



WHEELING
JESUIT
UNIVERSITY

DEPARTMENT OF ATHLETIC TRAINING



EMERGENCY ACTION PLAN (EAP)

Last updated November 2014

Athletic Training EAP

2014-2015

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A. Introduction

The following document will outline the Emergency Action Plan for Wheeling Jesuit University, as described by the athletic training staff. The EAP is a set of guidelines on how to manage emergency situations that may arise during athletic events. It will be available in the WJU Athletic Training Room, in each individual medkit, and briefly posted at each site. This includes emergency personnel, communication, equipment, phone numbers, and the roles of the first responders as these pertain to each field/court. The following is a list and duty description for each member of the WJU athletic training staff.

Medical Director:

Dr. Derrick Eddy (304) 243-8630

ATC's Include:

Program Director/AT Faculty/Men's Lacrosse- Dave Dennis, M.S., ATC (304) 312-9048

Clinical Coordinator/AT Faculty- Joe Shaffer, M.S., ATC, PES (724) 388-7519

AT Faculty/Baseball- Kim McManis, M.S., ATC (814) 243-4397

Head Athletic Trainer/Soccer/Women's Basketball/Softball/Golf/Cheering/Hockey-
Christy Schoolcraft, M.A., ATC, CES (304) 224-7211

Assistant Athletic Trainer/Volleyball/Men's Basketball/Swimming/Women's Lacrosse-
Lauren Linn, M.S., ATC (304) 243-2182

Assistant Athletic Trainer/Rugby/Wrestling-
Melissa Slaughter, M.S., ATC (304) 243-4494

Assistant Athletic Trainer/Soccer/Track&Field/Cross Country-
Ashley Prince, B.S., ATC (304) 243-4494

B. I-470 Baseball/Softball Fields

Emergency Personnel: Certified Athletic Trainer and athletic training student(s) on site for competition and on campus for practice/conditioning sessions; medical director under which ATCs work; coaches trained in C.P.R. are considered first responders as well. On field evaluation is conducted to determine equipment needs including ambulance.

Medical Director:

Dr. Derrick Eddy (304) 243-8630

ATC's Include:

Dave Dennis, M.S., ATC (304) 312-9048

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Joe Shaffer, M.S., ATC, PES (724) 388-7519

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Lauren Linn, M.S., ATC (304) 243-2182

Melissa Slaughter, M.S., ATC (304) 243-4494

Ashley Prince, B.S., ATC (304) 243-4494

Emergency Communication: A cell phone should be on location for each practice/competition in the possession of an athletic trainer or team coach.

Emergency Equipment: During competitions, supplies are located on the field (athletic training kit, splint kit, crutches); additional emergency equipment supplies are accessible from the athletic training facility in the McDonough Center on campus. An AED is located at the concession stand (around the corner to the left) of the I-470 complex.

Roles of First Responders:

1. Immediate care/First aid of injured or ill student-athletes
2. Emergency equipment retrieval (designate someone to retrieve AED from concession stand)
3. Call **9-1-1** (provide name, address, telephone number; number of individuals injured; condition of injured; age and sex of injured; first aid treatment; specific directions; other information requested)
4. Direction of EMS to scene by campus security
 - a. Designate individual to "flag down" EMS and direct to scene
 - b. Scene control: limit scene to first aid providers and move any bystanders away from area.

Emergency Contact Numbers:

Athletic Training Room: (304) 243-2182 or 4494

Campus Security: (304) 243-2486

University Health Center: (304) 243-2275

Ambulance: 9-1-1

Fire Department: 9-1-1

Police: 9-1-1

Wheeling Hospital: (304) 243-3000

C. Stadium Field/Track and Practice Fields on Campus

Emergency Personnel: Certified athletic trainer on site for competition and on campus for practice/conditioning sessions; coaches trained in C.P.R. are considered first responders. On field evaluation is conducted to determine equipment needs including ambulance.

Medical Director:

Dr. Derrick Eddy (304) 243-8630

ATC's Include:

Dave Dennis, M.S., ATC (304) 312-9048

Kim McManis, M.S., ATC (814) 243-4397

Joe Shaffer, M.S., ATC, PES (724) 388-7519

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Melissa Slaughter, M.S., ATC (304) 243-4494

Ashley Prince, B.S., ATC (304) 243-4494

Emergency Communication: A cell phone should be on location for each practice/competition in the possession of an athletic trainer or team coach, or use front desk phone in the McDonough Center. Athletic training student or coach should call 911 if necessary and relay important information (name, address, telephone number; number of individuals injured; condition of injured; age and sex of injured; first aid treatment). Campus security should also be contacted. Campus security must escort ambulance and provide proper keys or means of reaching the destination.

Emergency Equipment: During competitions, supplies are located on the field (athletic training kit, splint kit, spine board, crutches), additional emergency equipment supplies are accessible from the athletic training facility in the McDonough Center on campus. AED's are located in the athletic training clinic in the McDonough Center, the front desk of the McDonough Center, and in the Campus Security Office. Certified athletic trainer instructs student or coaches to bring necessary tools to the field.

Roles of First Responders:

1. Immediate care/First aid of injured or ill student-athlete
2. Emergency equipment retrieval
3. Call **9-1-1** (provide name, address, telephone number; number of individuals injured; condition of injured; age and sex of injured; first aid treatment; specific directions; other information requested)
4. Notify campus security at (304) 243-2486
5. Direction of EMS to scene by campus security
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers

Emergency Contact Numbers:

Athletic Training Room: (304) 243-2182 or 4494

Campus Security: (304) 243-2486

University Health Center: (304) 243-2275

Ambulance: 9-1-1

Fire Department/Police: 9-1-1

Wheeling Hospital: (304) 243-3000

D. McDonough Center Gyms/Wrestling Room

Emergency Personnel: Certified athletic trainer on site for competition and on campus for practice/conditioning sessions; coaches trained in C.P.R. are considered first responders as well. On field evaluation is conducted to determine equipment needs including ambulance.

Medical Director:

Dr. Derrick Eddy (304) 243-8630

ATC's Include:

Dave Dennis, M.S., ATC (304) 312-9048

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Ashley Prince, B.S., ATC (304) 243-4494

Emergency Communication: A cell phone should be on location for each practice/competition in the possession of an athletic trainer or team coach, or use front desk phone in the McDonough Center. Athletic training student(s) or coach should call 911 if necessary and relay important information (name, address, telephone number; number of individuals injured; condition of injured; age and sex of injured; first aid treatment). Campus security is contacted. Campus security must escort ambulance and provide proper keys or means of reaching the destination.

Emergency Equipment: during competitions, supplies are located in the gymnasium or in the athletic training room (training kit, splint kit, spine board, crutches), additional emergency equipment supplies are accessible from the athletic training facility in the McDonough Center on campus. AED is located in the athletic training clinic in the McDonough Center, the front desk of the McDonough Center, and in the Campus Security Office.

Roles of First Responders:

1. Immediate care of injured or ill student-athlete
2. Emergency equipment retrieval
3. Call **9-1-1** (provide name, address, telephone number; number of individuals injured; condition of injured; age and sex of injured; first aid treatment; specific directions; other information requested)
4. Notify campus security at (304) 243-2486
5. Direction of EMS to scene by campus security
 - a. Open appropriate doors
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers

Emergency Contact Numbers:

Athletic Training Room: (304) 243-2182 or 4494

Campus Security: (304) 243-2486

University Health Center: (304) 243-2275

Ambulance: 9-1-1

Fire Department: 9-1-1

Police: 9-1-1

Wheeling Hospital: (304) 243-3000

E. CONCUSSION MANAGEMENT

1. Educating all student-athletes and coaches about the signs and symptoms of concussions prior to the start of their sports season is very important. Starting with the fall 2014 sports, sessions for this education will be held for all athletes and coaches prior to the start of each season.

This will include but not be limited to the definition of a concussion (a traumatic brain injury), as well as the associated signs and symptoms (headaches, balance problems, visual disturbances, ringing in ears, nausea, vomiting, concentration problems, personality changes, amnesia, loss of consciousness, anxiety, nervousness, dizziness, sensitivity to light and sound, etc.). Even just one symptom combined with a mechanism will constitute a concussion.

2. Student-athletes are required to sign a statement in which student-athletes accept the responsibility for reporting their injuries and illnesses to the sports medicine staff, including signs and symptoms of concussions.

3. On file, there are annual updates of an EAP (emergency action plan) to respond to student-athlete catastrophic injuries and illnesses. All athletic trainers shall review and practice the plan annually. EAP's are to be reviewed with all medical personnel including athletic training students.

4. The Certified Athletic Trainers along with Standing Orders and Physicians shall determine management and return-to-play of any ill or injured student-athlete, as he or she deems appropriate. Conflicts or concerns will be referred to our team physician for remediation.

5. In regards to the recognition, evaluation, and treatment of concussions, the following will apply:

a. The Athletic Training Program and other athletics healthcare providers will practice within the standards as established for their professional practice.

b. There will be a baseline (IMPACT) assessment for each student-athlete.

c. When there has been a mechanism for a concussion and the student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete will be removed from practice or competition, by either a member of the coaching staff or by the athletic trainer(s). If removed by a coaching staff member, the coach will refer the student-athlete for evaluation by an athletic trainer.

d. A student-athlete diagnosed with a concussion will be withheld from the competition or practice and not return to activity for at least the remainder of that day. He/she will be evaluated by an ATC using the SCAT3, physical exam, and IMPACT test.

e. If a student athlete is removed due to a suspected concussion, the student athlete may not return until further evaluation from the athletic trainer. Based on initial evaluation by athletic trainer, if a concussion is diagnosed, the student athlete will be referred to team physician. If concussion is diagnosed, athlete cannot return until clearance from team physician and athletic trainer.

f. The student-athlete will receive monitoring for deterioration. Athletes may be provided with written home instructions upon discharge; preferably with a roommate, guardian, or someone else assist the student-athlete in following the instructions.

g. The student-athlete will be monitored for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, watching film, athletic meetings, working on a computer, classroom work, or taking a test. If a student athlete has a diagnosed concussion he/she will be given multiple copies (for coaches, professors, and athlete) of a handout about concussions and the affects that it has on the student's academic ability.

h. Once asymptomatic, the student athlete will be re-evaluated by the team physician and then go through a gradual return to play, which consists of functional testing with increasing physical and mental demands over a 5 day period.

i. The student athlete will also repeat the IMPACT test if his/her scores were abnormal previously.

*Once diagnosed with a concussion, a student athlete will need to meet the following criteria in order to return to play.

- asymptomatic
- successful gradual return to play plan
- normal physical exam
- normal IMPACT scores
- cleared by both team physician and athletic trainer

F. DIABETES MELLITUS

The following guidelines are adapted from the NATA position statement on sudden death in sports-
Journal of Athletic Training 2012;47(1):96-118

1. All athletes who have been diagnosed with diabetes will have a personalized care plan which includes monitoring of blood glucose levels, insulin guidelines, treatment guidelines for hypo- and hyperglycemia, as well as emergency contact info.
2. Any diabetic athlete who displays signs/symptoms of hypoglycemia (tachycardia, sweating, palpitations, hunger, nervousness, headache, trembling, or dizziness) will be evaluated and treated accordingly. Athletes found to be suffering from mild hypoglycemia (athlete is conscious and able to swallow) will be given 10-15 grams of carbohydrates and have blood glucose levels rechecked. EMS will be activated for those suffering from severe hypoglycemia (unconscious).
3. Any diabetic athlete who displays signs/symptoms of hyperglycemia without ketosis (nausea, dehydration, reduced cognitive performance, sluggishness, fatigue) will be evaluated and treated accordingly. An athlete who has a fasting blood glucose level of 300mg/dL without ketones can continue to exercise with frequent reassessment of blood glucose levels.
4. A diabetic athlete who displays signs/symptoms of hyperglycemia with ketoacidosis (Kussmaul breathing- abnormally deep and rapid breathing, breath that has a fruity odor, unusual fatigue, sleepiness, loss of appetite, increased thirst and frequent urination, as well as previously listed symptoms) will be evaluated and treated accordingly. An athlete who has a fasting blood glucose of 250 mg/dL or higher will test his/her urine for ketones. If ketones are present, the athlete should suspend all physical activity and have frequent blood glucose monitoring.
5. Any diabetic athlete who is pulled out of activity should demonstrate a normal blood glucose level before being permitted to return to play.

G. HEAT and COLD EXPOSURE POLICY

The following policy has been designed to protect the Wheeling University faculty/staff, students, athletes and spectators from the threat of heat and cold exposure.

Heat Exposure:

- Apparent Temperature below 90° F: No need to modify activity plan.
- Apparent Temperature 91 – 104° F: Increase fluid and rest breaks. Monitor athletes for heat cramps and signs of heat illness. Be aware of danger signs.
- Apparent Temperature 105 – 129° F: Restricted practice. Decrease exercise intensity. Continue to monitor athletes for heat cramps and signs of heat illness. Minimum pads. Be aware of danger signs.
- Apparent Temperature 130° F and up: Suspend practice. Very high risk of heat illness exists.

Relative Heat Humidity also plays a factor and will be monitored using a psychrometer.

Cold Exposure: For practices or competition in temperatures below 32° F, it is advisable to add a layer of protective clothing for every 5 mph of wind.

- 30° F and below: Be aware of possibility of cold injury
- 25° F and below: Encourage extra protective clothing, cover exposed skin, provide opportunities for re-warming
- 15° F and below: Modify activity to decrease exposure and provide more frequent opportunities for re-warming
- 0° F and below: Consider stopping and rescheduling activity

*The following charts from the 2008 NATA position statement on environmental cold injuries should be used when determining risk for frostbite.

A



Wind Chill Chart



		Temperature (°F)																	
		40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
Wind (mph)	Cal	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
	5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
	10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
	15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
	20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
	25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
	30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
	35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
	40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
	45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
	50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
	55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98	

Frostbite Times: 30 minutes 10 minutes 5 minutes

Wind Chill (°F) = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})
 Where, T= Air Temperature (°F) V= Wind Speed (mph) Effective 11/01/01

B

		T _{air} (°C)											
		5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45	-50
V ₁₀ (km/h)	5	4	-2	-7	-13	-19	-24	-30	-36	-41	-47	-53	-58
	10	3	-3	-9	-15	-21	-27	-33	-39	-45	-51	-57	-63
	15	2	-4	-11	-17	-23	-29	-35	-41	-48	-54	-60	-66
	20	1	-5	-12	-18	-24	-30	-37	-43	-49	-56	-62	-68
	25	1	-6	-12	-19	-25	-32	-38	-44	-51	-57	-64	-70
	30	0	-6	-13	-20	-26	-33	-39	-46	-52	-59	-65	-72
	35	0	-7	-14	-20	-27	-33	-40	-47	-53	-60	-66	-73
	40	-1	-7	-14	-21	-27	-34	-41	-48	-54	-61	-68	-74
	45	-1	-8	-15	-21	-28	-35	-42	-48	-55	-62	-69	-75
	50	-1	-8	-15	-22	-29	-35	-42	-49	-56	-63	-69	-76
	55	-2	-8	-15	-22	-29	-36	-43	-50	-57	-63	-70	-77
	60	-2	-9	-16	-23	-30	-36	-43	-50	-57	-64	-71	-78
	65	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79
	70	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-80
	75	-3	-10	-17	-24	-31	-38	-45	-52	-59	-66	-73	-80
	80	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81

Frostbite Risk: Increasing High, 5 to 10 min High, 2 to 5 min High, 2 min

H. Exertional Heat Stroke

The following guidelines are adapted from the NATA position statement on sudden death in sports - Journal of Athletic Training 2012;47(1):96-118

1. To prevent exertional heat illness the following should be considered:
 - during preseason screening, athletes should be asked about risk factors for heat illness and any history of heat illness.
 - modifications may need to be made for those wearing equipment during periods of high heat stress.
 - athletes should be acclimated to heat over a 1-2 week period.
 - athletes should maintain an appropriate level of hydration and have unlimited access to water during all practices and games.

2. During heat stress, an athlete having any of the following symptoms of CNS dysfunction will be considered to be suffering from exertional heat illness
 - disorientation, confusion, dizziness, vomiting, diarrhea, loss of balance, staggering, irritability, irrational or unusual behavior, apathy, aggressiveness, hysteria, delirium, collapse, loss of consciousness, and coma

3. Athletes suffering from exertional heat illness should be immediately removed from activity and cooled by cool water immersion. Those athletes who do not respond to treatment or who become unresponsive should be transported to the nearest hospital immediately.

4. Before returning to play, any athlete who suffered from exertional heat illness should have a period of non-activity, an asymptomatic period, and normal blood enzymes levels. Then the athlete should be guided through a gradual return to play with increasing levels of intensity over a period of several days.

I. Exertional Sickling

The following guidelines are adapted from the NATA position statement on sudden death in sports - Journal of Athletic Training 2012;47(1):96-118

1. Athletes who have the sickle cell trait (SCT) should be allowed longer rest periods between bouts of activity, exclusion from performance testing (such as timed mile), emphasize hydration, adjustment of work/rest ratio in the presence of heat stress, exclusion from physical activity during periods of illness, management of asthma (if applicable), have access to supplemental oxygen in areas of higher altitude.

2. An athlete who has the SCT and displays the following are signs/symptoms of exertional sickling should be withdrawn from activity and have vital signs monitored

-muscle pain, cramps, swelling, weakness, and tenderness; dyspnea; fatigue

3. EMS should be activated for any athlete who collapses from sickle cell exertion.

J. Sudden Cardiac Arrest (SCA)

The following guidelines are adapted from the NATA position statement on sudden death in sports - Journal of Athletic Training 2012;47(1):96-118

1. Each athlete should be screened during a pre-participation physical for risk factors of SCA, such as, family history of SCA, episodes of syncope, chest pain, or exertional intolerance.
2. Any athlete who collapses and is unresponsive should be evaluated for SCA. This includes assessing the athlete's airway, breathing, circulation, and heart rhythm. If the athlete is not breathing or has no pulse, EMS should be activated immediately, CPR should be started, and an AED should be retrieved as soon as possible.

-treatment should continue from here based on the current American Heart Association's guidelines.

K. LIGHTNING SAFETY

- Decisions to remove teams or individuals from practice activities will be made by the certified athletic trainers on staff and/or medical director, if present. In absence of a certified athletic trainer, individual sport coaches will have to use their best judgment taking into account the guidelines set forth here.
- Decisions to remove teams or individuals from athletic competition or events will be made by the certified athletic trainer and/or medical director in conjunction with the athletic director and with the cooperation of the officials.
- Prior to the start of each competition, a member of the athletic training staff will greet the officials, explain that we have a means of monitoring lightning and will notify the officials if there is imminent danger.

Guidelines for Lightning Safety:

1. Know where the closest "safe structure or location" is to the field or playing area, and know how long it takes to get to that safe area. Safe structure or location is defined as:
 - Any building normally occupied or frequently used by people, i.e., a building with plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid using shower facilities for safe shelter and **do not use** the showers or plumbing during a thunderstorm.
 - In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof and rolled up windows can provide a measure of safety. A vehicle is certainly better than remaining outdoors. It is not the rubber tires that make a vehicle a safe shelter, but the metal roof, which dissipates the lightning strike around the vehicle. **Do not touch the sides of the vehicle.**
 - **The locker rooms under the stadiums are specifically for the athletes, coaches, officials, athletic trainers, and game personnel. The McDonough Center may also be used for spectators and when utilizing the softball field. If activity is on the upper fields quickly move to the CET building.**
2. Be aware of how close lightning is occurring. The flash-to-bang method is the easiest. To use this method count the seconds from the time lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away (in miles) the lightning is occurring. (A handheld device, called a "skyscan", can also be used to determine storm distance.)
3. As a minimum, National Severe Storms Laboratory (NSSL) and the NCAA recommend that by the time the monitor obtains a flash-to-bang count of **30** seconds; all individuals should leave the athletic site and go to a safe structure or location.
4. If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees or a dry ditch. Assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize your body's surface area, and minimize contact with the ground. Do not lie flat.
5. If unable to reach safe shelter, stay away from the tallest trees or objects (such as light poles or flagpoles), metal objects (such as fences or bleachers), individual trees, standing pools of water and open fields. Avoid being the highest object in a field. Do not take shelter under a single, tall tree.
6. When considering resumption of an athletics activity, NSSL staff recommends that ideally everyone should wait **30 minutes** after the last flash of lightning or sound of thunder before returning to the field or activity.

7. If someone should be struck by lightning a certified athletic trainer should enable pre-hospital care for lightning victim procedure.
 1. **Survey scene for safety.**
 2. **Activate EAP.**
 3. **Carefully move victim to safe area if necessary.**
 4. **Check ABC's**
 5. **Evaluate and treat for apnea and asystole.**
 6. **Evaluate and treat for hypothermia and shock.**
 7. **Evaluate and treat for fractures.**
 8. **Evaluate and treat for burns.**



WHEELING JESUIT UNIVERSITY

- | | | |
|--|--|----------------------------|
| 1. Main Entrance | 9. Philip and Evelyn Kirby Residence Hall | <u>Parking Lots:</u> |
| 2. Robert C. Byrd National
Technology Transfer Center (NTTC)
- Enrollment Management Offices | 10. Sara Tracy Residence Hall | A. NTTC |
| 3. Whelan Hall | 11. Fine and Performing Arts Studio | B. NTTC and Hodges Library |
| 4. Emily LaRosa Soccer Field | 12. Donahue Hall | C. CET |
| 5. Hodges Library | 13. Thomas S. Acker S.J. Science Center | D. Sara Tracy/Kirby Hall |
| 6. Swint Hall
- Benedum Dining Room
- The Rathskellar
- Troy Theater
- Student Development Offices | 14. Bishop Schmitt Field | E. Donahue |
| 7. Chapel of Mary and Joseph | 15. Creekbank Recreational Park | F. McDonough |
| 8. Erma Ora Byrd Center for
Educational Technologies (CET)
- Mount de Chantal Music
Conservatory | 16. Alma Grace McDonough Center
- Business Office and Athletic Facilities | G. McDonough Annex |
| | 17. Thomas More Residence Hall | H. Ignatius Hall |
| | 18. McHugh Residence Hall | I. Acker Science Center |
| | 19. Champion Residence Hall | <u>Two-Hour Parking:</u> |
| | 20. Ignatius Residence Hall | J. Swint Circle |
| | 21. Clifford M. Lewis House | |
| | 22. Currie Drive Entrance | |