

EMERGENCY PROCEDURES

UWA Key Medical Personnel & Emergency Contacts

Name	Title	Work Phone	Home and/or Cellular Phone
Stan Williamson	Director of Athletics	(205) 652-3785	(205) 609-0134
Janet Montgomery	Associate Athletic Director	(205) 652-3630	(205) 499-8242
R. T. Floyd, EdD, ATC	Director of Athletic Training & Sports Medicine	(205) 652-3714	(205) 652-6185 (205) 499-8670
Brad Montgomery, MAT, ATC	Head Athletic Trainer	(205) 652-3696	(205) 499-1756
Whitney Smith, MAT, ATC	Assistant Athletic Trainer/Clinical Education Coordinator	(205) 652-3489	(321) 591-8269
Amy Menzies, MS, ATC	Assistant Athletic Trainer	(205) 652-3452	(440) 478-9358
Laura Hernandez, MS, ATC	Assistant Athletic Trainer	(205) 652-5485	(956) 536-5734
Michael Staley, MS, ATC	Assistant Athletic Trainer	(205) 652-3455	(271) 932-3001
Danielle Lovoy, MA, ATC	Assistant Athletic Trainer	(205) 652-3872	(321) 217-2522
Brian Cheney, ATC	Graduate Assistant Athletic Trainer	(205) 652-5483	(315) 777-6674
Jamie Denman, ATC	Graduate Assistant Athletic Trainer	(205) 652-3403	(210) 273-3939
Matt Skare, ATC	Graduate Assistant Athletic Trainer	(205) 652-5486	(816) 695-7424
Adam Daum, ATC	Graduate Assistant Athletic Trainer	(205) 652-5537	(478) 550-6094
Andrew Drake, ATC	Graduate Assistant Athletic Trainer	(205) 652-3451	(970) 629-0623
Clint Gibson, ATC	Graduate Assistant Athletic Trainer	(205) 652-5483	(865) 414-4262
Brittany Rodden, ATC	Graduate Assistant Athletic Trainer	(205) 652-5484	(704) 813-4808
Alicia Cunningham	Athletic Training Assistant	(205) 652-3875	(205) 399-1856
James Robinson, M.D.	Team Family Practice/Sports Medicine Physician	(205) 652-5778	(205) 757-7697
James R. Andrews, M.D.	Team Orthopaedist	(205) 939-3699	(205) 871-2628
Lyle Cain, M.D.	Medical Director, Team Orthopaedist	(205) 939-3699	(205) 903-5478
Jeremie Axe, M.D.	Orthopaedic Fellow	(205) 939-3699	(302) 540-1445
Chris Carter, M.D.	Family Practice/Sports Medicine Fellow	(205) 939-3699	(256) 990-0016
Other numbers to contact team physicians in Birmingham	Andrews Sports Medicine & Orthopaedic Center	(205) 939-3699	Surgery viewing room (205) 939-2165
Darrell Hoggle, DMD	Team Dentist	(205) 652-7114	(205) 652-2269
Ambulance Service	City of Livingston Ambulance Service	911	(205) 652-9777
Police Department	City of Livingston Police Dept.	911	(205) 652-9525
Campus Police	UWA Campus Police	(205) 652-3682	
Local Hospital	Hill Hospital, York, AL	(205) 392-5263	
Kent Partridge	Sports Information Director	(205) 652-3596	
Benjamin Maxwell	Assistant SID	(205) 652-3596	
Jennifer Aderholt	Football/Athletic Training Secretary & Insurance Claims	(205) 652-3483	(205) 233-0437
Penny Dew	Special Assistant to the Athletic Director	(205) 652-3784	(205) 609-2952
	Homer Field House Athletic Training Center	(205) 652-3450 (205) 652-3877	1-800-621-7742 in state 1-800-621-8044 out of state
	Pruitt Hall Athletic Training Facility	(205) 652-5537	1-800-621-7742 in state 1-800-621-8044 out of state
Soccer/Cross Country Practice Field	Call UWA Physical Plant	(205) 652-3601	
Baseball Complex	Tartt Baseball Field	(205) 652-2579	
Softball Complex	UWA Softball Complex		
Rodeo Complex	Don C. Hines Rodeo Complex	(205) 652-4100	
Fax Number	Athletic Training & Sports Medicine	(205) 652-3799	
Fax Numbers	Sports Information	(205) 652-3600	
Fax Number	Football	(205) 652-3770	

Athletes to the Hospital

Athletes that need immediate attention by the hospital or the team physician should be transported to Hill Hospital in York, Alabama. Upon arrival the attending athletic trainer should notify the nurse on duty of the problem. The nurse will then contact the team physician and/or the x-ray technician. The attending athletic trainer should make himself/herself available to talk with the physician if necessary unless he is needed to help care for the athlete. The attending athletic trainer should keep in mind that he is not finished with his/her job because he/she has delivered the athlete to the hospital. **DO NOT** leave the athlete until the hospital staff and physicians are in control of the situation and you have been relieved. The attending athletic trainer is responsible for the athlete's equipment and clothing. He or she should bring the equipment and clothing, back to the university and place it in the athlete's locker and then deliver the personal clothes to the athlete. The attending athletic trainer is to report to their supervising athletic trainer, as soon as he or she is no longer needed at the hospital.

Road Trip Emergency Medical Procedure

Whenever traveling with a university athletic team and an athlete requires hospitalization or a physician's attention, you should always adhere to the following procedure.

- If at all possible, wait until you reach Livingston before seeking medical attention. However, the athlete's health and well being is most important. If you are in doubt, quickly seek the closest medical attention. Always err on the side of good judgment.
- If you are near the opponent's hometown, always seek help from the opponent's athletic trainer and team physician, if possible.
- Always introduce yourself to the opponent's athletic trainer and/or team physician before the athletic contest begins. If an emergency arises, they will already be familiar with you.
- Always offer your services to an injured opponent, even if you are at his home facility. In certain situations you may be the most knowledgeable in the area of sports medicine if the opponent does not have an athletic trainer or physician present. Never force yourself or your services on an injured opponent; leave the decision to them and their coach.
- Always carry insurance and medical history information on your athletes in your kit.
- Whenever our athletes need medical attention out of town, first file all bills to his/her insurance, then any subsequent bills should be charged to the athlete at his/her home address. Copies should be sent to the head athletic trainer at the university's address (UWA, Station #14, Livingston, AL 35470).
- Contact the head athletic trainer as soon as possible if the injury is serious. The head athletic trainer may then contact the athlete's parents and/or spouse.
- Attending athletic trainers may stay with the injured athlete at the hospital if necessary. This should not be done unless there are other university athletic trainers to care for potential injuries of the remaining team members. There is always the possibility of a more serious injury to another team member.
- If the head or other staff athletic trainers cannot be reached by telephone, then the student athletic trainer should leave his/her number with the University Campus Police and have them locate a staff athletic trainer as soon as possible.
- Only medical treatment that is absolutely necessary should be administered by non-university medical personnel; if possible, all secondary medical treatment should be handled by the university medical staff.

Emergency Procedure at Home Competitions or Practices

The highest ranking athletic trainer stays with the injured athlete until transportation is complete or the situation is turned over to EMT's and/or team physician(s). This procedure applies to potential serious head injuries, potential spinal cord injury, vertebral fractures and dislocations, heat stroke victims, cardiac patients, any unconscious athlete, any athlete with convulsions, or any serious unstable condition. It is the responsibility of the other athletic trainers to quickly find out as much as possible about the involved athlete and his condition before departing with the athlete to the medical facility. This is important, as he/she will need to relate this information to other medical personnel. Each and every UWA athletic trainer should make themselves aware of the surroundings in relation to emergencies upon arrival at every practice to look for potential injury situations that can be prevented. Each UWA athletic trainer has a responsibility if an emergency arises. Once it is determined that the EMS system must be activated, attempt to help by doing one of the following things:

1. **The athletic trainer should always try to remain calm in any crisis; also as the athletic trainer approaches the injured athlete he/she should quickly examine the scene and secure it before trying to help the athlete.**
2. With the scene secure the athletic trainer should try to talk to the athlete. If the athlete is unresponsive then the athletic trainer should assume that the athlete has at least a head or spinal injuries and secure the c-spine. If other athletic trainers are present the athletic trainer with the most seniority will aid in the evaluation, also another athletic trainer will go and activate the local EMS unit only at the request of the senior athletic trainer (on the scene).

3. The athletic trainer holding the c-spine should be able to check or conduct a primary survey checking the airway, breathing, and circulation. The other athletic trainer(s) should start gathering information about the injury from other players or witnesses.
4. If the athlete is conscious and coherent the assisting athletic trainer should question the athlete about his/her injury, i.e., what happened or what were you doing when, etc. The assisting athletic trainer should do a secondary survey while the athlete is talking.
5. If possible find if the athlete has any predisposing factors, i.e., diabetes, previous heat problems, etc. Also, if the injury is not head or spinal cord related the athletic trainer holding the c-spine may release it only after permission from the most senior athletic trainer on site.
6. The athletic trainer should always be aware of the possibility of the athlete going into shock at any time after an injury no matter how minor the injury may appear, and the athletic trainer must be prepared to manage it. The athlete should not be moved under most circumstances with the exception of heat illness.
7. The athletic trainers evaluating and attending to the athlete should stay with the athlete and wait for the ambulance to arrive and transport the athlete. Another athletic trainer should go to the entrance of the practice area and wait for the ambulance to arrive and direct them to the scene. When the ambulance arrives, one of the athletic trainers will relay all information including vital signs, evaluation results, and any special problems to the EMT's. Another athletic trainer should get the insurance and medical history information of the athlete. The athlete's insurance information is to be taken to the hospital by the athletic trainer riding with the athlete on the ambulance.
8. One athletic trainer is to ride in the ambulance with the athlete to the health care facility. Another will get the state vehicle and follow the ambulance to the hospital.
9. Always have someone contact the head athletic trainer or one of the senior athletic trainers immediately if they are not on site.
10. Never leave the scene unless another athletic trainer is on site to monitor the remaining athletes as the practice or game continues.
11. If it is a visiting team, assist the attending visiting athletic trainer however they deem appropriate without breaking the above actions.

Volleyball, Men's and Women's Basketball Emergency Procedures (Pruitt Hall)

1. The athletic trainer(s) should evaluate the injured athlete. If there is an emergency then one of the athletic trainers should go to the Pruitt Hall Athletic Training Facility or use an onsite cellular phone and call the local EMT's and give them the emergency information. They should also call the head athletic trainer or one of the senior athletic trainers and inform them of the situation.
2. While one athletic trainer is calling for help, the other attending athletic trainer should be doing a primary survey. If the injury is not believed to be a head or spinal injury, then the attending athletic trainer should perform a secondary survey. The athletic trainer who called 911 should report back to the attending athletic trainer and then go outside and wait for the ambulance and EMT's to arrive.
3. Any other athletic trainer in attendance should stay around the scene, identify themselves and offer assistance. The attending athletic trainer(s) should always be prepared to treat them for shock at any time after the injury and should know the best way to manage it. At any time after the head athletic trainer and/or senior athletic trainer(s) arrive at the scene the attending athletic trainer should be willing to turn the athlete over to them with all of the information collected thus far.
4. When the ambulance arrives at the gymnasium the athletic trainer waiting on them will lead them, via the established EMS route, to the injured athlete and help them in any way possible. When the EMT's arrive at the scene the attending student athletic trainer should give them the vital signs and all of the background information about the athlete. Also, a copy of the athlete's insurance form and emergency information should be provided and be prepared to leave with the athlete in the ambulance.

Baseball Emergency Procedures (Tartt Field)

1. When an injury occurs, the athletic trainers should go on to the field to evaluate the injured athlete. If the injury is life threatening, one of the athletic trainers should go to the press box, coach's office in the first base field house or use an onsite cellular phone and activate the local EMS service and inform them of the emergency. Also, call the head athletic trainer or one of the senior staff athletic trainers and tell them of the injury. He/she should then report back to the attending athletic trainer.
2. While one athletic trainer is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After the non-attending athletic trainer enacts the EMS system and has reported to the attending athletic trainer, he/she should help the attending athletic trainer do a primary survey and/or a secondary survey on the athlete. When that is complete the non-attending student athletic trainer should go and make sure that the ambulance has easy access to the field and that all necessary gates are open via the established EMS route.

3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave one of the athletic trainers should have a copy of the athlete's insurance and brief medical outline and leave with the athlete to go to the hospital.

Softball Emergency Procedures (UWA Softball Complex)

1. When an injury occurs, the athletic trainers should go on to the field to evaluate the injured athlete. If the injury is life threatening one of the athletic trainers should use to the nearest phone (cellular phone, The UWA Student Union Building, or the UWA Physical Plant) to activate the local EMS service and inform them of the emergency. Also, call the head athletic trainer or one of the senior staff athletic trainers and tell them of the injury. He/she should then report back to the attending athletic trainer.
2. While one athletic trainer is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After the non-attending athletic trainer enacts the EMS system and has reported to the attending athletic trainer, he/she should help the attending athletic trainer do a primary survey and/or a secondary survey on the athlete. When that is complete the non-attending student athletic trainer should go and make sure that the ambulance has easy access to the field and that all necessary gates are open via the established EMS route.
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave one of the athletic trainers should have a copy of the athlete's insurance and brief medical outline and leave with the athlete to go to the hospital.

Football/Soccer Emergency Procedures (Tiger Stadium)

1. When a football player is injured on the playing field the head athletic trainer, assistant athletic trainer, or director of sports medicine, and the student athletic trainer on primary field watch go to the athlete to evaluate the problem. If the athlete is unconscious when they arrive the closest person to the head of the athlete should hold cervical stabilization, while one of the other athletic trainers performs a primary survey. On the sidelines, the athletic trainer with secondary injury management should be able to see one of the attending athletic trainers and watch for the signals for the emergency equipment. The signals for the c-collar and spine board are as follows: for the c-collar both hands clasped around the neck and for the spine board take both hands with thumbs extended and point to the spine with them. Also, the athletic trainers should take the face mask removal tool out of the white trunk when they get the c-collar, to cut off the face mask, if necessary.
2. If one of the staff athletic trainers believe the injury to be life threatening or a serious head injury then they should send for the emergency equipment and the team physician. One of the athletic trainers should then proceed to the ambulance and direct them in to the scene (or go into Homer Field House or use cellular phone and enact the EMS from one of the phones if the ambulance happens to not be on the scene).
3. While that is going on, the athletic trainer with emergency transportation should get the insurance and emergency information from the field kit to take with them on the ambulance. The team physician should be with the injured athlete by this time and should be doing a diagnostic examination. Another athletic trainer will get the state vehicle and follow the ambulance to the health care facility and report by phone any outcome to the senior staff athletic trainers. Make sure all equipment is gathered and returned when you return from the health care facility.

Football/Soccer Emergency Procedures (Practice Field)

1. When an athlete is injured the athletic trainer closest to the athlete should carefully approach the athlete and secure the scene before trying to help the athlete.
2. The first athletic trainer at the scene must establish the level of consciousness of the athlete. If the athlete appears dazed or unconscious the athletic trainer must assume the athlete has a spinal injury and should stabilize the cervical spine. After this is done that athletic trainer should do a quick primary survey checking the airway, breathing, and circulation. When a senior staff athletic trainer arrives at the scene the athletic trainer holding c-spine should give all the information found so far to him/her. The senior staff athletic trainer should make the decision to call the ambulance. One athletic trainer will go to the UWA physical plant and call 911 (or use on-site cellular phone). Another will clear a pathway from the gate to the scene, via the established EMS route. Another will get all emergency equipment needed and bring it to the scene.

3. The senior staff athletic trainer should do a secondary survey and check the vital signs of the injured athlete. The athletic trainer should also be aware that the athlete may go into shock at any time after the injury, so he/she must be looking for any sign of shock while evaluating the athlete and be prepared to manage it.
4. When the ambulance arrives at the field the senior staff athletic trainer should give the EMT's all information about the athlete including vital signs, level of consciousness, and mechanism of injury. One athletic trainer should have the athlete's insurance and emergency information ready and he/she should be ready to leave with the athlete to go to the hospital. Another athletic trainer will get the state vehicle and follow the ambulance to the health care facility. Make sure all equipment is gathered and returned when you return from the health care facility.

Rodeo Emergency Procedure (UWA Rodeo Complex)

1. When an injury occurs, both athletic trainers should go in to the arena to evaluate the injured athlete (**make sure the scene is safe to enter; animals**). If the injury is life threatening one of the athletic trainers should go to the phone located in the coach's trailer or Rodeo Barn (or onsite cellular phone) and activate the local EMS service and inform them of the emergency. Also, call the head athletic trainer or one of the senior staff athletic trainers and tell them of the injury. He/she should then report back to the attending athletic trainer.
2. While the non-attending athletic trainer is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or in the case of a head or spinal injury hold c-spine and wait. After the non-attending athletic trainer enacts the EMS system and has reported to the attending athletic trainer, he/she should help the attending athletic trainer do a primary survey and/or a secondary survey on the athlete. When that is complete, one of the athletic trainers should go and make sure that the ambulance has easy access to the arena and that all necessary gates are open via the established EMS route.
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave one of the attending athletic trainers should have a copy of the athlete's insurance and brief medical outline and leave with the athlete to go to the hospital.

Cross Country Emergency Procedure (Anywhere on campus)

1. When an injury occurs, the attending athletic trainer should approach the athlete to evaluate the injury. If the injury is life threatening the athletic trainer or student should have either the coach or another teammate go to the nearest phone (**undetermined at this time, due to daily changes in practice areas**) or use an onsite cellular phone and activate the local EMS service and inform them of the emergency. Also, call the campus police and have them inform the head athletic trainer or one of the senior staff athletic trainers of the injury. He/she should then report back to the attending athletic trainer.
2. While someone is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After enacting the EMS system and reporting to the attending athletic trainer, he/she should be instructed to help the attending athletic trainer by going and clearing a path to the injured athlete and directing EMS personnel to the scene. (**There cannot be an established EMS route due to practice not restricted to one location**)
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave the athletic trainer should have a copy of the athlete's insurance and brief medical outline to leave with the EMT's. The attending athletic trainer should make sure they find out where the athlete is being taken. Once the ambulance has left, the attending student should relay the information to one of the senior staff athletic trainers.

Tennis Emergency Procedure (Howard R. Vaughan Tennis Complex)

1. When an injury occurs, the athletic trainers should go on to the court to evaluate the injured athlete. If the injury is life threatening, one of the athletic trainers should use an onsite cellular phone or the telephone located in the UWA Student Union Building at the Fitness and Wellness desk to activate the local EMS service and inform them of the emergency. Also, call the head athletic trainer or one of the senior staff athletic trainers and tell them of the injury. He/she should then report back to the attending athletic trainer.
2. While one athletic trainer is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After the non-attending athletic trainer enacts the EMS system and has reported to the attending athletic trainer, he/she should

help the attending athletic trainer do a primary survey and/or a secondary survey on the athlete. When that is complete the non-attending student athletic trainer should go and make sure that the ambulance has easy access to the court and that all necessary gates are open via the established EMS route.

3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the courts and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave one of the athletic trainers should have a copy of the athlete's insurance and brief medical outline and leave with the athlete to go to the hospital. The attending should make sure they find out where the athlete is being taken by EMS.

Cheerleading Emergency Procedure (Anywhere on campus)

1. When an injury occurs, the student athletic trainer should approach the athlete to evaluate the injury. If the injury is life threatening the athletic trainer or student should have either the coach or another teammate go to the nearest phone (**undetermined at this time, due to daily changes in practice areas**) or use an onsite cellular phone and activate the local EMS service and inform them of the emergency. Also, call the campus police and have them inform the head athletic trainer or one of the senior staff athletic trainers of the injury. He/she should then report back to the attending athletic trainer.
2. While someone is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After enacting the EMS system and reporting to the attending athletic trainer, he/she should be instructed to help the attending athletic trainer by going and clearing a path to the injured athlete and directing EMS personnel to the scene. (**There cannot be an established EMS route due to practice not restricted to one location**)
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave the athletic trainer should have a copy of the athlete's insurance and brief medical outline to leave with the EMT's. The attending athletic trainer should make sure they find out where the athlete is being taken. Once the ambulance has left, the attending student should relay the information to one of the senior staff athletic trainers.

Hughes Gymnasium (Cheerleading, Volleyball, and/or Men's and Women's Basketball) Emergency Procedure

1. The athletic trainer(s) should evaluate the injured athlete. If there is an emergency then one of the athletic trainers should go to the Homer Fieldhouse Athletic Training Facility or use an onsite cellular phone and call the local EMT's and give them the emergency information. They should also call the head athletic trainer or one of the senior athletic trainers and inform them of the situation.
2. While one athletic trainer is calling for help, the other attending athletic trainer should be doing a primary survey. If the injury is not believed to be a head or spinal injury, then the attending athletic trainer should perform a secondary survey. The athletic trainer who called 911 should report back to the attending athletic trainer and then go outside and wait for the ambulance and EMT's to arrive.
3. Any other athletic trainer in attendance should stay around the scene, identify themselves and offer assistance. The attending athletic trainer(s) should always be prepared to treat them for shock at any time after the injury and should know the best way to manage it. At any time after the head athletic trainer and/or senior athletic trainer(s) arrive at the scene the attending athletic trainer should be willing to turn the athlete over to them with all of the information collected thus far.
4. When the ambulance arrives at the gymnasium the athletic trainer waiting on them will lead them, via the established EMS route, to the injured athlete and help them in any way possible. When the EMT's arrive at the scene the attending student athletic trainer should give them the vital signs and all of the background information about the athlete. Also, a copy of the athlete's insurance form and emergency information should be provided and be prepared to leave with the athlete in the ambulance.

EMERGENCY PLAN RELATED INFORMATION

Weather events: In the case of inclement weather, the attending athletic trainer will recommend to the head coach that practice or competition be terminated (the ultimate decision will be with the attending athletic trainer). Decisions will be based on NCAA recommendations concerning threatening weather. All personnel will immediately seek shelter at designated areas, (football practice-Moon Hall loading dock, football game-Homer Field House locker room, baseball-dugout or locker room, softball-dugout or locker room, rodeo-barn, cross country-nearest safe shelter to the area they are running at, tennis-UWA Student Union Building). Of note, once a game or competition has begun, the umpire or official holds the responsibility of game termination. The athletic director has the authority to override the official's decision in the case of inclement weather. Also, all issued weather warnings will be heeded by all of UWA's athletic teams. The University's Campus Police are to go to each venue and warn them of any impending thunderstorm or tornado warnings. Refer to the Lightning Safety Policy.

Location of all phones

Phones for emergency actions are available for the following sports at the following locations in the event that an onsite cellular phone is not accessible:

1. **If a cellular phone is available it can be used at any location on campus to enact the EMS by dialing 911**
2. **Tiger Football/Soccer stadium:** access to a phone is located within James P. Homer field house on either the first or second floors: in the taping room (#116), equipment room (#113), secretary's office (#221), and the athletic training facility (#216).
3. **Football/Soccer practice field:** access to a phone at the practice field is located across the street in Moon Hall (physical plant). After regular hours you must enter the left hand, side door to reach a phone in the first office to the right.
4. **Pruitt Hall Gymnasium:** phone access in Pruitt Hall is located in Room #28 (basketball office) or #32 (athletic training facility).
5. **Don C. Hines Rodeo Complex:** Phone access is located in the barn office, which the first door to the right past the main entrance to the barn. Additionally, there is a phone located within the rodeo coach's trailer.
6. **UWA Softball Complex:** At this time there is **no** phone access at the site. The nearest location is to send someone to call at the Student Union Building to use the phone, upstairs by the main entrance.
7. **Tartt Baseball Field:** Phone access is located in the Baseball Press Box, behind home plate or in the coaches' offices, 2nd floor above the 1st base dugout.
8. **Howard R. Vaughan Tennis Complex:** Phone access is located in the UWA Student Union building. The nearest phone is located just inside the side entrance, bottom floor, at the Fitness and Wellness desk.
9. **UWA Cross Country Clubhouse:** There is no phone located in the cross country coach's office. The nearest available land line is located at Tartt Baseball Field (see above #6) or at the Lake LU manager's office.

UNIVERSITY OF WEST ALABAMA ATHLETIC DEPARTMENT

Lightning Safety Policy

Lightning is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The Athletic Training staff has developed a lightning safety policy to minimize the risk of injury from a lightning strike to University of West Alabama athletes, coaches, support staff and fans. To monitor lightning the Athletic Training staff will utilize both the Flash-to-Bang Method and a Telvent (DTN) weather radar. Our policy is in accordance with the *2011 2012) NCAA Sports Medicine Handbook* regarding lightning safety.

GENERAL POLICY: A member of the Athletic Training Staff (certified or student staff) will monitor the weather and make the decision to notify the head coach or officials of dangerous situations and recommend the suspension of activity in the event of lightning. Exceptions will be made for any activity where an Athletic Training staff member is not in attendance, whereby the supervising coach will have the ability to suspend activity. The decision to suspend activity will be based on:

- ◆ Two subsequent readings on the Telvent (DTN) weather radar in the 8-20 mile range regardless of the presence of visible lightning. (This device is portable and will be in the possession of the athletic training staff member or supervising coach.) and/or
- ◆ Utilization of the **Flash-to-Bang Method** (Count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away, in miles, the lightning is occurring.) *2011-2012) NCAA Sports Medicine Handbook*. If it reveals lightning to be within 6 miles (a 30 second count between the flash of lightning and the bang of thunder) activity is to be suspended and everyone should seek shelter immediately.

PRIOR TO COMPETITION: A member of the Athletic Training staff and/or Athletic Director will greet the officials, explain that we have a means to monitor the lightning, and offer to notify the officials during the game if there is imminent danger from the lightning. The Athletic Director and game officials will then decide whether to discontinue play.

ANNOUNCEMENT OF SUSPENSION OF ACTIVITY: Once it is determined that there is danger of a lightning strike, the Athletic Training staff member will notify the head coach and/or official and subsequently immediately remove all athletes, coaches, and support staff from the playing field or practice area/facility.

EVACUATION OF THE PLAYING FIELD: Immediately following the announcement of suspension of activity all athletes, coaches, officials and support personnel are to evacuate to the nearest enclosed grounded structure.

OUTDOOR INSTRUCTIONS: If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees, a dry ditch without water, or seek a flat area (do not choose an open area where you will be the highest object). When there, crouch down wrapping your arms around your knees and lower your head to minimize contact with the ground and wait for the storm to pass. *(2011-2012) NCAA Sports Medicine Handbook)*

REMEMBER: an automobile, golf cart, or open shelter are not ideal shelters, but will offer you some protection from a lightning strike. Do not touch any metal structures directly after a lightning strike.

At UWA

- Soccer/Football Practice: Evacuate to the loading dock of Moon Hall (Physical Plant)
- Football/Soccer Game: Evacuate to the locker room in Homer Field House
- Softball Game or Practice: Evacuate to the dugouts (both teams)
- Baseball Game or Practice: Evacuate to the dugouts (both teams)
- Cross Country Race or Practice: Nearest suitable structure. (see above for outdoor instructions)
- Rodeo: Evacuate to the barn or nearest suitable structure (see above for outdoor instructions)
- Tennis: Evacuate to the UWA Student Union Building (both teams)

Away Events: All UWA athletic teams participating outdoors will travel with the Telvent (DTN) weather radar. A member of the Athletic Training staff will notify the host Athletic Training staff member and game officials before competition and explain that we have a means to monitor the lightning. We will offer to notify the officials during the game if there is imminent danger from the lightning. The UWA Athletic Training staff reserves the right to discontinue playing, in the event the game officials have not suspended play with the knowledge of inclement weather.

EVACUATION OF THE STANDS: During a competition, once the decision to suspend activity has been made, a representative of the athletic department will announce via the PA system:

1. Fans are advised to immediately seek shelter in the nearest enclosed, grounded shelter. (Football-Pruitt Hall, Armory, or vehicles, Softball-Student Union Building or vehicles, Baseball-vehicles, Rodeo-Barn or vehicles)
2. **REMEMBER:** an automobile, golf cart, or open-sided shelter may not protect you from a lightning strike so these are not adequate shelters.

RESUMPTION OF ACTIVITY: During practice, activity may resume under the following conditions. This decision will be based on:

- ◆ Thirty minutes AFTER the last lightning strike within an 8-20 mile range on the Telvent (DTN) weather radar.
- ◆ Thirty minutes AFTER the last lightning strike within a 6-mile range using the Flash-To-Bang method. During a game situation the activity will resume once the Athletic Director, Athletic Training staff member and officials have conferred and the above criteria have been met.

OTHER LIGHTNING SAFETY TIPS: *(2011-2012) NCAA Sports Medicine Handbook)*

1. There should be no contact with metal objects (bleachers, fences, golf clubs, bats)
2. Avoid single or tall trees, tall objects and standing in a group.
3. If there is no other shelter you may seek refuge in a hardtop vehicle. It is not the rubber tires that protect from lightning; it is the hard top metal roof that dissipates the lightning around the vehicle. Roll up the windows. Do not touch the sides of the vehicle
4. The existence of blue skies and/or absence of rain are not protection from lightning. Lightning can strike 10 miles from the rain shaft.
5. **DO NOT LIE FLAT ON THE GROUND**
6. Avoid using a land line telephone. Cell phones are a safe alternative if in a safe structure.
7. Avoid standing water and open fields
8. If in a forest, seek shelter in a low area under a thick grove of small trees.
9. **If you feel your skin tingling immediately crouch and grab your legs and tuck your head as described above to minimize your body's surface area.**

10. Persons who have been struck by lightning do not carry an electrical charge. Therefore, enact the EMS system and provide emergency care. CPR with an AED is what is most often required. If possible, move the victim to a safe location.
11. For additional information refer to the National Lightning Safety Institute at www.lightningsafety.com

DIRECTIONS FOR USING THE Telvent (DTN) RADAR & LIGHTNING DETECTOR.

1. Prior to practice or competition, monitor weather forecast via the Internet or by calling local agencies for up to date information.
2. Check for any National Weather Service-issued thunderstorm “watches” and “warnings”.
3. Monitor the weather for the following: sudden decrease in temperature, increase in air movement, sudden increase in humidity, visible dark clouds (though these do not have to be present for a lightning strike to occur)
4. Communicate with officials and/or head coach prior to activity about potential for bad weather and our monitoring system.
5. Locate the Telvent (DTN) Lightning/Storm Detector in an area removed from other electronic devices or machinery, which could cause a false triggering.
6. Telvent (DTN) works via the internet accessed via cell phone.
7. Telvent (DTN) will also notify Athletic Trainers via text messaging.
8. Telvent (DTN) will also be accessible on the Head Athletic Trainers’ Desk Top Computer
9. Upon lightning strike the Head Athletic Trainer or his/her designee will contact all Athletic Training Staff of a lightning threat in the area.
10. When lightning is within 20 miles, the game officials should be notified, if it is a game the tarp should be placed at that time.
11. Activity will be suspended when:
 - A. Telvent (DTN) registers 2 consecutive lightning strokes within the 8-20 mile range
 - B. The Flash/Bang Method reveals lightning within a 6 mile range (30 second or less count between the flash of lightning and the bang of thunder)
12. Once you have determined that there is imminent danger of a lightning strike, communicate to the head coach and/or head official.
13. Evacuate the field and stands to an enclosed-grounded building. REMEMBER, a golf cart, automobile, or open shelter does not provide protection from a lightning strike. If there is no available shelter IE, cross-country, each individual should seek an area that is flat and in the open. Crouch down wrapping your arms around your knees and remain in that position until the danger of lightning has passed.
14. Activity may be resumed only IF the danger of a lightning strike is no longer present and no lightning strikes have occurred within the 20 mile range in 30 minutes. This decision to resume activity is to be made by a member of the Athletic Training Staff, Athletic Director, or Head Official.

FLASH-to-BANG Lightning Detection Method

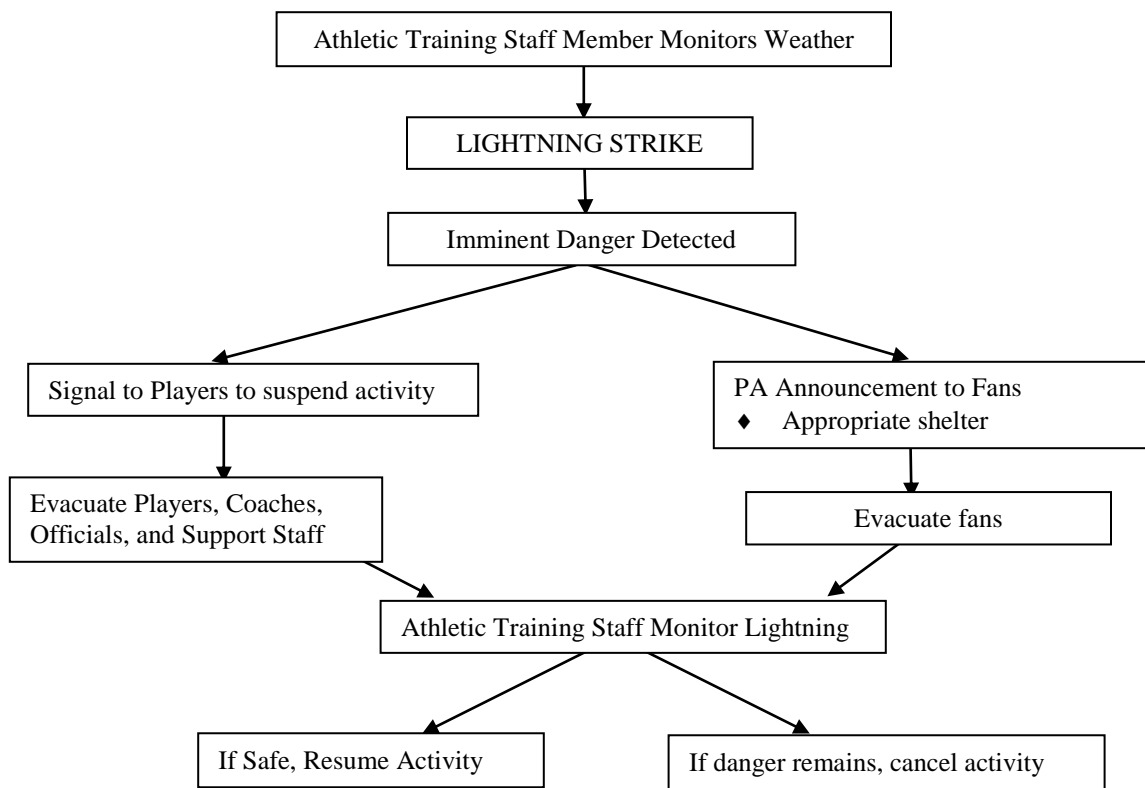
This method of lightning detection should be used in conjunction with the Telvent (DTN) radar system.

1. Prior to practice or competition, monitor weather forecast to include calling local agencies for up to date information.
2. Watch for the flash of lightning.
3. Begin to count (one one thousand, two one thousand)
4. Stop counting when you hear the bang of thunder.
5. Take this number and divide by 5. This will give you an approximation of how far away the lightning is (5 seconds = 1 mile). EXAMPLE: You see a flash of lightning and you begin to count. You reach 45 before you hear the bang of thunder. $45 \div 5 = 9$. The lightning would be approximately 9 miles away. Using this method you would suspend activity with lightning at or within 6 miles.
6. Activity is resumed with the permission of a member of the Athletic Training Staff 30 minutes after the last lightning detected at or within 6 miles.

SCRIPT FOR CONVERSATION WITH OFFICIAL

Hello, my name is _____. I am a member of the University of West Alabama Athletic Training Staff. I would like to speak with you regarding our lightning safety procedures. On site we have a lightning detector which I will use to monitor lightning. In accordance to NCAA recommendations, lightning detected within 8-20 miles is considered to pose an imminent threat. Per UWA's lightning safety policy, when the lightning detector reveals 2 consecutive strikes within the 8-20 mile range OR the flash/bang method reveals lightning less than 6 miles we strongly recommend suspending activity until the danger of a lightning strike has passed. We have a communication system to inform all participants and any fans.

Chain of Action for Lightning Emergencies



Lightning Detection Procedures for Athletes during Non Supervised Activities

Examples: athletes using facilities in the off season, or outside of regular practice hours

Lightning is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The safest measure to take is to proceed indoors whenever you see thunderclouds forming and remain until the storm passes. Just because you can not see lightning does not mean you are not at risk if you are outdoors. Other warning signs of impending bad weather include: sudden decrease in temperature, sudden change in humidity, increase in air movement, and visible dark storm clouds (though these are not always present during a lightning strike). The Athletic Training staff has a lightning detection policy in place for practices and games; however, we are aware that athletes often use UWA’s athletic facilities when there is no supervision by the coaches. In the event athletes are using the facilities without supervision, the Athletic Training staff would like to educate you and encourage you to use FLASH-to-BANG method to monitor the proximity of the lightning. THE FLASH-to-BANG Method is an approximation of the distance of the lightning NO METHOD OF LIGHTNING DETECTION CAN DETECT EVERY STRIKE.

The Flash-bang method of lightning detection:

1. Auditory: Flash-to-Bang Theory

To use this method, count the seconds from the time the lightning “flash” is sighted to when the clap of thunder “bang” is heard. Divide this number by five to obtain how far away (in miles) the lightning is occurring. For example, if fifteen seconds are counted between seeing the “flash” and hearing the “bang”, fifteen divided by five equals three. Therefore, the lightning flash is approximately three miles away.

- ◆ Each five seconds equal one mile
- ◆ If the time between seeing the “flash” and hearing the “bang” is between 15-30 seconds (3-6 miles), teams should take precautions and seek shelter.

*The National Severe Storms Laboratory recommends that by the time the spotter obtains a “flash-to-bang” count of fifteen seconds, all individuals should have left the athletic site and reached “safe shelter”.

PA ANNOUNCEMENT DURING INCLEMENT WEATHER

May I have your attention? We have been notified of approaching inclement weather. Activity will cease until we have determined it is safe and the risk of lightning is diminished. We advise you to seek shelter in the following areas:

AT UWA:

1. Football/Soccer Game: Evacuate to Pruitt Hall Gymnasium, the armory, or your vehicle
2. Softball Game: Evacuate to the Student Union Building or your vehicle

3. Baseball Game: Evacuate to your vehicle
4. Cross Country Race: Suitable Structure, ditch without water, group of trees, your vehicle, etc.
5. Rodeo: Evacuate to the Rodeo Barn or your vehicle
6. Tennis: Evacuate to the Student Union Building or your vehicle

Though protection from lightning is not guaranteed, you may seek shelter in an automobile.

Thank you for your cooperation.

COMPLIANCE STATEMENT FOR ALL ATHLETIC DEPARTMENT PERSONNEL

As a member of the University of West Alabama Athletic Department, I attest that I have read, understand, and will adhere to the University of West Alabama Athletic Department Lightning Safety policy.

Signature of staff member

Date

Witness signature

Date

AED Policy

Due to recent events where athletes have died as a result of sudden cardiac death, the University of West Alabama now has two automated external defibrillators (AED's) for use in varsity athletics. The brand of AED's we have are the Zoll AED Plus and the Phillips Heartstart. The technical support for the Zoll unit is through SEMA, Inc. Medical Equipment and Supplies from whom we purchased the device. The technical support for the Heartstart unit is through Lifeguard Medical Solutions from whom we purchased this device

Authorized AED Users:

The AED's are very user friendly and can be used by any staff athletic trainer, first responder, athletic training student, coach, or athletic department administration certified in CPR/AED usage by either the American Red Cross or American Heart which is required on an annual basis for the athletic department coaching staff (see Coaches CPR/AED training policy). EMT or higher certification also meets the criteria for usage (reminder any person who renders emergency care or treatment of a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible per the guidelines for CPR/AED certification): Annual certification by either the American Red Cross or American Heart Association is required by all athletic department personnel. Documentation of annual certification is maintained by the ATEP program director.

Following is the guidelines for usage by an AED certified staff member. Of note, remember the highest risk group we will deal with is probably the fan in the bleachers. Be prepared for a spectator to go into cardiac arrest and do not hesitate to use our AED on a spectator.

Medical Control:

The medical advisor of the AED program is William R. Simpkins, M.D.

The medical advisor of the AED program is responsible for:

- Writing a prescription for AEDs
- Reviewing and approving guidelines for emergency procedures related to use of AEDs and CPR

Athletic Department Guidelines:

- ❖ When the AED is not in use at an athletic event or practice one AED will be stored in the Head/Assistant Athletic Trainer's Office (JPH 220); the second will be stored in the Pruitt Hall Athletic Training Facility (PH 32).
- ❖ The location of other AED's on campus is as follows: Webb Hall, Room 102, and Brock Hall, Room 102.
- ❖ Have the AED on site at each athletic facility or practice venue (currently, due to the fact that we only have two, this is not possible). The Director of Athletic Training & Sports Medicine, Head Athletic Trainer, or the Assistant Athletic Trainers will determine the designation of the AED. The Director of Athletics will also be informed of the venue location of the AED. When selecting the site of the AED, the following must be taken into consideration:
 - Whether the sport is High Risk or Low Risk as denoted by the NCAA (high risk sports should have precedent over low risk sports). At UWA, football, rodeo, and men & women's basketball are the highest risk sports, followed by volleyball, baseball & softball. The lowest risk sports are men & women's cross-country and men & women's tennis.
 - The total number of participants and/or fans at the specific venues
 - All home contests will supersede practices, unless EMS is on site. If EMS is on site and activity is going on at another site (football and volleyball concurrently for example), our AED should be at the non-EMS covered site.
 - When there are multiple sites the most centralized site should be chosen, all athletic trainers or first responders at the other sites are informed of this and have the ability to contact the site person (by land line or cellular phone) with the AED where it can be easily moved to another site quickly if an emergency arises.
 - Remember Title IX; women have an equal right to all athletic medical equipment. When deciding on location, do not locate the AED at the male site always. Use the above criteria for decision-making, not gender.
- ❖ When an emergency arises and the AED is on site, it should be easily attainable from the emergency equipment location at each site.
- ❖ When it is determined by following the primary survey of standard first aid (responsiveness, breathing, circulation) that a cardiac emergency is taking place, the AED should be used only after enacting the EMS system. Another athletic training staff member, coach, athlete, or bystander can perform this action.
- ❖ After EMS is enacted, position supine, open airway, begins rescue breathing, and applies chest compressions in the correct sequence until the AED is in place.
- ❖ Apply the pads to the bare chest of the athlete in the fashion described on the pads or on the cover of the AED.
- ❖ Turn the AED on by pressing the on button
- ❖ Clear everyone from touching the victim to allow the AED to monitor the heart rhythm, Make sure the victim is not lying in water.
- ❖ After rhythm analysis is completed follow instructions of AED to deliver shock, begin CPR, or monitor vitals until EMS arrives (again make sure nobody is touching the victim when shock is to be delivered).

Medical Response Documentation:

Internal Post Event Documentation: It is important to document each use of the medical emergency response system.

- An incident report form shall be completed by the individual responding to any incident requiring use of an AED. The form should be forwarded to the head athletic trainer or supervising staff athletic trainer.
- The report should then be maintained in the student-athletes medical file.
- If the incident occurs to a spectator or is use on a non-athletic patient, a incident should be filed with the ATEP program director and once approved and signed by the department head, should be forwarded to the Coordinator of Environmental Safety.

Equipment Maintenance:

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:

- The facility phone operator shall be informed of changes in availability of emergency medical response equipment. If equipment is withdrawn from service, the operator shall be informed and then notified when equipment is returned to service.
- The University of West Alabama AED Policy Program Coordinator of shall be responsible for informing response teams of changes to availability of emergency medical equipment.
- The University of West Alabama AED Policy Program Coordinator shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- The University of West Alabama AED Policy program Coordinator shall notify the local emergency communications center or dispatch center of the existing location and type of AED

Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required.

Remember the AED is a fragile device. Care should be used when handling the AED. It should not be dropped, shaken, or stored where it could get wet or exposed to extreme heat. There is also a battery check on the exterior that should be checked periodically. As long as there is not an X in the window the batteries are charged.

Replacement batteries are eight (8) Type 123 Lithium batteries.

Athletic Site Determination

Priority for AED usage will be based on the following conditions:

- Competition/Scrimmage has priority over practice.
- Home games have priority over away games.
- Team priority:

1. Football	5. Soccer	9. Volleyball
2. Men’s Basketball	6. Baseball	10. Tennis
3. Women’s Basketball	7. Softball	11. Cheerleading
4. Rodeo	8. Cross Country	

Parameters used to determine priority include:

- Sudden cardiac death (SCD) occurs in male athletes more than female athletes.
- SCD occurs in black athletes more than any other race of athletes.
- Men’s basketball has the highest reports of SCD followed closely by football.
- Blunt injuries to the chest can cause ventricular fibrillation.

Monthly System Check:

Once each calendar month, The University of West Alabama AED Policy Program Coordinator or his/her designee shall conduct and document a system check. These records shall be retained in the office of The University of West Alabama AED Policy Program Coordinator. This check shall include review of the following elements:

- Phone operator checklist availability
- AED battery life
- AED operation and status

Approvals:

Medical Director:

Printed Name
Date

Signature

The University of West Alabama AED Policy Program Coordinator:

Printed Name
Date

Signature

Hours of normal operation of key personnel

The UWA Athletic Training & Sports Medicine Center is open in the Fall Semester from 6:30am until 6:30pm, Monday through Friday. During the Spring Semester, the athletic training facility will be open from 7:00am until 5:30pm. Additionally, the athletic training facility will be open from 8:00am until 10:00am every Saturday during the Fall Semester. Regular treatment times for UWA athletes will be from 6:30am until 8:00am in the fall, 1:00pm until 3:00pm, and 5:00pm until 6:30pm. In the spring, the times will be from 7:00am until 8:00am, 1:00pm until 5:30pm. Any other treatment time for UWA athletes will be scheduled at the discretion of the attending athletic trainers.

Dr. William R. Simpkins, Local Team Physician, will be open Monday through Friday from 9:00am until 12:00 and 3:00 pm until 5:00pm, except on Wednesday and Friday when his office closes at noon. Any need of an athlete to see the physician will be handled through the athletic trainers and referred to Dr. Simpkins. Usually, clinic for all university students is from 12:00pm until 12:30pm at his office.

Andrews Sports Medicine and Orthopaedic Center is open Monday through Friday from 9:00am until 5:00pm. Arrangements for visits with any of the physicians will also be made through the athletic trainers.

The physician's clinic provided by the Andrews Sports Medicine and Orthopaedic Center will be performed by Dr. Lyle Cain and the fellows of Dr. James R. Andrews and Dr. Cain. The clinic will be on every Wednesday during the Fall Semester from 9:00am until 11:00am. During the Spring Semester, clinic will be on every other Wednesday from 9:00am until 11:00pm. All athletes with injuries or injury follow-up will be scheduled during these times for evaluation.

Therapeutic Modalities & Rehabilitation equipment available for use

The James P. Homer Athletic Training Facility has a wide variety of therapeutic modalities and rehabilitation equipment. The Pruitt Hall Athletic Training Facility has a limited amount of therapeutic modalities and rehabilitation equipment. Due to the proximity of the two facilities, when there is a need for a specific therapeutic modality or piece of rehabilitation equipment in the Pruitt Hall Athletic Training Facility it is moved from the James P. Homer Athletic Training Facility and returned after usage.

Therapeutic Modalities located in James P. Homer Athletic Training Facility

- Ice Machines (2)
- Eiden Galvanic Stimulator (1)
- Ice Storage Bin (1)
- Ice Cups
- Paraffin Bath
- Portable TENS unit (1)
- Shortwave Diathermy (1)
- Portable EMS unit (1)
- EMG Biofeedback unit (1)
- Whirlpools (2)
- Portable Cervical Traction Unit (3)
- Jobst Intermittent Compression Unit (1)
- Aircast Cryocuff compression dressing with attachments (3)
- Mettler Interferential 220 stimulator (2)
- Chattanooga Intellect VMS II (1)
- Mettler Sonicator 720 Ultrasound (1)
- Chattanooga Intellect Legend Ultrasound (1)
- Game Ready Cryotherapy System (2)
- Hydrocollator Moist Heat Unit with moist steam packs, standard and cervical
- (1)One Freezer containing various commercial cryotherapy packs
- Chattanooga Intellect Legend XT Combo Ultrasound/Electrical Stimulation Unit

Therapeutic Modalities located in Pruitt Hall Athletic Training Facility

- Portable Hydrocollator Moist Heat Unit with moist steam packs, standard and cervical (1)

Rehabilitation Equipment located in James P. Homer Athletic Training Facility

- Stationary Bikes (3)
- Swedish Exercise Ball (1)
- Shoulder Pulley Systems (3)
- Upper Body Ergometer (1)
- Step Up Block (2)
- TKE board (1)
- Pro Fitter (1)
- ROM T-bars (6)
- Elliptical Exercise Machine
- Proprioception Boards (3)
- Weighted Medicine Balls (3)
- Treadmill
- Balance Boards (4)
- Elevation Pillows (3)
- Trampoline (1)
- Power Webs (2)
- BAPS Board (1)
- Toss Back Trampoline with weighted exercise balls (1)
- Assorted Cuff Weights (.5-10lb) with rack
- Cuff Link for shoulder proprioception (1)
- Slide Board (2)
- Heel Cord Boards (6)
- Foam Rolls (3)
- Assorted Thera-band & Thera-tubing
- Rehab Tree with Thera-tubing attachments (1)

Rehabilitation Equipment located in Pruitt Hall Athletic Training Facility

- Stationary Bike (1)
- Cybex Orthotron Isokinetic Machine (1)
- Heel Cord Boards (2)

Emergency equipment available for use

List of first aid and emergency equipment in each athletic training facility

Baseball Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

Softball Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

Homer Field House Athletic Training Facility

- Biohazard Containers
- Scissors
- Cervical Collars
- CPR Masks
- Crutches
- Elastic Bandages
- Emergency Information
- Eye Kit
- Gloves
- Glucose
- Ice
- Immobilizers
- Insurance Sheets
- IV Kits
- Neurological Hammer
- Pen Lights
- Phones
- Wound Care Supplies (band aids, gauze, topical antibiotics)
- Sphygmomanometer
- Spine Board
- Splints (All)
- Individual Medical Information
- Suture Kit
- Thermometer
- Tooth Kit
- Walkie Talkie
- Stethoscope

Pruitt Athletic Training Facility

- Biohazard Containers
- Scissors
- Cervical Collars
- CPR Masks
- Crutches
- Elastic Bandages
- Emergency Information
- Eye Kit
- Gloves
- Wound Care Supplies (band aids, gauze, topical antibiotics)
- Glucose
- Ice
- Immobilizers
- Insurance Cards
- IV Kits
- Neurological Hammer
- Pen Lights
- Phones
- Insurance Sheets
- Sphygmomanometer
- Spine Board
- Splints (All)
- Stethoscope
- Suture Kit
- Thermometer
- Tooth Kit
- Walkie Talkie
- Individual Medical Information

Rodeo Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

Howard R. Vaughan Tennis Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

Soccer Practice Field

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

When EMS is on site

The City of Livingston Ambulance Service will be on site during all UWA home football games. Additionally, they will be present during all sanctioned UWA rodeo events (athletic and fund-raising).

Coaches First Aid/CPR training

All head coaches, assistants, and graduate assistant will be required to become certified in American Red Cross First Aid & CPR. They must be certified during the Summer Semester prior to the start of the Fall Semester. Courses will be offered in July and August by the ARC certified instructors at the University. Recertification for currently certified coaches will also be given at these times.

Currently, we have four certified instructors on staff. It is encouraged for any coach interested in becoming an instructor to contact The Tuscaloosa County Chapter of the American Red Cross for the scheduling of an instructor course.

Insurance info and medical history will be in all athletic training kits both home and away

Each athletic training student assigned to work a varsity athletic sport is required to carry a copy of each individual athlete's insurance and medical information with them to practices and events both home and away. Also, each student will take a listing of all pertinent numbers to contact in case of emergency.

Football will always have a copy of the medical information and insurance of each student athlete permanently stored in the white travel trunk with easy access for all to acquire if necessary.

The cheerleaders sponsor, coach, or supervisor will also carry a copy of their insurance and medical information with them when they are traveling or attending events without the accompaniment of a UWA student or staff athletic trainer.

Who is notified when a catastrophic event occurs: administrator, parents, coach

Whenever a catastrophic accident, emergency situation, severe or fatal injury occurs, the attending staff athletic trainer will contact the following parties, in the following order: Other athletic training staff members, the athletic director, head coach of that sport, and the parent or guardian noted as the emergency contact on the student-athlete's medical information.

If the attending athletic trainer is a graduate assistant, they should first contact the head athletic trainer or the director of sports medicine. If they are unable to reach either one of these people, they should contact one of the assistant athletic trainers. Following contact with one of the athletic training staff members, they should be ready to follow any instruction deemed important by the attending staff member.

Keys to all athletic gates and who needs one

In case of emergency at a location with the potential for locked gates, a single person, denoted by the athletic director, will be responsible for having access to a key to unlock any gate or door that may hinder the prompt emergency care of a student athlete. This representative must be someone who is available at all times at each of these venues (usually the head or assistant coach).

Certified Athletic Trainer availability

A certified member of the athletic training staff (usually two) will always be present at all home and away UWA football practices, games, travel, and required out of season activities except weight lifting. During weight lifting a certified staff member will be on duty in the athletic training facility directly up stairs from the weight room.

A certified athletic trainer will be on duty in the athletic training facility from 7:00am until ~5:00pm each day throughout the fall and spring semesters. Additionally, a certified athletic trainer will be at all practices of the following sports throughout each week: fall volleyball, baseball, softball, men and women's basketball, and rodeo. For other sports, practices will be supervised by a certified athletic trainer on most occasions. Whenever the event is unsupervised by a certified athletic trainer, there will be a staff certified athletic trainer on call if an emergency arises.

Also, there will always be a certified member of the athletic training staff at all home contests, whatever the sport.

Physician availability

Dr. William R. Simpkins, family practice team physician, will be available on Monday, Tuesday, and Thursday from 9:00am-12:00pm and 3:00-5:00pm, and on Wednesday and Friday from 9:00am until 12:00pm for referral of our athletes. He is also available to reach by phone at home at any time not specified by the above times.

Our Medical Director, Dr. Lyle Cain, and our other team orthopaedists, as well as fellows of Dr. James R. Andrews and Dr. Cain, will be available for patient evaluation and follow-up on each Wednesday of the fall semester and every other Wednesday of the spring semester from 9:00-11:00am. Additionally, they will be in attendance at all home and away football contests. One of the fellows will also be in attendance at our home rodeo contests.

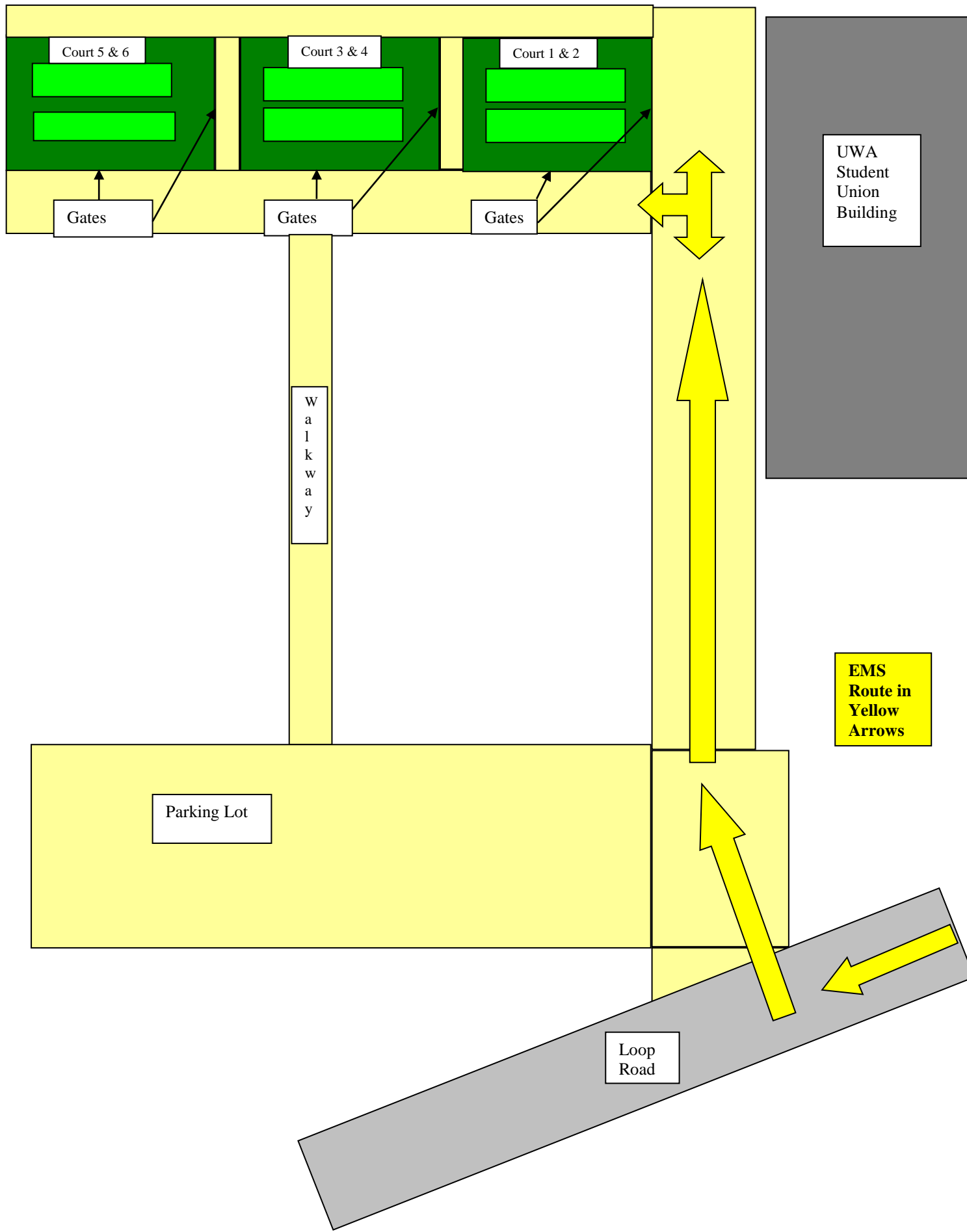
Dr. James R. Andrews and Dr. Lyle Cain will be available for referral and evaluation at Alabama Sports Medicine & Orthopaedic Center at St. Vincent's Hospital in Birmingham, AL on Monday through Friday from 9:00am until 5:00pm.

In an emergency situation, an athlete can be transported to either Hill Hospital in York, AL, Jeff Anderson Regional Medical Center or Rush Foundation Hospital, all of Meridian, MS.

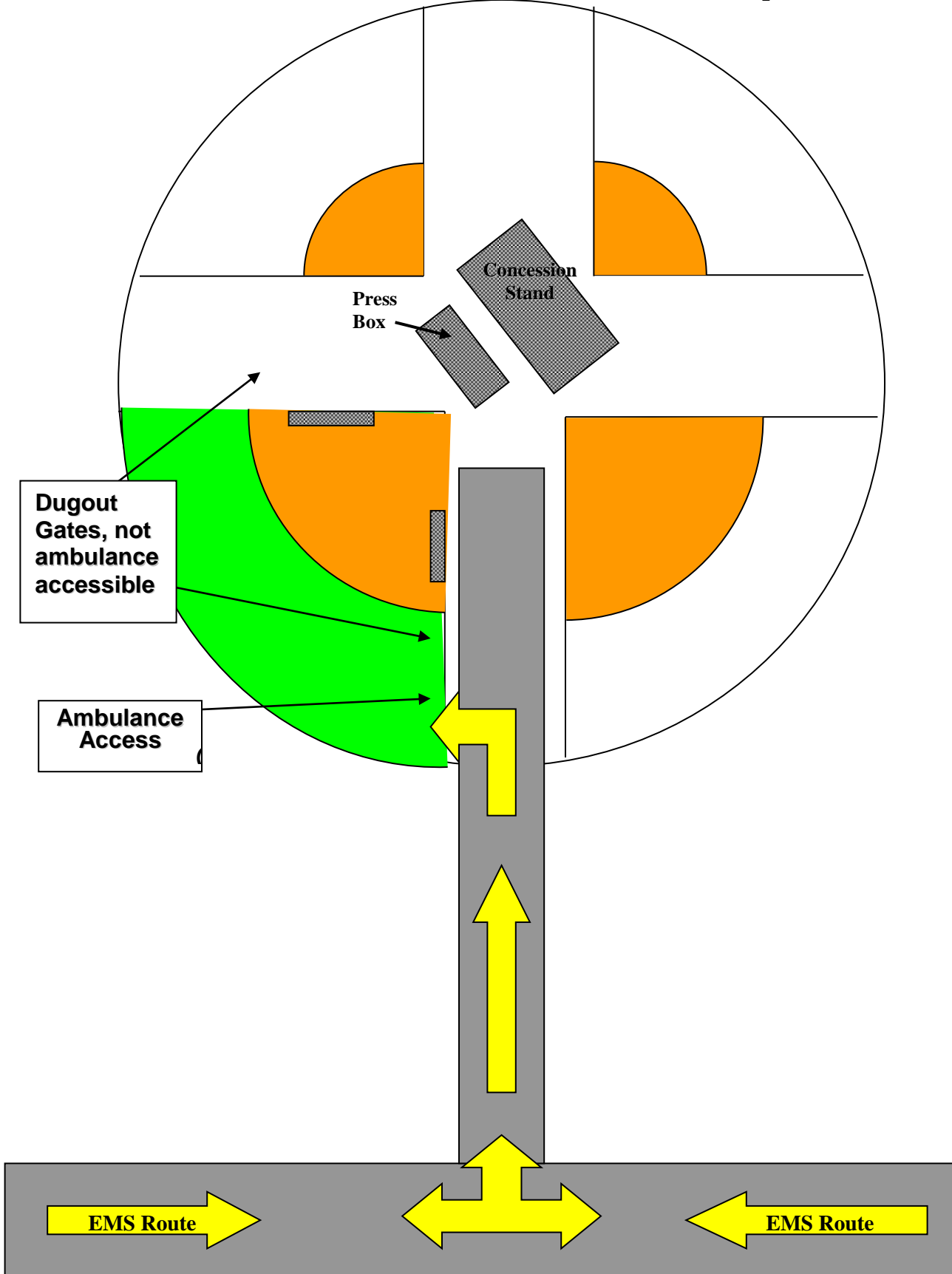
On occasion, an athlete may be transported to DCH Regional Medical Center in Tuscaloosa, AL or St. Vincent's Hospital in Birmingham, AL.

All dental emergencies will be referred to, Dr. Darrell Hoggle, of Livingston, AL for evaluation. His office will be open from 9:00am until 4:30pm Monday-Thursday. He can also be reached at home for any referral outside of his regular office hours.

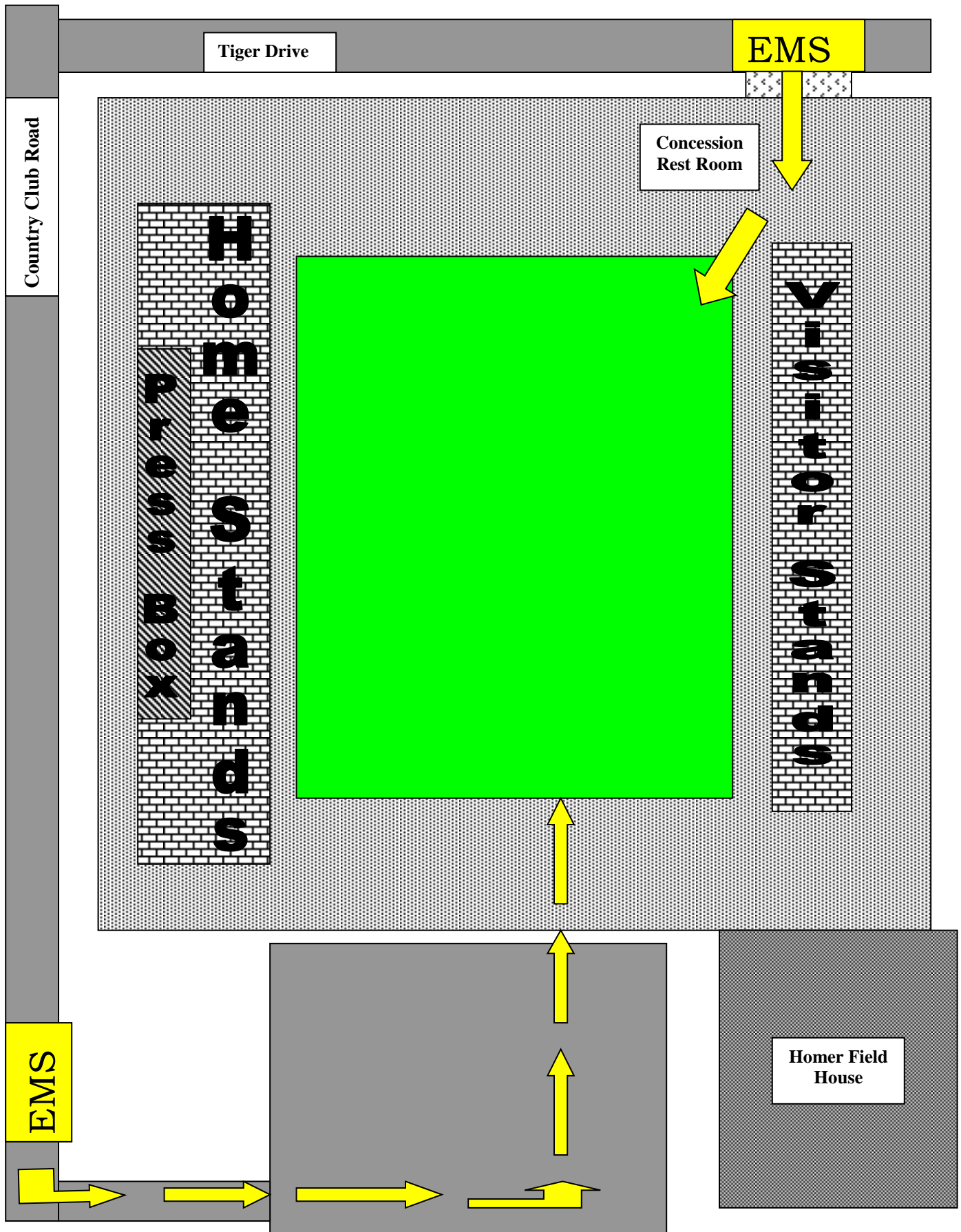
EMS Access & Route to the Tennis Complex



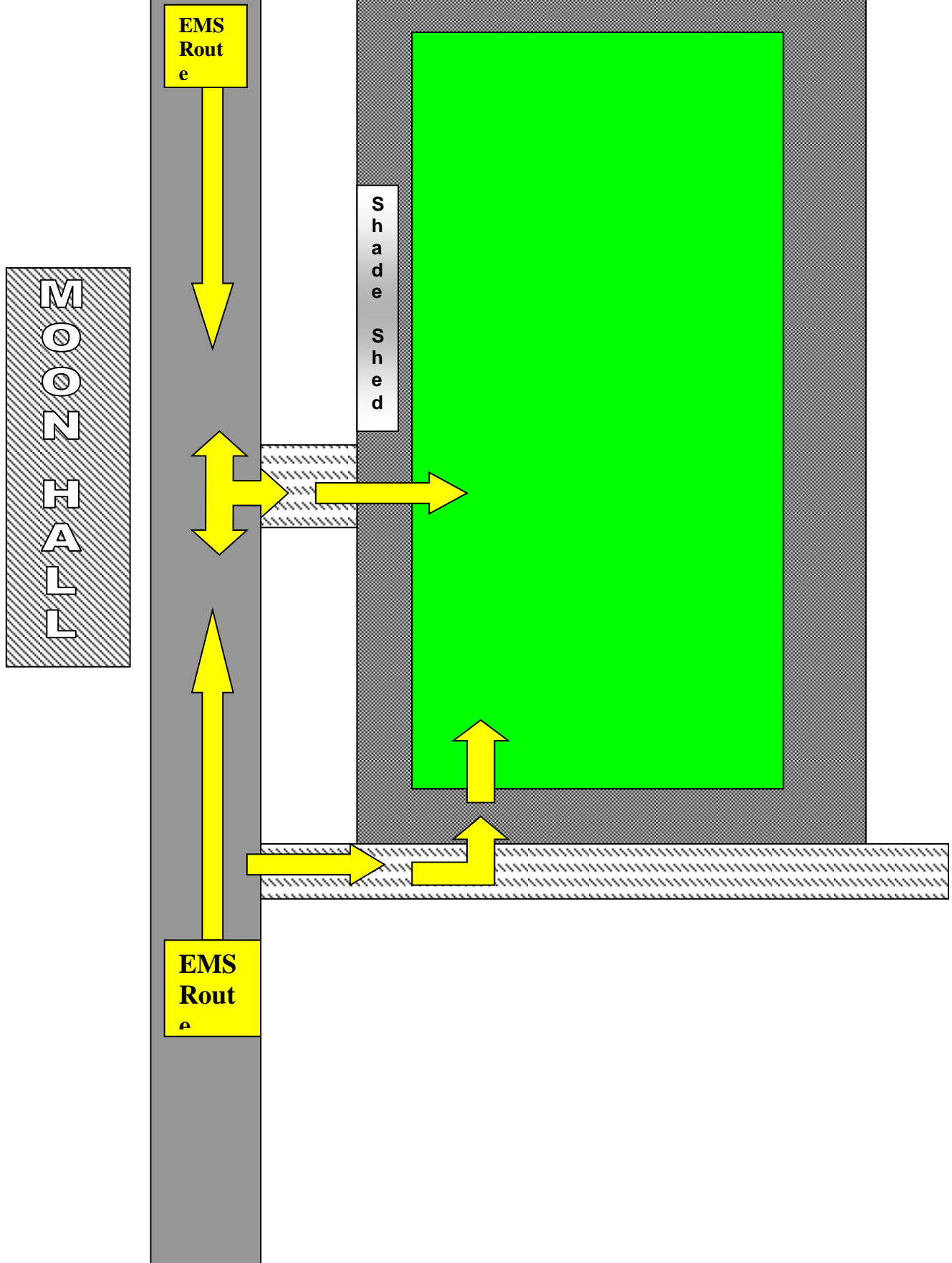
EMS Access & Routes to the Softball Complex



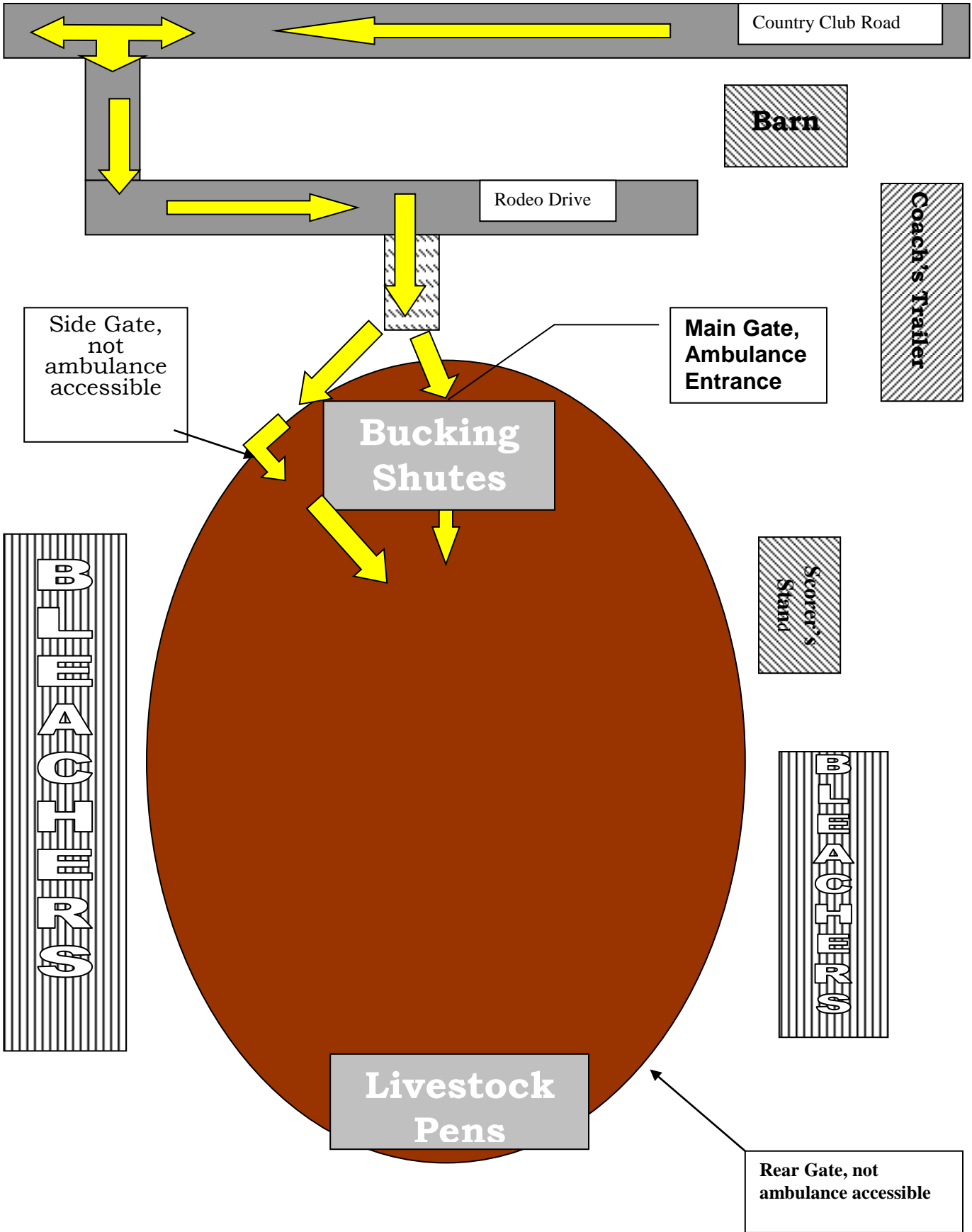
Plan for Access to Tiger Football Stadium



EMS Route for Football Practice Field



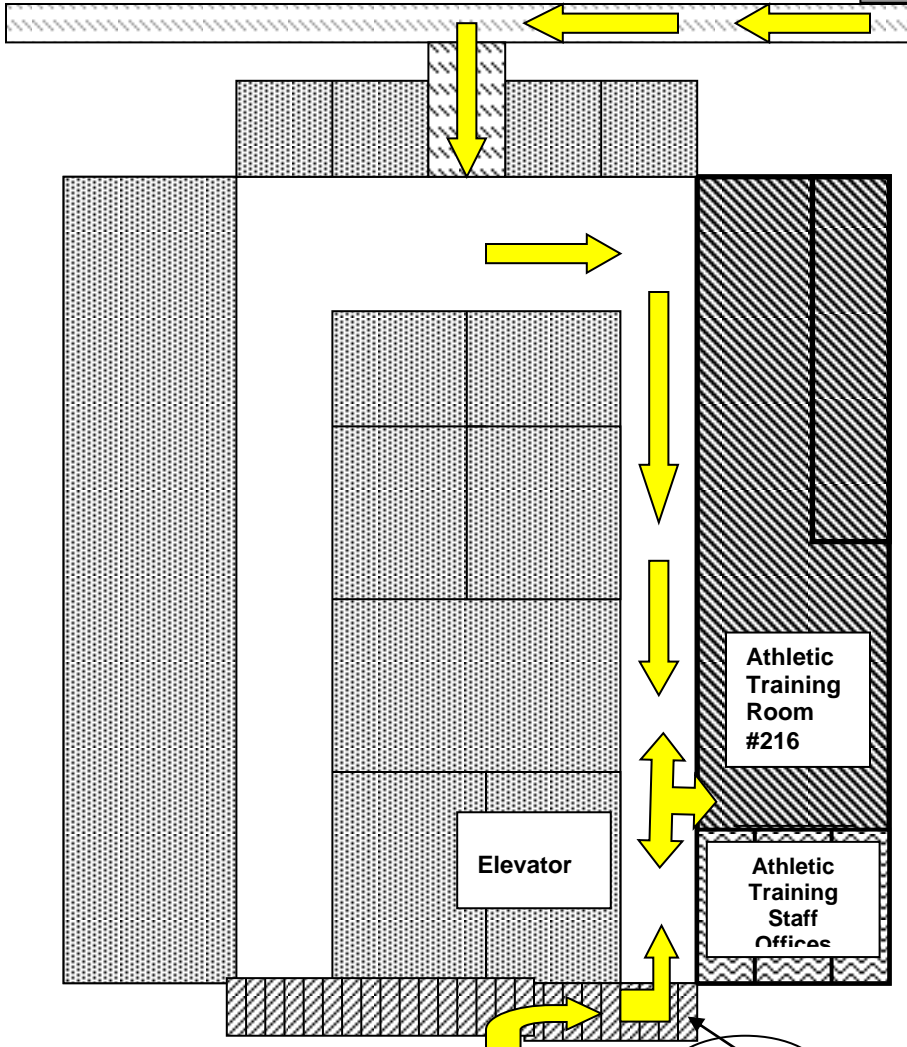
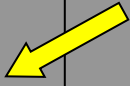
EMS Route for Don C. Hines Rodeo Arena



Floor Plan of Second Floor of James P. Homer Field House with EMS Access

EMS

Pruitt Hall Parking Lot



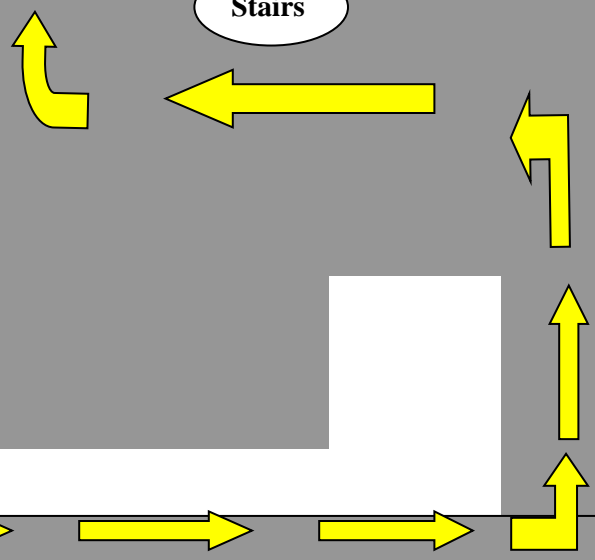
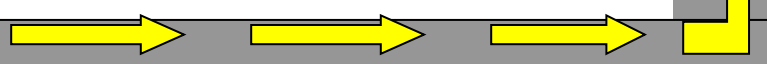
The elevator has access from a door under the stairs on the first floor and can also be used in the case of an emergency.

Stairs

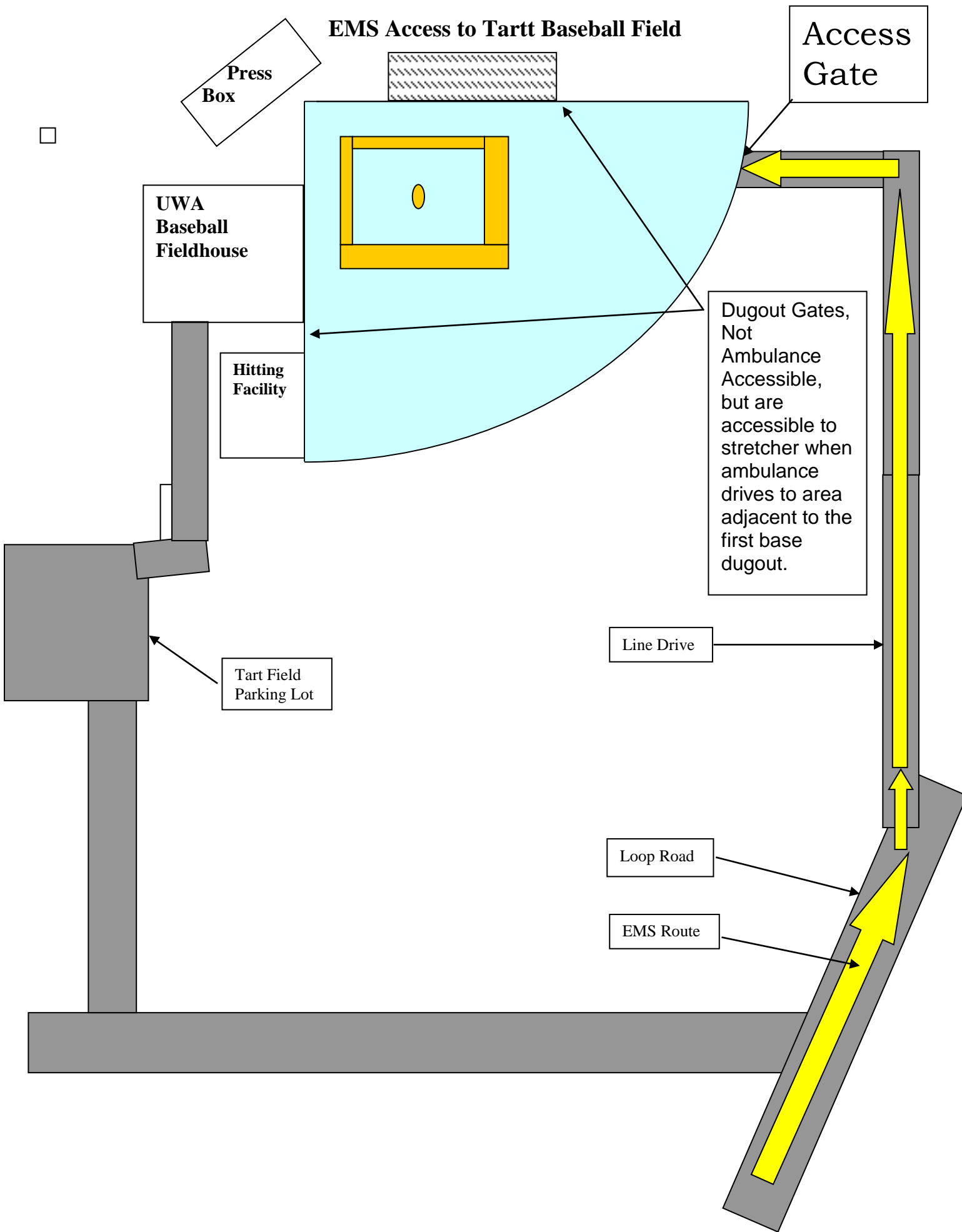
Parking Lot

Country Club Road

EMS



EMS Access to Tartt Baseball Field



Access Gate

Press Box

UWA Baseball Fieldhouse

Hitting Facility

Dugout Gates, Not Ambulance Accessible, but are accessible to stretcher when ambulance drives to area adjacent to the first base dugout.

Line Drive

Tart Field Parking Lot

Loop Road

EMS Route

EMS Route for Nelson Hughes Gymnasium

