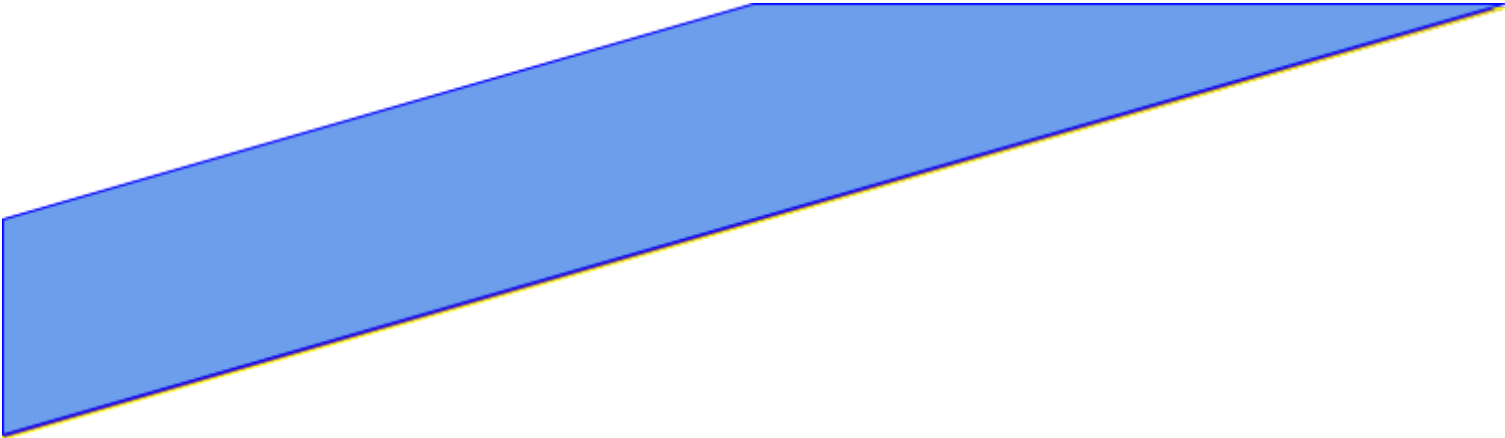




United Nations International School



Athletics Emergency Action Plan 2024-2025

Updated January 2025



Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided. As emergencies may occur at any time and during any activity, the athletic department must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants.

As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning.

Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques, and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent in sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan

These are the basic components of this plan:

1. Emergency personnel
2. Emergency communication
3. Emergency equipment
4. Roles of first responder
5. Venue directions with map
6. Emergency action plan checklist for non-medical emergency

Emergency Plan Personnel

With athletic team practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition.

The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. Records of training

Updated January 2025



certificates and/or cards are maintained in the Sports Medicine Department. The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers; student athletic trainers; coaches managers; and, possibly, bystanders. The roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing the safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training.

The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event.

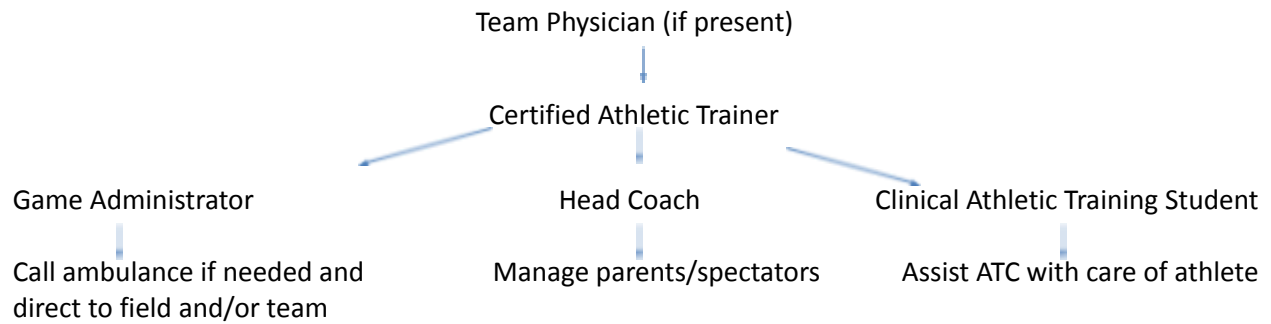
The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, managers, and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on the ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, manager, or coach may be appropriate for this role.

Roles within the Emergency Team

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to the scene



Emergency Care Team Chain of Command



Activating the EMS System

- Making the Call: 911 (if available)
- Notify UNIS Security or Athletic Training Room (212) 584-3145



Providing Information

- name, address, and telephone number of the caller
- nature of the emergency, whether medical or non-medical
- number of athletes
- condition of athlete(s)
- first aid treatment initiated by the first responder
- specific directions as needed to locate the emergency scene ("come to health and physical education building ")
- other information as requested by the dispatcher
- if non-medical, refer to the specific checklist of the emergency action plan

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as a telephone tree established as a part of preplanning for emergency situations. Communication prior to the event is a good way to establish boundaries and build rapport between both groups of professionals. If emergency medical transportation is not available on-site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A backup communication plan should be in effect should there be a failure of the primary communication system. The most common method of communication is a cellular phone at any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended. It is recommended that a few members of the emergency team be trained and responsible for the care of the equipment. It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.



Medical Emergency Transportation

Emphasis is placed on having an ambulance on site at high-risk sporting events. EMS response time is additionally factored in when determining on-site ambulance coverage. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on-site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment are available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site when transporting the athlete.

Any emergency situation where there is impairment in the level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a "load and go" situation, and emphasis placed on rapid evaluation, treatment, and transportation.

Non-Medical Emergencies

For the following non-medical emergencies: fire, bomb threats, and violent or criminal behavior, refer to the UNIS Security emergency action plan and follow the instructions. Severe weather guidelines are included in this document.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well-trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sports coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through the development and implementation of the emergency plan, the athletic association helps ensure that the athlete will have the best care provided when an emergency situation does arise.



Emergency Plan: Indoor Events

Emergency Personnel: Certified athletic trainer on site for practice and competition

Emergency Communication: Certified athletic trainer carries cellular telephone Amy O'Connor or office 212-584-3145.

Fixed telephone lines are accessible from the security desk at the main entrance.

Emergency Equipment: Emergency equipment (AED, trauma kit, splint kit) maintained on the home sideline as well as in the Athletic Training Room. A trauma kit, & spine board provided by EMS upon arrival.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system through EMS 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested).
3. Get an athletic trainer- Amy O'Connor or per diem ATC
4. Emergency equipment retrieval
5. Security will direction EMS to scene

Venue Directions: UNIS is located on 24-50 FDR Drive New York, NY 10010 - 4046.

- Level 2- UNIS gymnasium
- Level 3 - UNIS exercise room
- Level 1 - Oman assembly room
- Roof- Bubble and outside area (turf)

Venue Address: UNIS is located on 24-50 FDR Drive New York, NY 10010 - 4046.

Campus Information: <https://www.unis.org/>



Emergency Plan: Randall's Island- Soccer, Baseball and Softball

Emergency Personnel: Certified athletic trainer on site for practice and competition

Emergency Communication: Certified athletic trainer carries cellular telephone Amy O'Connor

Emergency Equipment: Emergency equipment (AED, trauma kit, splint kit) maintained on the home sideline as well as in the Athletic Training Room. A trauma kit, & spine board provided by EMS upon arrival.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system through EMS 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
3. Get an athletic trainer- Amy O'Connor or per diem ATC
4. Emergency equipment retrieval
5. Direction of EMS to scene
 - a. open appropriate gates
 - b. designate an individual to "flag down" EMS and direct them to scene
 - c. scene control: limit scene to first aid providers and move bystanders away from the area

Venue Directions: Randall's Island is accessible from Manhattan, the Bronx, and Queens via the RFK Bridge. Soccer, baseball and softball field numbers will be posted on the UNIS Athletics webpage. <https://www.unis.org/athletics>

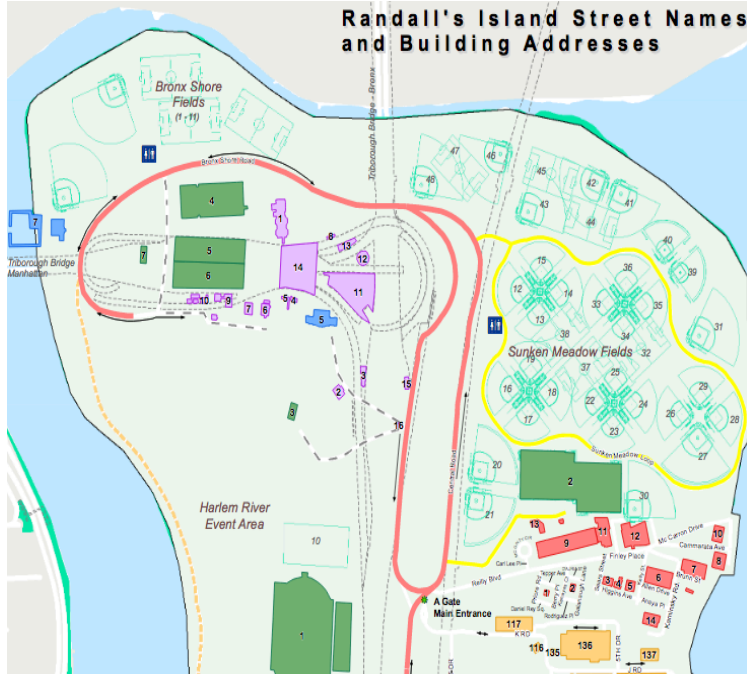
Venue Address: Randall's Island Fields, 20 Randall's Island Park, New York, NY 10035.

Randall's Island Park Map:

<https://randallsisland.org/visit/randalls-island-park-map/>



Baseball & Softball Fields- Sunken Meadows



Soccer Fields



Updated January 2025



Emergency Plan: Girls/Boy's Tennis USTA or Queens College (QC)

Emergency Personnel: Certified athletic trainer on site for practice and competition

Emergency Communication: Certified athletic trainer carries cellular telephone Amy O'Connor

Fixed telephone lines are accessible from the reception desk at the main entrance of the USTA and inside the Fitzgerald gymnasium at QC

Emergency Equipment: Emergency equipment (AED, trauma kit, splint kit) maintained on the home sideline as well as in the Athletic Training Room. A trauma kit, & spine board provided by EMS upon arrival.

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system through EMS 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
3. Get an athletic trainer- Amy O'Connor or per diem ATC
4. Emergency equipment retrieval
5. Direction of EMS to scene
 - a. open appropriate gates
 - b. designate an individual to "flag down" EMS and direct them to scene
 - c. scene control: limit scene to first aid providers and move bystanders away from the area

Venue Directions: USTA is located off the Grand Central Parkway or Whitestone Expressway in Flushing, Queens, NY. UNIS typically plays its matches on courts 1-16. Queens College is located off Long Island Expressway I-495 at Kissena Blvd.

Venue Address: USTA Billie Jean King National Tennis Center, Flushing Meadow Corona Park, Flushing NY 11368.
Queens College, 65-30 Kissena Blvd, Flushing, NY 11367.

USTA Map:

<https://maps.usopen.org/?id=2024#!ct/63207,62982,62939,62964?s/>

Queens College Map:

<https://www.qc.cuny.edu/a/campus-map/>



Emergency Plan: Lightning Protocol

The purpose of this document is to establish a written lightning safety policy for the UNIS Athletics Department. It is imperative that all UNIS athletic teams and personnel are aware of lightning hazards and the specific safety shelter for their venue. The following policy is based on the specific recommendations as stated by the National Athletic Training Association (NATA) Lightning Safety position statement and the updated guidelines from the National Collegiate Athletic Association (NCAA).

In the event of lightning during an official sports practice or event, precautions must be taken to ensure the safety of both athletes and spectators. In any event, the Certified Athletic Trainer (ATC), in conjunction with Event Management Staff and/or sports officials if necessary, will be responsible for monitoring inclement weather.

Our staff will utilize weather monitoring systems to determine participation status:

- National Weather Service (NWS) website at www.weather.gov.
- Portable lightning detector-to be carried by Athletic Training Personnel
- Flash to Bang Method

To use the flash-to-bang method,

- Count the seconds from the time lightning is sighted to when the clap of thunder is heard.
- Divide this number by five (5) to obtain how far away in miles the lightning is occurring.
- For example, if an individual counts 30 seconds between seeing the flash and hearing the bang, 30 divided by 5 equals 6; therefore, the lightning flash is approximately 6 miles away.
- As a minimum, the National Severe Storms Laboratory (NSSL) strongly recommends that all individuals leave the athletic site and reach a safe location by the flash-to-bang method of 30 seconds (6 miles).

Once activities or events have been suspended, the ATC, with the assistance of Event Management Staff and/or Game officials if necessary, will use discretion in declaring a return to participation. It is the NATA Position Statement recommendation to wait at least 30 minutes after the last visible strike before resuming activity. The use of online monitoring systems in tracking the weather pattern will be informative in making this decision.

Seek Shelter:

Know where the closest “safer structure or location” is to every outdoor venue and know how long it will take to evacuate everyone to that safer location. A safer structure or location is defined as:

- Any building normally occupied or frequently used by people, e.g., a building with



plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid the shower, plumbing facilities, and contact with electrical appliances, and open windows and doorways during a thunderstorm.

The following are designated as Lightning Safe Shelters:

- Soccer complex- Randall's Island bathrooms or vans
- Baseball and Softball complex- Randall's Island bathrooms or vans
- Men's/Women's Tennis- USTA Bathrooms or main reception area. Queens College Fitzgerald Gym

Lightning Strikes:

People who have been struck by lightning do not carry an electrical charge. Therefore, cardiopulmonary resuscitation (CPR) is safe for the first responder. If possible, an injured person should be moved to a safer location before starting CPR. Lightning strike victims who show signs of cardiac or respiratory arrest need prompt emergency care. Call 911 and activate your emergency action plan immediately. Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes.

Automatic external defibrillators (AEDs) are a safe and effective means of reviving people in cardiac arrest. Planned access to early defibrillation should be part of your institution's emergency action plan. However, do not delay CPR while searching for an AED.

The UNIS Sports Medicine Lightning Safety Policy will be reviewed on a yearly basis with pertinent Athletic Administration, Athletic Training Staff, and Event Management Staff. Revisions will be allowed as needed.



Emergency Plan: Heat Exposure

Recognition of Heat Stroke

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

The most critical criteria for determination are:

- 1) hyperthermic (rectal temperature > 104F) immediately post-incident
- 2) CNS dysfunction (altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, hysteria, apathy).

Other possible salient findings include nausea, vomiting, diarrhea, headache, dizziness, weakness, hot and wet or dry skin (important to note that skin may be wet or dry at the time of the incident), increased heart rate, decreased blood pressure, increased respiratory rate, dehydration, and combativeness.

Aggressive and immediate whole-body cooling is the key to optimizing the treatment of exertional heat stroke. If untreated, hyperthermia-induced physiologic changes resulting in fatal consequences may occur within vital organ systems.

Emergency Treatment of Heat Stroke

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

The following procedures are recommended if exertional heat stroke is suspected:

1. remove clothing and equipment
2. move the athlete immediately to an air-conditioned facility or shaded area if possible
3. cool athlete immediately by:
 - immerse the athlete in a tub of cold water; stir the water and, if necessary, add ice throughout the cooling process
 - Or
 - place ice bags or ice over as much of the body as possible, cover the body with cold towels (replace towels frequently), fan the body or spray with cold water
 - Or
 - place the athlete in Emergency Cold Containment



System (ECCS); ice bags or ice may additionally be used with this system

4. Monitor ABCs, core temperature, and CNS (cognitive, convulsions, orientation, consciousness, etc.)
5. place an intravenous line using normal saline (if the appropriate medical staff is available)
6. Cease aggressive cooling when the core temperature reaches approximately 101F; continue to monitor
7. Transport the athlete to the nearest emergency medical facility

Ice/cold water immersion has proven to have superior cooling rates to other modes. However, oftentimes with heat stroke, the athlete is unresponsive. This may complicate airway management and other emergency interventions if the athlete is immersed in water. The medical staff should make the decision on the most feasible mode of cooling based on the athlete's physical presentation. The choice of cooling modes may also be dependent on other factors, such as size limitations, availability of cooling options, and maintaining the safety of athlete.

Recognition of Heat Exhaustion

The most critical criteria for determination are:

- 1) Athlete has obvious difficulty continuing intense exercise in the heat
 - 2) Lack of severe hyperthermia (usually < 104F) and 3) lack of severe CNS dysfunction.
- If any CNS dysfunction is present, it will be mild and symptoms will subside quickly with treatment and as activity is discontinued.

Other possible salient findings include physical fatigue/dizziness, dehydration and/or electrolyte depletion, ataxia and coordination problems, syncope, profuse sweating, pallor, headache, nausea, vomiting, diarrhea, stomach/intestinal cramps, persistent muscle cramps, and rapid recovery with treatment.

Emergency Treatment of Heat Exhaustion

The following procedures are recommended if heat exhaustion is suspected:

- remove the athlete from play and immediately move to an air-conditioned or shaded area
- remove excess clothing and equipment
- cool athlete
- have the athlete lie comfortably with legs propped above heart level
- If the athlete is not nauseated, vomiting, or experiencing any CNS



dysfunction, rehydrate orally with a chilled electrolyte drink or water. If the athlete is unable to take oral fluids, implement an intravenous line using normal saline (if appropriate medical staff is available).

- Monitor heart rate, blood pressure, respiratory, core temperature, and CNS status
- Transport to the nearest emergency medical facility if the rapid improvement is not noted with prescribed treatment.

Emergency Plan: Cold Exposure

UNIS Sports Medicine will determine participation status using the National Weather Service (NWS) website at www.weather.gov.

The Athletic Trainers will take steps to limit cold exposure illness and injury by following the checklists below.

Before event

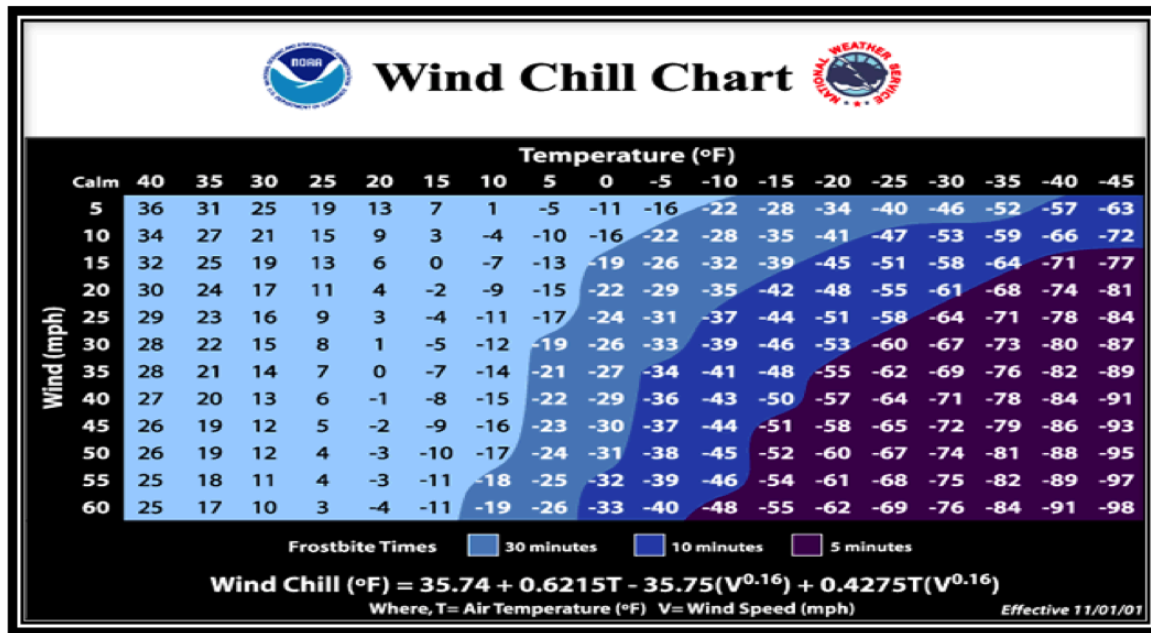
- Encourage proper hydration and nutrition, and discourage alcohol and drug use.
- Ensure that athletes and coaches know the signs and symptoms of cold injury.
- Identify participants at a high risk of cold injury. Risk factors include the following:
 - Lean body composition
 - Females
 - Older age
 - Lower fitness level
 - Presence of comorbidity (e.g., cardiac disease, anorexia, Raynaud syndrome, exercise-induced bronchospasm)
- Encourage proper conditioning and appropriate equipment and clothing choices.

Environmental assessment

- Evaluate immediate and projected weather information, including air temperature, wind, chance of precipitation or water immersion, and altitude.
- Identify activity intensity requirements and clothing requirements for each individual.
- Have alternate plans in place for deteriorating conditions and activities that must be adjusted or canceled.
- The following guidelines can be used in planning activity depending on the wind-chill temperature. Conditions should be constantly reevaluated for change in risk, including the presence of precipitation:
 - 30F (-1.116C) and above: Be aware of the potential for cold injury and notify appropriate personnel of the potential.



- o 30-25F (-3.896C): Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for rewarming. Limit outside participation to **45 minutes**.
- o 25-15F (-9.446C) and below: Cover all exposed skin as much as possible. Limit outside participation to **30 minutes**. Consider modifying activity to limit exposure or to allow more frequent chances to rewarm.
- o 15F and below (-17.786C) and below: **Termination or rescheduling activity**.



Coaches' and athletes' roles

- Coordinate a schedule of hydration and/or feeding.
- Coordinate a schedule of rewarming or clothing changes as needed.
- Identify possible activity modifications as conditions change (e.g., change activity times, allow more frequent chances to rewarm, allow changes to clothing or equipment).
- Become educated about the prevention and recognition of cold injuries.
- Develop a schedule for monitoring athletes to allow early recognition of potential injury.

Event management

- Provide food and fluids.
- Provide warming facilities.

Updated January 2025



- Provide additional clothing and equipment for varying conditions.
- Implement exposure control and rewarming schedules as needed.
- Monitor environmental conditions and athletes regularly.

Treatment preparations

- Medical staff will be prepared to identify the signs and symptoms of cold injury.
- Medical staff will have proper equipment and skills to assess cold injury, including assessment of low core temperatures.
- The emergency action plan will be put into effect in the event that rapid transport is necessary.
- Prepare active rewarming equipment (e.g., whirlpool, hot packs, towels, blankets, dry clothing).
- Identify warm, dry areas for athletes to passively rewarm, recover, or receive treatment.
- Provide direct on-site (i.e., sideline) means of passive rewarming (e.g., additional clothing, space heaters).

Hypothermia

Hypothermia is a decrease in core body temperature below 95°F (35°C). Hypothermia is classified as mild, moderate, and severe depending on the measured core temperature. Each classification has distinct signs and symptoms. It is also important to remember that all individuals will respond differently and may not show all signs and symptoms.

A) *Mild* = 95°F to 98.6°F body temperature

Signs and symptoms: Vigorous shivering, increased blood pressure, fine motor impairment, lethargy, apathy, and mild amnesia.

Treatment: Move the athlete to a warm environment. Remove wet or damp clothing. Insulate the athlete with warm dry clothing or blankets. During re-warming apply heat only to the trunk – axilla, chest, and groin. Provide warm non-alcoholic fluids and foods. Avoid applying friction massage.

B) *Moderate* = 90°F to 94°F/ *Severe* = Below 90°F

Signs and symptoms of Moderate/Severe include: Cessation of shivering, cold skin upon palpation, depressed vital signs, impaired mental function, slurred speech, unconsciousness, and gross motor impairment

Treatment: Primary assessment for CPR. Activate EMS. Remove wet or damp clothing. Insulate the athlete with warm, dry clothing or a blanket. Move the athlete to a warm dry area if appropriate. During rewarming apply heat only to the trunk – axilla, chest, and groin.



Frostbite

Frostbite is the freezing of skin or body tissues, usually of the face, ears, fingers, and toes, and can occur within minutes.

Signs and symptoms: edema, redness or mottling gray skin, stiffness, and transient tingling and burning.

Treatment:

- Rewarm the area slowly at temperatures no greater than 98°-104°F, preferably in a warm water bath for 15-30 minutes. The water should be gently circulated. Thawing is complete when the tissue is again pliable and color and sensation have returned.
- If re-warming is not undertaken, protect the area from additional damage, further temperature decreases, and consult a physician or transport to a medical facility.
- Avoid friction massage to tissues and leave any blisters intact.
- Once re-warming has begun, it is imperative that affected tissue not be allowed to refreeze as this could result in tissue death.

If an athlete is referred to a physician for cold injury: Once cleared by the physician to return to play, the athlete can begin limited exercise in a warm environment and gradually progress duration, intensity, and cold exposure to demonstrate cold tolerance. This progression will be done by the athletic trainers and may take up to 2 weeks for the athlete to be returned to full play.

Emergency Plan: Mental Health

Any student-athlete who expresses a mental health concern to an athletics administrator or coach, or whom the athletics administrator or coach believes to have a mental health concern, will be referred to the UNIS SSA. This referral should be done by Amy O'Connor, the Athletic Trainer, or a member of the UNIS athletics department.

There are two primary types of mental health conditions that will require additional levels of support for the student-athlete experiencing symptoms beyond a routine referral:

Acute – Sudden changes in mental conditions that require an emergency level of care (i.e. suicidal or homicidal ideation, highly agitated or threatening behavior, psychosis, acute delirium/confused state, acute intoxication or drug overdose, and sexual assault). These conditions often require hospitalization.

Chronic – Ongoing mental conditions that may include: depression, anxiety disorders, eating disorders, or other previously diagnosed mental health conditions. The management of these conditions typically requires ongoing care.

Acute Mental Health Situations– Crisis Management Plan

The following Crisis Management Plan will be followed if a student-athlete experiences a



severe and sudden change in their mental condition. Athletic department staff or coaches may be made aware of this change in person, via some other type of communication, or via a third party:

Acute Crisis Where There Is No Immediate Safety Concern

On weekdays during UNIS operating hours, if there is an acute mental health crisis that is not an immediate safety concern and the student-athlete is present, he or she should be walked up to SSA for an emergency appointment by an athletics staff member or coach. If the student-athlete is not physically present but willing to receive help, they should be contacted via phone and email, and directed to walk up to the counseling center and/or call CWS for an emergency appointment.

The parents/guardians, Athletic Director and Head Athletic Trainer should be notified of this referral immediately. They will reach out to SSA and follow up accordingly to verify the student-athlete has or will be receiving assistance, and the treatment plan moving forward.

Acute Crisis Where There Is an Immediate Safety Concern

1. The Athletics Emergency Action Plan will be initiated to ensure proper care and transportation of the individual to the Emergency facility.
2. An athletics staff member or coach must accompany the student-athlete in crisis to the medical facility.
3. Once the student-athlete has been transported to hospital, the athletics staff member or coach who was the first responder should contact the Director of Athletics and Athletic Trainer.
4. The Director of Athletics will then notify the following athletic department staff members:

Athletic Trainer, Amy O'Connor

5. The Head Athletic Trainer will communicate with the family and will provide medical updates when available (if appropriate).
6. Once the student-athlete is released from care, he or she is mandated by campus to meet with the Athletic Director and Athletic Trainer prior to returning to classes.

Chronic Mental Health Concerns – Management Plan

Updated January 2025



The following Management Plan will be implemented if a student-athlete is suffering from an ongoing mental condition that is impacting his or her daily functioning. Athletic department staff or coaches may be made aware of this condition directly via the student-athlete or through a third party.

Referrals:

1. The student-athlete of concern should be referred to speak with SSA. When possible, coaches or athletic administrators should either have the student-athlete walk to SSA or via email to a counselor who can connect them with a psychologist.
2. If the Athletic Director and Head Athletic Trainer speak with the student-athlete, they will then facilitate the student-athlete setting up an appointment with SSA.

Follow Up:

Pertinent updates should be provided, by SSA, to the Head Athletic Trainer, Athletic Director, and Head Coach when deemed necessary. Any changes in the student-athlete status should be communicated immediately.

Emergency Plan: Pandemic/Epidemic Illness

In the event of a pandemic or epidemic, UNIS Sports Medicine will follow the guidelines that are outlined by the following:

- World Health Organization (WHO)
- Centers for Disease Control and Prevention (CDC)
- New York State Department of Health

To minimize the rate of infection and spread of illness, UNIS Sports Medicine will employ the following measures:

- 1) Encourage and display proper hygiene protocols such as hand washing techniques. Soap and hand sanitizer will be readily available in the training room and the HPE building.
- 2) Screen all personnel who enter the athletic training room for relevant symptoms. Anyone with symptoms of viral infection, including but not limited to cough, fever, chills, shortness of breath, or chest pain is not permitted in athletic training areas, or sports areas. Additionally, anyone who has been in close contact within 3 days with someone who tested positive for COVID-19, is not permitted on campus (or in sports areas) for 2 weeks.
- 3) Limit the number of people allowed in the athletic training room to a safe quota.

Updated January 2025



Those that are permitted to enter, will remain an appropriate distance apart of approximately 6 feet.

- 4) A mask should be worn at all times by people entering the athletic training room, especially for those that cannot maintain a 6 feet distance.
- 5) Surfaces, including tables and equipment, will be disinfected immediately after use. Only equipment that can be cleaned will be permitted for use.
- 6) Coolers will be cleaned after each team uses them. There will be no water bottle filling, only single-cup use. DRINKING FROM UNDER THE SPICKET OF THE COOLER IS STRICTLY PROHIBITED. Water fountains will be turned off or placed out of order.
- 7) The Athletic Trainer will wear gloves and a face mask when interacting with patients. Gloves will be single-use only. When other PPE is available, such as a gown or face shield, they will be used when necessary.
- 8) No towels will be given to athletes or shared during this period. All towels that were used prior, will be sanitized immediately.
- 9) Anyone displaying symptoms should notify those that they have come into contact with. If an athlete is demonstrating life-threatening symptoms, follow EAP. The Athletic Trainer should be notified immediately and, in turn, advise the Athletic Director.