tear of structures

II. Management

A. Initial

1. Apply ice
2. Apply wet or dry compression
3. Elevate the limb, if possible
4. Stabilize or protect original injury from additional trauma
 - a. Soft splint
 - b. Open basketweave
 - c. Rigid splint
 - d. Crutches
 - e. Sling
5. Refer as indicated

B. On-going

1. Treat per rehabilitation protocol and/or physician's orders
2. Approximate recovery times:
 - a. Mild strain – 10 days to 2 weeks
 - b. Moderate strain – 3-4 weeks to 6-8 weeks
 - c. Severe strain – May require long term casting or surgery

III. Referral

A. Foot/Ankle/Lower Leg

1. Gross deformity
2. Suspected fracture or dislocation
3. Significant or unexplained swelling
4. Significant pain, persistent pain – especially in compartments (anterior)
5. Decreased circulation, motor function or sensations in leg or foot
6. Joint stability
7. Crepitus
8. Suspected malalignment or structural deformities
9. Any doubt regarding severity or nature of the injury

B. Knee

1. Gross deformity
2. Significant or unexplained swelling
3. Loss of motion, weakness
4. Joint instability
5. Significant pain
6. Abnormal sensations (ie. Clicking, popping, grating)
7. Crepitus
8. Locked knee
9. Any doubt regarding severity or nature of the injury

C. Hip/Thigh

1. Gross deformity
2. Significant loss of motion
3. Severe disability
4. Noticeable and/or palpable mass, depression
5. Suspected fracture
6. Injury that does not respond to treatment within 2-3 weeks
7. Significant or unexplained swelling
8. Crepitus
9. Any doubt regarding the severity or nature of the injury

D. Shoulder

1. Suspected fracture, separation, or dislocation
2. Gross deformity
3. Significant loss of motion, weakness
4. Significant or continued (persistent) pain
5. Joint instability
6. Abnormal sensations in distal extremity
7. Significant or absent distal pulse

8. Crepitus
9. Any doubt regarding the severity or nature of the injury

E. Elbow/Forearm

1. Gross deformity
2. Significant or unexplained swelling
3. Significant or persistent pain
4. Significant loss of motion, weakness
5. Joint instability
6. Suspected fracture and/or dislocation
7. Abnormal sensations at or distal to elbow
8. Crepitus
9. Any doubt regarding the severity or nature of the injury

F. Wrist/Hand

1. Gross deformity
2. Suspected fracture or dislocation
3. Significant or unexplained swelling
4. Significant or persistent pain
5. Joint instability
6. Loss of motion, weakness
7. Crepitus
8. Any doubt regarding the severity of the injury

CONTUSIONS

I. Recognition

A. Mild Contusion (1st degree)

1. Little or no spasm
2. Mild disability
3. Mild localized tenderness
4. Little or no swelling
5. Mild pain with normal motion
6. No abnormal motion
7. Injury to skin and underlying tissues from a direct blow resulting in minor tissue damage

B. Moderate Contusion (2nd degree)

1. Some loss of function
2. Pain on normal motion
3. Moderate swelling
4. Muscular spasm
5. Localized tenderness
6. Limitation of motion; decreased flexibility
7. Palpable lump (hematoma)
8. Injury to skin and underlying tissues from a direct blow resulting in tissue damage with considerable hemorrhage and spasm

C. Severe Contusion (3rd degree)

1. Massive hemorrhage; definite enlargement and swelling
2. Point tenderness
3. Inability to move part
4. Muscle spasm and tightness in form of a lump
5. Severe pain
6. Injury to skin and underlying tissues from a direct blow resulting in severe tissue and vessel damage

II. Management

A. Initial

1. Apply ice
2. Apply wet or dry compression
3. Elevate the limb, if possible
4. Stabilize or protect original injury from additional trauma
 - a. Soft splint
 - b. Open basketweave
 - c. Rigid splint
 - d. Crutches
 - e. Sling
5. Refer as indicated

B. On-going

1. Treat per rehabilitation protocol and/or physician's orders
2. Approximate recovery times:
 - a. Mild Contusion – 1 to 3 weeks
 - b. Moderate Contusion – 7 to 10 days
 - c. Severe Contusion – 4 to 6 weeks
3. Refer, as needed

III. Referral

A. Foot/Ankle/Lower Leg

1. Gross deformity
2. Suspected fracture or dislocation
3. Significant or unexplained swelling
4. Significant pain, persistent pain – especially in compartments (anterior)
5. Decreased circulation, motor function or sensations in leg or foot
6. Joint stability
7. Crepitus
8. Suspected malalignment or structural deformities
9. Any doubt regarding severity or nature of the injury

B. Knee

1. Gross deformity
2. Significant or unexplained swelling
3. Loss of motion, weakness
4. Joint instability
5. Significant pain
6. Abnormal sensations (ie. Clicking, popping, grating)
7. Crepitus
8. Locked knee

9. Any doubt regarding severity or nature of the injury

C. Hip/Thigh

1. Gross deformity
2. Significant loss of motion
3. Severe disability
4. Noticeable and/or palpable mass, depression
5. Suspected fracture
6. Injury that does not respond to treatment within 2-3 weeks
7. Significant or unexplained swelling
8. Crepitus
9. Any doubt regarding the severity or nature of the injury

D. Shoulder

1. Suspected fracture, separation, or dislocation
2. Gross deformity
3. Significant loss of motion, weakness
4. Significant or continued (persistent) pain
5. Joint instability
6. Abnormal sensations in distal extremity
7. Significant or absent distal pulse
8. Crepitus
9. Any doubt regarding the severity or nature of the injury

E. Elbow/Forearm

1. Gross deformity
2. Significant or unexplained swelling
3. Significant or persistent pain
4. Significant loss of motion, weakness
5. Joint instability
6. Suspected fracture and/or dislocation
7. Abnormal sensations at or distal to elbow
8. Crepitus
9. Any doubt regarding the severity or nature of the injury

F. Wrist/Hand

1. Gross deformity
2. Suspected fracture or dislocation
3. Significant or unexplained swelling
4. Significant or persistent pain
5. Joint instability
6. Loss of motion, weakness
7. Crepitus
8. Any doubt regarding the severity of the injury

ILLNESS

I. Recognition

1. Collect in-depth medical history
2. Assess physical status
 - a. Skin color
 - b. Body temperature
 - c. Nausea/Vomiting
 - d. Constipation/Diarrhea
 - e. Breath Sounds/Congestion

II. Management

1. As indicated by signs and symptoms and judgment of the certified athletic trainer

III. Referral

A. Delayed Referral – Offer sound advice

1. Foods to eat – dietary habits
2. Fluids – clear
3. Rest
4. Over-the-counter medications per standing orders
5. Cough medicine
6. Antacids
7. Metamucil

B. Immediate Referral

1. Assist the athletic in making appointment for physical examination
2. Temperature >101 degrees F
3. Length of illness > 2-3 days
4. Fluid loss – diarrhea, vomiting
5. Respiratory difficulty
6. Lymphaginitis
7. Tonsillitis
8. Moderate dermatitis
9. Conjunctivitis
10. Unexplained signs or symptoms

HEAT EXHAUSTION

I. Recognition

1. Headache
2. Weakness
3. Faintness
4. Nausea, vomiting
5. Disoriented
6. Pale, cool, clammy skin
7. Normal body temperature/slightly elevated (98 – 102 degrees F)
8. Rapid pulse
9. Hypotension
10. Profuse sweating

II. Management

1. Move patient to a cool place
2. Remove excess clothing
3. Place in recumbent position, feet elevated
4. If conscious, give cool fluids
5. Monitor status
6. Refer, if indicated

III. Referral

- 1, If symptoms persist, or patient becomes unconscious

Practice Guidelines

Per heat index, practice intensity and duration will be adjusted according to heat index indicators. Heat indicators will be measured using a sling psychrometer.

What are S.O.A.P. notes?

S.O.A.P. is an acronym for a specific style of documentation that is often referred to as "Problem-oriented Documentation." Each letter represents a section of the note:

- Subjective
- Objective
- Assessment
- Plan

Each section contains specific information:

"Subjective": information that the therapist gains from interviewing or talking with the patient, a family member, a significant other, or any individual who provides information that is pertinent to the care of the patient.

"Objective": information that the therapist acquires from the physical examination (includes observations, specific measurements, special tests, etc.). "O" also includes treatment administered to the patient, and the patient's performance of the treatment.

"Assessment": this is the physical therapist's 'opinion section' of the note. It contains the therapist's professional opinion of what is going on with the patient, the therapist's assessment of the patient's condition and/or progress, the therapist's prognosis, treatment goals, and the therapist's recommendations.

"Plan": reflects future treatments, interventions, or actions by the physical therapist.

In addition to the above sections, S.O.A.P. notes also contain a section for the chart history. The "Chart History" section usually precedes the "Subjective" section.

Why not use the S.O.A.P. format if most clinicians use it?

First, you will discover that the Clinical Decision Making model of documentation that you learn in this course is not very different from the S.O.A.P. format. In fact, the student therapist will find that they are quite similar, yet with some very important exceptions:

- The S.O.A.P. note is very general. Therapists using this format may or may not include all of the pertinent information that reflects their decision making process.
- The Clinical Decision Making model is very specific as to where the therapist acquires information (ie: from the chart, from the patient, or from other sources). The S.O.A.P. format may or may not do this.
- Because the headings of the Clinical Decision Making note are more specific than those of the S.O.A.P. note, the reader can quickly locate information of interest, rather than having to search the entire note.
- The clinical reasoning model does not label information as "Subjective" or "Objective", which carries with it the implication that one source of information may be more valuable or reliable than the other.
- The Clinical Decision Making model is more reflective of the thought processes of a professional and is in fact documentation of the therapist's clinical reasoning and decision-making

Sample SOAP Note

Patient: Jeremy Erdmann

Sport: Football

Date: 9/9/02

S: Jeremy, a 28 year old football player with Murray State Univ., reports to the staff athletic trainers at the TSU vs. MSU contest c/o pn in the (R) knee. He states that he "twisted on his (R) knee and felt it pop" when trying to block a linebacker. He stated that he fell to the ground with a sharp pn., but the pn. decreased and was able to stand with some help from his teammates. He now c/o a dull ache around his knee, especially in the posterior-lateral aspect. HX: no previous hx of (R) knee injuries, hx of (L) MCL sprain 2 deg. during the Spring (2002) Football Practices @ MSU. NKA and is currently taking Aleve 1 BID for (L) shoulder soreness.

O: Jeremy presents to the sideline with an abnormal gait, favoring his (R) leg. There is no observable abnormalities or deformities of the femur, patella, tibia, or fibula. No observable swelling present. Pn. with palpation over the Medial Joint Line, no other palpable abnormalities found. ROM: (=) bilaterally with extension, (L) > (R) with flexion (L=140 deg., R= 100 deg. due to pn.) MME: Flex. (L) =5/5, (R) = 4/5, Ext. (L) = 5/5, (R) = 4/5. No neurovascular tests were performed at this time. Lachman's (+), Pivot Shift (+), Ant. Drawer (R=6 mm w/ soft end feel, L=2 mm), Post. Drawer (-), Patellar Apprehension (-), McMurray's (-), Varus (L=2 mm, R=2 mm), Valgus @ 30 deg. (L=3 mm, R= 5 mm w/ an end feel).

A: Possible (R) ACL rupture, (R) MCL sprain 2nd deg.

P: Coach was informed that Jeremy would not be able to return to competition for today. Ice (20 minutes), rest, elevation, compression with an Ace Bandage. Pt. was fit with crutches and instructed on NWB crutch use. Referred to Dr. Houston after the game.

Jeremy B. Erdmann, MA, ATC
9/9/2002

MURRAY STATE UNIVERSITY ATHLETIC TRAINING – SPORTS MEDICINE DRUG ADMINISTRATION POLICY

Purpose

To be consistent with the NCAA Policy on the administration of prescription and over-the-counter (OTC) medications.

General Guidelines

- Prescription drugs are to be prescribed by the team physician and distributed by a licensed pharmacist. Murray State University Athletics uses Walter's Pharmacy for all of the prescription medication needs. The pharmacy prints an information sheet for the patient in regards to the medication he/she is taking.
- OTC meds are tracked in the Athletic Training Room using a software program called SportPharm.
- All student-athlete files will be labeled for drug allergies. These allergies are labeled with a red marker on the outside of the folder.
- OTC's can only be given when the student-athlete asks for the medication. OTC's should not be given out during practice or competition unless the student-athlete is not returning to play, or it has been cleared by a certified athletic trainer.
- Before administering OTC's athletic training students should refer to the guidelines for administering OTC's located in the Team Physician's office, or check with a certified athletic trainer.
- Athletic trainers must be aware of banned drugs, which may cause a student-athlete to test positive on random drug tests. Athletic trainers should refer to the Center for Drug Free Sport for a list of NCAA banned drugs.

Athletic Training Room

- All OTC drugs are to be recorded on the athletic training room drug-dispensing log in the Team Physician's office when given to student-athletes, coaches, faculty or staff.
- OTC medications are to be stored in the Team Physician's office which is locked at all times when not in use. Only staff and athletic training students have access to the keys to the Team Physician's office.
- All medication will be inspected monthly for expiration dates. The medications that have expired should be disposed of properly. Proper disposal of a medication is to place them in a biohazard container, and double-bagged prior to putting in a University dumpster.
- OTCs that are located in the athletic training room should be in unit dose packaging with intact and full manufacturer's labeling.
- OTCs will be given out as a dosage package when requested by the student-athlete or prescribed as a form of treatment by the team physician. When requested by the student-athlete an information sheet about the OTC medication being given will be supplied along with the medication.

Kits/Travel

- All emergency kits and travel kits containing prescription and OTC drugs should be routinely inspected for drug quality and security; all medication should be removed from kit when not in use.
- The amount of medication to be taken when traveling should be determined by the amount of days of the trip; usually for weekend trips, practices, or games, 12 dosages

packets should be enough. Keeping a minimum amount of OTCs will help to prevent the breakdown of the medication due to exposure to excessive temperature.

- Whenever possible, all OTCs and prescription medication should be within the possession of the athletic trainer when traveling and not under the bus or plane.

Minors

- OTCs cannot be administered to minors without the parents signed consent and knowledge of the medication being administered to their child.

NOTICE OF PRIVACY PRACTICES/HIPAA

HIPAA ALERT

The Governmental Affairs Committee would like to offer information about the HIPAA regulations that were passed in 1996 and more importantly, to alert you to the opportunity to comment on proposed changes before the comment period ends on April 26, 2002. Portions of this federal act will affect the way athletic trainers communicate and otherwise handle medical records/information of our patient population. We believe that it is important that you become familiar with these regulations and to allow you to submit comments within this "comment period". This message will briefly cover: Background of HIPAA, Proposed modifications with potential implications in work settings, and resources for additional information.

Background: HIPAA, which stands for Health Insurance Portability and Accountability Act, was created to allow, among other things, employees to keep their medical insurance plans as they change jobs ("Portability"). HIPAA can be broken down into three "Rules". The first one, the "Transaction Rule" is intended to standardize procedure codes and electronic billing format; the second rule is the "Security Rule" that is designed to secure personally identifiable healthcare information being transmitted electronically; the third rule is the "Privacy Rule" that will have the greatest impact on how we communicate and share patients' medical information. Actually, the Privacy Rule took effect on April 14, 2001. Most covered entities must comply with the Privacy Rule by April 14, 2003. The privacy rule creates national standards to protect individuals' personal health information and gives patients increased access to their medical records. HIPAA regulations only affect "covered entities" or those health care providers that conduct financial or administrative transactions electronically. However, this definition has been expanded to include all health care entities, and business associates, that utilize patients' medical records- this includes certified athletic trainers in **all** employment settings.

Proposed modifications: To ensure that the provisions of the final rule provide strong privacy protection without hindering access to health care, the Department of Health and Human Services on March 21, 2002 proposed modifications to the privacy rule. There are five main categories that will most likely affect certified athletic trainers.

1. Consent Authorization by the patient. Consent allows health care providers to communicate between themselves about a patient's care. The proposal would promote access to care by removing the consent requirements that would potentially interfere with the efficient delivery of health care, while strengthening requirements for providers to notify patients about their privacy rights and practices. Previously, consent requirements interfered with referrals to specialists, providing treatment over the telephone, and emergency medical providers. Under the proposal, patients would be asked to acknowledge receipt of the notice of privacy rights and practices. **Applicable to certified athletic trainers in all settings with typical considerations given to minors.**
2. Authorization to Release Information. The patient must authorize health care providers to disclose personal health information to a third party specified by the patient. An authorization is more detailed and specific than a consent. It covers only the uses and disclosures of stipulated information. It has an expiration date and can state the purpose for which the information may be used or disclosed. Implications for injury reports- will need to have authorization for each injury episode instead of a "blanket" authorization that covers all injuries for an entire season. **Applicable to certified athletic trainers in all settings with typical considerations given to minors. Communications/reports to coaches, media, and administrators fall under this category.**
3. Minimum Necessary and Oral Communications. This provision requires covered entities (health care providers, etc.) to make reasonable efforts to limit the use and disclosure of and request for protected health information to the minimum necessary to accomplish the intended purpose. It is not intended to keep providers from talking to each other

regarding a patient's care nor is it intended to eliminate all risks of prohibited disclosure as originally stated. Improper disclosures to third parties would still violate the rule.

Applicable to certified athletic trainers in all settings, caution should be used when giving "sideline" injury reports to media, etc without prior authorization.

4. Parents and Minors. The current rule may have unintentionally limited a parent's access to his or her child's medical records. The modification clarifies that state law governs disclosures to parents. **Applicable to all certified athletic trainers who work with minors.**
5. Uses and Disclosures for Research Purposes. The proposal eliminates the need for multiple forms- one for consent and another for authorization to release information. One form can be used to accomplish both purposes. **Researchers and educators should review this modification.**

Note: Certified athletic trainers who bill for athletic training services, regardless of work setting, must be aware of electronic billing rules (Rules 1 & 2) that are described elsewhere within HIPAA regulations.

Resources for Additional Information: The summary described above is not intended to be all inclusive. Rather it serves as notice to all certified athletic trainers that provisions called for under HIPAA will impact the way you practice athletic training. Please consult your employer, medical director/ supervising physicians, and administrators to be sure that you clearly understand your role in the privacy policy and procedures that they will be required to develop. Share this information with third parties you work with, i.e., coaches, parents, media, etc.

Information regarding HIPAA has appeared in four issues of the *NATA News*. You may find these articles in the following issues:

- May 2000, p. 6-7
- Sept. 2001, p. 9
- Sept. 2001, p. 33-34
- Dec. 2001, p. 64
- May 2002, p. 9

St. Anthony's Press offers a HIPAA Handbook with basic information and a notebook that is updated during the year as needed. The phone number is 1-800-765-6097 ext. 33107; ask for Katie to receive a special NATA member discount.

The following web sites can provide additional information:

www.hhs.gov (US Department of Health and Human Services) follow the "news" link. The HHS News and HHS Fact Sheets are very informative.

www.hhs.gov/ocr/hipaa/ describes how to participate during the comment period that ends on April 26, 2002.

www.aha.org this is the American Hospital Association site that offers AHA's comments and concerns about the Privacy Rule.

www.fmaonline.org (Florida Medical Association) has a very useful "Confidentiality Assessment Checklist" that may be used by permission of the FMA.

Please feel free to contact the Governmental Affairs Committee- Keith Webster, Chair, kjwebs@uky.edu; the Governmental Affairs Department - LaNell Collins, Director, lanellc@nata.org; Rich Rogers, Manager, richr@nata.org for help with questions.

FIELD KIT/FIRST AID KIT SUPPLY LIST

The following items are suggested for stocking the field kit and/or first aid kits for travel. This is not an all inclusive list.

- Ace Bandages (Various Sizes)
- Adhesive Foam
- Alcohol Wipes
- Arm Sling
- Bacitracin/Antibiotic Ointment
- Band-Aids (Various Sizes)
- Cotton Applicators
- Skin Lube
- Tuf-Skin
- Scissors
- Sterile Gauze Pads
- Heel & Lace Pads
- Hydrogen Peroxide
- Betadine
- Latex Rubber Gloves
- Biohazard Bags
- Felt/Foam Padding
- Penlight
- Pre-Wrap
- Tape
- Elastic Tape
- Tongue Depressors
- Towel
- Tape Cutter
- Eye Wash
- Contact Case

MURRAY STATE UNIVERSITY DEPARTMENT OF ATHLETICS

EMERGENCY ACTION PLAN

I. Overview of the Emergency Action Plan

This plan has been developed as a way to ensure that the safety of the student-athletes, department of athletics staff, university faculty and staff, and spectators is secured during potential emergencies. This plan represents as many conceivable situations as possible for all aspects of the Murray State University Department of Athletics. All Department of Athletics personnel will be familiar with this plan, in particular the portion of the plan that directly relates to his or her specific position or sport. It should be noted that specific personnel will be called upon in order to assist should the need arise at an athletic event hosted by Murray State University.

This plan has also been disseminated to University administrators and the Department of Public Safety, as these individuals will be the primary response to an emergency situation. Further, a copy of this plan has been given to the City of Murray police, fire and rescue; as well as the ambulance service and the Murray-Calloway County Hospital. These departments are aware of our Emergency Action Plan (EAP) and their potential involvement in assisting the Department of Athletics and University personnel with specific emergency situations.

Copies of this plan will be placed in a readily accessible location within the administrative office of the Department of Athletics and in the administrative office or areas of all Department of Athletics venues. Portions of the plan will be distributed to each Department of Athletics staff member as it relates to his or her particular sport or venue. The Department of Athletics staff will share this information with assistant coaches, managers, and student-athletes so that all can be prepared in an emergency situation. Visiting teams will be sent information in regards to the EAP prior to their arrival on campus for practices and or contests, especially since some of their activities may occur without the supervision of Murray State University Department of Athletics staff. The information contained within this document should be committed to memory as this will aid in handling a potential situation in a clam, organized manner.

II. General Directions for Staff Members in the Event of an Emergency

Regardless of the emergency that may be encountered, there are certain items that must be attended to:

1. Ensure the safety of ALL participants, including yourself. If you put yourself in the situation, you are no longer able to help.
2. Determine if there are any life-threatening situations that need to be addressed.
3. Notify the proper authorities. This most often can be accomplished by calling Murray State University Public Safety. The number to Public Safety is **2222**, from a campus line telephone, or **809--2222** from an off-campus line or cellular telephone. ***It is recommended that this number be used to contact police, fire, rescue and ambulance as Public Safety is in constant contact with these departments and can more accurately direct them to the location of the emergency.***
4. If necessary, and in events which affect the entire venue, (ie. Weather emergencies, earthquake, fire, etc.) evacuate the premises or venue in a safe, organized manner. It would be appropriate to utilize the assistance of the public address announcer (if available). (See section entitled *Roles and Responsibilities of the Public Address Announcer*)
5. Ensure that all members of your team are present. It is important that you are aware of the number of people on your team or that are with you prior to the event. This is especially important when traveling.
6. Tend to any injuries sustained by participants on your team and at the venue.
7. Assist University personnel or emergency personnel if asked. Do only as they say, as these people will be in charge of the situation when they arrive at the scene. Often times, the greatest assistance is to back away completely. It is important to remember that these people are trained for this work and perform these duties on a daily basis.
8. Document the events that transpired during the emergency situation. Be sure everything that happened, everything you did, and the results are written down. This does not need to be an elaborate document, however some notes about what occurred may help with any investigation or in future emergency situations.
9. If you are involved in taking care of a student-athlete and an athletic trainer is not present, notify the athletic trainers immediately and inform them of the situation and what you did to handle the situation. Often times the athletic trainers can be there to assist you in a moment's notice or direct you over the telephone in regards to the care you should provide.
10. Notify the person within the Department of Athletics to whom you answer. Head coaches should speak with the Director of Athletics, assistant coaches should speak with your head coaches who will then speak with the Director of Athletics, etc. If the Director of Athletics is not available, the next highest-ranking individual should be notified.

11. Direct all media to University or public officials. Do not attempt to speculate on particular situations, place blame on anyone, etc.

III. Guidelines as Set Forth by the National Collegiate Athletic Association.¹

These guidelines refer only to the prevention and care of injuries and illnesses sustained by the student-athletes at NCAA institutions. Guidelines for other types of emergencies associated with the Department of Athletics are not covered by these NCAA Guidelines.

“Each scheduled practice or contest of an institution sponsored intercollegiate athletics event, as well as out-of-season practices and skills sessions should include the following:

- A. *Presence of a person qualified to render emergency care*
- B. *Presence or access to a physician*
- C. *Planned access to a medical facility*
- D. *Means for transportation between venue and medical facility*
- E. *Access to a working telephone or communication device*
- F. *All necessary emergency equipment should be on-site or readily available*
- G. *Personnel must be trained in advance to use the equipment properly*
- H. *Emergency information regarding student-athletes must be on hand*
- I. *A thorough understanding by all parties (including visitors) of the personnel and procedures associated with the EAP*
- J. *Certification in CPR, First Aid and OSHA should be required by all athletics personnel associated with practices, contests, out-of-season practices and skills session*

IV. Explanation of the NCAA Guidelines with respect to the Murray State University Department of Athletics

At first glance, this guideline reads as though it does not pertain to coaches and administrators, but rather to the certified athletic trainers employed by the institution. Recognizing that it is impossible for the athletic trainers to be in every place at one time, it becomes the responsibility of the coaches and administrators to assist the Murray State University Athletic Training – Sports Medicine department with emergency situations if necessary.

- A. *Presence of a person qualified to render emergency care*

Although the certified athletic trainers are present for all athletic contests that occur on the campus, it is not possible for the certified athletic trainers to attend every practice, skill session, or out-of-season conditioning session. The coach can be qualified to render emergency care to a stricken participant as long as he or she is trained in CPR and First Aid. The single most important aspect in caring for a stricken participant is starting the

¹ Please note that this is a Guideline outlined in the NCAA Sports Medicine Handbook. It will not be found in the NCAA Rules Text and is NOT a mandatory requirement of NCAA institutions at this time.

“Chain of Survival” by calling the emergency number. (See section entitled *Starting the Chain of Survival*) Often student athletic trainers will be available to assist and handle a situation as they are also familiar with the EAP.

B. Presence or access to a physician

The team physicians for the Department of Athletics are readily available if needed. Although attempts to be present at MSU athletic events are made, this is not always possible for all events. The team physicians can be reached by contacting the MSU Athletic Training – Sports Medicine staff. In the event that MSU Athletic Training – Sports Medicine staff is unavailable and the team physicians are not available, the Emergency Department at the Murray-Calloway County Hospital is staffed 24 hours per day with physicians trained to render care in emergency situations.

C. Planned access to a medical facility

The Murray State University Department of Athletics has an athletic training facility located at each venue; Stewart Stadium, Regional Special Events Center, Racer Arena/Cutchin Fieldhouse, and the Crisp Soccer/Tennis Complex. Depending on the severity of the situation, all athletes should be brought to one of these facilities for a consultation with a certified athletic trainer.

Murray State University also has a Health Services clinic located on campus (Wells Hall) which may be used in the event the athletic training rooms are closed. This facility has specific hours and may not be accessible.

As a last resort, or in severe emergency situations, the Emergency Department of the Murray-Calloway County Hospital is fully equipped and staffed to aid in emergency situations. Attempts should be made to contact the certified athletic trainers to determine their availability prior to going to the Emergency Department in non-life threatening situations.

D. Means for transportation between venue and medical facility

In non-life threatening or non-severe injury situations, a stricken participant may be transported to one of the three athletic training facilities via the athletic department personnel personal vehicle, university vehicle or campus public safety. (See section entitled *Transportation*) This should be done in accordance with NCAA rules only.

In life-threatening or severe injury situations, transportation to the Emergency Department will be acquired by ambulance. This can be accomplished by calling MSU Public Safety. (See section entitled *Starting the Chain of Survival*)

E. Access to a working telephone or communication device

A plan for each of the Department of Athletics venues² has been established for communication between the venue and MSU Athletic Training – Sports Medicine or MSU Public Safety. This is accomplished with landline telephones, emergency call boxes, or cellular telephone. (See Appendix outlining location of communication devices at MSU Department of Athletics venues)

F. All necessary emergency equipment should be on-site or readily accessible

Each of the three MSU Athletic Training facilities is equipped with emergency equipment. This equipment is available at all contests and practices, which occur within that particular venue.

The MCCH Ambulance Service also carries emergency equipment, therefore, when an ambulance is requested the emergency equipment is at hand.

All Department of Athletics personnel are encouraged to carry CPR pocket masks or barriers and latex rubber gloves whenever participating in individual skills sessions or practices where certified or student athletic trainers are not present.

G. Personnel must be trained in advance to use equipment properly

All certified and student athletic trainers are thoroughly trained in the use of the emergency equipment that is kept on hand by the MSU Athletic Training – Sports Medicine Department. In the event that the MSU Athletic Training staff is unavailable and in the judgement of the coach or personnel in charge of an event emergency equipment is needed, the MCCH Ambulance service should be summoned. (See section entitled *Starting the Chain of Survival* for instruction on how to contact MCCH Ambulance service)

Coaches and/or Department of Athletics personnel may be requested to assist the MSU Athletic Training – Sports Medicine Department or MCCH Ambulance Service with the use of the emergency equipment and will cooperate fully with the personnel in charge of the situation in order to best care for the stricken participant.

H. Emergency Information regarding the student-athlete must be on hand

² Consult the section in regards to the particular venue for communication availability.

The student-athlete information form contains data in regards to student-athlete addresses and phone numbers, next of kin, and medical alerts such as medications and allergies.

A student-athlete information form is available on every student-athlete at MSU through the MSU Athletic Training – Sports Medicine Department. For teams that have a certified or student athletic trainer covering them on a continual basis, this person retains this information. Teams that do not have a certified or student athletic trainer covering them will be supplied with the student-athlete information forms at the beginning of each new academic year. Teams that add student-athletes during the year will receive a form for each additional student-athlete.

In the event a student-athlete is injured during an on-campus individual practice or skill session, the MSU Athletic Training – Sports Medicine Department should be notified and a form will be brought to the scene of the emergency.

I. A thorough understanding by all parties (including visitors) of the personnel and procedures associated with the EAP

All Department of Athletics personnel will be familiar with the Emergency Action Plan (EAP). It is recommended that the information is also discussed with the student-athletes at the beginning of each academic year (those areas that pertain to the specific team/venue).

Further, information that pertains to visiting teams and the venue on the MSU campus that they will be participating in is sent to the visiting team prior to the scheduled date of the contest. This information can be included with your hospitality letters. Specifics of the EAP will be discussed with the highest ranking official that travels with the visiting team, in the event an emergency occurs. It should be noted that the care of a stricken participant of a visiting team is the responsibility of the Murray State University Department of Athletics as we are the host institution. In the event an athletic team travels without the assistance of a certified or student athletic trainer, the MSU Athletic Training – Sports Medicine Department will assume care of the visiting team student-athletes following consultation with the head coach of said team or the highest ranking official traveling with the visiting team.

J. Certification in CPR, First Aid and OSHA should be required by all athletics personnel associated with practices, contests, out-of-season practices and skill sessions

All personnel directly involved with the practice, contests, or instruction of the student-athletes must be certified annually by the American Red Cross or American Heart Association in Cardio-Pulmonary Resuscitation (CPR) and First Aid (every 3 years). Personnel should also be familiar with procedures set forth by the Occupational Safety and Health Association (OSHA) in regards to blood-borne pathogens and prevention of the transmission of communicable diseases.

V. Starting the *Chain of Survival*³

The emergency medical services (EMS) system is a network of community resources in which you may play an important role. Think of the EMS system as a chain made up of several links. Each link depends on the others for success.

The system begins when a person recognizes that an emergency exists and decides to take action. He or she calls the local emergency number for help. The EMS dispatcher, MSU Public Safety dispatcher, or MSU Athletic Training – Sports Medicine Department answers the call and uses the information you provide to determine what help is needed for the student-athlete. A team of emergency personnel gives care at the scene and transports the victim to the appropriate medical facility for further care. Once at the medical facility another team of medical personnel may assist the student-athlete. Ideally, the student-athlete will move through each link in the chain. All of the links should work together to provide the best possible care for the student-athlete. Early arrival of the emergency personnel increases the student-athlete's chances of surviving a life-threatening emergency. *Whether you know first aid or not, calling the appropriate individual during an emergency situation is the most important action you can take.*⁴

The following procedures will be used when implementing the *Chain of Survival*:

A. Non-Life Threatening Injuries or Illnesses

Contact the certified athletic trainers. (See the section entitled *Important Telephone Numbers*)

The certified athletic trainer will instruct you on where to take the student-athlete, or what type of immediate care, if any, should be provided to the student-athlete.

In the event a certified athletic trainer cannot be contacted, or the MSU Athletic Training rooms are not open at the time of the accident, attempt to contact the certified athletic trainers at alternate numbers. In *most* instances, at least one of the certified athletic trainers is in town at all times.

In an illness situation, during a time Health Services is available, transport the student-athlete to Student Health Services for evaluation by Health Services personnel. Health Services personnel will contact MSU Athletic Training – Sports Medicine.

If all attempts to contact on-campus support services are exhausted, AND the injury is serious enough to warrant IMMEDIATE medical assistance, transport the student-athlete to the Emergency Department at Murray-Calloway County Hospital. If the

³ Chain of Survival is terminology borrowed from the American Red Cross Community First Aid and Safety participant manual.

⁴ American Red Cross. (1993). *Community First Aid and Safety*. St. Louis, MO. Mosby-Lifeline.

injury is not serious enough to warrant immediate treatment, inform the student-athlete to report to the MSU Athletic Training – Sports Medicine Department at the next available opportunity.

B. Life or Limb Threatening Injuries or Illnesses

The following is a list of life or limb threatening injuries, which will require immediate activation of emergency medical services (EMS):

1. Cessation of Breathing
2. Cessation of Heart Beat/Pulse
3. Excessive, uncontrollable Bleeding
4. Extended periods of unconsciousness (head injury)
5. Inability of the student-athlete to move (head or neck injury)
6. Fractures of major bones (ie. Femur, Tibia, Humerus)
7. Compound fracture of any type (fracture in which a bone is visible)
8. Dislocation of a joint that the *student-athlete* is unable to reduce

In the case of orthopedic emergencies (ie. Fractures and dislocations) it is advisable to attempt to contact the certified athletic trainer prior to activation of the EMS system. The certified athletic trainers may be able to immobilize the situation and transport to the hospital without the help of the ambulance service. When a certified athletic trainer is unavailable, the EMS system should be activated to render care to the student-athlete.

Activating the Emergency Medical Services (EMS) System:

FROM A CAMPUS TELEPHONE:

1. Dial 911
2. Inform MSU Public Safety of the situation and what you need (an ambulance)
3. Tell them where you need the ambulance (this may be different than where you are calling from)
4. MSU Public Safety will then call EMS and direct them to your location – often they will meet the ambulance and lead them to your location

IF MSU PUBLIC SAFETY CANNOT BE REACHED OR IS BUSY:

1. Dial 9-911 (Remember you are calling an off-campus number and ‘9’ must be dialed first)
2. Give the dispatcher the necessary information. Answer any questions he or she might ask. Most dispatcher will ask:

- a. The exact location or address of the emergency. Include the name of the city (Murray, KY), near-by intersections, landmarks, building name, floor, and room numbers
 - b. The telephone number from which your call is being made (their caller-ID will pick up all campus lines as one number – this is important!)
 - c. Your name
 - d. What happened
 - e. How many people are involved
 - f. The condition of the student-athlete (ie. Unconscious, not breathing, no pulse, etc.)
 - g. What help (first aid) is being given
3. Do not hang up until the dispatcher hangs up. Often times the dispatcher may be able to tell you how to best care for the student-athlete
 4. Call the MSU Athletic Training – Sports Medicine Department and tell them about the situation and that you have called EMS
 5. Return and care for the student-athlete

FROM AN OFF-CAMPUS LAND LINE TELEPHONE LINE:

1. Dial 911
2. Give the dispatcher the necessary information. Answer any questions he or she might ask. Most dispatcher will ask:
 - a. The exact location or address of the emergency. Include the name of the city (Murray, KY), near-by intersections, landmarks, building name, floor, and room numbers
 - b. The telephone number from which your call is being made (their caller-ID will pick up all campus lines as one number – this is important!)
 - c. Your name
 - d. What happened
 - e. How many people are involved
 - f. The condition of the student-athlete (ie. Unconscious, not breathing, no pulse, etc.)
 - g. What help (first aid) is being given
3. Do not hang up until the dispatcher hangs up. Often times the dispatcher may be able to tell you how to best care for the student-athlete
4. Call the MSU Athletic Training – Sports Medicine Department and tell them about the situation and that you have called EMS
5. Return and care for the student-athlete

FROM A MOBILE TELEPHONE ON CAMPUS OR AT AN ATHLETIC VENUE IN MURRAY

1. Dial 809-222 (Dialing 911 from a mobile phone will get you the Kentucky State Trooper Post in Mayfield)
2. Inform MSU Public Safety of the situation and what you need (an ambulance)
3. Tell them where you need the ambulance
4. MSU Public Safety will then call EMS and direct them to your location – often they will meet the ambulance and lead them to your location. If this is off-campus, they will enlist the help of the city police

FROM A MOBILE PHONE AWAY FROM MURRAY

1. Dial 911 – This will get the nearest state patrol post
2. Give the dispatcher the necessary information. Answer any questions he or she might ask. Most dispatcher will ask:
 - a. The exact location or address of the emergency. Include the name of the city near-by intersections, landmarks, building name, floor, and room numbers
 - b. The telephone number from which your call is being made (their caller-ID will pick up all campus lines as one number – this is important!)
 - c. Your name
 - d. What happened
 - e. How many people are involved
 - f. The condition of the student-athlete (ie. Unconscious, not breathing, no pulse, etc.)
 - g. What help (first aid) is being given
3. Do not hang up until the dispatcher hangs up. Often times the dispatcher may be able to tell you how to best care for the student-athlete
4. Call the MSU Athletic Training – Sports Medicine Department and tell them about the situation and that you have called EMS
5. Return and care for the student-athlete

VI. Roles of Specific Personnel in the Department of Athletics

Depending on the situation, venue and type of emergency encountered, there will be specific people involved. These people involved will have specific functions in regards to assisting with the emergency situation and working in the best interest of the MSU Department of Athletics.

Be sure to refer to the specific section of this document pertaining to the particular venue or facility in which you may be working.

A. Medical Personnel

Medical personnel are often called on to take care of more than the student-athlete. Often they are called to tend to a stricken coach, referee, cheerleader, dance team member, or spectator.

The primary responsibilities of the certified athletic trainer and team physician is the emergency care to the participants involved in the contest or practice. This includes but is not limited to the student-athletes, coaches, referees, and cheerleaders.

Secondary responsibility of aiding spectators, band members, etc. will be added in the event Emergency Medical Services (EMS) are unavailable or the situation is life-threatening.

The primary responsibilities of the Emergency Medical Services (EMS) that are present at a contest will be to care for the spectators and attendees of the event.

Secondary responsibility of assisting the MSU Athletic Training – Sports Medicine staff will be added when the services of the EMS are, in the judgment of the certified or student athletic trainer and/or team physician are warranted. In situations of care to a student-athlete when the team physician is present, the team physician shall be in charge of the situation. In situations of care to a student-athlete when the team physician is not present, the certified athletic trainers and EMS services will work in conjunction with one another to ensure the best possible care for the student-athlete.

Medical personnel confer prior to all contests in regards to responsibilities, signals, etc.

B. Administrative Personnel

The primary responsibility of the administrative personnel (ie. Athletic Directors, Venue Directors, University Administration) will be to serve as a liaison between the medical personnel and the media, spectators, and other administrative personnel in the case of an emergency situation involving a student-athlete. These personnel will also be responsible for securing, through reasonable means crowd control and safety in order that the best possible care can be afforded to the student-athlete.

Administrative personnel will also assume responsibility for the safety and welfare of all spectators at a venue during other emergencies such as severe weather, earthquake, fire, etc. Athletics administrators should be in communication with venue administration in regards to these types of emergencies, building specifications, and building procedures.

C. Coaching Staffs

The primary responsibility of the coaching staff is to control his or her team, first and foremost. Coaches should be aware that teammates of a stricken student-athlete in

the way of the medical personnel can deter from the care being rendered to the student-athlete. It is advisable, following consultation with the referees, to require the team to return to the bench or sideline.

Coaches will also be approached by the media in situations involving injury to a student-athlete. *Coaches should use discretion in speaking about medical conditions as misinterpretations can occur.* The certified athletic trainers or team physician will discuss the status of a student-athlete with the coach, however *will not* reveal information of a medical matter to the media directly. All statements will be made through the head coach, athletic administration, or media relations specialist.

D. Game Officials

The primary responsibility of the game or contest officials will be to control the situation on the court or field in the event of an emergency. In situations when weather is a factor, the section of this document which pertains to inclement weather should be consulted. In all situations, care should be taken to protect the welfare of the student-athletes, coaches, support staff and to that end the fans and spectators.

It may be advisable that the game officials assist the medical personnel attending to an injured student-athlete with on field or court crowd control (ie. Coaches, players, staff, cheerleaders, etc.).

Game officials will be informed of the departmental EAP prior to all contests at Murray State University.

Game officials shall not interfere in any way with the care of an injured student-athlete. The officials should be assured that every attempt is being made to expedite the situation, however, everything will be done in as safe a manner as possible with the best interests of the injured student-athlete in mind at all times.

E. Student-Athletes

The primary responsibility of the student-athletes is to assist in any way possible with the situation. Most often this will involve vacating the area or premises. If the student-athlete is not injured, he or she may be asked to help others. Student-athletes should follow any and all instructions given to them by medical personnel, game officials, coaching staffs, or athletic and university personnel.

Every attempt shall be made by the full-time staff of Murray State University to protect the student-athletes.

F. Venue or Facility Staff and Public Address Announcer

The primary responsibility of the venue or facility staff will be to assist the athletic or university staff in securing the venue or facility. This includes crowd control and summoning outside services such as police, fire, or ambulance when necessary. The venue or facility staff may be called upon to summon medical assistance for fans and spectators of events. Medical personnel involved in the health care of the student-athletes will confer with the venue or facility staff to coordinate the summoning of EMS services and entrance into the venue or facility should the need arise.

It is imperative that the venue or facility staff have a thorough understanding of the facility, it's operations, and the emergency plan associated with the venue or facility. The venue or facility manager will also be responsible for instructing employees (ie. Ushers, ticket takers, concessions workers, etc.) about the facility, it's operation and emergency plans specific to that employee's position.

The primary responsibility of the public address (PA) announcer will be to assist in the orderly dissemination of instructions to all persons within the facility should an emergency occur. It is imperative that the public address announcer be familiar with the EAP for the facility he or she is working in. The public address announcer must be able to deliver correct, concise directions in a calm manner to all persons in a venue or facility in the event of an emergency. The public address announcer will disseminate ONLY the information he or she receives from the game management personnel at that venue for that particular contest.

It is advisable that the public address announcer review basic emergency procedures with participants, fans, and spectators during pre-game announcements made in the venue or facility.

G. Murray State University Department of Public Safety

The Murray State University Department of Public Safety will be the primary contact for emergency situations occurring on the Murray State University campus. MSU Public Safety will be the liaison between Murray State University administrative officials and local police, fire and rescue personnel. Should outside emergency personnel be warranted, MSU Public Safety will be contacted immediately in order that the quickest response be obtained from outside authorities.

Murray State University Department of Public Safety personnel will also work to assist the venue or facility staff with crowd control. In the event outside medical services are needed, MSU Public Safety will ensure that a route clear of obstructions from the time the medical personnel reach campus to the venue or facility is made.

H. Media Relations

The Murray State University Department of Athletics Media Relations Department should assist all personnel involved with the emergency situations. The media relations department will not make any comments to the media unless directed to do so by university or athletic administration.

It is the responsibility of the media relations department to keep media (photographers, reporters, TV crews, etc.) from interfering with the emergency situation or the care of the situation.

It is advisable that the media relations department speak with all visiting media prior to a contest informing them of the presence of an EAP, and requesting their assistance by using discretion when reporting situations. Familiarizing the visiting media to the venue or facility and it's specific EAP is advised.

VII. Procedures to be Followed for Specific Situations

A. Student-Athlete Injury

Should an injury to a student-athlete occur, a representative of Murray State University Athletic Training – Sports Medicine will be responsible for the care of the student-athlete. The certified athletic trainer, athletic training student (under supervision and with contact with the certified athletic trainers), and team physicians will attend to the injury. These persons will make decisions in regards to immediate care and transportation of the student-athlete from the playing area to the athletic training facility, emergency department or other location for care.

Coaches and student-athletes are asked to be sure not to disturb the injured student-athlete. Further, coaches and student-athletes should not get in the way of the medical personnel taking care of the injured student-athlete. Game officials will be asked prior to all contests to help in handling this situation.

B. Injury or Sudden Illness to a Coach or Support Personnel

Should an injury or sudden illness occur to a coach or support personnel for a team, the Murray State University Athletic Training – Sports Medicine Department personnel will assist the individual. The MSU medical personnel will summons EMS services if necessary. In the event of an injury or sudden illness to a coach and the MSU medical personnel are not available, it will be the responsibility of the assistant coaches or responsible team members to summons aid for the stricken individual.

C. Injury or Sudden Illness to a Game Official

Should an injury or sudden illness occur to a game official, the MSU Athletic Training – Sports Medicine personnel present at the contest will give primary care to the stricken individual. The MSU medical personnel will make decisions in regards to the advanced medical care that may be required for the stricken individual.

D. Injury or Sudden Illness to a Fan or Spectator

Should a severe injury or illness to a spectator occur, emergency medical services will be summoned immediately. Depending on the situation, it may not always be possible for the MSU medical personnel to assume responsibility for the stricken spectator. MSU medical personnel will be able to summon EMS services if needed. EMS services are stationed at all home football and basketball contests. Fans should be directed to be familiar with the facility in which they are watching a contest and be familiar with the closest exits, phones, or personnel to aid in the event of an emergency. These instructions should be read to the spectators during fan/spectator entrance into the facility at regular intervals until well into the beginning of the contest. See specific venue information for further detail.

E. Fire/Fire Alarm

Refer to the Green Flip-card University Emergency Procedures Guide

In the event of a fire at a venue or facility in which an athletic event or practice is being conducted, upon hearing the fire alarms, all student-athletes, coaches, and support personnel must vacate the facility and maintain a safe distance from the facility. All head coaches and departmental heads are responsible for ensuring that all of the members of his/her team are present and accounted for at the designated meeting location. See specific venue information for emergency exit locations of the particular venue your team is participating and practicing in. It is advisable to determine a meeting location easily identifiable to all persons on the team prior to the beginning of practice or seasons.

In the event that the fire emergency occurs during a contest, the public address announcer is responsible for calmly alerting the crowd of the situation and direct the crowd to follow the specific instructions of the venue/facility personnel, MSU public safety, and/or local authorities. Procedures for spectators should be announced prior to all events in which a PA announcer is utilized.

F. Earthquake

Refer to the Green Flip-card University Emergency Procedures Guide

Murray, Kentucky is located on the New Madrid Fault line and the possibility of earthquake does exist. In the event of an earthquake, all individuals in a venue or facility should take cover immediately attempting to get under a strong supportive object to protect themselves. Most buildings on the MSU campus have earthquake instructions located in the public areas of the buildings. These instructions should be followed.

In certain areas of buildings on campus, emergency flashlights and water supply are available. These items vary according to the specific building and whether or not this is still a required procedure. It is advisable that coaches carry a signaling device (ie. Whistle) whenever possible in order to allow for rescue workers to search and find victims.

The instructions of MSU Public Safety and local authorities should be followed closely in the event of an earthquake.

G. Severe Weather Emergencies

Refer to the Green Flip-card University Emergency Procedures Guide

In the event of severe weather, all necessary precautions should be taken to protect the student-athletes. If weather becomes inclement during outdoor practices, contests, or conditioning, student-athletes, coaches and support personnel should immediately move to a safe location and take cover.

Lightning Safety

All athletic department personnel should follow these guidelines as developed and recorded in the NCAA Sports Medicine Handbook.

1. Designate a chain of command as to who monitors threatening weather and who makes the decision to remove a team or individual from an athletics site or event. This plan concerns both the student-athletes as well as spectators.
2. Obtain a weather report each day before practice or event.⁵ Be aware of potential thunderstorms that may form during scheduled intercollegiate athletics events or practice.
3. Be aware of the National Weather Service (NWS) thunderstorm “watches” and “warnings” as well as the signs of thunderstorms developing nearby. A “watch” means conditions are favorable for severe weather to develop in an area; a “warning” means that severe weather has been reported in an area and for everyone to take proper precautions.
4. Know where the closest “safe structure or location” is to the field or playing area, and know how long it takes to get to that safe structure or location.
 - a. Any building normally occupied or frequently used by people (ie.: an building with plumbing and/or electrical wiring that acts to electrically ground the structure.) Avoid using shower facilities for safe shelter

⁵ Weather reports may be obtained on-line at www.weather.com. This is the site of the weather channel. Local and regional radar are available and are printable.

and do not use the shower or plumbing facilities during a thunderstorm.

- b.** In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (not a convertible or golf cart) and rolled-up windows can provide a measure of safety. A vehicle is certainly better than remaining outdoors. It is not the rubber tires that make a vehicle a safe shelter, but the metal roof that dissipates the lightning strike around the vehicle. **DO NOT TOUCH THE SIDES OF THE VEHICLE!**
- 5.** Be aware of how close lightning is occurring. The flash-to-bang method, in the absence of a lightning detector, is the easiest and most convenient way to estimate how far away lightning is occurring. Thunder always accompanies lightning, even though its audible range can be diminished due to background noise in the immediate environment, and its distance from the observer. To use the flash-to-bang method:
 - a.** Count the seconds from the time the lightning is sighted to when the clap of thunder is heard.
 - b.** Divide this number by five to obtain how far away (in miles) the lightning is occurring.

For example: If an individual counts 15 seconds between seeing the flash and hearing the bang, 15 divided by five equals three; therefore, the lightning flash is approximately three miles away.

- 6.** Lightning detectors (purchased for Stewart Stadium and Soccer (Cutchin/Hamilton Field)) will be in working order and operational when severe weather is threatening. If the lightning detector advises a lightning strike within a 10 mile radius of the venue as indicated on the detector, practice or competition will be suspended until 30 minutes following the last visualized lightning or audible thunder. The 30 minute clock will be re-started when additional lightning strikes are seen or thunder is heard.

Lightning awareness should be increased with the first flash of lightning or the first clap of thunder, no matter how far away. This activity must be treated as a wake-up call to intercollegiate athletics personnel. The most important aspect to monitor is how far away the lightning is occurring and how fast the storm is approaching, relative to the distance of a safe shelter.

Specific lightning safety guidelines have been developed with the assistance of the National Severe Storms Laboratory (NSSL).

- 1.** As a minimum, NSSL staff strongly recommend that by the time the monitor obtains a flash-to-bang count of 30 seconds, all individual should have left the

athletics site and reached a safe structure or location. Athletics events may need to be terminated.

2. The existence of blue sky and the absence of rain are not protection from lightning. Lightning can, and does, strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike.
3. If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees or a dry ditch. Assume a crouched position on the ground with only the balls of your feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground, because lightning current often enters a victim through the ground rather than by a direct overhead strike. **MINIMIZE YOUR BODY'S SURFACE AREA, AND MINIMIZE CONTACT WITH THE GROUND! DO NOT LIE FLAT!** If unable to reach safe shelter, stay away from the tallest trees or objects (such as light poles or flag poles), metal objects (such as fences or bleachers), individual trees, standing pools of water, and open fields. Avoid being the highest object in the field. Do not take shelter under a single, tall tree.
4. A person who feels his or her hair stand on end, or skin tingle, should immediately crouch, as described in item 3.
5. Avoid using the telephone, except in emergency situations. People have been struck by lightning while using a land-line telephone. A cellular phone or a portable remote phone is safe alternative to land-line phones, if the person and the antenna are located within a safe structure or location, and if all other precautions are followed.
6. When considering resumption of an athletics activity, NSSL staff recommends that everyone should ideally wait at least 30 minutes after the last flash of lightning or sound of thunder before returning to the field or activity.

See specific venue information for further information and instruction in regards to lightning safety.

Tornadoes

Refer to the Green Flip-card University Emergency Procedures Guide

The possibility of severe weather also brings the possibility of tornadoes with it. Tornadoes most often occur in the spring and early summer, though they are not limited to these times alone. In the event of a tornado during a practice or competition, all individuals associated with the practice or competition must move to an area of safety. See specific venue information for further detail.

H. Emergencies During Team Travel

Should an emergency occur during team travel, follow the steps listed below:

1. Be sure accident scene is safe.
2. Remove travel party from immediate danger.
3. Summon emergency personnel (EMS)
4. Assist with aiding those that are injured, taking care of the most severe first.
5. Be sure all of the travel party is accounted for.
6. If travelling by MSU vehicle, follow motor pool instructions for reporting the incident and arranging alternative transportation.
7. Report incident to athletic director as soon as possible.
8. Should anyone in the travel party require medical attention, utilize the athlete information forms in order to alert medical personnel to individual student-athlete needs. Information in regards to next of kin is also available on these forms and should be utilized as soon as basic information is available to inform the next of kin in regards to condition of the injured, as well as location of the stricken individual.

VIII. Specific Venue Information Charts

- A. Stewart Stadium
- B. Racer Arena/Cutchin Fieldhouse
- C. Carr Health Building
- D. Crisp Soccer/Tennis Complex
- E. Reagan Field
- F. Softball Field – Murray-Calloway County Parks
- G. Football Practice Facilities
- H. Miller Memorial Golf Course
- I. Purcell Tennis Courts
- J. 15th Street Tennis Courts
- K. Intramural Fields – 15th Street
- L. Cutchin Field
- M. Regional Special Events Center
- N. Bee Creek Soccer Complex
- O. Hamilton Field
- P. High Schools
 1. Murray High School
 2. Calloway County High School

Stewart Stadium

Street Address:	Gilbert Graves Drive Murray, KY 42071
Directions:	Can enter stadium from 121N, 641S, and Gilbert Graves Drive off Chestnut Street Gates into Football Field on North and South Ends, Double Wide Gate on Northeast Corner
Major Landmarks:	Stadium JC Penney University Church of Christ
Main Phone Number:	Administrative Offices: (270) 809-6800
Venue/Facility Manager:	Mike Thieke, Asst. AD for Facilities
Facilities Within Venue:	Press Box – 6 th and 7 th Level President’s Box – 5 th Level Spectator Seating with Restrooms and Concession Stands – 3 rd and 4 th Levels Rifle Range – 2 nd Level Administrative and Coaches Offices – 2 nd Level Storage/Garage – 2 nd Level Weight Room – 1 st Level Baseball/Visitor’s Locker Room – 1 st Level Football Coaches Offices – 1 st Level Racer Room – 1 st Level Track Locker Rooms/Offices – 1 st Level Equipment Room – Football – 1 st Level Football Locker/Ready Room – 1 st Level Athletic Training Room – 1 st Level
Events Hosted:	Football Games/Practice Track and Field Meets/Practice Band Contests/Practice High School Football Games High School Track and Field Meets Special Olympics Relay for Life Freedom Fest Concert
Available Emergency Phones:	Athletic Training Room: (270) 809-6858 (270) 809-6806 Football Office: (270) 809-6181 Administrative Office: (270) 809-6800

	Press Box: (270) 809-6811
Keys:	See Key List – Appendix
Suggested Outside Meeting Location:	Lower Level: 50 yard line – Football Field Second Level: Upstairs Parking Lot/On Practice Fields
Emergency Equipment Available:	Spine Board Splints Scoop Stretcher DDI Sports Chair Manual Resuscitator Oxygen AED
Best Entrance for EMS:	Lower Level: Enter Track Level at Northeast Gate Second Level: 3 rd Level Gilbert Graves – Take Elevator Down one Level 3 rd -7 th Level: 3 rd Level Gilbert Graves – Take Elevator to Appropriate Level
PA Announcer Recommendations:	Exit Locations Location of EMS – Field Level – South Endzone Phone Number for Emergencies Inclement Weather Possibilities/Alert
Possible Complications:	Stairs Gates and Chains – Must have keys Elevator Requires Key Traffic around stadium Phone Accessibility During Off Hours

Racer Arena/Cutchin Fieldhouse

Street Address:	Payne Street Murray, KY 42071
Directions:	Turn on Right on Payne Street if traveling South on US641, Left if traveling North on US641. Continue straight past high rise dormitories and down hill. Loading dock entrance will be on left hand side of road. Alternate Directions: Take Main Street east and turn right on 14 th Street. Proceed through first stop sign (Olive Blvd.) and travel approx. 500 yards. Racer Arena will be on left. Upper parking lot on left – best access to stands. Proceed to Payne Street and take Left to get to loading dock.
Major Landmarks:	St. Leo's Catholic Church Regents and White Residential Colleges Cutchin Field Curris Center
Main Phone Number:	Arena Floor: (270) 809-6815
Venue/Facility Manager:	Mike Theike, Asst. AD for Facilities
Facilities Within Venue:	Press Box Official's Dressing Room Visitor Dressing Rooms Main Arena/Floor Area Meeting Room off of Main Floor – Tunnel Old Rifle Range/Storage Facility Concessions Areas/Restrooms
Events Hosted:	Volleyball Matches/Practice Men's and Women's Basketball Practices Intramural Athletics SGA Events/Concerts High School Athletics Camps
Available Emergency Phones:	Arena Floor: (270) 809-3751 Press Box: (270) 809-6811 Courtesy Phone on Track: (270) 809-5651
Keys:	See Key List – Appendix
Suggested Outside Meeting Location:	Cutchin Field Faculty Club House Lawn – Outside Upper South Entrance Curris Center Loading Dock – Outside Upper North Entrance
Emergency Equipment Available:	Spine Board Splints

	Scoop Stretcher DDI Sports Chair Manual Resuscitator Oxygen AED
Best Entrance for EMS:	Lower Level: Loading Dock off of Payne Street Upper Level: North Lot off 14 th Street
PA Announcer Recommendations:	Exit Locations Location of EMS – If Applicable – Loading Dock Entrance Phone Number for Emergencies Inclement Weather Possibilities/Alert
Possible Complications:	Stairs Chains on Doors Traffic around Racer Arena Parked Cars and Service Vehicles in Loading Dock Area Phone Accessibility During Off Hours

Carr Health Building

Street Address:	Payne Street/14 th Street Murray, KY 42071
Directions:	<p>Turn Right on Payne Street if traveling South on US641, Left if traveling North on US641. Continue straight past high rise dormitories and down hill. Continue past Racer Arena loading dock and veer to left – building attached to Racer Arena is Carr Health Building. May proceed up sidewalk to reach front entrance of building if gates are open.</p> <p>Alternate Directions: Take Main Street east and turn right on 14th Street. Proceed through first stop sign (Olive Blvd.) and travel approx. 500 yards. Racer Arena will be on left. Turn into parking lot behind Racer Arena and proceed down hill behind library. Outside pool entrance is at bottom of hill. Proceed up hill past library to get to front entrance of building if gates are open.</p>
Major Landmarks:	<p>St. Leo's Catholic Church Regents and White Residential Colleges Cutchin Field Curris Center Waterfield Library</p>
Main Phone Number:	Dept. of Wellness and Therapeutic Science Offices: (270) 809-6188
Venue/Facility Manager:	Mike Gowen
Facilities Within Venue:	<p>Classrooms Weight Room (2) Gymnastics Room Racquetball Courts Swimming Pool Locker Rooms – Student/Faculty North Gymnasium South Gymnasium Exercise Science Laboratory Volleyball Dressing Room Training Room Equipment Storage/Laundry Facilities Soccer Dressing Room</p>
Events Hosted:	Volleyball Matches/Practice

	Men's and Women's Basketball Practices Intramural Athletics MSU Classes YMCA Classes/Events
Available Emergency Phones:	Dept. of W&TS: (270) 809-6188 Athletic Training Room: (270) 809-6658
Keys:	See Key List – Appendix
Suggested Outside Meeting Location:	Parking Lot behind Library – Outside Pool Applied Sciences Building Steps – Outside Front Doors of Carr Health Building
Emergency Equipment Available:	AED – Hallway outside Equipment Room Other equipment available in athletic training room
Best Entrance for EMS:	Front Doors Concession Area in Racer Arena – Between Curris Center and Carr Health Outside Pool Entrance between Library and Carr Health
PA Announcer Recommendations:	N/A
Possible Complications:	Stairs Gates on Sidewalks blocking front of building Parked Cars and Service Vehicles in Concession area between Curris Center and Carr Health Phone Accessibility During Off Hours

Crisp Soccer/Tennis Complex

Street Address:	Chestnut Street Murray, KY 42071
Directions:	From HWY 641 N: Take Right at Chestnut Street, From HWY 641 S: Take Left at Chestnut Street. Proceed past General Services Building and take Left into Curris Center parking lot. Crisp Soccer/Tennis Complex will be straight ahead.
Major Landmarks:	Hardee's Pocket's Shell BB&T Bank Pizza Hut General Services Building Regents Residential College Bennie Purcell Tennis Courts Curris Center/Cutchin Soccer Field
Main Phone Number:	Soccer Locker Room: 270-809-7077 Men's Tennis Locker Room: 270-809-7077 Women's Tennis LR: 270-809-7076 Athletic Training Room: 270-890-7078
Venue/Facility Manager:	Mike Thieke, Asst. AD for Facilities Men's Tennis Coach Women's Tennis Coach Women's Soccer Coach
Facilities Within Venue:	Storage Men's and Women's Tennis Locker Rooms Women's Soccer Locker Room Men's and Women's Rest Rooms Athletic Training Room
Events Hosted:	Men's Collegiate Tennis Matches Women's Collegiate Tennis Matches Tennis Camps Soccer Matches
Available Emergency Phones:	Crisp Center – Soccer and Tennis Facility Men's Tennis LR – (270) 809-7075 Women's Tennis LR – (270) 809-7076 Athletic Training Room – (270) 809-7078
Keys:	See Key List – Appendix
Suggested Meeting Location:	Cutchin Soccer Field
Emergency Equipment Available:	Spine Board AED Resuscitation Bag/O2

	Vacuum Splints DDI Sports Chair
Best Entrance for EMS:	Curriss Center Parking Lot off of Chestnut Street
PA Announcer Recommendations:	N/A
Possible Complications:	Chestnut Street/Parking Lot Traffic especially at particular times of the day

Reagan Field - Baseball

Street Address:	Gilbert Graves Drive/HWY 121N Murray, KY 42071
Directions:	<p>Best Access to Pressbox and Grandstands: From US641 N: Turn Right at stop light onto HWY 121 N. Proceed to next stop light and turn left on Gilbert Graves Drive. Proceed up hill and baseball field is on left. From US641 S: Turn Left at stop light onto HWY 121 N. Proceed to next stop light and turn left on Gilbert Graves Drive. Proceed up hill and baseball field is on left. From Chesnut Street: Turn right (coming from East), turn Left (Coming from West) on Gilbert Graves Drive just past the general services building across from the Tennis Courts. Proceed to stop sign and turn left on road behind stadium. Proceed past stadium to baseball field.</p> <p>Access to Field Level: Turn into Stewart Stadium parking lot from US 641 N or S. Proceed to sidewalk between stadium and baseball field. Utilize gates onto baseball field for field access.</p>
Major Landmarks:	Stewart Stadium Regional Special Events Center JC Penney Lowe's University Church of Christ
Main Phone Number:	Baseball Press Box: (270) 809-5650 Baseball Dugout: (270) 809-2698
Venue/Facility Manager:	Mike Thieke, Asst. AD for Facilities Baseball Coaches

Facilities Within Venue:	Press Box Visiting Team Dugout Home Team Dugout Batting Cages Bull Pens Playing Field
Events Hosted:	Baseball Games/Practices High School Games/Tournaments Camps
Available Emergency Phones:	Baseball Dugout: (270) 809-2698 Press Box: (270) 809-5650
Keys:	See Key List – Appendix
Suggested Meeting Location:	Center Field Stewart Stadium Parking Lot Upper RSEC Lot
Emergency Equipment Available: (Located in Stadium Training Room)	Spine Board Splints DDI Sports Chair Scoop Stretcher Manual Resucitator Oxygen AED
Best Entrance for EMS:	Field Level: From Stewart Stadium Parking Lot – In between Stadium and Baseball Field Stands/Press Box: Gilbert Graves Drive
PA Announcer Recommendations:	Location of EMS – If Applicable Phone Number for Emergencies Inclement Weather Possibilities/Alert Traffic Control – Routes of Exit away from facility
Possible Complications:	Stairs/Seating Chains on Gates Traffic from Other Venues and Events

Softball Field – Murray – Calloway County Park

Street Address:	Corner of Arcadia and 8 th Street Murray, KY 42071
Directions:	May access softball complex from 8 th street off of Chestnut or via Arcadia Drive off of N. 12 th Street (HWY 641).
Major Landmarks:	Taco Johns Olympic Plaza (Dining/Shopping) Old Car Dealer on Chestnut Murray City Cemetery Murray Telephone and Electronics-Across Street
Main Phone Number:	NO LAND LINE AT THIS SITE. MOBILE PHONE REQUIRED
Venue/Facility Manager:	Mike Thieke, Asst. AD for Facilities Murray-Calloway County Parks Director Softball Coaches
Facilities Within Venue:	Visiting Team Dugout Home Team Dugout Batting Cages Bull Pens Playing Field Fan Bleachers
Events Hosted:	Softball Games/Practices Recreation League and Tournament Softball Games
Available Emergency Phones:	NO LAND LINE AT THIS SITE. MOBILE PHONE REQUIRED
Keys:	See Key List – Appendix
Suggested Meeting Location:	Center Field Parking Lot of Murray Telephone and Electronics
Emergency Equipment Available: (Located in Stadium Training Room)	Spine Board Splints Scoop Stretcher

	Manual Resuscitator Oxygen AED
Best Entrance for EMS:	From Hospital: Follow 8 th Street to Corner of Arcadia and 8 th Street
PA Announcer Recommendations:	Location of EMS – If Applicable Phone Number for Emergencies Inclement Weather Possibilities/Alert Traffic Control – Routes of Exit away from facility
Possible Complications:	Chains on Gates Traffic from Other Venues and Events

Football Practice Facilities

Street Address:	Gilbert Graves Drive Murray, KY 42071
Directions:	<p>From Chesnut Street: Turn right (coming from East), turn Left (Coming from West) on Gilbert Graves Drive just past the general services building across from the Tennis Courts. Proceed to stop sign and turn left on road behind stadium. Practice fields are located behind stadium. Turn left onto road leading to College Courts and Residential Colleges.</p> <p>From Residential Colleges: Take Chestnut Street to 15th Street turn right (Coming from West), turn Left (Coming from East). Proceed to Second entrance on right to Residential College complex. Turn right at the Hester Residential College sign and proceed to stop sign. Turn left toward College Courts and Proceed to the first road to the right. The Football Practice Facility is to the left.</p>
Major Landmarks:	Stewart Stadium Regional Special Events Center College Courts Residential Colleges Wellness Center
Main Phone Number:	NO LAND LINE PHONES AT THIS SITE. MUST HAVE CELLULAR PHONE FOR ACTIVITIES AT THIS FACILITY.
Venue/Facility Manager:	Mike Thieke, Asst. AD for Facilities Head Football Coach
Facilities Within Venue:	2 Football Practice Fields
Events Hosted:	Football Practices High School Scrimmages

	Band Practice
Available Emergency Phones:	NO LAND LINE PHONES AT THIS SITE. MUST HAVE CELLULAR PHONE FOR ACTIVITIES AT THIS FACILITY.
Keys:	N/A
Suggested Meeting Location:	N/A
Emergency Equipment Available: (Located in Stadium Training Room – On field for <i>MSU</i> Football Practices)	Spine Board Splints DDI Sports Chair Scoop Stretcher Manual Resuscitator Oxygen AED (At FB practices)
Best Entrance for EMS:	Gilbert Graves Drive to Practice Fields – May drive onto fields if necessary
PA Announcer Recommendations:	N/A
Possible Complications:	Traffic in Residential Colleges Area

Miller Memorial Golf Course

Street Address:	2814 Pottertown Road Murray, KY 42071
Directions:	From Downtown Murray: Take HWY 94 E (Main Street) to HWY 280. Take a right on HWY 280. Travel approximately 5 miles. Entrance to Golf Course on Left-hand side of road.
Major Landmarks:	Downtown Murray – Court Square Ashland Gas Station at HWY 94 E and HWY 280 Junction
Main Phone Number:	Pro Shop: (270) 809-2238
Venue/Facility Manager:	Will Snodgrass
Facilities Within Venue:	18 Hole Golf Course Pro Shop Club House Cart Storage/Maintenance Facility
Events Hosted:	Collegiate Golf Tournaments Annual RACER Classic Public Golf
Available Emergency Phones:	Pro Shop Phone: (270) 809-2238 THERE ARE NO LANDLINE PHONES AVAILABLE ON THE ACTUAL COURSE. IT IS RECOMMENDED THAT A CELLULAR PHONE BE CARRIED ON THE COURSE FOR EMERGENCY PURPOSES.
Keys:	N/A
Suggested Meeting Location:	Driving Range in Front of Pro Shop Inside Pro Shop if weather is inclement
Emergency Equipment Available:	None
Best Entrance for EMS:	Entrance off of HWY 280 – May drive to specific location on course if necessary
PA Announcer Recommendations:	Inclement weather procedures
Possible Complications:	Large amount of land area – may be difficult to locate actual position of stricken individual Distance from campus

Purcell Tennis Courts

Street Address:	Chestnut Street Murray, KY 42071
Directions:	From HWY 641 N: Take Right at Chestnut Street, From HWY 641 S: Take Left at Chestnut Street. Proceed past General Services Building and take Left into Regents Residential College parking lot. Bennie Purcell Tennis Courts sign is located at this intersection.
Major Landmarks:	Hardee's Pocket's Shell People's Bank Pizza Hut General Services Building Regents Residential College Bennie Purcell Tennis Courts Signage
Main Phone Number:	NO LAND LINE PHONES AT THIS SITE.
Venue/Facility Manager:	Mike Thieke, Asst. AD for Facilities Men's Tennis Coach Women's Tennis Coach
Facilities Within Venue:	8 Tennis Courts 2 Grandstands Storage Sheds
Events Hosted:	Men's Collegiate Tennis Matches Women's Collegiate Tennis Matches Tennis Camps High School Tennis Matches Public Tennis Play
Available Emergency Phones:	Regents Residential College Front Desk: (270) 809-6700 Public Safety Emergency Call Box on outside of Regents Residential College Crisp Center – Soccer and Tennis Facility Men's Tennis LR – (270) 809-7075 Women's Tennis LR – (270) 809-7076 Athletic Training Room – (270) 809-7078 THERE ARE NO LANDLINE PHONES

	AVAILABLE AT THE ACTUAL COURTS. IT IS RECOMMENDED THAT A CELLULAR PHONE BE USED DURING MATCHES.
Keys:	See Key List – Appendix
Suggested Meeting Location:	Main Grandstands In Regents Residential College Lobby if weather is inclement
Emergency Equipment Available:	None
Best Entrance for EMS:	Regents Residential College Parking Lot off of Chestnut Street
PA Announcer Recommendations:	N/A
Possible Complications:	Chestnut Street/Parking Lot Traffic especially at particular times of the day

15th/16th Street Tennis Courts – Intramural Fields

Street Address:	16 th Street Murray, KY 42071
Directions:	From HWY 641 N: Take Right at Chestnut Street, From HWY 641 S: Take Left at Chestnut Street. Proceed past Curris Center and pass under walking bridge. Proceed to stop light at “Five Points.” Take 90-degree right turn onto 16 th Street. Intramural Fields and 16 th Street Tennis courts will be on right. There is a small gravel parking lot on right next to tennis courts and public shelter.
Major Landmarks:	Hardee’s Pocket’s Shell People’s Bank Pizza Hut Curris Center Walking Bridge Five points Stop Light
Main Phone Number:	NO LAND LINE PHONES AT THIS SITE.
Venue/Facility Manager:	Allison Epperson
Facilities Within Venue:	6 Tennis Courts Public Shelter w/Restrooms Large fields
Events Hosted:	Men’s Collegiate Tennis Matches Women’s Collegiate Tennis Matches Tennis Camps High School Tennis Matches Public Tennis Play Intramural Athletics Club Sports Soccer Practices FB preseason practices
Available Emergency Phones:	THERE ARE NO LANDLINE PHONES AVAILABLE AT THE ACTUAL COURTS. IT IS RECOMMENDED

	THAT A CELLULAR PHONE BE USED DURING MATCHES.
Keys:	See Key List – Appendix
Suggested Meeting Location:	Under shelter or inside Winslow Cafeteria if weather is inclement.
Emergency Equipment Available:	None
Best Entrance for EMS:	16 th Street Gravel Parking Lot – May drive onto fields if necessary
PA Announcer Recommendations:	N/A
Possible Complications:	Chestnut Street Traffic

Cutchin Field

Street Address:	Payne Street or Chestnut Street Murray, KY 42071
Directions:	From HWY 641 N: Take Right at Chestnut Street, From HWY 641 S: Take Left at Chestnut Street. Proceed to Curris Center Parking Lot. Turn left into parking lot. Field is at the south end of the lot. Alternate Directions: From HWY 641 N: Take Right at Payne Street, From HWY 641 S: Take left at Payne Street. Proceed past Residential Colleges down hill. Cutchin Field is on right hand side prior to reaching the back loading dock of the Curris Center.
Major Landmarks:	Hardee's Pocket's Shell People's Bank Pizza Hut Curris Center St. Leo's Catholic Church Regents and White Residential Colleges
Main Phone Number:	NO LAND LINE PHONES AT THIS SITE.
Venue/Facility Manager:	Mike Theike, Asst. AD for Facilities
Facilities Within Venue:	Soccer Field Stands
Events Hosted:	Soccer Practices/Matches Intramural Athletics Club Sports Soccer Tournaments
Available Emergency Phones:	Crisp Center – Soccer and Tennis Soccer LR – (270) 809-7077 Athletic Training Room – (270) 809-7078
Keys:	N/A
Suggested Meeting Location:	Inside loading dock doors of Racer Arena or inside first floor of Curris Center when weather is inclement
Emergency Equipment Available: (Located at Racer Arena/Carr Health	Spine Board Splints

Training Room)	DDI Sports Chair Scoop Stretcher Manual Resuscitator Oxygen AED
Best Entrance for EMS:	Curriss Center parking lot – May drive onto field if necessary Determine at time of emergency
PA Announcer Recommendations:	N/A
Possible Complications:	Chestnut Street Traffic Parking lot in Curriss Center

Regional Special Events Center

Street Address:	1401 HWY 121 N Murray, KY 42071
Directions:	From HWY 641 N: Take Right at HWY 121 N, From HWY 641 S: Take Left at HWY 121 N. Proceed to Regional Special Events Center on Left. Loading dock entrance is past the Regional Special Events Center. Parking lot entrances are at Gilbert Graves Drive.
Major Landmarks:	Stewart Stadium JC Penney University Church of Christ
Main Phone Number:	Administrative Offices: (270) 809-5577
Venue/Facility Manager:	Joe Santiago
Facilities Within Venue:	Basketball Court Concessions/Restroom Areas Dressing Rooms Athletic Training/Sports Medicine Room Hospitality Room VIP Lobby Sound/Light Booth President's Booth
Events Hosted:	Men's Basketball Games Women's Basketball Games High School Basketball Games High School Basketball Tournaments Region 1 Basketball Tournament Basketball Camps (Men and Women) Concerts Commencement Trade Shows
Available Emergency Phones:	Floor Phone: (270) 809-5558/5559 Athletic Training Room: (270) 809-5512 Administrative Offices: (270) 809-5577 Men's Dressing Room: (270) 809-5507 Women's Dressing Room: (270) 809-5505 Press Row: (270) 809-5551 Box Office Phone: (270) 809-5555
Keys:	See Key List – Appendix
Suggested Meeting Location:	If in Lower Level:

	<p>Circle Drive Entrance near Gilbert Graves Loading Dock Lot entrance If in Upper Level: Parking lot outside Quad B</p>
Emergency Equipment Available:	<p>Spine Board Splints Manual Resuscitator/Oxygen DDI Sports Chair Traction Splint Scoop Stretcher AED</p>
Best Entrance for EMS:	<p>Lower Level Emergencies: Loading Dock Entrance Upper Level Emergencies: Quad B Entrance</p>
PA Announcer Recommendations:	<p>Exit Locations Location of EMS – Floor level – Loading Dock Entrance Phone Number for Emergencies Inclement Weather Possibilities/Alert</p>
Possible Complications:	<p>Traffic Around Regional Special Events Center</p>

Bee Creek Soccer Complex – Cross Country

Street Address:	North 4 th Street Murray, KY 42071
Directions:	From Downtown: Take 94 E to 4 th Street. Turn left on 4 th street and proceed outside of downtown through 4 th and Chestnut intersection. Travel approx. 1-1/2 miles to Bee Creek Soccer complex on the left-hand side of the road. Travel into park to parking lot and concessions building.
Major Landmarks:	Downtown Judicial Building 4 th and Chestnut intersection Schwann's Food Distributors Radio tower Bee Creek Soccer Complex Signage
Main Phone Number:	NO LAND LINE PHONES AT THIS SITE.
Venue/Facility Manager:	Murray/Calloway County Parks System
Facilities Within Venue:	Soccer Field Concession Stand Building Parking Cross Country Course
Events Hosted:	Cross Country Meets Soccer Tournaments
Available Emergency Phones:	THERE ARE NO LANDLINE PHONES AVAILABLE AT THE SITE. IT IS RECOMMENDED THAT A CELLULAR PHONE BE USED.
Keys:	N/A
Suggested Meeting Location:	Parking Lot in front of Concession Stand
Emergency Equipment Available:	None
Best Entrance for EMS:	Park entrance May need to bring EMS closest to site of accident if away from main entrance.
PA Announcer Recommendations:	N/A
Possible Complications:	Cross country course is expansive Locating stricken person on course could be difficult

Hamilton Field

Street Address:	Hamilton Avenue Murray, KY 42071
Directions:	From Campus: Take Chestnut Street past Five Points onto College Farm Road. Take College Farm road to N. 18 th Street. Turn left on 18 th street and proceed to Hamilton field on left-hand side of road. Alternate Directions: Take Chestnut Street to “Five Points.” Turn left on 16 th Street. Take Right on Olive St. Turn right on 17 th Street. Turn left on Hamilton Ave. To Hamilton fields. Utilize parking lot near fields.
Major Landmarks:	Five Points Fencing Around fields
Main Phone Number:	NO LAND LINE PHONES AT THIS SITE.
Venue/Facility Manager:	Mike Thieke, Asst. AD for Facilities Head Soccer Coach
Facilities Within Venue:	Soccer Field Parking
Events Hosted:	Soccer Practices Possible band practices
Available Emergency Phones:	THERE ARE NO LANDLINE PHONES AVAILABLE AT THE SITE. IT IS RECOMMENDED THAT A CELLULAR PHONE BE USED.
Keys:	N/A
Suggested Meeting Location:	Parking Lot in front of Hamilton field
Emergency Equipment Available:	None
Best Entrance for EMS:	Hamilton Avenue Entrance May drive onto fields
PA Announcer Recommendations:	N/A
Possible Complications:	Chains on gates

Murray High School

Street Address:	501 Doran Road Murray, KY 42071
Directions:	From Campus: Take 16 th Street to HWY 94. Turn right on HWY 94 W. Proceed to Doran Road. Turn left on Doran Road. Proceed to High School on left side of road.
Major Landmarks:	Murray High School Signage on HWY 94 Pullen Farm
Main Phone Number:	Main Office: (270) 762-5202
Venue/Facility Manager:	Murray High School Athletic Director Murray High School Basketball Coaches Murray High School Soccer Coaches
Facilities Within Venue:	Basketball Gymnasium Soccer Fields
Events Hosted:	Possible MSU Basketball Practices MSU Soccer Practices
Available Emergency Phones:	THERE ARE NO LANDLINE PHONES AVAILABLE AT THE ACTUAL GYMNASIUM OR SOCCER COMPLEX. IT IS RECOMMENDED THAT A CELLULAR PHONE BE USED.
Keys:	N/A
Suggested Meeting Location:	Parking lot outside of school gymnasium. Follow MHS policies for severe weather.
Emergency Equipment Available:	None
Best Entrance for EMS:	Main Entrance to High School from Doran Road Johnson Blvd. for Soccer
PA Announcer Recommendations:	N/A
Possible Complications:	Use of facility after school hours. May not have full access to area. Locks on gates.

Calloway County High School

Street Address:	2108 College Farm Road Murray, KY 42071
Directions:	From Campus: Take Chestnut Street past Five Points onto College Farm Road. Take College Farm to the high school on left across from the MSU Expo Center. Proceed into parking lot to rear of building. Gymnasium entrance is at the back of the building.
Major Landmarks:	Five Points MSU Expo Center
Main Phone Number:	Main Office: (270) 762-7375 Athletic Field House: (270) 762-7397
Venue/Facility Manager:	Calloway County High School Athletic Director Calloway County High School Basketball Coaches
Facilities Within Venue:	Basketball Gymnasium
Events Hosted:	Possible MSU Basketball Practices
Available Emergency Phones:	THERE ARE NO LANDLINE PHONES AVAILABLE AT THE ACTUAL GYMNASIUM. IT IS RECOMMENDED THAT A CELLULAR PHONE BE USED.
Keys:	N/A
Suggested Meeting Location:	Parking lot outside of school gymnasium. Follow CCHS policies for severe weather.
Emergency Equipment Available:	None
Best Entrance for EMS:	Main Entrance to High School from College Farm Road – to Rear of School for gymnasium entrance
PA Announcer Recommendations:	N/A
Possible Complications:	Use of facility after school hours. May not have full access to area.

