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Sample Policy: Medical Screening, Records and Emergencies

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We live in a litigious society. Thus, it has become increasingly important to document all procedures related to the health and safety of student-athletes. Medical screening policies, treatment logs, records of physician authorization to purchase or administer drugs and emergency protocols have taken on increased importance. Following is a basic medical screening, record-keeping and facility emergency action plan policy.

1.0 Medical Screening. Student-athletes have a responsibility to truthfully and fully disclose their medical history and to report any changes in their health to the team's health-care provider. Prior to participation in any practice, competition, or out-of-season conditioning activities, student-athletes who are beginning their initial season shall be required to undergo a medical examination or evaluation administered or supervised by a physician (e.g., family physician, team physician). The examination or evaluation must be administered within six months prior to participation in any practice, competition or out-of-season conditioning activities. This initial evaluation shall include a comprehensive health history, immunization history as defined by current Centers for Disease Control and Prevention (CDC) guidelines, and a relevant physical exam, with strong emphasis on the cardiovascular, neurologic, and musculoskeletal evaluation. After the initial medical evaluation, an updated history of the student-athlete's medical condition shall be administered annually by the Team Physician. to determine if additional examinations (e.g., physical, cardiovascular, neurological) are required. The updated history must be administered within six months prior to the student-athlete's participation in any practice, competition, or out-of-season conditioning activities for the current academic year.

1.1 Immunizations. The pre-participation screening CDC recommended immunizations shall include:
a. Measles, mumps, rubella (MMR);
b. Hepatitis B;
c. Diphtheria, tetanus (and boosters when appropriate); and
d. Meningitis.

1.2 Follow-up Examinations. Those student-athletes who have sustained a significant injury or illness during the sport season shall be given a follow-up examination to re-establish medical clearance before resuming participation in their respective sports. This policy also applies to pregnant student-athletes following delivery or pregnancy termination. These examinations are especially relevant if the event occurred before the student-athlete left the institution for summer break. Clearance for individuals to return to activity is solely the responsibility of the Team Physician or that physician's designated representative.

1.3 Screening for Sickle Cell Trait (SCT). Given the danger of acute exertional rhabdomyolysis (explosive muscle breakdown) from sickle cell trait, all student-athletes shall be screened for SCT, shall submit proof of a prior negative test, or shall sign a written release declining the test. (NCAA, 2011-12) The athletics staff shall obtain test kits to provide to a team physician who shall be responsible for conducting such tests during pre-participation physical exams.

2.0 Medical Records. Medical records shall be maintained during the student-athlete's career and shall include:

a. A record of injuries, illnesses, new medications or allergies, pregnancies and operations, whether sustained during the competitive season or the off-season;
b. Referrals for and feedback from consultation, treatment or rehabilitation;
c. Record of rehabilitation care, treatment and clearances to participate for each injury or illness;
d. A comprehensive entry-year student-athlete and family medical history and health-status questionnaire and an updated health-status questionnaire each year thereafter;
e. Immunization records;
f. Written permission, signed by the student-athlete, which authorizes the release of insurance and medical information to others shall be signed annually; and
g. Proof of insurance.

2.1 Confidentiality. Medical records and the information they contain shall be created, maintained and released in accordance with clear written guidelines based on state and federal laws, according to instructions from institutional legal counsel. All personnel who have access to a student-athlete's medical records shall be responsible for conformance with such guidelines and maintaining the student-athlete's right to privacy.

3.0 Facility Emergency Action Plan. The Head Athletics Trainer, in consultation with student health services, campus security, institutional risk managers, and local emergency medical services shall be responsible for the development of an emergency plan for each athletics facility specific to the location and nature of that facility. Such plan shall conform to best practices as recommended by the National Association of Athletic Trainers (NATA) and the National Collegiate Athletic Association (NCAA).

3.1 Distribution of Written Document. The emergency plan must be a written document and shall be distributed to athletics trainers, team and attending physicians, athletics training students, institutional and organizational safety personnel, institutional and organizational administrators, and coaches.

3.2 Responsibilities of Specific Personnel. The plan shall identify the personnel involved in carrying out the emergency plan and shall outline the qualifications of those executing the plan. All institution sports medicine professionals, event supervisors, and coaches shall be trained in automated external defibrillation, cardiopulmonary resuscitation, first aid, and prevention of disease transmission.

3.3 Equipment. The plan shall specify the equipment needed to carry out all specified emergency tasks and shall specify the location of such emergency equipment.

3.4 Communication. A clear mechanism for communication to appropriate emergency care service providers and identification of the mode of transportation for the injured participant shall be identified.

3.5 Specificity to Venue. All emergency plans shall be specific to the activity venue and shall be posted in that venue. Therefore, separate plans are required for each venue.

3.6 Emergency Care Facility. The plan shall specify the name and location of emergency care facilities to which the injured individual will be taken. Personnel from the emergency receiving facilities shall be included in the development of the emergency plan for the institution. Emergency receiving facilities should be notified in advance of scheduled events and contests.

3.7 Annual Review and Rehearsal. The emergency plan shall be annually reviewed and rehearsed with coaches and facility supervisors, at least annually, although more frequent review and rehearsal may be necessary depending on the nature of the facility and event being hosted. The results of these reviews and rehearsals should be documented and should indicate whether the emergency plan was modified, with written documentation of such modification required.

3.8 Report of Emergency Case. The on-site athletics trainer accompanying the injured athlete to the hospital shall be responsible for completing an Emergency Case Report
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3.9 Legal Counsel Review. The legal counsel of the institution shall review and approve emergency plans.

4.0 Sudden Cardiac Arrest and the Use of Automated External Defibrillators. Because sudden cardiac arrest (SCA) is the leading cause of death in student-athletes, the use and availability of automated external defibrillators (AEDs) shall be a part of the institution’s Emergency Action Plan (EAP) for every athletics venue. Certification in cardiopulmonary resuscitation techniques (CPR), first aid, and prevention of disease transmission as outlined by OSHA guidelines shall be required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. New staff engaged in these activities should comply with these rules within six months of employment.

4.1 Convenient Access. Access to early defibrillation is essential with a target goal of less than 3 to 5 minutes from the time of collapse to the first shock strongly recommended. Thus, all AED units shall be located in close proximity to the venue activity area and such location shall be clearly specified in the emergency medical plan.

4.2 Emergency Equipment Inspection. The athletics department shall schedule regular inspections of the readiness of all emergency medical equipment.

5.0 Emergency Medical Equipment. The following emergency medical equipment shall be available at all athletics venues and shall only be used by staff members trained in its use:

- blood kits for visiting teams

- field kit assembled by the athletics training staff which shall include an anaphylaxis kit (including Epipen, Benydryl)
- automated emergency defibrillator (AED) and AED supplies (scissors, razor, and towel)
- pocket mask or barrier-shield device for rescue breathing
- emergency oxygen with bag-valve mask
- oral and nasopharyngeal airways and advanced airways

Note: All student-athletes needing prescription epipens, inhalers or other emergency medications utilized on an as needed basis shall, if possible, provide the athletics training staff with a back-up supply in case the student-athlete forgets their medications.

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