I. Medical Eligibility

*No student will be allowed to participate in any competition or activity of any athletic club until the following are complete:*

**Undergraduate Student Participants**

-A Student Health Center physical examination form must be completed by the student’s personal physician and on file at the Student Health Center upon college entrance. This physical must be dated within one year of the first day of the semester of initial club participation. If it is more than 1 year, the student must receive a new physical examination at their own expense and present to the Athletic Trainer for Club Sports (ATCS) for approval. The physical examination form must have the unlimited status marked by the physician as qualified for all athletic activity. This form is part of college’s undergraduate admission requirement and is administered and filed through the Student Health Center. The ATCS is responsible to annually verify that the form has been completed and on file in the Student Health Center. The *Canisius College Verification of Injury Incidence and Insurance Form* (see attached) shall be completed annually by each participant before any participation (practice or competition). This form contains an area for verification of the unlimited status from most recent physical examination for each club participant as well as proof of current primary medical insurance, which is required for participation. In addition, the *Canisius College Athletic Clubs Annual Medical Update* (attached) must be completed annually. This form is to be completed by each participant and must be reviewed and approved by either the ATCS or the Director of Sport Medicine. Any reported medical or health issues, which may adversely affect safe participation in Club Sports, shall be addressed and referred to appropriate
medical professionals for consultation and clearance for athletic participation. Cost for referral may be the responsibility of the Club participant. The ATCS and Director of Sports Medicine, in consultation with referred medical professionals have the final decision in clearance for athletic participation.

**Graduate Student Participants**
- The Student Health Center physical examination is not required of graduate students for college attendance. Graduate students wishing to play a club sport must arrange for a complete physical examination at their own expense and have the examining physician complete the physical examination form used for undergraduates. The completed physical must be submitted to the ATCS for clearance for sports participation. In addition, the **Canisius College Verification of Injury Incidence and Insurance Form** and **Canisius College Athletic Clubs Annual Medical Update (attached)** must be completed annually. These forms are to be completed by each participant and must be reviewed and approved by either the ATCS or the Director of Sport Medicine. Any reported medical or health issues, which may adversely affect safe participation in Club Sports, shall be addressed and referred to appropriate medical professionals for consultation and clearance for athletic participation. Cost for referral may be the responsibility of the Club participant. The ATCS and Director of Sports Medicine, in consultation with referred medical professionals have the final decision in clearance for athletic participation.

**II. Injury Procedures**
The following procedures must be followed in the event of injury on campus, and are outlined on the attached **“Canisius College Athletic Training Procedures”**.

1. The ATCS shall render first aid and emergency care to injured Club Sport participants when present at scheduled home contests and during scheduled clinics. Coaches and/or Safety Officers shall render first aid and emergency care to injured Club Sport participants at practices and home competitions in sports competitions in sports not covered by the ATCS. All injuries should be reported and referred to the ATCS for further evaluation and follow-up care.

2. Athletes who may be injured should not be moved until the extent of the injury has been carefully evaluated. Call Public Safety at ext. 2330 or 711 if the injury occurred on campus. Public Safety will arrange to transport to the Emergency Room. Public Safety will also arrange for ambulance transport if needed. Off-campus Emergencies shall use 911 protocol.

3. All on-campus and local Emergency referrals for athletic injury shall be referred to a local Emergency Room and stated that they are a patient of Keith Stube, MD at the WNY Knee and Orthopedic Surgery PC.
4. A copy of participant’s insurance primary insurance and secondary insurance (in the case of injury) shall accompany them in any Emergency Room referrals.

5. In the event of emergency room visit or hospitalization, the ATCS and Director of Club Sports shall be called by the coach or Safety Officer. The coach or Safety Officer shall insure notification of parents or emergency contacts of hospital transport. The Department of Public Safety shall be called after hours in on-campus emergencies. This insures initiation of the *Emergency Procedures for After Hours*, which is published through the Dean of Students Office annually. Initiation of this policy is paramount in the contact of Residence Life, the Dean of Students, Campus Ministry and the student’s parents.

6. In the event of emergency room visit or hospitalization, the coach or Safety Officer must complete a Canisius College Incident Report (attached) and submit to the ATCS or Director of Club Sports within 24 hour of incident.

7. In the event of surgery, hospitalization or a MD visit arising from injury/illness, the attending physician will be the sole judge as to when the athlete will be released. A written release for athletic participation must be on file with the ATCS before return to activity.

8. For minor/ non-emergency injuries, athletes should be advised to report the incident the ATCS as soon as possible after injury. The ATCS will arrange follow-up care as indicated and update the student's health record.

9. The ATCS shall schedule weekly clinic times for Club Sport participants in the Center for Athletic Training during scheduled class days. The ATCS will provide initial evaluation, treatment plans, rehabilitation protocols and assist in medical referral as appropriate. ATCS referred orthopedic injury shall initially be referred to Keith Stube, MD as well.

10. In the event of possible concussion incident. The participant SHALL be removed from all physical activity the day of injury and may not return to play until evaluate by the ATCS and when deemed appropriate, referred for evaluation by an MD adept at concussion management. Participants diagnosed with concussion may not participate in ANY athletic activity until cleared by the referring physician and the ATCS.

Coaches and Safety Officers who are Certified in CPR, First Aid and OSHA Bloodborne Pathogen Training are responsible for initiation of care. Based upon the seriousness of the injury, the following procedures should be followed:

**ALL BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS MUST BE TREATED WITH UNIVERSAL PRECAUTIONS**
Minor Injuries (cuts, scratches, contusions, nosebleeds, etc.)
First Aid Certified Coaches/Safety Officers or ATCS can apply basic first aid under these circumstances.

Serious Injuries (fractures, dislocations, head, internal organ, breath stoppage or difficulties, severe bleeding, etc.)
1. Do not attempt to move the victim!!
2. Call 711 (on-campus) and inform Public Safety of your needs for Emergency Medical Services. Off-campus or if necessary, call 911 and make this request.
3. In the event breathing has stopped, establish an open airway and apply appropriate action as per CPR/AED certification.
4. Leave the injured victim in the EXACT POSITION you found him or her unless the condition appears life threatening and the victim must be moved to in order to perform CPR or Rescue Breathing. The victim must be moved as a single unit in this instance.
5. When activating Emergency Medical Services, be specific with your location, the injury involved and what care is being provided, the sex and age of the victim and the phone number you are calling from. ALWAYS HANG UP LAST.
6. Keep the victim quiet, you should continue to speak with them, and maintain body temperature.
7. Immediately inform the ATCS of the incident.

Injury Report Procedures:
1. The responding entity; the ATCS, Department of Public Safety or Student Health Center shall fill out appropriate paperwork in the event of an illness or injury on campus.
2. The ATCS shall seek Emergency room reports from the treating facility and assist in follow-up care.
3. Physician clearance is necessary after any Emergency Room visit before any participation is allowed. Written physician clearance must be provided to the ATCS before participation is allowed.

Away Trips:
1. Non-serious injuries - Contact the opposing Emergency Medical Personnel available for services desired.
2. Serious Injuries-
   a. Contact the opposing Emergency Medical Personnel.
      b. If Emergency Medical Personnel are not available, use 911 and take steps appropriate steps to get necessary medical care. When in doubt, be conservative and use Emergency Medical Services via 911.
3. Copies of insurance should always accompany the team to any practice or competition.
4. Notify Canisius’ Public Safety and the ATCS of student’s transport to the hospital. Public Safety will notify the student’s parents or emergency contact.

If a Club participant is referred for medical care, a copy of the student’s insurance card must accompany them.

III. Coaches/Safety Officer Responsibilities

1. It is the Coach and/or Safety Officer’s responsibility to have all participants complete the **Canisius College Verification of Injury Incidence and Insurance Form** and **Canisius College Athletic Clubs Annual Medical Update** forward completed forms to the ATCS minimally one week in advance of the first scheduled practice. The ATCS shall provide a list of eligible participants to the coach allow with a list of participant’s current eligibility status. At no time may a participant be allowed to participate in any activity without medical clearance approved by the ATCS.

2. Insure that two individuals on each Club Sport team, the coaching staff and/or Safety Officer and minimally one other Safety Officer are certified in Adult CPR/AED and First Aid (including OSHA Bloodborne Pathogen Universal Precautions Training) and trained in venue specific Emergency Action Plans. This provides a minimum standard of care for athletic clubs. The coaches/Safety Officers may take these courses at Canisius, offered on a semi-annual basis through the Department of Sports Medicine for a fee, or at the American Red Cross, American Heart Association or National Safety Council. It is the club’s responsibility to pick any costs of these courses. Proof of this certification in these courses must be presented to the ATCS. Clubs will not be allowed to participate in any activity until this proof is provided and one coach/Safety Officer with current certifications is physically present.

3. Insure all Coaches/ Safety Officers provide annual proof of certification (sample attached) on the Center for Disease Control/NFHS’s ‘Heads Up” Concussion Safety Training. Proof of certification must be submitted to the ATCS before the first practice.

4. Insure a medical doctor has cleared participants for injuries occurring during participation and proof of clearance has been presented to ATCS

5. In collaboration with the ATCS collect all health insurance card copies from each participant and have them available in the event of emergency during club activities and travel.

6. Arrange with the ATCS, the signing out and maintaining First Aid Kits, Ice and drinking water are available upon request.

7. Refer students with minor injuries/ illnesses to the ATCS.

8. Take appropriate actions to communicate medical emergencies and hospital transport of injured or ill students. At the time of emergency the ATCS shall be informed of situation. The Department of Public Safety shall be called after hours should the ATC not be available for communication.
This insures initiation of the *Emergency Procedures for After Hours*, which is published through the Dean of Students Office annually.

**V. Sports Medicine Coverage/Availability**

1. The ATCs shall schedule weekly clinic times for Club Sport participants in the Center for Athletic Training during scheduled class days in the Fall and Spring semesters. The ATCS will provide initial evaluation, treatment plans, rehabilitation protocols and assist in medical referral as appropriate. These clinics times and dates shall be disseminated to Club coaches, Safety Officers and participants.

2. On-site ATCS coverage of scheduled home competitions shall be arranged by the Director of Club Sports in collaboration with the Director of Sports Medicine. The ATCS shall provide medical care for both the home and away teams and has unchallengeable authority in regard to return to play at all times.

3. All Club Sports practices and competitions not schedule for ATCS coverage must have minimally one coach or Safety Officer present or activity to be allowed.

**VI. Sports Medicine Roles**

**Athletic Trainer for Club Sports (ATCS)**

- Work under the MD supervision and standing orders of Team Orthopedist Keith Stube MD and the Director of Sports Medicine.
- Oversee Club Sport Pre-season clearance paperwork processing, including verification of completion and review of the *Canisius College Verification of Injury Incidence and Insurance Form* and *Canisius College Athletic Clubs Annual Medical Update* by each participant annually.
- Review pre-season clearance paperwork and communicate recommendation to participants, coaches and/or Safety Officers about athletic participation clearance or referral needs and updates before clearance can be granted.
- Annually verify Physical Examination filing in the Student Health Center with athlete clearance to participate in physical activity in the college’s Banner System.
- Maintain confidential medical files to be stored securely in the Center for Athletic Training of participants, medical clearance paperwork, and proof of insurance and injury claims, injury reports, treatment notes, medical referrals, referral notes, medical clearance and all pertinent medical information in regard to medical clearance to participate in athletic activity.
- Schedule weekly clinic times for Club Sport participants in the Center for Athletic Training and provide initial evaluation, treatment plans, rehabilitation protocols and assist in medical referral as appropriate during scheduled class days. All initial orthopedic referral shall be arranged through the Knee and Orthopedic Center of WNY and Keith Stube MD.
- Assist participants in need of medical referral in scheduling medical appointments.
- Insure appropriate record keeping of coaching staff and minimally one Safety Officer for each Club sport possession of current certification in Adult CPR/AED and First Aid (OSHA Bloodborne Pathogen Universal Precautions Training), specific sport venue(s) Emergency Action Plans and the Center for Disease Control’s ‘Heads Up’ Concussion Safety Training.
- Distribute and education coaches/Safety Offices on venue specific Emergency Action Plans annually.
- Insure a medical doctor has cleared participants for injuries occurring during participation and proof of clearance is in writing and in participant’s medical file.
- In collaboration with coaches/ Safety Officers, collect all health insurance card copies from each participant and have them available in the event of emergency during club activities and travel.
- Arrange with coaches/Safety Officers, the signing out and maintaining First Aid Kits, Ice and drinking water are available upon request.
- Maintain First Aid kits and inventory of emergency and First Aid/Preventative supplies to be stored in the Center for Athletic Training.
- Assist the Director of Sports Medicine in the inventory and annual purchase of expendable supplies.
- Provide copies of participant’s primary medical insurance to coaches/Safety Officers to be stored in First Aid kits and utilized in Emergency Room referrals.
- Assist participants in the initial insurance athletic injury claims processing and provide completed forms to the Director of Sports Medicine for processing in a timely manner.
- Oversee MD referred ATC monitored Concussion Return to Play Protocols and communicate with referring MDs appropriately.
- Log all hours worked, number of games covered, emergency room visits, number of medical referrals and location, and number of visits in scheduled clinics.

**Director of Sports Medicine**

- Work under the MD supervision and standing orders of Team Orthopedist Keith Stube MD
- Develop, monitor and revise when necessary Club Sport Sports Medicine operating and policies, Medical Clearance and Insurance documents.
- Assist the Athletic Trainer for Club Sports in the Club Sport Pre-season clearance paperwork processing including the verification of completion and review of the *Canisius College Verification of Injury Incidence and Insurance Form* and *Canisius College Athletic Clubs Annual Medical Update* by each participant annually.
VI. Processing of Medical Expenses

All athletic club participants are covered under the Canisius College Accident Policy. This policy covers injuries incurred while participating in Canisius’ Club Sports only and serves as secondary coverage to their primary health insurance. ALL PARTICIPANTS must have proof of private health insurance to be able to participate.

The following priority list shall be utilized as a guideline for the processing and payment of medical expenses from athletic injury from participation in Canisius College Club Sports. Initial processing/opening of claims with Secondary Insurance, submission of bills, and appointments to medical providers should be arranged with the assigned Staff Athletic Trainer for each respective team, in collaboration with the Student-Athlete. The Head Athletic Trainer will be responsible for the follow-up processing, communication of opened claims and payments when necessary. Student-athletes and/or parents/guardians may be
requested to communicate and correspond with their respective Primary Medical Insurer in order that claims be completed. Original bills should be submitted in a timely fashion. Reimbursement for payment by the student-athlete may not be guaranteed and is not recommended.

1. **Primary Medical Insurance (PMI) is required of all Sports Club participants and will be utilized as the primary source of payment for medical expenses for injury. Proof of Primary medical Insurance is required before any athletic participation is allowed.**

2. Secondary Athletic Injury Insurance is provided by the college and shall be utilized as a secondary means in covering outstanding medical expenses for athletic injuries sustained while participating in Club Sport athletic activities, not completely covered by PMI. Proof that PMI was initiated as the primary insurance source will be necessary before this Secondary policy will take effect. Essentially, all medical expenses for treatment and care are covered for a student-athlete after an athletic injury. This is a disappearing $500 deductible Athletic Accident Plan, meaning the first $500 of an athletic injury sustained while participating in athletics, is paid as a deductible by the college, and the remaining amount is covered by the Secondary Athletic Injury Insurance.

3. **College Self-Pay may be utilized in circumstances where medical expenses have not been covered by other established means. This may include claims not exceeding the $500 deductible, college physician referred co-pays, college physician prescribed custom orthotics and bracing, etc... Other expenses covered by this method must have permission of the Head Athletic Trainer and/or Senior Woman's Administrator**

**Canadian Provincial and International Insurances:** These policies are accepted as Primary Insurance. Processing claims may, however, require some responsibility on behalf of the student-athlete or parent/guardian. Health Insurance Privacy Laws do not permit the Athletic Training or Department of Athletics staff to correspond directly with these carriers on behalf of a student-athlete. Bills or requests for information may need to be submitted directly to these Primary Insurance Carriers by the student-athlete or parent/guardian. This should not affect the coverage provided by the Athletic Insurance Policy but may delay processing.

*Injuries sustained outside of Club Sport athletic activity participation and all Illnesses are not covered through the Accident Policy and are the responsibility of the individual participant. Each participant should be aware of the benefits and restrictions of their individual medical insurance.*

*Aug 2019*
Canisius College Athletic Clubs

Verification of Injury Incidence and Insurance

I, ________________________________ verify that I have been informed that I may be injured while participating in Canisius College club sport practice or competition. I understand that it is possible that I will sustain an injury, which may result in permanent disability, paralysis, or possibly death. I understand that paralysis may include loss of movement, feeling, and use of my arms, legs, and trunk. I further understand that paralysis may involve complete loss of bowel or bladder control which would require the insertion of external aids into my body for the collection and removal of body wastes.

I understand that paralysis and its effects could last my entire lifetime.

In addition, I understand that an injury to any of my head or neck, body joints; ankle, hand, knee, hip, wrist, etc., may result in disfigurement, loss of movement, loss of strength, or loss of feeling which may last my entire lifetime.

I understand that it is my responsibility to adhere to all rules and regulations of my chosen Athletic Club(s). I understand that infraction of the rules may result in injury to my opponent or myself. I also understand that it is my responsibility to wear all required protective equipment and that no modification of equipment or uniform is to be made. I also understand that I am not to touch an injured teammate or opponent as further injury may result.

I understand and accept the responsibility of reporting all injuries and illnesses, including concussions, to the Athletic Trainer for Club Sports and my Coach/Safety Officer. I also understand that I am responsible for complying with the follow-up care and treatment of my injuries and illnesses under a supervision and direction of the Athletic Trainer for Club Sports and/or referred medical professionals.

I understand the signs and symptoms of concussions may include:
• Amnesia (loss of memory or recalling events).
• Confusion.
• Headache.
• Loss of consciousness.
• Balance problems or dizziness.
• Double or fuzzy vision.
• Sensitivity to light or noise.
• Nausea (feeling that you might vomit).
• Feeling sluggish, foggy or groggy.
• Feeling unusually irritable.
• Concentration or memory problems (forgetting game plays, facts, meeting times).
• Slowed reaction time.

Further, I understand that it is my responsibility to report faulty or ill-fitting personal equipment immediately to the head coach and/or Safety Officer. I also
understand that I am to report potentially injurious hazards in or on athletic facilities and locker rooms immediately to my head coach and/or Safety Officer.

I understand am not eligible to participate in my chosen Athletic Club until my coach tells me I am eligible under the direction of the Athletic trainer for Club Sports.

I understand that all injuries and illnesses must be reported to the Athletic Trainer for Club Sports. I also understand that I am responsible for the follow-up care and treatment of my injuries with an appropriate health care provider. I understand I am not allowed to return to physical activity until my health care provider has given me written permission and I am told I my return to athletic participation by the Athletic Trainer for Club Sports.

I understand it is my responsibility to report any changes from the time of my most recent Physical Examination, regarding my medical/family history and my current health status to the Athletic Trainer for Club Sports before I participate. I understand it is my responsibility to report to the Athletic Trainer for Club Sports any restrictions or recommendations that have been given to me by my personal physician in regard to athletic participation by other medical professionals I have been treated by.

I understand that the Athletic Trainer for Club Sports may need to provide private medical information concerning my clearance and ability to participate in physical activity to my chosen Club Sport Coach and/or Safety Officer.

I understand that it is my responsibility to possess current personal health insurance that will be utilized in any medical care required. I understand that my assistance may be required in claims processing in the College’s Secondary Athletic Accident Injury Policy for injury suffered while participating in Canisius College Club Sports. I understand that injury outside of Club Sport participation or illness are not covered under the College’s Secondary Athletic Accident Injury Policy and are my responsibility.

My signature below authorizes the Canisius College Staff to confirm that I have a physical examination on file at the Student Health Office. I verify that I have unlimited physical activity status as noted on the examination by the examining health care provider which allows me full participation in all club sports without limitation.

Signed ___________________________ Date________________

ID# _______________ Date of Birth* _______________

Club(s) _______________________________________

<table>
<thead>
<tr>
<th>For Sports Medicine Staff Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Health</td>
</tr>
<tr>
<td>Physical</td>
</tr>
</tbody>
</table>

*Any participant under 18 years of age must have parent/guardian signature before any participation is allowed.
Canisius College Athletic Clubs
Annual Medical Update

PLEASE PRINT

Name: ___________________________________________ Date ___________________

FAMILY HISTORY

<table>
<thead>
<tr>
<th>Age</th>
<th>Health Status</th>
<th>Age at Death</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Brothers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sisters</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever had any of the following that have required you to see a physician for treatment outside of preventative care? Please circle YES or NO

<table>
<thead>
<tr>
<th></th>
<th>Y / N</th>
<th>If YES, please explain.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure/Pulse</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Ear/Nose/Throat</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Chest/Lungs</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Hearing/Vision</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Concussion/Head/Face</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Hip/Knee</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Ankle/Foot</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Back/Neck</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Wrist/Elbow/Hand</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Y / N</td>
<td></td>
</tr>
</tbody>
</table>

Please list any other information regarding your medical history that the Sports Medicine Staff should be aware of (e.g., medications, allergies, etc...):

__________________________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________


Have you been hospitalized or seen a physician for any illness/ injury since your last physical examination? (If yes, list and briefly explain):

YES / NO

___________________________________________________________________
___________________________________________________________________

Have you been told by a physician that you could not participate in athletic activity for any illness/ injury since your last physical examination? (If yes, list and briefly explain):

YES / NO

___________________________________________________________________
___________________________________________________________________

Permanent Address:
Street______________________________________________________________
City________________________________State________________________
Zip Code ______________________

Cell Phone Number: _________________________________________________________________________________

Emergency Contact: ____________________________________________

Phone Number: ______________________

Relationship ______________________

Insurance Company Name ____________________________
ID # _________________________________________________________________________________

Please provide copy of front & back of card to Athletic Trainer for Club Sports

I verify that the above information is correct to the best of my knowledge and that my failure to disclose information and continuing to participate in Athletic Clubs may put me at risk of serious injury or adverse consequences for my health. I also understand am not eligible to participate in my chosen Athletic Club until my coach/Safety Officer tells me I am eligible to do so.

*********Signature____________________________________________________________

Date: ______________
Canisius College  
Athletic Training Injury Procedures

These are general guidelines for student and staff athletic trainer's to utilize. Do not exceed your level of preparation and do not hesitate in seeking further assistance.

Emergency Situation

**REVIEW and UTILIZE ESTABLISHED EMERGENCY ACTION PLANS FOR EACH APPLICABLE VENUE**

1. Evaluate the athlete on the field, ice, or bench area.
2. Determine the seriousness of the injury to the best of your ability.
3. In a severe injury (lack of breathing, severe bleeding, shock, head or neck injury)  Apply the proper First Aid and send for medical assistance immediately.
4. Do not attempt to load or transport the athlete until medical assistance arrives.

**ON CAMPUS- CALL PUBLIC SAFETY AT EXT. 711 OR 2330 AND GIVE THE FOLLOWING INFORMATION**

**OFF CAMPUS- CALL 911 AND GIVE THE FOLLOWING INFORMATION:**

A. Your name and that you are a student athletic trainer
B. Your specific location
C. Athlete's name
D. You need an ambulance for transportation due to ________________
E. Ask them if they need any further INFORMATION
F. Wait for them to hang-up
G. Take a copy of their insurance and decide who will ride with the athlete

**ALL** serious orthopedic injuries must be referred to:

Dr. Stube at Sister's Hospital
DO NOT transport these athletes to ECMC unless EMS recommends due to specific patient condition
DO NOT move the athlete until medical assistance arrives unless breathing is compromised

**WHEN IN DOUBT BE CONSERVATIVE & TRANSPORT PROFESSIONALLY**

When you arrive at Sisters inform the nurse that the athlete is Dr. Keith Stube's patient.

**AWAY TRIPS**

Non-Serious Injuries- Contact host athletic trainer for services desired and properly log injuries.

Serious Injuries- Contact the host athletic trainer for assistance. If unavailable take steps you feel are appropriate to get necessary medical care. Immediately contact Andy Smith at home or cell phone. This includes any emergency room visit.
INJURIES THAT ARE NOT EMERGENCIES BUT DO REQUIRE MEDICAL ASSISTANCE, MOST COMMONLY SUTURES
1. Apply the appropriate First Aid and complete appropriate paperwork.
2. Attempt to contact the staff member at appropriate numbers
3. Call the appropriate staff member and Andy Smith at their office numbers and leave a message on voice mail. Include the following information on the message:
   1. Your name
   2. Name of athlete
   3. Nature of injury
   4. First Aid applied
   5. What hospital you are going to
   6. Time of follow-up for the next day and with whom

INJURIES THAT DO NOT REQUIRE MEDICAL ASSISTANCE (SPRAINS, STRAINS, CONTUSIONS, ETC.,) SHOULD BE MANAGED IN THE FOLLOWING MANNER.
1. Do a complete injury evaluation and complete an injury card when applicable. Write down any treatments performed on the back of the card.
2. Apply the proper First Aid and management to the athlete—be conservative and stay within your limitations.
3. Arrange for a follow-up the next day with the staff athletic trainer that is responsible for that sport or set them up with staff assigned to the Center for Athletic Training after the injury.
5. Call the staff member at the office number, if unavailable leave a message on the phone mail. Include the following information:
   1. Your name
   2. Athlete's name
   3. How they were injured
   4. Brief description of injury assessment and severity of the injury
   5. Time of follow-up for the next day and with whom

Any athlete exhibiting symptoms of head injury or concussions SHALL NOT be allowed to return to participation for the remainder of that day. They must be medically cleared by the Team Physician or designee.

Contact Andy Smith via cell phone (716-479-2752) with ANY Emergency Room visits, serious injuries or situations.
**CANISIUS COLLEGE INCIDENT REPORT**

**Date and Time of Incident:**

**Name:**
- **(Last):** __________
- **(First):** __________
- **Middle:** __________

**Age:** __________

**Gender:**
- Male [ ]
- Female [ ]

**Local Address or Dorm Room:**

**Phone #:**

**Social Security #:** __________

**Status at time of accident:**
1. [ ] Food Service Employee
2. [ ] Physical Plant Employee
3. [ ] Clerical
4. [ ] Student
5. [ ] Faculty
6. [ ] Sponsoree/Employee
7. [ ] Security
8. [ ] Physician/Nurse
9. [ ] Administration
10. [ ] Custodians
11. [ ] Grounds Person
12. [ ] Maintenance Employee
13. [ ] Boiler Operator
14. [ ] Vehicle Driver
15. [ ] Tracer
16. [ ] Housekeeping
17. [ ] Postal Employee
18. [ ] Other

**Full Time** [ ]
**Part Time** [ ]
**Work Study** [ ]
**Per diem/Pool** [ ]

**Incident Data - brief description of incident:**

<table>
<thead>
<tr>
<th>LOCATION OF INCIDENT</th>
<th>NATURE OF INJURY</th>
<th>BODY PART</th>
<th>INCIDENT CAUSE</th>
<th>EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Office</td>
<td>7. Cut</td>
<td>7. Elbow(s)</td>
<td>7. Fall</td>
<td>7. ...</td>
</tr>
</tbody>
</table>

**Witness (and address):**

**Treatment/Recommendations:**

**Referral to:**
- [ ] Private Physician
- [ ] Urgent Care at
- [ ] Emergency Department at
- [ ] Other (specify)

**Transported by:**
- [ ] Self
- [ ] Police Safety
- [ ] Ambulance
- [ ] Other

I have reviewed the above, acknowledged my injury as reported. I have received the care rendered and understand the follow-up instructions provided. **Signature:**

**Signature of individual completing report:**

**Reviewed by Signature:**

**Title:**

**Date:**

[ ] Private Physician Name: __________

[ ] Urgent Care at: __________

[ ] Emergency Department at: __________

[ ] Other: __________

[ ] Self

[ ] Police Safety

[ ] Ambulance

[ ] Other

**Phone #:** __________

**Address:** __________

**Signature:** __________
This certificate documents course completion, not mastery of content. This course is approved for 1 Hour Clock Hour by the NYHS.

Andrew Smith
Date of Completion

Concussion in Sports
Completion Code: NY4567890
State of Completion: New York

Earl Trulove
NFHS Executive Director