



Club Sports

Safety Resource Guide

Department of Harvard Athletics & Recreation

Club Sports Office

2022-23



[Safety Resource Guide](#)

Emergency Services:

EMS: 911

Professional Ambulance: 617-492-2700

Harvard University Police: 617-495-1212

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Concussion Safety & Protocols

How to Recognize a Concussion:

If any of the following signs or symptoms are present following an injury, fall, collision, whiplash injury or blow to the head, the club-sport participant should be suspected of having a concussion and immediately removed from practice, competition or training:

- Dazed, blank or vacant look.
- Lying motionless on the ground/slow to get up.
- Unsteady on feet/balance problems or falling over/incoordination.
- Loss of consciousness or responsiveness.
- Confused/not aware of plays or events.
- Grabbing/clutching of head.
- Seizure (spells).
- More emotional/irritable than normal for that person.

Symptoms of Concussion:

(The presence of any one or more of the following signs and symptoms may suggest a concussion)

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness/feeling “in a fog” / difficulty concentrating
- “Pressure in head”
- Sensitivity to light or noise

On-Field / On-Court Management of Suspected Concussion:

- Any club-sport athlete with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY** using appropriate emergency management procedures. Once safely removed from play, the injured player must not return to activity until he/she is assessed and cleared by a medical professional.
- If a neck injury/severe neck pain is suspected/reported, the player should only be moved by trained emergency healthcare professionals. Teammates, medical personnel, event supervisors, coaches or match officials who suspect a player may have a concussion *must* do their best to ensure that the player is removed from the field/court/pool in a safe manner and prevented from returning to play until evaluated and cleared by a medical professional.
- Any club sport participant having any of the previously listed symptoms or suspicions should visit their **Primary Care Physician or Harvard University Health Services** immediately, even if the symptoms disappear. It is best practice to be over cautious with any type of head injury.



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- Before restarting activity, the player must be symptom free and cleared for participation by medical professionals.
- Treatment for a concussion may include rest, avoiding all strenuous physical activity, and avoiding excessive brain and eye use, including reading, doing homework, watching TV/videos, playing video games, etc.

All students have access to academic accommodations through their primary care physician at Harvard University Health Services, the Accessibility Education Office, and their Resident Dean. It is the student's responsibility to notify these individuals of what accommodations they may need in their recovery process. If they are unsure of what services are available or to what extent they may need assistance the student should schedule an appointment to discuss their situation with their resident dean and/or the accessibility education office.

Baseline Concussion testing is not available through the Sports Medicine Department. Again, please consult your HUHS PCP for further information on return to play protocol and/or pre-season baseline testing. If you are interested in comparing a club participant's concussion data with Ivy League norms, please contact the Club Sports Office.

Heat Exposure & Heat Related Illness

There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although heat illnesses can be fatal, death is preventable if they're quickly recognized and properly treated.

Heat Cramps

Heat cramps are a mild heat illness that can be easily treated. These intense muscle spasms usually develop after an athlete has been exercising for a while and has lost large amounts of fluid and salt from sweating. While heat cramps are more common in athletes who perform in the heat, they can also occur when it's not hot (for example, during ice hockey or swimming).

Athletes who sweat a lot or have a high concentration of salt in their sweat may be more likely to get heat cramps. Heat cramps can largely be avoided by being adequately conditioned, getting used to the heat and humidity slowly, and being sure the athlete eats and drinks properly.

Signs of Heat Cramps

- Intense pain (not associated with pulling or straining a muscle)
- Persistent muscle contractions that continue during and after exercise

Heat Exhaustion



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Heat exhaustion is a moderate heat illness that occurs when an athlete continues to be physically active even after he or she starts suffering from ill effects of the heat, like dehydration. The athlete's body struggles to keep up with the demands, leading to heat exhaustion.

Signs of Heat Exhaustion

- Athlete finds it hard or impossible to keep playing
- Loss of coordination, dizziness, or fainting
- Dehydration
- Profuse sweating or pale skin
- Headache, nausea, vomiting, or diarrhea
- Stomach/intestinal cramps or persistent muscle cramps

Exertional Heat Stroke

Heat stroke is a severe heat illness that occurs when an athlete's body creates more heat than it can release, due to the strain of exercising in the heat. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

Signs of Exertional Heat Stroke

- Increased core body temperature (above 104 degrees)
- Increased heart rate
- Rapid breathing
- Low blood pressure
- Signs of nervous system dysfunction, such as confusion, aggression and loss of consciousness
- Seizures

Call/seek emergency medical personnel immediately, if an athlete is experiencing Exertional Heat Stroke and remove athlete from heat to a cool dry place.

Tips for Monitoring Heat Exposure

- Be aware of temperature and humidity levels:
 - Heat indexes should be monitored before all practices where temperatures may affect performance, including indoor venues without air conditioning.
 - A sling psychomotor or other digital, internet, or weather alert services are commonly used to monitor conditions
- If conditions are deemed unsafe modifications may include, but are not limited to:
 - taking additional breaks
 - Shortening practice
 - Moving practice indoors
 - Removing clothing/equipment
 - Moving practices to earlier/later in the day



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- Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise
 - Always have emergency services contact information available
-

Cold Exposure & Cold Weather Safety Policy

When temps are below 25 degrees F precautions should be taken to protect against cold exposure injuries/illnesses.

Best Practices for the Prevention of Cold Exposure Injuries

- The National Athletic Training Association (NATA) and National Collegiate Athletic Association (NCAA) suggest when temps are below 25 degrees F precautions should be taken to protect against cold exposure injuries/illnesses
- A common misconception is dehydration cannot occur in the cold, water should be easily accessible in cold temperatures
- Some precautions to consider in colder temperatures are:
 - Covering up exposed skin and dressing in proper layers: long pants, gloves, hats/hoods are adequate protection for any athlete, even if the athlete will be in constant motion while outdoors
 - If windy or rainy conditions are present, it is advisable to have the outer most layer be rain/wind resistant if applicable and/or available
 - Some suggested practice plan considerations: include drills involving all athletes and limited waiting for his/her turn to go through a skill set; limit amount of time athletes are watching demonstrations; and warm up and cool down should be done indoors.
 - In cases of extreme low temperature (below 15 degrees) consider moving practice time to a warmer part of the day or to an indoor venue if possible
- **No outdoor activity will be permitted when temperatures or real feel temperatures are at zero or below.**

The environmental conditions should be monitored by club sport officers. In the case of unsafe conditions as mentioned above suggested precautions should be discussed.



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Types of Cold Injuries:

- Frostnip: loss of sensation of the skin
 - Precursor to frostbite
- Frostbite: actual freezing of skin or body tissues, usually of the face, ears, fingers and/or toes
 - Can occur within minutes
 - Signs and symptoms include:
 - Edema, redness, mottled gray skin, transient tingling and burning
 - Recommendations for Treatment
 - Rewarm tissue
 - Room temperature
 - Place affected tissue against another individual's warm skin
 - Warm water immersion
 - Once rewarming has begun it is imperative to not refreeze the tissue
 - Avoid consumption of alcoholic beverages
 - Refer to physician when appropriate
- Hypothermia: significant drop in body temperature below 95 degrees F. /35 degrees C
 - Signs and symptoms include:
 - Clumsiness, loss of finger dexterity, slurred speech, confusion, memory loss, loss of consciousness, decreased heart rate, hyperventilation, shivering
 - Signs and symptoms will vary depending upon:
 - Previous cold weather exposure, race, geological origin, ambient temperature, use of medications, clothing attire, fatigue, hydration, age, activity and others
 - Recommendations for Treatment
 - Rectal temperature or other method of determining body temperature
 - Remove wet/damp clothing
 - Insulate athlete with warm, dry clothing or blankets
 - Move athlete to warm, dry environment if possible
 - If rewarming athlete apply heat on to trunk, axillary region, chest wall and/or groin
 - Do not rewarm extremities which may cause After Drop: which sends cold blood from the periphery to the core potentially further lowering core body temp
 - Provide warm non-alcoholic fluids and food containing 6% to 8% carbohydrates
 - Be aware for signs of shock
 - Monitor vitals and be prepared to administer CPR if needed
 - Refer for physician care or contact EMS if necessary
- Chilblain: non-freezing cold injury associated with extended cold and wet exposure resulting in an inflammatory response
 - Exposure to cold/ wet environments beyond 1 hour
 - Feet/hands most effected
 - Recommendations for Treatment:
 - Remove wet or constrictive clothing
 - Wash and dry area gently
 - Elevate area
 - Cover with warm, dry, loose clothing or blankets



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- Do not disturb blisters
- Continuously monitor affected area for return of circulation/sensation

Lightning Safety

When lightning is within 14 miles of your venue, outdoor activity should be ceased, and lightning safe shelter should be sought out.

- If a lightning meter or weather service notification is not accessible, it is recommended to seek shelter when the flash-to-bang count is 30 seconds or less (30 seconds indicates a distance of 6miles)

Activity may be resumed when a weather service announcement or lightning meter indicates the storm has passed to a distance greater than 14 miles away. If that information is not available, greater than 30 minutes must have passed since the last flash of lightning is observed before returning to activity.

Always check the forecast before any outdoor activity and know where the closest lightning safe shelter is located.

Emergency Management Action Plans

The following guidelines were developed to expedite care for the student-athletes who require emergency care. Please note, for organizations practicing on-campus, Professional Ambulance has a quicker response time than calling 911. If EMS services are needed, consider calling Professional Ambulance (617-492-2700).

- EMS (911) and/or Harvard University Police (617-495-1212) should be contacted in any situation that involves but is not limited to:
 - an unconscious athlete
 - an unresponsive athlete
 - an athlete who is having respiratory or cardiac difficulty
 - an athlete with a possible cervical spine injury (fracture /subluxation)
 - an athlete who is having seizures
 - an athlete with neurological sequelae
 - an athlete suffering from heat stroke
 - an athlete with a compound fracture
 - an athlete with vascular compromise
 - an athlete with an exertional rhabdomyolysis with altered state
 - an athlete who suffers from a sickle cell, exertional, or non-exertional collapse with altered state
 - an athlete with a diabetic emergency



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- an athlete with an asthmatic emergency
- Injury/illness that requires medical transport

If EMS is activated, the person calling should have the following information for the EMS dispatcher:

- time of injury
- suspected injury
- athletes present condition
- location of injured athlete
- the caller should hang up last

State EMS regulatory agencies and individual EMS directors will determine the protocols that govern EMS personnel.

Emergency Communication

Emergency call boxes are located on:

- **Murr Center** - the outside the East entrance of the Murr Center near the ticket office facing North Harvard St.
- **Cumnock field** - on the light post in between the two fields and is designated with a blue light over the box.
- **Ohiri field** - the scoreboard post
- **Baseball, softball and McCurdy outdoor track** - adjacent to the outdoor track fence behind home plate of the baseball field.

Anyone utilizing athletic facilities should have a cellular phone on site.

Emergency Equipment

AEDs for public access are located:

- **Blodgett Pool** – at the front desk outside the pool deck area.
- **Bright Hockey Center** – across from concession stand SECTION 24 facing the ice.
- **Beren Tennis Center** – at the front desk.
- **Cumnock Field** – on the pole between field 2 and 3 (only available April-November).
- **Gordon Track** – at East entrance next to the doors.
- **Harvard Stadium** – Sections 7 and 31, halfway up the bleachers (only available April-November).
- **Jordan Field** – on the light post closest to the baseball and softball fields (only available April-November)
- **Lavietes Pavilion** – on the wall at the front of the building.
- **Murr Center** – halfway down tennis hallway near squash courts & in workout center behind desk on wall.
- **Newell Men's Boathouse** – in the boathouse on the inside of the doors on the river.
- **O'Donnell Baseball Field** - on light post behind left field fence (only available April-November).



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- **Robert Mignone Field** – at the front desk in the Beren tennis center.
- **Soldier's Softball Field** – on the light post behind the right field fence (only available April-November).
- **Stadium Bubble** – within the bubble near the front entrance (Available November-March).
- **Weld Women's Boat House** – in the boathouse on the inside of the doors on the river.

Venue Directions

The Athletic complex at Harvard University is at 65 North Harvard Street in Allston. Access to the athletic complex is gained through Gate 8 on North Harvard St.

Site Emergency Action Plans

Club officers should review and be familiar with the Emergency Action Plan for their practice facility.

- [Harvard Athletic Complex – Emergency Action Plan](#)
- [Beren Tennis Center – Emergency Action Plan](#)
- [Berylson Field – Emergency Action Plan](#)
- [Blodgett Pool – Emergency Action Plan](#)
- [Bright-Landry Hockey Center – Emergency Action Plan](#)
- [Cumnock Field – Emergency Action Plan](#)
- [Gordon Indoor Track – Emergency Action Plan](#)
- [Harvard Stadium – Emergency Action Plan](#)
- [Harvard Stadium Bubble – Emergency Action Plan](#)
- [Hemenway Gymnasium – Emergency Action Plan](#)
- [Jordan Field – Emergency Action Plan](#)
- [Lavietes Pavilion – Emergency Action Plan](#)
- [Malkin Athletic Center – Emergency Action Plan](#)
- [McCurdy Outdoor Track – Emergency Action Plan](#)
- [Quadrangle Recreational Athletic Center – Emergency Action Plan](#)
- [Roberto A. Mignone Field – Emergency Action Plan](#)
- [Murr Center – Emergency Action Plan](#)
- [Newell Boathouse – Emergency Action Plan](#)
- [O'Donnell Field – Emergency Action Plan](#)
- [Ohiri Field – Emergency Action Plan](#)
- [Soldiers Field – Emergency Action Plan](#)

Communicable and Infectious Diseases

Standard precautions to decrease the transmission of communicable and infectious disease include clinician use of personal protective equipment when there is an expectation of possible



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exposure to infectious material, respiratory hygiene (cough and sneeze etiquette), hand hygiene, proper handling, cleaning, sanitizing and disinfecting equipment, instrument, and devices. Hand hygiene has been reported as the most important practice in reducing transmission of infectious disease.

Preventative Recommendations

Recommendations to decrease the spread of communicable and infectious diseases within the athletic setting include:

- Student-Athletes should immediately shower after athletic activity
- Wash worn athletic clothing daily
- Clean and disinfect gym bags that store dirty worn apparel
- Clean and disinfect protective equipment such as helmets, shoulder pads, hockey equipment, catcher's equipment, lacrosse equipment, etc.
- Do not share towels or personal hygiene products
- Cover and clean new skin lesions daily
- Locker rooms sanitized on a regular basis
- Playing fields inspected regularly for animal droppings
- Weight room equipment, benches, bars and handles cleaned daily

Athletics Campus Facilities Map

