



WHITWORTH
AN EDUCATION OF MIND AND HEART

Athletic Training Education Program

Policies and Procedures 2011-12

The mission of the Athletic Training Education Program at Whitworth University is to equip students with the knowledge and skills necessary to become proficient and professional entry-level athletic trainers. This is provided through high quality instruction and experiences that model ethical practice, effective communication and compassion. The program utilizes a holistic approach in developing multi-dimensional healthcare professionals and servant-leaders within the context of a Christian liberal-arts environment.

Introduction

Athletic Training is an allied health care profession. Certified Athletic Trainers are unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses that are encountered by all individuals, especially the physically active.

The athletic training student is a person who is engaged in a program of study that may lead to national certification as an athletic trainer by the Board of Certification, Inc. (BOC). The Athletic Training Education Program is an intense, demanding, and rewarding program of study. The ATEP prepares students for successful completion of the BOC examination and for future careers in athletic training. Multiple clinical experiences provide the ATS with practical learning designed to strengthen both professional preparation and career placement. A Christian worldview is woven throughout both the academic and clinical portions of the program, which provides students a Christ-centered perspective of this service profession.

The ATEP is composed of two major sections: academic and clinical. Both areas are vital to the successful completion of the program. During the academic coursework and clinical experiences, the ATS is learning to be a unique member of the health care team. The ATS will observe, learn from, interact with, and be supervised by a variety of health care personnel associated with the ATEP and members of the public which may include: physicians, nurses, physical therapists, patients, athletes, coaches, and parents. Any decision related to patient care will be made by the Clinical Instructor (CI). These decisions will be made in an objective manner with the patient's well-being as the primary motivator. Thus, CIs must be notified when injuries occur or when patients need appropriate medical care. This communication establishes a rapport with the CI that is invaluable.

The time involved as an ATS can be overwhelming on occasion, but there is no greater teacher than experience. It is important for all ATSs to be involved and ask questions. The CIs and other medical personnel are available to help the ATS learn, answer questions, and challenge them.

Notice

This manual is intended for the athletic training students (ATS) at Whitworth University. It contains policies, procedures and relevant professional information to direct and inform students and is specific to the Athletic Training Education Program (ATEP) at Whitworth. All students accepted to the ATEP are responsible to learn and understand the information in this manual. Deviation from the policies and procedures may warrant placing the student on probation in the major, suspension from clinical experiences or dismissal from the ATEP. If an ATS does not understand any of the material provided they should consult with the program director.

TABLE OF CONTENTS

Whitworth University Athletic Training Education Program	3-22
Mission Statement and Expected Outcomes	3
Academic and Clinical Foundations	5
NATA Code of Ethics	7
Program Admission Policies and Criteria	9
Code of Conduct	11
Technical Standards	12
Additional Costs Associated with the ATEP	13
Course Curriculum and Sequence	15
Clinical Experience Requirement	17
Clinical Experience Roles and Responsibilities	19
Evaluation of Student Athletic Trainers	21
Communicable Disease Policy	22
Clinical Evaluation Form	23
Universal Precautions	27
Whitworth University Bloodborne Pathogen Exposure Control Plan	29

Whitworth University Athletic Training Education Program

Mission Statement

The mission of the Athletic Training Education Program at Whitworth University is to equip students with the knowledge and skills necessary to become proficient and professional entry-level athletic trainers. This is accomplished through high quality instruction and experiences that model ethical practice, effective communication and compassion. The program utilizes a holistic approach in developing multi-dimensional healthcare professionals and servant-leaders within the context of a Christian liberal-arts environment.

Expected Student Outcomes

Graduates of the Whitworth University ATEP will:

1. Understand the role of an athletic trainer as a health care provider within the larger context of the continually evolving health care system.
 - a) Work in collaboration with other health care providers
 - b) Communicate effectively with all those involved in health care of the patient, both in oral and written form
 - c) Recognize when referral of a patient to another health care provider is warranted and facilitate that referral
2. Incorporate ethical, moral and legal behavior into the practice of athletic training.
 - a) Abide by the Standards of Practice established by the Board of Certification
 - b) Abide by the NATA Code of Ethics
3. Appreciate the value and nature of incorporating personal faith into vocational practice.
4. Develop competence in evidence-based clinical practice.
 - a) Establish habits that will result in life-long learning and professional development
 - b) Recognize quality evidence from a variety of sources and incorporate into practice
 - c) Recognize unknown areas as problem-solving opportunities and engage in critical analysis in attempt to provide solutions
5. Demonstrating contemporary knowledge and skill in the comprehensive examination, assessment, management and rehabilitation of patients with injuries.
6. Demonstrate contemporary knowledge and skill in the comprehensive examination, assessment, management and treatment of patients with illnesses as they pertain to an active lifestyle.
7. Achieve 100% ultimate pass rate on the BOC exam for those who continue to attempt it.

8. Invest in and promote the profession of athletic training or other chosen vocation
 - a) Remain members of the NATA or respective professional guild
 - b) Advocating for changes in laws, regulations, standards and guidelines that affect athletic training and/or their respected vocation
9. Support their workplace and professional community by assuming a service and/or leadership role in an area that impacts the practice of athletic training or respective vocation.

Expected Faculty Outcomes

Faculty of the Whitworth University ATEP will:

1. Abide by the Standards of Practice established by the Board of Certification
2. Abide by the NATA Code of Ethics
3. Integrate their Christian faith to their teaching and practice of athletic training.
4. Maintain an ongoing commitment to evidence based practice in teaching, clinical practice, service and scholarship.
5. Maintain active Washington licensure and membership in the National Athletic Trainers' Association.
6. Assume a service and/or leadership role in an area that impacts the practice of athletic training.

Academic and Clinical Foundations

The knowledge and skills to be mastered by students in the entry-level ATEP have been identified by the National Athletic Trainers' Association Professional Education Council in the ***Athletic Training Educational Competencies, 5th Edition*** (NATA, 2011).

These Competencies provide the entry-level athletic trainer (AT) with the essential knowledge and skills needed to provide athletic training services to patients of differing ages, lifestyles and needs. These Competencies also serve as a guide for the development of educational programs and learning experiences leading to a student's eligibility to challenge the Board of Certification, Inc. examination. The Whitworth University ATEP builds upon these minimal requirements to provide students with high quality education that connects the classroom, lab and clinical education settings.

The Competencies are categorized according to eight content areas comprising the knowledge and skill set of the entry-level athletic trainer. These content areas are:

1. Evidence Based Practice
2. Prevention and Health Promotion
3. Clinical Examination and Diagnosis
4. Acute Care of Injuries and Illnesses
5. Therapeutic Interventions
6. Psychosocial Intervention and Referral
7. Health Care Administration
8. Professional Development and Responsibility

Additionally, Clinical Integration Proficiencies (CIP) represent the integration of knowledge, skills, and clinical decision-making into actual patient care. They will ideally be assessed over multiple interactions and with the same patient, but may also necessitate simulated scenarios.

In addition to the Competencies and Clinical Integration Proficiencies, an understanding of the **Foundational Behaviors of Professional Practice** (Behaviors) (NATA, 2011) is vital to the completion of the ATEP. The Behaviors comprise the application of the common values of the athletic training profession. These Behaviors are:

Primacy of the Patient

- ◆ Recognize sources of conflict of interest that can impact the client's/patient's health.
- ◆ Know and apply the commonly accepted standards for patient confidentiality.
- ◆ Provide the best healthcare available for the client/patient.
- ◆ Advocate for the needs of the client/patient.

Team Approach to Practice

- ◆ Recognize the unique skills and abilities of other healthcare professionals.
- ◆ Understand the scope of practice of other healthcare professionals.
- ◆ Execute duties within the identified scope of practice for athletic trainers.
- ◆ Include the patient (and family, where appropriate) in the decision-making process.
- ◆ Work with others in effecting positive patient outcomes.

Legal Practice

- ♦ Practice athletic training in a legally competent manner.
- ♦ Identify and conform to the laws that govern athletic training.
- ♦ Understand the consequences of violating the laws that govern athletic training.

Ethical Practice

- ♦ Comply with the NATA's Code of Ethics and the BOC's Standards of Professional Practice.
- ♦ Understand the consequences of violating the NATA's Code of Ethics and BOC's Standards of Professional Practice.
- ♦ Comply with other codes of ethics, as applicable.

Advancing Knowledge

- ♦ Critically examine the body of knowledge in athletic training and related fields.
- ♦ Use evidence-based practice as a foundation for the delivery of care.
- ♦ Appreciate the connection between continuing education and the improvement of athletic training practice.
- ♦ Promote the value of research and scholarship in athletic training.
- ♦ Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

Cultural Competence

- ♦ Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- ♦ Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- ♦ Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism

- ♦ Advocate for the profession.
- ♦ Demonstrate honesty and integrity.
- ♦ Exhibit compassion and empathy.
- ♦ Demonstrate effective interpersonal communication skills.

These behaviors are infused throughout the ATEP; however some are more easily recognized and practiced by students. Other behaviors are predominantly exposed to students through demonstration by clinical educators and not practiced by students due to the nature of their role. It is most likely that the full measure of a student's assimilation of these behaviors will be achieved after they have been practicing as a certified athletic trainer for a number of years.

National Athletic Trainers Association Code of Ethics

Whitworth's ATEP also supports faculty, staff and students abiding by the NATA code of ethics.

PREAMBLE

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2:

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

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

2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.

2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.

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

PRINCIPLE 3:

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

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

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.

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

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

3.5 Members shall educate those whom they supervise in the practice of athletic

training about the Code of Ethics and stress the importance of adherence.

3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:

Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

Program Admission Policies and Criteria

Invitations to apply to the ATEP will be made to qualified pre-athletic training majors during the spring semester. Each year the number of students admitted to the program will be determined by the ATEP faculty taking into consideration instructor to student ratios and clinical site availability.

Acceptance into the program is based on the following criteria:

- 1) Current enrollment or completion of AT 270 and AT 271 with a grade of “B” or higher
- 2) Demonstration of professional decorum and dispositions.
- 3) Minimum cumulative GPA of 2.75 at Whitworth University for full admission. Applicants with a GPA less than 2.75 but above 2.5 may be admitted conditionally. Transfer students must meet GPA requirements at Whitworth.
- 4) A completed application form and two written recommendations
- 5) A written essay providing the requested information
- 6) Submission of complete medical records including:
 - a. health history
 - b. pre-entrance physical examination that verifies that the student is able to meet the physical and mental requirements – with or without reasonable accommodation – of an athletic trainer
- 7) Completion of the Technical Standards form
- 8) Copies of CPR/AED for the Professional Rescuer and First Aid certification cards (or current enrollment in AT 270)
- 9) No grade below “C” in any course in the athletic training major
- 10) Commitment to six semesters of didactic and clinical education
- 11) Possible personal interview

More specific requirement details will be provided at the time of invitation and in the application documents. Candidates will be ranked according to their academic ability, quality of recommendations, quality of essay, personal interview if necessary, and personal characteristics observed by ATEP faculty in prerequisite courses.

Transfer students will be evaluated by the same criteria. Student-athletes are allowed to apply for the ATEP, but once accepted may participate in no more than one sport per year.

Admission Status in the ATEP

At the completion of the admissions process, applicants will be notified of their status within the program via college email. Applicants will fall into one of three admission categories: Unconditional Admission, Conditional Admission, or Not Admitted.

Unconditional Admission

Applicant has demonstrated potential for success in the athletic training profession and met the admission criteria listed above.

Conditional Admission

Applicant has demonstrated potential for success in most areas. They will be considered for Conditional Admission if the following criteria are met:

1. GPA between 2.5 and 2.74
2. Past enrollment in AT 270 or 271 with a grade of C or better
3. Completion of the remaining criteria listed above.

Not Admitted

Candidate has not provided sufficient evidence for success in the athletic training profession. The Not Admitted status may be due to such factors as a low GPA, grades in AT 270 and/or 271 of C- or below, or concerns about the candidates' dispositions for athletic training. Candidates who are not admitted to the program are not allowed to register for courses in the athletic training major without permission of the ATEP Director.

Change in Status and Probation

Candidates will be notified through college email regarding any change in their program status. It is the candidates' responsibility to monitor their status within the program. Candidates who drop in status are placed on probation within the program. Candidates on probation have until the end of the next long semester to remedy the concern(s) which dropped their status within the program. The causes of probation will be given to the candidate in writing. If the concern(s) is not addressed, a candidate's admission status may be changed to Not Admitted. A candidate may also be placed on Not Admitted status without probation, if the concern was considered extreme or it becomes apparent that the issue is not remediable. The ATEP Director, in consultation with program faculty members, is responsible for the monitoring of student status within the program.

Academic Retention Requirements

A grade of "C" or higher in all major required courses is required for Athletic Training majors. A student may retake a course once to improve their grade, or show satisfactory progress by other means outlined in specific probationary documents. All students must also maintain at least a 2.75 overall GPA. Failure to meet these requirements will result in probationary status and possible dismissal from the program.

Appeal Process

The right of appeal is available to all AT students regarding a change of status within the ATEP.

1. ATS may appeal decisions if the student's admission status in the program has changed.
2. Appeals must be made in writing, dated and addressed to the ATEP Director, and should provide evidence supporting the appeal. Appeals must be made within 30 days of the notification of change in status.
3. First Level Appeal: The ATEP Director brings the appeal to the ATEP faculty for a decision.
4. Second Level Appeal: The student brings the appeal to the Associate Dean of Instruction in the Office of Academic Affairs. The Associate Dean brings the appeal to the Chairperson of the Department of Health Sciences, and the ATEP Director for decision.
5. Decisions regarding appeals will be provided to the student in writing and will be sent in a timely manner.

Code of Conduct

The expected behavior of all members of the Whitworth University Athletic Training Education Program is stated in the NATA Code of Ethics (see previous section) and the Whitworth University Student Handbook. The program emphasizes professional behavior in all athletic training related practices as well as in each member's private lives, when applicable (see NATA principle 5.1). All of our actions reflect not only on the program but also on our individual desire and ability to be a health care provider. The program also holds up Jesus Christ as the ultimate example of Christian living and encourages and supports all of its members and students in the pursuit of this example.

As presented in Whitworth University Student Handbook:

It is our conviction that as members of a Christian community we should be guided not solely by the adherence to civil and criminal law, but also, and more importantly, by the principles of personal conduct and life in community that are presented us in Scripture. These expectations are reflections of values that are foundational to the character of the Whitworth community-values that are interrelated with Whitworth's mission to glorify God by commitment to educational excellence, liberal learning, and Christian faith and growth.

Any breach of these expectations may result in further penalties such as probation or dismissal from the Athletic Training Education Program. Each case will be dealt with individually by the Program Director and other appropriate personnel.

Technical Standards

For successful completion of the course of study for the degree of Bachelor of Science in Athletic Training at Whitworth University, the student must possess the knowledge, skills, attitudes and judgment to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Therefore, all students admitted to the Program must meet the following abilities and expectations.

- A. Candidates must be able to observe and participate in demonstrations and experiments related to health care professions.
- B. Candidates must have sufficient use of the sensory, vision, hearing, motor and somatic sensation necessary to perform physical assessment and rehabilitation. Candidates must be able to perform activities such as visual inspection, palpation, stability testing, the application of pressure to stop bleeding, cardio pulmonary resuscitation. Candidates must have functional use of the sense of touch and vision.
- C. Candidates must be able to respond with precise, quick and appropriate action in emergency situations.
- D. Candidates must be able to communicate with accuracy, clarity, efficiency and sensitivity.
- E. Candidates must have the skills to be able to analyze and synthesize information, solve problems, and reach diagnostic and therapeutic judgments.
- F. Candidates must be able to acknowledge evaluation and respond appropriately.
- G. Candidates must possess the interpersonal skills to develop rapport and positive relationships.
- H. Candidates are expected to possess the perseverance, diligence and consistency to complete the Athletic Training Program. Candidates, therefore, must be able to tolerate physically taxing workloads, to function effectively under stress, to adapt to changing environments, to display flexibility, and to function in the face of uncertainties inherent in the clinical problems of the physically active patient.

Additional Costs Associated with the ATEP

We make every attempt to minimize extraneous costs associated with the program. Students are, however, responsible for the following additional expenses:

- Maintenance of current certification in Emergency Cardiac Care during all practicum experiences. The course must include: adult, pediatric and infant CPR, airway obstruction management, 2-rescuer CPR, AED use, use of barrier devices, and use of ventilation bags. Initial certification is part of AT 205: Athletic Training Practicum I. Recertification classes are arranged through the athletic training room to minimize expenses (typically \$7 per card). Students who choose to take the course elsewhere may pay more. Most certifications must be renewed annually.
- Physical examination by a MD/DO/NP/PA
- Clothing: Students are provided with a startup gear kit for a flat fee of \$100 and an additional item each subsequent year. Additional clothing may be purchased from the Athletic Training Department at cost. Students must have khaki (tan and black) pants/shorts to wear during their clinical experiences.
- Transportation: Some off-campus affiliations are associated with travel costs, which may include public transportation costs or the need for access to a car.
- NATA membership for use of the ATrack program.

Program Communication

We require that each student utilize their Whitworth University email account and check it regularly. Prompt reply to requests from the ATEP Director and faculty is expected and is evidence of professional and courteous communication habits. Students are also requested to provide their cell phone numbers to clinical faculty and communicate through voice and text messaging if that is feasible and agreed upon by both parties (ATS and CI). Both should discuss the use of text messaging and appropriate communication practice and boundaries.

Other forms of communication are and will be made available, such as Blackboard, and students are expected to monitor them as instructed.

Course Curriculum and Sequence

The ATEP curriculum is structured in a progressive manner building on skill and knowledge acquisition in the classroom and lab to clinical application. Students will be assigned to an ATEP faculty as their academic advisor and must meet with that advisor regularly to assess academic progress.

Prerequisites prior to admission to the program:

AT 270	Emergency Response	2
AT 271	Introduction to Athletic Training	2

Athletic Training Major

HS 220	Human Anatomy and Physiology I	4
HS 221	Human Anatomy and Physiology II	4
HS 320	Structural and Mechanical Kinesiology	4
HS 326	Exercise Physiology	3
AT 331W	Advanced Athletic Training.....	3
AT 332	Pathophysiology and Modalities in Athletic Training	2
AT 333	Organization and Administration of Athletic Training	3
AT 334	Physical Exam of the Lower Extremities in Athletic Training	3
AT 335	Physical Exam of the Upper Extremities in Athletic Training	3
AT 336	Medical Issues	3
HS 362	Personal Health	3
AT 432	Therapeutic Exercise	2
HS 433	Principles of Conditioning and Nutrition	3

Twelve credits of clinical experience 12

AT 283	Clinical Experience I
AT 284	Clinical Experience II
AT 383	Clinical Experience III
AT 384	Clinical Experience IV
AT 483	Clinical Experience V
AT 484	Clinical Experience VI, Senior Seminar

Recommended Courses:

CH 101	Introduction to Chemistry
AT 338	Athletic Training Study Program Preparation: Japan
AT 339	Seminar in Sports Medicine: Japan
HS 361	Community Health
KIN 400	Tests and Measurements
KIN 465	Motor Learning
PY 101	Introductory Psychology
PS 121	Concepts of Physics

Athletic Training Major Progression

Fall Term

Jan Term

Spring Term

Freshman

CH 101 Intro to Chemistry
(recommended)

PS 121 Concepts of Physics
(recommended)

AT 271 Intro to Athletic Training
AT 270 Emergency Response

Sophomore

BI 220 Human Anatomy and
Physiology I

HS 362 Personal Health

AT 283 Clinical Experience I

PY 101 Intro to Psychology
(recommended)

BI 221 Human Anatomy and
Physiology II

AT 332 Pathophysiology and
Modalities

AT 336 Medical Issues in Athletic
Training

AT 284 Clinical Experience II

HS 361 Community Health
(recommended)

Junior

AT 331W Advanced Athletic
Training

HS 326 Exercise Physiology

AT 334 Lower Extremities in
Athletic Training

AT 383 Clinical Experience III

AT 396 Topics in Athletic
Training (recommended)

HS 320 Anatomical and Mechanical
Kinesiology

AT 333 Organization and
Administration of Athletic Training

AT 335 Upper Extremities in
Athletic Training

AT 384 Clinical Experience IV

Senior

AT 432 Therapeutic Exercise

HS 433 Principles of Conditioning
and Nutrition

AT 483 Clinical Experience V

KIN 400 Tests and Measures
(recommended)

AT 484 Clinical Experience
VI/Senior Seminar

KIN 465 Motor Learning
(recommended)

Clinical Experience Requirement

Students admitted into the ATEP are required to complete six semesters of Clinical Experience (CE) at Whitworth University approved clinical affiliates. The experience typically will begin during the fall term of the student's sophomore year. Athletic training students enrolled in each CE are full time undergraduate students that have met appropriate technical standards for program admission, have been formally admitted, have appropriate immunizations and hold current CPR, Emergency Response, and AED Certificates.

The Clinical Experience contributes to the learning over time concept of instruction. Proficiencies are initially instructed and evaluated in the classroom or lab. The CE requires the reintroduction and reassessment of clinical proficiencies. Clinical Instructors (CI's) are expected to provide daily personal/verbal contact at the site of supervision with the athletic training student. The CI will also plan, direct, advise and evaluate the students' athletic training clinical experience.

Students are assigned to a clinical instructor at each site who is responsible for providing regular instruction and consistent evaluation. Students will be available an average of 15 hours per week and typically in the afternoons. Students will be currently enrolled and will have successfully completed the appropriate prerequisite coursework prior to the assigned CE. Students are expected to complete 1200 hours of clinical experience during the required 6 semesters. A minimum of 1000 of those hours are to be directly supervised by a certified athletic trainer with the remaining hours supervised by other appropriate health care professionals. The CE will be assigned by the Program Director in collaboration with the Clinical Education Coordinator at Whitworth University and the athletic training student (ATS). At no time should the ATS be allowed to serve as replacement for regular clinical staff. The CE should follow the academic calendar of Whitworth University.

During each semester, athletic training students will be required to demonstrate clinical competencies under the supervision of their assigned clinical instructor. These competencies are designed to measure progress made in the clinical application of athletic training skills. A copy of these competencies, and the dates when they are completed, is kept in each student's file.

Clinical Experience Sequence and Course Content

The **first term** clinical experience (AT 283) will include content from the following areas:

- Injury Prevention
- Implementation of Emergency Action Plans
- Acute Care and Management Athletic Injuries
- Health Care Administration

During this term, the student will be exposed to general training room operations, non-contact, contact, and collision sports as well as both male and female athletes at Whitworth University.

The **second term** clinical experience (AT 284) immerses the athletic training student (ATS) in the completion of competencies related to:

- Professional Development and Responsibilities
 - Resume Development
 - Professional Goal Setting
- Ethical Professional Practice
- Integration of the Christian Faith in Athletic Training

During this term, the student will be exposed to general training room operations, non-contact, contact, and collision sports as well as both male and female athletes at Whitworth University.

The **third term** clinical experience (AT 383) includes two separate, 7-week experiences. One of those experiences will be completed at a general medical health care facility instructing and evaluating competencies related to:

- Pharmacology
- General Medical Conditions
- Patient History
- Vital Signs
- Skin Conditions
- Respiratory Conditions
- Neurological Conditions
- Endocrine Conditions
- Disordered Eating
- Genitourinary Conditions
- Gynecological Concerns
- Viral Conditions
- Systemic Conditions
- Eyes, Ears, Nose, and Throat Conditions
- Gastrointestinal Conditions
- Sexually Transmitted Diseases

The other 7-week rotation immerses the ATS in instruction and assessment related to:

- Therapeutic Modalities
- Pathophysiology of Tissue Healing

This rotation will be at area high schools or sports physical therapy clinics.

The **fourth term** clinical experience (AT 384) includes instruction and assessment related to:

- Lower Extremity Assessment
- Injury Prevention and acute care of lower extremity conditions
- Nutritional Aspects including:
- Psychosocial Intervention during rehabilitation

This rotation will be at area high schools or sports physical therapy clinics.

The General Medical clinical experience previously described in the third term clinical experience may be completed as part of AT 383 or AT 384 based on availability of appropriate general medical clinical affiliations

The *fifth term* clinical experience (AT 483) includes instruction and assessment related to:

- Upper Extremity Assessment
- Injury Prevention and acute care of upper extremity conditions
- Head and Spinal Injury assessment and management
- Recognition and intervention for disordered eating
- Health Care Administration including:
 - Technology application
 - Facility design
 - Risk management
 - Interpretation of scientific research
- Scholarly research and presentation

This experience will be completed at Whitworth University and the student may be assigned a team.

The *sixth term* clinical experience (AT 484) included instruction and assessment related to:

- Therapeutic Rehabilitation
- Principles of Conditioning
- Sports Nutrition

It also provides a capstone experience for seniors to prepare for

- NATA-BOC Exam
- Interviewing and Employment Preparation
- Scholarly research and presentation

Clinical Experience Roles and Responsibilities

Supervised Clinical Experience

Supervised clinical experience occurs when a program clinical instructor, or another approved health care professional such as a doctor associated with the program, is physically present and can intervene on behalf of the athlete in an emergency or educational experience. The clinical instructor shall have regular auditory and visual contact with the student. When in a supervised clinical experience situation, the student can perform any and all skills that were *previously mastered*.

The Whitworth University ATEP program uses the Graded Supervision Model as described by CAATE: Direct Supervision describes the supervision required of Athletic Training students during clinical experiences. However, the requirement for the CI to be physically present and have the ability to intervene on behalf of the Athletic Training student is not synonymous with preventing students from making independent clinical decisions or requiring the clinical instructor to stand next to the student at all times.

The CAATE encourages clinical educators to consider using the method of graded supervision which initially involves close monitoring, but **once a student demonstrates proficiency and has some experience with a particular skill, that student should be granted supervised autonomy** (i.e. permitted to initiate actions, perform initial evaluations, and develop and implement rehabilitation plans with the **clinical instructor in the same room/field where he/she can see and hear the student**, but not necessarily looking over the student's shoulder). This level of supervision positions students to learn maximally at all times while still allowing for timely feedback and prompt correction of improper behaviors/techniques.

Direct Supervision still encourages independent actions, positioning those students to develop “real world” critical thinking abilities, and does not infer that all student actions should be prompted or directed.”

In the event that a program clinical instructor or another approved health care professional such as a doctor associated with the program, is NOT physically present to intervene on behalf of the athlete, (including practice situations and/or travel) the student's role changes to that of a First Responder and is entirely voluntary. First Responder duties and responsibilities are defined by the level of certification from the certifying agency.

Acceptable Services – The role of an athletic training student acting *without* the direct supervision of a certified athletic trainer, or another approved health care professional such as a doctor associated with the program, is limited to following:

- Application of all first-aid skills for the treatment of acute injuries.
- Perform emergency procedures they are qualified to perform (e.g.: CPR)
- Assist the athlete with a stretching program, but not establishment of a new plan.
- Application of tape to prevent an injury and support an existing injury.
- Wrapping: use of elastic wraps to prevent injury and control swelling.
- Application of a brace already being used.

- Application of splints for stabilization of an acute injury or for the protection of an existing injury provided that the splint has been previously applied to the athlete for the same injury.
- Conduct a history evaluation to determine the need for referral.
- Conduct a brief injury assessment to determine the need for splinting, bracing, or crutch use for safe referral.
- Application of ice or hot packs per protocols.
- Refer injured athlete to appropriate medical help or facility.
- Write progress notes to record actions of care.

Unacceptable Services:

- Apply modalities other than ice and heat.
- Perform an evaluation, other than for emergency referral
- Perform any rehabilitation procedures
- Make decisions about the disposition of an athlete (including return to play decisions)

Evaluation of Athletic Training Students

At the completion of each semester, every student will meet with their clinical instructors and evaluate their work habits and disposition as described on the Clinical Evaluation Form. Each supervisor will independently rate the student and the student will also rate themselves on each item of the form. This form is used to recommend advancement, probation or removal from the program. When necessary, this form can be used for mid-term evaluations. A copy of each evaluation will be kept in the student's file.

If student performance is deemed to be at an unacceptable level, the student may be removed from the Athletic Training Education Program. A written summary of reasons for dismissal is maintained in the student's confidential file. The student has the ability to appeal the decision according to the Whitworth University Student Handbook. The first appeal is made to the Director of Athletic Training, then the Associate Dean for Academic Affairs, then the Chief Academic Officer/Dean of the Faculty. Final appeal may be made to the Educational Review Board. No further right to appeal is granted.

Communicable Disease Policy

A Communicable Disease is a disease that may be transmitted directly or indirectly from one individual to another.

Students in the ATEP must demonstrate protection against communicable diseases before being allowed to participate in patient care. This includes the completion of a comprehensive vaccination and completion of a physical examination to verify that the student is able to meet the technical standards of the profession. Verification of appropriate vaccinations must be completed upon admission to the program. The vaccination records will be reviewed by the Medical Director (or their designee) of the ATEP and maintained in the ATS confidential file in the office of the Program Director. In addition, ATS must complete annual training on the recognition and management of blood-borne pathogens and infectious agents as specified by the Occupational Safety Health Administration (OSHA) and the ATEP.

The Whitworth University ATEP desires to ensure a healthy and safe environment for all students, faculty members, ACE/CI's, and their respective patients/athletes. Therefore in the event that a student contracts a communicable disease the student must:

1. Seek immediate medical attention by an appropriate qualified health care provider. The clinician, in collaboration with the ATS will discuss restrictions from clinical (and if appropriate didactic) learning experiences.
2. The ATS must provide written documentation from the clinician in regards to their ability to continue with classes and/or clinical experiences.
3. The ATS must notify the Clinical Instruction Coordinator (CIC) and their Approved Clinical Instructor (ACI) about their health status and any restrictions for their clinical experiences.
4. In the event that the illness results in prolonged inability to attend classes and/or clinical experiences, the ATEP Program Director must be notified in order to appropriately document and remediate the situation.
5. As long as the ATS is deemed to be contagious, they will not be allowed to attend clinical experiences.
6. The ATS must be cleared in writing by an appropriately licensed health care provider prior to being allowed to return to their clinical experience.

Whitworth University

Athletic Training Clinical Evaluation

- 5 - indicates very outstanding/excellent performance or qualifications
- 4 - indicates above average/good performance or qualifications
- 3 - indicates average performance or qualifications
- 2 - indicates below average/poor performance or qualifications
- 1 - indicates unacceptable/deficient performance or qualifications
- 0 - indicates unable to observe

Work Adjustment/Attitude

Response to Criticism

5	4	3	2	1	0
Learns from constructive criticism and if criticized welcomes suggestions for improvement			Is defensive and has excuses on performance.		

Reliability/Dependability

5	4	3	2	1	0
Always on time and performs well while present. Completes assigned tasks promptly and willingly			Has had absences or has not called in Sometimes does not complete tasks		

Flexibility/Adaptability

5	4	3	2	1	0
Responds to unusual or unfamiliar situations with appropriate actions. Has flexible behavior			Has difficulty responding or adapting to changes in work setting. Rigid in behavior.		

Initiative

5	4	3	2	1	0
Does assigned tasks and finds other appropriate activities when finished. Proceeds with minimum instruction.			Does only what is assigned; shows no interest in seeking other tasks. Does not independently seek information.		

Interactions With Others

5 4 3 2 1 0

Communicates well with all levels of staff. Reacts appropriately to authority. Cooperative person.

Communicates with few or none of staff. May be, or is uncooperative at times. Rejects authority

Interpersonal Skills

Concern For Others

5 4 3 2 1 0

Recognizes and demonstrates positive concern for others

Seems unaware of or not concerned about the needs of others

Respect From Others

5 4 3 2 1 0

Others react with trust and confidence; accepts responsibility

Does not develop or cause confidence of others. Is given little responsibility

Patience

5 4 3 2 1 0

Is willing to spend time with people or projects that require special care and understanding

Seems disturbed with routine or time consuming projects or activities. Unable to interact with others who require special care or understanding.

Maturity

Coping/Adjustment to Stress and Anxiety

5 4 3 2 1 0

Recognizes and adjusts appropriately to stressful circumstances or situations Obtains assistance when needed.

Unable to adjust or cope with stressful situations. Exhibits inappropriate actions to stressful situations.

Self-Confidence/Self Image

5 4 3 2 1 0

Demonstrates positive and realistic self image; willingly accepts new assignments.

Seems fearful of failing; needs constant support and reinforcement.

Appropriateness of Behavior

5 4 3 2 1 0

Shows appropriate behavior in most situations
Changes behavior if circumstances require.

Does not appear able to change behavior to fit situation. May exhibit humor when seriousness is needed.

Response to Opinions/Attitudes of Others

5 4 3 2 1 0

Shows respect to someone with different opinions or values. Controls personal biases or prejudices.

Tends to argue with persons who have different opinions or values. Is biased and prejudiced in relations with others.

Attitude Toward Learning

Intellectual Curiosity

5 4 3 2 1 0

Discusses or talks about progress in profession
Is interested in professional information, facts and knowledge.

Is satisfied it perform at minimum level. Does not ask questions about effectiveness of treatment or job activities.

Verbal/Written Communications

5 4 3 2 1 0

Has command of English; uses words and language appropriately. Expresses self clearly and is organized verbally and in writing.

Uses words inappropriately; is not clear or well in verbal/written forms. Is difficult to understand.

Independent Thinking

5 4 3 2 1 0

Able to think for self and plan action. Offers suggestions and ideas to accomplish tasks

Needs excessive guidance or supervision to structure tasks. Relies upon others for suggestions and ideas.

Problem Solving Skills

5 4 3 2 1 0

Decisions are based on logical sequential thought process. Shows skills in analyzing and solving problems.

Has difficulty making a decision; relies upon others to make decisions. Unable to identify a problem and resolve it.

Demonstrated Performance Level Of Present Duties

- _____ Performance of duties is equaled by very few students at this level.
- _____ Performs duties better than most student trainers at this level.
- _____ Performs duties as well as most student trainers at this level.
- _____ Performance of duties meets minimum standards.
- _____ Performs duties in unsatisfactory manner.

Overall Rating

5 4 3 2 1 0

Strengths:

Areas in need of improvement:

Advancement Recommendation

- _____ Potential to accept additional responsibility. Recommended for advancement.
- _____ Evidence of potential to accept additional responsibility is lacking. Recommended for probationary advancement in program. (Probation dropped when satisfactory improvement achieved.)
- _____ Not suitable for present level. Recommended discontinuing program.

UNIVERSAL PRECAUTIONS: Your Responsibility

If they are going to work, Universal Precautions must always be used. Just when we relax our standards or think this is too much trouble, an exposure will occur.

Protective equipment

- Disposable single use gloves should be worn whenever you handle body fluids or any items that might contain blood or body fluids.
- ***Remove gloves by turning them inside out, beginning at the wrist and peeling them off. When removing the second glove, do not touch the soiled surfaces with your bare hand. Hook the inside of the glove at the wrist and peel the glove off.***
- Discard gloves that are peeling, discolored, torn or punctured.
- Do not clean or reuse disposable gloves.
- ***Avoid handling items such as pens, personal or other office items, yours or another person's, when wearing soiled gloves.***
- Wear a protective covering, such as a mask, eyewear, and gown whenever you are likely to contact blood or other body fluids that may splash.
- ***Cover any cuts, scrapes, or skin irritations you may have with protective clothing and/ or bandages.***
- Use breathing devices such as disposable resuscitation masks and airway devices.
- ***Use containers that are puncture resistant if you are handling sharp objects, leak proof if you are handling wet items.***

Work practice controls

- On the job responsibilities that protect yourself and others.
- ***Avoid injury or exposure of open wounds or sores to any surface that may carry a pathogen.***
- ***Perform all procedures in such a way that cuts down on splashing, spraying splattering of blood or any other infectious materials.***
- ***Remove bloodied, soiled protective clothing as soon as possible.***
- ***Clean and disinfect all equipment and work surfaces possibly soiled by blood or other body fluids.***
- ***Wash your hands thoroughly with soap and water after handling any soiled materials.***
- ***Avoid eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses and touching the mouth, nose or eyes in work areas where an exposure to infectious materials may occur.***

IF AN EXPOSURE OCCURS

If you suspect you have been exposed to an infectious disease wash any area of contact as quickly as possible and write down what happened. Exposures usually involve contact with potentially infectious blood or other fluids through a needle stick, broken or scraped skin, or the mucous membranes of the eyes, nose or mouth.

You should have an incident report form to fill out and protocols to follow.

If you think you have been exposed to an infectious disease, it is your responsibility to report it immediately. You qualify for HBV, HCV and HIV testing as well as HBV vaccine if you have not already received it. There is also a drug regimen for confirmed exposure to HIV. Tests can also be done, on the other person or material involved.

The body's natural defense system will protect us against disease in almost all cases. Be aware of those rare cases when it might not, and do all you can to protect yourself. Staying healthy is your best defense and a good barrier against pathogens is next.

WHITWORTH UNIVERSITY
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
First adopted, September, 1992
Reviewed August 2006

Introduction

Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B merit serious concern for workers occupationally exposed to blood, other potentially infectious materials, and certain other body fluids that contain bloodborne pathogens such as the human immunodeficiency virus (HIV), and the Hepatitis B virus (HBV).

According to Occupational Safety and Health Administration (OSHA) estimates, more than 5.6 million workers in health care and public safety occupations could be potentially exposed to these viruses.

Purpose

It is the policy of Whitworth College to provide a safe environment for employees and students. In accordance with the WISHA Bloodborne Pathogens standard WAC 296-62-08001, Whitworth College has developed the following exposure control plan to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials as detailed in the Bloodborne Pathogens standard.

As such, all employees and students who may (in the course of carrying out their assigned duties) come in contact with bloodborne pathogens are required to know and follow universal precautions as described by the Center for Disease Control (CDC).

Specific infection control policies and procedures which have been adopted and implemented for the college are as follows: All employees or students whose tasks may expose them to blood, body fluids, or other potentially infectious materials shall be provided with a copy of these policies or shall have access to these policies.

Administration and Compliance

These policies were adopted on Sept. 1, 1992, and will be reviewed and updated at least annually. These policies shall also be reviewed and updated whenever the introduction of new, modified tasks or procedures warrant.

The Health Center Director is the administrator of this plan and is responsible for its implementation including:

- Assure that written housekeeping protocols are developed and assuring those effective disinfectants are purchased.
- Assure that all medical actions required are performed and that appropriate medical records are maintained.
- Assure that employees receive the required training and that documentation is maintained, and that a copy of the plan is accessible to employees.

- Assure that required personal protective equipment (PPE), engineering controls (e.g.: sharps Containers), labels and red bags are available and used.
- Update the plan at least annually and whenever necessary to include new or modified tasks and procedures.

Exposure Determination

Exposure to bloodborne pathogens may occur in many ways. Although needle stick injuries are the most common means of exposure for health care workers, bloodborne pathogens can also be transmitted through contact with the mucous membranes and non-intact skin of workers. The following classifications of employees and students perform tasks and duties that do or may expose them to blood and/or other body fluids.

1. Registered Nurses
2. Nurse Practitioners
3. Physicians
4. Emergency Medical Technicians, Certified Medical Assistants, Health Coordinators & Nurse Technicians
5. Coaches & Athletic Training/Sports Medicine Faculty, Staff & Students.
6. Athletic Department Equipment Managers, Weight room and Laundry personnel.
7. Aquatic Center Life Guards and Directors
8. Custodial Workers or students working in custodial positions who clean bathrooms in any building, or work in the Health Center, Gym, Field House or Aquatic Center.
9. Security Personnel
10. Plumbers or general trades personnel who work with plumbing (Food Service workers are the responsibility of Sodexo Corp.)

These employees and students could potentially be exposed to blood and/or body fluids through splash and/or by the handling of instruments or materials used in the performance of their duties. Tasks or procedures performed at the college which include a risk of exposure are:

1. Collection of specimens, blood or other body fluids
2. Cardiopulmonary Resuscitation
3. Laboratory testing of bodily fluids, including blood, seminal fluid, or saliva.
4. First aid treatment of wounds.
5. Administration of injectables
6. Accidental injury while working in a laboratory setting
7. Handling of waste materials from restrooms or areas where the above tasks are performed.
8. In addition, there have been reports of needles and syringes being found in unauthorized areas, the same caution is to be exercised in their removal.

Universal Precautions

All employees will observe exposure control practices (ECP) and students determined to be at risk. This means that all blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. All

procedures performed on campus must be done in such a manner as to prevent or minimize any splashing, spraying, or spattering of blood or other potentially infectious materials.

Engineering Controls

We have developed the following engineering controls to prevent or minimize exposure to bloodborne pathogens. New technology will be implemented and evaluated whenever possible. Our engineering controls will be inspected maintained and replaced as described below:

Control	Location	Inspection/Service Interval	Responsible Person
Sharps Containers	Exam 1, 2, 3, Quiet Room, MA Station, Lab	Monthly during academic year.	LeAnn Dettman, RN
Sharps Container	Health Center Athletic Training Room	Monthly during the academic year	Melinda Larson, Head Athletic Trainer
Biohazard Waste Containers	Field House Exam 1,2,3, Nurse's Station, Lab	Daily during the Academic Year	Health Center Director
Primary Biohazard Waste Container	Health Center Clinic Storage	Monthly during the academic year	Waste Disposal Co., Stericycle
Biohazard Waste Container	Athletic Training Room	Weekly during the academic year	Melinda Larson, Head Athletic Trainer
Biohazard Waste Bags	EMT & Medic Kits	PRN/after each use a bag is taken to the Primary Container	Each member of team is responsible for his or her own.
Biohazard Laboratory items, includes covered centrifuge, individual biohazard bags for specimens	Lab	Daily as Needed	LeAnn Dettmann RN Sue Lynn NP Health Center Director

Work Practice Controls

General guidelines

- ◆ Each year with annual review of this policy, employees involved in their use will evaluate sharps and sharps containers for safety and efficacy. New and improved equipment will be utilized as deemed necessary. (Addendum 5/21/01)

- ◆ Contaminated needles may not be recapped, bent or broken off. Shearing or breaking of contaminated needles is prohibited. They must be deposited in a sharps container immediately after use.
- ◆ Sharps containers must be closed prior to removal or replacement to prevent spilling.
- ◆ In the event of leakage or protrusion, the container is to be placed in a secondary container, which must also be closable, puncture resistant, and leak-proof.
- ◆ Reusable sharp instruments, after use are to be placed in the appropriate labeled container.
- ◆ Employees shall not reach into such containers with their hands; but must place and retrieve used and presumably contaminated sharps with tongs or forceps.
- ◆ Regulated Waste (Disposable Sharps) Contaminated sharps shall be discarded immediately after use, or as soon as feasible, in appropriate containers.
- ◆ Containers are to be:
 - ◇ Closable.
 - ◇ Puncture resistant
 - ◇ Leak-proof on sides and bottoms.
 - ◇ Appropriately labeled. (see labeling section)
 - ◇ Maintained upright.
 - ◇ Emptied or replaced weekly or whenever 2/3 full.
- ◆ Employees and students are prohibited from eating and drinking, applying cosmetics or lip balm, and handling contact lenses in patient exam rooms, lab area, or any other work area where there is an infectious material or the potential for infectious material exists.
- ◆ Employees and students are prohibited from storing food or drink in refrigerators, freezers, and shelves, cabinets or counter tops where blood or other potentially infectious material may be present.

Hand Washing

- ◆ All employees and students having direct contact with blood or body fluids shall wash hands using warm water and soap after contact.
- ◆ For Health Center employees, this procedure should be done before and after seeing each client regardless of exposure to blood or body fluids.
- ◆ Hand antiseptics that do not require water shall be made available, when soap and water are not.
- ◆ Employees or students shall immediately remove and dispose of gloves in appropriate segregated waste receptacles located where exposure may occur in order to prevent contamination of other areas.
- ◆ Employees and students shall immediately and thoroughly wash hands and other exposed skin surfaces after removal of gloves using warm water and soap.
- ◆ These procedures shall also be followed after removal of other personal protective equipment following accidental exposure to blood or body fluids.
- ◆ Reusable personal protective equipment shall be rinsed and sterilized per the recommendations set forth by the manufacturer.

PERSONAL PROTECTIVE EQUIPMENT

- ◆ The employer shall provide and maintain, in a sanitary and reliable condition, necessary personal protective equipment, which is relevant to the procedures and job functions of employees or students.
- ◆ Employees and students are required to use appropriate protective equipment for the task they are performing, except in those rare and extraordinary circumstances when such use would, in the employee's professional judgment, prevent the service from being provided.
- ◆ In such cases the incident shall be investigated and documented in order to determine if changes can be instituted to prevent such occurrences.
- ◆ The use of gloves is indicated and must be worn for:
 - ◇ All client care or work which involves potential exposure to blood or body fluids.
 - ◇ If the employee has cuts, abraded skin, chapped hands, dermatitis, or other non-intact skin.
 - ◇ During all cleaning of obvious or suspected blood or body fluids and decontaminating procedures of exam rooms or work areas (includes shower & lavatory areas).
 - ◇ When scrubbing instruments contaminated with blood or body fluids prior to sterilization and which are capable of causing puncture or cut wounds.
- ◆ Gloves shall be of appropriate quality and material and shall comply with the standards of safety for the procedures performed.
 - ◇ The employer shall supply a sufficient quantity of gloves of appropriate size for each employee.
 - ◇ Hypoallergenic gloves, glove liners, powderless gloves or similar alternatives will be made available to those employees who are allergic to the gloves normally provided.
 - ◇ Gloves shall be single-use and shall be disposed of immediately following each client contact, procedure or cleaning of a potentially contaminated area.
- ◆ Masks and eye protectors shall be made available and required to be used when contamination of eyes, nose or mouth with blood or body fluids is likely to occur.
- ◆ Lab coats or protective coveralls shall be provided for employee use when splashes to skin or clothing with body fluids are likely to occur.
- ◆ Resuscitation equipment shall be provided to minimize the need for mouth-to-mouth resuscitation and shall be easily accessible in the Health Center if needed. Mouth suctioning of blood or other potentially infectious material is prohibited.
- ◆ All personal protective equipment must be removed and placed in the appropriate area or container prior to leaving the work area.

SPECIMENS

- ◆ All specimens of blood or other potentially infectious materials must be placed in appropriate containers, which prevent leakage during collection, handling, processing, storage, or transporting.
- ◆ Containers must be closed and labeled or color-coded prior to transporting. If outside contamination of the primary container occurs, it must be placed in a

secondary leak-proof container, which also must be appropriately labeled or color-coded.

HOUSEKEEPING

General Policies

- ◆ All equipment and work surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious material and daily.
- ◆ Protective coverings used to cover equipment are to be removed and replaced as soon as feasible after being contaminated and daily.
- ◆ All bins, cans, or other receptacles which will be reused and which may be contaminated are to be emptied, cleaned and decontaminated daily.
- ◆ Broken glassware, which may be contaminated, is not to be picked up by hand, but cleaned up by using a broom and dustpan, tongs, or forceps.

Other Regulated Waste

- ◆ Other regulated waste includes liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling. Contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.
- ◆ Such regulated waste must be placed in the appropriate, labeled containers. Containers are to be:
 - ◇ Closable
 - ◇ Able to prevent leakage during handling, storage or transport.
 - ◇ Appropriately labeled.
- ◆ Containers must be closed prior to removal to prevent spills or leaks.
- ◆ If outside contamination occurs, the container is to be placed in a secondary container, which is also closable, able to prevent leakage, and appropriately labeled.
- ◆ Disposal
 - ◇ Regulated waste shall be removed from Health Center exam rooms, as well as Sports Medicine treatment areas, and other areas as needed on a daily or prn basis (see engineering controls).
 - ◇ It will be placed in a waste receptacle lined with a red, leak-proof plastic bag, and stored in the appropriate location for pick-up and disposal by Stericycle.

SIGNS AND LABELING

- ◆ Warning labels shall be affixed to all containers of regulated waste (disposable sharps), refrigerators or freezers containing blood or other potentially infectious material, and containers used to store or transport blood or potentially infectious material.
- ◆ Warning labels will be affixed to containers by string, wire or adhesive in order to prevent their unintentional removal.
- ◆ Note: Red Containers may be substituted for labels.
- ◆ Red bags will be used for contaminated laundry and non-sharp regulated waste.

SHARPS AND DISPOSABLE ITEMS

The following sharp instruments and disposable sharp items are used in the Health Center and Athletic Treatment Center and could potentially expose employees or students to blood or other body fluids:

- ◇ They may include hypodermic needles and syringes and scalpel blades.
- ◇ Sharp instruments and disposable sharp items shall, after use, be disposed of in the following manner:
- ◇ All such items shall be placed in a leak proof, rigid, puncture-resistant, break-resistant container which is conspicuously labeled and which is located where sharps are used.
- ◇ Health Center locations are currently, exam room #1, #2, #3, 4, lab and the CMA station.
- ◇ Sports Medicine location is the treatment room.
- ◇ The person using the sharp instrument or item shall be responsible for its proper disposal immediately after use or as soon as feasible.
- ◇ Needles shall not be recapped, purposely bent or broken, or removed from disposable syringes.
- ◇ If recapping or removal is necessary, it must be accomplished by using a mechanical device or a one-handed technique.
- ◇ Scalpels shall be disposed of in sharps containers immediately after use.

LINENS AND LAUNDRY

The following linen items are used on campus and may be exposed to blood or body fluids during operative or invasive procedures and/or other associated duties performed by employees:

- ◇ Linen items may include cover-alls, lab coats, exam gowns, athletic uniforms, towels, etc.
- ◇ Contaminated linen shall be handled as little as possible with a minimum of agitation.
- ◇ Linen shall be laundered separately in the Health Center, athletic equipment room or a designated area elsewhere on campus.
- ◇ Employees who handle or have contact with contaminated laundry shall wear disposable gloves.
- ◇ The employer shall be responsible for laundering and disinfecting of linen items.

DISPOSABLE EQUIPMENT AND MATERIAL

The following disposable equipment and material is used in appropriate areas on-campus (Health Center, Sports Medicine, Gym, Field House and Aquatic Center) and could come in contact with blood or body fluids which may potentially expose employees or students to HIV/HBV:

- ◇ Gauze, disposable towels, gloves, drapes, dressings, tapes, etc.
- ◇ The above referenced non-sharp disposable equipment and/or material shall be segregated and disposed of in a leak-proof plastic bag which shall be readily available.

- ◇ Disposal and transport of the above items shall be carried out as outlined in the housekeeping section of these policies and procedures.

REUSABLE EQUIPMENT

The following reusable equipment is used on-campus in the areas named in 6 and does come in direct contact with blood or other body fluids, and could potentially expose employees or students to HIV/HBV.

- ◇ This may include hemostats, forceps, scissors, etc.
- ◇ Reusable equipment shall be scrubbed to remove all debris from surfaces immediately following use, then cold sterilized according to recommended operating procedures.
- ◇ Surgical instruments shall then be placed in appropriate protective pouches and heat sterilized according to recommended operating procedures.

EDUCATION AND TRAINING OF EMPLOYEES

All employees and students whose job functions involve the risk of exposure to blood or body fluids shall receive appropriate education and training prior to the commencement of their duties and annually thereafter. Such education and training shall, at a minimum include:

- ◇ A copy of the regulation and an explanation of its contents.
- ◇ A general explanation of the epidemiology and symptoms of bloodborne diseases.
- ◇ An explanation of the modes of transmission of bloodborne pathogens.
- ◇ An explanation of the employer's exposure control plan and means by which the employee can obtain a copy of the written plan.
- ◇ An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- ◇ An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- ◇ An explanation of the use and limitations of methods that will prevent or reduce exposure, including work practices and personal protective equipment.
- ◇ Information on the types, proper uses, location, removal, handling, decontamination and disposal of personal protective equipment.
- ◇ An explanation of the basis for selecting personal protective equipment.
- ◇ Information on the Hepatitis B vaccine including information on its efficacy, safety, method of administration, benefits of being vaccinated, and vaccine will be offered free of charge.
- ◇ Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- ◇ An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

- ◇ Information on the post-exposure evaluation and follow-up that the employer is required to provide.
- ◇ An explanation of the signs and labels and/or color-coding used by the employer.
- ◇ An opportunity for interactive questions and answers with the person/s conducting the training sessions.
- ◇ Additional training will be provided when new tasks or procedures are instituted.
- ◇ Records of training sessions will be maintained for three years. Such records will include:
 - ◇ Date
 - ◇ Summary of contents
 - ◇ Name(s) and qualifications of person conducting the training session.
 - ◇ Names and job titles of all people attending the training sessions.
 - ◇ Training records will be made available to employers, their representatives, and appropriate government representatives.

HBV VACCINATION

HBV vaccinations shall be offered to employees and students who are considered high-risk for exposure free of charge by the employer. The vaccination will be provided after the employee has received the training outlined in these policies, but within 10 days of assignment to duties. This policy shall exempt employees who have previously received the complete vaccination series, whose antibody testing indicates they are immune, or those employees for whom the vaccine is contraindicated. Employee vaccinations shall be documented and maintained in the employee's medical record at the Health Center as prescribed by WISHA, and shall be preserved for the duration of employment plus 30 years. Booster dose(s) of the HBV Vaccine are not currently recommended by the ACIP.

If an employee or student refuses to obtain the required HBV vaccination the employee will be required to document that refusal on the HBV Declination Statement form which will be maintained in the employee's medical record for the duration of employment plus 30 years. If, however, an employee subsequently decides to have an HBV vaccination, it will be made available under the same terms and conditions stated above. The Health Center Director will provide affected employees with information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, and methods of administration and availability.

FOLLOW-UP PROCEDURES AFTER POSSIBLE EXPOSURE TO HIV/HBV

First Actions

All employees and students are required to report any incident of exposure to blood and/or body fluids to their immediate supervisor

- Following the report, contact the health center immediately at the following phone number: 4449, Cell # is 701-1454. Marisha Hamm, Environmental Health, Safety and Security Manager will also be notified.
- The Health Center Director will immediately conduct a confidential evaluation and follow-up.
 - ◇ Document the routes of exposure and how the exposure occurred.

- ◇ Document the source individual's identity, (unless the employer can establish that identification is infeasible).
- ◇ Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV and HBV infectivity.
- ◇ Document that the source individual's test results were conveyed to the employee's health care provider.
- ◇ If the source individual is already known to be HIV and or HBV positive, new testing need not be performed.
- ◇ Ensure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- ◇ After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serologic status.
- ◇ If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Health Care professional's follow-up

- ◆ The Health Center Director will insure that health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation are given a copy of WISHA's bloodborne pathogen standard.
- ◆ The Health Center Director will ensure that the health care professional evaluating an employee after an exposure incident receives the following:
 - ◇ A description of the employee's job duties relevant to the exposure incident
 - ◇ Route(s) of exposure
 - ◇ Circumstances of exposure
 - ◇ If possible, results of the source individual's blood test
 - ◇ Relevant employee medical records including vaccination status.
- ◆ The Health Center Director will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.
- ◆ The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the health evaluation and of any health conditions which may require further evaluation and treatment.
- ◆ All other diagnoses must remain confidential and are not to be included in the written report.

Plan Administrator's review of Exposure Incidents

- ◆ The plan administrator will review the circumstances of all exposure incidents to determine
 - ◇ Why the exposure incident occurred;
 - ◇ If procedures were being followed; and
 - ◇ If procedures, protocols, and /or training need to be revised.
- ◆ If it is determined that revisions need to be made, the plan administrator will ensure that appropriate changes are made to this exposure control plan.
- ◆ Documentation of this evaluation should accompany the exposure report.



Athletic Training

Policies and Procedures 2011-2012

Whitworth University Athletic Training strives to provide the highest quality of health care to student-athletes while reflecting the mission of the institution and athletics department. Our medical team is comprised of Certified and Licensed Athletic Trainers, Team Physicians, Orthopedic Consultants and other health care providers. Our goal is to help prevent and manage athletic related injuries and illnesses, with our primary emphasis being to educate the student athlete in holistic health maintenance and injury care.

TABLE OF CONTENTS

Clinical Experience Schedule	2
Dress Code	3
General Athletic Training Room Procedures	4
Whitworth University Athletics Emergency Procedures	13

Clinical Experience Schedule

First year athletic training students will be given specific times to attend their clinical experience. Assigned hours will include general athletic training room exposure, practice coverage and event coverage for home events and potentially away events. These hours may occur at any time during the day outside of each student's class schedule, and any day of the week. It is expected that students have no other major time commitments that conflict with their clinical experience. Athletic training students who are also athletes will be assigned fewer hours during their season and more hours during their off-season. Clinical experience hours will increase and decrease according to seasonal needs to total approximately 400 hours over the year. Scheduling of first year students for coverage of different activities are equally distributed as possible. Each athletic training student will be exposed to all available high and low risk sports and other events. Traveling to away events with a clinical instructor is limited to athletic training students who have demonstrated sufficient athletic training competence and responsibility.

Third year athletic training students may be assigned specific team coverage. They are expected to be present each day that their team has a scheduled practice or home event, and as needed for treatments, unless there is a conflict with an academic course. They are expected to be present approximately one hour prior to the start of the practice/event and stay until the practice/event and all treatments are finished. These students will also attend each practice (for most sports) and home events, with the possibility of attending away events. These students are responsible for knowing when and where all practices and events will be and for notifying the head athletic trainer of any schedule changes they become aware of. During the assigned team's off-season, the student will be assigned fewer hours in the athletic training room with the yearly total being approximately 450 hours.

Athletic training students who live on-campus or who have a campus meal plan will be scheduled for an extra half-hour when they are assigned through the dinner hour. That half-hour may be used only to eat dinner. Time spent at dinner does not count as clinical experience hours.

All supervised and other hours should be recorded as instructed. Hours should be input at the end of each day or upon return from a road trip. Students assigned to an off-campus affiliate must input their experiences at least once per week. There is also an opportunity to write a comment pertaining to any aspect of that day

The athletic training room is generally closed during major vacations (Thanksgiving, Christmas and Spring Break) except for coverage of practices and events. Athletic training students will not be scheduled those days, but volunteers will be taken to cover any activities and are greatly appreciated. During shorter vacations the athletic training room normally remains open and athletic training students will be scheduled.

Dress Code

Look professional at all times. This includes hairstyle, length and color as well as visible piercings and tattoos. The ultimate objective is to represent not only our program but our University in a manner that reeks of professionalism, pride for our program, profession, and patients. Final decisions regarding acceptable appearance will be made by the Head Athletic Trainer.

Athletic Training Room:

- **Shirt:** Athletic Training t-shirt, polo, or vest. Shirts should be tucked in. Avoid the “baggy shirt look” Sweatshirts may be worn only outside.
- **Pants:** Khakis or nice jeans. Must be clean with minimal wrinkles and no holes. Wearing a belt is strongly encouraged.
- **Shorts:** Must be khaki or jean. Must have pockets, no cut offs and no workout shorts. Length must extend beyond fingertips.
- **Sweats:** Must have pockets and look sharp. All waistbands must remain at an acceptable height.

Hats/Visors:

- You may wear them outdoors, but they come off in the athletic training room
- Must wear Whitworth athletic training apparel at all events other than a practice

Shoes:

- You need to be able to move around in them, be comfortable, and look professional at the same time. Take all sorts of weather into consideration. No sandals allowed. Please wear socks.

Game Day:

- Follow instructions designated by the CI or head student for that sport/event. Be prepared to layer for outdoor events. Outside layer must be Whitworth athletic training apparel.
- Indoor events: men in slacks and a collared shirt with belt. Nice sweaters are permissible and please wear a belt. Women may wear a skirt or pants and a sleek shirt. You still must have the ability to move around comfortably and effectively.

Road Trips:

- Ask the CI or coach before hand for assigned dress code.
- Maintain a professional appearance at all times.
- No jeans/t-shirts during events.
- If the team is dressing a certain way follow their dress code if more specific than the athletic training room.
- Make your momma proud!

(Chris Yujuico, 2004)

General Athletic Training Room Procedures

Daily Duties:

All the Time:

- Maintain and input all treatments/rehabilitations into injury tracking system on a daily basis.

Opening:

- Turn on all modalities
- Fill whirlpools (always have at least one small hot and one small cold, check with a certified if additional ones are needed) – make sure Chlorazene is used!
- Put zip-lock bags away if dry
- Put Turkish towels away if dry
- Laundry: start and fold
- Make all water for the days practices and set up any A-frames that are needed
- Re-stock taping counters and drawers if necessary
- Complete any necessary cleaning
- Pick up ice cooler from swimming if in season
- Check schedule

Closing:

- Laundry: finish and fold
- Drain and clean whirlpools and big black soaking tubs
- Re-fill lotion & gel containers
- Re-stock supplies
- Fill hydroculators to proper water level
- Hang up zip-lock bags and Turkish towels to dry
- Spray disinfectant and wipe down all surfaces
- Log out of all computers
- Turn off all machines, computers and radio
- Deliver **FULL** ice cooler to swimming deck if in season – make sure there are plenty of bags!

Lock the training room, back room and garage

Cleaning/Maintaining Equipment:

- Athletic Training Room:
 - The athletic training room is cleaned every Friday. Refer to the Friday cleaning list.
 - Brown buckets: empty and clean after each use
 - Ice coolers: empty and clean cooler and lid, store with lids open if not completely dry so mold doesn't grow!
 - Keep hydroculators filled to proper water level
 - Keep rehabilitation area in the ATR clean and picked up at all times
- Biohazard laundry: wash with bleach separately from all other towels

- Back Room: keep all equipment clean and stored properly
 - Gatorade Coolers: empty and clean cooler and lid, store upside down on shelves with lids off
 - Water bottles are cleaned in the dishwasher. Before starting dishwasher, *deselect* the High-Temp Wash and Heated Dry buttons.
 - Water pumps: drain hoses, empty container completely, spray nozzles with disinfectant/bleach solution and rinse with water, hang hand pumps up to dry (place towel half inside opening to collect water); clean dirt and mud off exterior of pumps
 - Water Boys: drain hoses, empty container completely, spray nozzles with disinfectant/bleach solution and rinse with water, clean lid and rest on container, allow air to finish drying inside of container, plug in to charge after each use
 - Carts: keep clean and wipe down surfaces with disinfectant/bleach solution and towel, replace towels on carts every day
 - Wash back room floor as necessary
 - Empty water catching cooler water as necessary
- Soaking Tubs in Locker-rooms:
 - Empty all water out of tub near a drain – make sure plug is kept in safe and remember able place, clean with disinfectant/bleach solution, leave to dry overnight, bring in any ATR towels found in the locker-rooms

Treating in-season athletes:

- Ensure that athletes complete applicable strengthening and stretching exercises in addition to modalities.
- Ensure the prescribed treatment is finished in a timely manner. If the athlete needs more time then advise them of available training room hours. Make sure that athletes are not late to practice.

Treating athletes rehabilitating major injuries:

- These athletes will be assigned to a specific athletic training student who is responsible for documenting all exercises to be performed and completing SOAP notes with regard to that athlete's progress. This documentation is kept in the athlete's file with a copy of their current exercises placed in the rehab file.
- Ideally these athletes should work with the athletic training student who is supervising their rehab. If that student is unavailable, another student should work with them according to the written instructions.

Treating athletes for intramural (or other non-intercollegiate sport) participation:

- In-season or out-of-season athletes may not be taped, receive ice, or any other treatment in preparation for or after voluntary participation in intramural or other similar activities unless approved by a certified athletic trainer. Usually, in this situation the athlete assumes responsibility for their own care and potential injury. (Cynthia Joy Wright, 2004)

Treating a sick athlete:

- Acquire a history of the athlete's illness including symptoms, duration and any relevant medication.
- Take the athlete's temperature if necessary.
- Report the illness to the supervising certified athletic trainer and the athletic training student in charge of the team for appropriate documentation on the coach's report.

Treating out-of-season athletes:

- Give priority to the in-season athletes for treatment. Out-of-season athletes must treat before and after the 'rush hours' in the training room

Treating non-athletes, faculty, staff and administrators:

- The training room is not responsible for treating non-varsity athletes at any time. Occasionally a faculty member, staff member, or administrator will be treated under the direction of a certified athletic trainer.

Taping:

- Taping is performed by senior athletic training students and others as approved.
- In-season athletes are to be taped for existing injuries or for major instability only. Out-of-season athletes are to be taped for acute injuries only. On game-days any reasonable taping is allowed. Exceptions may be made but must be approved by a certified athletic trainer. All treatment and exercises must be completed before an athlete is to be taped.

Braces:

- Lace-up ankle braces are available to the athletes at no charge.
- Neoprene sleeves are available for the athletes. Check with a certified athletic trainer before giving these to an athlete. These should be returned after no longer needed.
- Other various braces are available, check with a certified athletic trainer for their use.

Physician Referral

- All physician visits are excellent learning opportunities and may provide the opportunity to observe or interact with the athlete regarding their psychological/emotional state. Be familiar with all the information about the athlete ahead of time and don't be afraid to ask lots of questions.
- Presenting an athlete to team physician: know history, mechanism of injury, and treatments initiated.
- Transporting athlete for X-ray, bone scan etc.: carry proper insurance information, be aware of any athlete apprehension.

Equipment

Modalities and Rehabilitation Equipment:

A wide variety of equipment is available in the athletic training room, fitness center, human performance lab and weight room. Each athletic training student is responsible for learning how and why each piece of equipment is useful. This includes safety procedures, protocols, applicable exercises and proper techniques. This information will be taught in various classes and in-services, but should be learned as soon as possible to benefit our athletes. There are many opportunities to learn and to teach each day. Be observant and be willing to share your knowledge and experience. Do not use any piece of equipment you are unfamiliar with and never leave an athlete unsupervised on any equipment.

Equipment check-out:

Equipment such as crutches, cryo-cuffs and TENS units are available for athletes to take home with them, but must be returned to the training room when they are finished using them. There are check-out sheets available for this type of equipment. Periodically check to make sure all equipment is returned when applicable, especially at the end of seasons.

Golf cart:

The golf cart is kept in storage behind the field house. The key is kept in the head athletic trainer's office and should be returned there between uses. It is used to transport equipment and injured athletes. It should be kept clean and treated with care at all times. The power should be turned off at all times when not in use to conserve the battery. **REMEMBER TO PLUG IN THE GOLF CART** to recharge the battery at the end of each day.

Kits

There are a variety of soft medical kits available in the athletic training room. Each athletic training student should select a kit to be used for their sport and have it stocked prior to the first practice. Your fanny pack should be taken to all practices and events.

A notebook is available with a list of all essential equipment to be kept in each kit. If the list is missing or incomplete the athletic training student in charge of that sport should make a new list. Kits should be re-stocked after each use and briefly checked before each use. Kits also need to be stocked appropriately for games and road trips.

After a season is over, the kit should be unpacked and thoroughly cleaned. The kits should also be kept clean throughout a season and treated with care. Do not allow athletes to get into the kits; they should be accessed by athletic trainers only.

"I tell you the truth, anyone who gives you a cup of water in my name because you belong to Christ will certainly not lose his reward." Mark 9:41

Conducting Evaluations

Before receiving any treatment an athlete must have their injury evaluated. Preferably, the certified or athletic training student assigned to the sport will either conduct or observe the evaluation. If this is not possible, the evaluation should be discussed with either or both as soon as possible. Senior athletic training students, under the supervision of a certified athletic trainer, should perform the majority of evaluations as well as assist sophomores as they are learning the procedures.

For each injury evaluation and treatment that is performed, a report must be input into the injury tracking software. This report must be completed either the same day or early during the next workday.

Practice Duties

Athletic training students are assigned to attend all in-season and official off-season practices (except swimming, tennis, golf and cross country) in pairs or individually. The team's kit, notebook, an ice chest and water are their responsibility to take to that practice. They should also make sure that a coaches report has been completed and discussed with the coach and be familiar with the injuries and status of all players on that team. A walkie-talkie or cell phone should also be taken to all outdoor and Graves Gym practices. A stocked splint kit is also taken to football and soccer practices. The golf cart should be taken out to all soccer practices and may be used to set up for other practices.

The ice chest should be packed with an appropriate amount of ice bags and flexiwrap. A few towels should also be included and a blue shoulder strap for football, baseball and softball.

The appropriate water pumps/A-frames/troughs should be used for outdoor practices. Also have a water coupler available for re-fills as necessary. A 10-gallon cooler and water bottles are used for indoor practices. It is the duty of the underclassman on practice to make sure the water containers (pump, cooler, bottles) are re-filled after each water break or as they become near-empty. Water should be made available for the athlete's at every opportunity during their practice. This includes having the water pump as near as possible to the players while staying at a safe distance and out of the way, handing them the nozzle or cup and turning the troughs on and off. Athletes are not allowed to pump the water pumps (for obvious reasons). Keep in mind that providing adequate water for our athletes is a component of injury prevention. It is also a valuable training tool for developing a true servant heart.

During practice the athletic training student's duties are to be attentive for potential safety hazards and watch for acute injuries. In order to be optimally attentive, athletic training students should remain standing, not seated or appear to be "lounging," and be in position to observe as many athletes as possible. It may be necessary to split up to provide adequate coverage. If an acute injury occurs, the certified athletic trainer or upperclassman takes charge of the situation and performs an appropriate evaluation. The underclassman may assist or may be required to attend to the rest of the team's needs. A minor injury can be treated at practice while a more severe injury may require transportation to the training room. Follow emergency procedures if more advanced medical personnel are needed.

Other practice duties include observing athletes for factors that may predispose them to injury (equipment, poor biomechanics, etc.) or indications that an injured athlete is not capable of performing at their current status. You may be asked to perform a functional test or to do some functional activities with an athlete who is rehabilitating an injury. Practice coverage is also an opportunity to learn the particular physical skills required of each sport as well as observe the psychological aspects of collegiate athletics.

Game Day Duties

Each sport has a unique setup and procedures to follow during the event. As the host institution we are responsible for providing basic services for the visiting team (water and ice) as well as aid in an emergency. We may provide further care for the visiting team when arranged by the certified athletic trainers from each institution. Either the senior athletic training student assigned to the event or the certified athletic trainer will introduce themselves to the athletic trainer traveling with the visiting team or to a member of the coaching staff. Let them know what is available for their use and ask them if they need anything. This is also a good opportunity to get to know the staff at other institutions (networking!) and learn about their programs.

Game setup normally occurs before the athletes arrive for warm-up and before treatments begin. After the event is finished, attend to the needs of the athletes then clean up all of our equipment and supplies and leave the area as you found it or even better. An athletic training student may be asked to accompany an athlete to an emergency facility during or after an event. They will drive a school vehicle if one is available or may ride in an ambulance. They should take with them the athlete's emergency contact, medical history and insurance document, any personal belongings the athlete may need (clothes, wallet, etc.) and should know all emergency phone numbers and call back to inform the certified athletic trainer of the athlete's condition as soon as possible.

Traveling

When a Whitworth staff certified athletic trainer is traveling with a team, an athletic training student who has demonstrated responsibility and the ability to provide health care for a team on the road (independent thinking, good judgement, professionalism etc.) may accompany the certified athletic trainer. It is a privilege to earn a road trip and they can be intense learning experiences. Use of alcohol or tobacco is not permitted at any time while traveling with a team.

Dress code: Follow the team dress code while looking professional at all times. During the event dress the same as you would at home events.

Treatments: While on the road, athletes may have more time for treatments and evaluation and will often communicate more effectively than when at home. While you may not have as many modalities to work with, treatments on the road are often very beneficial. Be creative and willing to spend extra time with the athletes. Keep a record of treatments and evaluations on a daily treatment log page and then return that to the training room for proper documentation.

Team Assignments and Responsibilities

Each third year athletic training student may be assigned to a specific sport or multiple sports. This allows the student to develop a relationship with the members of that team and with the coaching staff and provides the student with the opportunity to develop an understanding of the issues related to that particular sport. Students will also have the experience of dealing with these issues during various points throughout the playing seasons and being an integral part of a team for the entire year.

An important responsibility for the athletic training student is to be aware of all injuries to any athlete on their assigned team. They should either perform or watch all injury evaluations of their players whenever possible. All evaluations not done or seen by the athletic training student in charge of that sport should be communicated to that student and to the supervising certified athletic trainer. All injuries to their athletes should be reported to and discussed with the supervising certified athletic trainer. When possible, the athletic training student will also present their athlete's injuries to a physician as needed.

Athletic training students will attend every practice and event for their assigned team, if possible. (Exceptions are made for swimming, cross-country, golf and tennis.) They may also travel to some away events along with a certified athletic trainer.

When an athletic training student is not being directly supervised by a certified athletic trainer they should perform the duties of a first responder.

"If you don't have time to do it right, when will you have time to do it over?"

--John Wooden

Documentation

Physical Exams

Prior to participating in any intercollegiate athletics activity, each new athlete must pass a pre-participation physical exam. Once the physical exams are completed, team rosters will be created and kept up to date as athletes are added and dropped from teams.

Athlete Files

The Athletic Training Program uses an electronic medical record system. AT students will have access to this EMR for educational purposes. The files contain the athlete's physical exams as well as any other medical records such as injury reports, doctor's notes and rehabilitation progress notes. Pertinent information from athlete files will be printed and notebooks for each team will be made for easier access when traveling or during on campus medical emergencies. These files and all information are **CONFIDENTIAL!!**

Injury Reports and SOAP Notes

An injury report is input into the EMR for every athlete who is evaluated for an injury or illness. It should be completed either the same day the evaluation was performed or by the next working day in order for proper record keeping to proceed. This may require documentation work outside of regular training room hours. A SOAP note should be written and include the name of the athletic trainer(s) who performed the evaluation. If an athlete is re-evaluated for an existing injury, or suffers a re-injury, another SOAP note should be written on the same injury record and a new injury record should not be made. The same is true for writing a progress note for a rehabilitating athlete. These injury records do not need to be printed unless requested by a certified athletic trainer.

Daily Treatments

Also recorded in the EMR are all treatments performed with the athlete. This should be done by the end of the day. Students may need to keep a small notebook with them during the day to write notes until they have a chance to work in the software.

Inventory

A running inventory of all supplies is maintained throughout the year. Inventory should be taken at the start of every month. Any time new products are received they should be added to the inventory list. The head athletic trainer should be notified if any supplies are running low.

Rehabilitation Instructions and Progress Notes

All injured athletes not participating will be on a supervised rehabilitation program. The program may be written and kept in the rehab notebook or solely in the EMR. All rehabilitating athletes should be re-evaluated weekly and a progress note written on their injury record. Updates to the rehabilitation program should be made and then documented in the athlete's file.

Dispensing Medication

Non-Prescription Medication

Various non-prescription medications are kept in the athletic training room for distribution to student athletes and staff. Record the dispensation of over the counter medication in the log book. All athletic training students should be familiar with the indications and contraindications of these medications and their proper doses. Before administering non-prescription medication to anyone, make sure the medication is intended to treat their symptoms and that they do not have any contraindications to that medication. At no time should medications be given in prescription doses or for any reason other than indicated. If there are any questions or concerns, consult a certified athletic trainer.

Prescription Medication

Only licensed medical professionals will administer or dispense prescription medication to any patient. Athletic training students should direct any questions or concerns regarding prescription medications to a certified athletic trainer.

Whitworth University Athletics Emergency Procedures

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

As emergencies may occur at anytime and during any activity, the athletic department and university personnel must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning.

Components of the Emergency Plan

1. Emergency Plan Personnel
2. Roles of First Responders
3. Emergency Communication
4. Emergency Equipment
5. Medical Emergency Transportation
6. Non-Medical Emergencies
7. Specific Venue Protocols

Appendix A: Spine Injury Protocol

Appendix B: Sudden Cardiac Arrest Protocol

Emergency Plan Personnel

During official athletic practices and competitions, the first responder to an emergency situation is typically a member of the athletic training staff, either a certified athletic trainer or athletic training student. At all practices and events one or more members of the coaching staff will be present and should be prepared to act as first responders. A team physician is occasionally present at some competitions. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. Certification in cardiopulmonary resuscitation (CPR), AED use, and first aid is required for all head coaches as per NCAA regulation; education also provided will include prevention of disease transmission and emergency plan review. Other athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning are strongly recommended to complete this training. Copies of training certificates and/or cards are maintained in the athletic training facility.

During off campus events the host institution or organization's emergency plan should be followed. The appropriate athletic training, medical and administrative staff at Whitworth should be notified of a medical emergency that occurred off campus as soon as is feasible.

Roles of the First Responders

The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, managers, and, possibly bystanders. Roles of these individuals within the emergency team may

vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event and directions to the facility as specified in this document. The third role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Athletic training students and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. An athletic training student or coach may be appropriate for this role.

Roles within the Emergency Team

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System and campus security
3. Emergency equipment retrieval
4. Direction of EMS to scene

Activating the EMS System - Making the Call:

- 911 (9-911 if from a campus line)
 - notify campus security at 777-4444
- notify the athletic training room if not already aware: 777-3742

Providing Information:

- *name, address, telephone* number of caller
- nature of emergency, whether medical or non-medical
- number of athletes
- condition of athlete(s)
- first aid treatment initiated by first responder
- specific directions as needed to locate the emergency scene
- other information as requested by dispatcher

** if non-medical, refer to the specific checklist of the emergency action plan*

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present. When

the nature of the incident is such that ongoing monitoring of student and employee health and safety is a concern, the incident command system of the university will be instituted.

Emergency Communication

Communication is the key to quick emergency response. Athletic department staff and emergency medical personnel must work together to provide the best emergency response capability and should have contact information established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. Cellular phone is the preferred method of communication if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Contact Information

Guidelines for serious injury and catastrophic events:

- Notify a staff certified athletic trainer if one is not present.
- Notify Head Athletic Trainer
- Head Athletic Trainer will notify Athletic Director. If Head Athletic Trainer cannot be reached in a reasonable amount of time, staff certified athletic trainer should notify Athletic Director.
 - Athletic Director will notify the Manager of Environmental Health, Safety and Security and other appropriate institutional personnel as necessary.
- An athletic department point person will be established. This is normally the Athletic Director or Head Athletic Trainer.
- The point person will also notify and update athlete emergency contact person.
- The point person will ensure that all appropriate athletic and administrative staff are notified and updated.
- An athletic staff member will be assigned to assist family members upon arrival.
- The Sports Information Director OR Director of Communications will coordinate a media plan. There will be no direct contact with the media or comments from the medical staff, athletes, hospital staff or other athletic or university personnel except through the Sports Information Director OR Director of Communications.
- Appropriate personnel should meet with teammates to discuss the situation and debrief.
- Appropriate counseling and pastoral staff should be involved.
- All involved individuals will document the events. Records will be kept in the athletic training office.
- All materials used will be collected and kept secure.

Contacts

Name	Title	Cell	Office
Melinda Larson	Head Athletic Trainer	509.868.6157	509.666.4389
Todd Sandberg	Asst Athletic Trainer	509.954.7301	509.777.3714
Cheree Sauer	Asst Athletic Trainer	509.499.0698	509.777.4384
Jon Bosh	Asst Athletic Trainer	970.396.2954	509.777.3728
Dana Bates	Asst Athletic Trainer	402.430.1847	509.777.3244
Ed Reisman	Team Physician	509.954.7980	509.624.2313
Aaron Leetch	Athletic Director		509.777.4392
Jo Wagstaff	Assoc Athletic Director		509.777.4311
Steve Flegel	Sports Information Director		509.777.3239
Nancy Hines	Director of Communications		509.777.1000
Marisha Hamm	Manager of Environmental Health, Safety and Security		509.777.4494
Terry McGonigal	Chaplain		509.777.4547
Janelle Thayer	Counselor		509.777.4216
Mark McFall	Campus Security		509.777.4444
Kathy Storm	VP for Student Life		509.777.4535

Emergency Equipment

All necessary emergency equipment should be at or near the site and quickly accessible. Medical personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and medical personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area.

- Spineboard: located in the athletic training backroom; on site at football games. This will typically only be used for football. All other sports will rely on EMS equipment and personnel assistance.
- Splints: located on site for football, soccer, baseball and softball during both practices and games. They are otherwise in the athletic training room in the fieldhouse.
- AED: An AED will be on site during all events unless multiple events are scheduled simultaneously that exceed the number of AEDs available. If so, an AED will be located on an athletic training vehicle at the event with the highest priority where it can be summoned to another location quickly. An AED will be taken to soccer practice at the powerlines practice field because of its distance from the fieldhouse or aquatic center. Additional AEDs are located in the Fieldhouse, Scotford Fitness Center, Health Center, HUB and on security vehicles.

Medical Emergency Transportation

As per Northwest Conference Sports Medicine guidelines, an ambulance will be on site during football games. It may also be beneficial at other special events/sports such as major tournaments or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of

trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Any emergency situations where there is impairment in level of consciousness, airway, breathing, or circulation or there is neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment and transportation.

Non-Medical Emergencies

For non-medical emergencies, such as fire, bomb threats, severe weather and violent or criminal behavior, refer to the emergency action plan posted in the nearest building and notify campus police.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department “ownership” in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR, AED and first aid refresher training. Through development and implementation of the emergency plan, the athletic department helps ensure that the athlete will have the best care provided when an emergency situation does arise.

**Whitworth University Athletic Training
Suspected Spinal Injury Protocol**

General Guidelines

- Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists. C-spine in-line stabilization should be maintained.
- The athlete's level of consciousness (AVPU), airway, breathing, circulation, and neurological status should be assessed. If airway is impaired, maintain c-spine in-line stabilization simultaneously with airway opening using a modified jaw thrust maneuver.
- EMS should be activated.
- The athlete should not be moved until immobilized unless absolutely essential to maintain airway, breathing and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization.
- In a situation where it may not be appropriate for on-site medical personnel to transfer the athlete to a long spine board prior to EMS arrival (lack of enough qualified help or other factors), the rescuer(s) should maintain in-line stabilization, place a rigid cervical collar on (if possible), and continue to monitor baseline vital signs and complete secondary evaluation while awaiting EMS.

Spine Immobilization

- If possible, a correctly sized rigid cervical collar should be placed on the athlete prior to moving.
- When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit by securing the athlete to a long spine board. A log-roll maneuver should be used to place the athlete on the long spine board. At minimum three (3) rescuers with preferably five to six (5-6) should be in place to perform the log roll procedure. If enough trained and practiced responders are available a bridge lift technique may also be used.
- The rescuer controlling c-spine stabilization will be in command of the log roll maneuver and long spine board immobilization.
- Once positioned onto a long spine board, the athlete's should be secured using spider straps. The chest and hips are secured first followed by the lower extremities. The athlete's arms should be left free from long spine board straps to facilitate vital sign monitoring and IV access. Athlete's wrists may be secured together in front of the body with a velcro strap or tape once secured to long spine board.

- Once torso and legs are secured, the head should be secured last. If necessary, padding should be applied under the athlete's head to fill any voids and maintain neutral in-line position. The head should be secured with lateral restraint pads and then secured to the board with tape over forehead and at the chin.
- Following securing the athlete to board, neurological status should be reassessed.
- The secondary survey should be completed with baseline vital signs (reassessed every 5 minutes), head-to-toe survey, and history.
- Athlete should be transported to the most appropriate emergency medical facility and appropriate personnel notified (see Appendix B Emergency Contacts).

Additional Guidelines For Care of Spine-Injured Football Athlete

- The facemask should be removed prior to transportation, regardless of current respiratory status. Tools for facemask removal (FM Extractor, cordless electric screwdriver) should be readily accessible.
- All loop straps of the facemask should be cut and the facemask removed from the helmet, rather than being retracted.
- The **football helmet and chin strap should only be removed if:** 1) the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not immobilize the head; 2) the design of the helmet and chin strap is such that, even after removal of the facemask, the airway cannot be controlled nor ventilation provided; 3) the facemask cannot be removed after a reasonable period of time; or 4) the helmet prevents immobilization for transportation in an appropriate manner.
- If the helmet must be removed, spinal immobilization must be maintained while removing. In most circumstances, it may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.
- Shoulder pads do not necessarily have to be removed on site. The front of the shoulder pads can be opened to allow access for CPR and defibrillation.
- Should either the helmet or shoulder pads be removed – or if only one of these is present – appropriate spinal alignment must be maintained.

Procedures for Training in Spine Immobilization:

Personnel should review signs and symptoms of spine injury and complete a training session each year with in-line stabilization, rigid cervical collar application, log roll maneuver, and long spine board packaging. Personnel providing football medical coverage should review facemask removal with appropriate tools, helmet removal and shoulder pad removal.

**Whitworth University Athletic Training
Sudden Cardiac Arrest Protocol**

General Guidelines

- The initial components of sudden cardiac arrest (SCA) management are early activation of EMS, early CPR, early defibrillation, and rapid transition to advanced cardiac life support (ACLS).
- Sudden cardiac arrest should be suspected in any collapsed and unresponsive athlete.
- An AED should be applied as soon as possible on any collapsed and unresponsive athlete for rhythm analysis and defibrillation if indicated.
- Cardiopulmonary resuscitation should be provided while waiting for an AED.
- Interruptions in chest compressions should be minimized and CPR stopped only for rhythm analysis and shock.
- Cardiopulmonary resuscitation should be resumed immediately after the first shock, beginning with chest compressions, with repeat rhythm analysis after every 2 minutes or 5 cycles of CPR, and continued until advanced life support providers take over or the victim starts to move.
- Sudden cardiac arrest in athletes can be mistaken for other causes of collapse, and rescuers should be trained to recognize SCA in athletes with special focus on potential barriers to recognizing SCA, including inaccurate rescuer assessment of pulse or respirations, occasional or agonal gasping, and myoclonic jerking or seizure-like activity.
- Young athletes who collapse shortly after being struck in the chest by a firm projectile or by player contact should be suspected of having SCA from commotio cordis.
- Rapid access to the SCA victim should be facilitated for EMS personnel.

