

BYLAW 9

Medical Guidelines

(Adopted & effective: October 19, 2007.)

9.1 PROLOGUE

9.1.1 The COA recognizes that each student athlete's medical history, current health, and physical limitations are unique. It also acknowledges that each sport at each college places differing demands on student athletes and that each college has different facilities and staffing needs due to program size and financial capabilities.

9.1.2 The following guidelines for athletic and medical care represent the minimum standard for medical care as set forth for COA sanctioned sports. It is understood that each college must use its experience and common sense to tailor these guidelines to its specific needs. Student athletes should understand that each college will use its best efforts to provide for the safety and welfare of the athletes, but each student must exercise his/her good judgment as well. The COA does not warrant to the college or to the student athlete that adherence to these guidelines will prevent injuries.

9.1.3 This bylaw is supplemented by Bylaw 6, Postconference Competition.

9.2 THE STUDENT ATHLETE HEALTH AND WELFARE TEAM

9.2.1 TEAM PHYSICIAN

Each school shall obtain the services of a licensed physician to oversee the implementation of the sports medicine program. This licensed physician shall herein be referred to as the team physician and is the final authority on all medical aspects of the athletic health and welfare program. The team physician is responsible for supervision of all medical aspects of the athletic health and welfare program and this includes:

- A. Develop procedures to determine an athlete's medical eligibility to participate in practice or competition. While other medical professionals may be consulted, the final decision concerning participation lies with the college's team physician.
- B. Approve protocols for the athletic program's first aid and emergency response consistent with the district policies.
- C. Establish rehabilitation programs used in the athletic training program.
- D. Provide medical direction to the athletic trainer(s)/athletic health care provider and staff.
- E. Participate as a member of the college's student athlete health and welfare team.

F. Make and retain records of all student athletes who he/she treats for injuries.

9.2.2 **ATHLETIC MEDICAL COVERAGE PERSONNEL**

A. Athletic Medical Coverage can be provided by:

1. An individual who is currently an athletic trainer certified by the Board of Certification (BOC).
2. An individual who, as of July 1, 2007, has been providing athletic health care with the job title of athletic trainer for a period of at least 15 years as an employee at a current institution/district. These individuals must meet continuing education requirements as defined by the Board of Certification. For the purposes of this document these individuals shall be known as athletic health care providers.

B. The athletic trainer(s)/athletic health care provider is responsible for the administration of the athletic training program. This includes:

1. Being responsible for the care of the student-athletes participating in the intercollegiate athletic program.
2. Providing athletic training services which include:
 - Prevention of injuries
 - Clinical evaluation and diagnosis
 - Immediate care
 - Treatment, rehabilitation, and reconditioning
 - Organization and administration
 - Education and consultation
 - Professional responsibility
3. In the absence of the team physician or designate, the athletic trainer/athletic health care provider is responsible for deciding whether an athlete is medically able to participate by adhering to the team physician's protocols.
4. Coordinating pre-participation screening exams for athletes. Formal medical records shall be maintained for all athletes.
5. Providing athletic training supervision for all home/hosted athletic contests and away football games. Men and women's golf matches can be exempt from this requirement. If there are more hosted events, then athletic trainer/athletic health care provider on-site coverage of these games will be determined by the relative risk of each sport. Away contests, other than football, are generally not covered, but coverage may be provided based on staffing availability and need.

9.3 ATHLETIC MEDICAL PROCEDURES

9.3.1 *(Old 9.3.1 revised and moved to 3.5.1, adopted & effective October 17, 2008.)*

9.3.1 MEDICAL FORMS AND INSURANCE COVERAGE

- A. Information about the risk of injury, liability waivers, assumption of risk, emergency information card and the district insurance policy should be described and discussed with the student athlete prior to his/her participation. All paperwork related to these topics shall also be signed in accordance with district policies by the student athlete and or parent prior to his/her participation.
- B. Any athlete under the age of 18 must have a signed letter of parental consent for treatment readily available at all times, including any travel or away contest.

9.3.2 MEDICAL COVERAGE GUIDELINES

- A. An athletic trainer/athletic health care provider shall provide athletic training supervision for all home/hosted contests by the college as described in section 9.2.2.B.5.
- B. The following emergency and therapeutic equipment shall be available at the college for use in caring for injuries:
 - Ice with bags or other forms of cryotherapy
 - Emergency medical supplies
 - Immobilization/splinting supplies
 - Taping table
 - Crutches
 - Face mask removal equipment when appropriate
 - Potable water
 - Telephone/communications system
 - Therapy and exercise equipment necessary to carry out team physician's treatment and rehabilitation protocols.
- C. In case of injury:
 - 1. The team physician or host athletic trainer/athletic health care provider will be consulted for the efficient management and/or transportation of the injured athlete to the appropriate medical center.
 - 2. The host athletic trainer has the authority to make the decision regarding the return of an injured athlete to competition in the absence of the team physician or designate, or visiting athletic trainer.
- D. The host athletic trainer should make himself/herself known to the visiting team's athletic trainer or coaches prior to any contest and advise them as to their location.
- E. Outside communication to emergency medical services, preferably by landline telephone, or by some other means must be available at all times.

- F. In case of injury, the licensed physician/host athletic trainer/athletic health care provider will be consulted for efficient management and/or transportation of the injured student athlete to the appropriate medical center.
- G. The following will be easily accessible to all participating teams:
 - Ice with bags
 - Water and drinking cups, or water bottles (except football)
 - Emergency medical supplies
 - Preventative taping and first aid supplies
- H. Both the home and away team shall be provided equal access to athletic training facilities. Due to team size football is exempt, but shall be provided a facility.
- I. The visiting team is responsible for traveling with a medical supply kit, which will also include insurance, emergency information, and consent forms. The host athletic trainer will provide supplies to visitors on a payback basis.
- J. Arrangements must be made in advance by the visiting team’s athletic trainer/athletic health care provider in order to receive treatment other than taping, wrapping, and/or cryotherapy by the host athletic trainer prior to the contest.
- K. The host athletic trainer/athletic health care provider staff will be available at least one (1) hour prior to a contest and until at least twenty (20) minutes after the conclusion of the contest.

9.4 BLOOD BORNE PATHOGEN PRECAUTIONS

9.4.1 Colleges shall comply with Occupational Safety and Health Administration (OSHA) regulations on this topic.

Limitations of these guidelines: These guidelines do not satisfy all OSHA or state law requirements for dealing with blood borne pathogens. Each member institution should contact its local health agencies for complete regulation.

9.4.2 **PROTECTIVE MEASURES**

Colleges shall:

- A. Provide special hazardous waste disposal containers in the athletic training facility and at competition and practice facilities.
- B. Make available exposure control supplies including, but not limited to, one-way valve CPR masks and gloves.
- C. Make available methods to clean uniforms for student athletes during practice or competition in case of exposure to blood or bodily fluids in accordance with sport guidelines.

9.4.3 WOUND CARE DURING PRACTICE OR COMPETITION

Open wounds or skin lesions should be appropriately treated. Whenever a student athlete suffers a laceration or wound where oozing or bleeding occurs, he/she shall be removed from practice or competition at the earliest possible time. The athlete shall be denied reentry until appropriate treatment has been administered and contamination hazard has been removed.

9.4.4 EDUCATION

Colleges are encouraged to introduce and continue education programs about the problems of exposure to blood for all participants and employees of the college.

9.5 CATASTROPHIC INJURY MANAGEMENT PROCEDURES

9.5.1 Follow established district policies for injury management. If no district policy is in place refer to the following recommended procedures.

- A. **INJURED ATHLETE**—A college counselor/advisor should be made available.
- B. **THE FAMILY**—It should be the responsibility of the athletic trainer/athletic health care provider staff or team physician to make contact with the family of the injured athlete and provide resources to the family. No other contacts with the family should be made until the family has been officially notified of the injury by the college's medical staff.
- C. **TEAM MEMBERS**—At the earliest opportunity, team members should be notified of the injury and about the condition of their teammate. During this meeting, the team should be advised how to communicate with the press and cautioned about the release of medical information. As soon as possible following the injury, counselors/advisors will be notified and made available to team members.
- D. **SCHOOL OFFICIALS**—The athletic trainer/athletic health care provider and/or the team physician should meet with the athletic director/dean/other school officials to discuss the injury. The athletic director will notify the appropriate college officials about the injury. The college emergency plan will be followed to allow the orderly dissemination of information about the injury to appropriate parties.
- E. **NEWS MEDIA**—No information will be given to the press concerning the student athlete's medical condition until permission is given by the appropriate party based upon the school's emergency plan.
- F. **INSURANCE CARRIERS**—The designated college official will notify the appropriate insurance carriers of the injury as soon as possible following the injury.
- G. **RECORD KEEPING**—The college staff will follow the district or campus emergency procedures with regard to proper maintenance of records.

