

LSU is committed to the prevention, identification, evaluation and proper management of concussions. While we recognize that the medical staff plays an important role in the identification of concussions, all student-athletes are equally responsible for notifying the medical and athletic training staff if they believe they may have suffered a concussion. A coordinated effort will always be made between the medical staff, coaching staff, equipment managers and the student-athlete to ensure the health and safety of the individuals involved in the athletic program here at LSU. The following policy and procedures will be adhered to by all involved in the medical care of the student-athletes.

1. Definition of Sport-Related Concussion:

There is no uniform definition of concussion. The Consensus Statement on Concussion in Sport, which resulted from the 6th international conference on concussion in sport, defines sport-related concussion as follows:

Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.

No abnormality is seen on standard structural neuroimaging studies (computed tomography or magnetic resonance imaging T1- and T2-weighted images), but in the research setting, abnormalities may be present on functional, blood flow or metabolic imaging studies. Sports-related concussion results in a range of clinical symptoms and signs that may or may not involve a loss of consciousness. The clinical symptoms and signs of concussion cannot be explained solely by (but may occur concomitantly with) drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction) or other comorbidities (such as psychological factors or coexisting medical conditions).

2. Independent Medical Care:

As required by NCAA Independent Medical Care legislation, team physicians and athletic trainers shall have unchallengeable autonomous authority to determine medical management and return-to-activity decisions, including those pertaining to concussion and head trauma injuries, for all student-athletes.

3. Education Management:

○ Student-Athlete

As part of Pre-Participation Physicals, all student-athletes will be asked to complete a number of forms that request disclosure of any concussions (no matter how mild) he/she may have suffered prior to enrollment at LSU. In addition to discussing their concussion history with a team physician, LSU student-athletes will receive concussion education each year in the form of a pamphlet given at the time of physicals. This pamphlet provides critical information regarding the facts, signs and symptoms, and the seriousness of concussions. This pamphlet will also be accessible on Teamworks for student-athletes at any time. Student-athletes will be asked to sign a Statement of Accountability acknowledgement. A copy will be kept on file as a part of the Pre-Participation documentation. Additional concussion education will be completed yearly by a team physician or staff athletic trainer during the Annual Catastrophic Training. Acknowledgement of this educational session will be secured by the LSU Athletics Compliance Department through ARMS. Furthermore, posters that are distributed annually by the SEC to provide education to student-athletes and coaches on concussions will be placed in strategic areas in the locker room and/or athletic training rooms at athletic facilities.

○ Coaches and Administrators

Yearly, a presentation will be delivered by the Director of Sports Medicine or Team Physician to the Athletic Administration as well as the coaching staff that educates them on the significance and seriousness of concussions. Administrators and coaches will receive an educational pamphlet and will sign a Statement of Accountability acknowledgment form as assurance that they have a general understanding of how concussions can be prevented and how to minimize exposure as well as the

impact that concussions have on the short- and long-term health and well-being of their student-athletes. A copy will be kept on file with the Compliance Department. This concussion education pamphlet will also be accessible on Teamworks for coaches and administrators to access at any time. Additional concussion education will be completed yearly by a team physician or staff athletic trainer during the Annual Catastrophic Training. Acknowledgement of this educational session will be secured by the LSU Athletics Compliance Department through ARMS.

○ Medical Staff

Yearly, the Head Team Physician will conduct an education presentation for all LSU Medical staff regarding concussion and concussion safety. This will also serve as a time for all LSU medical staff to familiarize themselves with the policies and procedures for concussion management and conduct a walk-thru at each of the perspective practice and game venues. Any procedural changes will be discussed at this time. The medical staff will sign the Medical Team Statement of Accountability acknowledgment form to remind them of the responsibility they have to identify, manage, and safely return to play the student-athletes at LSU. A copy will be kept on file with the Compliance Department as a part of the annual re-education process.

4. Pre-Participation Management:

To ensure the proper evaluation of all student-athletes over the time that they are at LSU, a baseline concussion assessment will be performed *annually* on each student-athlete. This assessment assumes individualized medical care, which means: Each athlete and each injury are different. Depending on the severity of prior injuries, the number of concussions, other individual concerns and based on the developing state of science, the team physician/primary health care provider should review each athlete's history and consider discussing with the student-athlete concerns about concussion and repetitive head impact as warranted, including potential risks and benefits from playing sport. Such discussion allows the athlete to make an informed decision about their participation in their sport. This extensive assessment tool conducted at LSU and, at a minimum involve the following:

○ Brain Injury and Concussion History

General medical questions on each student-athlete's history of actual or possible concussions will be asked annually on the pre-participation physical examination. If a history is identified, supplemental questions will be given to the student-athlete that details the significance of his or her head injury history. This historical summarization is to be reviewed by the team physician before final participation clearance is granted. Pre-participation physical exams are performed annually by our team physicians. Final medical clearance to participate will be determined by the team physician.

○ Evaluation

A variety of assessment tools will be used in the annual baseline evaluation so that a current snapshot of the student-athlete prior to concussion can be documented. A computerized neurocognitive tool (C3 Logix) will be completed by all student-athletes. These baseline scores for cognitive functioning and balance will be documented annually and used as a reference point in the event that a concussion is sustained or suspected. Student-athletes will repeat yearly baseline testing. All Freshman and Transfer student-athletes will take a full baseline C3 Logix baseline screen. Returner athletes will take the modified baseline C3 Logix screen. The team physician will determine pre-participation clearance and/or the need for additional consultation or testing and will consider a new full C3 Logix baseline concussion assessment at six months or beyond for any student-athlete with a documented concussion, especially those with complicated or multiple concussion history. Importantly, baseline testing may inform post-injury evaluation; however, student-athletes who have suffered a concussion may perform at the same level or even better than their baseline testing, as motivation and other factors may differ in post-concussion testing. Ultimately, baseline testing serves as one of many potential factors in making a clinical decision.

5. Reducing Exposure to Head Trauma:

With the intent to further educate the coaches and the student-athletes regarding ways to reduce the exposure to head trauma, the following practices are employed at our training and competition venues:

○ Annual re-education for coaches and student-athletes to review the signs and symptoms of concussions as well as the importance of reducing the number of exposures to head trauma, including but not limited to:

1. Reminders and teaching of proper technique to limit head contact; and
2. Limiting the amount of contact that ends up on the ground during practice, as ground impact can cause additional head trauma.

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- Equipment Inspection
 1. Daily inspection of gear and helmets to ensure proper fit and usage;
 2. Facility inspection prior to activity that may identify additional risk factors that could add to potential concussions (e.g.: unintended equipment on courts or fields, protective padding that covers equipment, and slick playing surfaces); and
 3. Upon the student-athlete's return from a concussion, an "off-colored" jersey will be issued or equipment modification will occur to signify that there is to be "no contact or trauma" with the student-athlete. When the player has been cleared for full-participation, the "off-colored" jersey or equipment modification will be replaced with a regular jersey or equipment will be returned.
- Practice Schedules
 1. Understand that rules and regulations set by the NCAA regarding practice opportunities should be followed as their intent is to protect and limit over-exposure to injury (eg: weekly hour rules, off days);
 2. Coaches must be willing to listen to suggestions from the team physicians and athletic trainers relative to altering practice schedules as to reduce head contact exposure; and
 3. Limiting heat exposure, evaluating hydration status, and providing adequate nutrition are all important factors to providing an effective practice environment that can help in reducing head trauma and injury exposure.
- Research and Education
 1. LSU remains focused on learning and developing the best practices to limit and reduce incidents of injury and head trauma. In doing so, the Athletic Training Department remains thoughtfully engaged in research and data collection that has the potential to positively change the way athletics approaches concussions.

6. **Recognition and Diagnosis of Concussion:**

Medical coverage shall be provided by a certified athletic trainer and/or team physician who has been trained in the diagnosis, treatment, and initial management of acute concussions. This on-site coverage will be provided for competition as well as practice for the following sports: football, men's and women's basketball, volleyball, gymnastics, baseball, softball, men's and women's track & field, beach volleyball, men's and women's tennis, men's and women's swimming and diving and soccer. All remaining sports will have medical coverage by either an on-site certified athletic trainer or be available via telephone or other communication means.

Any student-athlete that exhibits signs, symptoms or behaviors consistent with concussion must be removed from practice or competition for evaluation. Examples of signs that warrant immediate removal from the field include: actual or suspected loss of consciousness, seizure, tonic posturing, ataxia, poor balance, confusion, behavioral changes, amnesia. Concussion Evaluation:

- Must be evaluated by an athletic trainer or team physician.
- Allow ample time (e.g., 10-15 minutes) when conducting a multi-modal screen (full C3 Logix Work up) to evaluate a potential concussion.
- Must be removed from practice/play for that calendar day if concussion is confirmed or suspected.
- May only return play the same day if the athletic trainer, team physician or physician designee determines the concussion is no longer suspected AFTER evaluation. Even in such cases, consider next day follow-up assessment because the initial symptoms may not appear for several hours.

7. **Initial Suspected Concussion Evaluation:**

The initial concussion evaluation must include an immediate assessment/neurological screen for "red flags" or observable signs (as noted in the Concussion Emergency Action Plan below). The assessment may include a multi-modal evaluation (these are embedded in C3 Logix) as clinically indicated such as:

- Clinical assessment to rule out cervical spine trauma, skull fracture, intracranial bleeding or other catastrophic injury. (Incident Report in C3 Logix)
- Symptom assessment (Graded Symptom Checklist-C3 Logix)
- Physical and Neurological Exam
- Cognitive Assessment

- Balance Exam

If the situation warrants advanced emergency medical care, the Emergency Action Plan (Appendix E) will be activated. If immediate transportation to the hospital is necessary, EMS will be called and the team physician will be contacted and fully informed of the student-athlete's current status. The certified athletic trainer will work directly with the team physician in the monitoring of the student-athlete's current medical status or possible deterioration. The following signs and symptoms could be considered a need for immediate transport to emergency services:

- Neck pain or tenderness.
- Seizure or convulsion.
- Double vision.
- Loss of consciousness.
- Weakness or tingling/burning in more than one arm or in the legs.
- Deteriorating conscious state.
- Vomiting.
- Severe or increasing headache.
- Increasingly restless, agitated or combative.
- Glasgow Coma Scale Score <15.
- Visible deformity of the skull.

8. Post-concussion Management

For all cases of diagnosed concussion, there must be documentation that post-concussion plan of care was communicated to both the student-athlete and another adult responsible for the student-athlete, in oral and/or written form. Because symptoms may evolve or manifest over time, for all suspected or diagnosed concussions, there will be in place a mechanism for serial evaluation of the student-athlete off-field the same day and up to 72 hours.

○ Follow-up Care

1. Once the student-athlete is deemed safe to be released from the care of the medical personnel, they may be released to a responsible individual that will be able to follow basic instructions to assist in the monitoring of the athlete.
2. A Concussion Care Packet will be given to an individual who will be caring for the concussed student-athlete. The name of the individual providing care as well as his or her relationship to the student-athlete will be documented in the medical database. This is documented via the Post-Concussive Care Packet signature sheet.
3. A self-report concussion symptom scale in addition to routine evaluation will be completed within the first 24 hours. Subsequent symptoms scales and evaluations will be done daily or at the request of the team physician.
4. Refer to team RD for Implementation of the Nutrition for Concussion Protocol. (Appendix A)
5. Communication with the sport's academic advisor will occur.
6. If the student-athlete has a previous mental health diagnosis, follow up with mental health will be requested.

○ Sub-Acute Management Plan (three days to weeks post injury) as needed:

1. Symptom evaluation.
2. Immediate and delayed memory.
3. Concentration.
4. Orthostatic vital signs.
5. Cervical spine assessment.
6. Neurological evaluation.
7. Screen for fear, anxiety or depression or other mental health issues.
8. Screen for Sleep disturbances

○ Re-Evaluation/Prolonged Recovery Care as needed

Any student-athlete with atypical presentation or persisting symptoms >4 weeks will be re-evaluated by a physician in order to consider additional diagnoses, best management options, and consideration of referral. Additional diagnoses, include but

are not limited to the following:

1. Post-Concussion Syndrome
2. Sleep Dysfunction
3. Migraine or Headache Disorder
4. Mood Disorders such as Anxiety or Depression
5. Ocular or Vestibular Dysfunction
6. Cognitive and Autonomic dysfunction including orthostatic intolerance and postural orthostatic tachycardia syndrome; pain

9. Return-to-Learn Management

After a concussion diagnosis is made, it is mandatory that a student-athlete will have full cognitive rest for 24 hours from the on-set of injury. This will include no class, study hall, meetings, etc. A LSU Student-Athlete Academic Concussion Notification letter (see Appendix B) and The LSU Athletics Return to Learn Protocol (see Appendix C) will be sent to the athletic academic advisor. The advisor will forward this notification and protocol on to the student-athlete's instructors. After day one, the student-athlete will have an individualized plan for when he or she will return to these activities. A plan according to the athlete's presentation will be developed and monitored by a multidisciplinary team. The multidisciplinary team consists of team physician, athletic trainer, mental health professional, athletic academic advisor and learning specialist. In the event a student-athlete has a return or worsening of symptoms due to resumption of activities he or she will immediately stop the activity for that day and check in with his/her athletic trainer.

A note will be provided by the attending physician to verify potential academic absences. If it is determined that recovery could be prolonged, the multidisciplinary team will activate short term disability services. The athletic trainer will assist with the completion of required Office of Disability Service (ODS) paperwork. Some of the more frequently requested accommodations are:

- Extended Time
- Distraction-Reduced Environment
- No Scantron
- Consideration for Absences
- Class Notes

At this time the athletic trainer should send a LSU Student-Athlete Concussion Academic Notification Follow Up (see Appendix D) to the athletic academic advisor. The athletic academic advisor should forward this notification on to the student-athlete's professor/instructor.

10. Return to Sport:

Unrestricted return-to-sport should not occur prior to unrestricted return-to-learn for concussions diagnosed while the student-athlete is enrolled in classes. Complete rest and isolation should be avoided, even for the initial 24-48 hours. Relative rest is important in the first 24 hours. Final determination of unrestricted return-to-sport will be made by an LSU Team Physician following implementation of an individualized, supervised stepwise progression management plan that includes:

- Step 1. Symptom-limited activities of daily living.
- Step 2. Aerobic exercise with light resistance training (body weight) as tolerated (no more than mild or brief exacerbation of symptoms that last for less than 1 hour)
 - 2a. Light (up to 55% maximum heart rate); then
 - 2b. Moderate (up to approximately 70% maximum heart rate).
- Step 3. Individual sport-specific exercise and activity without any increased risk of inadvertent head impact exposure.

Proceed to step 4 only after resolution of signs and symptoms related to the current concussion, including with and after physical exertion. The student-athlete should have all neurocognitive testing (full C3 Logix) completed and returned to normal before proceeding to step 4.

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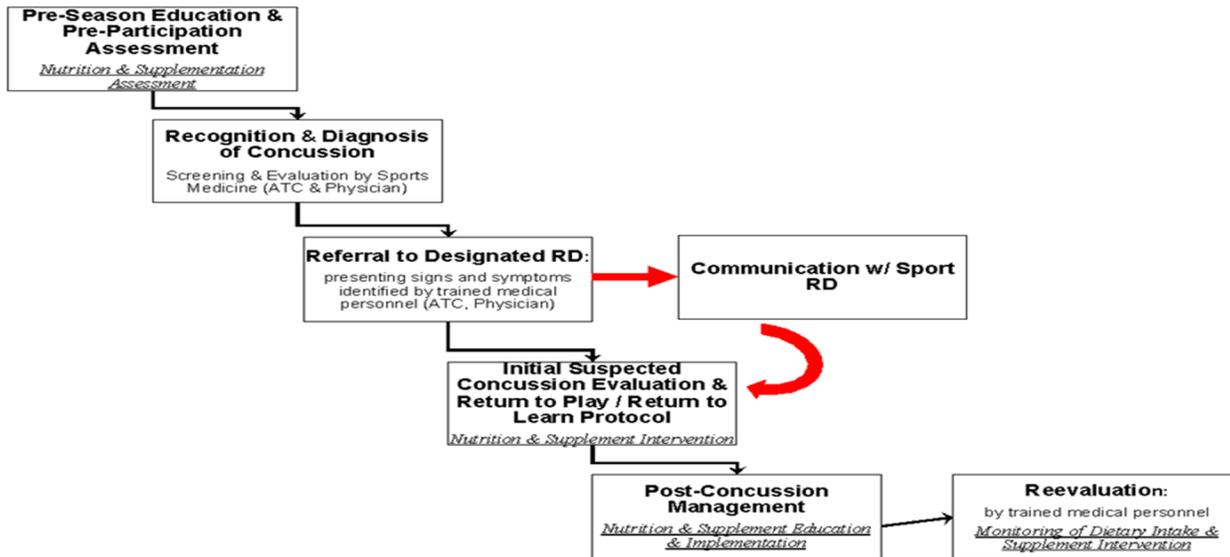
- Step 4. Non-contact practice with progressive resistance training.
- Step 5. Unrestricted practice or training.
- Step 6. Unrestricted return-to-sport.

The above stepwise progression will be supervised by a health care provider with expertise in concussion, with it being typical for each step in the progression to last at least 24 hours. It is the student-athlete's responsibility to make the certified athletic trainer and team physician aware of the return of any concussion signs or symptoms. If at any point the student-athlete becomes symptomatic (more symptoms than baseline), the team physician or designee will be notified, and adjustments will be made to the return-to-sport progression. These alterations will be individualized based on sport, history, type of symptom and degree of severity. Once the return to modified sport has been approved, a different colored jersey or equipment alteration should be worn to help identify the student-athlete that he or she has not been cleared for full contact. This off-setting colored jersey or equipment alteration will alert coaches and fellow student-athletes that they should avoid activity that could lead to direct head contact.

Appendix A

Nutrition for Concussion

GUIDELINES



Day 1: Concussion Evaluation

1. Concussion Evaluation is done by Athletic Training and Sports Medicine
2. Communication Protocol (**Referral to Team Dietitian**)
3. Supplementation Prescription and Protocol
 - a. Omega 3 Fatty Acid supplementation can be prescribed based on total body weight (30 to 40 milligrams per kilogram of TBW (Total Body Weight). Creatine monohydrate supplementation can be prescribed based on total body weight (0.4 grams per kilogram per day in split doses of 5 grams throughout the day). Supplementation prescriptions will be administered after review and approval of the team physician.
 - b. After a concussion is diagnosed, each student-athlete can be supplemented with Omega 3 Fish Oil (DHA/EPA) and creatine monohydrate for at least 7 weeks after the insult. The Creatine Monohydrate prescription will be signed by a team physician and kept in the student athlete's concussion packet. After seven weeks, the team doctor will determine if continued supplementation is warranted. The team sports dietitian or athletic training staff will administer supplements during the initial three-week recovery phase.
 - c. Athletes with a history of concussion may prophylactically be given 3 to 6 grams (or 3,000mg-6,000mg) of omega-3 fish oil (DHA/EPA) daily, 3 to 6 grams of creatine monohydrate to reduce the severity of future head trauma per sports medicine staff, team physician and the team sports dietitian's recommendation. The sports nutrition staff will distribute the maintenance doses of omega-3 fish oil and creatine monohydrate.

Day 2: Initial Nutrition Assessment

4. Nutrition Assessment
 - a. The sports dietitian will assess and monitor the athlete's nutrition intake after the follow-up session with the sports medicine staff (~5-30 minutes)
 - i. Notes may include:
 1. Dietary intake from the day
 2. Current supplement and medication
 3. PES and ADIME

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- b. Education and instructions will be given for promoting daily dietary intake.
5. The sports dietitian or athletic trainer will continue to give the athlete the prescribed nutrition supplementation before or immediately following concussion evaluation with the sports medicine staff.

Day 3 - Full Recovery: Follow-Up Assessments

6. Follow-up nutrition assessments will be monitored until the athlete has fully cleared to participate in full sports activities.
7. The team physician and athletic training staff will suggest any additional lab markers or technology assessments to monitor concussion recovery

Appendix B
LSU Student-Athlete Academic Concussion Notification

Concussion or Mild Traumatic Brain Injury (MTBI) or *comotio cerebri* is defined as a complex pathophysiologic process affecting the brain's function. It is induced by traumatic biomechanical forces after impact to the head, face, neck or body that leads to a functional, not structural, disturbance which may or may not involve LOC (Loss of Consciousness). The majority of concussions resolve spontaneously within 7-10 days, and follow a sequential course towards resolution. However, some concussions take a protracted course towards resolution.

Student-athletes are responsible for reporting their injuries and illnesses to the medical staff, including signs and symptoms of concussions (MTBI's). Signs and symptoms include, but are not limited to:

- Headache
- Dizziness
- Sensitivity to light
- Sensitivity to noise
- Difficulty remembering
- Difficulty concentrating
- Drowsiness
- Fatigue
- Nervousness
- Sadness
- Nausea/Vomiting

_____ sustained a concussion on ___ / ___ / _____. The Sports Medicine Staff and Academic Staff is alerting you of this injury and the related symptoms that the student-athlete may experience. It is important that you understand the signs and symptoms of a concussion and subsequent challenges a student-athlete is experiencing. Student-athletes must refrain from all classroom activity for 24 hours after the injury occurred. When the Team Physician, Dr. _____ grants the student-athlete the authority to Return-to-Learn, possible modification to classroom activity may be necessary. Such modifications are designed to allow cognitive rest, providing adequate time for recovery, while the student-athlete participates in some modified classroom activity. When the student-athlete resumes class, please be aware that academic challenges may occur during the recovery process. After suffering a concussion, there is a brain energy crisis. Due to this crisis, modified cognitive rest is necessary to enhance the recovery process. The student-athlete should progress to the classroom and studying activities as tolerated. A student-athlete's academic schedule may take some modification in the first one to two weeks following a concussion. Please work with the student-athlete's Academic Counselor and Learning Specialist when navigating Return-to-Learn activities. Return-to-Learn may include, but are not limited to the following:

- Attendance flexibility
- Brief breaks during class
- Consideration of inability to tolerate electronics and screening device
- Consideration of inability to tolerate reading for long bouts
- Please refer to the LSU Athletic Return-to-Learn provided

A multidisciplinary team consisting of the Team Physician, Athletic Trainer, Mental Health Professional, Academic Counselor and Learning Specialist will navigate more complex cases of prolonged Return-to-Learn. Under the guidance of the Team Physician, LSU Office of Disability Services (ODS) will be notified to request and acquire the needed classroom accommodations to support the student-athletes with prolonged and complicated Return-to-Learn cases. You should expect an email from the Team Physician for these prolonged, complex cases.

Any consideration you may provide academically during this time would be greatly appreciated. If you have any questions or concerns, please do not hesitate to contact the Athletic Academic Counselor or Athletic Training staff. Thank you for your time and consideration during this process.

Team Physician

Signature

Date

Appendix C
LSU ATHLETICS RETURN-TO-LEARN PROTOCOL

Phase	Aim	Progression Suggestions	Goal
1	Light cognitive activities that do not increase symptoms	<ol style="list-style-type: none"> 1. Instructor notification of potential absences as student-athlete may need intermittent cognitive and physical rest for up to 72 hours 2. Gradually return to in-person social interactions (e.g., meeting with friends, talking on the phone, visiting face to face, cooking, going to the cafeteria) 3. Check in with multidisciplinary team (academic counselor, learning specialist, athletic trainer, physician) to develop academic strategies and/or accommodations specific to your workload 	Reintroduce activities of daily living

Phase	Aim	Progression Suggestions	Goal
2	Reintroduction of course-related activities and part-time returning to learning environments	<ol style="list-style-type: none"> 1. Student-athletes should give themselves more time to finish out-of-class assignments 2. Slowly reintegrate technology when completing coursework (e.g., turning down screen brightness, using blue light filters, and/or consider taking breaks when using electronic devices) 3. Discussion between instructor and student-athlete regarding adjusting quizzes/tests/assignments either by excusing certain coursework or delaying dates or offering alternate options 4. Return to class with possibility of breaks during class and/or attending partial class 5. Check in with multidisciplinary team to review and/or revise your academic strategies and/or accommodations 6. If symptoms worsen consider returning to phase 1 or modifications of phase 2 should occur 	Increase cognitive tolerance of course-related work at home

Phase	Aim	Progression Suggestions	Goal
3	Attend a full class in learning environment	<ol style="list-style-type: none"> 1. Attend a full lecture with academic support, if needed 2. Discussion between instructor and student-athlete regarding prioritizing assignments or scaffolding assignments to avoid workload build-up 3. Discussion between instructor and student-athlete regarding implementation of note taker, hard copy print-outs of lecture notes, allowing sunglasses or blue light glasses, turning off computer screens during hybrid learning, and/or other accommodations 4. Check in with multidisciplinary team to review and/or revise your academic strategies and/or accommodations 5. If symptoms worsen consider returning to phase 2 or modifications of phase 3 should occur 	Increase cognitive and symptom tolerance during in-class activities

Phase	Aim	Progression Suggestions	Goal
4	Attend a full week of class in learning environments	<ol style="list-style-type: none"> 1. Begin to wean away from academic accommodations until you can successfully attend a full week of class without academic support 2. Check in with multidisciplinary team to discuss recovery and/or continued use of academic support - Office of disciplinary services will be contacted at this time 3. If symptoms worsen consider returning to phase 3 or modification of phase 4 should occur 	Gradually decrease the need for academic support

*Modified from the 5th International Conference on Concussion in Sport Concussion Statement and The University of Michigan's Concussion Center

Appendix D

LSU Student-Athlete Academic Concussion Notification Follow Up

As previously notified, _____ was diagnosed with a concussion on _____. Unfortunately, this student-athlete is experiencing prolonged concussion symptoms.

Our multidisciplinary team consisting of the Team Physician, Athletic Trainer, Academic Counselor and Learning Specialist is navigating this complex case of prolonged return-to-learn. Under the guidance of the Team Physician, LSU Office of Disability Services (ODS) has been notified to request and acquire the needed classroom accommodations to support this student-athlete.

We appreciate your understanding and consideration that you have and can continue to give to this student- athlete during this difficult time. If you have any questions or concerns, please do not hesitate to contact the Athletic Academic Counselor. Thank you for your time and consideration during this process.

LSU Team Physician

Signature

Date

EAP SAMPLE-APPENDIX E

LSU TENNIS COMPLEX - 3578 Gourrier Ave

PROTOCOL

- Activate EMS
 - Onsite or call 911
 - Be prepared to give the following...
 - Name and phone number
 - Describe the injury scene - gender, age, and number of individuals injured, condition of the injured and care being given
 - Give adequate directions to the emergency location (see map)
 - Discontinue call only when instructed to do so
- Designate individuals to...
 - Alert on-site EMS personnel for assistance at games based on a pre-planned communication strategy
 - Retrieve emergency equipment
 - Open appropriate gates, flag down and direct EMS to the accident scene
- Limit scene to first responders and move bystanders away from the area
- Notify ambulance crew of hospital preference
 - Our Lady of the Lake: 5000 Hennessy Blvd
- Determine who will accompany athlete to the hospital ER
- Activate Code Tiger and notify campus police 225-578-3231

DIRECTIONS TO VENUE (3578 Gourrier Avenue)

OUTDOOR COURTS

- FROM NICHOLSON: Turn onto Gourrier avenue then take a left into the entrance of the parking lot. Continue through the NE gate to access the outdoor courts.
- FROM RIVER ROAD: Gourrier avenue, then take a right into the entrance of the parking lot. Continue through the NE gate to access the outdoor courts.

INDOOR COURTS

- FROM NICHOLSON: Turn onto Gourrier avenue then take a left into the entrance of the parking lot. Pull through the roundabout and enter the front doors to access indoor courts
- FROM RIVER ROAD: take Gourrier avenue, then take a right into the entrance of the parking lot. Pull through the roundabout and enter the front doors to access indoor courts

A staff member will be waiting at the NE gate or front doors of

IMPORTANT

- Review medical Timeout with opposing team staff and officials prior to event.
- Contact appropriate administrators and sport staff
- Have appropriate paperwork for athlete available (Insurance, emergency contacts, authorizations)

MEDICAL PROVISIONS CHECKLIST

PERSONNEL: GAMES

- Attending or on-call:
 - Team physician(s)
 - Emergency Medical technician(s) and paramedic(s)
 - Licensed/certified athletic trainers
 - Athletic training students
- Dedicated EMS ambulance standby/location of crew
- Responsible for activating EMS
 - Attending athletic trainer

PERSONNEL: PRACTICES

- **Attending:**
 - Licensed/certified athletic trainers
 - Athletic training students
- On-call:
 - Team physician(s)
- Dedicated EMS ambulance standby
 - No
- Responsible for activating EMS
 - Attending athletic trainer

EQUIPMENT

- AED/Oral airway
- Splint bag
- Spine board
- Oral airway
- Emergency trunk or bag

