

University of Notre Dame

Department of Athletics Sport Safety Manual

Revised October 2021

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Introduction

The purpose of this University of Notre Dame Department of Athletics Sport Safety Manual (“Manual”) is to serve as a comprehensive resource concerning the management of student-athlete health and safety in connection with participation in intercollegiate athletics practices and competitions. The Manual includes: (1) general safety standards for intercollegiate practice and competition activities conducted by the Department of Athletics; (2) sport-specific safety standards; (3) environmental and weather condition policies and procedures; (3) training and conditioning policies and procedures; (4) medical emergency response procedures; (5) a mental health emergency action plan; and (6) emergency action plans for specific catastrophic injuries and venues.

The contents of the Manual are essential to the management of student-athlete health and safety during participation in intercollegiate athletic practices and competitions conducted by the University. Any employee that fails to follow any policy, procedure, standard, guideline, or other expectation set forth in the Manual may be disciplined by the University for such failure as an employee, which discipline may include without limitation termination of employment.

University of Notre Dame Department of Athletics Safety Procedures

Standard Safety Procedures

For all varsity sports, a person has been assigned the responsibility for matters directly relating to the safety of the participants in that sport (“the Safety Contact”). Typically the Safety Contact is the athletic trainer assigned to the sport, but in those instances where the athletic trainer is not in attendance at a team’s practice, the team’s head coach or another coach designated on an annual basis by the head coach shall assume responsibility as the primary Safety Contact. In those circumstances when the athletic trainer is unable to attend a team’s competition, the game manager for that sport will serve as the Safety Contact. If a competitive event does not have an assigned game manager, the head coach or another coach designated on an annual basis by the head coach will again take responsibility as the Safety Contact.

The Safety Contact is responsible for:

- 1) Communicating the Athletics Department’s Safety Procedures to student-athletes, coaches, and team-related personnel.
- 2) Monitoring weather conditions and taking appropriate safety precautions in response to those conditions.
- 3) Reviewing facility conditions.
- 4) Inspecting sport-specific equipment or verifying that sport-specific equipment is inspected for apparent defects.

As conditions may change rapidly, it is the Safety Contact’s responsibility to monitor those conditions on an ongoing basis and take appropriate action to protect the safety of the student-athletes and team-related personnel. The Safety Contact has the authority to suspend any practice or other sport- specific activity if he or she feels that unsafe conditions exist. The officials assigned by the appropriate sanctioning body typically have the sole authority to suspend a competition. The Safety Contact shall work closely with competition officials in the exercise of the competition official’s authority to suspend or modify a competition.

The following procedures will be followed by Safety Contacts:

- 1) Weather
 - a) Each Safety Contact will have access to the WeatherSentry powered by DTN Weather Alert System on their smartphones and through internet access.
 - b) Weather conditions will be evaluated on a daily basis by the athletic training staff for all varsity sports. For morning varsity athletic activities, the review of the next day’s weather forecast will take place the night before and again at least 30 minutes prior to the start of the scheduled activity. For afternoon varsity athletic activities, this review will take place at the start of the business day and again 60 minutes prior to the start of the scheduled activity.
 - c) The Head Athletic Trainer will communicate with the Safety Contacts in the event of any severe potential weather conditions (i.e WBGT’s expected over 84.6, Cold Temps below 0) or any other conditions he deems hazardous. If the potential for unsafe weather conditions exists, the Head Athletic Trainer will notify the Safety Contacts, reminding them to refer to the appropriate weather guidelines and communicate necessary modifications to coaches and athletes.

- 2) Environment
 - a) For any varsity athletic practice or competition, the Safety Contact will monitor and evaluate the physical environment to guard against the presence of unsafe conditions. Such conditions might, for example, include the positioning of equipment or fixed objects too close to the activity area, damaged playing surfaces, broken equipment, or the presence of other hazardous conditions such as standing water, inappropriately positioned electric cords or insufficiently secured objects.
- 3) Training:
 - a) Each Safety Contact, secondary Safety Contact and Coach or Assistant Coach that may assume the role of Safety Contact must participate in safety training provided by the Athletic Department and the Risk Management and Safety Department.
 - b) Training Components include:
 - i) Access to and use of the Schneider Electric (Telvent dtn) Weather Alert System
 - ii) NCAA weather related rules
 - iii) University weather related rules
 - iv) Hazardous condition identification
 - v) Hazardous condition reporting
 - vi) Coach/Student-Athlete notification of play/practice conditions changes
 - vii) Notice of suspension of play/practice
 - viii) Field or indoor location evacuation
 - ix) Identification of shelter areas
 - x) Documentation
- 4) Play/Practice Area Evaluation
 - a) Prior to each practice, the Safety Contact will conduct a brief evaluation of the area or field for hazardous conditions that may be present or may be developing. The Safety Contact shall notify the coach of any hazardous conditions prior to play/practice. Additionally, the Safety Contact will affect the necessary process to document and correct the condition.

Sport-Specific Safety Protocols

Outdoor Sports

- 1) Safety Contact will evaluate the daily weather forecast and note any advisories, watches or warnings.
- 2) Safety Contact will inform the head coach of any potential inclement weather forecast for the day and remind coach(s) that outdoor activities may need to be altered as weather dictates.
- 3) If lightning is detected within 10 miles of the activity site, all personnel should be evacuated to a safe structure.
- 4) Safety Contact will have final authority on the cancellation or suspension of outdoor activities and on whether to move activities indoors.
- 5) Safety Contact will evaluate practice/play field conditions prior to any activity. If any issues/concerns are detected, the Safety Contact will inform the coaches and bring these issues/concerns to the attention of the Head Athletic Trainer or the Associate Athletic Director for Sport Performance.
- 6) Specific-Sport Protocols:
 - a) Baseball
 - i) If severe weather/lightning is forecast, the Safety Contact will remind coaches and student-athletes of evacuation procedures prior to the start of outdoor baseball activities and that the dugouts are not a safe location during an electrical storm.
 - b) Cross Country
 - i) Because student-athletes in cross country typically engage in training runs without direct coach supervision and some of this activity may occur on city streets, the Safety Contact and coaches will remind student-athletes of appropriate safety measures, including unexpected weather conditions that they need to be mindful of absent the presence of a Safety Contact.
 - c) Golf
 - i) Because student-athletes in golf frequently practice or play without direct coach supervision the Safety Contact and coaches will remind student-athletes of appropriate safety measures, including unexpected weather conditions that they need to be mindful of absent the presence of a Safety Contact. Golf course personnel should also be notified when student-athletes are practicing or playing without direct coach supervision so that normal golf course procedures for weather situations can be communicated to student-athletes appropriately.
 - d) Softball
 - i) If severe weather/lightning is forecast, the Safety Contact will remind coaches and student-athletes of evacuation procedures prior to the start of outdoor softball activities and that the dugouts are not a safe location during an electrical storm.
 - e) Women's Rowing
 - i) Because a full-time athletic trainer typically is not present at practice, the Head Coach and his designated assistant coaches are responsible for visually monitoring the conditions of the St. Joseph River before the start of any activities. This visual evaluation will include water height, water speed, water temperature and a review of objects that may be in/on the river in the designated practice area.
 - ii) The Head Coach and his designated assistant coaches are responsible for verifying that all appropriate safety equipment is available prior to the start of all activities.

Indoor Sports

- 1) Safety Contact will evaluate daily weather forecasts and note any advisories, watches or warnings.
- 2) Safety Contact will inform the head coach of any potential weather hazards forecast for the day and remind coach(s) that activities may need to be altered as weather dictates.
- 3) If tornado watches/warnings are forecast, the Safety Contact will remind coaches and student-athletes of evacuation procedures.
- 4) If any other conditions occur (fire alarm, power outage), the Safety Contact will have authority regarding evacuation procedures and the cancellation or suspension of activities.
- 5) Safety Contact will evaluate facility conditions prior to any activity. If any issues/concerns are detected, the Safety Contact will inform the coaches and bring these issues/concerns to the attention of the Head Athletic Trainer or the Associate Athletic Director for Sports Performance.
- 6) Specific-Sport Protocols:
 - a) Swimming & Diving
 - i) If severe weather/lightning is forecast, the Safety Contact will remind coaches and student-athletes of evacuation procedures and that the pool is not a safe location during an electrical storm. Reminder: If lightning is detected within 10 miles of the activity site, all personnel should be evacuated. Rolf's Aquatic Center is not a grounded location.
 - ii) Safety Contact will have final authority on the cancellation or suspension of pool activities and on whether to continue activities out of the pool.

Environmental/Weather Condition Policies and Procedures

The Athletics Department has implemented a Weather Policy to enhance and protect our student- athletes, staff, guests and visitors. Severe or dangerous weather can include lightning, severe thunderstorms, tornado, wind, heat, cold and generally involve conditions (in the case of lightning, tornado and thunderstorms) that can erupt rapidly and may be dangerous to life and health.

The decision to terminate a practice or competition involving a University of Notre Dame intercollegiate athletic team in the event of lightning, severe weather and/or storms will be made by the designated "Safety Contact" for the team or by the Notre Dame game manager present at a game in consultation with the Safety Contact, athletics facilities staff, sports medicine personnel, the head coach or his/her designee, and game official(s).

The head coach (and his/her designee) is not permitted to override the decision to stop an outdoor game/practice in the event of severe weather and/or lightning. If a coach and/or game official(s) make the decision to continue to practice or continue a game/activity despite the severe weather warning and the instruction of a Notre Dame athletic trainer and/or game manager, they will be doing so against the recommendations and requirements of the University of Notre Dame.

Lightning Safety Guidelines

Lightning is a dangerous phenomenon and is the most consistent and significant weather hazard that may affect athletics activities. Athletic teams that practice and compete outdoors are at greatest risk and as such, the following lightning safety policy has been adopted to minimize the risk or injury from lightning strike(s) to Notre Dame student-athletes, coaches, support staff and fans.

Lightning information is available from these sources:

- 1) Schneider Electric Telvent DTN Program (all Safety Contact should have access), which offers:
 - a) Accurate information, customizable tools, and flexible delivery, including real-time, location-based lightning information for safety, delay, and play decisions
 - b) GPS-based roaming weather and lightning alerts for current positions, updated automatically
 - c) Exclusive, expert advice from professional meteorologists (online and accessible via cell phone) to help make critical decisions
- 2) Flash-Bang Method
 - a) Should only be used in situations when the Telvent DTN Program or a commercial lightning detector is not available
 - b) Involves counting the seconds between the lightning “flash” and the thunder “bang” to estimate how far away the lightning is from your location
 - c) Every five (5) seconds equals one (1) mile
 - d) ND Department of Athletics recommends that by the time 50 seconds (10 miles) is observed between the lightning flash and the thunder band, all individuals should have left the site and reach a safe structure or location
 - e) lightning can strike as far as 10 (or more) miles away from the rain shaft

Lightning detection procedures for student-athletes during non-supervised activities:

- 1) The safest measure is to proceed indoors whenever thunderclouds are forming and remain inside until the storm passes
- 2) The lack of visible lightning does not indicate lack of risk of lightning occurring
- 3) Other warning signs of impending bad weather can include:
 - a) Sudden decrease in temperature
 - b) Sudden change in humidity
 - c) Increase in air movement
 - d) Visible dark storm clouds (although clouds are not always present during a lightning strike)
- 4) The Flash-Bang method is strongly encouraged for student-athletes without supervision (see above)

In the event that someone is struck by lightning:

- 1) The Emergency Action Plan should be activated
- 2) Medical attention should be provided immediately, as victims do not carry an electrical charge
- 3) Monitor the victim by applying and using the AED and starting CPR if appropriate

Severe Thunderstorm Guidelines

In order to promote safety, several methods will be used to monitor weather:

- 1) The team assigned staff athletic trainer (or, in the absence of an athletic trainer, the head coach or his/her assistant coach designee) will be responsible for monitoring threatening weather and for making the final decision on when to clear the area and when it is safe to return
- 2) Local weather reports should be monitored each day before any practice/event
- 3) Staff should be diligently aware that potential thunderstorms may form during scheduled practices/events
- 4) Staff should be aware of National Weather Service-issued “watches” or “warnings”:
 - a) A “watch” means to watch for the potential of severe weather
 - b) A “warning” means severe weather has been detected in the area

Procedures for Evacuation of the Practice or Game Site:

- 1) When a severe weather watch/warning is received for the area or the “flash/bang” count reaches 75 seconds (15 miles), the staff athletics trainer and/or the game manager will notify:
 - a) The game administrator or member of sports medicine staff on site (if applicable)
 - b) The Notre Dame head coach or his/her designee
 - c) The game official (at the first opportunity/break in the action)
 - d) The visiting team’s athletic trainer and/or coach (if applicable)
- 2) When a severe weather warning is received for the area or the “flash/bang” count reaches 50 seconds or less (10 miles), the staff athletics trainer will notify the individuals listed above that all game/practice activities are to cease immediately and all personnel are to evacuate to a safe structure or location
 - a) A safe structure or location is defined as: “Any sturdy, fully enclosed, substantial, and frequently inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure”
 - b) Examples of structures that do NOT meet this criteria include:
 - i) Baseball and Softball dugout
 - ii) Baseball and Softball covered batting cage
 - iii) Convertible or soft-top vehicle
 - iv) Golf carts or similar vehicle
 - v) Outside storage shed
 - vi) Canopy, awning, or tent
 - c) In the absence of a sturdy, fully enclosed, substantial and frequently inhabited location, a secondary structure such as a fully enclosed vehicle with a hard metal roof, rubber tires and completely closed windows can provide a measure of safety
 - d) Persons should avoid taking showers, and using plumbing facilities (including indoor and outdoor pools, whirlpools, Jacuzzis and hot tubs) and land-line telephones during a thunderstorm
 - e) If the University of Notre Dame administration has cancelled classes at the university due to severe weather (including winter storms), the Notre Dame Department of Athletics strongly recommends the cancellation of all games, practices and other activities

Important tips when outdoors during a thunderstorm:

- 1) NO PLACE outside is safe when lightning is in the area, but if outside with no safe shelter, the following actions may reduce risk:
 - a) Immediately leave elevated areas
 - b) Never lie flat on the ground
 - c) Never use a tree for shelter
 - d) Immediately move away from bodies of water
 - e) Stay away from objects that conduct electricity (barbed wire fences, power lines, etc)
- 2) The safest place during a thunderstorm is a sturdy building or in an all-metal vehicle (e.g., automobile)

Criteria for safe return to the practice or game site:

- 1) The decision to return to athletic activity after a period of evacuation will be made by the Safety Contact at a practice/game or the game manager present in consultation with appropriate personnel
- 2) Standard guidelines indicate that the immediate threat should have passed, the lightning/severe weather is greater than ten miles away OR 30 minutes has passed since last the last thunder or lightning is heard/seen

Right to leave athletic site or activity:

All student-athletes and individuals are granted the right to leave an athletic site or activity without fear of repercussions or penalty in order to seek a safe structure or location in the event of severe weather.

Tornado Guidelines

The National Weather Service (NWS) is responsible for monitoring conditions that may allow for the development of tornados:

- 1) The NWS will issue a "Tornado Watch" when conditions are present that may allow a tornado to develop
- 2) The NWS will issue a "Tornado Warning" when a tornado is imminent
 - a) In the event of a "Tornado Warning", St. Joseph County Emergency Management will warn residents by activating the local tornado warning sirens
 - b) In the event of a "Tornado Warning", student-athletes and others must immediately leave the playing field/arena and seek the closest shelter

Should notification of a tornado warning (or other emergency) be received from the ND Alert system, all athletics personnel and student-athletes shall immediately follow the instructions they receive from the alert system.

Cold Stress and Cold Exposure

Any individual can lose body heat when exposed to cold air, but when the physically active cannot maintain heat, cold exposure can be uncomfortable, impair performance and may be life-threatening. Cold stress may develop as the result of environmental or non-environmental factors. The NATA position statement (2008) states that injuries from cold exposure are due to a combination of low air or water temperatures and the influence of wind on the body's ability to maintain a normothermic core temperature, due to localized exposure of extremities to cold air or surface. Non-environmental factors that may result in the signs and symptoms of cold stress include (but are not limited to) previous cold weather injury (CWI), race, geological origin, ambient temperature, use of medications, clothing attire, fatigue, hydration, age, activity, body size/composition, aerobic fitness level, acclimatization and low caloric intake. Nicotine, alcohol and other drugs may also contribute to how a person adapts to the stresses of cold.

Important factors to decrease the possibility of cold exposure injury or illness:

- 1) Wear appropriate clothing
- 2) Maintain energy levels
- 3) Stay hydrated but avoid alcohol, caffeine, nicotine and other drugs that cause water loss, vasodilation or vasoconstriction of skin vessels
- 4) Minimize fatigue and exhaustion as these deplete energy levels
- 5) Warm-up properly prior to activity
- 6) Use a partner during cold weather workouts.

Planning activities and workouts depends on wind chill temperatures, not ambient temperatures. Therefore, the following guidelines for cold weather activities have been recommended by the NATA:

- 1) 30 degrees Fahrenheit and below – be aware of potential cold injury and notify personnel of the potential for cold injury
- 2) 25 degrees Fahrenheit and below – use additional protective clothing, cover as much exposed skin as practical and provide opportunities and facilities for re-warming
- 3) 15 degrees Fahrenheit and below – consider modifying activities to limit exposure or to allow for more frequent chances to re-warm
- 4) 0 degrees Fahrenheit and below – consider terminating or rescheduling activity

Important cold weather conditions

- 1) Wind Chill - Standard guideline is that the threshold for potentially dangerous wind chill conditions is about minus-20 degrees Fahrenheit
- 2) Wind Chill Advisory – Temperature could be life threatening
- 3) Wind Chill Warning – Temperatures are life threatening
- 4) Blizzard Warning – Winds of 35 miles per hour or higher with considerable snow blowing and visibility of less than one quarter (1/4) of a mile

Heat Illness

Recognition of Heat Stroke

The ability to rapidly and accurately assess core body temperature and CNS functioning is critical to the proper evaluation of exertional heat stroke. Medical staff should be properly trained and equipped to assess core temperature via rectal thermometer when feasible.

The most critical criteria for determination of heat stroke are:

- 1) Severe Hyperthermia (rectal temperature > 105F) immediately post-incident
- 2) CNS dysfunction (altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, hysteria, apathy).

Other possible salient findings of heat stroke include:

- Nausea or vomiting
- Diarrhea
- Headache
- Dizziness
- Weakness
- Increased heart rate
- Decreased blood pressure
- Increased respiratory rate
- Dehydration
- Combativeness
- Hot and wet or dry skin (important to note that skin may be wet or dry at time of incident)

Aggressive and immediate whole-body cooling is the key to optimizing treatment of exertional heat stroke.

The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiologic changes resulting in fatal consequences may occur within vital organ systems (e.g., muscle, heart, brain, etc.).

Emergency Treatment of Heat Stroke

Immediately contact Notre Dame Security Police by dialing 911 or 631-5555.

Immediate whole-body cooling is the best treatment for exertional heat stroke and should be initiated within minutes post-incident. It is recommended to cool first and transport second if onsite rapid cooling is possible. Cooling can be successfully verified by measuring rectal temperature. If onsite cooling is not an option, the student-athlete should be immediately transferred to the nearest medical facility. The following procedures are recommended if exertional heat stroke is suspected:

- 1) Remove clothing and equipment
- 2) Move individual immediately to air-conditioned facility or shaded area

- 3) Cool individual immediately by:
 - a) Immersing individual in tub of cold water
 - b) If cold water immersion is not available, place ice bags or ice over as much of the body as possible, cover the body with cold towels (replace towels frequently), fan body or spray with cold water.
- 4) Monitor airway, breathing, and circulation (“ABCs”), core temperature, and CNS (cognitive, convulsions, orientation, consciousness, etc.).
- 5) Place an intravenous line using normal saline (if appropriate medical staff is available)
- 6) Cease aggressive cooling when core temperature reaches approximately 101F; continue to monitor vitals.
- 7) Transport the individual to the nearest emergency medical facility.

Recognition of Heat Exhaustion

The most critical criteria for determination of heat exhaustion in an athlete are:

- 1) Inability to continue to exercise in the heat due to cardiovascular insufficiency and energy depletion (which may or may not result in physical collapse).
- 2) Hyperthermia (usually < 105F).
- 3) Any CNS dysfunction that is present should be mild and symptoms will subside quickly with treatment and as activity is discontinued.

Other possible salient findings of heat exhaustion include:

- Physical fatigue/dizziness
- Dehydration
- Electrolyte depletion
- Ataxia and coordination problems
- Syncope
- Profuse sweating
- Pallor
- Headache
- Nausea or vomiting
- Diarrhea
- Stomach/intestinal cramps
- Persistent muscle cramps whether or not there was rapid recovery with treatment.

Emergency Treatment of Heat Exhaustion

The following procedures are recommended if heat exhaustion is suspected:

- 1) Remove individual from play and immediately move to an air-conditioned or shaded area
- 2) Remove excess clothing and equipment
- 3) Cool individual
- 4) Have individual lie comfortably with legs propped above heart level

- 5) If individual is not nauseated, vomiting, or experiencing any CNS dysfunction, rehydrate orally with chilled electrolyte drink or water. If the individual is unable to take oral fluids, implement intravenous line using normal saline (if appropriate medical staff is available).
- 6) Monitor heart rate, blood pressure, respiratory, core temperature, and CNS status
- 7) Transport to the nearest emergency medical facility if rapid improvement is not noted with prescribed treatment.

Prevention of Heat Illness

Depending on the sport or activity, not all of the following preventive measures may need to be implemented. It is the responsibility of the assigned athletic trainer to monitor conditions and implement appropriate preventive action. It is important that coaches and medical staff recognize risk for heat illnesses even in indoor environments. Specific steps to consider:

- 1) During Practice
 - a) Sports Medicine Staff availability at each drill/with each segment (if possible)
 - b) Know the current Heat Index
 - i) Monitor Heat Index every 20-25 minutes as needed
 - c) Communicate with coaching staff
 - i) Modify practice activities (extra breaks, equipment, time, intensity, etc.)
 - d) Recognize Heat Illness symptoms
 - i) Communicate with student-athletes
 - ii) Drink 8-12oz cold water every 10-15 minutes throughout practice
 - iii) Take "sips" not "gulps"
 - iv) Take helmets off as applicable
 - v) Use ice towels
 - e) Ice / water / ice towel availability
 - f) Gatorade availability
 - g) Physician(s) on-site or available (communicate with as needed)
 - h) Tent / "Cool Area" / fans
 - i) IV availability
 - j) Use of Cold tubs is encouraged when available.
- 2) Post-Practice
 - a) Communicate with student-athletes
 - i) Weight charts
 - ii) Urine Color Chart
 - iii) "How Much Water to Drink" Chart
 - iv) Diet / nutrition (lots of fluids; low-fat meal; no caffeine or alcohol; lightly salt foods; no fast food; drink with meal)
 - b) Hydration
 - i) Water bottles
 - ii) Replace 150% of volume lost (24oz of cold water / Gatorade for every pound lost)
 - iii) Fulfill thirst -- eat good, nutritious meals -- DRINK plenty of liquids

Wet Bulb Globe Temperatures (WBGT) and Practice Modification Recommendations

WBGT should be taken at the start of each practice and conditioning session with an athletic trainer present

When WBGT is above 82°F, ice towels and cold immersion tubs should be available at each practice location. Rest periods should be in a shaded area when possible and helmets must be removed.

Athletes should have unlimited access to hydration during these periods.

Practice modifications will be made following the recommendations based on our Geographical Location per the Korey Stringer Institute: <https://ksi.uconn.edu/prevention/wet-bulb-globe-temperature-monitoring/>

WBGT	Activity Modifications
<79.7°F	Normal Activities
79.9°F - 84.6°F	Use Discretion - Provide at least 3 rest break per hour
84.7°F-87.6°F	Maximum of 2 Hour Practices - Provide at least 4 breaks during practice. Helmets must be removed during breaks and players should rest in the shade whenever possible. Football - Shoulder pads, helmet and shorts only.
87.6°F-89.6°F	Maximum of 1 hour Practice - Provide at least 20 min of rest breaks throughout hour practice. No Conditioning Activities No Protective Equipment
>89.8°F	No outdoor Workouts. Delay or cancel until WBGT is cooler.

Air Quality Guidelines

Breathing for anyone with seasonal allergies, asthma or other upper respiratory illness or condition is difficult at various times due to environmental factors. High pollen and other antigen counts (dust, mold, animal dander, etc.) along with temperature extremes and humidity play a significant role in performance and recovery. Being aware of this and of local conditions for those affected and those working with or directing a student-athlete is of significant importance. Tracking of specific, relevant information is typically done by a team's assigned athletics trainer.

Special attention will be given to those in acute distress from a respiratory problem by an athletic trainer and other medical personnel as needed. However, all involved should be aware of or informed by the team's athletic trainer that on a particular day or in certain circumstances specific individuals may be affected temporarily. Awareness by all involved is paramount to successful outcomes.

- 1) University of Notre Dame Sports Medicine personnel will monitor one or more of the following for up to date Air Quality Index (AQI) readings and statistics.
 - a) www.airnow.gov
 - b) National Weather Service and/or National Oceanic & Atmospheric Administration (NOAA) local weather radar (www.noaa.gov)
- 2) Sports Medicine personnel update the following people with regards to the air quality and recommendations for outside activity.
 - a) Head coaches and/or their designee(s);
 - b) Strength and conditioning personnel;
 - c) Visiting Team Head Coach and Athletic Trainer (if applicable)
- 3) Sports Medicine will utilize the following table with regards to the Air Quality Index and recommendations for activity restrictions.

Air Quality Index (AQI)	Color	Description	Practice Restriction Recommendations
0 - 50	Green	Good	Air quality is satisfactory and air pollution poses little or no risk.
51 - 100	Yellow	Moderate	Air quality is acceptable: however, student-athletes with respiratory illnesses should be closely monitored.
101 – 150	Orange	Unhealthy for sensitive groups	Those student-athletes with pulmonary or cardiac conditions should be removed from outside activity. All other student- athletes should be closely monitored.
150-200	Red	UnHealthy	Shorten outdoor activities for all student-athletes. Those student-athletes with pulmonary or cardiac conditions should be removed from outside activity.
201-300	Purple	Very Unhealthy	ALL student-athletes should be removed from outside activity.

>300	Maroon	Hazardous	ALL student-athletes should be removed from outside activity.
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The Air Quality Index (AQI)-

The Air Quality Index (AQI) is an index for reporting daily air quality. It tells you how clean or polluted your outdoor air is, and what associated health effects might be a concern for you. The AQI focuses on health effects that you may experience within a few hours or days after breathing polluted air. The Environmental Protection Agency (EPA) calculates the AQI for five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution (also known as particulate matter), carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each of these pollutants, EPA has established national air quality standards to protect public health.

For Information regarding indoor air quality please visit EPA's Indoor Air Quality Web site (<http://www.epa.gov/iaq/>).

How the Air Quality Index (AQI) Works:

The AQI has a range from 0 to 500. The higher the AQI value, the greater the level of air pollution and the greater the health concern. For example, an AQI value of 50 represents good air quality with little potential to affect public health, while an AQI value over 200 represents very unhealthy air quality. An AQI value of 100 generally corresponds to the national air quality standard for the pollutant, which is the level the EPA has set to protect public health. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered to be unhealthy at first for certain sensitive groups of people, then for everyone as AQI values get higher.

Wind Safety

When considering wind safety, typically it is not so much the wind itself that causes damage, but what is in the path of the wind. Therefore, special attention must be directed at protecting people and property from objects blown by the wind. Wind safety not only means protection from the wind, but also from its effects.

Although there is no NCAA or other standard wind speed guideline(s) for most athletic events, the University of Notre Dame Department of Athletics recommends the following precautions:

Sustained Wind Speed Levels and Practice Modification Recommendations

0 to 5 mph	Light or light and variable – No action needed, but continue to monitor conditions
15 to 25 mph	Breezy (mild weather) or brisk, blustery (cold weather) – Safety Contact should monitor equipment and other items that may be susceptible to being blown around. Secure as appropriate. Lower elevated items/personnel when sustained winds reach 20 mph.
25 to 35 mph	Windy – All equipment and other items must be securely stored. Consider moving activities indoors. No elevated items/personnel permitted.
35 to 45 mph	Very windy – Caution against conducting outdoor activities. Alternative indoor practice accommodations should be arranged.
45+ mph	High, strong, damaging or dangerous winds – Outdoor activities should be avoided.

Indoor Athletic Activities

Indoor sports are much less challenged by environmental or weather conditions. Although the risks are lower, athletic trainers and coaches of indoor sports should still be educated and aware of the risks and treatments of heat and cold related illnesses. The challenging issues for indoor activities are identifying a safe area or refuge in the event of a tornado warning and the immediate evacuation and muster area location in the event of a fire alarm.

It will be the Safety Contact's responsibility to identify, with the assistance of Risk Management and Safety, a protected area within the indoor practice or play area that will serve as the safe area of refuge in the event of a tornado warning. It is also the responsibility of the team's Safety Contact to identify a safe area outside of the practice or play facility to which team members will muster in the event of a fire alarm. The staff athletic trainer and the head coach will also ensure an accurate accounting of evacuees for which they are responsible.

Safety of the Student-Athlete in Training and Conditioning

The University of Notre Dame Sports Performance staff (including Strength and Conditioning Coaches and Sports Medicine staff) carries the ultimate responsibility of implementing a training process in which the safety and well-being of the student-athlete is the first priority. Utilizing scientific principles of exercise physiology and biomechanics, Performance staff should challenge the student-athlete with goals of individual physical development and improved performance. Through the implementation of NCAA and best practice recommendations, Performance staff will follow specific principles in order to promote the safety of student-athletes.

These principles include:

- 1) Exercise acclimatization should be consistent with best practice guidelines
- 2) Training and conditioning activities should be introduced gradually and progress appropriately
- 3) Workouts and practices should not be punitive in nature
- 4) Proper education, experience, and credentialing is required of all Strength and Conditioning coaches
- 5) Appropriate Strength and Conditioning and medical personnel presence or availability is required for lifting and conditioning activities
- 6) Staff should be educated on and practice Emergency Action Plans
- 7) Continuing education is required for both Strength and Conditioning and Sports Medicine staffs

Exercise acclimatization consistent with best practice guidelines

Conditioning periods should be phased in gradually and progressively to encourage proper exercise acclimatization and to minimize the risk of adverse effects on health. This process, known as exercise acclimatization, is vital to promoting the safety of the student-athlete. In particular, the first two weeks returning from a transitional period are identified as high risk periods for exertional heat illness and stroke, cardiovascular-related incidents, sickle cell trait-related complications and death, exertional rhabdomyolysis, and musculoskeletal injury. Transitional periods are defined as an interruption to the training process for greater than 14 days due to school breaks in which student-athletes are not training with Notre Dame staff, or an injury in which the athlete has had time to detrain. A written, progressive program of increasing volume, intensity, mode, and duration should be instituted for return from all transitional periods (Casa et al., 2012).

For return from transitional periods greater than 14 days, Sports Performance staff have adopted the 50/30/20/10% rule for newcomers (Appendix A) and the 50/30% rule for returners (Appendix B) on conditioning activities led by Strength and Conditioning staff, as recommended by the Collegiate Strength and Conditioning Coaches Association (CSCCa) and the National Strength and Conditioning Association (NSCA) to facilitate the implementation of appropriate training loads for returning athletes as well as newcomers (freshmen/transfers) to the program (Caterisano, 2019). Those returning from injury should have an appropriate individualized plan for return to training and conditioning activity agreed upon by Sports Medicine staff and Strength and Conditioning staff.

Upon return from a transitional period, Strength and Conditioning staff may institute an assessment of student-athlete conditioning to facilitate individualization of training sessions and safe participation in practice and training. These assessments should not be "Pass/Fail" in nature, and should not exceed the intensity or output necessary for Strength and Conditioning staff to make these determinations for individualization and safe participation. If performed, assessments should include a 20% decrease from the recorded in-season maximum load (through reduction in volume, intensity, or rest time).

When training is interrupted for at least 7 days but not more than 14 days, such that the interruption does not constitute a transitional period, performance staff should implement whatever training modifications are appropriate to facilitate safe participation for the student-athlete based on the specific circumstances and condition of that student-athlete.

Introduce conditioning and training activities gradually and progress appropriately

During the return of student-athletes to mandatory training from a transitional period, the strength and conditioning staff must be cognizant of the potential risk associated with detraining and the application of a training program. During transitions and progression of workouts from this period, the application of the F.I.T. Rule (Appendix C) as recommended by the CSCCa is used to evaluate periodized lifts within the program.

Workouts and practices should not be punitive

One of the primary purposes of the Strength and Conditioning Coach is aiding in the development of a positive and productive culture among the team. The culture of a team is integral to its success. This may be accomplished through establishing accountability, discipline, and education. Strength and Conditioning Coaches can be demanding of student-athletes but should not be demeaning toward them in any way. Strength and Conditioning Coaches must invest in their student-athletes in order to create a relationship that fosters trust, accountability, and respect throughout their entire time with the University.

Education, experience, and credentialing requirements of all Strength and Conditioning Coaches

All Strength and Conditioning Coaches are required to obtain and maintain at least one of the following certifications through the designated independent accrediting agency: (1) Certified Strength and Conditioning Specialist (CSCS) by the National Strength and Conditioning Association; or (2) Strength and Conditioning Coach Certified (SCCC) by the Collegiate Strength and Conditioning Coaches Association. In addition, all Strength and Conditioning Coaches are required to maintain certification in first aid, CPR, and the use of an Automated External Defibrillator (Casa et al., 2012). In order to maintain certification through the independent accrediting agencies, Strength and Conditioning Coaches must satisfy continuing education requirements through those independent accrediting agencies. The continuing education requirements are approved by the independent accrediting agencies and are designed such that certified coaches will engage in educational opportunities that provide applicable, up-to-date information regarding important health and safety topics, emergency procedures, and preventing sudden death. The University relies on the independent accrediting agencies for reviewing the content of continuing education offerings and maintaining approved continuing education opportunities that address timely topics. All ongoing assessments, continued education unit requirements, and competency standards should be clearly documented. The Director of Strength and Conditioning for Olympic Sports and Director of Football Performance are responsible for validating the documented certifications of their staff and maintaining all associated documentation, including without limitation documentation of the completion of continued education units necessary for maintaining the certifications required by the University. The Director of Strength and Conditioning for Olympic Sports and Director of Football Performance are also responsible for providing their staff with adequate mentoring and for only hiring staff that have experience to independently design and implement individual and team conditioning programs.

Strength and Conditioning staff are independently credentialed strength and conditioning professionals, not members of the sport coaching staff. As such, reporting lines for all strength and conditioning professionals should not be directly to a sport coach, but rather into the University's sports performance line. The current reporting lines for Strength and Conditioning staff at the University are consistent with this standard, as Strength and Conditioning staff reporting lines are as follows: All Strength and Conditioning staff report to either the Director of Strength and Conditioning, Olympic Sports or Director of Football Performance. Both Directors report to the Deputy Athletics Director (Competitive Excellence).

Appropriate Strength and Conditioning staffing and medical coverage of all lifting and conditioning activities

It is mandatory that a certified Strength and Conditioning Coach is present during all strength and conditioning sessions. No student-athletes are allowed to train in the weight room facilities without a Strength and Conditioning Coach being present, even for a voluntary training session.

The athletic training staff shall be accessible during all conditioning sessions.

All training and conditioning sessions should be documented appropriately by the Strength and Conditioning staff and stored on the staff Google drive. The workout plan should be available to sports medicine staff before the workout occurs. The workout location should be included in all workout plans to accommodate venue-specific emergency action planning.

Proper education and practice of Emergency Action Plans

Venue-based Emergency Action Plans will be practiced annually for each athletic venue with the Strength and Conditioning Coaches, the team physicians, and the athletic training staff that support athletics activities (including strength, conditioning, practice, and/or competitions) in the venue. The Head Athletic Trainer will coordinate and document the completion of the annual practice sessions.

Continuing education for Strength and Conditioning and medical staffs

Strength and Conditioning Coaches should have an understanding of the most prevalent medical conditions that may be associated with conditioning and training workouts, including sudden cardiac death, exertional heat illness, sickle cell trait exertional illness, and rhabdomyolysis, among others. It is vital to identify early signs of these medical conditions that may be displayed by student-athletes during strength and conditioning sessions. Education to review these conditions with sports medicine staff will be held annually and documented by the Director of Strength and Conditioning for Olympic Sports and Director of Football Performance.

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Appendix A

50/30/20/10% Rule for Newcomers to the Program

When newcomers arrive to a strength and conditioning program, they may not be physically prepared for the demands of training and conditioning. The CSCCa recommends a 50% reduction in the impact of the conditioning sessions for the first week upon arrival for the training program, and the Sports Performance staff follows this practice. This reduction of impact is derived from the maximal impact expected of all conditioning. Impact is defined as the physiological cost of a conditioning activity. A reduction in impact can be accomplished through decreasing the volume, increasing the time allotted to complete a repetition, an increase in the amount of rest and recovery time, or a combination of these variables. During the second week of training the impact of the conditioning session can then be increased to a level of 30% reduction from the maximal impact of conditioning sessions, followed by 20% in the third week, and 10% in the fourth week.

Example of the 50/30/20/10% Rule:

Half Gasser Sprint Workout			
Maximal Impact for Skill Players: 16 reps, 16 seconds to complete the rep, 45 seconds of recovery between reps			
Reduction	Reps	Intensity	Rest Time
Week 1 Impact Reduction in Volume	8 Reps (50% Reduction)	16 Seconds to complete the rep (No Change)	45 Seconds (No Change)
Week 1 Impact Reduction in Intensity	16 Reps (No Change)	24 Seconds to complete the rep (50% Increase)	45 Seconds (No Change)
Week 1 Impact Reduction in Rest Time	16 Reps (No Change)	16 Seconds to complete the rep (No Change)	67.5 Seconds (50% Increase)
Week 1 Impact Reduction in Combination	12 Reps (25% Reduction)	20 Seconds to complete the rep (25% Increase)	45 Seconds (No Change)
Week 2 Impact Reduction in Volume	11.2 Reps (30% Reduction)	16 Seconds to complete the rep (No Change)	45 Seconds (No Change)
Week 2 Impact Reduction in Intensity	16 Reps (No Change)	20.8 Seconds to complete the rep (30% Increase)	45 Seconds (No Change)
Week 2 Impact Reduction in Rest Time	16 Reps (No Change)	16 Seconds to complete the rep (No Change)	58.5 Seconds (30% Increase)
Week 2 Impact Reduction in Combination	13.6 Reps (15% Reduction)	18.4 Seconds to complete the rep (15% Increase)	45 Seconds (No Change)
Week 3 Impact Reduction in Volume	12.8 Reps (20% Reduction)	16 Seconds to complete the rep (No Change)	45 Seconds (No Change)
Week 3 Impact Reduction in Intensity	16 Reps (No Change)	19.2 Seconds to complete the rep (20% Increase)	45 Seconds (No Change)
Week 3 Impact Reduction in Rest Time	16 Reps (No Change)	16 Seconds to complete the rep (No Change)	54 Seconds (20% Increase)

Week 3 Impact Reduction in Combination	14.4 Reps (10% Reduction)	17.6 Seconds to complete the rep (10% Increase)	45 Seconds (No Change)
Week 4 Impact Reduction in Volume	14.4 Reps (10% Reduction)	16 Seconds to complete the rep (No Change)	45 Seconds (No Change)
Week 4 Impact Reduction in Intensity	16 Reps (No Change)	17.6 Seconds to complete the rep (10% Increase)	45 Seconds (No Change)
Week 4 Impact Reduction in Rest Time	16 Reps (No Change)	16 Seconds to complete the rep (No Change)	49.5 Seconds (10% Increase)
Week 4 Impact Reduction in Combination	15.2 Reps (5% Reduction)	16.8 Seconds to complete the rep (5% Increase)	45 Seconds (No Change)

Appendix B

50/30% Rule for Returners to the Program

During Week 1 of a return from a transitional period for athletes who are returning to the program, the protocol is a reduction in the impact of conditioning sessions by 50% from the maximal impact expected by all conditioning, accomplished by manipulating the volume, intensity, rest and recovery time, or a combination of these variables. In Week 2, the impact of the conditioning session can be increased to a level of 30% reduction from maximal impact through the same manipulation of the variables listed above. The changes to the conditioning program are based on standards that have already been set through previous training phases with the athletes.

Example of the 50/30% rule:

Half Gasser Sprint Workout			
Maximal Impact for Skill Players: 16 reps, 16 seconds to complete the rep, 45 seconds of recovery between reps			
Reduction	Reps	Intensity	Rest Time
Week 1 Impact Reduction in Volume	8 Reps (50% Reduction)	16 Seconds to complete the rep (No Change)	45 Seconds (No Change)
Week 1 Impact Reduction in Intensity	16 Reps (No Change)	24 Seconds to complete the rep (50% Increase)	45 Seconds (No Change)
Week 1 Impact Reduction in Rest Time	16 Reps (No Change)	16 Seconds to complete the rep (No Change)	67.5 Seconds (50% Increase)
Week 1 Impact Reduction in Combination	12 Reps (25% Reduction)	20 Seconds to complete the rep (25% Increase)	45 Seconds (No Change)
Week 2 Impact Reduction in Volume	11.2 Reps (30% Reduction)	16 Seconds to complete the rep (No Change)	45 Seconds (No Change)
Week 2 Impact Reduction in Intensity	16 Reps (No Change)	20.8 Seconds to complete the rep (30% Increase)	45 Seconds (No Change)
Week 2 Impact Reduction in Rest Time	16 Reps (No Change)	16 Seconds to complete the rep (No Change)	58.5 Seconds (30% Increase)
Week 2 Impact Reduction in Combination	13.6 Reps (15% Reduction)	18.4 Seconds to complete the rep (15% Increase)	45 Seconds (No Change)

Appendix C

Application of the F.I.T. Rule

Frequency is defined as the training day per movement type (Press, Squat, Pulls, Triple Ext., etc.), not as a training day for the student athlete. The training frequency is split into upper and lower body days in order to ensure proper management of frequency to prevent injury.

Intensity Relative Volume (IRV) is a derivative of total volume load which is calculated by the equation:

Sets x Reps x % 1 Repetition Max (1RM) as a decimal

This can be portrayed in various different combinations of sets and repetitions that fall between 11 to 30 units. This quantity was derived from a systematic review of safe, effective strength and power training in athletes (McMaster, 2013).

Rep Range Practical Examples:
4 sets of 12 reps @ 60%1RM: (4x12x.6)= 28.8 units ACCEPTABLE
5 sets of 10 reps @ 60%1RM: (5x10x.6)= 30 units ACCEPTABLE
5 sets of 8 reps @ 70%1RM: (5x8x.7)= 28 units ACCEPTABLE
4 sets of 6 reps @ 70,73,76,78%1RM: (1x6x.7)= 4.2 units (1x6x.73)= 4.4 units (1x6x.76)= 4.6 units (1x6x.78)= 4.7 units Total = 18 units ACCEPTABLE
10 sets of 10 reps @ 50%1RM: (10x10x.5)= 50 units NOT ACCEPTABLE

Time (Rest Interval) is a vital part of training protocols that must be considered in order to reduce the risk of rhabdomyolysis in student-athletes, specifically during the first two weeks of a return from a transitional period. In most cases in which rhabdomyolysis was reported in student-athletes, the work-to-rest ratio was 1:1 or less. Appropriately administered rest time allows the aerobic energy system to deliver oxygen to muscles and reduce the amount of cell damage as a result of cellular waste products and acidosis caused by training. *The Inter-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions* recommends a work-to-rest ratio of 1:4 applied to all weight training activities in Week 1 of a return from a transitional period. During Week 2, the work-to-rest ratio can be decreased to 1:3 safely.

Daily and Weekly Movement Volume

When designing a program in the first two weeks of mandatory training during a return from a transitional period, the daily and weekly volumes must be measured and taken into consideration. The CSCCa Committee mandates that the absolute maximum volume prescribed for a movement type on a given day should not exceed 100 reps. This applies to loaded and body weight reps in a given movement category (Upper Body Press, Upper Body Pull, and Lower Body Movements encompassing both Squatting and Posterior Chain). Warm-ups are also included in the total volume for the day. When the daily volume is applied along with the training frequency, weekly volume for any of the movement categories should not exceed 300 total reps in Week 1 and 400 reps in Week 2.

Triple Extension movements do not follow the same guidelines as the previous movements. Therefore, when prescribing protocols it is best practice to apply the F.I.T. Rule to the Triple Extension movements volume, intensity, and work-to-rest ratio. In reference to the F.I.T. Rule the best practice for loaded Triple Extension movements Intensity Related Volume (IRV) should fall between 11 units and no more than 25 units. The daily volume of Triple Extension movements should not exceed 50 total repetitions and weekly volumes should not exceed 125 total repetitions in Week 1 and 150 repetitions in Week 2. The same work-to-rest ratio (1:4 during Week 1 and 1:3 in Week 2) should also be applied to ensure the safety of the student-athletes.

When implementing Plyometric Exercises to the strength and conditioning program, the F.I.T. Rule should also be applied as a guideline to ensure the proper implementation of volume, intensity, and work-to rest ratio. Plyometric Exercises should not exceed 150 foot contacts per week in Week 1 and Week 2, with the appropriate work-to-rest ratio of 1:4 during Week 1 and 1:3 during Week 2.

Proper Weekly Progression- The 10% Rule

When planning a program it is necessary to effectively and properly progress the student-athlete to facilitate proper adaptations and reduce the risk of injury. Well-developed physical attributes are linked directly to a reduced risk of injury, while under-training may actually increase the risk of injury. The goal is to train the student-athlete optimally to promote their development, while avoiding excessive and rapid increases in training load. These rapid increases in training load are a common cause for a large portion of non-contact, soft-tissue injuries, as well as volume-based injuries such as rhabdomyolysis. To minimize the risk of injury, practitioners should limit weekly training load increases to <10% (Gabbett, 2016).

Medical Management and Emergency Action Plans

The following procedures and plans related to specific physical medical conditions are intended to provide the general principles that should guide the University's response to and management of the specific conditions described. The procedures and plans should be followed to the extent appropriate for the situation. However, every medical situation and individual is unique, and the procedures and plans are not intended to serve as a substitute for or to preempt the exercise of the professional judgment of sports medicine staff. Rather, the professional judgment of sports medicine staff--as informed by their training and expertise--should always dictate the response to specific medical situations, whether such situations do or do not involve conditions described in the following procedures and plans.

Asthma Management and Emergency Action Plan

Background

Asthma is a disease in which the airways become inflamed and airflow is restricted. Airway inflammation, which may lead to airway hyperresponsiveness and narrowing, is associated with mast cell production and activation and increased number of eosinophils and other inflammatory cells. Cellular and mediator events cause inflammation, bronchial constriction via smooth muscle contraction, and acute swelling from fluid shifts. Chronic airway inflammation may cause remodeling and thickening of the bronchiolar walls.

Clinical signs of asthma include confusion, sweating, drowsiness, use of accessory muscles for breathing, wheezing, coughing, chest tightness, and shortness of breath. Asthma may be present during specific times of the year, vary with the type of environment, occur during or after exercise, and be triggered by respiratory infections, allergens, pollutants, aspirin, nonsteroidal anti-inflammatory drugs, inhaled irritants, exposure to cold, and exercise.

Prevention and Screening

Athletes who may have or are suspected of having asthma should undergo a thorough medical history and physical examination. Any athlete that endorses a history of asthma should complete the “Asthma Control Test” questions as part of the annual medical history questionnaire, with review by the sports medicine staff. Athletes with asthma should participate in a structured warmup protocol before exercise or sport activity to decrease reliance on medications and minimize asthmatic symptoms and exacerbations. The sports medicine staff should educate athletes with asthma about the use of asthma medications as prophylaxis before exercise, asthma triggers, recognition of signs and symptoms, and compliance with monitoring the condition and taking medication as prescribed.

Recognition

The sports medicine staff should be aware of the major asthma signs and symptoms (ie, confusion, sweating, drowsiness, forced expiratory volume in the first second [FEV₁] of less than 40%, low level of oxygen saturation, use of accessory muscles for breathing, wheezing, cyanosis, coughing, hypotension, bradycardia or tachycardia, mental status changes, loss of consciousness, inability to lie supine, inability to speak coherently, or agitation) and other conditions (eg, vocal cord dysfunction, allergies, smoking) that can cause exacerbations.

Spirometry tests at rest and with exercise and a field test (in the sport-specific environment) can be conducted on athletes suspected of having asthma to help diagnose the condition. Peak expiratory flow rates of less than 80% of the personal best or daily variability greater than 20% of the morning value indicate lack of control of asthma. An increase of 12% or more in the FEV₁ after administration of an inhaled bronchodilator also indicates reversible airway disease and may be used as a diagnostic criterion for asthma.

Treatment of Acute Exacerbation

- For an acute asthmatic exacerbation, the athlete should use a short-acting β 2-agonist (ie, Albuterol) to relieve symptoms.
- In a severe exacerbation, rapid sequential administrations of a β 2-agonist may be needed. Onset of action is typically 5 to 15 minutes, so the medication can be readministered 1 to 3 times per hour if needed.

- If breathing difficulties continue after 3 treatments in 1 hour or the athlete continues to have any signs or symptoms of acute respiratory distress, referral to an acute or urgent care facility should ensue.
- For breathing distress, the sports medicine team should provide supplemental oxygen to help maintain blood oxygen saturation above 92%.

Treatment of Chronic Asthma

- Leukotriene modifiers can be used to control allergen-, aspirin-, or exercise-induced bronchoconstriction and decrease asthma exacerbations.
- Inhaled corticosteroids or leukotriene inhibitors can be used for asthma prophylaxis and control. A long-acting β 2-agonist can be combined with other medications to help control asthma.
- When possible, the athlete should be aware of environmental factors (eg, smoke, allergens) that may increase asthma symptoms.
- In the athlete with asthma, physical activity should be initiated at low aerobic levels and exercise intensity gradually increased while monitoring occurs for recurrent asthma symptoms.

Return to Play

No specific guidelines describe return to play after an asthma attack in an athlete. However, in general, the athlete should first be asymptomatic or minimally symptomatic and progress through graded increases in exercise activity. Lung function can be monitored with a peak flow meter and compared with baseline measures to determine when asthma is sufficiently controlled to allow the athlete to resume participation. Where possible, the sports medicine staff should identify and treat asthmatic triggers, such as allergic rhinitis, before the athlete returns to participation.

This document was adapted from:

Casa DJ, Guskiewicz KM, Anderson SA, et al. National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports, *Journal of Athletic Training* 2012;47(1):96–118 .

The above policy was adopted by the University of Notre Dame Department of Athletics effective August 1, 2021.

Cardiac Arrest Emergency Action Plan

Background

Sudden cardiac arrest (SCA) is the leading cause of death in exercising young athletes. The underlying cause of SCA is usually a structural cardiac abnormality, including hypertrophic cardiomyopathy and coronary artery anomalies. Other potential underlying causes of SCA include myocarditis, arrhythmogenic right ventricular dysplasia, Marfan syndrome, valvular heart disease, dilated cardiomyopathy, and atherosclerotic coronary artery disease. The incidence of SCA resulting in death in National Collegiate Athletic Association student-athletes is currently estimated to be 1:54,000 student-athletes per year, with higher rates in black athletes (1:22,000) and male Division 1 basketball players (1:5,200)¹.

Prevention

Preparticipation screening is one strategy available to prevent SCA, although no method of screening can detect 100% of those at risk of SCA. The University of Notre Dame Sports Medicine Cardiovascular Screening Policy details the pre-participation screening practice at this time.

Emergency Preparedness

Rapid access to AEDs and established EAPs greatly improve the likelihood of survival. An EAP that is specific to each athletic venue has been developed and is posted at each venue. All AED locations are noted in the EAP, and should be clearly marked and accessible at each athletic facility. Every athletic trainer will be certified in CPR and AED use. The EAP is shared annually with the Notre Dame Fire Department (NDFD). The EAP should be posted near appropriate telephones and include the address of the venue and specific directions to guide NDFD or EMS personnel.

Assessment

Differential diagnosis of nontraumatic exercise-related syncope or presyncope includes sudden cardiac arrest, EHS, heat exhaustion, hyponatremia, hypoglycemia, exercise-associated collapse, exertional sickling, neurocardiogenic syncope, seizures, pulmonary embolus, cardiac arrhythmias, valvular disorders, coronary artery disease, cardiomyopathies, ion channel disorders, and other structural cardiac diseases. In any athlete who has collapsed in the absence of trauma, suspicion for sudden cardiac arrest should be high until normal airway, breathing, and circulation are confirmed. Agonal respiration or occasional gasping should not be mistaken for normal breathing and should be recognized as a sign of SCA; myoclonic jerking or seizure-like activity shortly after collapse should also be treated as SCA until proven otherwise. If no pulse is palpable, the patient should be treated for SCA, and CPR should be initiated.

Treatment

In any athlete who has collapsed and is unresponsive, SCA should be suspected. If normal breathing and pulse are absent, CPR should be started immediately and EMS activated. The CPR should be performed in the order of CAB (chest compressions, airway, breathing) by medical professionals (hands-only CPR is now recommended for lay responders) while waiting for arrival of the AED and stopped only for rhythm analysis and defibrillation. This should continue until either advanced life support providers take over or the victim starts to improve. Early detection, prompt CPR, rapid activation of EMS, and early defibrillation are vital to the individual's survival. For any athlete who has collapsed and is unresponsive, an AED should be applied as soon as possible for rhythm analysis and defibrillation if indicated. The greatest factor affecting survival after SCA arrest is the time from arrest to defibrillation. Survival rates have been reported at 41%–74% if bystander CPR is provided and defibrillation occurs within 3 to 5 minutes of collapse.

Certain weather situations warrant special consideration. In a rainy or icy environment, AEDs are safe and do not pose a shock hazard. However, a patient lying on a wet surface or in a puddle should be moved. A patient lying on a metal conducting surface (eg, stadium bleacher) should be moved to a nonmetal surface. If lightning is ongoing, rescuers must ensure their safety by moving the patient indoors if possible.

Reference

1. Harmon KG, Asif IM, Maleszewski JJ, et al. Incidence, cause, and comparative frequency of sudden cardiac death in National Collegiate Athletic Association athletes: a decade in review. *Circulation* 2015;132:10–9.

This document was adapted from:

Casa DJ, Guskiewicz KM, Anderson SA, et al. National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports, *Journal of Athletic Training* 2012;47(1):96–118.

The above policy was adopted by the University of Notre Dame Department of Athletics effective August 1, 2021.

Cardiovascular Screening Policy

Purpose

Sudden cardiac arrest during athletic participation is a leading cause of unexpected death and post-arrest disability in NCAA student-athletes. Current belief of screening student-athletes with a combination of personal and family history, physical examination by a physician, and electrocardiogram increase the effectiveness of identifying abnormal cardiovascular conditions.

Pre-participation cardiovascular screening of student-athletes

The cardiac evaluation includes a comprehensive personal and family history, physical exam, and Electrocardiogram (ECG). Cardiovascular screening is used to identify or indicate conditions that may increase the risk of death or disability in student-athletes. ECG screening is more accurate than medical history and physical exam alone.¹ However, normal exam and normal ECG resulting in clearance for participation is not a guarantee that injury or death due to cardiovascular causes will not occur.

Procedure

- 1) Student-athletes will annually complete the Pre-Participation Examination (PPE) Medical History consisting of American Heart Association-recommended Personal and Family History questions.
- 2) Student-athletes will have, at a minimum, annual monitoring of blood pressure and pulse.
- 3) Upon matriculation, all student-athletes will have cardiac auscultation performed by a University Physician or designated qualified medical practitioner.
- 4) Student-athletes will have an ECG performed as part of their initial PPE upon matriculation prior to participation as a freshman or transfer student.
- 5) Student-athletes will have subsequent ECGs performed prior to the third and (when applicable) fifth year of their participation in collegiate athletics overall.
- 6) Prior to ECG, student-athletes will be provided information regarding rationale for utilizing ECG screening and the possible risks vs benefits of adding ECG screening.²
- 7) ECG will be performed by sports medicine staff trained in performing ECG. After input of patient-specific data, sports medicine staff will obtain Cardea 20/20 ECG™ 12-lead ECG with a 16-second segment. A copy of the ECG will be printed for team physician evaluation.

Interpretation & Additional Testing

- 1) Cardea 20/20 ECG™ software should be updated regularly in order to ensure the most recent guidelines for ECG interpretation are utilized by the device.
- 2) The team physician, using the most recent guidelines for ECG interpretation in athletes, will review each ECG to provide interpretation.
- 3) The ECG will be over-read by a skilled Cardiologist at the discretion of the team physician.
- 4) Once complete with interpretation, the ECG is uploaded to the student-athlete's electronic medical record as part of PPE.
- 5) A student-athlete with an abnormal ECG may undergo further testing as directed by the team physician. Should further evaluation be recommended, it is at the team physician's discretion whether the student-athlete may participate prior to acquisition of additional information.
- 6) Clearance for participation as determined by the team physician is based on published guidelines and the best available evidence at the time of ECG.
- 7) The team physician and the University of Notre Dame have the right to restrict an individual from participation, provided the decision is individualized, reasonably made, and based on medical evidence.

Targeted Echocardiogram Screening

Due to the higher risk of sudden cardiac death in certain athletic populations, a targeted program of additional baseline imaging will allow for appropriate screening on these higher risk groups. Identifying additional athletic populations for targeted baseline echocardiogram evaluations is within the discretion of team physicians.

References

- 1) Baggish AL, Hutter AM Jr., Wang F, et al. Cardiovascular screening in college athletes with and without electrocardiography: a cross-sectional study. *Ann Intern Med* 2010;152:269–75.
- 2) Corrado D, Pelliccia A, Bjørnstad HH, et al. Cardiovascular pre-participation screening of young competitive athletes for prevention of sudden death: proposal for a common European protocol. *Eur Heart J* 2005;26:516–24.

The above policy was adopted by the University of Notre Dame Department of Athletics effective August 1, 2021.

Cervical Spine Injury Emergency Action Plan

Background

A catastrophic cervical spinal cord injury occurs with structural distortion of the cervical spinal column and is associated with actual or potential damage to the spinal cord. The spinal injury that carries the greatest risk of immediate sudden death for the athlete occurs when the damage is both severe enough and at a high enough level in the spinal column (above C5) to affect the spinal cord's ability to transmit respiratory or circulatory control from the brain. The priority in these situations is simply to support the basic life functions of breathing and circulation. Unfortunately, even if an athlete survives the initial acute management phase of the injury, the risk of death persists because of the complex biochemical cascade of events that occurs in the injured spinal cord during the initial 24 to 72 hours after injury. Because of this risk, efficient acute care, transport, diagnosis, and treatment are critical in preventing sudden death in a patient with a catastrophic cervical spine injury.

Prevention

Athletic trainers should be familiar with sport-specific causes of catastrophic cervical spine injury and understand the physiologic responses in spinal cord injury. Helmets should be regularly maintained throughout a season by equipment staff and helmets should undergo regular reconditioning and recertification. Sports medicine personnel should become familiar with proper athletic equipment removal, including appropriate methods to minimize motion.

Recognition

During initial assessment, the presence of any of the following, alone or in combination, requires the initiation of the spine injury management protocol: unconsciousness or altered level of consciousness, bilateral neurologic findings or complaints, significant midline spine pain with or without palpation, or obvious spinal column deformity.

Treatment and Management

The overall goals are to create as little motion as possible and complete the steps of the EAP as rapidly as is appropriate to facilitate support of basic life functions and prepare for transport to the nearest emergency treatment facility. Additional complications can affect the care of the spine-injured athlete in an equipment-intensive sport when rescuers may need to remove protective equipment that limits access to the airway or chest.

- The cervical spine should be in a neutral position, and manual cervical spine stabilization should be applied immediately.
- Traction should not be applied to the cervical spine.
- Immediate attempts should be made to expose the airway.
- If rescue breathing becomes necessary, the person with the most training and experience should establish an airway and begin rescue breathing using the safest technique.
- If the spine is not in a neutral position, rescuers should realign the cervical spine. However, the presence or development of any of the following, alone or in combination, is a contraindication to realignment: pain caused or increased by movement, neurologic symptoms, muscle spasm, airway compromise, physical difficulty repositioning the spine, encountered resistance, or apprehension expressed by the patient.
- Manual stabilization of the head should be converted to immobilization using external devices such as foam head blocks. Whenever possible, manual stabilization is resumed after the application of external devices.

- Athletes should be immobilized with a long spine board or other full-body immobilization device.
- The primary acute treatment goals in equipment-laden athletes are to ensure that the cervical spine is immobilized in neutral and vital life functions are accessible. Removal of helmet and shoulder pads is recommended if medical staff present are trained in appropriate technique.
- Full face-mask removal using established tools and techniques is executed once the decision has been made to immobilize and transport.
- If possible, a team physician or AT should accompany the athlete to the hospital.
- Remaining protective equipment should be removed by appropriately trained professionals in the emergency department.

Return to Play

Return to play (RTP) after cervical spine injury is highly variable and may be permitted only after complete tissue healing, neurologic recovery, and clearance by a physician. Factors considered for RTP include the level of injury, type of injury, number of levels fused for stability, cervical stenosis, and activity.

This document was adapted from:

Swartz EE, Boden BP, Courson RW, et al. National Athletic Trainers' Association Position Statement: Acute Management of the Cervical Spine– Injured Athlete. *Journal of Athletic Training* 2009;44(3):306–331.

The above policy was adopted by the University of Notre Dame Department of Athletics effective August 1, 2021.

Department of Intercollegiate Athletics Concussion Management Plan

Purpose:

Concussion, a type of brain injury, can pose a significant health risk for student-athletes competing in intercollegiate athletics. The University of Notre Dame is committed to promoting the safety of its student-athletes. In light of this commitment and developing research on the symptoms and effects of concussions, Notre Dame has taken steps to prevent, identify, evaluate, and manage these injuries in a comprehensive and consistent manner.

The Notre Dame Athletic Department, in accordance with NCAA bylaw 3.2.4.20, has implemented this Concussion Management Plan (“the Plan”) to establish guidelines and procedures for assessing and treating intercollegiate student-athletes who have or are suspected to have suffered a concussion. The Plan covers the education, recognition, emergency care, long-term care, return-to-learn and return-to-sport of student-athletes who exhibit concussion-like symptoms or are otherwise suspected to be concussed. The Notre Dame Sports Medicine Department recognizes that each concussion and each student-athlete is unique. Therefore, in certain cases, modifications to this protocol may be deemed appropriate by Notre Dame sports medicine staff. For purposes of this Plan, “sports medicine staff” includes Notre Dame team physicians and athletic trainers.

Definitions:

Concussions are the most common form of brain injury suffered by student-athletes. It is widely agreed that concussions represent a transient interruption of brain function brought on by mechanical forces experienced by the brain. A concussion can be caused by a direct or indirect blow to the head or elsewhere on the body resulting in an impulsive force being transmitted to the head. A concussion may cause impaired neurologic function, which may or may not involve loss of consciousness. The exact recovery periods from this type of brain injury are uncertain and will often vary from student-athlete to student-athlete and from injury to injury.

Throughout this policy, **team physician** means a university physician with experience in the evaluation and management of concussions.

Signs/Symptoms:

A concussion “sign” is a finding or behavior in a concussed person that can be observed by someone else. A concussion “symptom” is something directly experienced by the person who is concussed. Examples of signs and symptoms are listed below. It is important to keep several factors in mind regarding signs and symptoms of concussion: A concussed student-athlete may exhibit many signs or symptoms or very few. Despite one popular misconception, the clear majority of concussions do not involve a loss of consciousness. It is possible that a concussed student-athlete will not show signs or symptoms of a present concussion for the first several hours after the inciting blow. It is also common that the symptoms of any one concussion evolve over hours or days. Finally, the type and severity of signs or symptoms will often vary among student-athletes.

Signs and symptoms of concussions include, but are not limited to:

Symptoms:

- Dizziness
- Nausea/vomiting
- Confusion
- Irritability
- Headaches
- Ringing in ears
- Fatigue
- Lightheadedness
- Disorientation
- Seeing bright lights/stars
- Depression
- Feeling of being stunned
- Pressure in head
- Neck pain

Signs:

- Difficulty concentrating
- Reduced attention
- Decreased playing ability
- Cognitive dysfunction
- Vacant stare
- Personality change
- Loss of consciousness
- Slurred/incoherent speech
- Delayed verbal or motor responses
- Sleep disturbance

Education/Responsibilities:

The University of Notre Dame recognizes that best medical practices for the evaluation and management of concussion will change over time based both on the evolving science as well as its accepted clinical applications. To that end, all parties with any responsibility in recognizing, diagnosing, or managing concussions will undergo serial educational activities, at least annually, to promote the best possible uniformity of understanding across all groups.

1. *Student-Athletes*: Notre Dame student-athletes must be truthful and forthcoming about symptoms of illness and injury, both at the time of an injury as well as upon the emergence of any reoccurring or new symptoms. In conjunction with the pre-participation baseline assessment described in this Plan, student-athletes will sign a questionnaire in which they acknowledge their responsibility to be truthful and forthcoming about symptoms of illness and injury.

Each year, the sports medicine staff will educate Notre Dame student-athletes specifically about concussions. As part of that education, each student-athlete will receive the NCAA Concussion Fact Sheet (Appendix A) and will sign the Student-Athlete Concussion Responsibility Form (Appendix B). In signing the form, student-athletes will acknowledge that:

- a. they have read and understood the NCAA Concussion Fact Sheet for Student-Athletes and participated in education related thereto;
- b. they accept the responsibility for truthfully and promptly reporting their

illnesses and injuries to the sports medicine staff, including any signs or symptoms of a concussion, regardless of whether any such illnesses, injuries, signs, or symptoms are related to participation in intercollegiate athletics; and

c. they have been provided an opportunity to ask questions about and discuss the concussion education materials and content with sports medicine staff.

2. *Coaches*: Each year, the sports medicine staff will educate all Notre Dame coaches (and appropriate athletics administrators, including the Director of Athletics) specifically about concussions. As part of that education, each coach (and appropriate athletic administrator, including the Director of Athletics) will receive the NCAA Concussion Fact Sheet for Coaches (Appendix C), ND Concussion Management Plan, and will sign the Coach's Concussion Responsibility Form (Appendix D), acknowledging that:

- a. they have read and understood the NCAA Concussion Fact Sheet for Coaches and participated in education related thereto;
- b. they will encourage their student-athletes to report their illnesses and injuries to sports medicine staff, especially any signs or symptoms of a concussion;
- c. they will refer any student-athlete whom they suspect of sustaining a concussion to the proper medical authority;
- d. they have read and understand the Notre Dame Concussion Management Plan, including the fact that team physicians (and, in their absence, athletic trainers) have unchallengeable authority to withhold a student-athlete from practice or competition, and that team physicians have unchallengeable authority to determine concussion management, return-to-sport, and medical clearance; and
- e. they have been provided an opportunity to ask questions about and discuss the concussion education materials and content with sports medicine staff.

3. *Sports Medicine Staff*: The Notre Dame sports medicine staff will undergo at least annual training sessions on the diagnosis and treatment of head injuries and this Concussion Management Plan, including receipt and acknowledgement of the NCAA Concussion Fact Sheet(s). They will be provided an opportunity to ask questions about and discuss the materials provided during the training sessions.

Annual Baseline Assessment:

For each sport¹ in which a Notre Dame student-athlete intends to participate during an academic year, the student-athlete will be assessed before initially participating in practice or competition for that sport by Notre Dame sports medicine staff in order to understand the student-athlete's baseline neurological status relative to concussion. The assessment will include: an updated history of concussion, other brain injury, neurologic disorder, and mental health symptoms and disorders; further exploration of any existing symptoms; cognitive assessment; balance evaluation; and confirmation of

the student-athlete's understanding that the team physician makes the determination whether to clear the student-athlete for participation in the sport or whether to require additional consultation or testing prior to clearance. Team physicians may, based on their medical judgment, conduct baseline assessments more frequently for a student-athlete than prior to the student-athlete's initial participation in practice or competition for a sport in any given academic year.

Recognition and Evaluation:

A. Personnel Coverage of Competition and Practice

1. Sports medicine staff with training in the diagnosis, treatment and initial management of acute concussion must be *present* at all exhibitions and NCAA varsity competitions in basketball, football, ice hockey, lacrosse, pole vault, and soccer. To be *present* means to be on site at the campus or arena of the competition. Medical personnel may be from either team, or may be independently contracted for the event.
2. Sports medicine staff with training in the diagnosis, treatment and initial management of acute concussion must be *available* at all NCAA varsity practices in basketball, football, ice hockey, lacrosse, pole vault, and soccer. To be *available* means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means; that the case can be discussed through such communication; and that immediate arrangements can be made for the athlete to be evaluated.

B. Evaluation and Management

1. If a student-athlete reports or displays signs, symptoms, or behaviors that a Notre Dame athletics staff member believes are consistent with a concussion during participation in any activity in which the student-athlete was witnessed to have experienced physical contact or was known to be participating in an activity that may have reasonably involved contact, the Notre Dame athletics staff member shall inform the student-athlete's coach, as well as the student-athlete's team physician and/or athletic trainer. The student-athlete shall be removed from any practice or competition then underway, and will be evaluated by a team physician or athletic trainer, who will make a determination of whether there is a basis for a suspected concussion.

¹ For the purposes of the Plan, the Track and Field program and the Cross Country program constitute one sport.

2. A student-athlete with a suspected concussion shall be withheld from practice or competition and shall not return to athletic activity for the remainder of that day. The team physician or athletic trainer making such a decision will notify the coaching staff as soon as possible that the student-athlete will not return to athletic activity for the remainder of the day. The team physician and/or athletic

trainer have unchallengeable authority to withhold a student-athlete from practice or competition.

3. A treating athletic trainer and/or team physician shall have the authority to require that a student-athlete be continuously monitored during a period that the student-athlete, in the judgment of the athletic trainer or team physician, is acutely symptomatic.
4. A student-athlete with a suspected concussion will be evaluated by a team physician for a diagnosis as soon as possible in accordance with the severity of the symptoms. Such evaluation will generally include symptom assessment, physical examination, and neurological examination, including cognitive assessment, balance examination, and clinical assessment for cervical spine trauma, skull fracture, intracranial bleed, and catastrophic injury. This may include but is not limited to evaluation with SCAT 5 testing and C3 Logix concussion management system. The timing and nature of any follow-up testing are at the discretion of the treating team physician.
5. Student-athletes and/or sports medicine staff may not be able to recognize the possibility of a concussion until hours or days after the precipitating event. Under these circumstances, once a student-athlete reports or displays signs, symptoms, or behaviors that a Notre Dame athletics staff member believes are consistent with a concussion, the athletics staff member will inform the student-athlete's coach, as well as the student athlete's team physician and/or athletic trainer, and the team physician or athletic trainer shall initiate normal evaluation and return-to-sport procedures.
6. If a student-athlete sustains a potential concussion outside of participation in intercollegiate athletics, the student-athlete is responsible for truthfully and promptly reporting the injury to the sports medicine staff, including any signs or symptoms of a concussion, at which point the potential concussion will be managed in the same manner as potential concussions sustained during participation in intercollegiate athletics.
7. Upon request by a visiting team, Notre Dame sports medicine staff will evaluate and manage visiting student-athletes under the same guidelines as Notre Dame student-athletes until the visiting team indicates that evaluation and/or management are no longer needed.
8. If a Notre Dame student-athlete reports or displays signs, symptoms, or behaviors that a Notre Dame athletics staff member believes are consistent with a concussion while away from campus in connection with team activities and a team physician is not present, the athletics staff member will inform the student-athlete's coach and the student athlete's athletic trainer. The Notre Dame athletic trainer shall manage the student-athlete under the guidelines set forth in this Plan, and should arrange for an in-person evaluation by a physician experienced in the evaluation and management of concussions, if deemed necessary by the athletic trainer. Regardless, the student-athlete will be evaluated by a team physician as soon as possible upon return to campus.

9. If a team physician diagnoses a Notre Dame student-athlete with a concussion, the return-to-sport and return-to-learn guidelines set forth in this Plan shall apply. Notwithstanding any other provision of this Plan, if a team physician conducts a diagnostic evaluation of a Notre Dame student-athlete on the basis of a suspected concussion and determines that the student-athlete actually did not sustain a concussion, the team physician may permit the student-athlete to resume normal participation in athletic activity immediately, provided that the team physician has not identified an independent basis for withholding the student-athlete from participation.

Emergency Referrals:

In the event that a student-athlete displays one or more of the following symptoms during an initial evaluation, a team physician and/or athletic trainer should consider activation of the applicable Medical Emergency Response Procedures and/or immediate referral to the Emergency Room:

- Prolonged loss of consciousness
- Deteriorating level of consciousness
- Suspicion of spine or skull injury
- Seizure activity
- Evidence of hemodynamic instability/deteriorating vital signs
- Repetitive vomiting
- If performed, Glasgow Coma Scale (GCS) < 13 on initial assessment or GCS < 15 at 2 hours or more post-initial assessment
- Focal neurological deficit suggesting intracranial trauma

Monitoring/Follow-Up Care:

1. Due to the need for ongoing monitoring for deterioration of symptoms, when an athletic trainer or team physician determines that a student-athlete who displays signs, symptoms, or behaviors consistent with a concussion or who is diagnosed with a concussion may be released from immediate care, the student-athlete should be accompanied by an individual who can provide reliable supervision (such as a roommate, parent/guardian, coach, member of residence hall staff or a teammate).
2. Upon release from immediate care, the student-athlete and the individual who accompanies him/her will be provided with verbal or written instructions, which may include monitoring, limitation of certain activity, and additional assessments (see Concussion Take-Home Instructions in Appendix E for an example of information typically provided upon discharge).
3. As appropriate, the sports medicine staff should communicate with Academic Services for Student-Athletes to assist in managing the return-to-learn protocol; Residence Hall or other Student Affairs staff to assist in managing supervision and other issues; and coaches and other Notre Dame athletics staff to assist in managing athletics-related issues.

4. Student-athletes with a prolonged recovery shall be evaluated by a physician to consider additional diagnoses (e.g., post-concussion syndrome, sleep dysfunction, migraine or other headache disorders, mood disorders, ocular or vestibular dysfunction, cognitive impairment, or autonomic dysfunction), proper management options, and possible referral.

Return-to-Sport Guidelines:

1. When the treating University physician determines that it is appropriate for a student-athlete who was previously diagnosed with a concussion to be evaluated for return-to-sport and return-to-learn, the sports medicine staff will supervise the process set forth below. The sports medicine staff shall have unchallengeable authority on implementing concussion management and the decision for return.
2. The following steps will typically take place over several days. In select settings in which student-athletes have minimal concussion symptom burden and no other modifiers that may prolong recovery, the return-to-sport protocol may be modified. In contrast, in student-athletes with increased symptom burden and duration, the progression for return-to-sport may be more conservative and each stage may take more than a day.
3. The initial stage includes limited physical and cognitive activity until the student-athlete has returned to baseline, then progresses within each step below provided that the student-athlete does not experience worsening or new symptoms as determined by the treating University medical staff.

Stage	Requirement	Rehabilitation Stage	Functional Exercise at Each Stage	Stage Objective
1	Physician clearance	Symptom-limited activity	Limited physical and cognitive activity	Recovery
2	Physician clearance	Light aerobic exercise without resistance training		Increase heart rate
3	Completion of Stage 2	Sport-specific exercise (non-contact, or without head impact)	Non-contact simple movement patterns specific to sport	Add movement

4	Completion of Stage 3	Non-contact training drills with progressive resistance	Progression to more complex training drills	Exercise, coordination, and cognitive load
5	Completion of Stage 4	Full-contact practice (or unrestricted training)	Following medical clearance, participate in normal activities	Restore Student-athlete's confidence and coaching staff assesses functional skills
6	Completion of Stage 5	Unrestricted return to sport	Normal game play	

4. No student-athlete can return to unrestricted athletic activity, practice or competition until they are medically cleared to do so by a team physician. Team physicians shall have unchallengeable authority to determine medical clearance. Clearance to return to unrestricted athletic activity, practice, and competition should not be granted prior to the full resolution of the return-to-learn protocol for the student-athlete as set forth in this Plan.

5. Any member of the Notre Dame sports medicine staff must report any attempt to interfere with proper concussion protocol to a member of the Executive Committee in the Department of Athletics.

Return-to-Learn Guidelines:

1. The athletic trainer and team physician will serve as the primary contacts to assist a student-athlete who is diagnosed with a concussion on return-to-learn issues. The athletic trainer and team physician will work with campus partners as appropriate, including but not limited to counselors from Academic Services for Student-Athletes, other academic advisors, the Faculty Athletics Representative, the student-athlete's course instructors, the Office for Students with Disabilities, the University Counseling Center, coaches and athletics administrators. Implementation of the return-to-learn protocol must be in compliance with the Americans with Disabilities Act (ADA).

2. Each student-athlete who is diagnosed with a concussion shall have an individualized plan that generally includes:
 - a. No classroom activity on the day the concussion is sustained;

- b. Relative cognitive rest that minimizes potential cognitive stressors such as school work, video games, reading, texting and watching television;
 - c. Remaining at home if the student-athlete cannot tolerate light cognitive activity;
 - d. A gradual return to classroom and academic activities that may include modification of schedule or other academic accommodations for up to two weeks.
3. At any point during the return-to-learn protocol, a physician shall conduct or direct the re-evaluation of the student-athlete if he or she has difficulty progressing through the return-to-learn protocol due to persistent, worsening, or new symptoms. For any student-athlete who is symptomatic for more than two weeks or whose symptoms cannot be managed through schedule modification or other academic accommodations, the athletic trainer and/or team physician shall work with the Office for Students with Disabilities and other campus partners to create a plan consistent with the ADA.
4. A student-athlete's return-to-learn protocol should be fully resolved before the student-athlete is cleared under the return-to-sport guidelines of this Plan for return to full athletic activity, practice, and competition.

Reducing Exposure to Head Trauma:

The University of Notre Dame will take steps to reduce student-athlete exposure to head trauma and otherwise act in the best interest of student-athlete health and safety, including adherence to the *Inter-Association Consensus: Diagnosis and Management of Sport-Related Concussion Guidelines*. The principles applicable to reducing student-athlete exposure to head trauma shall include, without limitation:

- Adhering to existing ethical standards in conducting all athletic practices and competitions.
- Prohibiting the use of playing or protective equipment (including helmets) as a weapon during all athletic practices and competitions.
- Prohibiting the deliberate infliction of injury on another player during all athletic practices and competitions.
- Adhering to relevant equipment safety standards and related certification requirements with respect to all playing and protective equipment (including helmets), as applicable.
- Conducting all contact/collision, helmeted practices and competitions to keep the head out of blocking and tackling.

The above policy was adopted by the University of Notre Dame Department of Athletics effective July 1, 2014, revised July 31, 2015, July 1, 2016, May 1, 2017, May 1, 2018, May 1, 2019, May 1, 2020, and May 1, 2021, and is adapted in part from The University of North Carolina at Chapel Hill Sport Concussion Policy.

Diabetes Management and Emergency Action Plan

Background

Diabetes mellitus is a chronic metabolic disorder characterized by hyperglycemia, caused by either absolute insulin deficiency or resistance to the action of insulin at the cellular level, which results in the inability to regulate blood glucose levels within the normal range of 70–110 mg/dL. Type 1 diabetes is an autoimmune disorder stemming from a combination of genetic and environmental factors. Although the literature supports physical activity for people with type 1 diabetes, exercise training and competition can result in major disturbances to blood glucose management. Extreme glycemic fluctuations (severe hypoglycemia or hyperglycemia with ketoacidosis) can lead to sudden death in athletes with type 1 diabetes mellitus. Prevention of these potentially life-threatening events begins with the creation of the diabetes care plan by a physician.

Prevention

Each athlete with diabetes should have a diabetes care plan that includes blood glucose monitoring and insulin guidelines, treatment guidelines for hypoglycemia and hyperglycemia, and emergency contact information. The plan should identify blood glucose targets for practices and games, including exclusion thresholds; strategies to prevent exercise-associated hypoglycemia, hyperglycemia, and ketosis; a list of medications used for glycemic control; signs, symptoms, and treatment protocols for hypoglycemia, hyperglycemia, and ketosis; and emergency contact information. Preventing hypoglycemia relies on a 3-pronged approach of frequent blood glucose monitoring, carbohydrate supplementation, and insulin adjustments. The athlete should check blood glucose levels 2 or 3 times before, every 30 minutes during, and every other hour up to 4 hours after exercise. Carbohydrates should be eaten before, during, and after exercise; the quantity the athlete ingests depends on the prevailing blood glucose level and exercise intensity. Finally, some athletes may use insulin adjustments to prevent hypoglycemia. These adjustments vary depending on the method of insulin delivery (insulin pump versus multiple daily injections), prevailing blood glucose level, and exercise intensity. Athletes with type 1 diabetes may also experience hyperglycemia, with or without ketosis, during exercise. Hyperglycemia during exercise is related to several factors, including exercise intensity and the psychological stress of competition. When the insulin level is adequate, these episodes of hyperglycemia are transient. However, when the insulin level is insufficient, ketosis can occur. Exercise is contraindicated when ketones are present in the urine.

Recognition

Signs and symptoms of hypoglycemia typically occur when blood glucose levels fall below 70 mg/dL (3.9 mmol/L). Early symptoms include tachycardia, sweating, palpitations, hunger, nervousness, headache, trembling, and dizziness. These symptoms are related to the release of epinephrine and acetylcholine. As the glucose level continues to fall, symptoms of brain neuronal glucose deprivation occur, including blurred vision, fatigue, difficulty thinking, feeling of sluggishness, loss of motor control, aggressive behavior, seizures, convulsions, and loss of consciousness. If hypoglycemia is prolonged, severe brain damage and even death can occur. Athletic trainers should be aware that the signs and symptoms of hypoglycemia are

individualized and be prepared to act accordingly. Although the signs and symptoms of hyperglycemia may vary from one athlete to another, they include nausea, dehydration, reduced cognitive performance, slowing of visual reaction time, and feelings of sluggishness and fatigue. The signs and symptoms of hyperglycemia with ketoacidosis may include those listed earlier as well as Kussmaul breathing, fruity odor to the breath, sleepiness, inattentiveness, loss of appetite, increased thirst, and frequent urination. With severe ketoacidosis, the level of consciousness may be reduced. Athletic trainers should also be aware that some athletes with type 1 diabetes intentionally train and compete in a hyperglycemic state (above 180 mg/dL [10 mmol/L]) to avoid hypoglycemia. Competing in a hyperglycemic state places the athlete at risk for dehydration, reduced athletic performance, and possibly ketosis.

Severe hypoglycemia (ie, the athlete is unconscious or unable to swallow or follow directions) is a medical emergency, requiring activation of emergency medical services (EMS) and, if the health care provider is properly trained, administering glucagon. Physicians should determine a safe blood glucose range to return an athlete to play after an episode of mild hypoglycemia or hyperglycemia.

Treatment and Management

The American Diabetes Association provides guidelines for exercise during hyperglycemic periods. If the fasting blood glucose level is ≥ 250 mg/dL (≥ 13.9 mmol/L), the athlete should test his or her urine for the presence of ketones. If ketones are present, exercise is contraindicated. If the blood glucose value is ≥ 300 mg/dL (≥ 16.7 mmol/L) and without ketones, the athlete may exercise with caution and continue to monitor blood glucose levels. Athletes should work with their physicians to determine the need for insulin adjustments for periods of hyperglycemia before, during, and after exercise.

Treatment Guidelines for Mild and Severe Hypoglycemia

Mild Hypoglycemia (student-athlete is conscious and able to swallow and follow directions)

- 1) Give 10–15 g of fast-acting carbohydrate.
 - a) Example: 4–8 glucose tablets or 2 Tbsp honey.
- 2) Measure blood glucose level.
- 3) Wait 15 min and remeasure blood glucose level again.
- 4) If blood glucose level remains low, administer another 10–15 g of fast-acting carbohydrate.
- 5) Recheck blood glucose level in 15 min.
- 6) If blood glucose level does not return to normal after the second dose of carbohydrate, activate EMS.
- 7) Once blood glucose level normalizes, provide a snack (eg, sandwich, bagel).

Severe Hypoglycemia

- 1) Activate EMS.
- 2) Prepare glucagon for injection, following directions in glucagon kit.
- 3) Once the athlete is conscious and able to swallow, provide food.

Return to Play

Return to play (RTP) for an athlete varies with the individual and becomes easier as sports medicine works with the athlete on a regular basis and learns how his or her blood glucose reacts to exercise and insulin and glucose doses. The athlete should demonstrate a stable blood glucose level that is within the normal range before RTP. Athletic trainers working with new athletes should seek guidance from the athlete, athlete's physician, and athlete's parents to gain insight on how the athlete has been able to best control the blood glucose level during exercise.

This document has been adapted from:

Casa DJ, Guskiewicz KM, Anderson SA, et al. National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports, *Journal of Athletic Training* 2012;47(1):96–118 .

The above policy was adopted by the University of Notre Dame Department of Athletics effective August 1, 2021.

Exertional Rhabdomyolysis Management Plan

Background

Exertional Rhabdomyolysis (ER) in athletes is a preventable and potentially fatal condition. ER occurs as a result of excess breakdown of skeletal muscle following intense physical activity, leading to a release of muscle cell contents into the plasma.

Risk factors for ER include dehydration and sickle cell trait status. Workouts that are novel or new to an athlete, workouts intended for “punishment”, workouts that occur after an extended period of time away from training, and workouts intended to get into shape quickly are higher risk for leading to ER. The types of exercises leading to ER often include eccentric strengthening, overload training, or rapid repetitions to failure.

Prevention

In order to prevent ER, high-intensity conditioning right after vacations and breaks should be avoided and allow for acclimatization. Athletes coming off of an injury or illness are at risk and recognition of their increased risk is important. Staff should communicate with athletes during the workout and look for signs of distress, keeping in mind the additive effects of workouts over several days. Strength and Conditioning staff may need to change plans mid-workout based on athlete response. Athletic trainers have the authority to stop workouts if they are felt to be unsafe.

Recognition

Symptoms of ER include muscle pain, muscle weakness, reddish-brown urine, and limited joint range of motion. Often there is only mild, if any, pain during exercise, but usually symptoms develop within hours of exercise and worsen over the ensuing 2-3 days. In severe cases, additional symptoms can include nausea, fever, tachycardia, and abdominal pain.

Diagnosis of ER depends on clinical symptoms as noted, as well as laboratory findings including abnormalities in serum creatine kinase and urine myoglobin levels.

Treatment and Management

In the event of a suspected ER case, the athlete should be referred to a team physician or urgent care/emergency department for further evaluation including laboratory testing. Treatment may take place in an inpatient vs outpatient setting depending on severity, and typically consists of IV fluids and monitoring for correction of laboratory abnormalities.

Return to Play

Return to play for athletes with ER varies widely based on severity and recovery from injury, and should be guided by a team physician in conjunction with athletic trainers.

The above policy was adopted by the University of Notre Dame Department of Athletics effective August 1, 2021.

Sickle Cell Trait Management Plan

Background

Sickle cell trait (SCT) is not a disease; it is the inheritance of one gene for the sickle hemoglobin and one gene for the normal hemoglobin. Sickle cell trait will not turn into sickle cell disease. Sickle cell trait is a life-long condition that will not change over time. People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries. However, persons of all races and ethnicities may test positive for sickle cell trait.

During intense exercise by individuals with sickle cell trait, the red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or “sickle”. Sickled red cells may accumulate in the blood during intense exercise, blocking normal blood flow to the tissues and muscles. During intense exercise, athletes with sickle cell trait have experienced physical distress, have collapsed and have even died. Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense.

Athletes with sickle cell trait should not be excluded from participation, but extra precaution can be taken. The NCAA recommends that athletic departments confirm the sickle cell trait status in all student-athletes. All student-athletes at the University of Notre Dame are required to complete the “University of Notre Dame Sports Medicine Student-Athlete Sickle Cell Trait Education and Testing Acknowledgement Form” (see appendix A).

Prevention

All sports medicine staff, as well as any student-athlete with known or newly-diagnosed SCT upon matriculation, should be educated about the signs, symptoms, and settings of exertional sickling.

Exertional sickling can be brought about through intense, sustained activity with modifiers that increase the intensity. The risk of exertional sickling can be mitigated by instituting an appropriate training progression that allows for longer periods of rest and recovery between repetitions. Caution is advised for any student-athlete with SCT asked to participate in assessments of student-athlete conditioning upon return from an interruption in training, as this is a high-risk time for exertional sickling complications and several deaths have occurred in this setting.

Cessation of activity with the onset of symptoms is essential to avoid escalating a sickling episode. Symptoms of a sickling episode may include muscular complaints including cramping, pain, swelling, weakness, and tenderness. Symptoms may also include inability to catch one’s breath and fatigue.

In general, when athletes with SCT set their own pace, they typically do well. Athletes with SCT who perform repetitive high-speed sprints, distance runs, or interval training that induces high levels of lactic acid as a component of a sport-specific training regimen should be allowed extended recovery between repetitions because this type of conditioning poses special risks to them.

Factors such as ambient heat stress, dehydration, asthma, illness, and altitude predispose the athlete with SCT to a crisis during physical exertion, even when exercise is not all-out. Extra precautions are warranted in these conditions. These precautions may include the following:

- 1) Work-rest cycles should be adjusted for environmental heat stress.
- 2) Hydration should be emphasized.
- 3) Asthma should be controlled.

- 4) The athlete with SCT who is ill should not work out.
- 5) The athlete with SCT who is traveling to a high-altitude environment should be watched closely.

Supplemental oxygen should be available for training or competitions. Sports medicine staff should strive to create an environment that encourages athletes with SCT to immediately report any signs or symptoms such as leg or low back cramping, difficulty breathing, or fatigue. Such signs and symptoms in an athlete with SCT should be assumed to represent sickling.

Recognition

Student-athletes in sickling crisis may present in various ways. The primary limiting symptoms are often leg or low back cramps or spasms, weakness, debilitating low back pain, difficulty recovering (“I can’t catch my breath”), and fatigue. Sickling often lacks a prodrome, so these symptoms in an athlete with SCT should be treated as exertional sickling. Sickling collapse has been mistaken for cardiac collapse or heat illness. However, unlike sickling collapse, cardiac collapse tends to be instantaneous, is not associated with cramping, and results in the athlete hitting the ground without any protective reflex mechanism and being unable to talk. Also, unlike sickling collapse, heat illness collapse often occurs after a moderate but still intense bout of exercise, usually more than 30 minutes in duration. In addition, the athlete will have a core body temperature $>104^{\circ}\text{F}$ (40.0°C). Alternatively, sickling collapse most commonly occurs within the first half hour on the field, and core temperature is not greatly elevated.

Sickling is often confused with heat cramping but may be differentiated by the following:

1. Heat cramping often has a prodrome of muscle twinges; sickling has none.
2. Heat-cramping pain is more excruciating and can be pinpointed, whereas sickling cramping is more generalized but still strong.
3. Those with heat cramps hobble to a halt with “locked-up” muscles, whereas sickling athletes slump to the ground with weak muscles. Many times, sickling athletes push through several instances of collapse before being unable to continue.
4. Those with heat cramps writhe and yell in pain; their muscles are visibly contracted and rock hard.
5. Those who are sickling lie fairly still, not yelling in pain, with muscles that look and feel normal to the observer.

Treatment

Complaints or evidence of exertional sickling signs and symptoms in an exercising athlete with SCT should be assumed to represent the onset of sickling and first managed by cessation of activity. In most situations, when the athlete rests, sickled red cells regain oxygen in the lungs; most sickle cells revert to normal shape, and the athlete soon feels better and ready to continue.

A sickling collapse is treated as a medical emergency:

1. Check vital signs.
2. Administer high-flow oxygen, 15 L/min (if available), with a non-rebreather face mask.
3. Cool the athlete if necessary.
4. If the athlete is obtunded or if vital signs decline, call 911, attach an AED, and quickly transport the athlete to the hospital. Appropriate medical personnel should start an IV.
5. EMT and Emergency Department staff should be informed of the athlete’s SCT status so that they are prepared to treat explosive rhabdomyolysis and associated metabolic complications.

Return to Play

Student-athletes who experience exertional sickling but are identified quickly and managed appropriately may return the same day as symptoms subside.

Situations in which student-athletes have self-limiting myalgia from myonecrosis in moderate rhabdomyolysis may need 1-2 weeks of recovery with serial assessments.

Patients with severe rhabdomyolysis necessitating hospitalization may require ongoing care and management of complications from the incident.

This document has been adapted from:

NCAA Fact Sheet for Student-Athletes: Sickle Cell Trait.

<https://www.ncaa.org/sites/default/files/NCAASickleCellTraitforSA.pdf>

Casa DJ, Guskiewicz KM, Anderson SA, et al. National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports, *Journal of Athletic Training* 2012;47(1):96–118 .

The above policy was adopted by the University of Notre Dame Department of Athletics effective August 1, 2021.

Appendix A:

STUDENT-ATHLETE SICKLE CELL TRAIT EDUCATION AND TESTING ACKNOWLEDGEMENT FORM

You are hereby advised to read the following language carefully and thoroughly, as it relates to your physical well-being.

- I have received and read the NCAA Fact Sheet for Student Athletes on Sickle Cell Trait.
- I understand that the NCAA requires the University of Notre Dame (“University”) to confirm the sickle cell trait (“SCT”) status for each of its student-athletes, unless documented results of a prior SCT test are provided to the University for a student-athlete or the student-athlete declines an SCT test by signing a written release.
- I understand that I can and should contact University sports medicine staff (*i.e.*, a team physician or athletic trainer) if I have further questions about SCT or testing for SCT.
- I understand that the University offers testing for SCT using a hemoglobin electrophoresis test at no cost to student-athletes.
- I understand that the University sports medicine staff recommends that all student-athletes be tested for SCT as part of their pre-participation physical exam.
- I understand that, if I do not wish to be tested by the University for SCT for any reason, I should discuss this request with University sports medicine staff prior to my pre-participation physical exam, in which case a team physician will discuss with me my concerns prior to my making a final decision about not being tested for SCT.
- **I understand that, if I do not request with University sports medicine staff that I be exempted from SCT testing prior to my pre-participation physical exam, I will be tested by the University for SCT along with other routine labs.**

By signing below, I acknowledge and agree that: (i) I have read each of the bulleted items above; (ii) I understand each of the bulleted items, including my responsibility to notify University sports medicine staff if I wish to be exempted from SCT testing; (iii) it is solely my decision whether to be tested for SCT; and (iv) I knowingly and voluntarily accept fully all associated risks of SCT if I decide not to be tested for SCT.

Signature of Student-Athlete

Date

Printed Name of Student -Athlete

Sport

If Student-Athlete is under the age of 18:

Signature of Parent or Guardian

Date

Mental Health Emergency Action and Management Plan

The purpose of this Mental Health Emergency Action and Management Plan (“Plan”) is to set forth guidelines for Notre Dame Sports Medicine Staff (defined as athletics trainers and University team physicians), in response to mental health emergencies. In the event that a concerning situation is not addressed by this Plan or in the event the Plan’s guidance as to a situation is unclear, the hotlines and emergency numbers below should be used by Notre Dame Sports Medicine Staff as resources for responding to the situation.

Mental Health Emergencies Defined

Definition:

A “Mental Health Emergency” is a life-threatening situation in which an individual threatens harm to self or others, is severely disoriented and/or out of touch with reality, has a severe inability to function, or is otherwise distraught or out of control.

Circumstances considered to be a Mental Health Emergency include:

- Acting on a suicide threat
- Homicidal or otherwise threatening/violent behavior
- Self-injury requiring immediate medical attention
- Severe impairment from drugs or alcohol
- Erratic, unusual, or unpredictable behavior that implies inability to care for themselves

Hotlines and Emergency Numbers

Notre Dame Campus Security.....(574)631-5555

South Bend Police.....(574)235-9201

University Counseling Center (UCC) (574)-631-7336

Academic year: Mon-Fri 8am-5pm

Summer: Mon-Fri 8am-4:30pm

(not available during Christmas break)

University Counseling Center (UCC) After-Hours Crisis(574)631-7336

Press “0” for On-Call Counselor

University Counseling Center (UCC) Warm Line.....(574)-631-7336

UCC Helpline.....(574)631-TALK

Crisis Text Line.....Text HOME to 741741

Oaklawn Mental Health (Mental health & addiction services)..(574)533-1234

National Suicide Prevention Lifeline.....(800)273-8255

**Memorial Epworth Center (Inpatient Psychiatric Care).....(574)647-8400
(574)234-0061**

Toll Free (877)234-0061

- Adult Abuse Hotline.....(800)992-6978**
- National Domestic Violence Hotline.....(800)799-SAFE
(800)787-3224**
- National Sexual Assault Hotline(800)656-4673**
- St. Joseph County Health Department.....(574)235-9725**

Procedure for management of suicidal/homicidal ideation

Suicidal or homicidal ideation is described as **life-threatening and imminent** (such as having a weapon and planning to harm others; taking an overdose of pills to harm oneself) OR **life threatening but not imminent** (communicating thoughts of suicide or hurting others, but no current plan or behavior).

If a student-athlete expresses plans of harming him/herself or another individual (life-threatening and imminent):

NOTE: IF THE SUBJECT HAS ALREADY INFLECTED INJURY THAT IS LIFE THREATENING OR REQUIRING IMMEDIATE MEDICAL ATTENTION, CALL 574-631-5555, or 9-1-1 IF OFF CAMPUS.

1. *Do not* leave the individual alone, *unless* you feel threatened or at risk of being harmed.
2. If speaking with the individual via phone/text, obtain his/her current location and contact 9-1-1 for immediate transport to Memorial-Epworth Hospital. Attempt to remain in contact with the student until help arrives.

If a student-athlete expresses thoughts of harming him/herself or another individual (life-threatening but not imminent):

1. Inform the individual that you would like to help them by having them speak with someone who specializes in helping people in such circumstances.
2. If between the hours of 9:00am and 5:00pm on weekdays, escort the individual to Notre Dame University Counseling Center for crisis appointment. If possible, please call the UCC prior to escorting the individual to St. Liam's. If after hours, stay with the individual and call the University Counseling Center after-hours on-call counselor (574-631-7336).
3. If speaking with the individual via phone/text, initiate a conference call with UCC crisis helpline (574-631-7336).
 - a. If student is unwilling to engage in an after-hours call, you may contact the helpline without the student for immediate guidance.
4. If the individual wishes not to speak to someone on campus, use the following resources:
 - a. Memorial Epworth Center: 574-647-8400
 - b. St. Joseph County Health Department : 574-235-9725
 - c. Suicide Prevention Lifeline: 800-273-8255

Note: The University Counseling Center (UCC) is unable to assess risk when students are actively intoxicated. If a student expresses harm to self or others while actively intoxicated, please follow the procedure for "Management of Acute Intoxication or Drug Overdose" outlined in this document.

Procedure for management of highly agitated, threatening behavior, acute psychosis, or paranoia, and/or acute delirium or confusional state

If a student-athlete is demonstrating signs of one or more of these states and you are contacted or made aware:

1. **Do not put yourself in danger. Allow paramedics or law enforcement to transport.** Call NDSP (574-631-5555) or 9-1-1, if off campus.
2. If physically present with the student, try to stay with the individual if possible. Reassure him/her that you are trying to help and that proper treatment will help things to get better.
3. Try to contain the individual to one, cleared area and protect the scene from onlookers and bystanders
4. If possible, while awaiting response from paramedics or law enforcement, gather information about when the student-athlete first noticed changes in cognition (memory, attention, speech), behaviors (seeing/hearing things, restlessness, agitation), and affect (anxiety, paranoia, panic, irritability, euphoria, depression).

Procedure for management of acute intoxication or drug overdose

If a student-athlete is experiencing one or more of these states and you are contacted or made aware:

Do not put yourself in danger. Allow paramedics or law enforcement to transport. Call NDSP (574-631-5555) or 9-1-1 for transportation to hospital for medical attention and toxicology screening. Clear area of bystanders and monitor vital signs. Stay with the individual until appropriate transport arrives to the scene.

Note: University Health Services (UHS) will only refer, and not treat, intoxicated students.

Procedure for management of sexual assault victims

If a student-athlete is a victim of a sexual assault and contacts you or approaches you for help:

NOTE: IF INCIDENT HAS JUST OCCURRED & RESULTED IN INJURY THAT REQUIRES IMMEDIATE MEDICAL ATTENTION, OR THE VICTIM IS STILL IN AN UNSAFE LOCATION, CALL 9-1-1 OR 574-631-5555.

1. If the victim is safe, but the incident has occurred within the last 120 hours, he/she should be immediately referred to medical attention via St. Joseph Regional Medical Center (preferentially) or Memorial Hospital. *This does not require the victim to report the assault with the police.*

SJRMC*
5215 Holy Cross Parkway
Mishawaka, IN 46545

Memorial Hospital
420 N. Niles Ave.
South Bend, IN 46617

**specially trained Sexual Assault Nurse examiners available 24 hrs*

2. If approached by an athlete who has been a victim of a sexual assault crime after the 120-hour time period, ensure that all health precautions have been taken:
 - a. Did the victim already receive medical attention, i.e. collection of evidence, pregnancy/STD testing/treatment, etc.? If not, or if other symptoms/injuries from the incident have occurred, refer victim to locations above and/or team physician.
3. Provide the victim with appropriate contact information to report the crime at his/her own discretion:

574-631-5555

574-235-9611

University Deputy Title IX Coordinator

574-631-7728 DepTitleIXCoordinator@nd.edu

Note: if the victim expresses that they do not wish to report to police, this information should still be provided to them.

4. Provide the victim with counseling resources and information. Unless you are a confidential resource, remind the victim that you have a duty to report to the University and will be sharing the information with Student Title IX Services. The following resources are considered a **confidential** resource:
 - a. University Counseling Center: 574-631-7336
 - b. University Health Services: 574-631-7497
 - c. Campus Ministry: 574-631-7800
 - d. S-O-S Rape Crisis Hotline of SJC: 574-289-4357
 - e. National Sexual Assault Hotline: 800-656-4673

Routine mental health referral

In a non-emergent mental health incident in which a student-athlete approaches you seeking mental health services, or you feel a student-athlete would benefit from such services, you should make a timely referral:

1. Commend student-athlete for willingness to seek services
2. Offer to assist the student-athlete in one or both of the following:
 - a. Contact the clinical sport psychologists specifically appointed for Notre Dame student-athletes via the scheduling email address or by calling the UCC and requesting to have an appointment scheduled with a sport psychologist.
 - i. SportPsych@nd.edu
 - ii. University Counseling Center: 574-631-7336
 - b. Give the student-athlete information about the University Counseling Center (UCC) for evaluation during Drop-In Hours (visit ucc.nd.edu for current drop-in hours). Consider contacting the UCC/sport psychologists in advance (574-631-7336) to provide information about the student and your reason for the referral. Consider calling the UCC with the student to facilitate scheduling the first appointment. Request that the student-athlete sign a release of information for attendance so that clinicians can provide you with status (e.g., confirmation of attendance).
3. Follow up with the student-athlete to ensure services were sought.

Family member contact policy for student-athlete mental health emergency

It is appropriate for family members of student-athletes principally involved in an emergency to be contacted. The University has a procedure in place for such contact:

1. Contact the Division of Student Affairs:
Dr. Christine Caron-Gebhardt, Associate Vice President for Student Services
574-631-5550
2. It is recommended that a University Care Consultant become involved in the case to navigate academic and university management. See the Care Consultant website to begin this process:
<https://care.nd.edu>

Post-emergency student-athlete support

After a Mental Health Emergency occurs, follow-up with all additional student-athletes who may have been affected by the emergency.

1. Provide contact resources for University Counseling Center and encourage him/her to seek counseling and support.
2. It is recommended that a Care Consultant become involved in the case to help the student-athlete navigate academic and university responsibilities. **Please note: Care Consultants are not considered a confidential resource.** See the Care Consultant website to begin this process: <https://care.nd.edu>

Post-emergency review procedure

Once a Mental Health Emergency has been resolved, each step of the process that occurred will be reviewed and discussed as scheduled and determined by the administrative care team—team physician, head athletic trainer, assigned sport psychologists. This process will begin with the most directly affected parties (individualized sport administrators, designated coaches, athletic trainers). Review and discussion will then be shared with additional sports medicine staff and support staff.

Catastrophic incident guideline

Definition:

A “Catastrophic Incident” is defined as the sudden death of a student-athlete, coach or staff member from any cause, OR disabling and/or quality-of-life-altering injuries. Included:

1. Fatalities
2. Permanent disability injuries
3. Serious injuries (fractured neck or serious head injury), even though the victim has a full recovery
4. Temporary or transient paralysis (victim has no movement for a short time but has a complete recovery)

REQUIRED INDIVIDUALS TO CONTACT

In the event of a Catastrophic Incident, the responding Notre Dame Sports Medicine Staff member should contact the Head Athletic Trainer and the Director of Athletics, and associated administrative staff for the sport involved.

IMMEDIATE ACTION PLAN

1. Respond to event with necessary emergency action as outlined in Department of Athletics Safety Procedures document
 - a. http://grfx.cstv.com/photos/schools/nd/genrel/auto_pdf/2013-14/misc_non_event/safety-13.pdf
2. Contact the Head Athletic Trainer and/or Director of Athletics to notify University of Notre Dame Emergency Management Task Force.

AWAY-CONTEST RESPONSIBILITIES

1. Respond using away-contest Emergency Action Plan
2. Contact the Head Athletic Trainer and Director of Athletics.

PHONE LIST/FLOW CHART

Refer to Campus Emergency Preparedness and Response Plan (pg. 23, 28)

1. <https://emergency.nd.edu/documents/nd-emergency-plan-public.pdf>

INCIDENT RECORD

Following resolution of the incident and when all parties are safe, it is necessary to document any and all details of your knowledge and observations as a witness as soon as possible to ensure accuracy.

ASSISTANCE TO VISITING TEAM CATASTROPHIC INCIDENT AS HOST INSTITUTION

1. Respond to event with necessary emergency action as outlined in Department of Athletics Safety Procedures Document
 - a. http://grfx.cstv.com/photos/schools/nd/genrel/auto_pdf/2013-14/misc_non_event/safety-13.pdf
2. Contact the Head Athletic Trainer and/or Director of Athletics to notify Notre Dame Emergency Management Task Force.

This document will be reviewed and updated annually. Suggested amendments to this policy will be performed by relevant medical staff, sports psychologists, and team physicians. Appropriate staff will be educated and trained on Mental Health Emergency Action and Management Plan annually.

Medical Emergency Response Procedures

Emergency situations may arise at any time during athletic activities. An emergency plan will help promote prompt response time to any emergency as well as the provision of appropriate care. Prior to any athletics events with a visiting opponent, it is recommended that a “Medical Time-out” be performed with any staff involved in the implementation of the EAP and the visitor’s sports medicine team. Each venue may utilize a method most appropriate for the setting, but [a google form](#) has been developed as a guideline if parties wish to use such a method (but, the google form method is not required). The emergency response procedures require (a) coverage of events, (b) maintenance of emergency equipment and supplies, (c) utilization of appropriate emergency medical personnel, (d) practicing and maintaining venue specific action plans, and (e) continuing education of emergency medicine. Although accidents and injuries are inherent in sports participation, with thorough pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety protocols, potential dangers can be minimized.

The first responder to an emergency situation at an athletic practice or competition is typically a certified athletic trainer. A team physician is not present at every organized practice or competition. The level of sports medicine coverage for an athletic practice or competition varies, based on such factors as the type of sport or activity, the setting and the type of training or activity. In some instances, the first responder may be a coach or other institutional personnel. As such, certification in cardiopulmonary resuscitation (CPR), First Aid, prevention of disease transmission and emergency plan review is required for team physicians, team athletic trainers, strength and conditioning coaches, and recommended for head and assistant team coaches.

Rescue/Medical Response Procedures

To the best extent possible, rescue and/or medical duties should be performed only by qualified persons including, but not limited to, Notre Dame Security Police (NDSP), Notre Dame Fire Department (NDFD), or other trained medical personnel, including individuals certified in First Aid and CPR.

Examples of medical emergencies that require the notification of the activation of the EMS and the team physician(s):

- 1) Respiratory arrest or any irregularity in breathing.
- 2) Severe chest or abdominal pains that may indicate heart attack, cardiac arrest, internal hemorrhage, or organ injury.
- 3) Excessive bleeding from a major artery or loss of a significant amount of blood.
- 4) Suspected spinal injury resulting in back pain, paralysis, or inability to move any body part.
- 5) Open or multiple fractures involving the femur, pelvis and several ribs.
- 6) Joint fracture or dislocation with no distal pulse.
- 7) Severe signs of shock or possible internal hemorrhage.
- 8) Injury to eyes or eye orbits
- 9) Testicular Trauma

Life Threatening Situation

The following line of authority will be IN CHARGE during a life threatening situation:

- 1) Physician (if present)
- 2) Staff Athletic Trainer
- 3) EMS Ambulance
- 4) Staff Athletic Trainer will work with EMT's if both are present
- 5) Coach – Must notify the Athletic Training Facility **after** an ambulance has been activated.

Equipment Requirements

Emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good working condition and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and its use rehearsed by emergency personnel.

Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

Documentation and Review Requirements

Any injury/illness resulting in activation of the EAP and requiring transportation to an off-site medical facility should be documented thoroughly in the athlete's EMR. Any transportation should also be followed up with communication to the sport administrator and head athletic trainer. After activation of the EAP, a review should be completed to assess success and areas of improvement of the activation process. This review should be completed with the activating athletic trainer, head athletic trainer, coaches, and any other staff involved in the activation process.

Transportation Process/Procedures

When transportation is necessary, life-threatening and multi-organ trauma will be transported to Memorial Hospital. Any other emergencies can be transported to either St. Joseph Hospital or Memorial hospital based on location on campus or request of AT/team physician. A Notre Dame staff member or parent (if present at an event) will accompany the athlete. Assigned staff will communicate pertinent updates.

Non-Emergency Procedures for Notre Dame Athletics Events

Check: Establish scene safety and provide immediate care to the injured or ill individual.

Call: If an athletic trainer is present, use them to manage the situation. If an athletic trainer is not present, notify the athletic training staff of the situation.

Care: Secure proper equipment and administer first aid, then transport as needed. Use golf cart (if available) from the field to the athletic training facility or a vehicle to transport to student health center or local hospital. A staff athletic trainer, whenever possible, will accompany the student-athlete to off campus locations. If an athletic trainer is not available, he/she may designate an individual to accompany the

student- athlete.

Important Phone Numbers/Addresses

- Student Health Center (St Liam Hall--University of Notre Dame campus):
 - Phone: (574) 631-7497
- St. Joseph Regional Medical Center:
 - Phone: (574) 335-5000
 - Address: 5215 Holy Cross Parkway, Mishawaka, Indiana 46545
- Memorial Hospital South Bend:
 - Phone: (574) 647-1000
 - Address: 615 N. Michigan Street, South Bend, Indiana 46601
- MedPoint Urgent Care Center
 - Phone: (574) 647-1506
 - Address: 913 N. Main Street, Suite 300, Granger, Indiana 46530
- Beacon Granger Hospital Emergency Department:
 - Phone: (574) 647-8788
 - Address: 3220 Beacon Pkwy, Granger, IN 46530

Baseball - Eck Baseball Stadium

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel

Generally a certified athletic trainer (ATC) will be present at all games and practices to initiate the emergency Action Plan (EAP). A team physician will be on call for all home games. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication

Emergency personnel on-site will initiate emergency response via cell phone. There are no landlines located at the baseball facility.

To Activate EMS, call NDSP: (574) 631-5555

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine:

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment

A splint bag, AED and CPR mask are located on the shelving unit just above and inside the access door of the home team (3rd base dugout) locker room. The oxygen tank and mask are located in the cabinet below the sink in the home team locker room.

Roles of First Responder

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. **Designate an individual to call 574-631-5555 from cell phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.

- a. Open appropriate gates and doors for access to facility by EMS
- b. Wait in front of entrance to “flag down” EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Severe Weather Notes for Venue

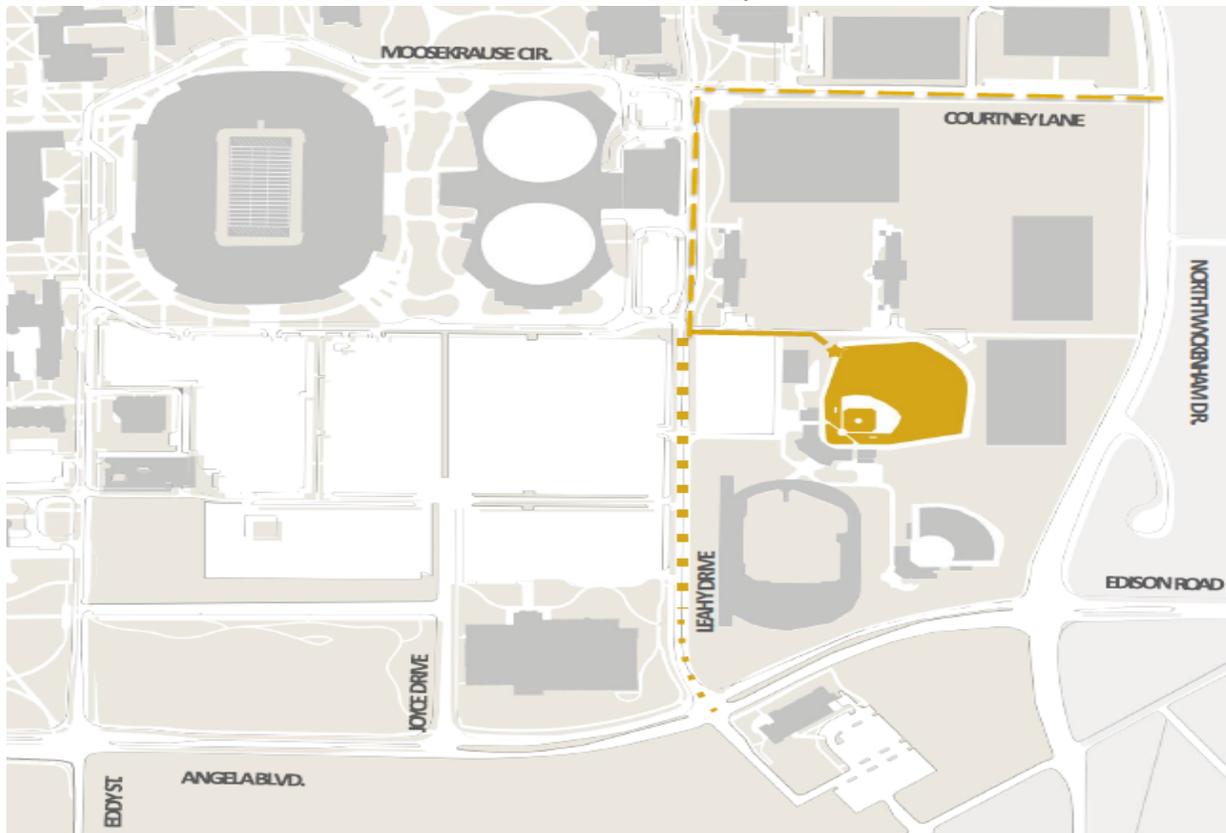
If severe weather/lightning is forecast, the Safety Contact will remind coaches and student-athletes of evacuation procedures prior to the start of outdoor baseball activities and that the dugouts are not a safe location during an electrical storm.

Eck Baseball Stadium Directions:

From Angela Boulevard/Edison Road: Turn North onto Leahy Drive. Take the first right into the baseball stadium parking lot and follow the access road East to the playing field access gate (which is located in the Northeast corner of the parking lot).

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Tennis Pavilion. Proceed to Leahy Drive and turn South (left) on Leahy Drive. Take the first left into the baseball stadium parking lot and follow the access road east to the playing field access gate (which is located in the Northeast corner of the parking lot).

Baseball - Eck Baseball Stadium - Access Route Map



Basketball (Men's & Women's) - Rolf's Athletic Hall

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be present for all practices to initiate and direct the Emergency Action Plan (EAP). If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: For practices emergency personnel on-site will initiate emergency response via cell phone or campus phone. Landline phones are located in the Rolf's Sports Medicine Facility.

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Rolf's Sports Medicine: (574) 631-6024

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: 1 AED will be located along the east wall (behind scoring table) on both the men's and women's court. 1 AED is located on the southwest wall just outside the weight room (on the women's side). Splints, crutches, cardiac/IV kit, and oxygen tank/mask are located in Rolf's Athletic Hall Sports Medicine facility.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of the entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and move bystanders away from the area.
6. Notify athletic training facility/athletic trainer: (574) 631-6024, (574) 631-7100 or (574) 631-3300.

Rolf's Athletic Hall Directions:

Street Address: 100 Rolf's Athletic hall, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn North onto Leahy Drive. Pass the Joyce Center and proceed to 4 way stop. Turn West (left) onto Moose Krause Circle and Rolf's Athletic Hall is located on the right across from Gate 4 of the Joyce Center (corner of Moose Krause and Leahy). There is a loading dock on the south side of the building off Moose Krause Circle for parking and follow the sidewalk around to the main entrance is located on the west side of the building to enter building.

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Tennis Pavilion. Proceed to Leahy Drive and continue straight onto Moose Krause Circle. Rolf's Athletic Hall is located on the corner of Moose Krause Circle and Leahy Drive across from Gate 4 of the Joyce Center. There is a loading dock on the south side of the building off Moose Krause Circle. Main entrance is located on the west side of the building.

Basketball (Men's & Women's) - Rolf's Athletic Hall - Access Route Map



**Basketball (Men's & Women's) & Volleyball -
Purcell Pavilion/Joyce Center Arena
Medical Emergency Procedures for Notre Dame Athletics Events**

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be present for all practices and games to initiate and direct the Emergency Action Plan (EAP). A team physician, student athletic trainers, and EMS will be on-site for all games. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: For practices and volleyball competitions, emergency personnel on-site will initiate emergency response via cell phone or campus phone. Landline phones are located in the Joyce Center Sports Medicine Facility. EMS is on site and parked in gate 6 tunnel for all home basketball competitions. For basketball competitions, staff athletic trainer will send student athletic trainer to summon EMS personnel from the tunnel at Gate 6.

To Activate EMS call: ****CALL NDSP EVEN IF EMS ON-SITE****

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call

NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: 1 AED will be located at the end of the home team bench and 1 AED is located on the outside wall at ND security office (gate 6). Splints, crutches, cardiac/IV kit, and oxygen tank/mask are located in Joyce Center Athletic Training Facility.

Roles of First Responder:

7. Secure scene safety and provide immediate care to the injured or ill individual.
8. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
9. Designate individual(s) to retrieve specific emergency equipment.
10. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS

- b. Wait in front of entrance to “flag down” EMS and direct to scene.
11. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
12. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

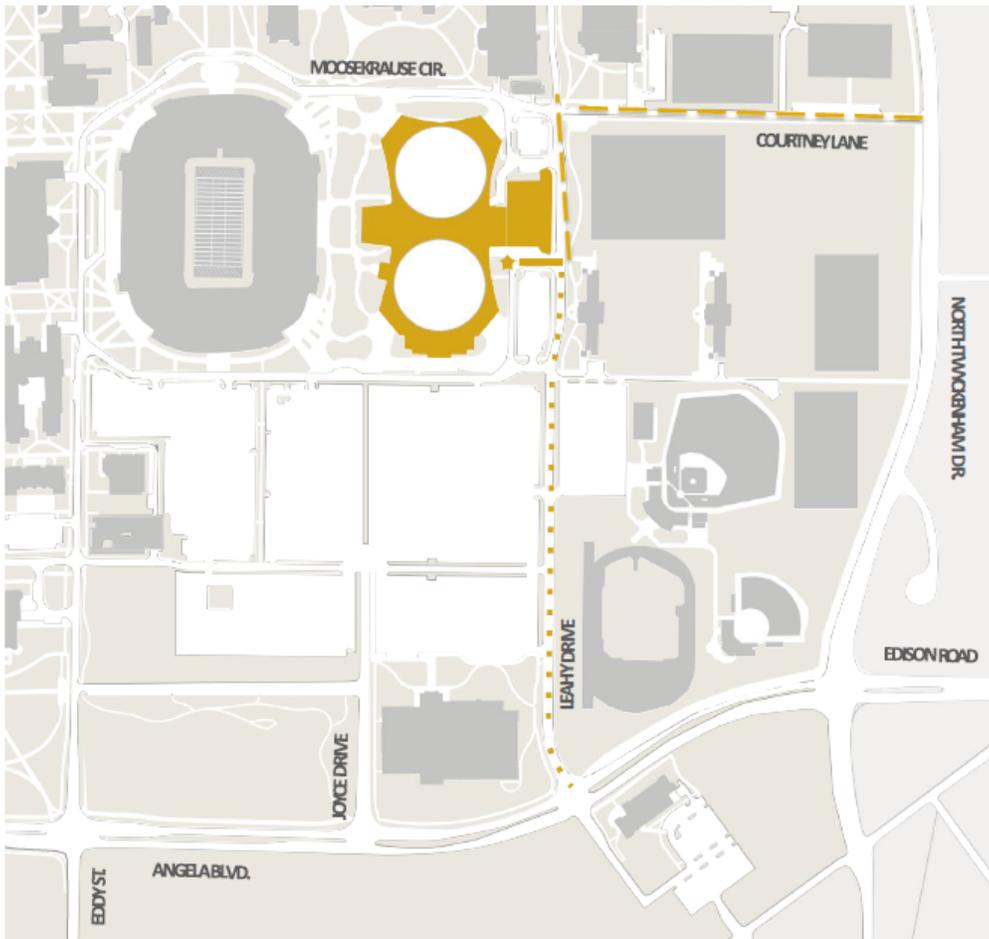
Joyce Center Purcell Pavilion Directions:

Street Address: 113 Joyce Center, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn North onto Leahy Drive. Proceed to Gate 6 of the Joyce Center which is located off of Leahy Drive directly across from Alumni (soccer) Stadium. Purcell Pavilion basketball arena is located directly inside of Gate 6.

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Tennis Pavilion. Proceed to Leahy Drive and turn South (left) on Leahy Drive. Proceed to Gate 6 of the Joyce Center which is located off of Leahy Drive directly across from Alumni (soccer) Stadium. Purcell Pavilion basketball arena is located directly inside of Gate 6.

Basketball (Men’s & Women’s) & Volleyball - Purcell Pavilion/Joyce Center Arena Access Route Map



Cross-Country (Men's & Women's) - Notre Dame (9-Hole) Golf Course

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Staff athletic trainers and student athletic trainers will be present 1 hour prior to 1st race and at least 1 hour after final race. A team physician will be present during all races. Athletic trainers are not present for practices, so the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: A student athletic trainer will follow the last runner of every race on a golf cart with a cell phone. An AED, splints, oxygen tank/mask, CPR Mask, Crutches, Cardiac/IV Kit, a rectal thermometer and emersion tanks are located at the medical tent. An AED is also located at the Rockne Memorial Building at the east entrance at front desk.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Notre Dame/9-Hole Golf Course Directions:

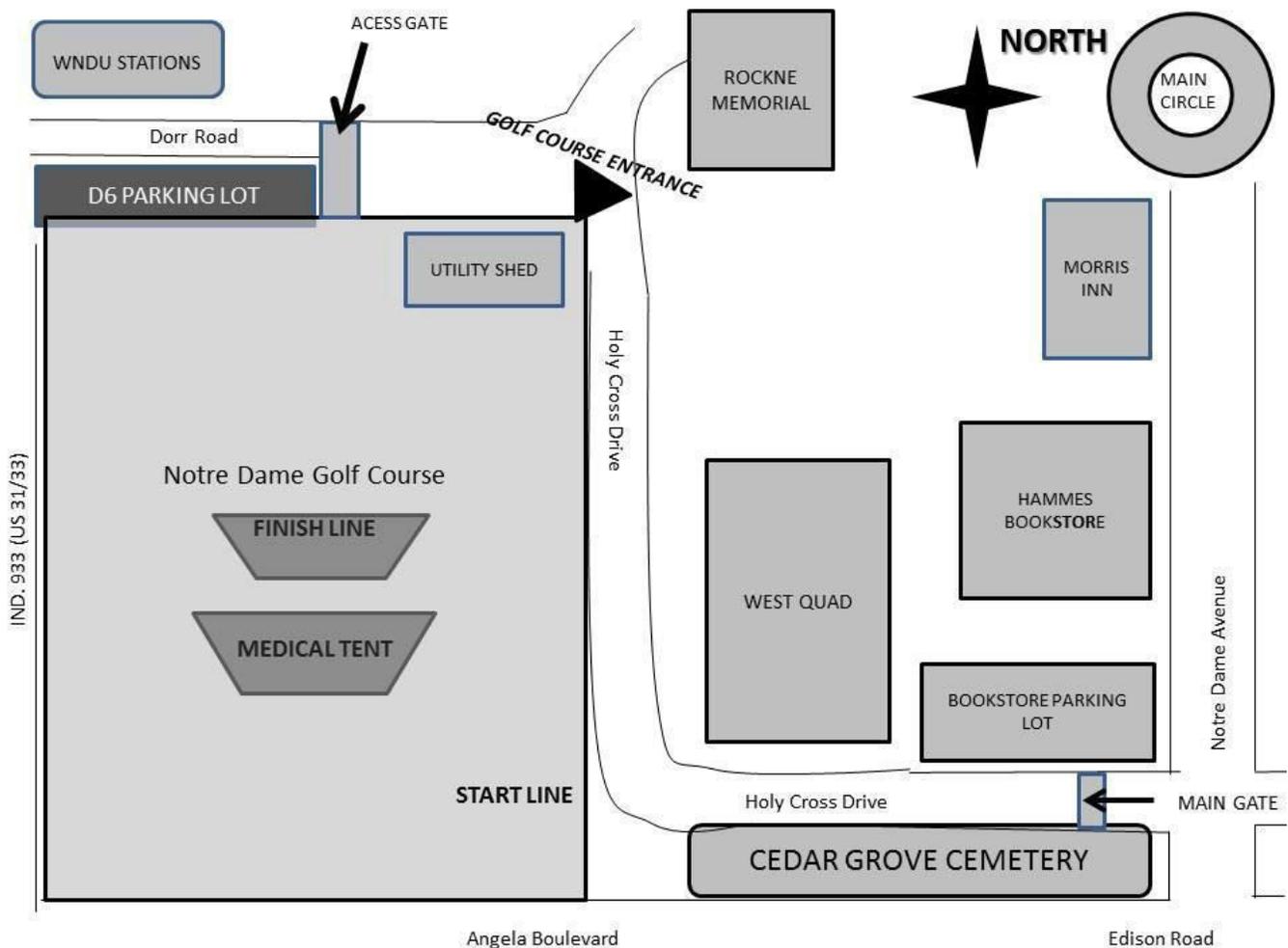
Street Address: 46 Dorr Rd, Notre Dame, IN 46556

From U.S. 31/SR 933: Turn east onto Dorr Road and go through access gate (Security will have the gate open). Entrance to golf course is on the corner of Dorr and Holy Cross Drive.

From Edison Road/Angela Boulevard: Turn north onto Notre Dame Avenue. Turn west (left) onto Holy Cross Drive through the security gate. Continue on Holy Cross Drive to the first stop sign. The entrance to the golf course is on the immediate left before Dorr Road.

From Douglas Road: Take Moreau Drive off of the roundabout and proceed south onto St. Joseph Drive proceeding through access gate (Security will have the gate open). At the stop sign, turn west (right) onto Holy Cross Drive and continue for .7 miles to the second stop sign. Entrance to the golf course will be on the right.

Cross Country - Notre Dame (9-Hole) Golf Course - Access Route Map



Football - Labar Outdoor Football Complex

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: A certified athletic trainer will be present for all practices to initiate and direct the Emergency Action Plan (EAP). A team physician, staff athletic trainers, student athletic trainers, and EMS will be on-site for most practices to assist the athletic trainer to implement EAP. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone or campus phone. Campus landline phones are located in the Loftus Sports Medicine Facility.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An E-Card, splint bag, oxygen tank and mask, spine board, AED, crutches, facemask removal tools, and emergency kit will be on field for all full team football practices.

Roles of First Responder:

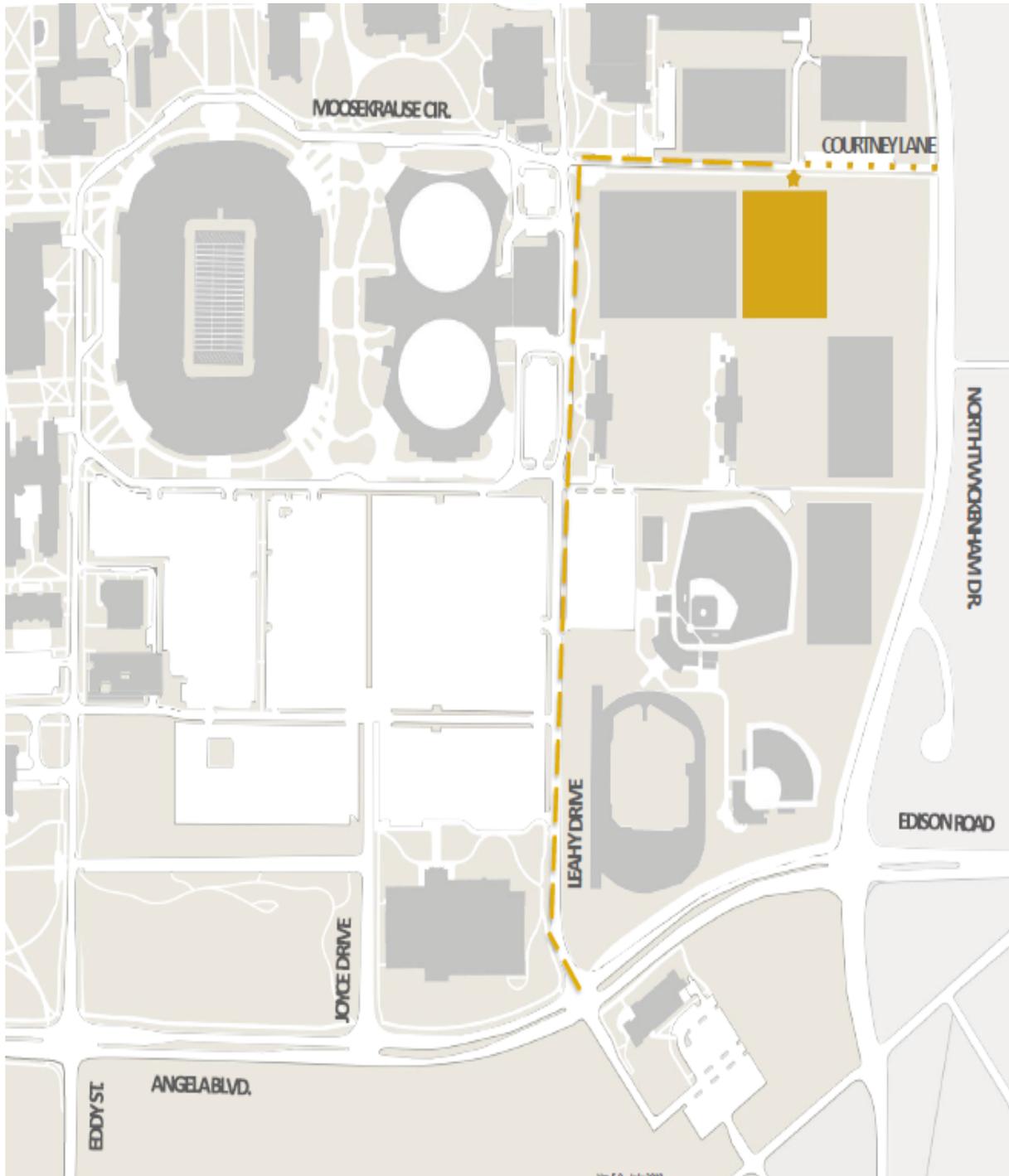
1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer if not on site (574) 631-7100 or (574) 631-3300.

LaBar Outdoor Football Practice Complex Directions:

From Angela Boulevard/Edison Road: Turn north onto Leahy Drive. Proceed past the Joyce Center to Courtney Lane. Turn right and continue to the gated entrance on Right of the LaBar Outdoor Football Fields.

From Twyckenham Drive: Turn west onto Courtney Lane at the Eck Tennis Pavilion. The gate entrance to the LaBar football practice complex is located on the left just before the new Indoor Irish Athletics Complex.

Football - LaBar Outdoor Football Practice Complex - Access Route Map



Football - Irish Athletic Center

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: A certified athletic trainer will be present for all practices to initiate and direct the Emergency Action Plan (EAP). A team physician, staff athletic trainers, student athletic trainers, and EMS will be on-site for most practices to assist the athletic trainer to implement EAP. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone or campus phone. Campus landline phones are located in the Loftus Sports Medicine Facility.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An E-Card, splint bag, oxygen tank and mask, spine board, AED, crutches, facemask removal tools, and emergency kit will be on field for all full team football practices. AED is located on West wall of building near restrooms.

Roles of First Responder:

7. Secure scene safety and provide immediate care to the injured or ill individual.
8. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
9. Designate individual(s) to retrieve specific emergency equipment.
10. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
11. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.

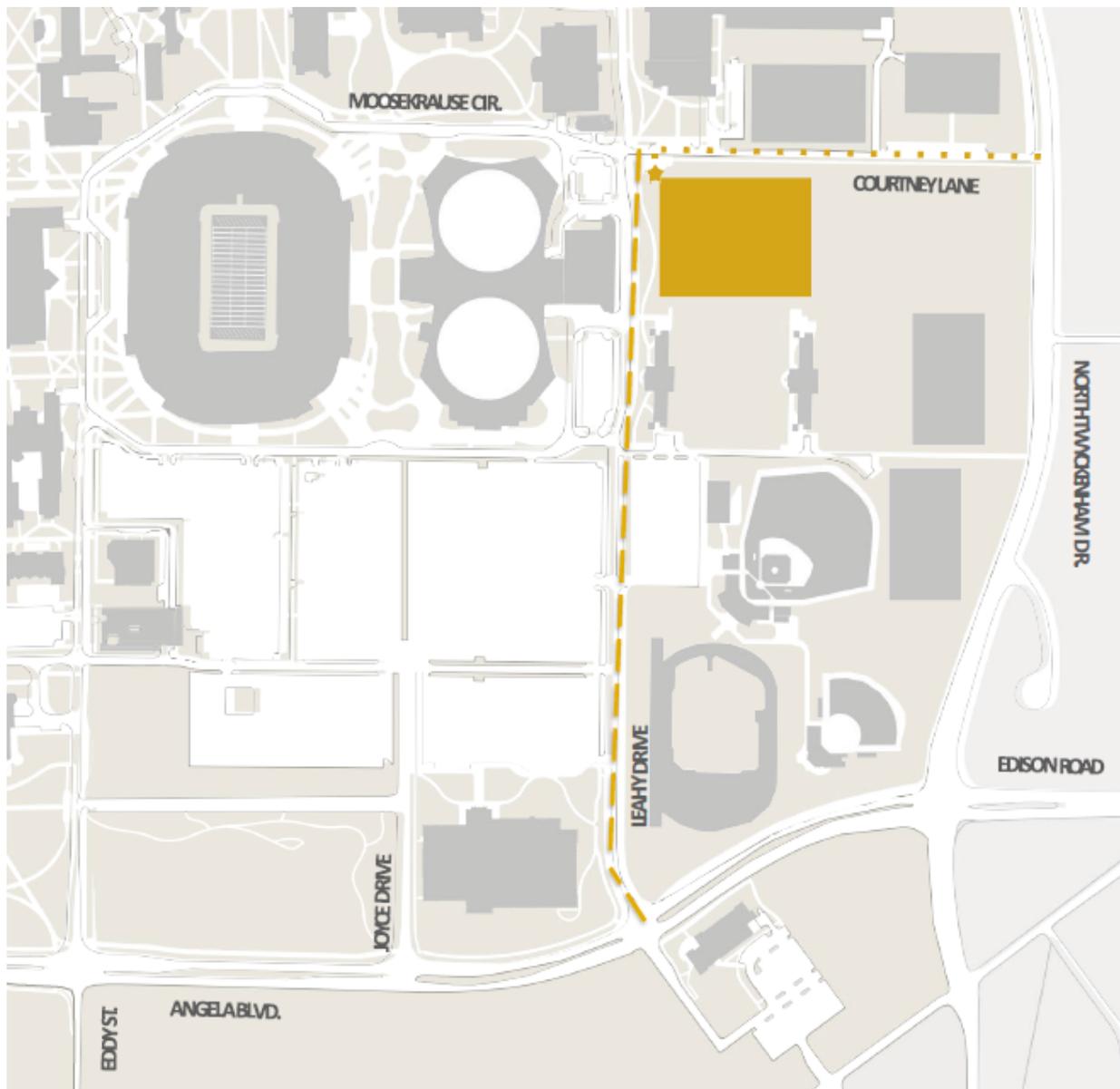
12. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Irish Athletic Center Directions:

From Angela Boulevard/Edison Road: Turn north onto Leahy Drive. Proceed past the Joyce Center to Courtney Lane. The Irish Athletic Center is located on the corner of Leahy Dr. and Courtney Dr.. The entrance is located on the North end of the building across from the Guglielmino Athletics Complex.

From Twyckenham Drive: Turn west onto Courtney Lane at the Eck Tennis Pavilion. Continue straight; the entrance to the Irish Athletic Center is on the North end of the building across from the Guglielmino building.

Football - Irish Athletic Center - Access Route Map



Football - Notre Dame Football Stadium

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: A certified athletic trainer will be present for all practices and games to initiate and direct the Emergency Action Plan (EAP). A team physician, staff athletic trainers, student athletic trainers, and EMS will be on-site for most practices to assist in the athletic trainer to implement EAP. Team orthopedists, team physicians, student athletic trainers, staff athletic trainers, and EMS will be present for all games. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone or campus phone.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An E-Card, splint bag, oxygen tank and mask, spine board, AED, crutches, facemask removal tools, and emergency kit will be on field for all football practices and games. For games, EMS will be stationed by the wall on the NW end of the Notre Dame sideline. An ambulance and sports medicine emergency cart will be parked by the north gate.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to “flag down” EMS and direct to scene.

5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

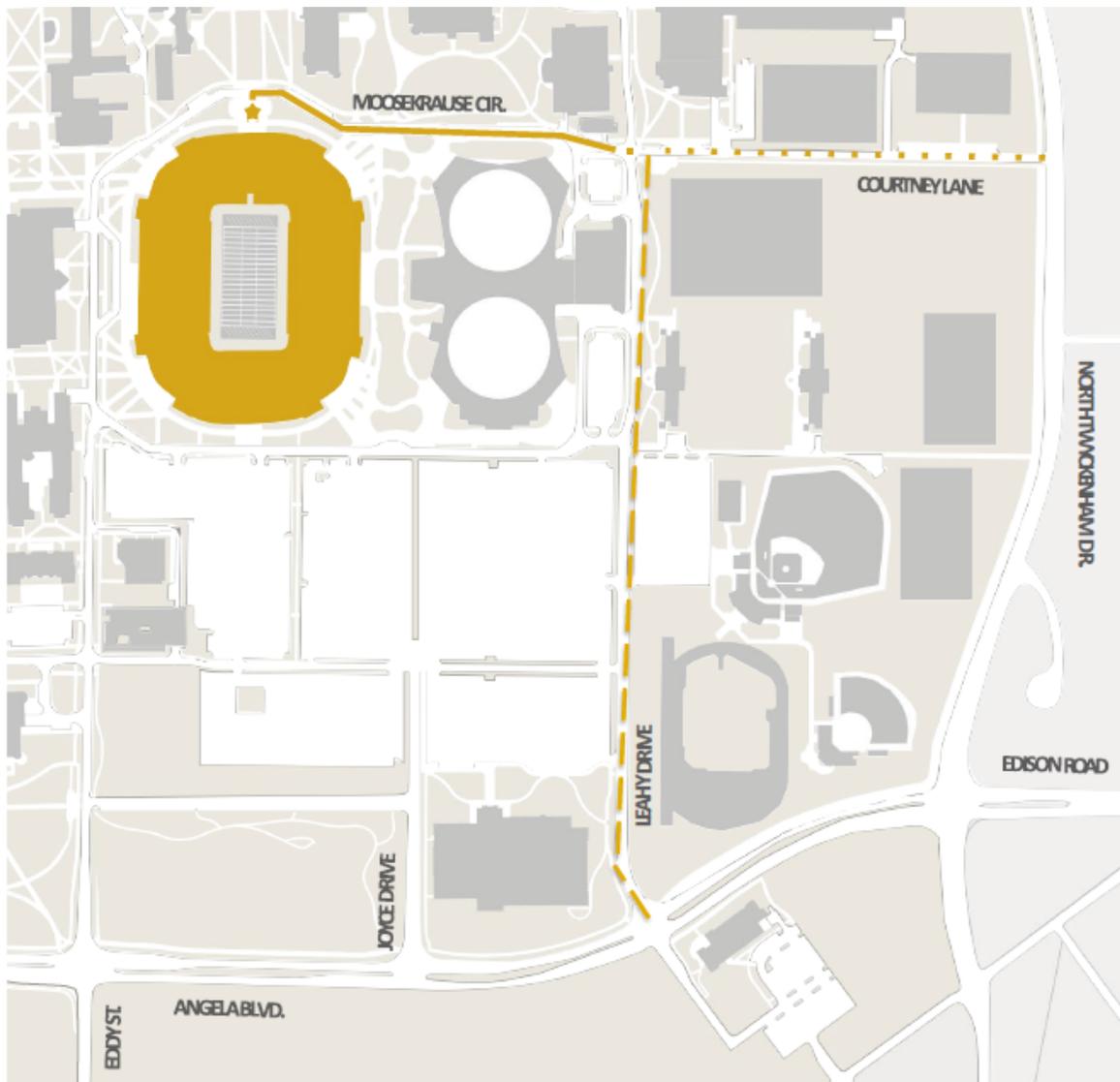
Notre Dame Football Stadium Directions:

Street Address: 2010 Moose Krause Cir, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn north onto Leahy Drive. Turn west (left) at the corner of Courtney Lane and Moose Krause Circle. Turn left up onto the curb at the Stadium north gate (tunnel) of the football stadium.

From Twyckenham Drive: Turn west onto Courtney Lane at the Eck Tennis Pavilion. Continue straight onto Moose Krause Circle. Turn left up onto the curb at the Stadium north gate (tunnel) of the football stadium.

Football - Notre Dame Football Stadium - Access Route Map



Golf (Men's and Women's) - Warren Golf Course

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Staff athletic trainers are rarely at the golf course for practices. When an athletic trainer is not present, the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone or campus phone. Landlines are located in the clubhouse (Pro Shop) and practice facility coaches' offices.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: One AED is located in the clubhouse Pro Shop; another AED is located in the starter's cottage; and another AED is located in the practice facility.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Directions to Warren Golf Course

Street Address: 110 Warren Golf Course Clubhouse, Notre Dame, IN 46556

On-Course Emergency: From Twyckenham Drive turn right (east) onto Douglas Road at the roundabout. Entrance to the golf course is $\frac{1}{4}$ mile east of the roundabout on the left.

Practice Facility Emergency: From Twyckenham Drive turn right (east) onto Douglas Road. Entrance to the practice facility is 300 feet east of the roundabout on the left.

Men's and Women's Golf - Warren Golf Course - Access Route Map



Ice Hockey - Compton Family Ice Arena

Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: A certified athletic trainer will be present at all games and practices and will initiate the Emergency Action Plan (EAP). For games, EMS will be located near the Zamboni entrance to the game rink. An orthopedic surgeon and team physician are on site for all games and seated above the home bench tunnel. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: The ND ATC and hockey staff will have cell phones. Landline phones are located in both ND and visiting training rooms. The ND athletic training facility is located just off the home bench within the ND team area.

To Activate EMS by calling: *****CALL NDSP EVEN IF EMS ON-SITE*****

NDSP: (547) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Compton Hockey Athletic Training Facility: (574) 631-1241

Joyce Athletic Training Facility: (574) 631-7100

Loftus Athletic Training Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: For all varsity games and practices emergency equipment will be located in both the ND and visitors athletic training rooms and also with the onsite EMS for games. There is also an AED wall mount in the hallway outside of the visiting locker room. A basic first aid kit is available in a drawer in the home team area stick prep room.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS

- b. Wait in front of entrance to “flag down” EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer at 574-631-7100, 574-631-3300 or 574-631-1241

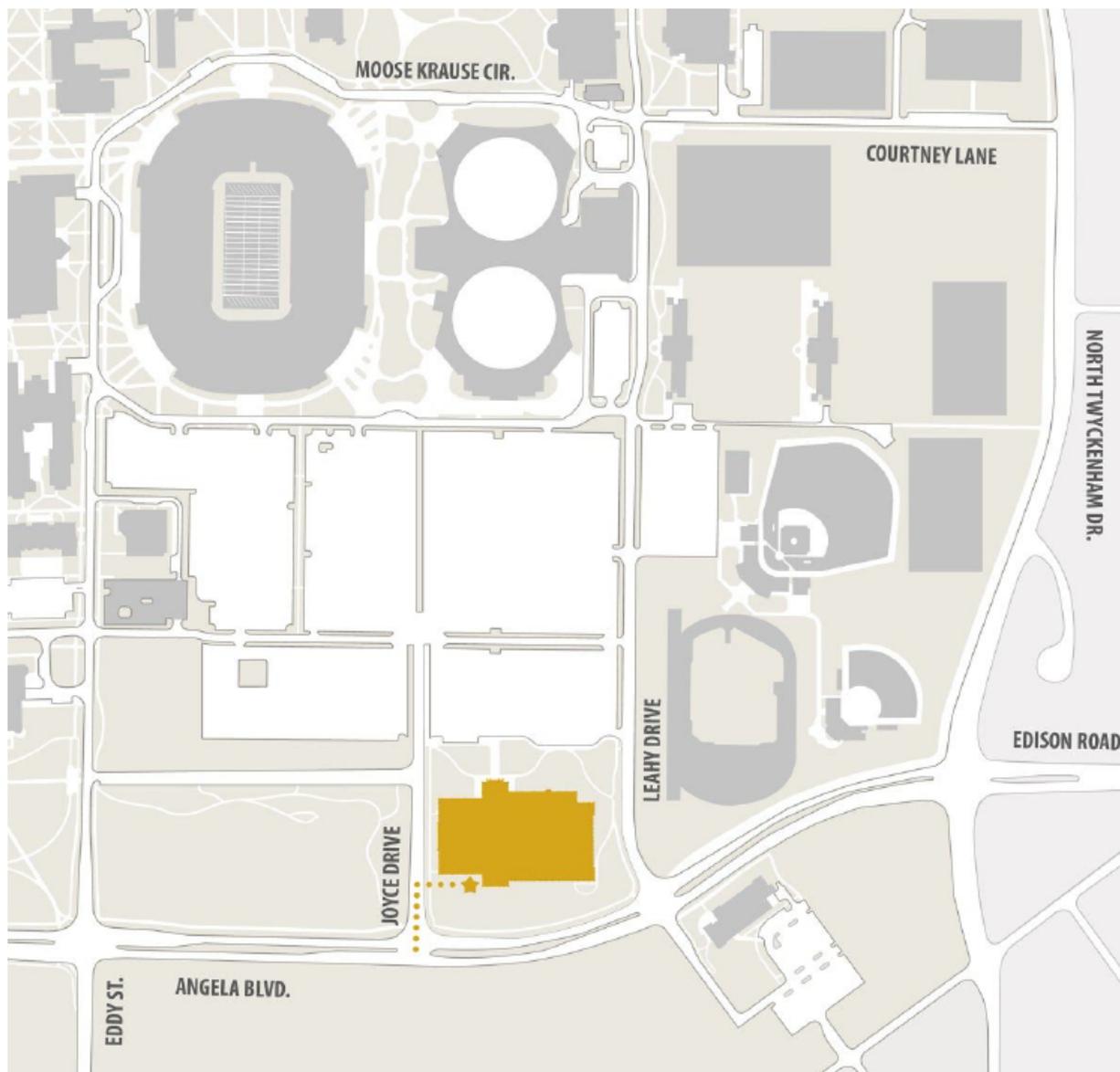
Compton Family Ice Arena Directions:

Street Address: 100 Compton Family Ice Arena, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn north onto Joyce Drive. Enter the loading dock of the Compton Family Ice Arena (southwest part of the building).

From Twyckenham Road: Turn west onto Edison Road then turn north (right) at the Joyce Drive. Enter the loading dock of the Compton Family Ice Arena (southwest part of the building).

Ice Hockey - Compton Family Ice Arena - Access Route Map



Lacrosse (Men's and Women's) - Arlotta Stadium

Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be present at all practices and games. A team physician and EMS are on-site for all games. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: Personnel on-site will initiate emergency response via cell or campus phone. Landline phone is located within the Arlotta Athletic Training Room.

To call EMS onto Field: **Use Arms Cross Chest Signal**

To Activate EMS call: *****CALL NDSP EVEN IF EMS ON-SITE*****

NDSP: (574) 631-5555 from any phone or 911 from a campus phone



When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED is located just inside door from the field on wall (on field for games). Crutches, cervical collar, facemask removal equipment, splints, oxygen tank/mask are located in the Arlotta Athletic Training Room, directly in front of the midfield entrance. EMS is stationed in the Southwest side of field, outside the gate for games only.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away

from the area.

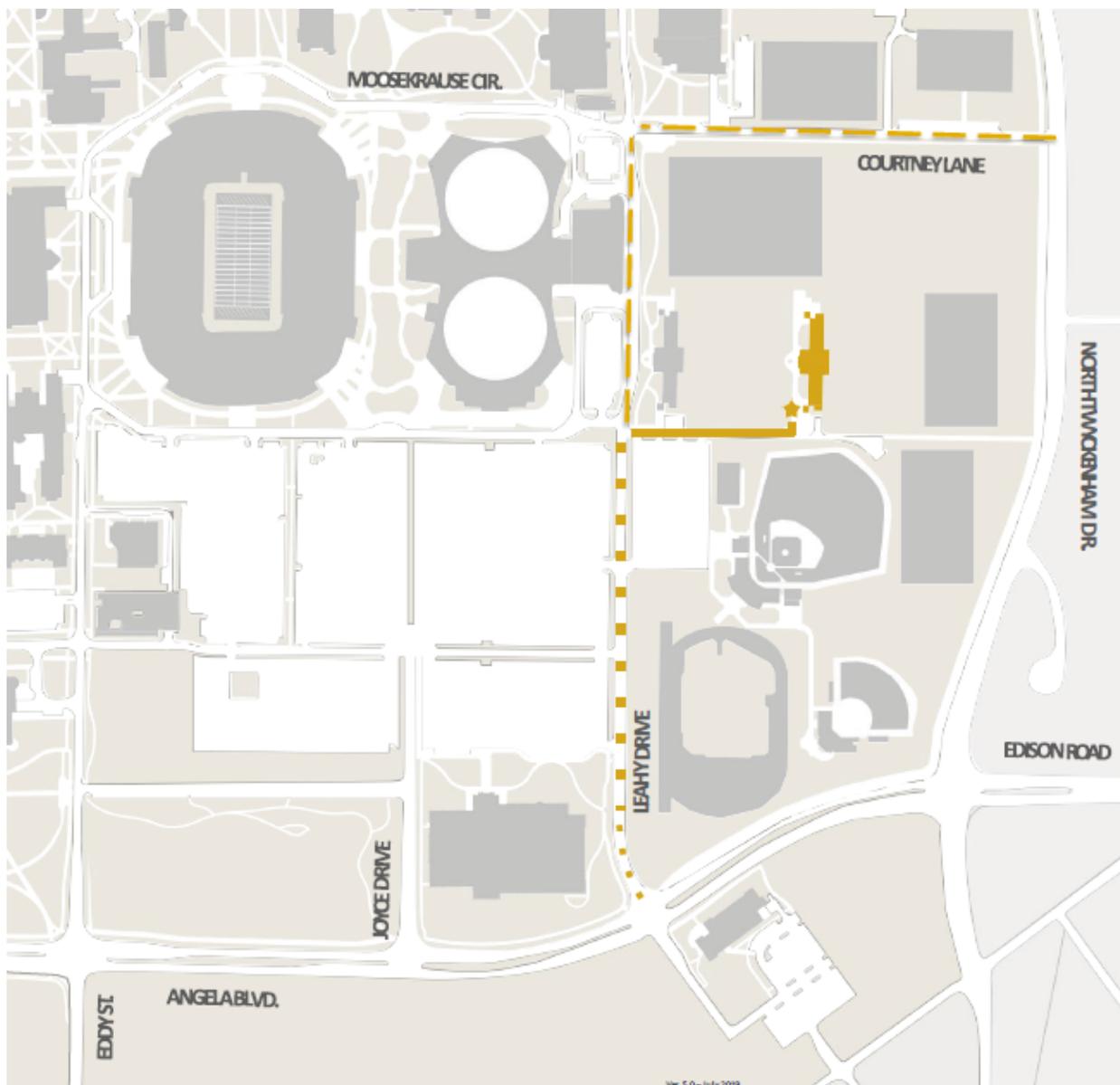
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Directions to Arlotta Lacrosse Stadium

From Angela Boulevard/Edison Road: Turn north onto Leahy Drive. At the 2nd stop sign (the intersection of Leahy Drive and Moose Krause Circle) turn east (right) into the parking lot. Continue down the access road to the Arlotta Lacrosse Stadium which is on the left.

From Twyckenham Road: Turn west onto Courtney Lane. At the 1st stop sign, turn south (left) onto Leahy Drive. At the 1st stop sign turn east (left) into the parking lot. Continue down the access road to the Arlotta Lacrosse Stadium which is on the left.

Men's and Women's Lacrosse - Arlotta Stadium - Access Route Map



Women's Rowing - McConnell Family Boathouse on Northside Boulevard

Emergency Procedures for Notre Dame Athletics Events

EAP is Two TWO-SIDED Pages - See Back for Directions and Local Important Numbers
SEE PAGE 2 For Maps and Access Points on the River

Emergency Personnel: When a certified athletic trainer (ATC) is present, he/she will initiate and direct the emergency action plan (EAP) with the help of the head and assistant coaches.

If an athletic trainer is not present, coaches are designated as the first responders and will direct the process.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone.

To activate EMS call:

Call 911 from a cell phone.

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: AEDs and CPR Masks are available in the Boathouse; one directly inside the boat bay and another directly inside the main front doors. The coaching staff launch will contain rope, life vests, and basic first aid kit. Crutches and Athletic Training Medical Kit are stored in the athletic training facilities in the upstairs main space of the boathouse.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 911**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS

- b. Wait in front of entrance to “flag down” EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Boathouse on Northside Boulevard Directions:

Street Address: 900 Northside Blvd, South Bend, IN 46617

From University of Notre Dame (north): Follow Notre Dame Avenue south until it ends at Northside Blvd approximately 1.5 miles. Turn left (southeast), travel approximately 420 feet, and turn right down to the boathouse/park. There is a parking lot there that is visible from the road.

From Jefferson Blvd: Turn south on Notre Dame Ave and take to Northside Blvd approximately ½ mile. Turn left on Northside Blvd to the entrance of the park approximately 420 feet and turn right.

Women’s Rowing - McConnell Family Boathouse on Northside Boulevard
McConnell Family Boathouse on Northside Blvd (South Bend) Map



For Emergencies that occur on the St. Joseph River:

Use the appropriate access locations for meeting EMS:

Below the Railroad Bridge: Return to the Boathouse Dock

Between the Railroad Bride and the Oaken Bucket: Go to the closer of Veteran's Memorial Park of YMCA Overlook

Between the Oaken Bucket and Logan Street: Go to the closer of 2700 Northside Blvd or 330 Northside Blvd

Above Logan Street: Go to the Boat Ramp at Mishawaka Wastewater.

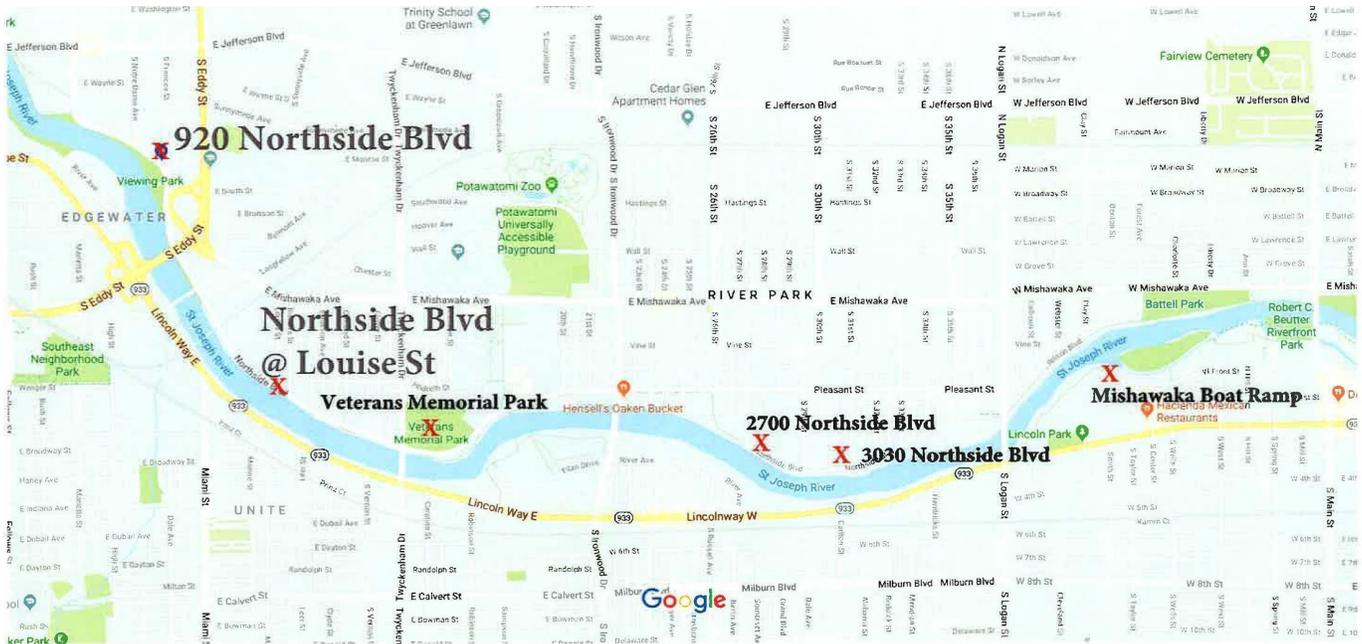
To activate EMS call:

Call 911 from a cell phone.

When ATC is not present all medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300



Women's Rowing - Erg Training Facility

Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: A certified athletic trainer will be present at some practices, but when not present, is on campus and available via cell phone during practice sessions. If athletic trainer is not present, head coach or assigned assistant coach are designated as the first responders and will direct the process.

Emergency Communication: Personnel on-site will initiate emergency response via cell or campus phone.

To activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED is located on the northeast wall inside Gate 4 of the Joyce Center. All other emergency equipment is located in the Joyce Center Athletic Training Facility or will be brought by athletic trainers covering the event.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer if not on site (574) 631-7100 or (574) 631-3300.

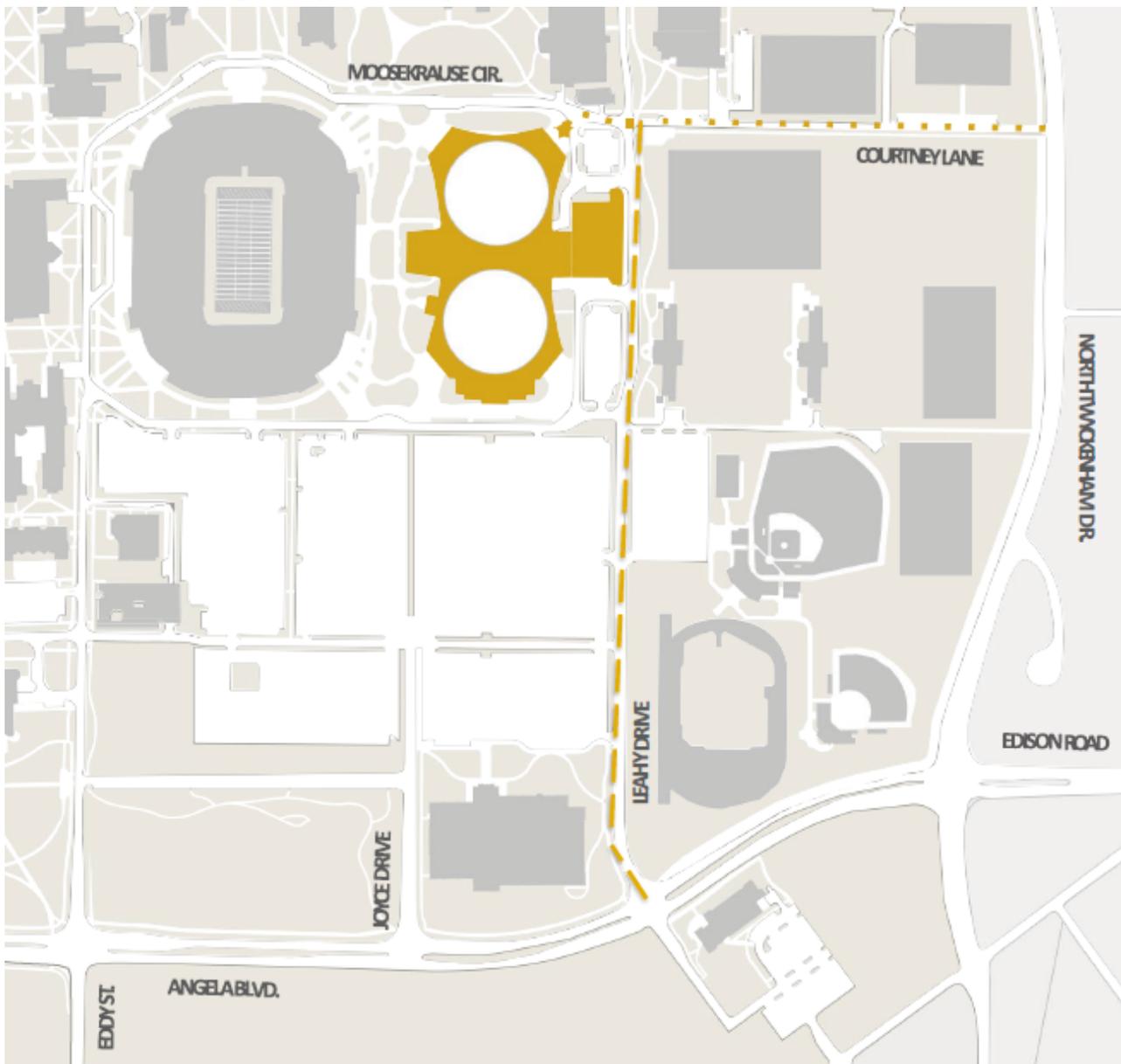
Erg Training Facility (Gate 4) Directions:

Street Address: 113 Joyce Center, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn North onto Leahy Drive. Proceed to Gate 6 of the Joyce Center which is located off of Leahy Drive directly across from Alumni (soccer) Stadium. Once in gate 6, take the freight elevator on right up to the 2nd floor and proceed down maintenance hallway to back doors of Erg Room.

From Twyckenham Road: Turn West onto Courtney Lane at the Eck Tennis Pavilion. Proceed to Leahy Drive and turn South (left) on Leahy Drive. Proceed to Gate 6 of the Joyce Center which is located off of Leahy Drive directly across from Alumni (soccer) Stadium. Once in gate 6, take the freight elevator on right up to the 2nd floor and proceed down maintenance hallway to back doors of Erg Room.

Women's Rowing - Erg Training Facility - Access Route Map



Soccer (Men's and Women's) - Alumni Stadium & Soccer Practice Fields

Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be present for all games and team practices. A team physician and EMS are on-site for all games. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone or campus phone.

To call EMS onto Field: **Use Arms Cross Chest Signal**

To Activate EMS call: *****CALL NDSP EVEN IF EMS ON-SITE*****

NDSP: (574) 631-5555 from any phone



When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED will be brought to practices and placed on benches for games. Splints, crutches, CPR Mask, oxygen tank/mask, and first aid supplies will be accessible on athletic trainers golf cart or in stadium. For games a physicians kit will be on the home bench. EMS is stationed in the Southwest side of field, outside the gate for games only.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.

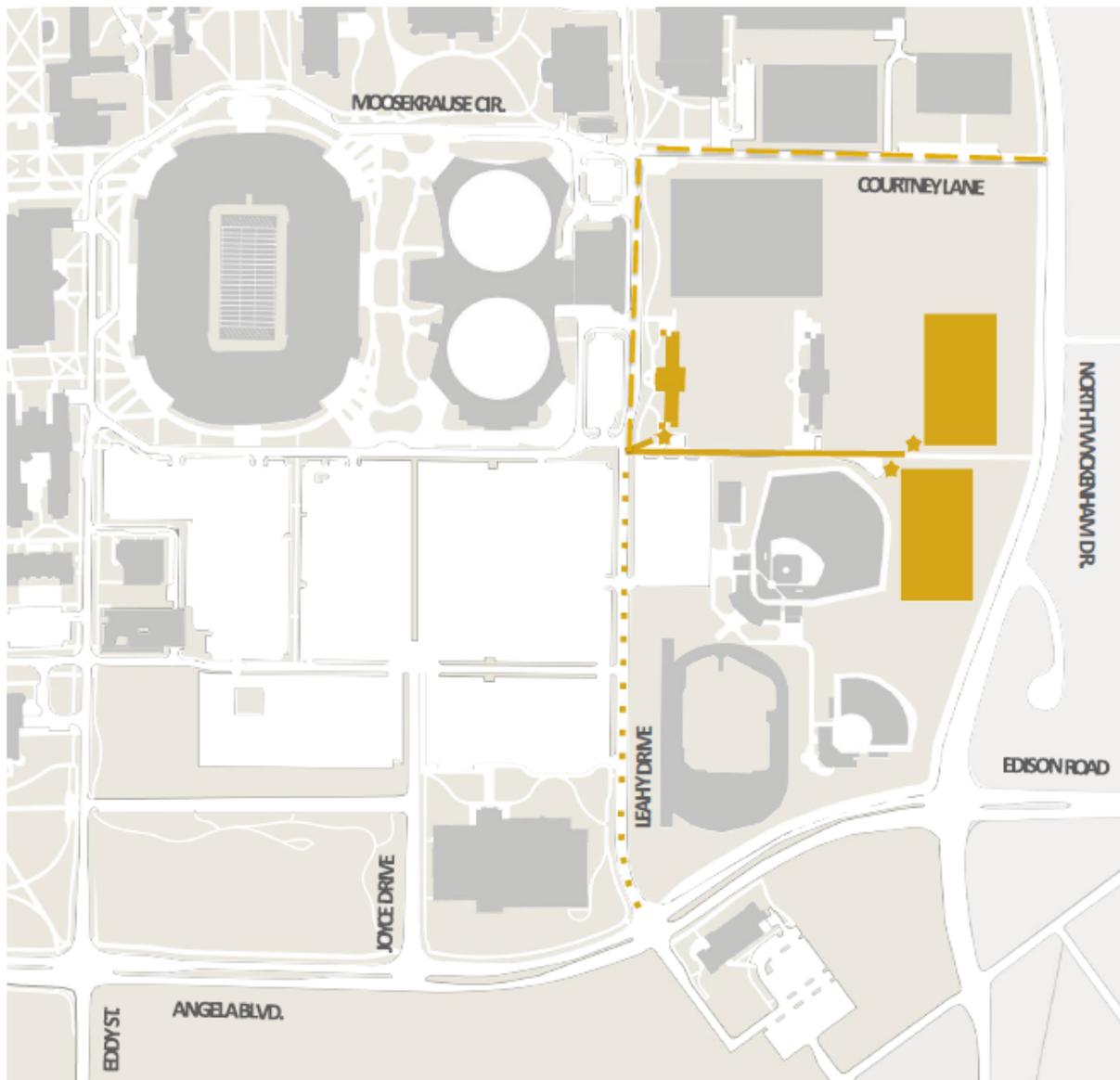
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Directions to Alumni Soccer Stadium and soccer practice fields:

From Angela Boulevard/Edison Road: Turn north onto Leahy Drive. At the 2nd stop sign (the intersection of Leahy Drive and Moose Krause Circle) turn east (right) into the parking lot (Baseball Lot). Alumni Stadium will be on the left. To reach the practice fields, continue east on the access road. Practice fields will be on the left (men) and right (women) of the access road.

From Twyckenham Road: Turn west onto Courtney Lane. At the 1st stop sign, turn south (left) onto Leahy Drive. At the 1st stop sign turn east (left) into the parking lot (Baseball Lot). Alumni Stadium will be on the left. To reach the practice fields, continue east on the access road. Practice fields will be on the left (men) and right (women) of the access road.

Soccer - Alumni Soccer Stadium and Soccer Practice Fields - Access Route Map



Softball - Melissa Cook Stadium

Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be present at all games and team practices to initiate and direct the Emergency Action Plan (EAP). If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responders.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone. There are no Landline phones at Melissa Cook Stadium.

To activate EMS call:

NDSP: 574-631-5555 from any phone.

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED and Splints are located under the treatment table in the athletic training facility. Oxygen Tank and Mask are located to the left of the sink in the athletic training facility. Crutches are located to the right of the sink in the athletic training facility. The athletic training facility is located inside 3rd base dugout and through the mud room to the left. During games splints and AED will moved to the 3rd base dugout.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer if not on site (574) 631-7100 or (574) 631-3300.

Melissa Cook Stadium Directions:

From Angela Boulevard/Edison Road: Turn North onto Leahy Drive. Take the first right into the baseball stadium parking lot and follow to the SE corner sidewalk access point. Follow the sidewalk to the access gate on the 3rd Base side.

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Tennis Pavilion. Proceed to Leahy Drive and turn South (left) on Leahy Drive. Take the first left into the baseball stadium parking lot and follow to the SE corner sidewalk access point. Follow the sidewalk to the access gate on the 3rd Base side.

Softball - Melissa Cook Softball Stadium - Access Route Map



Swimming and Diving (Men's and Women's) - Rolf's Aquatic Center Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: A certified athletic trainer is rarely on-site for practices. During practices there are multiple staff athletic trainers available in the Joyce Athletic Training Facility. During competition, a certified athletic trainer is on-site. Lifeguards and the aquatics director are also present for all practices and games. If an athletic trainer is not present the lifeguards and aquatics director become the first responders.

Emergency Communication: Personnel on-site will initiate emergency response via cell or campus phone. Landline phones are in the pool offices by gate 5 and the Joyce Athletic Training Facility.

To activate EMS call:

NDSP: 574-631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call

NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED, basic first aid equipment, and oxygen are located in a cabinet on the west wall deck next to the pool offices. Water safety equipment (flotation devices, ropes, etc.) is located on several walls on the pool deck. Splints, crutches, cardiac kit and other first aid equipment can be located in Joyce Athletic Training Facility.

Roles of First Responder:

1. Lifeguard extracts individual from pool
2. Secure scene safety and provide immediate care to the injured or ill individual.
3. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
4. Designate individual(s) to retrieve specific emergency equipment.
5. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS

- b. Wait in front of entrance to “flag down” EMS and direct to scene.
6. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
7. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Severe Weather Notes for Venue:

If severe weather/lightning is forecast, the Safety Contact will remind coaches and student-athletes of evacuation procedures and that the pool is not a safe location during an electrical storm.

Reminder: If lightning is detected within 10 miles of the activity site, all personnel should be evacuated. Rolf's Aquatic Center is not a grounded location.

The Safety Contact will have final authority on the cancellation or suspension of pool activities and on whether to continue activities out of the pool.

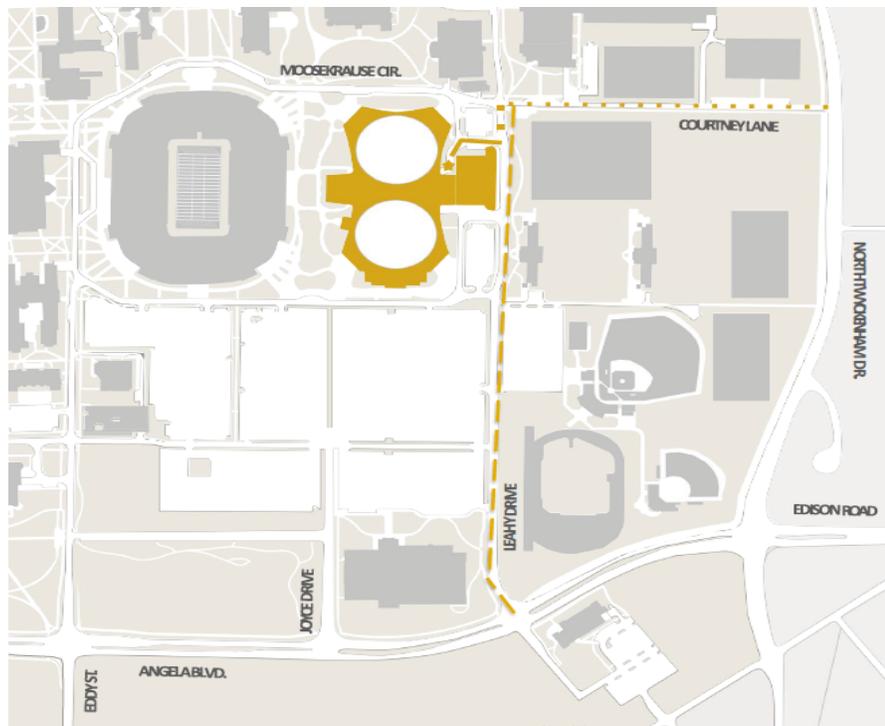
Rolfs Aquatic Center Directions

Street Address: 100 Leahy Dr, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn north onto Leahy Drive. At Courtney Lane turn west (left). Make an immediate left onto the access drive. Proceed to Gate 5 of the Joyce Center. The pool entrance will be on the left.

From Twyckenham Drive: Turn west onto Courtney Lane at the Eck Tennis Pavilion. Continue west on Courtney Lane through the intersection with Leahy Drive (1st stop sign). Take the next left onto the access drive. Proceed to Gate 5 of the Joyce Center. The pool entrance will be on the left.

Swimming and Diving - Rolfs Aquatic Center - Access Route Map



Tennis (Men's & Women's) - Courtney Tennis Center (Outdoor Courts)

Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be on call at all practices and on site for all home matches. The team physician will be on call during practices and matches. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responders.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone or campus phone. Landline phone is available at the Eck Indoor Tennis Pavilion phone is at the front desk.

To activate EMS call:

NDSP: 574-631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: Emergency Equipment will be brought on site by the athletic trainer for competitions, this includes AED, splints, crutches, CPR Mask, and Athletic Trainer's kit. An AED is located at all times on stairway of the indoor courts on the East side of Eck Tennis Pavilion.

Roles of First Responder:

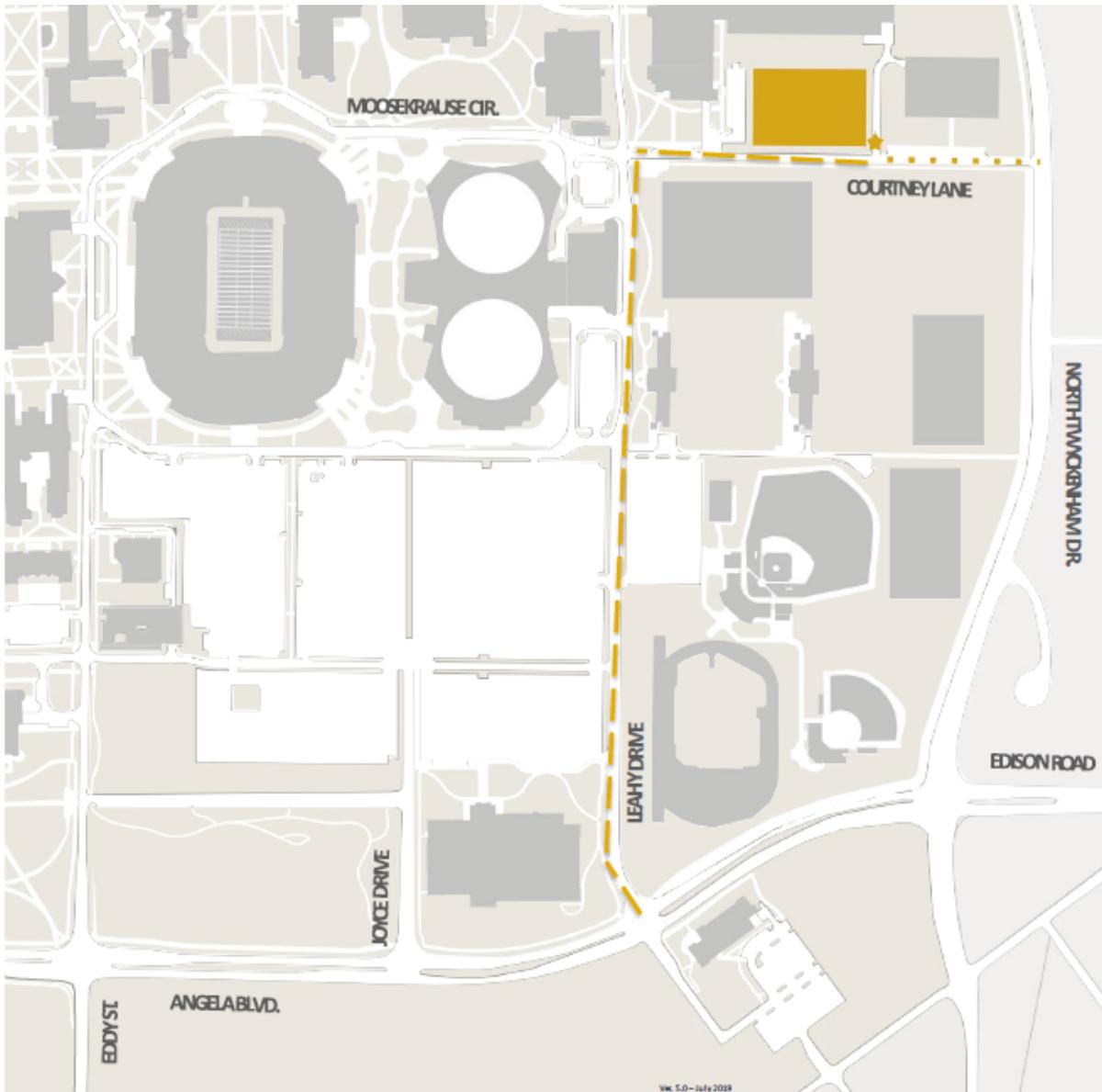
1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Courtney Tennis Center Directions

From Angela Boulevard/Edison Road, Turn north onto Leahy Drive. At Courtney Lane turn east (right). Continue past the tennis courts to the access road on left between the Eck Indoor Tennis Pavilion and the press box of the outdoor courts. The entrance gate is by the press box.

From Twyckenham Drive: Turn west onto Courtney Lane. Turn Right onto the access road between the Eck Indoor Tennis Pavilion and the press box of the outdoor courts. The entrance gate is by the press box.

Tennis (Men's & Women's) - Courtney Tennis Center - Access Route Map



Tennis (Men's & Women's) - Eck Tennis Pavilion (Indoor Courts)

Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be on call at all practices and on site for all home matches. The team physician will be on call during practices and matches. If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responders.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone or campus phone. Landline phone is available at the Eck Indoor Tennis Pavilion phone is at the front desk.

To activate EMS call:

NDSP: 574-631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED is located on stairway of the indoor courts on the East side of Eck. Equipment will be brought on site by the athletic trainer, this includes splints, crutches, CPR Mask, and Athletic Trainer's kit.

Roles of First Responder:

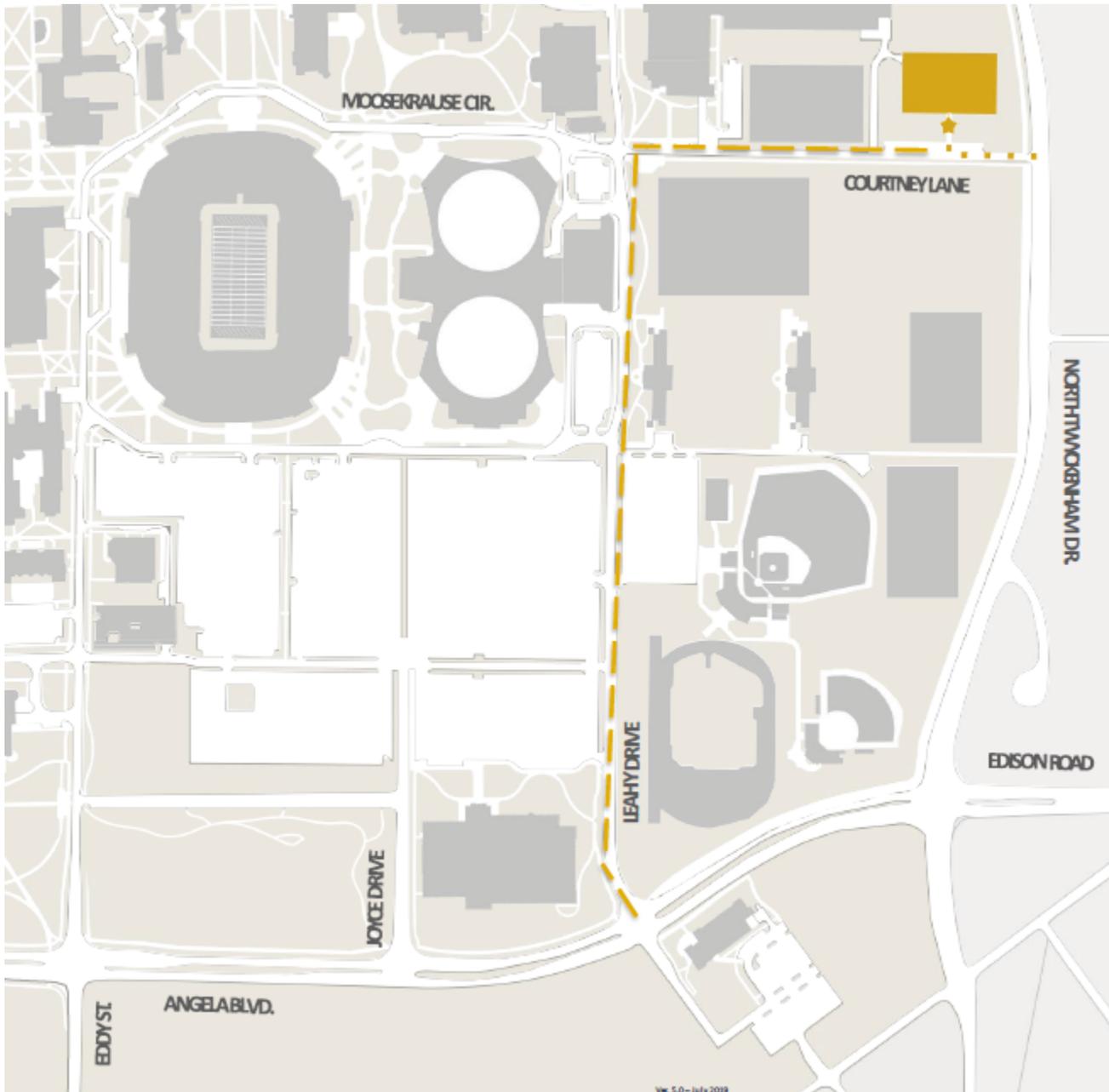
1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Eck Tennis Pavilion Directions

From Angela Boulevard/Edison Road, Turn north onto Leahy Drive. At Courtney Lane turn east (right). Continue to the Eck Tennis Pavilion located in Left and enter through front (Glass) Doors

From Twyckenham Drive: Turn west onto Courtney Lane. Eck Tennis Pavilion will be located on right. Enter through front (glass) doors.

Tennis (Men's & Women's) - Eck Tennis Pavilion - Access Route Map



Track and Field (Men's & Women's) - Harris Family Outdoor Track and Field Facility Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: During practices there are staff athletic trainers available in the Joyce Athletic Training Facility. If an athletic trainer is not present the coach directing the practice sessions is designated as the first responder.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone or campus phone.

To activate EMS call:

NDSP: 574-631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: Currently there is no emergency equipment stored on site at the outdoor track, but an AED and other first aid equipment (splints, crutches, spine board, etc.) are located in both the Joyce and Loftus athletic training facilities. When an athletic trainer is attending practice, basic first aid supplies will be carried.

Roles of First Responder:

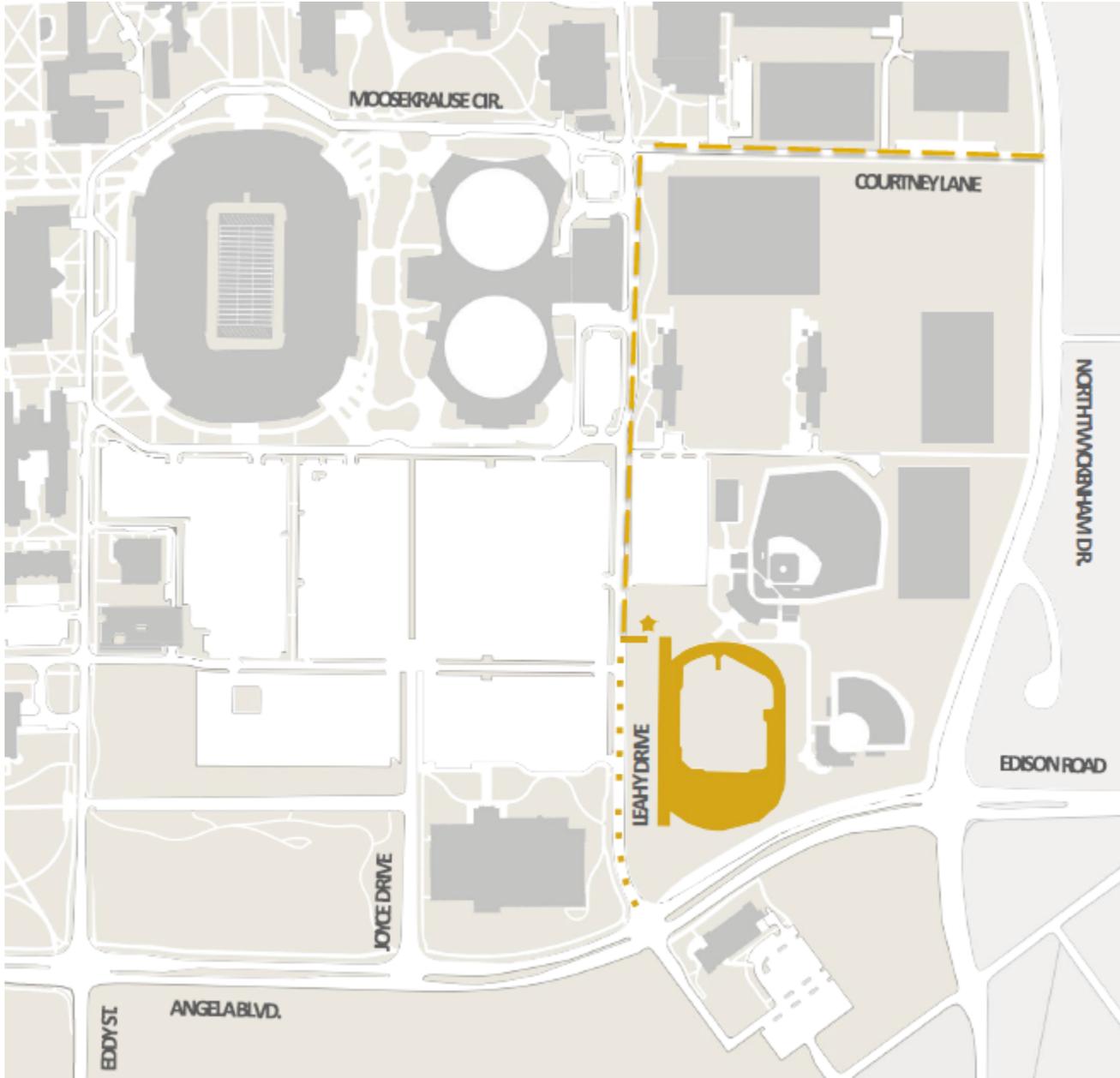
1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Outdoor Track and Field Facility Directions

From Angela Boulevard/Edison Road: Turn north onto Leahy Drive. The track is located on the east (right) side of Leahy Drive. The entrance gate is located in the northwest corner of the track facility.

From Twyckenham Drive: Turn west onto Courtney Lane at the Eck Tennis Pavilion. Turn left (south) onto Leahy Drive. Proceed on Leahy Drive to the 2nd stop sign. The entrance gate is located in the northwest corner of the track facility.

Track and Field - Harris Family Outdoor Track and Field Facility - Access Route Map



Cheerleading - Joyce Center Practice Locations

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: A certified athletic trainer is not present at cheerleading practices, so the head coach or designated assistant coach will be the first responder.

Emergency Communication: Personnel on-site will initiate emergency response via cell or campus phone. Landline phones are available in the Joyce Athletic Training Facility.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: One AED is located on outside wall of security office at Gate 6 and another AED is located in doctor's office in Joyce Athletic Training Facility. The closest AED to gym 1 is the AED outside security office. Splint bag, crutches, cardiac/IV kit, CPR mask are also located in Joyce Center Athletic Training Facility.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Joyce Center Cheerleading Practice Location Directions

Street Address: 113 Joyce Center, Notre Dame, IN 46556

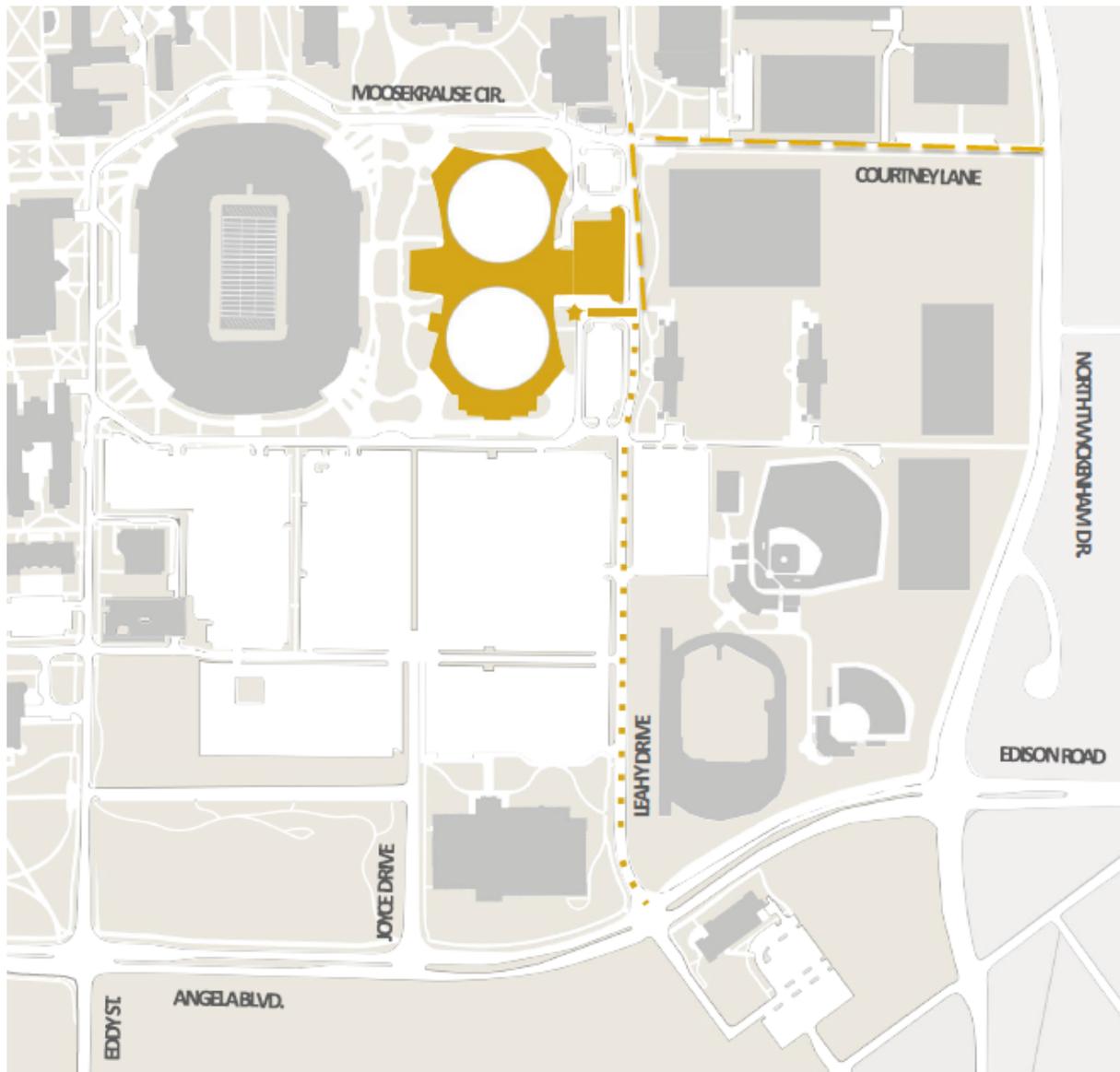
From Angela Boulevard/Edison Road: Turn north on Leahy Drive. Proceed to Gate 6 of the Joyce Center which is located off of Leahy Drive directly across from Alumni (soccer) Stadium.

From Twyckenham Drive: Turn west onto Courtney Lane at the Eck Tennis Pavilion. Turn south (left) onto Leahy Drive and proceed to Gate 6 of the Joyce Center which is located off of Leahy Drive directly across from Alumni (soccer) Stadium.

Purcell Pavilion Location: Purcell Pavilion/Joyce Center Arena is located directly inside of Gate 6.

Gym 1 location: EMS will enter through Gate 6 of the Joyce Center. A service elevator is located just inside of Gate 6. Take the elevator to the 2nd floor and turn left and proceed along the concourse. Gym 1 is located by Gate 8 and Gym 2 is located by Gym 10.

Cheerleading - Joyce Center Practice Location



All Sports - Joyce Center Fieldhouse (North Dome)
Castellan Family Fencing Arena
Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: A certified athletic trainer is generally not onsite for practices or training sessions in the North Dome or Castellan Family Fencing Arena. During competitions a staff athletic trainer is available onsite or in the Joyce Center Athletic Training Facility. When athletic trainers are not present, the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone or campus phone. A landline phone is in the Joyce Athletic Training Facility.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED is located inside of Gate 4 of Joyce Center and in the Joyce Athletic Training Facility. Splints, crutches, cardiac/IV kit, and oxygen tank/mask are located in Joyce Center Athletic Training Facility.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to “flag down” EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.

6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

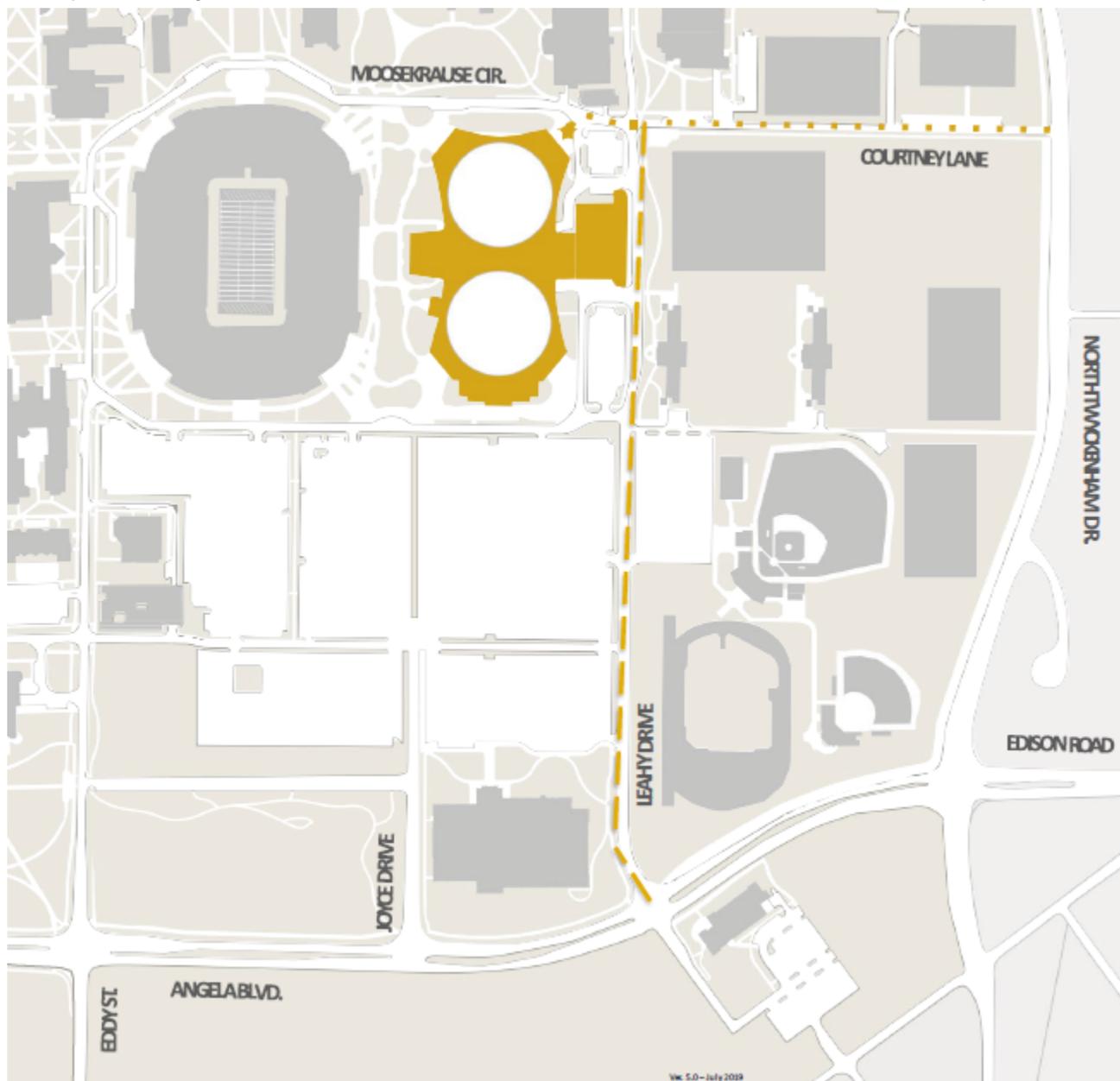
Joyce Center Fieldhouse (North Dome) Directions

Street Address: 113 Joyce Center, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn north onto Leahy Drive. At the 3rd stop sign turn west (left) onto Moose Krause Circle. Take the next left onto the access road to Gate 5 of the Joyce Center.

From Twyckenham Road: Turn west onto Courtney Lane. Go through the 1st stop sign and take the 1st left onto the access road. Proceed to Gate 5 of the Joyce Center.

All Sports- Joyce Center FieldHouse/North Dome - Access Route Map



All Sports - PIT practice Gym

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be present for all practices to initiate and direct the Emergency Action Plan (EAP). If an athletic trainer is not present the head coach or assistant coach becomes the first responders.

Emergency Communication: Emergency personnel on-site will initiate the emergency response via cell phone or campus phone.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: 1 AED is located on the outside wall of ND security office at Gate 6 and 1 AED is located in doctor's office in JACC Athletic Training Facility. Splints, crutches, cardiac/IV kit, and oxygen tank/mask are located in Joyce Center Athletic Training Facility.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

PIT Practice Gym Directions:

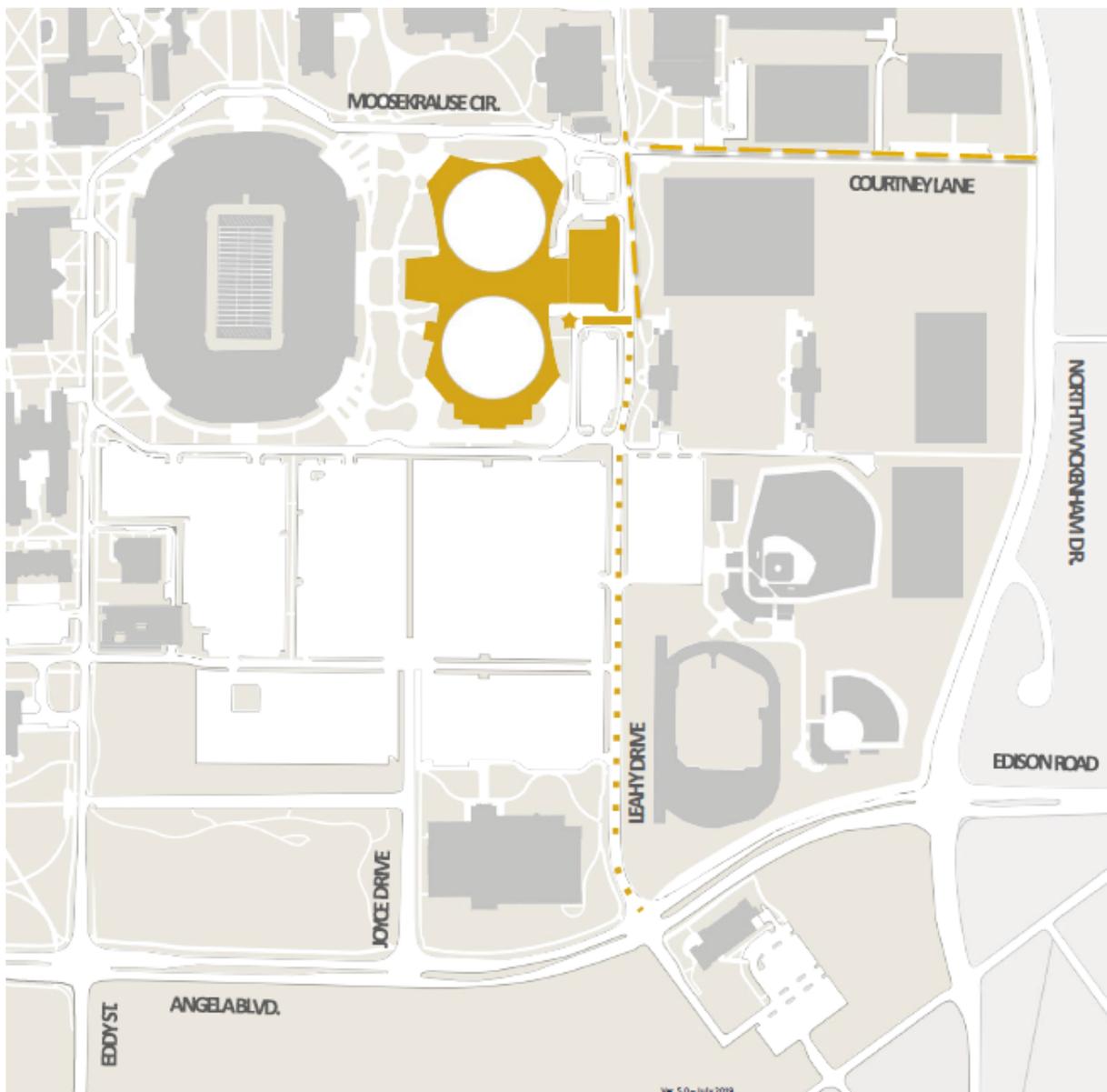
Street Address: 113 Joyce Center, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn North onto Leahy Drive. Proceed to Gate 6 of the Joyce Center which is located off of Leahy Drive directly across from Alumni (soccer) Stadium.

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Tennis Pavilion. Proceed to Leahy Drive and turn South (left) on Leahy Drive. Proceed to Gate 6 of the Joyce Center which is located off of Leahy Drive directly across from Alumni (soccer) Stadium. Purcell

Enter Joyce Center through Gate 6: Walk down hallway past equipment room to service elevator located on left hand side by the women’s basketball offices at Gate 1. (This is the best way to get a gurney into the “Pit” gym. A key is needed to operate the elevator – team managers will have a key so will security/police.)

All Sports - PIT Practice Gym - Access Route Map



All Sports - Loftus Indoor Facility

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Athletic trainer, team physician (when available), head and assistant coaches, team operations personnel, student athletic trainers and building operations personnel. Generally an athletic trainer will be present at most practices in the Loftus Indoor Facility.

** If an athletic trainer is not present, coaches are designated as the first responders and will direct the process.

Emergency Communication: Personnel on-site will initiate emergency response via cell or campus landline phone. Landline phones are located in operations staff office near the main entrance to the indoor field.

To call EMS onto Field: **Use Arms Cross Chest Signal**

To activate EMS call: *****CALL NDSP EVEN IF EMS ON-SITE*****

NDSP: 574-631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300



For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED is located on the wall near southwest garage door. All other emergency equipment is located in the Loftus Athletic Training Facility or will be brought by the athletic trainer(s) covering the event.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to “flag down” EMS and direct to scene.

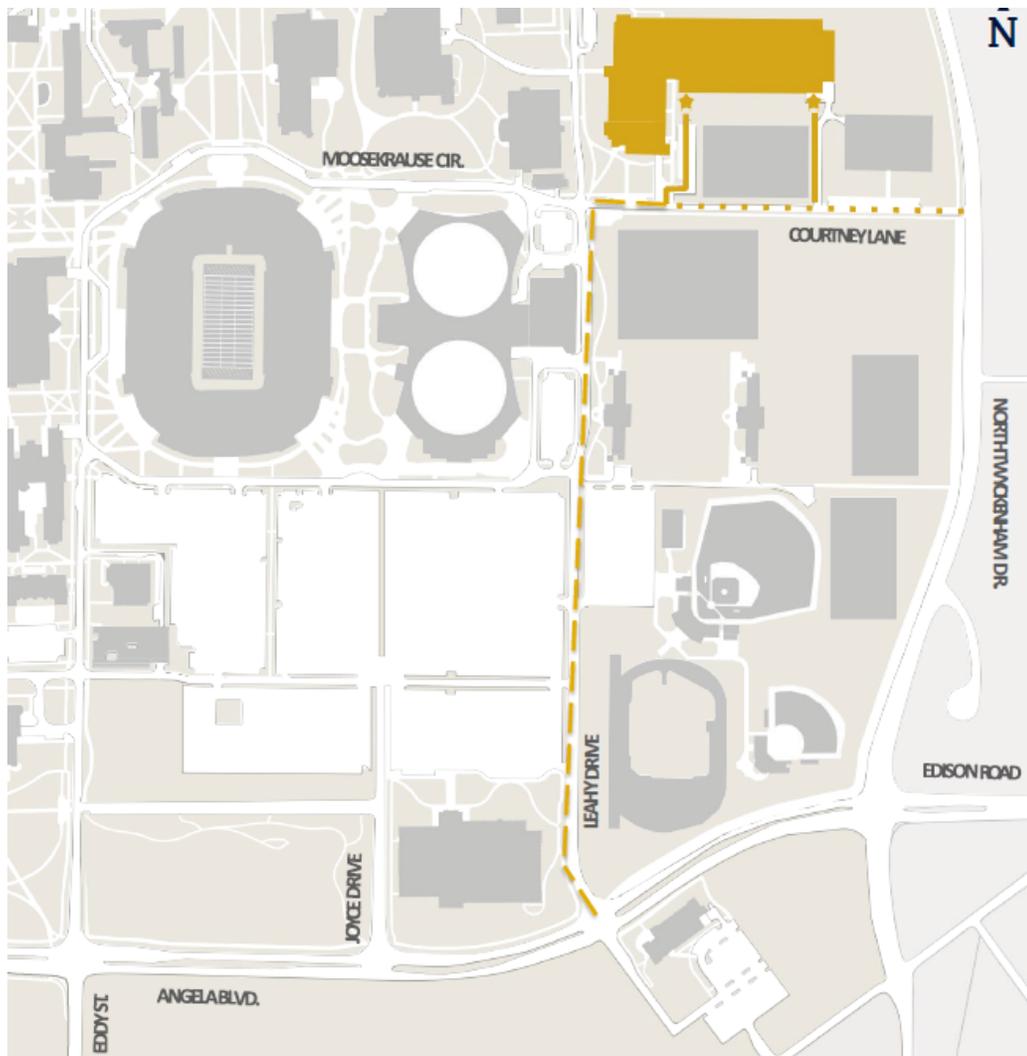
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Loftus Indoor Facility Directions:

From Angela Boulevard/Edison Road: Turn North on Leahy Drive and proceed behind to the Joyce Center to Courtney Lane. Turn East (right) onto Courtney Lane. Loftus Indoor Facility is located on your left behind the outdoor tennis courts. The first entrance to the facility is on your left (gated parking lot). Another entrance is located through the access road between Eck Indoor Tennis Facility and the outdoor tennis courts. *This second entrance is the primary access to Loftus.*

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Indoor Tennis Facility. Loftus is located on your right, behind the outdoor tennis courts. Turn North (right) onto the access road between Eck Indoor Tennis Facility and the outdoor tennis courts. Another entrance is located on the right past the outdoor tennis courts (gated parking lot).

All Sports - Loftus Indoor Facility - Access Route Map



All Sports - Grass Utility Field

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Athletic trainer, team physician (when available), head and assistant coaches, team operations personnel, student athletic trainers and building operations personnel. Generally an athletic trainer will be present at most practices at the grass utility field.

** If an athletic trainer is not present, coaches are designated as the first responders and will direct the process.

Emergency Communication: Personnel on-site will initiate emergency response via cell phone.

To activate EMS call: *****CALL NDSP EVEN IF EMS ON-SITE*****

NDSP: 574-631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED will be brought to the field when athletic trainer is covering events. When no athletic trainer present, the Eck Tennis building is the closest AED location.. All other emergency equipment is located in the Loftus Athletic Training Facility or will be brought by the athletic trainer(s) based on event needs.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.

6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Grass Utility Field Directions:

From Angela Boulevard/Edison Road, Turn north onto Leahy Drive. At Courtney Lane turn east (right). Continue past the labar football facility to the gated entrance to the grass fields on right.

From Twyckenham Drive: Turn west onto Courtney Lane. The grass utility field is located on the left. Enter through the gate between the grass field and Labar Football.

All Sports - Grass Utility Field

Medical Non-Emergency Procedures for Notre Dame Athletics Events

Check

Establish scene safety and provide immediate care to the injured or ill individual.

Call

If an athletic trainer is present, use them to manage the situation.

If an athletic trainer is not present, notify the athletic training staff of the situation.

Loftus Sports Medicine Center: (574) 631-3300

Joyce Athletic Training Facility: (574) 631-7100

Care

Secure proper equipment and administer first aid, then transport as needed.

1. Golf cart or walk to the athletic training facility
2. Sports Medicine vehicle to transport to Student Health Center or local hospital.

A staff athletic trainer, whenever possible, will accompany the student-athlete to off campus locations. If an athletic trainer is not available, he/she may designate an individual to accompany the student-athlete.

Important Phone Numbers/Addresses:

- Student Health Center (University of Notre Dame): Phone (574) 631-7497
St. Liam's Hall (On-Campus - North Side)
- St. Joseph Regional Medical Center: Phone (574)335-5000
5215 Holy Cross Parkway, Mishawaka, Indiana 46545
- Memorial Hospital South Bend: Phone (574) 647-1000
615 N. Michigan Street, South Bend, Indiana 46601
- MedPoint Urgent Care Center Phone: (574) 647-1506
913 N. Main Street –Suite 300 Granger, Indiana 46530

Baseball & Softball - Eck Indoor Hitting Facility

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be present at all games and team practices to initiate and direct the Emergency Action Plan (EAP). If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: Emergency personnel on-site will initiate emergency response via cell phone.

To activate EMS call:

NDSP: 574-631-5555 from any phone or 911

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: There is an AED mounted near the main door to the facility. **Baseball** -All other equipment needed will be at the Joyce Athletic Training Facility or in the Eck Baseball Stadium. **Softball** - All other equipment needed will be at the Joyce Athletic Training Facility or at Melissa Cook stadium.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Eck Indoor Hitting Facility Directions:

From Angela Boulevard/Edison Road: Turn north onto Leahy Drive. Take the first right into the Eck Baseball Stadium parking lot. The indoor hitting facility is located directly to the north of the baseball stadium.

From Twyckenham Drive: Turn west onto Courtney Lane at the Eck Tennis Pavilion. At the first stop sign turn south (left) onto Leahy Drive. Following Leahy Drive and turn east (left) into the Eck Baseball Stadium parking lot. The indoor hitting facility is located directly to the north of the baseball stadium.

Baseball & Softball - Eck Indoor Hitting Facility - Access Route Map



Joyce Center Weight Room - Medical Emergency Procedures

Medical Emergency Procedures

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: A certified athletic trainer will be present on site for some conditioning workouts to initiate and direct the Emergency Action Plan (EAP). A certified athletic trainer is present in the Joyce Center Sports Medicine facility for most lifting sessions. If an athletic trainer is not present the strength and conditioning coach becomes the first responder.

Emergency Communication: For strength and conditioning sessions, emergency personnel on-site will initiate emergency response via cell phone or campus phone. Landline phones are located in the office inside the weight room or in the Joyce Center sports medicine facility.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: 1 AED is located on the wall just next to the fencing locker rooms by gate 4. 1 AED is located in the sports medicine facility. Splints, crutches, cardiac/IV kit, and oxygen tank/mask are located in Joyce Center Athletic Training Facility.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to “flag down” EMS and direct to scene.

5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

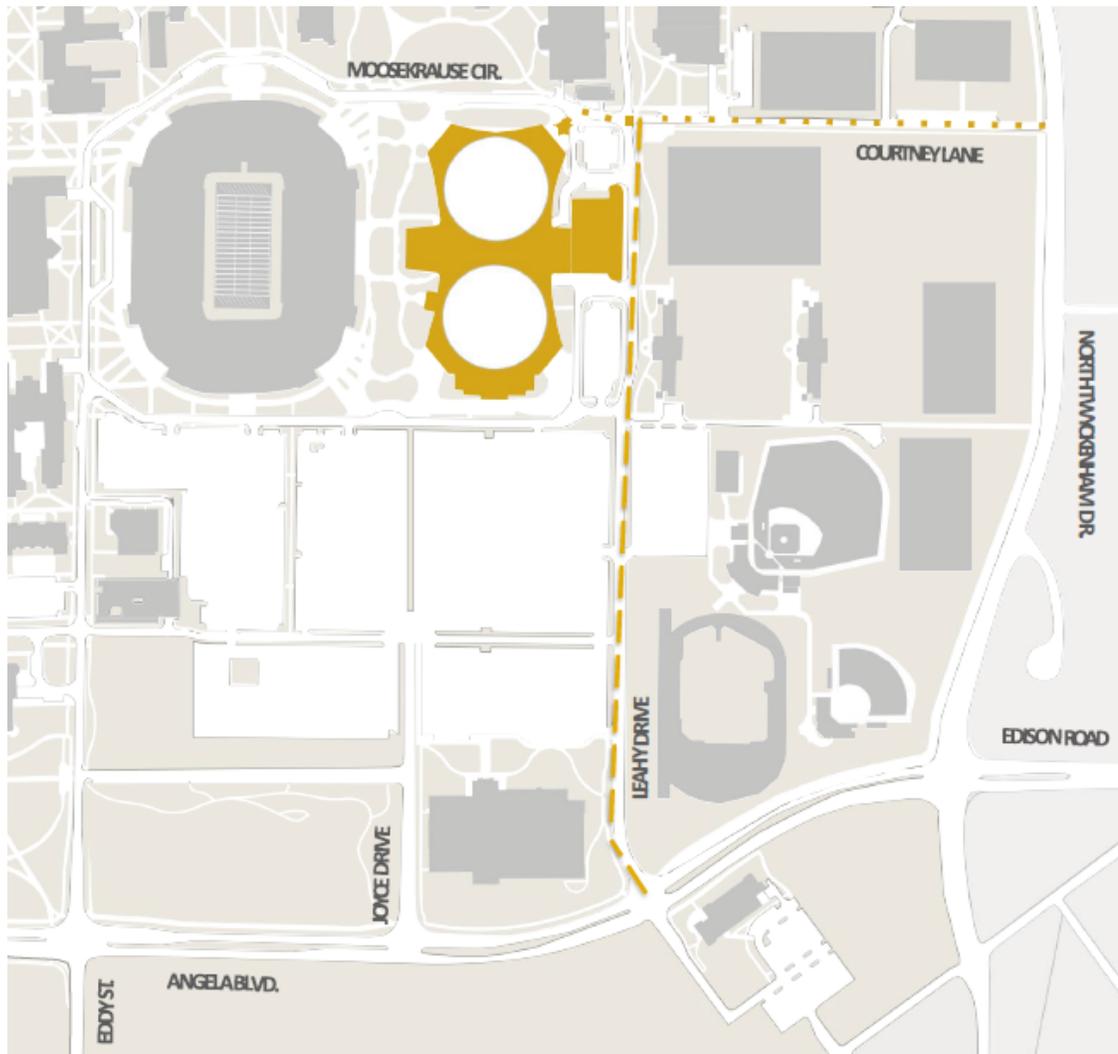
Joyce Center Weight Room Directions:

Street Address: 113 Joyce Center, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn North onto Leahy Drive. Turn left onto the access drive located across from the Labar football facility. Joyce Center Weight Room Doors are the double doors directly south of gate 4 on the east wall. Enter the weight room through these doors. (Secondary access is gate 4 of the Joyce. Upon entering gate 4 weight room is located to the left)

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Tennis Pavilion. Proceed onto Moose Krause Circle and turn left onto the access drive across from Rolfs training center. Proceed past Gate 4 of the Joyce Center to the weight room doors located just south of Gate 4 on the east wall.

Joyce Center Weight Room - Access Route Map



Compton Family Ice Arena Weight Room

Medical Emergency Procedures

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be present on site for all conditioning workouts to initiate and direct the Emergency Action Plan (EAP). A certified athletic trainer is present in either the Compton Hockey or Joyce Center Sports Medicine facility for most lifting sessions. If an athletic trainer is not present the strength and conditioning coach becomes the first responder.

Emergency Communication: For strength and conditioning sessions, emergency personnel on-site will initiate emergency response via cell phone or campus phone. Landline phones are located in Tony Rolinski's office in the Weight Room area.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Compton Family Hockey Athletic Training Facility: (574) 631-1241

Joyce Athletic Training Facility: (574) 631-7100

Loftus Athletic Training Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: AED is located in a wall mount directly inside to the left in the Cardio Room from weight room. Emergency equipment and second AED are located in the compton hockey athletic training facility closet directly off the ice rink.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to "flag down" EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

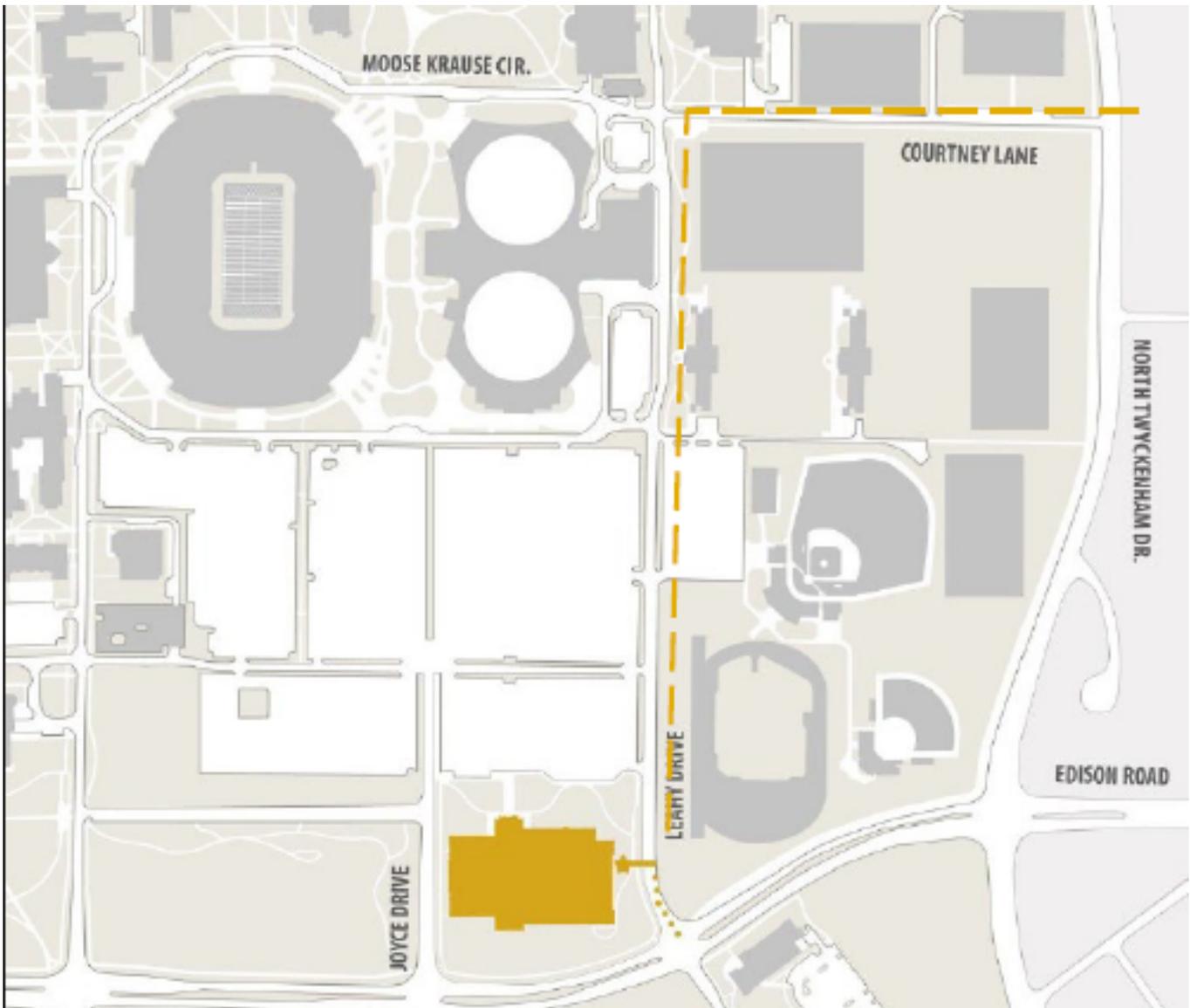
Compton Family Ice Arena Weight Room Directions:

Street Address: 100 Compton Family Ice Arena, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn North onto Leahy drive. Compton Ice Arena will be immediately on your left. Weight room access doors are located in the southwest corner of the building directly down the sidewalk from the bus parking inlet.

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Tennis Pavilion. At the intersection, turn left onto Leahy drive. Proceed to the bus parking inlet on Leahy drive (just before Edison road). The weight room access doors are located in the southwest corner of the building.

Compton Family Ice Arena Weight Room - Access Route Map



Haggar (Guglielmino) Strength and Conditioning Center

Medical Emergency Procedures

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally certified athletic trainer will be present on site for some conditioning workouts to initiate and direct the Emergency Action Plan (EAP). A certified athletic trainer is present in the Loftus Center Sports Medicine facility for most lifting sessions. If an athletic trainer is not present the strength and conditioning coach becomes the first responder.

Emergency Communication: For strength and conditioning sessions, emergency personnel on-site will initiate emergency response via cell phone or campus phone. Landline phones are located in the office inside the weight room or in the Loftus Center sports medicine facility.

To Activate EMS call:

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: An AED is located on the wall inside the west entrance to the weight room. A second AED is located in the sports medicine facility. Splints, crutches, cardiac/IV kit, and oxygen tank/mask are located in Loftus Center Athletic Training Facility.

Roles of First Responder:

1. Secure scene safety and provide immediate care to the injured or ill individual.
2. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
3. Designate individual(s) to retrieve specific emergency equipment.
4. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of entrance to “flag down” EMS and direct to scene.
5. Designate an individual to limit the scene to first aid providers and to move bystanders away from the area.

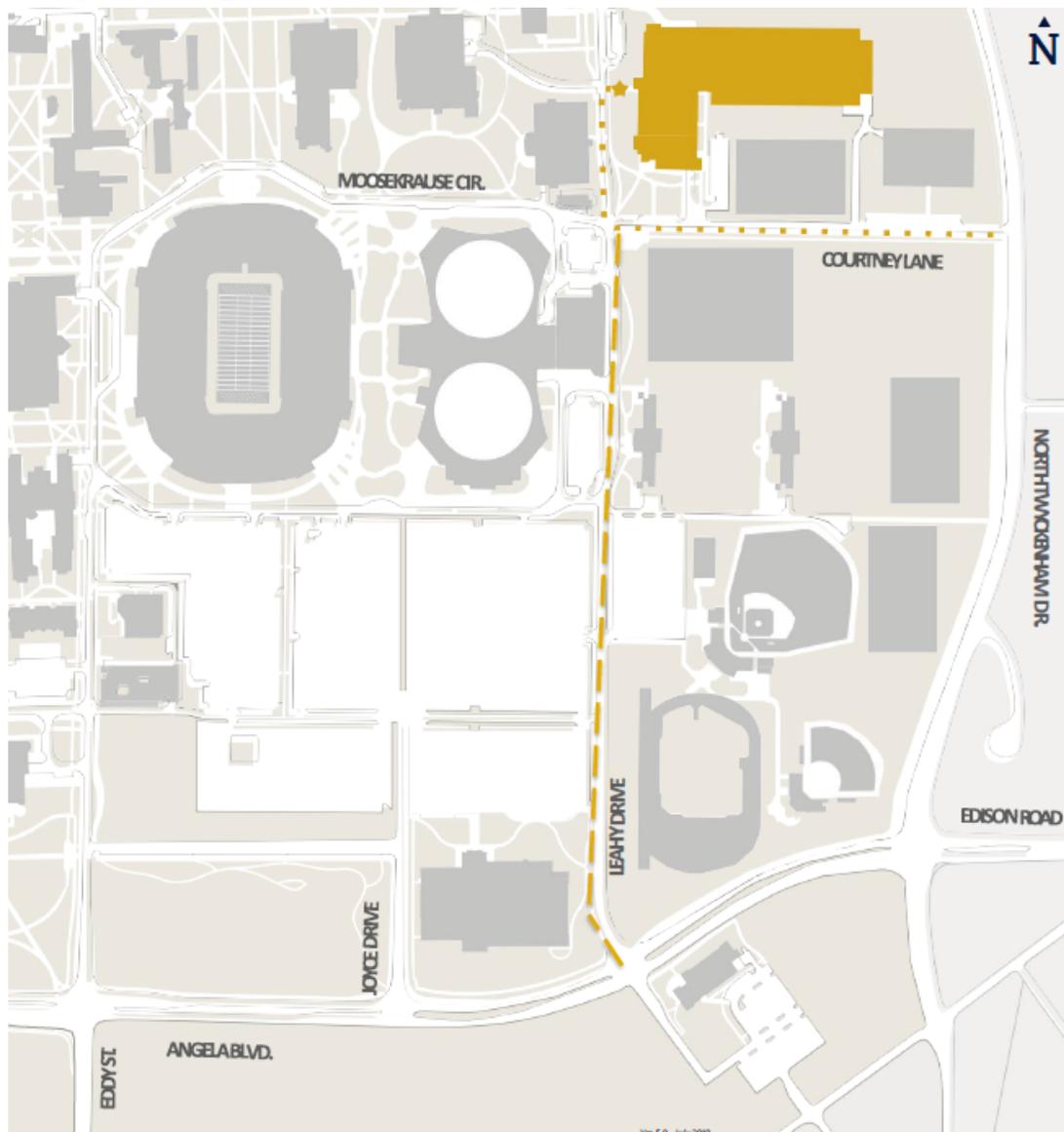
6. Notify athletic training facility/athletic trainer (if not on site) (574) 631-7100 or (574) 631-3300.

Haggar (Guglielmino) Strength and Conditioning Center Directions:

From Angela Boulevard/Edison Road: Turn North onto Leahy Drive. Continue straight through the 4-way stop to the front entrance of the Guglielmino Athletics Complex Building. Enter the front door and continue straight through the double doors and enter the weight room through the doors immediately to left.

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Tennis Pavilion. Turn left at the 4-way stop onto Leahy Drive. Proceed to the front entrance of the Guglielmino Athletics Complex Building. Enter the front door and continue straight through the double doors and enter the weight room through the doors immediately to left.

Haggar Strength and Conditioning Center - Access Route Map



Fr. Don McNeil Weight Room (Rolf's Athletic Hall)

Medical Emergency Procedures for Notre Dame Athletics Events

EAP is TWO-SIDED - Please See Back for Directions and Local Important Numbers

Emergency Personnel: Generally a certified athletic trainer will be present for all practices to initiate and direct the Emergency Action Plan (EAP). If an athletic trainer is not present the head coach or assigned assistant coach becomes the first responder.

Emergency Communication: For practices emergency personnel on-site will initiate emergency response via cell phone or campus phone. Landline phones are located in the Rolf's Sports Medicine Facility.

NDSP: (574) 631-5555 from any phone or 911 from a campus phone

When ND ATC is not present all **non-emergent** medical situations should be reported to ND Sports Medicine

Rolf's Sports Medicine: (574) 631-6024

Joyce Center Sports Medicine Facility: (574) 631-7100

Loftus Sports Medicine Facility: (574) 631-3300

For **mental health emergencies** and catastrophic injuries:

For life-threatening inflicted injuries or imminent thoughts regarding harm toward oneself, call NDSP: (574) 631-5555

For non-imminent thoughts regarding harm toward oneself and all other mental health scenarios, call UCC: (574) 631-7336

Emergency Equipment: 1 AED will be located along the east wall (behind scoring table) on both the men's and women's court. 1 AED is located on the southwest wall just outside the weight room (on the women's side). Splints, crutches, cardiac/IV kit, and oxygen tank/mask are located in Rolf's Athletic Hall Sports Medicine facility.

Roles of First Responder:

13. Secure scene safety and provide immediate care to the injured or ill individual.
14. Activate the emergency medical system (EMS).
 - a. Designate an individual to **call 574-631-5555 from cell phone or 911 from campus phone.**
 - b. Caller should provide name, address, telephone number, number of individuals involved, condition of injured individual(s), first aid treatment provided, specific directions, other information as requested. **DO NOT HANG UP UNLESS TOLD TO BY THE EMERGENCY DISPATCHER.**
15. Designate individual(s) to retrieve specific emergency equipment.
16. Designate individual(s) to direct EMS to the scene.
 - a. Open appropriate gates and doors for access to facility by EMS
 - b. Wait in front of the entrance to "flag down" EMS and direct to scene.
17. Designate an individual to limit the scene to first aid providers and move bystanders away from the area.
18. Notify athletic training facility/athletic trainer (if not on site) (574) 631-6024 or (574) 631-7100 or (574) 631-3300.

Rolf's Athletic Hall Directions:

Street Address: 100 Rolf's Athletic hall, Notre Dame, IN 46556

From Angela Boulevard/Edison Road: Turn North onto Leahy Drive. Pass the Joyce Center and proceed to 4 way stop. Turn West (left) onto Moose Krause Circle and Rolf's Athletic Hall is located on the right across from Gate 4 of the Joyce Center (corner of Moose Krause and Leahy). There is a loading dock on the south side of the building off Moose Krause Circle for parking and follow the sidewalk around to the main entrance is located on the west side of the building to enter building.

From Twyckenham Drive: Turn West onto Courtney Lane at the Eck Tennis Pavilion. Proceed to Leahy Drive and continue straight onto Moose Krause Circle. Rolf's Athletic Hall is located on the corner of Moose Krause Circle and Leahy Drive across from Gate 4 of the Joyce Center. There is a loading dock on the south side of the building off Moose Krause Circle. Main entrance is located on the west side of the building.

Fr.Don McNeil Weight Room - Rolf's Athletic Hall - Access Route Map

