Rochester Institute of Technology Intramurals Handbook

CONTACT INFORMATION

INTRAMURAL OFFICE

Intramural Office Email: intramurals@rit.edu

WHERE TO FIND US

Club Sports and Intramurals Office (HAC A130): Located by the Lower Dance Studios in the Hale-Andrews Student Life Center
Website: https://www.rit.edu/fitnessrecreation/intramurals

RIT PUBLIC SAFETY

Emergency Calls: 585-475-3333
General Calls: 585-475-2853
Text: 585-205-8333

STUDENT LIFE CENTER MAIN OFFICE

Phone Number: 585-475-2620
Hours: https://www.rit.edu/recreationwellness/facility-hours

Facility Emergency Action Plans

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MISSION STATEMENT

The mission of Recreation and Wellness Programs is to promote and develop healthy lifestyles, social interaction, leadership skills, and sportsmanship by providing innovative recreational programs, services, facilities, and employment opportunities that are outcomes-based, comprehensive, inclusive, and of the highest quality.

ELIGIBILITY

STUDENTS

All RIT students who are currently enrolled in classes, either part-time or full-time, are eligible to participate in intramurals. RIT students participating in club or varsity sports may be restricted from participating in similar intramural sports. Students from other universities are not permitted to participate in intramural sports at RIT.

EMPLOYEES

Students working a shift are not eligible to participate in that league and are expected to work. If an exception is given, the individual must clock out prior to participating in the Intramural game.

CLUB SPORTS ATHLETES

Club players are defined as those paying dues to a club and/or are listed as a member of the club on the official sport club roster during the current academic year. Students participating in a competitive club sport may participate in intramural sports similar to their respective club sport(s) with a few restrictions:

- Club Sports athletes may not participate in beginner intramural leagues.
- A maximum of one club sport athlete may be active on the roster of an intermediate team.
- A maximum of three club sports athletes may be active on the roster of an advanced team.

The above are general guidelines used for intramural leagues. However, some sports may have exceptions noted on the main page for said sport on IMLeagues.

VARSITY ATHLETES

Students participating in varsity athletics are not eligible to participate in an intramural sport that is the same, or similar to, their respective varsity sport(s). Varsity athletes may participate in all other intramural sports without restriction. This restriction is lifted in the instance a varsity athlete is absent from the roster for a minimum of one academic year.

Persons classified as a red shirt, or those working out with the varsity team, shall be treated as varsity members. Varsity players are considered those participating in either practice or any type of competition. Intercollegiate athletes are ineligible to participate in the sport, or related sport, for one full academic year after varsity status ceases. Afterwards, former varsity athletes will follow the same league restrictions as noted for club players above.

NON-REGISTERED STUDENTS

RIT students who are not currently enrolled in classes may participate in intramural sports with an active SLC membership. Non-registered students will need to purchase an SLC membership from the Main Office.

STUDENTS ON CO-OP

Any student that is on co-op may continue to participate in intramurals without restriction. However, due to the registration process for co-ops, students on co-op may experience a delay in active SLC membership at the beginning of the semester, preventing students on co-op from registering for intramurals. If you are on co-op and are having trouble registering for intramurals, please contact the Intramural Office at intramurals@rit.edu.

ALUMNI

Alumni may participate in intramurals with an active SLC Membership. You may purchase a membership at the SLC Main Office.

FACULTY/STAFF

Current Faculty/Staff may participate in intramurals without restriction. Faculty/Staff automatically are granted an SLC Membership upon hiring and will be able to access intramural registration without additional action required.

RETIREES

Retirees may participate in intramurals with an active membership. Complimentary memberships are provided for retirees.

COMMUNITY MEMBERS

Any member of the SLC who does not have any other affiliation with RIT. Individuals with a membership to the Student Life Center who do not fall within the above criteria are not eligible to participate in intramurals. No exceptions.

INELIGIBLE PLAYERS

Anyone who does not meet the above eligibility requirements are unable to participate in any intramural events. Participants or spectators ejected from an intramural contest are ineligible to participate in any intramural activity until reinstated by Intramural Administration.

Teams may not play ineligible players even by mutual agreement of both team captains and other players in the contest. Such players shall be ineligible for all competition. If teams have a question about the eligibility of a player, they should check with the intramural sports professional staff before allowing the player in question to participate.

If intramural staff discover any ineligible participants(s) on a team, they may forfeit any contest immediately. A team who was previously informed of an ineligible player by intramural staff, but continues to use such player(s), may be dropped from further competition. All contests in which an ineligible player participated shall be recorded as a forfeit.

PROGRAM STRUCTURE

Intramurals offers both leagues and single-day tournaments throughout the semester. Leagues for most sports begin the third week of class and run for a 10-week season. The last two weeks of the season consist of a single-elimination playoff tournament where the top teams compete for championship t-shirts. Leagues for the largest sports offer three different skill levels:

- **Beginner leagues** are designed for participants with little to no playing experience, or for students seeking a more recreational experience.
- **Intermediate leagues** are defined by the average skill level of a team, rather than the skill level of specific players. Intermediate teams will have a combination of beginner and advanced players on the roster.
- **Advanced leagues** are the most competitive leagues and are structured for players with significant experience with the sport, typically with high school varsity teams and travel leagues.

Activities can be broken down into leagues and divisions. The league is the overall skill level for a sport, and the division is the specific time(s) the activity is taking place. For example, Beginner Soccer is a league, and Monday 7:00-11:00pm is a division of Beginner Soccer. Participants of the Monday night division are competing against one another, but are not competing against teams in other divisions of the beginner league.

Tournaments are offered throughout the semester as single-day events and are open to participants of all skill levels. Tournaments are hosted for smaller sports that do not have an intramural league, with the aim of hosting one new tournament each month throughout the semester. Depending on the sport and the number of teams, participants may compete in either a single or double elimination tournament bracket for a prize.

TEAM AND PLAYER REGISTRATION

IMLEAGUES REGISTRATION

To participate in intramural leagues and tournaments, participants must be registered as a team or individual on IMLeagues prior to participation. Please see below for information on registration. For questions and/or help with the registration process, please contact the Intramurals Office.

1. Go to recwell.rit.edu and select login. Please select the “RIT Intramurals” icon once you are signed in. You will be asked to click on the IMLeagues image, which will redirect you to the IMLeagues page.
2. Once you are logged in on the IMLeagues page, all the sports/events offered for the semester will be listed along with their registration period and start dates. Each individual sport/event will also list the leagues offered (beginner, intermediate, advanced, etc.)
3. Click on the league you would like to create a team for, and it will take you to that league’s page. The league home page will then show all the divisions available for that league, including the pre-registration/waitlist.
4. Click on the waitlist division and follow the instructions to create a team. When creating a team, we highly recommend opting into day of game reminders.
    a. **Quiz:** Participants will be required to complete a mandatory quiz during the team registration process. The quiz questions will be generated from the Policies and Procedures, and many include sport-specific rules. All participants must score a 100% on the quiz to complete registration.
    b. **Team Names:** Team names are subject to the approval of intramural staff and they reserve the right to change a team name at any time. Any names deemed inappropriate will not be permitted.
    c. **Note:** To move a team out of the waitlist, it must be done during the registration period for that sport/event AND the team must have the minimum number of required players on the roster. Captains are responsible for inviting members to the team to meet the minimum number of required players before the registration deadline.
5. Each league/division has a set number of teams that are allowed. Once that league/division is full, no more teams will be allowed to join. It is recommended to register your team early to have the best selection of times/days.
6. After the team is created and moved into a division, it is the captain's responsibility to ensure everyone who will be playing on the team is added to the roster on IMleagues.com BEFORE the scheduled game. Please be aware that emails from IMleagues.com may go into the junk folder.

a. All teams are encouraged to pick up free agents if they do not yet already have a full roster. Similarly, if you do not have a team to join, you may register as a free agent and request to join existing teams.

CAPTAIN RESPONSIBILITIES

Each intramural team should have a team captain. The method by which this captain is selected is entirely up to the team. This individual should serve as a liaison between the team and intramural sports staff. Some duties of the captain include:

- For each team sport, complete the online registration to register the team in the league. They must also create the team in IMLeagues prior to the registration deadline.
- Be responsible for updating the team roster on IMLeagues.
- Be responsible for the eligibility of the members of their team. This includes ensuring that they are registered on IMLeagues and fit one of the eligibility criteria to participate in their division.
- Ensure that team members are wearing the proper protective equipment as defined in the sport specific rules and regulations.
- Be responsible for informing the players of the source of the rules for that sport and any revisions or clarifications issued by intramural staff.
- Ensure that team members are aware of the schedule and update them of any schedule changes that occur during the season.
- Be responsible for having the team on the field of play ready to start at the scheduled time.

SCHEDULES

Registration for intramurals always begins on the first day of class. Registration closes on the Wednesday of the second week of class. Intramurals begin the third week of class. Most sports will be scheduled for an eight-week regular season, followed by a two week single-elimination playoff tournament. This is subject to change each semester depending on university events and facility availability.

When registering for a sport, it is important to note that preferred game times for each team will be considered, but cannot be guaranteed. Teams should be prepared to play at any time within the provided window for a sport. If a team is not available for most of the timeframe provided for their chosen sport, it is recommended the team registers for another division or activity.

RESCHEDULE POLICY

If your team knows in advance that you will be unable to attend a game, the team captain can either forfeit, default, or request a reschedule. The team requesting the reschedule then needs to reach out to the opposing team's captain and mutually agree on a new time and day for the contest.

Please keep in mind that you may choose to reschedule outside of normal league hours, however intramurals will not provide officials. If you choose to reschedule outside of normal league hours, you may check the online reservation system and reserve space for the competition. While it is not required to reserve space in the SLC, it is recommended in order to guarantee that a facility is available. After the contest is complete, you may submit scores to the Intramurals Office.

It is possible to reschedule a game to take place during normal league hours, however this is situational and cannot be guaranteed.This will depend on if there are open time slots for that league. You may request to swap time slots with another pair of teams. In order to do so, the team captain must contact their opponent, as well as the two teams playing at the preferred time. If all teams agree, game times may be swapped.

Example: Your team is unavailable to play at 8:00pm due to exams, but can play at 10:00pm. The team captain can contact their opponent playing at 8:00pm and request to play at 10:00pm. If the opponent agrees, the team captain can reach out to both teams playing at 10:00pm and see if their teams would be willing to play at 8:00pm instead.

Once a mutual decision has been made, the team requesting the reschedule should send an email to the Intramural Office, with the captain of the opposing team copied onto the email, no later than 12:00 PM the day of their scheduled contest. For a contest on Sunday, the email needs to be sent no later than 4:00 PM on the Friday before the scheduled contest. The opposing team reserves the right to refuse any reschedule request.

DEFAULTS AND FORFEITS

A **default** occurs when a team provides a minimum of twenty-four hours notice that the team will be unable to attend a game. For games taking place on weekends, the default must be submitted by 4:00pm on Friday. When a team defaults, the default is recorded as a loss on league standings and the number of defaults is denoted separately. A defaulting team will automatically receive a sportsmanship rating of 2.0.

A **forfeit** occurs in the following situations:

- The team is absent from the game without advance notice, or less than twenty-four hours notice.
- The team is present for the game, but cannot field the minimum required number of players.
- The team is more than ten minutes late for the game.
- The supervisor cancels the game due to team behavior.

Teams that forfeit a game automatically receive a sportsmanship rating of 1.0. If a team accumulates two or more forfeits and/or defaults, the team may be removed from the league at the discretion of Intramural Administration. If a team forfeits or defaults a game within the first two weeks of the regular season, the team will be removed from the league. In both scenarios, the team will be replaced with a team on the waitlist if a waitlisted team is available and ready to play.

Teams must be checked in and ready to play at the time of the scheduled contest to avoid penalties. Therefore, it is suggested that teams arrive at least 15 minutes before game time to allow for parking, signing in, and warming up. If neither team is present and ready to play, a double forfeit will be issued. If 1 team has at least the minimum number to play, they will have the option of taking the win, or allowing up to a 10-minute grace period for the other team to arrive. The play clock will begin at game time. After 10 minutes, a forfeit will be declared if one or both teams are not ready to play.

SPORTSMANSHIP

To promote good sportsmanship, RIT Intramurals has adopted a sportsmanship policy. It is the responsibility of the team and players to make sure the game atmosphere is friendly and fun to both staff and fellow participants. The sportsmanship rating will be determined by game officials and supervisor and will include behavior before, during and after each contest. Each team will earn a rating after each game. Ejections occur when an individual earns 2 minor infractions or 1 major infraction.

- Minor infractions include, but are not limited to:
    - Verbal and non-verbal dissent towards officials
    - Taunting opponents or staff
    - Actions detrimental to the spirit of the game
    - Unnecessary contact with opponent
- Major infractions include, but are not limited to:
    - Excessive verbal and non-verbal dissent towards officials
    - Threats towards staff or opponents
    - Fighting
    - Second minor infraction on the same player

SPORTSMANSHIP RATING SCALE

-Teams must maintain an average sportsmanship rating of 2.75 or higher in order to be eligible for playoffs.
-Teams with an average rating of 2.0 or lower halfway through the season (4 weeks in) will be removed from the league. Please note, this rule only applies to leagues running for a full 8 weeks. For leagues with 4-week regular seasons, teams with a 2.0 or lower average rating simply will not be eligible for playoffs.

4.0 – Excellent

- The team was ready to play at the designated game start time.
- Players conversed calmly and rationally with officials regarding the interpretation of rules. Players did not disrupt the flow of the game to argue the rules.
- Players respected calls made by officials.
- Players were civil and respectful towards members of the opposing team.
- There were not any major infractions.

3.0 – Average

- A team that was present for the game, but was not ready to play at the designated game start time, may receive no higher than a 3.0 rating.
- Players may exhibit dissent regarding some calls, but remain calm and respectful.
- Players are not physically or verbally aggressive towards officials or opposing team members.
- A team that received one or more major infractions may not receive higher than a 3.0 rating.

2.0- Below Average

- Players use excessive profanity or make inappropriate comments towards officials, opposing team members, or spectators.
- Persistent complaints regarding officials and calls made during the game.
- Teams that default a game will receive a 2.0 rating.

1.0- Poor

- Teams that forfeit a game will receive a 1.0 rating. Their opponent will receive a 4.0 rating.
- Teams that have a player ejected may not receive higher than a 1.0 rating.

PLAYOFF REGULATIONS

For *most* sports, a single-elimination tournament will be held at the conclusion of the regular season for all divisions. The parameters for each playoff bracket will be at the discretion of intramural administration.

Playoffs run for a period of two weeks. The first week is used to determine semifinalists. The second week is when the championship game will take place. Division champions will receive a championship t-shirt!

Playoff brackets are generated at the end of the regular season based on league standings. Each division will have a separate playoff bracket. For most sports, the top 6 teams will advance to playoffs. For racquet sports (pickleball, badminton, tennis, etc,), the top 12 teams will advance to playoffs.

Please note, this is subject to change based on facility availability and the above numbers may be adjusted according to the amount of time each division has to play. Teams with a total of two or more forfeits and/or defaults are not eligible for playoffs.

TIE-BREAKERS

If teams are tied in league standings, the following methods will be used to rank the teams in order:

1. **Forfeits/Defaults:** In the instance teams have an equal record, a team with a forfeit or default will always be ranked lower than the other team.
    a. **Example)**
        i. Team 1: 3 Wins, 5 Losses, 0 Ties
        ii. Team 2: 3 Wins, 5 Losses, 0 Ties, 1 Loss is a forfeit
        iii. Team 1 will be ranked higher.
2. **Head-to-head matchup results:** If the teams faced one another, the team that won the match will be ranked higher. If the teams faced each other multiple times, the team with the most wins would be ranked higher.
    a. If there is a tie involving three or more teams, the team with the most wins amongst the tied teams will be ranked the highest.
        i. Occasionally, teams in this situation will have an equal number of wins and losses against other tied teams. If possible, the tie will be broken

using another method. If not, intramurals administration will attempt to include all of the tied teams in playoffs.

3. **Total Score:** Scores from each game over the course of the season will be tallied and the team with the highest total will be ranked higher.
4. **Contested Match:** It is the responsibility of team captains to verify and keep track of their teams results and records. If there appears to be a discrepancy in results for a match, you must email the Intramurals office within 24hrs of the game to contest the result and we will review with staff. Please send all communications to: Intramurals@rit.edu .

All sports hosted by RIT Intramurals will follow the structure described above regardless of playoff standards established by other institutions or professional associations.

CONDUCT

GENERAL DISCIPLINARY GUIDELINES

All intramural teams and team members represent RIT and the intramural program. There will be a zero-tolerance policy in effect for all matters regarding conduct while participating in intramurals:

- Any team may be removed from participation at the sole discretion of the Intramural Office.
- Any individual or team who instigates or participates in a fight, regardless of cause, will be immediately removed from the premises and suspended. If necessary, the incident will be reported to Public Safety.
- Any individual or team who argues with the call of our student officials will receive a penalty.
- Any individual or team that verbally or physically threatens an official or any Institute staff member in any way, student or otherwise, will receive a penalty, be removed from the premises, and suspended. The incident will be reported to Public Safety, and if necessary, outside authorities.
- Team captains are responsible for the conduct of their players as well as their fans. The possession and consumption of alcohol or drugs is prohibited in all athletic facilities. Any individual found to be in possession of, or under the influence of alcohol or drugs at any time during an intramural contest, will be removed from the premises and suspended. The incident will be reported to Public Safety.

INTENT OF DISCIPLINARY ACTION

Disciplinary guidelines have been established to discourage and penalize behavior which would interfere with the basic purposes of the intramural program, specifically:

- Enjoyment of intramural programs
- Increase in participation in intramural programs

- Safety of intramural programs
- Consideration for the well-being of all participants

DEFINITION OF TERMS

EJECTION

An ejection occurs when a player and or team is removed from the game at the discretion of intramural staff. This is typically in response to a red card, technical foul, or to an equivalent severe infraction in a given sport. Other reasons for an ejection can include, but are not limited to, disorderly conduct, unsportsmanlike conduct, threats of violence, and participating in intramural leagues while under the influence of drugs and/or alcohol.

PROBATION

Preliminary action to address violations of league rules and intramural participant standards. The intent of probation is to allow the person or persons to continue to participate with the knowledge that any further violations will be dealt with more severely. Players and/or teams being placed on probation would result in removal from the league if any further incidents occur.

SUSPENSION

Suspensions will be issued in the case of more severe breaches of acceptable conduct. There are three levels of suspension:

a. Division level suspension – technical and minor incidents may be penalized by suspending the player in question from the division in which the penalty was incurred
b. Sport level suspension – issues that pertain to conduct in the sport where the integrity of the sport was not respected may result in a suspension from all play within that sport
c. Full suspension – serious violations may result in all intramural participation being suspended with the maximum penalty for these offenses being life suspension in all intramural activities

DISCIPLINARY GUIDELINES

1. Physical Abuse of Officials
    a. Suggested minimum penalty one year suspension
2. Intent to Injure
    a. Suggested minimum penalty one year suspension
3. Verbal Abuse of Official, Player, or Staff
    a. Suggested minimum penalty one game suspension plus probation

4. Physical altercations: (pushing, wrestling, other physical contact outside the scope of play but not defined as fighting)
    a. Suggested minimum penalty two game suspension plus probation
5. Fighting
    a. Suggested minimum penalty one calendar year suspension plus probation for the next calendar year.
    b. Fighting is defined as one or more intentional strikes. Any attempted strike will be penalized, regardless of the outcome. (e.g., punch, kick)
6. Ejection under sport specific rules of censure
    a. Suggested minimum penalty one game suspension plus probation
7. Unsportsmanlike behavior
    a. Suggested minimum penalty probation
8. Guidelines for Disciplinary Action for Teams
    a. Three ejections during one season of play
        i. Minimum penalty team probation for rest of season
    b. Four ejections during one season of play
        i. Minimum penalty deduction of two points from the win column, and continued probation for rest of season
    c. Five ejections during one season of play
        i. Minimum penalty ejection from league and probation for following season

DISCIPLINARY ACTION

1. The supervisor in any game shall report any action that has been taken in penalizing a player in cases of misconduct, fighting and rough play on the appropriate supervisor report. The supervisor shall provide details of the incident and give the names and teams of players involved.
2. Depending upon the nature of the incident and the specific sport regulations, the individual could receive disciplinary action ranging from probation during future competition, to actual suspension from play. A decision will be sent to the individual by the Intramural Office after an investigation has taken place. Any person already on probation who becomes involved in another disciplinary incident will automatically be suspended from that sport and have supplemental discipline considered.
3. Each case reviewed by the Intramural Office where disciplinary action is considered must be treated solely on its merit during the investigative stage of the hearing. However, the Intramural Office may consider the player's past record when deliberating on the disciplinary action to be taken. The Office may take action as follows:
    a. Place the individual on probation.
    b. Suspend the player in question from further participation. There is no limit to the length of suspension that may be imposed.

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STUDENT LEADERSHIP OPPORTUNITIES, ROLES AND RESPONSIBILITIES

- **Officials** - Referee weekly sport contests, set up and take down game equipment, and maintain a fun and safe atmosphere for all participants through knowledge of and experience with the game and game rules. Students with sport-specific knowledge may apply. Experience participating in intramurals is preferred, but not required.
- **Supervisors** - Assist with administration of intramural contests and supervision of officials. Internal promotion only.
- **Managers** - Assist with administration of all intramural contests on a given night and supervision of all staff. Managers are a source of information for both intramural staff and participants. Internal promotion only.

INCLEMENT WEATHER

PRIOR TO CONTEST TIME

Administrative postponements or cancellations occur when the weather or other uncontrollable factors make postponing contests necessary. If the weather is questionable, please check your email for updates, as well as the league page on IMLeagues for announcements. Contests will be rescheduled at a later date, if possible, but this cannot be guaranteed. All decisions will be made final, one hour before the first scheduled contest of the night.

CONTEST TIME

If the field conditions support safe play, all outdoor contests will be played as scheduled. Please be prepared and dress accordingly. We will play in rain and snow, but will endeavor to move indoors or cancel if weather conditions are excessive.

In the event of lightning and/or thunder, the contest will be suspended immediately. For the safety of the participants, regulations mandate that play cannot be resumed for thirty (30) minutes when lightning is seen, or thunder is heard.

COLD WEATHER POLICY

Based on the National Athletic Trainers' Association's Position Statement on Environmental Cold Injuries as well as the guidelines put forth by Rochester Institute of Technology (RIT), we have identified a set of standards to be used in the event of cold weather to ensure that activity decisions are made with the health and safety of the student athletes and staff in mind. All RIT recreational sport practices and competitions operate under these guidelines listed below. An RIT recreational sports staff, athletic trainer, coaches and/or team safety officer will work to come to a decision on practice and competition.

The recreational sport staff has access to the most accurate weather data available through a weather.gov or weather underground. If there is any question on temperatures or forecasts, please don't hesitate to contact any of the staff.

Real Feel Temperature	**Guidelines/Adjustments**
30-25 degrees Fahrenheit	Wear adequate cold gear Be aware of potential cold injuries
25-20 degrees Fahrenheit	Cover all exposed skin, as inclusive as possible Limit practice time outdoors if possible.
20 degrees and below Fahrenheit	Cancel practice/competition and reschedule

Guidelines:

1. At real feel temperatures of 30-25◦F all student-athletes, managers, and staff should wear adequate cold gear. Clothing should be layered to allow adjustments as activity level may increase and decrease within a practice/competition which may elevate or drop body temperature. Variables such as humidity, precipitation, cloud coverage, and sun may affect the duration of time outdoors.

2. At real feel temperatures of 25-21◦F reduce practice times outdoors. Participants should avoid prolonged skin exposure. The practice type should be as inclusive of as many student-athletes as possible at any given time. The nature of practice should focus on keeping the student-athletes moving and engaged in activity to ensure that when body temperatures rise during activity that they stay up consistently throughout practice. Variables such as humidity, precipitation, cloud coverage, and sun may affect the duration of time outdoors.

3. At real feel temperatures 20◦F and below all practice and competition will be canceled.

Guidelines for Competition:

- In anticipation of cold weather, administrators, coaches or team safety officers will be in contact with the visiting team's appropriate personnel to discuss our cold weather policy.
- RIT recreation and wellness staff and public safety will monitor the weather 2-3 days prior to competition using weather.gov.
- During outdoor competition if real feel temperatures drop to 20ºF and below, rewarming considerations before game, in between quarters, and half time may be considered if possible.
- Prior to the start of competition, the time between each quarter may be shortened to a time determined by the certified athletic trainer, recreational sports staff, coaches of both teams, and the officials prior to the start of the game.
- The half-time rest period may be lengthened or shortened by a time determined by the certified athletic trainer, recreational sports staff, coaches of both teams and the officials prior to the start of the game.

Termination of outside participation (practice/competition/wellness class) will be determined as follow:

- The athletic training staff and recreation and wellness staff members will determine if termination of outside practice/competition/wellness class is necessary based on real feel temperatures.
- The RecWell staff will monitor current outside temperatures and wind chill with weather.gov.
- If outdoor playing surfaces are covered with snow, ice, and/or other elements that make the playing surface unsafe then practice/competition/wellness class will be cancelled.
- When real feel temperatures fall below 20° F practices/competition/wellness classes will be cancelled or moved indoors.

Signs and Symptoms of Common Cold Injuries:

Recognizing the early signs of cold related stress is vital in preventing cold weather-related injuries. Early warning signs include:

- Shivering
- Abnormal sensation of extremities
- Disorientation
- Slurred speech

Signs and symptoms of common cold injuries:

Hypothermia: ● Shivering ● Numbness, cold sensation ● Lethargic ● Impaired motor control ● Pale, bluish appearance ● Slurred speech	Frostbite: ● Tingling or burning sensation ● Swelling ● Skin white or blue gray patches ● Skin feels cold and firm ● Skin appears waxy
Chilblain/perniosis:	Immersion (trench) foot:

● Red or blue lesions ● Swelling ● Tenderness ● Itching, numbness, burning, tingling	● Burning, tingling, or itching ● Loss of sensation ● Blue or blotchy skin ● Swelling ● Blisters ● Pain

Cold Weather Attire:

The first layer of clothing should wick sweat and moisture away from the body. The top layers should act as insulators to trap heat and block wind.

- Several layers around the core of the body, especially for those individuals that are not very active.
- Long pants designed to insulate. Polar fleece / cotton sweatpants are excellent. On very cold days a nylon shell or wind pant can be worn on top of them for additional wind break.
- Long sleeve shirt / sweatshirt / coat designed to insulate and break the wind.
- Gloves.
- Ear protection / hat or helmet.
- Face protection.
- Wicking socks that do not hold moisture inside. Wool is excellent. Cotton absorbs and holds in moisture.

In addition to the above guidelines, it is recommended that additional directives are given to student athletes:

- Cold exposure/activity requires more energy from the body. Additional calorie intake may be required.
- Cold exposure/activity require similar hydration to room temperature; however, the thirst reflex is not activated. Conscious efforts before and after practice to hydrate should be initiated.
- Never train alone.
- Student athletes should be instructed on signs of cold stress such as frostbite and hypothermia. Refer to the information above.
- Fatigue, confusion, slurred speech, red or painful extremities, swollen extremities, blurred vision, red watery eyes, dizziness, headache, numbness, tingling of skin and extremities, shivering, uncontrollable shivering etc. are a few warning signs of cold stress.

Resources:

1. https://www.ncaa.org/sports/2016/9/9/other-health-and-safety-issues.aspx - NCAA sport medicine handbook
2. https://www.nata.org/news-publications/pressroom/statements/position - NATA position statement on Environmental Cold Injuries
3. https://www.weather.gov/safety/cold-wind-chill-chart

HEAT AND HUMIDITY

The prevention, recognition, and treatment of exertional heat illnesses (EHI) are core components of the care of our athletes. The risk of EHI is present during exercise in heat but also may occur in normal environmental conditions. Exertional heat illness includes exercise-associated muscle cramps, heat syncope, heat exhaustion, and exertional heat stroke (EHS). Current best practice guidelines suggest that the risk of exertional heat injuries can be minimized with heat acclimatization and diligent attention to monitoring individuals participating in activities that place them at a higher risk for these types of injuries.[1] In the event an athlete sustains a heat illness, immediate and proper treatment is needed.

National governing bodies, such as the National Federations of High School Associations, National Collegiate Athletic Association (NCAA) and numerous state athletic/activity associations, have published guidelines for the prevention, monitoring and treatment of exertional heat illnesses. In addition, national authorities such as the National Athletic Trainers' Association and the Korey Stringer Institute have published research to support best practices in this area. The development of the organization's heat acclimatization guidelines will be based on the current best practice documents.

This policy describes the best practice procedures for the prevention, monitoring, and when necessary, the treatment of exertional heat illnesses for students-athletes, faculty and staff of Rochester Institute of Technology (RIT).

This policy will be a living, working document, which is continually reviewed and updated yearly as the organization and our community changes.

Definitions:

- *Acclimatization* – The process of gradually increasing the intensity of activity in a progressive manner that improves the body's ability to adapt to and tolerate exercise in the heat.
- *Wet Bulb Globe Temperature* – The WBGT is a measurement tool that uses ambient temperature, relative humidity, wind, and solar radiation from the sun to get a comprehensive measure that can be used to monitor environmental conditions during exercise. WBGT is different from heat index, as it is a more comprehensive measurement of environmental heat stress on the body.
- *Practice* – the period of time that a participant engages in a school approved sport or conditioning related-activity. Practice time includes from the time the players report to the field until they leave.
- *Recovery Time* – This period of time is defined as non-activity time outside of practices or games. NO ACTIVITY, including non-practice activity, can occur during this time. Proper recovery should occur in an air-conditioned facility, when possible and usually is a minimum of 3 hours in duration.
- *Rest Breaks* – This period of time occurs during practice/event/class, and is a non-activity time that is in a 'cool zone' out of direct sunlight.

- *Exertional Heat Stroke* (EHS)– Defined as having a rectal temperature over 104°F-105°F (40.5°C), and central nervous system dysfunction (e.g. irrational behavior, confusion, irritability, emotional instability, altered consciousness, collapse, coma, dizzy, etc.).
- *Cooling Zone*- An area out of direct sunlight with adequate air flow to assist in cooling. A cold-water or ice tub and ice towels should be available to immerse or soak a patient with suspected heat illness This may be outdoors or indoors depending on proximity to the field.
- *Hypohydration*- (reduced hydration status) is a deficit of body water that is caused by acute or chronic dehydration.

Scope:

This policy applies to all club and recreational coaches, safety officers, RecWell staff members of RIT who are associated with activities where heat illness poses a risk, including but not limited to, outdoor and indoor activities where high temperature and specifically high humidity environmental risks are present (e.g., training sessions, competition, practice)

Procedures:

Prevention

- A thorough medical history will be gathered (history of heat illness, sickle cell trait/disease, etc.)
- When applicable the Athletic Trainer or persons responsible will be notified of individuals with pre-existing conditions that place the individual at risk of exertional heat illness.

Environmental Monitoring and Activity Modification/Cancellation

1. Environmental monitoring also occurs through Perry Weather.
2. Environmental monitoring will occur any time it is warm outside (i.e. over 70°F)
3. Environmental monitoring and activity modifications may be necessary for certain types of indoor facilities (i.e. gym, cycling room, fitness center)
4. Monitoring of WBGT will occur every 30 minutes, starting 60 minutes prior to the start of an activity.
    a. An athletic trainer and/or administrator will monitor the environmental conditions
    b. An athletic trainer and/or administrator will make the modification/cancelation of activity
    c. All environmental monitoring will be recorded
5. Modifications will be made in accordance with the best practice guidelines for our region. We are in category 1, therefore we will follow the activity guidelines for that region.
    a. The table below shows the specific modifications that will be made for each flag zone (green, yellow, orange, red, and black).
    b. Regional WBGT categories

6. Modifications are meant to be fluid, meaning if the environment gets more oppressive, the modifications get stricter. However, if environmental conditions improve, the modifications will be in line with the new environmental conditions.
7. See the chart below for activity guidelines.

Cat 1 WBGT (F)	Cat 2 WBGT (F)	Cat 3 WBGT (F)	Activity Guidelines
< 76.1	< 79.7	< 82.2	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
76.2-81.1	79.8 - 84.6	82.3 - 87.0	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
81.2 - 84.1	84.7-87.6	87.1 - 90.0	Maximum practice time is 2 h. For Football: players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
84.2 - 86.0	87.7 - 89.6	90.1 - 92.0	Maximum practice time is 1 h. For Football: No protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 86.1	≥ 89.7	≥ 92.1	No outdoor workouts. Delay practice until a cooler WBGT is reached.

Hydration:

1. Hypohydration represents the loss of body water. Depending on the amount of body fluid lost, hypohydration can be mild, moderate, or severe.

Assessing Hydration Status:

2. Everyone will be aware of the main signs and symptoms of hypohydration;
    i. Thirst
    ii. Dark colored urine (similar to apple juice)
    iii. Dizziness, lightheadedness
    iv. Flushed skin
    v. Headache

3. Hypohydration is a predisposing factor for exertional sickling and those with sickle cell trait or disease will receive targeted education and hydration monitoring.

Fluid Replacement:

1. Water breaks should be frequent and allowed when conditions warrant. Follow the WBGT chart for work to rest ratios.
2. You should be prepared to have plenty of water available or bring water with you for activity if temperatures will be high.
3. When possible, diet and rehydration beverages should include sufficient sodium (enough to replace losses) to prevent imbalances that may occur as a result of sweat and urine losses.

Treatment in the event of hypohydration (potential medical emergency if severe):

1. Oral fluids should be administered.
2. If severe hypohydration is present with vomiting or diarrhea or decreased mental state, campus safety or 9-1-1 should be activated.

Monitoring

1. Monitoring of participants' safety during activity should be continuous.
2. Athletic trainers , coaches, administrators, instructors and safety officers will be educated on the signs and symptoms of exertional heat illness.

Emergency Communication:

- Athletics Practices: Ben Emke, ATC – cell: 585-402-1825
- Intramurals/Club Sports: Chris Terwilliger – cell: 585-478-1644
- Internal/External Reservations: John Baron – cell: 607-972-5821
- Wellness Education Classes: Michelle Schrouder – cell: 585-747-7073

Role of first responder:

1. Activation of Campus Safety 585-475-3333 or emergency medical services (EMS) 9-1-1.
2. Provide the following information to EMS:
    a. Provide name
    b. Provide address, specific directions
    c. Provide telephone number of caller
    d. Number of individuals injured and condition of injured person(s)
    e. First aid and treatment given to individual
    f. *BE THE LAST TO HANG UP*
3. Meet ambulance and direct to appropriate site
4. Open Appropriate Gates/Doors
    a. Designate an individual to "flag down" and direct to the scene.
    b. An individual is to meet EMS and direct them to injured participant
5. On arrival assist staff and/or EMS with care as directed
    a. Retrieve Necessary Supplies/Equipment
    b. Patient information (medical history, method of injury, treatment given)
    c. Patient insurance information

Hospital and Emergency Telephone Number:

1. Unity Hospital
    a. 1555 Long Pond Rd Rochester, NY 14626
    b. 585-723-7070
2. Strong Memorial Hospital
    a. 601 Elmwood Ave Rochester NY 14624
    b. 585-275-2100

Document the incident. Center for Recreational Sports injury report here.

References:

Korey Stringer Institute WBGT

[1]Casa DJ, Demartini JK, Bergeron MF, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*. 2015;50(9):986-1000.

Heat Acclimatization KSI

Education:

Exertional Heat Illnesses

The risk of exertional heat illness is ever present during exercise in the heat but can also occur in “normal” environmental conditions.

Exercise-associated muscle cramps

Sudden or sometimes progressively and noticeably evolving, involuntary, painful contractions of skeletal muscle during or after exercises.

Signs and Symptoms:

- Visible cramping in part or all of the muscle or muscle groups
- Localized pain
- Dehydration
- Thirst
- Sweating
- Fatigue

Treatment:

- Rest and gentle stretching
- Icing and/or massage
- Ingest sodium containing fluids and/or foods

Heat Syncope

Often occurs in unfit or un-acclimatized persons who stand for long periods of time in the heat or sudden changes in posture. Often attributed to dehydration, venous pooling of blood, reduced cardiac filling, or low blood pressure.

Signs and symptoms:

- Dizziness
- Tunnel vision
- Pale or sweaty skin
- Decreased pulse rate

Treatment:

- Move to shaded area or cool environment
- Monitor vital signs
- Elevate the legs above the heart
- Cool the skin
- Rehydration

Heat exhaustion

Is the inability to effectively exercise in the heat, secondary to a combination of factors, including cardiovascular insufficiency, hypotension, energy depletion, and central fatigue. This condition is manifested by an elevated core body temperature below 105°F.

Signs and symptoms:

- Excessive fatigue
- Weakness
- Dizziness
- Headache
- Vomiting/nausea
- Lightheadedness
- Low blood pressure
- Impaired muscle coordination

Treatment:

- Remove any excess clothing and equipment
- Moved to cool and shaded area
- Use fans and cool towels
- Monitor vital signs
- Elevate the legs above the heart
- Fluid replacement

Exertional Heat Stroke

This is the most severe heat illness. Characterized by neuropsychiatric impairment and high body core temperature, greater than 105°F. This is a medical emergency.

Signs and Symptoms:

- Central nervous system dysfunction
- Core body temperature greater than 105°F
- Disorientation
- Confusion
- Dizziness, loss of balance, staggering
- Irritability
- Irrational or unusual behavior
- Aggressiveness
- Hysteria, delirium
- Collapse or loss of consciousness

Treatment:

- This is a medical emergency call 9-1-1.
- Quick body cooling, immersed in a pool or tub.
- If a tub isn't available – a tarp can be used to create a pool of water or ice bags, towels over the entire body.
- Rectal thermometers should be used if available to monitor core body temperature by those trained to do so.

Prevention of exertional heat illness:

- Pre-participation medical screening for at risk participants.
- Acclimatization to heat gradually over 7-14 days.
- Progressively increasing intensity and phasing protective equipment (i.e. helmets, shoulder pads).
- Appropriate fluid replacements lost during and after games and practices.
    - 16-24 ounces of fluid for every pound lost
- Maintain a state of euhydration
- Access to fluids at all times

LIGHTNING EMERGENCY ACTION PLAN

Personnel in charge:

- An athletic trainer or administrator or game manager will make the call on postponing activity due to lightning.
- Flash-to-Bang Count:
    - After the lightning strikes, start counting until you hear a crack of thunder. Divide that number by 5 and that is approximately how many miles away the lightning struck
    - I.E. 5 seconds would mean 1-mile away, 10 seconds mean 2-miles away. Anything 40 seconds or less would indicate the lightning is within 8-miles.

Shelters:
If lightning should occur a fully enclosed building with wiring and plumbing is to serve as a safe place.

Locations include:

- RIT baseball/ softball fields should utilize Gordon Field House
- RIT Stadium/field &track should utilize Gordon Field House
- RIT turf field should utilize Campus Center or the SHED
- RIT tennis courts should utilize Campus Center or the SHED
- RIT practice fields should utilize Gordon Field House
- Grace Watson Field utilize the dining hall or Grace Watson Hall

UNSAFE LOCATIONS FROM LIGHTNING HAZARDS

- Small structures such as picnic shelters, batting cages, bleachers, video-filming towers or athletic storage sheds should be avoided during thunderstorms.
- Convertible vehicles, bleachers and golf carts do not provide a high level of protection and cannot be considered safe from lightning.
- Indoor and outdoor pools must be evacuated, and all showers turned off during thunderstorms.

IF NO SAFE LOCATION IS AVAILABLE (Last Resort)

- Find a thick grove of small trees surrounded by taller trees or a dry ditch.
- Stay away from the tallest trees or objects (ex. light poles/flag poles), metal objects (ex. fences or bleachers), individual trees, standing pools of water, air conditioning units and open fields.
- Assume a crouched position on the ground with only the balls of your feet touching the ground, head lowered and cover your ears. DO NOT lie flat!!
- A person who feels his or her hair stand on end or skin tingle should immediately assume the position noted above

Can check weather on https://www.weather.gov/

EMERGENCY PROTOCOLS

FACILITY EMERGENCY ACTION PLANS

Emergency defined: an unforeseen combination of circumstances and the resulting state that calls for immediate action. The individual's life is in jeopardy or risk permanent impairment. Emergency situations may arise at any time during events. Quick action must be taken to provide the best possible care to the individual of an emergency and/or life-threatening condition.

Specific emergency protocols:

- Sudden Cardiac Arrest
- Cervical Spine
- Exertional Rhabdomyolysis – Sickle Cell Trait
- Respiratory
- Diabetic
- Anaphylactic Shock

Chain of Command – whoever is available at practice or event:

1. Certified Athletic Trainer or Emergency Medical Technician
2. Game Managers
3. Individuals certified in CPR/AED/First Aid

Communication:

1. Activation of Campus Safety 585-475-3333 or emergency medical services (EMS) 9-1-1
2. Instruct campus safety or EMS to your location.
3. Locate nearest AED
4. Provide the following information to EMS:
    a. Provide name
    b. Provide address, specific directions
    c. Provide telephone number of caller
    d. Number of individuals injured and condition of injured person(s)
    e. First aid and treatment given to individual
    f. ***BE THE LAST TO HANG UP***
5. Meet ambulance and direct to appropriate site
    a. Open Appropriate Gates/Doors
    b. Designate an individual to "flag down" and direct to the scene. An individual is to meet EMS and direct them to injured student-athlete
6. Provide appropriate emergency care until EMS personnel arrives
7. On arrival assist athletic trainer and/or EMS with care as directed
8. **Document the incident.**

AED Locations:

- Turf Field – located near north end of the field near entrance (removed in the winter)
- Gene Polisseni Center – located on the wall near first aid room, visitor side
- Gordon Field House – located on the wall behind check in/out desk
- Student Life Center – located at the cage
- Student Life Center upstairs track– located on the wall near entrance
- Ritter Arena – located on wall in main lobby
- Grace Watson Hall - Floor 1, area 1200
- During home events – located with game manager

Venue Specific Emergency Action Plans:
Each venue at RIT and off campus home sites, has a venue specific emergency action plan. This is readily available to all coaches, team representatives, game managers, athletic trainer, EMT, and any other personnel working home events. This should be reviewed prior to the start of the home contest and nearest AED located.

Equipment:
You should know what equipment will be available during home events. Location of emergency equipment will be outlined on the venue specific EAP.

CATASTROPHIC INJURY COMMUNICATION PLAN

If a catastrophic injury occurs, here are the guidelines set forth that should be followed.

- ATC, EMT, and/or game managers reaches out to Club sports program coordinator or Associate Director of Club sports and intramurals
- Associate Director of Club sports and intramurals reaches out to Director Center for Recreational Sports
- Director Center for Recreational Sports reaches out to Senior Vice President Student Affairs
- The Department of Risk Management will be notified.
- Complete documentation of events with signatures of everyone involved in the incident.
    - Timeline of events related to incident
- Collect and secure all equipment/materials involved.
- Contact family by appropriate RIT individual. (Assist as needed).
- Meeting with athletes will be held to discuss the situation.
    - NO outside discussion with the media or social media.
- Involve appropriate counseling/ministerial personnel.

Sudden Cardiac Arrest

Sudden cardiac arrest (SCA) is the leading cause of death in young athletes. The presence and timely access of automated external defibrillators (AEDs) at sporting venues provides a means of early defibrillation. Access to early defibrillation is essential, and a target goal of less than 3 to 5 minutes from the time of collapse to the first shock is strongly recommended.

The two most common structural cardiac abnormalities that cause sudden cardiac death are hypertrophic cardiomyopathy and coronary artery anomalies. The most common non-medical reason for SCA is commotio cordis or a blunt, nonpenetrating blow to the chest that creates an abnormal ventricular arrhythmia.

1) Sudden cardiac arrest should be suspected in any collapsed and unresponsive individual.
2) AED should be applied as soon as possible.
3) CPR should be given while waiting for an AED.
4) Interruptions in chest compressions should be minimized and CPR stopped only for rhythm analysis and shock, CPR should be resumed after the shock.

Signs and Symptoms:

- Chest pain and/or neck pain
- Severe headache
- Excessive breathlessness
- Dizziness
- Nausea/vomiting
- Increased fatigue
- Palpitations
- Cold sweat
- Uncomfortable pressure

Chain of Survival

1) Early recognition of the emergency and activation of emergency medical services (EMS) 9-1-1
2) Early cardiopulmonary resuscitation (CPR).
3) Early defibrillation, use of an AED.
4) Early advanced cardiac life support.
5) Advanced live support and post-arrest care.

Preparation is key to the survival once SCA has occurred:

1. Individuals certified in CPR/AED
2. Venue specific emergency action plans (EAPs)
3. Access to AEDs
4. Early detection, rapid activation of EMS, prompt CPR and early defibrillation are vital to survival.

Cervical Spine Injuries

A catastrophic cervical spine injury is defined as ‘‘a structural distortion of the cervical spinal column associated with actual or potential damage to the spinal cord.’’ Cervical spine injuries range from serious to catastrophic and can be a cause of sudden death in athletes competing in both contact and non-contact sports.

A cervical spine injury is assumed if an athlete exhibits loss of consciousness or has altered mental status.

It should be known that only appropriate medical staff are permitted to move an injured athlete.

Symptoms of suspected cervical spine injury:

- Witnessing mechanism of injury
- Witnessing athlete who remains down or motionless after play
- Abnormal neurological findings
    - Tingling, numbness, or weakness in extremities
- Loss of motion in extremities
- Cervical spine pain with or without palpation
- Cervical spine deformity
- If you suspect that an athlete has a spinal cord injury, **DO NOT** move the athlete. Activate the emergency action plan.

Management Protocol:

1. Activate campus safety 585-475-3333 or EMS 9-1-1
2. Do not move athlete
3. Allow athletic trainer or EMT on site to manage care of the athlete
4. If no athletic trainer or EMT is on-site, monitor breathing until advance care arrives

Diabetic Athlete

The primary goal of diabetes management is to consistently maintain blood glucose levels in a normal or near-normal range (100 to 180 mg/dL) without provoking undue hypoglycemia. Proper management of blood glucose levels during practices and games allows the athlete to compete in a safe and effective manner.

The diabetic athlete should have regular follow-up with a physician primarily responsible for managing their diabetes. A written treatment protocol from that physician should be readily available.

Type I Diabetic: Insulin dependent diabetes mellitus (IDDM)

- Patient makes no insulin, requires daily insulin injections
- Usual onset is childhood/adolescence

Type II Diabetic: Non-insulin dependent diabetes mellitus (NIDDM)

- Patient makes some insulin but has a resistance to it causing improper glucose control.
- Usual onset in late adulthood
- Controlled by diet and/or oral medications

Hypoglycemia:

Conditions caused by very low levels of blood sugar (glucose) and exercise can cause hypoglycemia. Blood sugar levels below 70mg/dL.

Signs and Symptoms:

- Tachycardia
- Sweating
- Nervousness
- Trembling
- Hunger
- Headache/ dizziness
- Fatigue

Treatment:

- 15-15 Rule – 15grams of carbohydrate and check after 15 minutes
- Repeat if blood sugar is still below 70mg/dL
- Once blood sugar reaches 70mg/dL or greater, eat a meal or snack to make sure it doesn't lower again.
- Glucose tablets or gel tube
- 4 ounces (1/2 cup) of juice or regular soda
- tablespoon of sugar, honey, or corn syrup

Hyperglycemia:

Condition caused by high blood sugar levels >180 mg/dL. High intensity exercise may result in hyperglycemia. The rise in glucose levels is usually transient in well controlled athletes and they will see a decline within 30-60 minutes.

Signs and symptoms:

- Dehydration
- Nausea
- Reduced cognitive performance
- Sluggishness and fatigue
- Fruity odor on their breath
- Increased thirst
- Frequent urination

Treatment:

- Athletes should drink non-carbohydrate fluids when blood glucose levels exceed 180mg/dL.
- Frequent blood glucose monitoring.
- Should consult their physician. The athlete may need either small boluses of rapid acting insulin or temporary increase in basal rate insulin.

Diabetic Emergency:

- Patient is unconscious
- Unable to eat or drink safely because they are confused or disoriented
- Having seizures
- Treatments for hypoglycemia/hyperglycemia are not helping

Management of diabetic emergency:

- Activate campus safety 585-475-3333 or EMS 911
- Monitor breathing
- Obtain treatment protocol and/or emergency kit if known, grab glucagon kit

Safety:

- Educate coaching staff and players on signs and symptoms of diabetic emergency

Exertional Heat Illnesses

The risk of exertional heat illness is ever present during exercise in the heat but can also occur in “normal” environmental conditions. Please refer to the Heat and Humidity Protocol for further information.

Heat Syncope

Often occurs in unfit or un-acclimatized persons who stand for long periods of time in the heat or sudden changes in posture. Often attributed to dehydration, venous pooling of blood, reduced cardiac filling, or low blood pressure.

Signs and symptoms:

- Dizziness
- Tunnel vision
- Pale or sweaty skin
- Decreased pulse rate

Treatment:

- Move to shaded area
- Monitor vital signs
- Elevate the legs above the heart
- Cool the skin
- Rehydration

Heat exhaustion

Is the inability to effectively exercise in the heat, secondary to a combination of factors, including cardiovascular insufficiency, hypotension, energy depletion, and central fatigue. This condition is manifested by an elevated core body temperature below 105°F.

Signs and symptoms:

- Excessive fatigue
- Weakness
- Dizziness
- Headache
- Vomiting/nausea
- Lightheadedness
- Low blood pressure
- Impaired muscle coordination

Treatment:

- Remove any excess clothing and equipment
- Moved to cool and shaded area
- Use fans and cool towels
- Monitor vital signs
- Elevate the legs above the heart
- Fluid replacement

Exertional Heat Stroke

This is the most severe heat illness. Characterized by neuropsychiatric impairment and high body core temperature, greater than 105°F. This is a medical emergency.

Signs and Symptoms:

- Central nervous system dysfunction
- Core body temperature greater than 105°F
- Disorientation
- Confusion
- Dizziness, loss of balance, staggering
- Irritability
- Irrational or unusual behavior
- Aggressiveness
- Hysteria, delirium
- Collapse or loss of consciousness

Treatment:

- This is a medical emergency
- Quick body cooling, immersed in a pool or tub
- If a tub isn't available, then use wet ice towels or cold water dousing continuously

Prevention of exertional heat illness:

- Pre-participation medical screening for at risk athletes
- Acclimatization to heat gradually over 7-14 days.
- Progressively increasing intensity and phasing protective equipment
- Appropriate fluid replacements lost during and after games and practices
- Maintain a state of euhydration
- Access to fluids always, allow breaks when needed
- Refer to the Heat and Humidity Protocol for practice/competition changes due to warm temperatures

Management of heat stroke:

- Call campus safety 585-475-3333 or EMS 911
- Monitor breathing
- Take to a shaded area
- Cool the body in a cold tub or ice bags under the arms, torso, groin, neck

Cold related illness

Cold injuries are a common result of exposure to cold environments during physical activity where conditions are cold, wet, or windy, or a combination of these. These injuries depend on the combination of 2 factors: low air or water temperatures and the influence of wind on the body's ability to maintain normal core temperature. Please refer to the Cold Weather Policy for more information.

Hypothermia:

Decrease in core body temperature below 95°F. Classified as mild, moderate, or severe.

Mild hypothermia signs and symptoms:

- Core temperature 98.6°F to 95°F
- Amnesia, lethargy
- Vigorous shivering
- Impaired fine motor control
- Polyuria
- Pallor
- Typically conscious, blood pressure is normal

Moderate hypothermia signs and symptoms:

- Core temperature 94°F to 90°F
- Depressed respiration and pulse
- Cardiac arrhythmias
- Cyanosis
- Cessation of shivering
- Impaired mental function
- Slurred speech
- Impaired gross motor skills
- Muscle rigidity
- Loss of consciousness
- Dilated pupils, blood pressure decreased

Severe hypothermia signs and symptoms:

- Core temperature below 90°F
- Rigidity
- Bradycardia
- Severely depressed respiration
- Hypotension, pulmonary edema
- Spontaneous ventricular fibrillation or cardiac arrest
- Usually comatose

Treatment of hypothermia:

- Remove wet or damp clothing
- Insulate the athlete with warm, dry clothing or blankets
- Move athlete to warm environment
- Apply heat to the trunk, axilla, chest wall, and groin
- Provide warm, nonalcoholic fluids and foods containing 6%-8% carbohydrates
- Avoid friction massage to tissues.
- For moderate to severe hypothermia monitor vitals and be prepared to perform CPR if necessary. Transport athlete for further medical treatment.

Prevention of cold injuries:

- Identify those individuals that are at an increased risk of cold related injuries and monitor for signs and symptoms.
- Educate staff, athletes and coaches concerning the prevention and recognition of cold injuries.
- Maintain proper hydration and eat a well-balanced diet. Individuals should be encouraged to hydrate even if they are not thirsty.

- Clothing should provide an internal layer that allows evaporation of sweat, a middle layer that provides insulation, and a removable external layer that is wind and water resistant.
- Remove wet clothing when practical and put on dry clothes.
- Protect toes, fingers, ears, and skin when wind-chill temperatures are in range at which frostbite can occur.
- Modify activity in high risk conditions to prevent cold injuries.

Exertional Rhabdomyolysis (ER)

Rhabdomyolysis is the breakdown of skeletal muscle and leakage into the bloodstream of muscle contents. Occurs in the setting of strenuous exercise and can range from mild to severe. The signs and symptoms of severe exertional rhabdomyolysis can begin in the first few hours after an exercise bout and tend to peak over the subsequent two days.

Causes of exertional rhabdomyolysis:

- Novel overexertion – too much, too soon, and too fast. Trying to condition athletes in a short period of time with no gradual increase
- Exertional heat illness
- Asthma attack
- Dehydration
- Those individuals with the sickle cell trait
- Workouts not part of periodized, progressive performance program
- Irrationally intense workouts
- Performing exercise to muscle failure during the eccentric phase of exercise
- Increasing the number of exercise sets and reducing the time needed to finish
- Increasing the amount of weight lifted as a percentage of body weight

Signs and symptoms:

- Muscle pain, soreness
- Stiffness
- Weakness
- Loss of mobility
- Swollen and tender muscles

Signs and symptoms of severe ER:

- Muscle pain more severe and sustained than expected
- Swelling of muscles and adjacent soft tissues
- Weak muscles, especially in hip or shoulder girdle
- Limited active and passive range of motion
- Brown urine from myoglobin.

Prevention:

- Moderation – avoid too much, too soon, too fast
- All training programs should start slowly, build gradually, include adequate rest, and allow for individual differences
- Avoid physical activity as punishment
- Fluids should be regularly available and frequent breaks should be scheduled
- Avoid high intensity conditioning workouts after vacations or seasonal breaks

Emergency Plan:

- Stop activity
- Monitor vital signs
- Cool athlete if necessary
- Call campus safety 585-475-3333 or EMS 911 if athlete is declining
- Prepare for CPR

Sickle Cell Trait

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait is a lifelong condition that will not change over time.

With intense exercise, red blood cells containing sickle hemoglobin can change shape from round to quarter-moon or sickle. Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.

Symptoms:

- Muscle pain and weakness of immediate onset similar to cramping but no visible or palpable spasm
- Athlete “slumps to a stop” and cannot hold themselves up
- Weakness, tenderness, inability to catch breath
- Fatigue
- Usually occurs with intense workout
- Temperature and humidity not always a factor
- Often occurs in the first 2-5 days of training
- Unlike cardiac arrest – athlete can still talk when on the ground
- Can occur in even a well hydrated athlete
- Altitude can have an impact

Treatment and Precautions:

- Build up slowly in training with paced progressions, allowing longer periods of rest and recovery
- Encourage participation in preseason strength and conditioning programs to enhance the preparedness of athletes
- If sickle cell trait athletes can set their own pace, they seem to do fine
- Adjust work/rest cycle for environmental heat stress
- Cessation of activity with onset of symptoms
    - Cool the athlete
- Emphasize hydration
- Control asthma, if applicable
- No workouts if an athlete with sickle trait is ill
- Modify training to athletes new to altitude
- Educate to create an environment that encourages athletes with sickle cell trait to report any symptoms immediately.

Medical emergency:

- In a sickling event a “log or traffic jam” occurs which can lead to ischemic rhabdomyolysis in which broken down muscle cells get released into the bloodstream.
- Can occur in 2-3 minutes of intense exertional exercise or high intensity with repetitions.
- Sickling collapse is a medical emergency.

Managing Sickle Cell Trait
Emergency Plan:

- Stop activity
- Monitor vital signs
- Cool athlete if necessary
- Call campus safety 585-475-3333 or EMS 911 if athlete is declining

Asthma

Asthma is a disease which may be developed at any time in life, the risk factors presented here describe not only the risk of having an asthmatic episode, but also those which influence the development of the disease.

Risk factors:

- Allergens (indoor and outdoor)
- Respiratory illness
- Time of day (early morning or night time)
- Poor asthma control
- NSAID medications or aspirin
- Cold weather
- Environmental factors (smoke, allergens, dust mites, pollution)

Asthma episode or attack signs and symptoms:

- Wheezing
- Coughing
- Chest tightness
- Difficulty speaking in complete sentences
- Shortness of breath
- Drowsiness
- Episodic breathlessness
- Confusion
- Possibility of loss of consciousness or change in mental status due to restricted oxygen

Treatment:

- Controller medications:
  - Daily, long-term interventions used prophylactically to manage the symptoms of asthma. Not used to treat acute asthma attacks.
- Rescue medications:
  - Act rapidly to treat acute bronchoconstriction and associated symptoms of coughing, wheezing, shortness of breath, and chest tightness.
  - Athletes should have inhalers readily available at all practices, games, and conditioning sessions.

Management of Asthma:

- Athlete experiences respiratory distress

- Significant increase in wheezing or chest tightness
- Inability to speak full sentences
- Uncontrolled coughing
- Nasal flaring
- If athlete has used rescue inhaler and symptoms are not improving, then call campus safety 585-475-3333 or EMS 9-1-1

Anaphylaxis shock

A severe, life-threatening allergic reaction to foods (peanuts, fish, shellfish, milk, or egg), insect stings (bees), medications, or latex.

Symptoms:

- Trouble breathing
- Hives or swelling
- Tightness of the throat
- Hoarse voice
- Nausea, vomiting
- Abdominal pain
- Dizziness or fainting
- Rapid heart rate
- Cardiac arrest

Treatment and Management:

- Anaphylactic shock should be treated immediately with an injection of epinephrine (EpiPen) and call campus safety 585-475-3333 or EMS 9-1-1.
- Know your triggers.
- Avoidance of triggers is the most effective way to prevent anaphylaxis.
- Be prepared for an emergency, always carry epi-pen

Emergency:

- If anaphylactic shock is suspected, have athlete administer epi-pen or help assist them
- Firmly place the orange tip of the EpiPen against the middle part of the upper thigh, pushing until it makes a clicking noise.
- Hold EpiPen in place for 2 seconds
- Use fingers to gently massage the area of the injection for about 10 seconds

RIT Campus Wide Emergency

RIT Alert is the university's emergency notification system. It is used to notify the campus community in the event of a significant emergency or dangerous situation on campus or in the local area. You should ensure that your mobile phone number is up to date on your SIS account.

To report an emergency call Public Safety at 585-475-3333 or text 585-205-8333. To report an incident please go to this website Reporting an Incident.

Based on your practice or game location and whether you are inside or outside, you should know buildings, rooms, and/or locker rooms that you can utilize in case of an emergency.

Review the RIT Emergency Action Plan located here: RIT Emergency Information.

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