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I. The National Athletic Trainers’ Association Mission Statement

The mission of the National Athletic Trainer’s Association is to enhance the quality of health care for athletes and those engaged in physical activity, and to advance the profession of athletic training through education and research in the prevention, evaluation, management and rehabilitation of injuries.

II. The National Athletic Trainers’ Association Code of Ethics

PREAMBLE

The Code of Ethics of the National Athletic Trainer’s Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainers, but should be considered representative of the spirit with which athletic trainers should make decisions. The principals are written generally and the circumstances of a situation will determine the interpretation and application of a given principal and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

PRINCIPAL 1

Members shall respect the rights, welfare, and dignity of all individuals.

1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their professions.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care unless the person consents to such release or release is permitted or required by law.

PRINCIPAL 2
Members shall comply with the laws and regulations governing the practice of athletic training.

2.1 Members shall comply with the applicable local, state, and federal laws and institutional guidelines.

2.2 Members shall be familiar with and adhere to all National Athletic Trainers’ Association guidelines and ethical standards.

2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

**PRINCIPAL 3**

Members shall accept responsibility for the exercise of sound judgement.

3.1 Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2 Members shall provide only those services for which they are qualified via education and/or experience by pertinent legal regulatory process.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

**PRINCIPAL 4**

Members shall maintain and promote high standards in the provision of services.

4.1 Members shall recognize the needs for the continuing education and participate in various types of educational activities that enhance their knowledge.

4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members who have the responsibility for evaluating the performance of employees, supervise, or students are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational
activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

PRINCIPAL 5

Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

5.1 The private conduct of the member is a personal matter to the same degree as is any other’s person’s except when such conduct compromises the fulfillment of professional responsibilities.

5.2 Members of the National Athletic Trainers’ Association and others serving on the Association’s committees or acting as consultants shall not use, directly or by implication, the Association’s name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4 Members shall seek remuneration for their services that is commensurate with their services and in compliance with applicable law.
III. The Loyola Marymount Athletic Medicine Vision Statement

The Loyola Marymount University Athletic Medicine program shall provide injury prevention, treatment, and rehabilitation services of recognized excellence to all student-athletes at Loyola Marymount University. Loyola Marymount University Athletic Medicine is committed to becoming a leader in sports medicine services for the twenty-first century.

IV. The Loyola Marymount University Athletic Medicine Mission Statement

The Loyola Marymount University Athletic Medicine program is committed to providing the highest quality sports medicine services to the student-athletes of Loyola Marymount University. The program is committed to using available technology in the delivery of services and the continuous upgrading of equipment used in the delivery of sports medicine services to assure student-athletes the most modern care available in the nation. The program strives to be one of recognized excellence in the care and prevention of athletic injuries.

The purpose of the Athletic Medicine program is fourfold: 1) to allow access to athletic medicine services for student athletes, 2) to encourage a philosophy of sport that places a high value on health and wellness, 3) to allow injured student-athletes to return to their sports as soon as is medically safe, and 4) to substantially reduce the risk of athletic injury for student-athletes at LMU.

Athletic trainers will maintain the highest standards of quality consistent with the National Athletic Trainer’s Association Code of professional practice and the credentialing statutes of the state of California.

V. The Loyola Marymount University Athletic Medicine Goals

- To promote professional and ethical conduct at all times.

- To provide unsurpassed athletic medicine care to all athletes at Loyola Marymount University.

- To promote professionalism of all athletic trainers involved in the Athletic Medicine program.

- To provide outstanding clinical experience in athletic training to enhance student learning.
VI. The National Collegiate Athletic Association Guidelines for Sports Medicine

Participation in sports requires and acceptance of risk of injury. Student athletes rightfully assume that those who are responsible for the conduct of sports have taken reasonable precautions to minimize the risk of significant injury. Periodic analysis of injury patterns continually leads to refinements in the rules and other safety guidelines.

Compliance implies respect on everyone’s part student athlete, coach, athletic trainer, physician, and athletic director for the intent and purpose of rules and guidelines.

Student athletes for their part should comply with and understand the rules and standards that govern their sports. Coaches should appropriately acquaint the student athlete with the risk of injury and with the rules and practices they employing to minimize the student athlete’s risk of significant injury while pursuing the many benefits of sport.

The athletic trainer and team physicians should be responsible for injury prevention efforts, and the subsequent care of those injuries that occur.

The athletics program, via the athletics administer, should be responsible for providing a safe environment.

The student athlete and the athletic program have a mutual need for an informed awareness of the risks being accepted and for sharing the responsibility for minimizing those risks.

VII. The Loyola Marymount University Athletic Medicine Policy and Procedures

The Sports Medicine Staff of Loyola Marymount University follows the guidelines provided to sports medicine facilities, athletic trainers, and physicians by the National Athletic Trainers’ Association and the National Collegiate Athletic Association.

In depth descriptions of policies and procedures can be found in the Loyola Marymount University Athletic Medicine Policies and Procedures Manual.
VIII. The Loyola Marymount University Athletic Medicine Emergency Protocol

Acknowledgement

This document has been adapted by Loyola Marymount University Athletic Medicine and developed as an emergency plan for all athletic activities as noted in the NCAA Sports Medicine Handbook Guideline 1f, Emergency Care and Coverage.

Introduction

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to athletes with emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all athletic participants. As athletic injuries may occur at any time and during any activity, the athletic medicine team must be prepared. This preparation involves a formulated 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. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques, and other safety avenues, potential emergencies may be averted.

Accidents and injuries are, however, inherent with athletic participation. Proper preparation on the part of the athletic medicine team will enable each emergency situation to be managed appropriately.

Components of the Emergency Plan

There are four basic components of the Emergency Plan.

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Emergency Transportation

Each of these four components will be discussed in detain on the following pages.
1. Emergency Personnel

*The Emergency Team.* 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, certified athletic trainers, coaches, emergency medical technicians, student athletic trainers, managers, and possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members on the Emergency Team, the athletic venue itself, or the preference of the Certified Athletic Trainer.

Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletic personnel associated with practices, competitions, skill instruction, and strength and conditioning.

There are **four basic roles** of the Emergency Team.

1. **Immediate care of the athlete.**
   The first and most important role of the Emergency Team is to administer immediate care and first aid to the athlete. The most qualified individual on the scene should provide this immediate care. In most instances, this “first responder” is the Certified Athletic Trainer. In some situations, the first responder may be a member of the coaching staff or some other institutional personnel, until the Certified Athletic Trainer arrives on the scene. Individuals with lower credentials should yield to those with more appropriate training.

2. **Equipment Retrieval**
   Equipment retrieval may be done by anyone on the Emergency Team who is familiar with the types and location of the equipment needed. Coaches, student athletic trainers, and managers are good choices for this role. The Certified Athletic Trainer at the scene will designate someone to carry out the duties of this role.

3. **EMS Activation**
   Activation of EMS may be necessary in life-threatening situations or 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 life-threatening event. The Certified Athletic Trainer will designate someone on the Emergency Team to call EMS.

4. **Direction of EMS to the Scene**
   A member of the Emergency Team will be responsible for meeting EMS as they arrive at the sporting venue. A student athletic trainer, coach, or manager may be appropriate for this role.
Providing Information to EMS. The member of the Emergency Team who makes the call to activate EMS should provide the following information.

1. Name and telephone number of caller.
2. Number of athletes injured.
3. Condition of injured athletes.
4. Treatment administered by the “first responder.”
5. Specific directions to the emergency scene. (Ex. “Enter the campus by way of Loyola Blvd. Gersten Pavilion is on your right as you enter the campus.”)
6. Other information as requested by the dispatcher.

2. Emergency Communication

Communication is the key to quick delivery of emergency care in situations involving athletic injuries and emergencies. Members of the Emergency Team, and the EMS personnel, must work together to provide the best possible care to injured athletes. Communication between and within both groups professionals prior to the athletic event is a good way to establish boundaries and build rapport. If emergency transportation is not available on site during a particular athletic event, direct communication with EMS is critical and 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 athletic event, practice or competition. Two-way radios may also be used for communication between a coaching staff and the Athletic Medicine Staff, or other members of the Emergency Team. Details on emergency communication for specific athletic venues are discussed in the Emergency Plans section of this handbook.

3. Emergency Equipment

All necessary emergency equipment should be on site at the athletic event during competitions. All emergency equipment should be available in the Athletic Training Room during practice situations. This equipment should include a fully stocked Athletic Trainer’s Kit, a Crutch Kit, and a Splint Kit.

Any person expected to use this equipment must be trained in advance on how to use it properly.

Emergency equipment should be checked on a regular basis to ensure that they are in good working condition. Emergency equipment should be stored in a clean and environmentally controlled area, and should be readily available in the event of an emergency.
4. Emergency Transportation

For emergency or life-threatening situations, EMS may be called to the sporting event to transport the athlete. Please refer to the Emergency Plans section in this handbook for specific directions on EMS access to athletic venues.

For non-emergent injuries requiring transportation, please refer to the Transportation Policy in the Loyola Marymount University Athletic Medicine Policies and Procedures manual.

Conclusion

The importance of being properly prepared for athletic injuries cannot be stressed enough. An athlete’s survival may depend on the training and preparation of healthcare providers. It is prudent to invest athletic department “ownership” in the emergency plans by involving athletic administration and coaches as well as the athletic medicine personnel. The emergency plans should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, Loyola Marymount University helps to ensure that the athlete will have the best care provided when an emergency situation does arise.
IX. The Loyola Marymount University Athletic Venue Emergency Plans

The following pages outline the emergency plans for each athletic venue site at Loyola Marymount University.
Page Stadium

Practice Situation

1. Emergency Personnel
   - Certified Athletic Trainer(s) stationed in the Athletic Training Room.
   - Coaching Staff.
2. Emergency Communication
   - Two-way radio communication to the Athletic Training Room.
   - Fixed telephone line inside the Athletic Training Room.
3. Emergency Equipment
   - All emergency equipment will be accessible from the Athletic Training Room.

Game Situation

1. Emergency Personnel
   - Certified Athletic Trainer.
   - Coaching Staff.
2. Emergency Communication
   - Cell phone with the Certified Athletic Trainer.
   - Two-way radio communication to the Athletic Training Room.
   - Fixed telephone line inside the Athletic Training Room.
   - Fixed telephone line inside the stadium Press Box. (310) 338-3046
3. Emergency Equipment
   - Athletic Trainer’s Kit (includes first aid supplies, BP cuff, stethoscope, and CPR face shield).
   - Splint Kit.

EMS Access

1. Campus entrance for EMS will be the south gate of Sullivan Field which opens onto 80th St.
2. Page Stadium entrance for EMS will be the stadiums west gate (1st base side).
Gersten Pavilion

Practice Situation

1. Emergency Personnel
   - Certified Athletic Trainer(s) stationed in the Athletic Training Room.
   - Coaching Staff.
2. Emergency Communication
   - Fixed telephone line inside the Athletic Training Room.
3. Emergency Equipment
   - All emergency equipment will be available in the Athletic Training Room.

Game Situation

1. Emergency Personnel
   - Certified Athletic Trainer on the court.
   - MD on the court for HOME BASKETBALL GAMES ONLY.
   - Coaching Staff.
2. Emergency Communication
   - Fixed telephone line at the scorer’s table. (310) 670-8792.
   - Fixed telephone line inside the Athletic Training Room.
   - Cell phone with the Certified Athletic Trainer.
3. Emergency Equipment
   - Athletic Trainer’s Kit (includes first aid supplies, BP cuff, stethoscope, and CPR face shield).
   - Splint Kit.
   - Crutch Kit.
   - Spine Board.

EMS Access

1. Campus entrance for EMS will be via the Loyola Blvd entrance.
2. EMS vehicles will be directed to the south entrance of the pavilion (facing Sullivan Field).
3. Parking lot posts will be removed to allow access to the south entrance.
Burns Recreation and Aquatics Center

Practice Situation

1. Emergency Personnel
   - Certified Athletic Trainer stationed in the Athletic Training Room.
   - Coaching Staff.
   - Lifeguard Staff.
2. Emergency Communication
   - Fixed telephone line inside the Head Aquatics Coach’s office.
     (310) 338-1844
   - Fixed telephone line inside the Lifeguard office.
   - Fixed telephone line inside the Athletic Training Room.
3. Emergency Equipment
   - All emergency equipment will be available in the Athletic Training Room.
   - First aid supplies in the Lifeguard office.

Game Situation

1. Emergency Personnel
   - Certified Athletic Trainer on the pool deck.
   - Coaching Staff.
   - Lifeguard Staff.
2. Emergency Communication
   - Fixed telephone line in the Head Aquatics Coach’s office.
     (310) 338-1844
   - Fixed telephone line inside the Lifeguard office.
   - Two-way radio communication to the Athletic Training Room.
   - Fixed telephone line inside the Athletic Training Room.
3. Emergency Equipment
   - Athletic Trainer’s Kit (includes first aid supplies, BP cuff, stethoscope, and CPR face shield).
   - All emergency equipment will be available in the Athletic Training Room.
   - First aid supplies in the Lifeguard office.

EMS Access

1. Campus entrance for EMS will be via the Loyola Blvd entrance.
2. EMS vehicles will be directed to the north entrance of the Aquatic Center via Ignation Circle Drive.
Sullivan Field

Practice Situation

1. Emergency Personnel
   - Certified Athletic Trainer stationed in the Athletic Training Room.
   - Coaching Staff.
2. Emergency Communication
   - Two-way radio communication to the Athletic Training Room.
   - Fixed telephone line inside the Athletic Training Room.
3. Emergency Equipment
   - All emergency equipment will be available inside the Athletic Training Room.

Game Situation

1. Emergency Personnel
   - Certified Athletic Trainer on the field.
   - MD on the field for Men’s and Women’s home soccer games.
   - Coaching Staff.
2. Emergency Communication
   - Cell phone with the Certified Athletic Trainer.
   - Two-way radio communication with the Athletic Training Room.
   - Fixed telephone line inside the Athletic Training Room.
3. Emergency Equipment
   - Athletic Trainer’s Kit (includes first aid supplies, BP cuff, stethoscope, and CPR face shield).
   - Splint Kit.
   - Crutch Kit.
   - Additional emergency equipment will be available inside the Athletic Training Room.

EMS Access

1. Field entrance for EMS will be the south gate of Sullivan Field which opens onto 80th St.
Softball Field and Tennis Courts

Practice Situation

1. Emergency Personnel
   - Certified Athletic Trainer stationed inside the Athletic Training Room.
   - Coaching Staff.
2. Emergency Communication
   - Two-way radio communication with the Athletic Training Room.
   - Fixed telephone line inside the Athletic Training Room.
3. Emergency Equipment
   - All emergency equipment will be available inside the Athletic Training Room.

Game Situation

1. Emergency Personnel
   - Certified Athletic Trainer on the softball field or tennis courts.
   - Coaching Staff.
2. Emergency Communication
   - Cell phone with the Certified Athletic Trainer.
   - Two-way radio communication with the Athletic Training Room.
   - Fixed telephone line inside the Athletic Training Room.
3. Emergency Equipment
   - Athletic Trainer’s Kit (includes first aid supplies, BP cuff, stethoscope, and CPR face shield).
   - Splint Kit.
   - Crutch Kit.
   - Additional Emergency equipment will be available inside the Athletic Training Room.

EMS Access

1. Campus entrance for EMS will be the south gate of Sullivan Field which opens onto 80th St.
2. EMS vehicles will be directed between Sullivan Field and Page Stadium to the softball field or tennis courts.
Leavey Field

Practice Situation

1. Emergency Personnel
   - Certified Athletic Trainer on the field.
   - Coaching Staff.
2. Emergency Communication
   - Cell phone with the Certified Athletic Trainer.
3. Emergency Equipment
   - Athletic Trainer’s Kit (includes first aid supplies, BP cuff, stethoscope, and CPR face shield).

EMS Access

1. Campus and field access will be through the gate at the corner of Fordham and 78th street.
Loyola Marymount University Athletic Medicine Staff

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LMU Athletic Medicine Team Assignments

Keith Ellison:  Men’s Soccer
Men’s Basketball
Baseball
Men’s Cross Country
Women’s Cross Country
Golf

Beth Drayer:  Women’s Soccer
Women’s Basketball
Softball
Men’s Tennis
Swimming

Joe Gonzalez:  Women’s Volleyball
Men’s Water Polo
Women’s Water Polo
Women’s Tennis
Men’s Crew
Women’s Crew