The mission of the Athletic Training 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.
# Athletic Training Faculty and Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Office Location</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cynthia Wright, ATC</strong></td>
<td>Program Director, Assistant Professor</td>
<td>Robinson Science Hall 108</td>
<td>(509) 777-3244</td>
<td><a href="mailto:cwright@whitworth.edu">cwright@whitworth.edu</a></td>
</tr>
<tr>
<td><strong>Jon Bosh, ATC</strong></td>
<td>Head Athletic Trainer, Associate Athletic Trainer</td>
<td>Fieldhouse 133</td>
<td>(509) 777-3728</td>
<td><a href="mailto:jbosh@whitworth.edu">jbosh@whitworth.edu</a></td>
</tr>
<tr>
<td><strong>Jonathan Huwe, ATC</strong></td>
<td>Clinical Education Coordinator, Assistant Professor</td>
<td>Robinson Science Hall 140</td>
<td>(509) 777-3247</td>
<td><a href="mailto:jhuwe@whitworth.edu">jhuwe@whitworth.edu</a></td>
</tr>
<tr>
<td><strong>Stacey Nauman, ATC</strong></td>
<td>Assistant Athletic Trainer, Assistant Professor</td>
<td>Fieldhouse 138</td>
<td>(509) 777-3464</td>
<td><a href="mailto:snauman@whitworth.edu">snauman@whitworth.edu</a></td>
</tr>
<tr>
<td><strong>Shane Wibel, ATC</strong></td>
<td>Assistant Athletic Trainer, Assistant Professor</td>
<td>Fieldhouse 131</td>
<td>(509) 777-3478</td>
<td><a href="mailto:swibel@whitworth.edu">swibel@whitworth.edu</a></td>
</tr>
<tr>
<td><strong>Sarah Cummings, ATC</strong></td>
<td>Assistant Athletic Trainer</td>
<td>Fieldhouse 134</td>
<td>(509) 777-3216</td>
<td><a href="mailto:scummings@whitworth.edu">scummings@whitworth.edu</a></td>
</tr>
<tr>
<td><strong>Brittany Castilla, ATC</strong></td>
<td>Assistant Athletic Trainer</td>
<td>Fieldhouse</td>
<td>(509) 777-TBD</td>
<td></td>
</tr>
<tr>
<td><strong>Smokey Fermin, ATC</strong></td>
<td>Assistant Professor</td>
<td>Westminster</td>
<td>(509) 777-TBD</td>
<td></td>
</tr>
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### Athletic Training Team Physicians

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<tr>
<td><strong>Ed Reisman, MD</strong></td>
<td>Medical Director, Team Physician</td>
</tr>
<tr>
<td><strong>Barb Brandon, DO</strong></td>
<td>Team Physician</td>
</tr>
<tr>
<td><strong>Tycho Kersten, MD</strong></td>
<td>Team Physician/Orthopedic Surgeon</td>
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# Athletic Training Program

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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 (ATS) is a person who is engaged in a program of study that may lead to national certification as an athletic trainer (ATC) by the Board of Certification, Inc. (BOC). The Athletic Training (AT) Program is an intense, demanding, and rewarding program of study. The AT Program 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 AT Program 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 AT Program 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 preceptor. These decisions will be made in an objective manner with the patient’s well-being as the primary motivator. Thus, preceptors must be notified when injuries occur or when patients need appropriate medical care. This communication establishes a rapport with the preceptor 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. Preceptors and other medical personnel are available to help the ATS learn, answer questions, and challenge them.

Notice

This manual is intended for the ATS at Whitworth University. It contains policies, procedures and relevant professional information to direct and inform students and is specific to the AT Program at Whitworth. All students accepted into the AT Program 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 AT Program. If an ATS does not understand any of the material provided they should consult with the program director.
Whitworth Athletic Training Program Mission, Outcomes & Objectives

Athletic Training Program Mission Statement
The mission of the AT 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.

Program and Student Learning Outcomes

1. Outcome #1: Whitworth University athletic training students will incorporate spiritual, ethical, moral and legal behavior into the practice of athletic training.

   1.1. Objective: Whitworth University athletic training students will appreciate the value and nature of personal faith and worldview into vocational practice.

   1.2. Objective: Students will abide by the Standards of Practice established by the Board of Certification as well as the NATA Code of Ethics.

2. Outcome #2: Whitworth University athletic training students will understand the role of an athletic trainer as a health care provider within the larger context of the continually evolving health care system.

   2.1. Objective: Students will work in collaboration with other health care providers

   2.2. Objective: Students will communicate effectively with all those involved in health care of the patient, both in oral and written form

3. Outcome #3: Whitworth University athletic training students will demonstrate entry-level proficiency through classroom, laboratory and clinical learning experiences in the 5 domains of athletic training.

   A. Injury/Illness prevention and wellness protection
   B. Clinical evaluation and diagnosis
   C. Immediate and emergency care
   D. Treatment and rehabilitation
   E. Organizational and professional health and well-being

   3.1. Objective: Students will achieve 100% ultimate pass rate on the BOC exam for those who continue to attempt it.

   3.2. Objective: Students will be well prepared to meet the challenges of entry-level employment positions.
3.3. Objective: Students will demonstrate contemporary knowledge and skill in the comprehensive examination, assessment, management, treatment and/or rehabilitation of patients with injuries and illnesses as they pertain to an active lifestyle.

3.4. Objective: Students will learn clinical skills under the supervision of high quality preceptors at quality clinical sites.

3.5. Objective: Students will recognize quality evidence from a variety of sources and incorporate into practice.

4. Outcome #4: Whitworth University athletic training students and alumni will demonstrate professional behaviors consistent with the athletic training profession and healthcare.

4.1. Objective: Students will invest in and promote the profession of athletic training.

4.2. Objective: Whitworth University athletic training students and alumni will support their professional community by assuming 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 AT Program 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 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 AT Program 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 AT Program; however some are more easily recognized and practiced by students. Other behaviors are predominantly exposed to students through demonstration by preceptors 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 AT Program 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 Practice with Compassion, Respecting the Rights, Welfare, and Dignity of Others

1.1 Members shall render quality patient care regardless of the patient’s race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.2. Member’s duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, 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, National Athletic Trainers’ Association (NATA) Membership Standards, and the NATA Code of Ethics

2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.

2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.

2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.

2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

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 the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
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 must 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, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient’s Health and Well-Being.
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. All NATA members, whether current or past, 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 and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.
Policies Related to Admission, Probation & Program Status

Admission Policies and Criteria
*Note: Admissions for the B.S. in Athletic Training was suspended in 2016, with the final cohort graduating in spring 2019. No more students will be admitted.

MSAT admission requirements and online application are available online. All applicants submitting a completed application will be reviewed and assigned an admission status of full admission, condition admission, or not admitted.

Full Admission
Applicant meets all admission requirements and has demonstrated high potential for success in the MSAT program as evaluated by the admission committee.

Conditional Admission
Applicant has demonstrated potential for success in the MSAT program, but has at least one unmet admission requirement. For example, the applicant is currently enrolled in PY 101 and final grades will not be posted until May (thus they have not met the requirement for a “C” or better in PY 101 yet). The admission letter will clearly list each outstanding requirement. The student will be automatically changed to “full admission” status once verification of all outstanding requirements being met is received.

Not Admitted
Candidate has not provided sufficient evidence for success in the MSAT program. Not Admitted status may be assigned for failure to meet posted admission criteria (e.g. insufficient GPA, course not completed), or for an overall admission rubric score that is not competitive. All applicants are graded on an admissions rubric, and only the top 14 candidates each year will be admitted.

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 AT Program Director, in consultation with program faculty members, is responsible for the monitoring of student status within the program.
Academic Retention Requirements

B.S. in AT: 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.

MSAT: No credit toward a master’s degree will be allowed for a course in which the student receives a grade of “C” or lower. A student will be required to re-take (at additional expense) any required course where they earn a “C” or lower. Note: This is a higher standard than the Whitworth Graduate Studies policy of “C-” or higher. Additionally, in accordance with Graduate Studies policy, “following any term/module in which a student’s cumulative grade point average is below 3.0, the student may be placed on academic probation. The student may be dismissed from the graduate program if three grades of “C” or lower are accumulated, or if it is necessary for the student to be placed on academic probation more than twice."

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

1. AT student 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 AT Program 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 AT Program Director brings the appeal to the AT program faculty for a decision. The Health Sciences Department Chair will be notified at this time, and depending on the circumstances may elect to participate in the decision process at this level of appeal.
4. Second Level Appeal: The student brings the appeal to the Associate Provost of Instruction in the Office of Academic Affairs. The Associate Provost brings the appeal to the Chairperson of the Department of Health Sciences and the AT Program Director for decision.
5. Decisions regarding appeals will be provided to the student in writing and will be sent in a timely manner.
6. Appeals may not be made directly to an off-campus clinical site or preceptor as these entities are independent of the University in student program status decisions.
Behavioral Expectations

Code of Conduct
The expected behavior of all members of the Whitworth University Athletic Training 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 Program. Each case will be dealt with individually by the Program Director and other appropriate personnel.

Remember: you write your own letter of recommendation every day, make it a good one!

Program Communication
We require that each student utilize their Whitworth University email account and check it regularly. Prompt reply to requests from the AT Program 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 preceptor). Both should discuss the use of text messaging and appropriate communication practice and boundaries.

Policy on romantic relationships with patients who are consenting adults
It is unethical and violates many state licensure acts for a healthcare provider to engage in a romantic relationship with a current or former patient. This is due in part to the power the healthcare provider has over the patient. The unequal footing can lead to coercion. The patient may feel pressure to consent. They may perceive that refusing romantic advances could have negative implications for their healthcare.

In accordance with the Washington State Legislature (WAC 246-16-100), “A health care provider shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute
grounds for disciplinary action. Sexual misconduct includes but is not limited to: [kissing, hugging, sexual intercourse, suggestive speech, etc.].” Note: any romantic contact with a patient is considered sexual misconduct because it should not happen—sexual misconduct is not limited to coercion or inappropriate touch. Additionally, even after the end of the patient-provider relationship, “A health care provider shall not engage, or attempt to engage, in the activities listed [above] with a former patient, client or key party within two years after the provider-patient/client relationship ends.” (WAC 246-16-104)

As future health care professionals, Whitworth MSAT students will be held to similar standards. **ATS are not permitted to engage in a new romantic relationship with any patient at an assigned clinical site (including Whitworth) during their time in the MSAT program.** Violation of this policy will be cause for program probation, suspension or removal depending on the severity of the violation.

Upon entry to the MSAT program, ATS will be asked to declare any current, preexisting romantic relationships with Whitworth student-athletes or any other individual who may be a patient at an assigned clinical site. If declared upon entry, the existing romantic relationship will not be cause for disciplinary action as a violation of this policy. If declared, ATS will not be allowed to interact with the student-athlete as a healthcare provider (e.g. the ATS cannot treat that individual, the ATS may not be assigned to that sport), thus minimizing the potential for a conflict of interest. If this romantic relationship declared is with a student-athlete at another clinical site (e.g. Gonzaga University) the ATS will not be assigned to that clinical site.

“But what if I meet my soul mate?” Even if you feel a strong connection to patient, according to Washington State Legislature not only can you not act on it now, healthcare providers must wait two years after the end of the patient-provider relationship. Why? Because relational power does not end the day after the season ends. Think of your high school teachers, do you still call them Mr. Smith and Ms. Jones rather than Ben and Sally? Still think of them first and foremost as your teacher, someone with authority? They still have presumed relational power even years after your teacher-student relationship officially ended. It is similar in patient-provider relationships. If you truly care about someone, you care about their free will and consent!

This policy is also in accordance with Whitworth athletics policy, which prohibits graduate assistants working with various sports to engage in romantic relationships with Whitworth student-athletes. The potential for a power/authority imbalance between graduate and undergraduate students also makes a romantic relationship unethical.

*Note:* This policy does not address romantic relationships with minors, because they are clearly illegal! ATS accused of engaging with a romantic relationship with a minor will be reported to local law enforcement and face disciplinary action within the MSAT program.
The Athletic Training Educational Program at Whitworth University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on the Accreditation of Athletic Training Education [CAATE]). Compliance with the program’s technical standards does not guarantee a student’s eligibility for the Board of Certification (BOC) certification exam.

The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Candidates for selection to the Athletic Training Educational Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.  
   Physical skills required in the athletic training profession commonly include:
   - Standing for 1-3 hours at a time during clinical experiences
   - Ambulating 5-100 yards indoors or outdoors over rough terrain at a speed that permits safe provision of patient care
   - Lifting objects up to 50lbs
   - Providing physical support and/or lifting an injured patient
   - Twisting, bending and/or kneeling on the floor while providing patient care
   - Providing patient assessment and care such as: visual inspection, palpation, stability testing, application of pressure to stop bleeding, and the ability to perform cardio pulmonary resuscitation.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate clinical decisions and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with reasonable accommodations, they can meet the standards.

The Education Support Services Office in collaboration with the Athletic Training Education Program will evaluate a student who states he/she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation. A student may be administratively withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, that the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others.

Sign ONLY ONE statement below:

Statement 1: For students not requesting accommodations
I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

________________________________  ____________
Signature of Applicant    Date

Statement 2: Alternative statement for students requesting accommodations.
I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the office of Educational Support Services to determine what accommodations may be available and appropriate. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

________________________________  ____________
Signature of Applicant    Date
Additional Costs Associated with the AT Program

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

- Maintenance of current certification in First aid and CPR for the professional rescuer certification during all clinical experiences. Recertification classes are arranged through the athletic training program to minimize expenses (typically $7 per card). Students who choose to take the course elsewhere may pay more. Most certifications must be renewed biannually.
- Any immunizations to meet AT Program requirements (see Immunization requirements). TB testing typically costs $40 during the student’s general medical rotation.
- Clothing: Students are required to purchase a startup gear package, generally around $150, for use during clinical experiences. Students are usually provided with 1 additional item for free each year (contingent on funding). 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.
- Background checks for off-campus clinical experiences. Current costs are $34-50 for the background check.
- Transportation: Most off-campus affiliations are associated with travel costs, which may include public transportation costs or the need for access to a car. Students who accept clinical rotations away from the Spokane-metro region are responsible for any additional living expenses as well as travel costs.
- BS in AT: NATA membership is highly recommended.
- MSAT: NATA membership is required starting in May of the first year.
Course Curriculum and Sequence

BS in Athletic Training: (Class of 2019)
The AT Program 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 AT Program 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
HS 365 Evidence Based Health Science 3
HS 363 Personal Health and Nutrition 3
HS 433 Principles of Conditioning and Nutrition 3
AT 332 Pathophysiology and Modalities in Athletic Training 3
AT 333 Organization and Administration of Athletic Training 3
AT 334 Physical Exam of the Lower Extremities in Athletic Training 4
AT 335 Physical Exam of the Upper Extremities in Athletic Training 4
AT 336 Medical Issues 3
AT 432 Therapeutic Exercise 3
AT 498 Capstone in Athletic Training 1

Twelve credits of clinical experience
AT 283 Clinical Experience I 2
AT 284 Clinical Experience II 2
AT 383 Clinical Experience III 2
AT 384 Clinical Experience IV 2
AT 483 Clinical Experience V 2
AT 484 Clinical Experience VI 2

See next page for typical course sequence
## BS in Athletic Training Typical Course Sequence

This is the general course sequence for Athletic Training majors. Students should consult with their advisor regularly for updates and personalization. Students should be aware that the majority of courses within the Athletic Training major are sequenced and must be taken in a specific order due to pre-requisites. Courses in *italics* are recommended, not required.

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| GE         | 3  | Stats |
|            |    |       |

| GE         | 3  | Stats |
|            |    |       |
### MSAT Course Curriculum and Prerequisites

#### Prerequisites prior to admission to the program

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#### Athletic Training Courses

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See next page for typical course sequence
**MSAT Course Sequence**

*Note: this is a sample sequence. Select courses are offered on an alternating basis, thus individual student plans will differ.*

Odd year courses:
- AT 582 Seminar in Athletic Training
- AT 583 Pharmacology for AT
- AT 586 Strength & Conditioning

Even year courses:
- AT 581 Seminar in Healthcare
- AT 584 Psychology for AT
- AT 585 Sports Nutrition

### YEAR 1

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Clinical Experience Requirement

Students admitted into the AT Program are required to complete six Clinical Experience (CE) courses at Whitworth University approved clinical affiliates. The experience typically will begin during the fall term of the student’s first year. Athletic training students enrolled in each CE have met appropriate technical standards for program admission, have been formally admitted, have appropriate immunizations and hold current CPR and First Aid Certificates.

The CE contributes to the learning over time concept of instruction. Proficiencies are generally initially instructed and evaluated in the classroom or lab. The CE requires the reintroduction and reassessment of clinical proficiencies by the clinical preceptor. When possible, these clinical proficiencies will be reassessed using live patients and real situations (simulation is permitted).

Students are assigned to a preceptor at each site who is responsible for providing regular instruction, direct supervision, and consistent evaluation. The CE site will be assigned by the Program Director in collaboration with the Clinical Education Coordinator and the athletic training student (ATS).

Policies for all students

Hour maximums, Rest Days and University Breaks
In order to promote a quality learning experience and appropriate workload, a maximum hours policy will be in effect any time regular University classes are in session. During university breaks when regular classes are not in session hour maxes are not applicable. Students are responsible for tracking their own hours and notifying their preceptor in advance if they anticipate an overage of clinical experience hours.

At all times of the year students will receive a minimum of 1 day off in every 7 day period. In general, the CE should follow the academic calendar of Whitworth University. Students will generally receive all long university breaks (e.g. spring break, Christmas break) but may be required to participate in clinical experiences over short minor breaks (e.g. Labor Day).”

Policies specific to BS in AT students

Hour Maximum
To allow for the in-depth nature of senior year experiences, and in accordance with the lighter academic load of the senior year, the maximal number of hours for students enrolled in 483 or 484 is 30 hours a week. This heightened maximum is designed to allow students to take advantage of brief (4-8 week) periods of intense clinical experience opportunity, however students may not average 30 hours a week over the entire course of the semester.

Hour minimum for successful completion
Students are expected to complete 1200 hours of clinical experience during the required 6 semesters. A minimum of 900 of those hours are to be directly supervised by a certified athletic trainer with the remaining hours supervised by other appropriate health care professionals. At no time should the ATS be allowed to serve as replacement for regular clinical staff.
Additional Hours Policy related primarily to Student-Athletes

ATS are generally allowed to participate in one varsity sport. While varsity sport experience is valuable, it can also take time away from AT clinical experiences. Thus, student-athletes (or any student who is behind on clinical experiences) may be required to complete an additional clinical rotation to gain clinical experience they have missed during the regularly required rotations. Typically, this additional rotation will be completed during January of a student’s junior year. It is the responsibility of ALL students to track their clinical experience hours for satisfactory progress and communicate regularly with their preceptor. Additionally, ATS who are student-athletes must seek program approval before switching sports, such as playing a fall sport one year and a spring sport the next year.

Hours Policies specific to MSAT students

To maintain satisfactory progress towards graduation the number of clinical hours must average 100 hours per credit over the course of the program (12 clinical experience credits x 100 hours = 1200 minimum hours to graduate).

The exact number of clinical experience hours completed per credit (beyond the 40-hour minimum) will vary depending on multiple factors. These factors may include the length of the clinical rotation, type of rotation, term of rotation, and preceptor preference regarding going above the minimum required hours. Additionally, the variability in the number of clinical experience hours completed each semester in unavoidable based on normal fluctuations in patient load based on athletics seasons and the program’s intentional emphasis on quality (vs. quantity) of hours. For example, when assigned to the Whitworth University clinical site the number of quality hours available is greatest in the fall and winter, corresponding the higher patient loads during these seasons, and thus athletic training students are intentionally given more clinical experience opportunities during these seasons than during the spring. During students off-campus clinical experiences, restrictions in site operating hours may influence the total number of hours students perform within the allowed range (e.g. a clinic that closes at 5pm, or a high school that does not open their athletic training facility until classes end at 2:30).

Due to the multitude of factors that can affect the number of clinical experience hours completed each semester, the AT Program has developed its current policies:

- The minimum number of clinical experience hours per academic credit is 40 hours.
- The maximum number of clinical experience hours which may be assigned in any clinical experience course is equal to the weekly maximum (e.g. 20 hours) times the number of weeks in the term (e.g. 15) plus any course specific allowance for hours when traditional classes aren’t in session (e.g. preseason, spring break, etc.).
- The recommended number of clinical experience hours is approximately 100 per credit hour, however the actual number can vary within the permitted range (minimum to maximum).
- Within the permitted range, clinical experience instructors can assign a student-specific minimum number of clinical experience hours necessary for successful course completion (taking into consideration the unique nature of the clinical experience assignment).
- The minimum number of clinical experience hours over the course of the 2-year MSAT program is standardized at 1200 hours.
• Across all clinical experience courses, the maximum number of clinical experience hours a 1st year MSAT student can engage in while traditional academic classes are in session is 40 hours averaged every 2 weeks (e.g. ~20hrs/week).
• Across all clinical experience courses, the maximum number of clinical experience hours a 2nd year MSAT student can engage in while traditional academic classes are in session is 30 hours a week (no averaging).
BS in AT Clinical Experience Sequence

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, and Integration of the Christian Faith in Athletic Training. During this term, the student will be exposed to general athletic 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: Ethical Professional Practice & Integration of the Christian Faith in Athletic Training.

The third term and fourth term clinical experience (AT 383 and AT384) include 3 clinical experiences lasting 7-14 weeks each.

One ~5-7 week experience will be completed at general medical health care facility(ies) instructing and evaluating competencies related to general medical conditions.

One ~7 week experience will be completed in an orthopedic focused clinical setting, such as a physical therapy clinic or orthopedist office. Typically, this will be a rotation at a physical therapy clinic. The purpose is to immerse the ATS in instruction and assessment related to:
- Therapeutic Modalities
- Clinical Evaluation, Treatment and Prevention of Injuries
- Evidence based practice

One ~14 week experience will be completed at an off-campus traditional athletics setting (high school, college or professional sports team). The purpose is to immerse the ATS in instruction and assessment related to:
- Clinical Evaluation, Treatment and Prevention of Injuries
- Professional development and administration
- Evidence based practice

The fifth term clinical experience (AT 483) will be completed at Whitworth University and the student may be assigned a team. This experience includes instruction and assessment related to: Clinical Evaluation, Treatment and Prevention of Injuries, especially of the spine and upper extremity; Recognition and intervention for psychosocial disorders, and Health Care Administration

The sixth term clinical experience (AT 484) will be completed at Whitworth University and the student may be assigned a team. This course provides a capstone experience for seniors to prepare for the BOC exam. Additionally, it includes instruction and assessment related to: Therapeutic Rehabilitation, Principles of Conditioning and Nutrition, and Professional development and philosophy
MSAT Clinical Experience Sequence

AT 571 Clinical Experience I, 2 credits
This clinical rotation will take place in the fall at Whitworth University clinical site. During this course, the student will be exposed to: general athletic training room operations; non-contact, contact, and collision sports; male and female patients; individual and team sports. Proficiencies will include skills primarily from AT 520 Acute Care & Emergency Response, AT 521 Techniques in AT, AT 534 Lowers and AT 532 Modalities.

AT 572 Clinical Experience II, 2 credits
This clinical rotation will take place in the spring at a traditional athletic training clinical site (on or off-campus). Proficiencies will include skills primarily from AT 534 Lowers, AT 532 Modalities, AT 544 Techniques in Manual Therapy, and AT 545 Spine & Uppers.

AT 573 Clinical Experience III, 1 credit
This clinical rotation will take place in the summer at a general medical clinical site (off-campus). Proficiencies will include skills primarily from AT 346 General Medical Conditions.

AT 574 Clinical Experience IV, 1 credit
This clinical rotation will take place in the summer at a clinic or industrial site (off-campus). Proficiencies will include skills primarily from AT 545 Spine & Uppers and AT 549 Research Methods of Evidence Based Practice.

AT 575 Clinical Experience V, 3 credits
This clinical rotation will take place in the fall at a traditional athletic training clinical site (on or off-campus). Proficiencies will include skills primarily from AT 545 Spine & Uppers and AT 552 Therapeutic Exercise. Odd years will also include: AT 586 Strength and Conditioning and AT 583 Pharmacology. Even years will also include: AT 585 Sports Nutrition and AT 584 Psychology.

AT 576 Clinical Experience VI, 3 credits*
This clinical rotation will take place in January and spring in the traditional athletic training clinical setting (on or off-campus). Proficiencies will include skills primarily from AT 552 Therapeutic Exercise and AT 563 Business and Administration. Even years will also include: AT 586 Strength and Conditioning and AT 583 Pharmacology. Odd years will also include: AT 585 Sports Nutrition and AT 584 Psychology.

*Note: This clinical rotation may be split between two clinical sites during Jan-term and spring. This is to allow students needing an immersive rotation to complete their immersive rotation during January. Immersive rotations may be completed outside the Spokane metro area, as there are no course conflicts during January of the second year.

Note: During either AT 575 and/or AT 576 students will be assigned to a specific preceptor and sports team at WU for an entire season. The purpose is for the student to gain in-depth experience of all aspects of a competitive season, following injuries from day 1 through rehab, etc.
Off-Campus Clinical Experiences

ATS are required to complete off-campus clinical experiences at 3 different types of clinical sites: a general medical site, a therapy clinical site, and a traditional athletic training site. The off-campus rotations coordinated by the Coordinator of Clinical Education (CCE) with significant input by the study. The following are general expectations for off-campus clinical experiences. Specific expectations, evaluations, etc. will be covered during or prior to the start of the specific clinical course.

At the beginning of each rotation, the ATS is required to contact their assigned Preceptor as soon as possible (typically 1-2 weeks before the rotation officially starts) so that rotations can begin without delay. One of the learning goals for off-campus rotations is that students learn to create and manage their own clinical schedules. Schedules need to satisfy multiple parties: the goals/expectations of their preceptor, course/program requirements, & the student’s own learning needs. For some students this will be a challenge! Ask for help early if needed.

Hours must be logged in the format and by the time/date required in the course syllabus. Hours not logged in accordance to course policies may not be counted towards total program hours or course requirements. It is the sole responsibility for the ATS to document hours accumulated during off campus clinical rotations.

Do not schedule personal appointments during clinical hours. Emergencies do occur, and in those cases it is your responsibility to communicate with your preceptor and the CCE. Please plan ahead so you are on time, give yourself time for traffic, parking delays, etc.

Behavioral Expectations for off-campus rotations:

1. Be professional at all times. If you encounter a discrepancy between the classroom and clinical environment, please bring it to the attention of the CCE.

2. Be pro-active in your learning experience. Have a plan for each day of your clinical, this should include but is not limited to having specific clinical proficiencies to address on a given day.

3. Be curious, this is your opportunity to learn outside of the classroom! Ask appropriate questions at the appropriate time. Questions may need to wait until the patient, parent or other clinicians are absent.

4. Do not limit yourself to tasks that are familiar or comfortable. Step outside your comfort zone and push the limits of your learning experience.

5. Always wear your WU or site specific name tag/badge. Seek out and adhere to the dress code for your specific rotation.
Whitworth University AT Program Appearance Standards

Appearance is a means of expressing your professionalism and is an important factor in gaining the respect of athletes, coaches, physicians, certified athletic trainers, other health care professionals, parents, and the general public. It is the responsibility of the Athletic Training Student to keep their attire neat and clean and to maintain good personal hygiene. Appearance of Whitworth ATS should exude professionalism and exhibit pride for the program and the profession at all times. In addition to program dress code regulations, Whitworth AT students should abide by these general policies relating to physical appearance.

**Body art/tattoos**

Athletic training students with body art/tattoos obtained prior to starting the AT program should be aware that they may be required to cover body art/tattoos which are visible in typical AT dress code attire. This means that long pants or sleeves may need to be worn during clinical experiences. The AT program and preceptors will have the final authority to decide whether or not body art/tattoos must be covered. Generally small, non-offensive body art/tattoos will not present a problem at the Whitworth clinical site—but must be approved by the head athletic trainer. No new visible body art/tattoos should be acquired after entering the program.

**Piercings**

In general, all visible body piercings other than earrings should be removed while on clinical duty. The Whitworth clinical site allows for a discrete nose stud to be worn by students with a nose piercing; however, nose piercing may not be worn at any off-campus site. Earrings and other jewelry should be minimal, tasteful, and professional, and should not be large or dangling to avoid interference with clinical duties and care of athletes. The clinical preceptor reserves the right to ask for the removal of such jewelry.

**Hair, Nails and Scents**

Male haircuts and facial hair should be trimmed and neatly maintained. Female hair styles should be neatly maintained and pulled back in such a way as to promote cleanliness and not interfere with clinical duties. Hair color should be a naturally occurring color (but need not be the student’s natural color).

Fingernails should be clean and well-groomed, no longer than the end of the fingertips, and a generally conservative color. No artificial nails. Strong perfumes/colognes should be avoided.
Social Media Professionalism Policy

The Whitworth University Athletic Training Program understands the large role that social networking plays in the lives of our students, and appreciates both its positive uses and potential negative consequences. Students are not restricted from personal use of social media, but a certain standard of conduct is expected in doing so. The following policy was developed to provide clear guidelines on expectations for professionalism regarding social media and other public venues that will reflect on both the student and the WU AT program.

Students should take note that potential employers often use social media sites to screen candidates, as well as many graduate programs and scholarship committees.

Students should maintain that all pictures, posts, and tags in the same are positive and professional at all times so as not to place yourself or others in a compromising position that could embarrass you or Whitworth University. You need to remember that social media is neither private nor secure; once something is posted it is available to anyone on the internet.

Therefore, in the interest of protecting the safety and reputation of our students and program, we recommend the following actions:

- For sites such as Facebook, Twitter, and Instagram, make your profile private
- Enable security settings that allow you to preview pictures or posts that you are tagged in before they become public, and determine who can see posts that you tag others in
- Do not allow the transience of Snapchat to affect the level of care and professionalism with which you share; change privacy settings to determine who can and cannot see your Snapchat story
- Be in the right state of mind when you make a post; refrain when you are angry, upset, or your judgement is impaired in any way

As a member of the Whitworth AT Program, the following actions are considered inappropriate:

- Posting pictures of sports medicine facilities, or posting during a competition
- Posting pictures of injuries or of imaging films
- Sharing any information concerning the injury/illness of a patient or student-athlete, even with a person involved in their immediate care
- Communicating with a patient about their health care over social media
- Posts about team or clinical site issues, or internal matters of the Whitworth University athletics department or sports team, Athletic Training Program, or any clinical site
- Pictures or posts depicting consumption of alcohol, especially with or around patients, WU athletes, or while wearing WU Athletic Training clothing
- Use of foul language in social media posts
- Derogatory language and remarks about other ATS, athletes, coaches, athletics administrators, WU faculty or staff, or representatives of other universities or colleges

Act as a representative of Whitworth University Athletic Training at all times. In everything, strive to honor God, follow Christ, and serve humanity.

Colossians 3:17 - “Whatever you do, in word or actions, do it all in the name of the Lord Jesus Christ, giving thanks to God the Father through Him.”
As a student in an educational program for a health profession it is important to understand and comply with appropriate boundaries in the practice of athletic training clinical skills. These boundaries protect the student, the patient and the profession.

In compliance with the Commission on the Accreditation of Athletic Training Education (CAATE), Whitworth AT Program Supervision Policy is that “Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.”

Preceptor
A preceptor is a licensed healthcare professional who is affiliated with the Whitworth AT Program and provides professional supervision and education to program students. Students will be assigned to a preceptor by the AT Program.

Direct supervision
Direct supervision means that the preceptor is physically present and has the ability to intervene on behalf of the athletic training student and the patient. Direct supervision does not preclude a student’s ability to learn and exercise key skills such as critical thinking or clinical decision-making. Preceptors should allow students appropriate freedom to engage in critical thinking and decision-making in a suitable environment. Supervision must be adequate to ensure that each patient receives competent and quality care, as well as to ensure compliance with relevant state practice acts (practicing independently without a license is illegal).

Clinical experience
Clinical experiences are educational experiences for the ATS that involve patient care and the application of athletic training skills under the supervision of your assigned preceptor. Clinical experiences generally occur at practices, games or during clinical coverage. When in a supervised clinical experience situation, the student can, at the discretion of the preceptor, perform all skills that have been previously instructed and evaluated.

During the delivery of athletic training services...
Direct supervision is required during the delivery of athletic training services. To clarify, students may not attend a practice (or any other event) unsupervised. Additionally, an ATS may not provide treatment to a patient in the Athletic Training Room when a preceptor is not present. While at an assigned clinical experience the title “first responder” should not be used, and it does not justify the provision of unsupervised patient care. In the event that a preceptor has to momentarily step outside the facility (e.g. to answer a phone call) the ATS is prohibited from performing any patient care (even emergency first aid), and should stop logging clinical experience time until the preceptor returns. If a student is performing an activity that does not require direct supervision (e.g. preparing water coolers) and they are made aware of an injury/illness they may not provide care until a preceptor arrives to provide direct supervision.
Use of skills outside of clinical experiences (Good Samaritan Clarification)
When not engaged in a supervised clinical experience, the ATS should not participate in the delivery of athletic training services. To do so is a violation of professional standards and Washington State law restricting the practice of athletic training to licensed professionals. However Washington State law does provide for actions as a Good Samaritan. To qualify for Good Samaritan law protection the individual must:

1. Be acting in a completely voluntary manner (if there is a professional obligation to act you are not a Good Samaritan!). In circumstances not affiliated with a university clinical experience, the student assumes the role of a voluntary citizen. If a situation arises in a student’s private life that necessitates the use of first aid and/or CPR skills, the student’s decision to act (or not act) is completely voluntary.

2. Act only within the scope of training. This means first aid and CPR only! *Examples of acceptable skills* include: first aid for the treatment of acute injuries (e.g. controlling bleeding, RICE, splinting), monitoring ABC’s, performing rescue breathing and/or CPR as necessary, and activating the emergency medical system (call 911). *Examples of unacceptable skills* include: application of modalities (other than ice/heat), performing an orthopedic evaluation, performing any rehabilitation procedures, and making decisions about return to play.

Additionally, any situation where the student’s presence takes the place of a licensed healthcare professional is unacceptable and may have legal and/or programmatic implications (e.g. a summer soccer camp doesn’t want to hire a licensed athletic trainer, so instead they hire a student “first responder”).

In Summary
When in doubt about their role or responsibility, the student should request clarification from an AT Program faculty member. If faced with an emergency situation where clarification cannot be sought, the student should first abide by all applicable state laws, then consider the ethical and moral principles of both the athletic training profession and Christian faith. Afterward, the student should document the incident and report it to the Program Director a.s.a.p.

If the student experiences violations of this policy within their clinical experience site (e.g. their preceptor leaves them unattended) the student MUST report the incidence to the Clinical Coordinator and/or Program Director immediately. Students will not be disciplined for reporting violations.

I, ____________________________________________, have read and understand the Whitworth AT Program supervision policy. I agree to abide by this policy, and to only provide athletic training services and patient care under the direct supervision of university-assigned preceptor.

_________________________________________ Date:_______ (Student signature)

_________________________________________ Date:_______ (Program Director signature)
Summer Camp & Paid Experience Policy Statement

Background
Each summer, sports camps and other seasonal employers seek Athletic Training Students (ATS) for employment. These students may be employed under the supervision of a licensed and certified Athletic Trainer, or not. In cases where there is supervision, the student’s position is typically titled “Athletic Training Student”. When there is no supervision employers often give the position the title of “first aider” or “first responder”.

The Problem
Washington State licensure act prohibits the practice of athletic training to anyone who is not an appropriately licensed athletic trainer. Student clinical experience opportunities are protected under the statement, “Nothing in this chapter may prohibit, restrict, or require licensure of... (3) Any person pursuing a supervised course of study in an accredited athletic training educational program, if the person is designated by a title that clearly indicates a student or trainee status.” However, this protection makes it clear that students can only claim student-exemption when involved in a “supervised course of study in an accredited athletic training educational program”. This stipulation is largely not met by summer employment opportunities.

If an accredited program were to supervise these experiences there is potential for compliance with Washington State law. However, accredited athletic training educational programs are prohibited from compensating athletic training students for the provision of clinical services (Standard 59), so paid summer clinical opportunities would create an accreditation violation. Thus, paid summer employment cannot fall under the authority of accredited athletic training educational programs. In summary, the provision in Washington State licensure act allowing Athletic Training Students to practice without a license only if they are (a) supervised by an appropriately licensed professional and (b) pursuing a supervised course of study in an accredited athletic training educational program does NOT protect Athletic Training Students seeking summer employment as an Athletic Training Student.

Additionally, students who work as a “first aider” or “first responder” who perform any skills restricted to an appropriately licensed medical professional (evaluation, diagnosis, etc.) or are asked to provide athletic training specific skills (e.g. taping, stretching) which fall outside the scope of standard first aid and CPR training, would be in violation of state law. This is because “It is unlawful for any person to practice or offer to practice as an athletic trainer, or to represent themselves or other persons to be legally able to provide services as an athletic trainer, unless the person is licensed under the provisions of this chapter”. In this instance, although the student has not claimed the title of “athletic trainer” or “athletic training student”, they are de facto practicing as such, and thus in violation of state law.

The policy
Whitworth University discourages students from seeking employment at summer sports camps or other employers as Athletic Training students or “first aiders”. According to our understanding of state law and accreditation regulations, this practice is unlawful and/or non-compliant. In addition, the majority of these positions are paid less than minimum wage, which is unethical on the part of the employer and undermines fair wages for the profession. The
clinical experience potentially gained from such opportunities is not more important than the professional and legal risk to the student and the patient.

**Exceptions/clarifications**
One seasonal type of employment which is generally acceptable (assuming the scope of practice is clearly delineated) is life guarding. This assumes that the student has proper certification and training, does not exceed the scope of practice of a lifeguard, and is not utilizing in any additional skills because of their athletic training background. Additionally, volunteering at events with proper medical supervision (e.g. Hoopfest, State Wrestling tournament, etc.) falls outside of these recommendations because it is unpaid. Volunteer experience with appropriate supervision can fall under the scope of the AT program, and thus is generally acceptable.
Oath of Confidentiality

I, ________________________________, understand that as part of required clinical experience courses in the Athletic Training major I will see, hear and/or otherwise have access to confidential health care information and other privileged documents. As such, I understand that I have a legal and ethical responsibility to maintain the privacy and respect of each patient encountered as part of clinical experiences in the Whitworth Athletic Training Program.

As a general rule, patient information should only be accessed by authorized personnel when the information is needed to perform health care operations. Confidential information includes any information found in a patient’s medical record as well as personal information. All information relating to a patient’s care, treatment, or condition constitutes confidential information. Patient information should be protected to the maximum extent possible. This includes avoiding discussing confidential matters in areas where the discussion might be overheard.

I agree that, except as directed by my preceptor, I will not at any time during or after this clinical experience, disclose any information to any person whatsoever, or permit any person to examine or make copies of any reports or other documents that have in any way to do with patients of the clinical site.

Additionally, I understand that depending on the nature of the clinical site the Federal Educational Rights and Privacy Act (FERPA) and or Health Insurance Portability and Accountability Act (HIPPA), may govern the release of information. I understand it is my responsibility to be familiar and maintain compliance with the policies of each assigned clinical site.

Student Signature ___________________________ Date __________

AT Program Faculty Witness Signature ___________________________ Date __________
Communicable Disease Policy

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

Students in the AT Program must demonstrate protection against communicable diseases before being allowed to participate in patient care. This includes the completion of all required immunizations. Verification of appropriate vaccinations and screening tests must be completed upon admission to the program. The vaccination records will be reviewed by the Program Director and maintained in the ATS confidential file in the office of the Program Director. The Medical Director may be consulted about concerns about vaccination status or health of an ATS to safely participate in clinicals. 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 AT Program.

The Whitworth University AT Program desires to ensure a healthy and safe environment for all students, faculty members, preceptors, 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 Education Coordinator (CEC) and their preceptor 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 AT 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 may be required to be cleared in writing by an appropriately licensed health care provider prior to being allowed to return to their clinical experience.

My signature below affirms that I understand and agree to abide by the above described Communicable Disease Policy.

________________________________________________________________________
Student Name Printed

________________________________________________________________________
Student Signature _______________________________ Date ________________
Immunization Requirements

In order to protect both the student and patient from communicable diseases, the AT program has minimum immunization requirements. The requirements are based upon the current recommendations of the U. S. Public Health Service Center for Disease Control and the Washington State Department of Health. Verification of immunizations is also required by many off-campus clinical sites prior to engaging in clinical experiences.

All recent (within the last 10 years) immunizations and the tuberculosis (PPD) test must be verified by a health care provider. Ideally, you can request a print out of all your immunization records from your healthcare provider. Depending on your age, you may not have proof verified by a healthcare provider for early childhood immunizations. Some clinical sites (including WU) will accept a copy of your own records (e.g. a childhood immunization booklet) as long as it has exact dates of administration.

**Necessary before starting AT 571**
1. Diptheria-Pertussis-Tetanus (DPT, DTaP, or TdaP) with TdaP booster within last 10 years
2. Measles Mumps Rubella (MMR), 2 shots (or immunity confirmed by titer)
3. Polio series (IPV, OPV)
4. Hepatitis B vaccine (HBV) 3-shot series
5. Varicella vaccine or titer proving immunity

**Necessary before starting AT 573 and future clinicals**
*Note: these immunizations/tests expire, please about appropriate timing before obtaining
6. Tuberculosis screen (PPD) within the last 12 months and within the 30 days of starting a hospital rotation. A positive PPD screen may need to be followed up by a chest x-ray.
7. Influenza

**Related Requirements to Protect the Health & Safety of the Patient**
Background checks are generally required by all clinical sites involving minors (e.g. high schools) and general medical facilities (urgent care, ED, etc.). Drug tests are generally required prior to clinical experiences in general medical facilities (urgent care, ED, etc.). These requirements are considered due diligence by the facilities in order to safeguard the well-being of patients and minors.
Clinical Evaluation of Athletic Training Students

ATS are evaluated in an ongoing manner through various modes. At the completion of each semester, every student will meet with their preceptor and evaluate their work habits and disposition as described on the Clinical Evaluation Form appropriate to their level in the AT Program. 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 Appeals Process described earlier in this handbook.

Below is a sample Clinical Evaluation Form for students enrolled in AT 483. Level-specific Clinical Evaluation Forms will be posted in on the course Blackboard website at the start of the clinical experience rotation. This Clinical Evaluation Form is tied directly to many of our Student and Program outcomes and objectives.

*(Sample Evaluation)*

Whitworth University

AT 483/484 Clinical Experience Evaluations

Name:

5: indicates very outstanding/excellent performance 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
N/A: indicates not applicable/unable to observe

Academic Application

<table>
<thead>
<tr>
<th>Psychomotor skills</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Ability to apply skills and knowledge in comprehensive examination, assessment, management, and treatment/rehabilitation of injuries as well as illnesses appropriate to educational level.</td>
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Comments:
### Curiosity

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<tr>
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<tr>
<td>3</td>
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Demonstration of intellectual curiosity regarding the profession of athletic training, philosophical considerations of healthcare, and specific athletic training topics as they arise.

**Comments:**

### Evidence based practice

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<tr>
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Utilization of evidence based practice to seek out information that assists with providing optimal healthcare for the patient. Recognition of quality evidence from a variety of sources and incorporate that into practice.

**Comments:**

### Clinical Thinking

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Demonstrates skills toward independent thinking/clinical thinking, and problem solving, student is able to think for self. Developing ability to critically exam the body of knowledge in athletic training and related fields.

**Comments:**

### Behavior

#### Professionalism and Ethical Behavior

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</table>

Student’s behavior, actions and appearance are in accordance with NATA Code of Ethics, and AT Program policies. Interactions with student athletes, staff and peers are appropriate and appearance is professional at all times. The student practices with integrity and honesty.

**Comments:**

#### Compassion and empathy

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<thead>
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Compassion and empathy are demonstrated toward fellow students and athletes. This is shown through effective and honest communication and positive interpersonal communication skills.

**Comments:**
### Reliability and Flexibility

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<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always on time and performs well while present; completes assigned tasks promptly and willingly. Responds to the changing nature of clinical assignments with appropriate actions and openness to learning.</td>
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**Comments:**

### Team Approach to Practice

#### Role of the athletic trainer

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<th>4</th>
<th>3</th>
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<th>1</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Understanding of the role of an athletic trainer as a health care provider within the larger context of the healthcare system.</td>
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**Comments:**

### Communication skills and Interactions with supervisors and peers

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<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective communication with fellow classmates, seniors, and certified athletic trainers. Able to effectively communicate with athletes. Cooperative with all levels of staff as well as peers. Can give and receive instruction and feedback positively and constructively. Works well through conflict and adjusts to stressful circumstances.</td>
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**Comments:**

### Legal Practice

#### Scope of practice

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<th>3</th>
<th>2</th>
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<th>N/A</th>
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<tbody>
<tr>
<td>Provision of care that falls within an appropriate scope of practice and level of educational experience.</td>
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**Comments:**
Cultural and Faith Awareness

Faith Awareness and Cultural competence

Demonstration of awareness of the impact that patients’ cultural and worldview differences have on their attitudes and behaviors toward healthcare. Possession of skills necessary to achieve optimal health outcomes in diverse patient populations (age, religion, sex, beliefs, etc.). Respectful interactions. Able to integrate a patient’s faith/worldview into clinical care when appropriate.

Lack of awareness of differences and/or ability to work with diverse patients. Ineffective or disrespectful interactions. Inappropriate integration of faith/worldview into clinical care.

Comments:

Overall Rating

Strengths:

Areas in need of improvement:

Demonstrated Performance Level of Present Duties (Select only 1)

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

Recommendation (Select only 1)

- Potential to accept additional responsibility. Recommended for advancement without reservation.
- Potential to accept additional responsibility. Recommend for advancement with reservation(s). Please describe reservation(s) under area in need of improvement.
- Evidence of potential to accept additional responsibility is lacking. Recommend improving at current level before considering advancement.
- Not suitable for present level. Recommend remediation.
Bloodborne Pathogen Policies and Procedures

The Whitworth AT Program takes the safety of students, faculty and staff seriously. To this end, the AT Program and University have developed policies and procedures regarding training, prevention and post-exposure treatment related to Bloodborne Pathogens (BBP). Specifically, the following documents or policies related ATS are copied below.

- Whitworth AT Program BBP Training Policy for ATS
- Whitworth AT Program Post-Exposure Evaluation and Follow-up for ATS
- Whitworth AT Program immunization standards
- Whitworth AT Program Preventing the Spread of Bloodborne Pathogens (from the American Red Cross)
- Whitworth’s university-wide BBP policy is available at: https://www.whitworth.edu/generalinformation/health&safety/safety/accident-prevention.htm

BLOODBORNE PATHOGEN TRAINING FOR ATHLETIC TRAINING STUDENTS

All students engaged in clinical experiences or observational experience may potentially be exposed to blood or body fluids. Thus these students must receive appropriate education and training prior to the commencement of their first clinical or observational experience, and annual refreshers 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 Whitworth and the ATEP exposure control plan and means by which the individual 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 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 opportunity for interactive questions and answers with the person/s conducting the training sessions.
• Records of training sessions will be maintained for three years. Such records will include the date of training, name of the person conducting the training session, and name of all people attending the training session.

POST-EXPOSURE EVALUATION AND FOLLOW-UP FOR ATHLETIC TRAINING STUDENTS

Should an exposure incident occur:
1. Wash the wound/area thoroughly with soap and water
2. Contact/Notify:
   a. Notify your immediate supervisor or preceptor
   b. Notify the Head Athletic Trainer, Jon Bosh IMMEDIATELY as a report must be filed with the appropriate authorities within 24 hours (509-777-3728, jobsh@whitworth.edu). If unable to contact Jon Bosh, contact Cynthia Wright (509-777-3244, cwright@whitworth.edu)
   c. Make an appointment at the on-campus health center for possible treatment and counseling (509-777-3259). If the health center is closed, Jon Bosh or Cynthia Wright will direct you where to seek treatment.

An immediately available confidential medical evaluation and follow-up will be conducted by the Student Health Center or other designated healthcare facility. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
• Document the routes of exposure and how the exposure occurred.
• Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
• Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, 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, HCV and/or HBV positive, new testing need not be performed.
• Assure that the exposed individual 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 individual’s blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
• If the individual 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 individual elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Post-exposure plan developed from: OSHA 3186-06R 2003 “Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards”

Whitworth AT Program Immunization Standards
See “Admissions” section for complete description of immunization standards. Hepatitis B vaccine will be offered free of charge by the Whitworth Health Center to any admitted ATS.
PREVENTING THE SPREAD OF BLOODBORNE PATHOGENS

Bloodborne pathogens, such as bacteria and viruses, are present in blood and body fluids and can cause disease in humans. The bloodborne pathogens of primary concern are hepatitis B, hepatitis C and HIV. These and other bloodborne pathogens are spread primarily through:

- **Direct contact.** Infected blood or body fluid from one person enters another person’s body at a contact entry site, such as infected blood splashing in the eye.
- **Indirect contact.** A person’s skin touches an object that contains the blood or body fluid of an infected person, such as picking up soiled dressings contaminated with an infected person’s blood or body fluid.
- **Respiratory droplet transmission.** A person inhales droplets from an infected person, such as through a cough or sneeze.
- **Vector-borne transmission.** A person’s skin is penetrated by an infectious source, such as an insect bite.

Follow standard precautions to help prevent the spread of bloodborne pathogens and other diseases whenever there is a risk of exposure to blood or other body fluids. These precautions require that all blood and other body fluids be treated as if they are infectious. Standard precautions include maintaining personal hygiene and using personal protective equipment (PPE), engineering controls, work practice controls, and proper equipment cleaning and spill cleanup procedures.

**TO PREVENT INFECTION, FOLLOW THESE GUIDELINES:**

- Avoid contact with blood and other body fluids.
- Use CPR breathing barriers, such as resuscitation masks, when giving ventilations (rescue breaths).
- Wear disposable gloves whenever providing care, particularly if you may come into contact with blood or body fluids. Also wear protective coverings, such as a mask, eyewear and a gown, if blood or other body fluids can splash.
- Cover any cuts, scrapes or sores and remove jewelry, including rings, before wearing disposable gloves.
- Change gloves before providing care to a different victim.
- Remove disposable gloves without contacting the soiled part of the gloves and dispose of them in a proper container.
- Thoroughly wash your hands and other areas immediately after providing care. Use alcohol-based hand sanitizer where hand-washing facilities are not available if your hands are not visibly soiled. When practical, wash your hands before providing care.

**TO REDUCE THE RISK OF EXPOSURE, FOLLOW THESE ENGINEERING AND WORK PRACTICE CONTROLS:**

- Use biohazard bags to dispose of contaminated materials, such as used gloves and bandages. Place all soiled clothing in marked plastic bags for disposal or cleaning. Biohazard warning labels are required on any container holding contaminated materials.
- Use sharps disposal containers to place sharps items, such as needles.
FACT SHEET Continued

- Clean and disinfect all equipment and work surfaces soiled by blood or body fluids.
  - Use a fresh disinfectant solution of approximately 1 1/2 cups of liquid chlorine bleach to 1 gallon of water (1 part bleach per 9 parts water, or about a 10% solution) and allow it to stand for at least 10 minutes.
  - Scrub soiled boots, leather shoes and other leather goods, such as belts, with soap, a brush and hot water. If worn, wash and dry uniforms according to the manufacturer's instructions.

IF YOU ARE EXPOSED, TAKE THE FOLLOWING STEPS IMMEDIATELY:
- Wash needlestick injuries, cuts and exposed skin thoroughly with soap and water.
- If splashed with blood or potentially infectious material around the mouth or nose, flush the area with water.
- If splashed in or around the eyes, irrigate with clean water, saline or sterile irrigants for 20 minutes.
- Report the incident to the appropriate person identified in your employer's exposure control plan immediately. Additionally, report the incident to emergency medical services (EMS) personnel who take over care.
- Record the incident by writing down what happened. Include the date, time and circumstances of the exposure; any actions taken after the exposure; and any other information required by your employer.
- Seek immediate follow-up care as identified in your employer's exposure control plan.

Occupational Safety and Health Administration (OSHA) regulations require employers to have an exposure control plan, a written program outlining the protective measures the employer will take to eliminate or minimize employee exposure incidents. The exposure control plan guidelines should be made available to employees and should specifically explain what they need to do to prevent the spread of infectious diseases.

Additionally, OSHA requires that a hepatitis B vaccination series be made available to all employees who have occupational exposure within 10 working days of initial assignment, after appropriate training has been completed. However, employees may decide not to have the vaccination. The employer must make the vaccination available if an employee later decides to accept the vaccination.

Check out OSHA's website (www.osha.gov) or refer to your employer's exposure control officer for more information on OSHA's Bloodborne Pathogens Standard (29 CFR part 1910.1030).

Whitworth Athletic Training Student post-exposure actions

1. Wash the wound/area thoroughly with soap and water
2. Contact/Notify:
   a. Notify your immediate supervisor or preceptor
   b. Notify Whitworth's Head Athletic Trainer, Jon Bosh (509-777-3728, jbosh@whitworth.edu)
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.
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**Whitworth Athletics’ Clinical Policies and Procedures**

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Clinical Experience Schedule

First year athletic training students will be given specific times to attend their clinical experience. Each student will be assigned a preceptor for one week or more. 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 450 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 preceptor 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 at least 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.

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. These vacations include fall break, Jan term break and any other 3–4 day break.

Clinical Experience during University Closure
In the event of an emergency campus closure, ATS can assume that sports practices and clinical experience have been cancelled as well, and unless notified otherwise by a preceptor should remain where they are safe. In case of inclement weather, ATS with off-campus clinical rotations must determine if they can safely travel to the clinical education site, and should notify their preceptor of their absence if they feel they cannot safely do so.
Dress Code
“Keep it classy” Kelsey Wakefield (‘11)

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 fleece. Shirts should be tucked in. Avoid the “baggy shirt look” Hooded 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.

Hats/Visors:
- You may wear them outdoors, but they come off in the athletic training room
- Must wear Whitworth athletic training approved apparel at all events and practices

Shoes:
- Your shoes must allow you to be mobile, fashionable, and comfortable. Your shoes must be able to be worn in all types of weather. These requirements limit your options to athletic shoes and dress shoes. Toms and sandals do not qualify. Wearing socks is a necessity.

Game Day:
- Follow instructions designated by the preceptor or senior student for that sport/event. Be prepared to layer for outdoor events. Outside layer must be Whitworth athletic training apparel. In weather over 85 degrees (80 degrees on turf) non cargo khaki shorts are permissible. Appropriate length is a must and sock/shoes must look professional.
- Indoor events: men in slacks or khaki pants with a belt and a collared shirt. Nice sweaters are permissible. 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 preceptor or coach beforehand 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 SportsWare on a daily basis.

Opening:

• Turn on all modalities
• Fill whirlpools ¾ full (the 2 small should be warm: 98-102°F; the 2 large should be cold: 45-50°F) – make sure Gordo-pool is used (15 drops small. 25 drops large)
• 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
• Clean and fill big black soaking tubs (make sure to add 30 drops of Gordo-pool)

Closing:

• Laundry: finish and fold. Do not leave loads in the washing machine overnight!
• Drain and clean whirlpools and big black soaking tubs
• Re-fill lotion & gel containers
• Re-stock supplies
• Fill hydrocollators 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, and make sure radios are off and charging
• Deliver FULL ice cooler to swimming deck if in season – make sure there are plenty of bags and a Flexi-wrap in an ice bag to keep dry!
• Lock the training room, back room and garage

Cleaning/Maintaining Equipment:

• Athletic Training Room:
  • The athletic training room is deep cleaned every Sunday. Refer to the Sunday cleaning list.
  • Brown buckets: empty and clean after each use using the Whizzer cleaner
  • Ice coolers: empty and clean cooler and lid with Whizzer, store with lids open if not completely dry so mold doesn’t grow!
  • Keep hydrocollators 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
  o Gatorade Coolers: empty and clean cooler and lid, store upside down on shelves with lids off
  o Water bottles are cleaned in the dishwasher. Before starting dishwasher, deselect the High-Temp Wash and Heated Dry buttons.
  o Water Boys: drain hoses, empty container completely, spray nozzles with disinfectant/bleach solution and rinse with water, clean inside of drum with disinfectant spray, and clean lid and rest on container, allow air to finish drying inside of container, plug in to charge after each use. Make sure the pump is turned OFF
  o Carts: keep clean and wipe down surfaces with disinfectant/bleach solution and towel, replace towels on carts every day
  o Wash back room floor as necessary
• Soaking Tubs in Locker-rooms:
  o Empty all water out of tub near a drain. May need to use a slow draining process so you avoid flooding the locker room area. – make sure plug is kept in safe and rememberable place, clean with disinfectant/bleach solution, leave to dry overnight, bring in any ATR towels found in the locker-rooms.

Treating in-season student athletes:
• Ensure that athletes complete applicable strengthening and stretching exercises in addition to modalities as directed by preceptor in charge of the student athletes sport.
• Ensure the prescribed treatment is finished in a timely manner. If the student athlete needs more time then advise them of available training room hours. Make sure that student athletes are not late to practice.

Treating student athletes rehabilitating major injuries:
• These student athletes will be assigned to a specific athletic training student by a preceptor. The athletic training student will be 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 student athletes for intramural (or other non-intercollegiate sport) participation:
• In-season or out-of-season student 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 student athlete assumes responsibility for their own care and potential injury. (Cynthia Joy Wright, 2004)
Treating a sick student athlete:
- Acquire a history of the student athlete’s illness including symptoms, duration and any relevant medication.
- Take the student 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 and non-traditional season student athletes:
- Give priority to the in-season student athletes for treatment. Out-of-season and non-traditional season student athletes must treat before and after the ‘rush hours’ in the training room.

Treating non-athletes, faculty, staff and administrators:
- The athletic 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 student 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 student athletes at no charge.
- Neoprene sleeves are available for the student athletes. Check with a certified athletic trainer before giving these to an athlete. Also record the student athlete’s information in the equipment check out log book. These items 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 at the appropriate times.
- Presenting a student 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 student 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 inservices, 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, TENS and Gameready units are available for student athletes to take home with them, but must be returned to the training room when they are finished using them. Documenting equipment check out will be in SportsWare. 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 student 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 in-season and official off-season practices 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. Student athletic trainers should have a walkie-talkie or cell phone to any practice they are assigned to attend. 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 flexivrap. A few towels should also be included and a blue shoulder strap for football, baseball and softball.

The appropriate A-frames and/or Waterboys should be used for outdoor practices. Also have a water coupler and hose 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 (Waterboys, cooler, bottles) are re-filled after each water break or as they become near-empty. Water should be made available for the student athletes at every opportunity during their practice. This includes having the water 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. 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 athletic training room. Follow emergency procedures if more advanced medical personnel are needed.
Other practice duties include observing student athletes for factors that may predispose them to injury (equipment, poor biomechanics, etc.) or indications that an injured student 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 student athletes arrive for warm-up and before treatments begin. After the event is finished, attend to the needs of the student 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 student athlete may need (clothes, wallet, etc.) and should know all emergency phone numbers and call back to inform the certified athletic trainer of the student 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 judgment, 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 in SportsWare
**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 student 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.

Third year athletic training students will attend the majority of practices and/or events for their assigned team, if possible, or at the discretion of the preceptor in charge of each sport. They may also travel to some away events along with a certified athletic trainer.

**Dispensing Medication**

**Non-Prescription Medication**

Various non-prescription medications are kept in the athletic training room for distribution to student athletes and staff. These may only be handed out with approval from a certified athletic trainer and should be documented appropriately by either the athletic training student or the athletic trainer in SportsWare.

**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.

"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 student 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 student athletes are added and dropped from teams.

Athlete Files
The Athletic Training Program uses an electronic medical record system called SportsWare. AT students will have access to SportsWare 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. SportsWare should never be accessed from anywhere besides the athletic training room or while traveling with a team! These files & information are CONFIDENTIAL!

Injury Reports and SOAP Notes
An injury report is inputted into SportsWare 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 a student 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. (See Appendix C for directions of SportsWare use)

Daily Treatments
Also recorded in SportsWare are all treatments performed with the athlete. This should be done by the end of the day. There will be a laptop set up by the entrance of the ATR for athletes to sign themselves in to SportsWare and record their own treatments. 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 IMMEDIATELY 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, the sportsmed drive or in SportsWare. 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 student athlete's file.
Adding injury in SportsWare

- In SportsWare select “inj/ambulance” icon
- Find athlete by using “narrow by” pull down, type in athletes name
- Click “add”
- Fill out required fields in:
  - General Tab:
    - Status: Time, sport, check “athletic” box
  - Background: (all applicable fields)
  - Notes:
    - Click “add notes” then “SOAP”
    - Add SOAP notes
    - End with 1st initial of first name and Last name and date
      - Ex. John Doe J.Doe 6/21/2018
- Click “Datalys” tab then “sync with injury general tab”
- Fill out required fields
  - Datalys Exposure Event Record
    - Sport
    - Event type
    - Season
    - Surface
  - Datalys Injury Event Record
    - Basic Mechanism
    - Specific Mechanism
    - Activity
    - SegEvent
    - Location
    - Player Position
    - Class Year
    - Gender
    - Assessment
    - Emer. Transport
    - Outcome (if applicable)
    - Body Area
    - Body Part
- Create separate injury records if multiple injuries occurred
- Click “save”

Entering Progress Notes in SportsWare

- In SportsWare select “inj/ambulance” icon
- Find athlete by using “narrow by” pull down, type in athletes name
- Click on “pencil” icon of corresponding injury
- Add notes
- Click “save”
Whitworth University Athletics

Emergency Action Plan

Emergency situations may arise at any time 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 any time 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.

<table>
<thead>
<tr>
<th>Roles within the Emergency Team</th>
</tr>
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<tbody>
<tr>
<td>1. Establish scene safety and immediate care of the athlete</td>
</tr>
<tr>
<td>2. Activation of the Emergency Medical System and campus security</td>
</tr>
<tr>
<td>3. Emergency equipment retrieval</td>
</tr>
<tr>
<td>4. Direction of EMS to scene</td>
</tr>
</tbody>
</table>

**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
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Cell</th>
<th>Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon Bosh</td>
<td>Head Athletic Trainer</td>
<td>970.396.2954</td>
<td>509.777.3728</td>
</tr>
<tr>
<td>Shane Wibel</td>
<td>Asst Athletic Trainer</td>
<td>509.209.6234</td>
<td>509.777.3478</td>
</tr>
<tr>
<td>Stacey Nauman</td>
<td>Asst Athletic Trainer</td>
<td>763.639.8094</td>
<td>509.777.3464</td>
</tr>
<tr>
<td>Sarah Cummings</td>
<td>Asst Athletic Trainer</td>
<td>406.546.3754</td>
<td>509.777.3216</td>
</tr>
<tr>
<td>Britney Castilla</td>
<td>Asst Athletic Trainer</td>
<td>509.270.1695</td>
<td>509.777.xxxx</td>
</tr>
<tr>
<td>Cynthia Wright</td>
<td>AT Education Program Director</td>
<td>253.569.2380</td>
<td>509.777.3244</td>
</tr>
<tr>
<td>Ed Reisman</td>
<td>Team Physician</td>
<td>509.954.7980</td>
<td></td>
</tr>
<tr>
<td>Tim Demant</td>
<td>Athletic Director</td>
<td>574.238.3585</td>
<td>509.777.3600</td>
</tr>
<tr>
<td>Jo Wagstaff</td>
<td>Assoc Athletic Director</td>
<td>509.951.4520</td>
<td>509.777.4311</td>
</tr>
<tr>
<td>Steve Flegel</td>
<td>Sports Information Director</td>
<td>509.869.3782</td>
<td>509.777.3239</td>
</tr>
<tr>
<td>Nancy Hines</td>
<td>Director of Communications</td>
<td></td>
<td>509.777.4638</td>
</tr>
<tr>
<td>Chris Eichorst</td>
<td>Manager of Environmental Health, Safety and Security</td>
<td></td>
<td>509.777.4780</td>
</tr>
<tr>
<td>Forrest Buckner</td>
<td>Chaplain</td>
<td></td>
<td>509.777.4547</td>
</tr>
<tr>
<td>Monica Whitlock</td>
<td>Director of Counseling</td>
<td></td>
<td>509.777.4216</td>
</tr>
<tr>
<td>Jacquelyn Christensen</td>
<td>Campus Security</td>
<td></td>
<td>509.777.4444</td>
</tr>
<tr>
<td>Rhosetta Rhoades</td>
<td>VP for Student Life</td>
<td></td>
<td>509.777.4536</td>
</tr>
</tbody>
</table>
**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 and soccer during both practices and games. They are otherwise in the athletic training room in the fieldhouse or located on the golf cart.
- AEDs: An AED is wall mounted in the fieldhouse. Three other portable AEDs are available to be taken to practice and events sites with priority being the soccer practice field and the football practice field.
- An AED will be on site during all events unless multiple events are scheduled simultaneously. If so, the 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.
- Additional AEDs are located in the Scotford Strength and Conditioning Center, Graves, the Aquatic 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, AAED 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.

Approved by

___________________________
*Athletic Director, Tim Demant*

___________________________
*Head Athletic Trainer, Jon Bosh*

___________________________
*Manager of Environmental Health, Safety and Security, Chris Eichorst*
FIELDHOUSE
Athletic Department Emergency Plan

Emergency Personnel: A certified athletic trainer will be present during official basketball and volleyball practices and events. The certified athletic trainer will normally be located in the athletic training room.

Emergency Communication: There is a telephone located in the athletic training room. A capable cell phone should be readily available.

Emergency Equipment: A spineboard is kept in the athletic training backroom at all times. Splints are located in the athletic training room. There is an AED located in the Fieldhouse on the wall next to the women’s locker room. AED’s are also located in the athletic training room.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   • name, location, 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
3. Notify campus security at 777.4444 and ask for the south side Fieldhouse gate to be unlocked.
4. Emergency equipment retrieval
4. Direction of EMS to scene
   • Designate individual to wait in front of entrance to “flag down” EMS and direct to scene
   • Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Hawthorne Rd use the west entrance to campus by the football field. Take the first left into the parking lot and drive straight toward the Fieldhouse, parking at the south corner. The emergency entrance to the building is on the south side. If inaccessible a ramp is located in the east corner of the building. An ambulance may also drive to the back of the building and use the roller garage door in the northwest corner.
GRAVES GYMNASIUM
Athletic Department Emergency Plan

Emergency Personnel: During official basketball and volleyball practices, a certified athletic trainer and athletic training student will either be on site or in the athletic training room.

Emergency Communication: There is a telephone located in the foyer of Graves Gymnasium. A capable cell phone should also be readily available.

Emergency Equipment: Splints are located in the athletic training room. A spineboard is kept in the athletic training backroom at all times. There will be an AED on site or in the athletic training room in the Fieldhouse if multiple events are going on.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   - name, location, 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
3. Notify campus security at 777.4444
3. Emergency equipment retrieval
4. Direction of EMS to scene
   - Designate individual to wait in front of entrance to “flag down” EMS and direct to scene
   - Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Hawthorne Rd use the west entrance to campus by the football field. Take the first left into the parking lot and the gym is immediately on the left.
BASEBALL FIELD
Athletic Department Emergency Plan

Emergency Personnel: A certified athletic trainer and athletic training student will be on site during games with the certified athletic trainer either in the athletic training room or at the field during official baseball practices.

Emergency Communication: The nearest landline telephone is located in the athletic training room. A capable cell phone should be readily available.

Emergency Equipment: Splints are located on site or in the athletic training room during multiple events. A spineboard is kept in the athletic training backroom at all times. There will be an AED on site for official events, or in the Athletic Training Room in the Fieldhouse during practices or if multiple events are going on. There will also be an AED on the athletic training vehicle, and in the hallway to the women’s locker room in the Fieldhouse.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   • name, location, 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
3. Notify campus security at 777.4444 and ask for the south side Fieldhouse gate to be unlocked.
4. Emergency equipment retrieval
5. Direction of EMS to scene
   • Designate individual to wait near Graves Gym to “flag down” EMS and direct to scene. Additional personnel may be needed to guide EMS to the field. The gator may also be used to lead EMS to the field.
   • Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Hawthorne Rd use the west entrance to campus by the football field. Take the first left into the parking lot and drive toward the Fieldhouse, taking a slight left to continue along the south side to the back of the building. Turn right and proceed across the football practice field toward the outfield fence. There is a gate at the corner of left field.
FOOTBALL PRACTICE FIELD
Athletic Department Emergency Plan

Emergency Personnel: A certified athletic trainer and athletic training students will be on site during all official padded practices and games.

Emergency Communication: The nearest landline telephone is located in the athletic training room. A capable cell phone should be readily available.

Emergency Equipment: A spineboard is kept in the athletic training backroom. Splints and an AED will be on site.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   • **name, location, 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
3. Notify campus security at 777.4444 and ask for the south side Fieldhouse gate to be unlocked.
4. Emergency equipment retrieval
5. Direction of EMS to scene
   • Designate individual to wait near Graves Gym to “flag down” EMS and direct to scene. Additional personnel may be needed to guide EMS to the field. The gator may also be used to lead EMS to the field.
   • Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Hawthorne Rd use the west entrance to campus by the football field. Take the first left into the parking lot and drive straight toward the Fieldhouse and around the south side to the back of the building.
CUTTER TENNIS COURTS  
Athletic Department Emergency Plan

**Emergency Personnel:** A certified athletic trainer will be located in the athletic training room during open hours. During matches a certified athletic trainer and athletic training student will be on site or in the athletic training room.

**Emergency Communication:** The nearest landline is in Westminster Hall or the University Rec Center. A capable cell phone should be readily available.

**Emergency Equipment:** A spineboard is kept in the athletic training backroom. During practices splints will be located in the athletic training room. There is an AED located in the Tennis Bubble and the foyer of the Aquatic Center.

**Roles of First Responders**
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   - name, location, 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
3. Notify campus security at 777.4444.
3. Emergency equipment retrieval
4. Direction of EMS to scene
   - Designate individual to wait near Graves Gym to “flag down” EMS and direct to scene. Additional personnel may be needed to guide EMS to the courts.
   - Scene control: limit scene to first aid providers and move bystanders away from area

**Venue Directions:** From Hawthorne Rd use the west entrance to campus by the football field. Take the second left in front of Westminster Hall into the parking lot and drive toward the aquatics center, turning right into the parking lot for the tennis courts. The emergency entrance to the courts is located on their east side.
SOCCER GAME FIELD
Athletic Department Emergency Plan

Emergency Personnel: A certified athletic trainer and athletic training student will be on site during games with the certified athletic trainer either in the athletic training room or at the field during official soccer practices.

Emergency Communication: The nearest landline telephone is located in the Athletic Training Room in the Fieldhouse or the Graves Gym foyer. A capable cell phone should also be readily available.

Emergency Equipment: A spineboard is kept in the athletic training backroom. Splints and AED will be on site in the athletic training vehicle or on the sideline for all practices and games.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   • name, location, 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
3. Notify campus security at 777.4444 and ask for the gate to soccer complex to be unlocked.
4. Emergency equipment retrieval
5. Direction of EMS to scene
   • Designate individual to wait near Graves Gym to “flag down” EMS and direct to scene. Additional personnel may be needed to guide EMS to the field.
   • Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Hawthorne Rd use the west entrance to campus by the football field. Take the first left into the parking lot and drive toward the Fieldhouse. Turn left through the gate directly past the tennis courts and continue down the hill toward the soccer complex.
SOFTBALL FIELD
Athletic Department Emergency Plan

Emergency Personnel: A certified athletic trainer and athletic training student will be on site during softball games. During official softball practices the certified athletic trainer will either be in the athletic training room or at the field.

Emergency Communication: The nearest landline phone is located in the foyer of Graves Gym. A capable cell phone should also be readily available.

Emergency Equipment: Splints and AED will be on site during games. Splints and AED will be located on the athletic training vehicle during practices. During simultaneous events, splints and an AED may be located at either the soccer game field or the Pine Bowl.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   • name, location, 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
3. Notify campus security at 777.4444 and ask for the gate to softball complex to be unlocked.
3. Emergency equipment retrieval
4. Direction of EMS to scene
   • Designate individual to wait near Graves Gym to “flag down” EMS and direct to scene. Additional personnel may be needed to guide EMS to the field.
   • Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Hawthorne Rd use the west entrance to campus by the football field. Take the first left into the parking lot and drive toward the Fieldhouse. Turn left through the gate and proceed around the service lane past the soccer field toward the softball complex.
PINE BOWL - FOOTBALL
Athletic Department Emergency Plan

Emergency Personnel: A certified athletic trainer and athletic training students will be on site during all official Football practices and games located in the Pine Bowl.

Emergency Communication: The nearest landline telephone is located in the foyer of Graves Gymnasium. A capable cell phone should also be readily available.

Emergency Equipment: During football games a splint kit, spineboard and AED will be on the sidelines. An ambulance will also be on site at the south entrance to the field off of Hawthorne Road. During practices, the spineboard is kept in the athletic training backroom and a splint kit and AED will be on site.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Summoning of the ambulance or activation of EMS if not present.
3. Notify campus security at 777.4444 and ask them to unlock the gate that leads directly to the football field.
4. Direction of EMS to scene (if necessary)
   • Designate individual to wait near campus entrance to “flag down” EMS and direct to scene. Additional personnel may be needed to guide EMS to the field.
   • Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Hawthorne Rd use the entrance west of the loop road that leads directly to the football field.
Emergency Personnel: A certified athletic trainer and athletic training students will be on site during all meets. During practices the certified athletic trainer and athletic training students will be either in the athletic training room or on site.

Emergency Communication: The nearest landline telephone is located in the foyer of Graves Gymnasium. A capable cell phone should also be readily available.

Emergency Equipment: A spineboard is kept in the athletic training backroom. Splints and AED will be on site or located on the athletic training vehicle for all events and practices.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Summoning of the ambulance or activation of EMS if not present.
3. Notify campus security at 777.4444 and ask them to unlock the gate that leads directly to the track.
3. Emergency equipment retrieval.
4. Direction of EMS to scene (if necessary)
   - Designate individual to wait near campus entrance to “flag down” EMS and direct to scene. Additional personnel may be needed to guide EMS to the field.
   - Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: From Hawthorne Rd use the entrance west of the loop road that leads directly to the track.
SHOT PUT AREA- Behind Graves Gymnasium
Athletic Department Emergency Plan

Emergency Personnel: A certified athletic trainer and athletic training students will be on site during all meets. During practices the certified athletic trainer and athletic training students will be either in the athletic training room or on site.

Emergency Communication: There is a telephone located in the foyer of Graves Gymnasium. A capable cell phone should also be readily available.

Emergency Equipment: A spineboard is kept in the athletic training backroom except during football games. Splints and AED will be on site at the track shed or located on the athletic training vehicle for all events and practices.

Roles of First Responders:
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   • name, location, 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
3. Notify campus security at 777.4444 and ask for the south side Fieldhouse gate to be unlocked.
4. Emergency equipment retrieval
5. Direction of EMS to scene
   • Designate individual to wait in front of entrance to “flag down” EMS and direct to scene
   • Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Hawthorne Rd use the west entrance to campus by the football field. Take the first left into the parking lot and drive toward the Fieldhouse. Turn south taking a left through the gate past the tennis courts and follow the path past the soccer and softball fields to the shot put area.
SOCCER POWERLINES PRACTICE FIELD
Athletic Department Emergency Plan

Emergency Personnel: A certified athletic trainer and an athletic training student will be on site during all official practices.

Emergency Communication: There is no nearby landline telephone. A capable cell phone should be present at all times.

Emergency Equipment: A spineboard is kept in the athletic training backroom. Splints and AED will be on the athletic training vehicle on site.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   • name, location, 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
3. Notify campus security at 777.4444 and ask for the gate to powerlines practice field to be unlocked.
3. Emergency equipment retrieval
4. Direction of EMS to scene
   • Designate individual to wait near the entrance on Whitworth Drive to “flag down” EMS and direct to scene.
   • Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Whitworth Drive north of Hawthorne Road turn west on the construction entrance to the campus. Drive westward under the powerlines to the field.
AQUATIC CENTER
Athletic Department Emergency Plan

Emergency Personnel: A certified athletic trainer will be located in the athletic training room during open hours. During events an athletic training student will be on site with the certified athletic trainer either in the athletic training room or in the aquatic center. Lifeguards are always present for any activity in the aquatics center and will take the lead in activating the specific emergency action plan (next page) for this facility and then providing care.

Emergency Communication: The nearest landline telephone is located in the aquatics center lobby. A capable cell phone should be readily available.

Emergency Equipment: A spineboard is kept on the deck of the pool at all times. Splints are located in the athletic training room. There is an AED in the foyer of the aquatics center, Scotford Strength and Conditioning Center, Fieldhouse, and in the athletic training room.

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Activation of the emergency medical system (EMS). Provide:
   • name, location, 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
3. Notify campus security at 777.4444.
3. Emergency equipment retrieval
4. Direction of EMS to scene
   • Designate individual to wait near Graves Gym to “flag down” EMS and direct to scene. Additional personnel may be needed to guide EMS to the courts.
   • Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: From Hawthorne Rd use the west entrance to campus by the football field. Take the second left into the parking lot and drive straight toward the aquatics center. There is a ramp to the right of the stairs (east side of the building).
WHITWORTH AQUATIC CENTER
EMERGENCY ACTION PLAN
Water Emergencies

Lifeguard recognizes that someone needs immediate help. Before leaving the station guard activates the EAP.

1. Three short whistle blasts = Emergency
   - Point to problem
   - Survey scene
   - Make safe entry
   - Make appropriate rescue

2. Secondary Guard/Cashier clears the pool (All patrons get out of water)

3. Primary Guard moves victim to safety

4. Secondary guard brings rescue bag with pocket mask, gloves and assists with removal from water

5. Assess the victim’s condition
   - Primary Assessment:
     - Call 911 at Lobby phone if needed
     - Call security x4444
     - (Call made by secondary guard)

6. Provide emergency care, as needed

7. Cashier notifies by secondary to open front doors and direct EMT to victims location

8. All additional staff may assist in directing patrons out of pool area

Follow up procedure – staff fills out Incident Report Form/Attach copy from EMT (if called)/Interview and get names-address-phone numbers
Aquatic Director or Senior Staff on site will debrief staff after any rescue
Aquatic Director or Senior Staff on site will determine when to re-open Facility
Land Emergencies

For Major Emergencies:
1. Gloves must be worn at all times.
2. Perform any first aid needed. Stabilize the victim or injury. Do not move unless victim is in immediate danger. (Fire, drowning, etc.)
3. Keep crowds away from the accident area and victim.
4. Do not leave the victim unattended. Call on assistance of any citizen, if necessary. If you are alone, leave the victim only long enough to call 911.
5. Call 911 with the information as soon as possible. State the following:
   - “This is an emergency at the Whitworth University Aquatic Center located at 300 W. Hawthorne Road”
   - Describe the nature of the injury
   - Give the phone number 777-4246
   - Give your name
   - How many people are injured
   - The condition of the victim
   - What care is being given
   - Arrange to have someone meet the emergency personnel in the driveway and direct them to the site.
   - DO NOT HANG UP UNTIL THE DISPATCHER HANGS UP
   - Return and report to the staff who is caring for the victim
6. Notify supervisor and the victim’s parents (if victim is a minor)
7. After the victim has been stabilized, fill out an accident report and submit to the Recreation Director or Assistant Director.
8. Employees will not give out information regarding any accident report except to the Police or Paramedics. Refer all questions to the Aquatic Director or Assistant Director.

For Minor Injuries: (Minor injuries include minor cuts, scratches, sprains, etc.)
1. Gloves must be worn at all times.
2. Perform any first aid needed. Stabilize the victim or injury. Do not move the victim unless the victim is in immediate danger. (Fire, drowning, etc.)
3. Offer the victim ice or first aid materials as needed. These are the only medical items we will give out.
4. Do not attempt to diagnose any medical conditions.
5. Fill out an accident report form and submit to the Recreation Director or Assistant Director.
6. Employees will not give out information regarding any accident report except to the Police or Paramedics. Refer all questions to the Recreation Director.

Refusal of Assistance:
If at any time an adult refuses first aid, paramedic or other medical assistance when you believe it necessary, completely fill out an accident report stating the nature of the situation and that assistance was refused. Please be sure to have the person sign the form.

Instructions for handling clothing or towels soiled with potentially infectious fluids:
1. Gloves must be worn at all times.
2. Put potentially infectious material into a plastic bag. This bag must be disposed of separately.
3. Clean any areas where the material was laying with bleach/water and/or appropriate disinfectant. Contact Maintenance personnel if carpet is soiled.
4. Dispose of your gloves in the same plastic bag as above.

**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.

- AEDs: An AED is wall mounted in the foyer of the aquatics center, Scotford Strength and Conditioning Center.
- Additional AEDs are located in U-Rec in the fitness center area, Health Center, HUB and on security vehicles.

**Building Emergencies**

**Fire Emergency Procedures**
In the event of a fire, a safe and speedy response is of the utmost importance. Employees need to be prepared for any and all emergencies. Please follow these guidelines in the event of a fire:
1. Call 911. Give them your name, the facility name, the address, and state the problem. If a Supervisor is in the building they should be notified of the situation immediately.
2. If there is no danger to the employee, a recreation center employee must walk through the facility to make sure the building is clear, checking all areas of the building. Make sure all doors and windows are closed.
3. Another recreation center employee should meet the Fire Department when they arrive so information can be given.
4. Contact the Recreation director and assistant director.
5. Complete an incident report form as soon as possible.

**Employees Should:**
- Know the location of alternative exits from all areas of the building.
- Know the location of the nearest fire extinguisher and how to use it.
  - Lifeguard office near restroom
  - Deep-end wall between fire exit and mechanical room
  - Inside mechanical room

**Building Evacuation**
1. Clear the facility of all patrons and staff.
2. Move from room to room, starting with occupied rooms, to verbally tell everyone to immediately vacate the building. The recommended message is: “Attention, there is an
emergency situation. Please leave the building in a calm and orderly manner, using the nearest exit, and meet (state a specific site).”

3. Check for people with disabilities, children, or anyone appearing to need assistance, to see if they need help leaving the building. Assign a staff person or capable volunteer to accompany such individuals until emergency personnel arrive, or transportation is provided for them.

4. Assign a staff or volunteer person to gather people in pre-designated areas outside of the facility, out of the way of emergency vehicles and a safe distance (minimum 50 yards) from site.

5. Check rooms, locker rooms, hallways, storage closets, etc. on your way out of the building. Close each door after you have verified that a space is vacant.

6. Stay with people outside the building until emergency personnel arrive. Be aware of and attend to physical needs of patrons and staff who may have left the building without adequate clothing. Do not let anyone other than emergency personnel enter the facility.

7. Confirm with people outside the building that all individuals who were in the facility are accounted for. Do not let anyone leave without notification; make sure that minors are released to responsible guardians. Staff must be able to account for all individuals who were in the facility.

8. When emergency personnel arrive, indicate that you are the staff person in charge, and follow their instructions.

9. Use a nearby phone to contact your supervisor or an alternate.

10. At the end of the incident, when you have emergency personnel approval, you may allow patrons and staff to re-enter the facility. You will need the director’s approval to resume activities for the day.

**Mechanical Problems**

1. For heating, ventilation and pump failure contact the director or assistant director for guidance
   - Steve Schadt: ext. 4778 or cell (509) 435-1904 CPO
   - Gary Kessie: ext. 4246 or cell (509) 723-5481
   - Patty Murphy: ext. 4735 or cell (509) 995-7852 always leave message

2. Call appropriate maintenance personnel.
Bio-Hazard Plan

The following is an outline for procedures at the Whitworth Aquatic Center in the event of an accident involving Blood, Fecal Matter, Vomit, or any Bodily Fluid.

If the contamination is in the pool:

1. Clear the Pool. Quickly remove all patrons from the water. Even if they protest. You have the authority as lifeguard to override contracted groups. It takes a Minimum of 25 minutes at Cl levels of 2.0 to decontaminate the pool.

2. Close the pool for 30 minutes. This is mandatory if there is any contamination in the pool. This gives the staff time to deal with the issue and for the pool to filter and decontaminate. Bodily Fluids include:
   a) Blood
   b) Vomit (watery or chunky soup)
   c) Fecal matter (formed stool)
   d) Diarrhea

3. Notify Security: ext.4444 (if needed)

   Then call:
   - Steve Schadt: ext. 4778 or cell (509) 435-1904 CPO
   - Gary Kessie: ext. 4246 or cell (509) 723-5481
   - Patty Murphy: ext. 4735 or cell (509) 995-7852 always leave message

4. Mandatory Pool Closure for:
   a) If contamination is in the pool
   b) Cloudy water, main drain is not visible
   c) No circulation or filtration
   d) Power outage (no lights or power in Aquatic Center)
   e) Not the minimum # of lifeguards (2 for Open Swim)

5. Safely remove the contaminate from pool if possible.
   Always wear gloves and protect yourself
   Formed fecal stool may be scooped out with skimmer net
   Net must be sanitized and stool disposed of properly

6. Safely dispose of contaminate if needed in Biohazard Bag
   At First Aid Station (follow directions on box) or use individual red bag

7. Record incident in Incident Report Book and on the Daily Log Record

8. Reopen with the approval of CPO, Patty Murphy and your own decision that you are comfortable that contamination is resolved and it is safe to re-enter.
CPR for the Professional Rescuer

Size up the Scene (check scene for safety)
- Scene is unsafe, call EMS and wait for Emergency Personnel
- Scene is safe continue below

Put on Personal Protective Equipment (gloves)

Check Victim for Responsiveness (consciousness)
- Tap and shout “Hey, Hey, are you okay?”

No Response
- Call 911

Open Airway & Check Breathing and Pulse
- Look, listen, and feel for breathing (10 sec)
- Feel for carotid pulse (10 sec)

No Breathing & No Pulse
- Check for severe bleeding
  - Care for conditions

Responsive
- Perform secondary Assessment and check for severe bleeding
- Care for conditions found

Breaths go in
- Perform ventilations, making chest clearly rise
  - Adult 1 ventilation every 5 sec
  - Child & Infant 1 ventilation every 3 sec
- Recheck vitals after 2 minutes
- Continue until:
  - You notice signs of life, or condition changes
  - EMS arrives and takes over

Breaths still do not go in
- Perform 30 chest compressions
  - Look for object in mouth
    - Remove object if seen
- Give 2 ventilations

Breaths do not go in
- Retilt and give 2 more ventilations

Unconscious Choking

Giving Ventilations

One Rescuer CPR
- Give 30 chest compressions at a rate of 100 per minute
- Give 2 ventilations, clearly making the chest rise
  OR

Two Rescuer CPR
Adult:
- Give 30 chest compressions at a rate of 100 per minute
- Give 2 ventilations, clearly making the chest rise
Child & Infant:
- Give 15 chest compressions at a rate of 100 per minute
- Give 2 ventilations, clearly making the chest rise

Continue CPR until:
- You notice signs of life, or condition changes
- EMS arrives and takes over
- Scene becomes unsafe
- AED is ready to use
IN THE EVENT OF ANY EMERGENCY PLEASE NOTIFY:

EMS: 911

Security: 777-4444

Security Supervisor: Jacquelyn Christensen 777-3782

Steve Schadt: 509-435-1904

Gary Kessie: 509-723-5481

Patty Murphy: 509-995-7852
Medical Transport Policy

During all home and away competitions, there is the possibility a student athlete will need to be transported for advanced medical care. They should never travel or be transported alone. A representative of the university should accompany the injured/ill student athlete. This representative could be a member of the coaching staff, certified athletic trainer, athletic training student or other athletic staff member. In certain circumstances, a parent may be present at the event and could transport or accompany the student athlete to the medical facility. At no point should a teammate, non-family member or other student be allowed to act as the university representative.

HOME EVENTS
During home events a certified athletic trainer will be present. It is their responsibility to coordinate transportation for advanced medical care for Whitworth student athletes. The certified athletic trainer must stay on site and continue event coverage. Thus a member of the coaching staff, student athletic trainer, other athletic staff member or parent may be asked to accompany and/or transport the injured/ill student athlete for care.

AWAY EVENTS
A certified athletic trainer may or may not be present. If they are not, it will be the responsibility of a member of the coaching staff or other university representative to coordinate transportation and accompany the student athlete to a medical facility. If a certified athletic trainer is present, they will help coordinate the transportation of the injured/ill student athlete, but will need to remain with the team to continue care during the event. An athletic training student may be present and able to accompany the student athlete.

HOSPITAL STAY
If the injured/ill student athlete is required to stay in a hospital or is unable to accompany the team back to Spokane, a representative from the athletic department should stay with them if a parent is unavailable. An athletic training student, teammate or friend cannot be the representative. It must be a University employee or parent.
Appendix A

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. Spinal motion restriction (SMR) should be maintained.

• The athlete’s level of consciousness (AVPU), airway, breathing, circulation, and neurological status should be assessed. If airway is impaired, maintain SMR simultaneously with airway opening using a modified jaw thrust maneuver.

• EMS should be activated.

• The athlete should not be moved until spinal motion restriction is applied 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 SMR.

• 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 SMR, place a rigid cervical collar on (if possible), and continue to monitor baseline vital signs and complete secondary evaluation while awaiting EMS.

Spinal Motion Restriction

• 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. If enough trained and practiced responders (minimum of 8) are available, a bridge lift technique or lift and slide technique are the preferred method of placing the athlete on the long spine board. If there are not enough trained and practice responders, 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.

• The rescuer controlling SMR will be in command of the lift or log roll maneuver and long spine board immobilization.

• Once positioned onto a long spine board, the athlete’s should be secured using spider straps or similar device. 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 (preferably Sacred Heart Hospital) and appropriate personnel notified (see Appendix B Emergency Contacts).

Additional Guidelines For Care of Spine-Injured Football Athlete
Based on Appropriate Care of the Spine Injured Athlete Inter-Association Consensus Statement released in August of 2015

• When appropriate protective athletic equipment, may be removed prior to transport to an emergency facility for an athlete-patient with suspected cervical spine instability. The following guidelines must exist for equipment removal.
  o Equipment removal may be performed by at least three rescuers trained and experienced with equipment removal at the earliest possible time. If fewer than three people are present, the equipment should be removed at the earliest possible time after enough trained individuals arrive on the scene.

• Once athlete is in a supine position:
  o If its an equipment intensive sport (e.g. helmet and shoulder pads in football), the protective equipment is removed at this point.
  o The athlete should be placed in a rigid cervical collar & manual immobilization should continue.
  o Place athlete on long spine board utilizing 8-person lift (formally known as 6-person plus lift)
  o The athlete should be secured using spider straps or similar device.

• 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.

Procedures for Training in SMR:
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 equipment removal with appropriate tools, helmet removal and shoulder pad removal.
Appendix B

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.
Appendix C

**Lightning and Thunder Safety Protocol**

1. Prior to a practice or game the athletic training staff or designee should check the weather reports, and should continually check throughout the scheduled practice or game.
2. Athletic trainers, coaches, and other athletics staff should be aware of nearby thunder and lightning storm signs and if any are seen immediately report them. Major warning signs of an approaching storm are high winds and darkening skies.
3. The NATA Lightning Safety for Athletics and Recreation states that events should be postponed or suspended when the storm begins to produce lightning and approaching the immediate location and when the edge of the storm is 6 miles away. If using the Flash to Bang method** that is approximately 30 seconds from the first flash to the heard thunderclap. The use of a lightening app may be necessary to show lightening approaching, but that may not been seen by using the flash to bang method.
4. Once the storm has been identified and is approaching begin the evacuation of spectators and athletes. The NCAA Sports Medicine Handbook 2013-2014 defines safe locations for evacuation as:
   a. Any building normally occupied by people, i.e. a building with plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid the shower, plumbing facilities, and contact with electrical appliances and open windows/doorways during the thunderstorm.
   b. In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (neither a convertible, nor a golf cart) with the windows shut provides a measure of safety. The hard metal frame and roof, not the rubber tires, are what protects occupants by dissipating lightning current around the vehicle and not through the occupants. It is important not to touch the metal framework of the vehicle.
5. Advise athletes and spectators to stay away from tall or individual trees, lone objects, metal objects, standing water, and open fields. Also, avoid being the tallest object in a field.
6. According to the NATA Lightning Safety for Athletics and Recreation practices or games may return to play once 30 minutes has passed from the last heard thunder or the last seen lightning flash or once the storm has past being at least 6 miles away.
7. Prior to practice or game the coaches, athletic trainers, athletic director, referees/umpires, game day working staff, and game announcers know the Emergency action plan for the specific venue and where to go in case of a thunder and lightning storm. In order to direct spectators and athletes to the safest location.

**Flash to Bang ratio:** Begin counting when lightning is sighted (flash or bolt). Stop counting when the thunder is heard; divide this number by 5 to find the distance the storm is from you in miles. The minimum distance to game or practice suspension is 6 miles.
Where to seek shelter continued on next page.

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<td>Personal Cars</td>
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Appendix D

Procedures for EMR program

Adding an Injury Record
1. From the dashboard, select the injury tab (ambulance)
2. Search for student athlete by last name or sport in the drop downs. Highlight the student athlete.
3. If a new injury, click the **add** button on the left side of the screen
4. Enter the injury information (must enter all information possible)
   a. General tab
      i. Status, action, description, injury 1 (2 and 3 if applicable)
   b. Background tab
      i. All that are applicable
   c. Notes
      i. Click on SOAP note. Add soap note information.
   d. Update Status if necessary
   e. Click Save
5. Create separate injury records if multiple injuries occurred; only fill out the injury 2 and 3 sections if the injury applies to the same body area and body part as the 1st injury

Updating an Injury Record
1. From the dashboard, select the injury tab from the Database dropdown box
2. Search for student athlete by last name or sport in the drop downs. Highlight the student athlete.
3. Click the **update** button on the left side of the screen
4. Enter necessary information, including daily updates and status changes, in the notes
   a. To insert a document go to the attachments tab and click **add**
5. Click the save button to save the updated injury

Tasking an Injury Report to Another Healthcare Professional
1. From the dashboard, select the injury tab from the Database dropdown box
2. Search for student athlete by last name or sport in the drop downs. Highlight the student athlete.
3. Click the **task** button on the left side of the screen
4. Select the recipient, create a subject, and set the due date to the next day

Continued next page…
Adding a Medication Record
1. From the dashboard, select the medication tab from the Database dropdown box
2. Search for student athlete by last name or sport in the drop downs. Highlight the student athlete
3. If a new medication, click the add button on the left side of the screen
4. Choose from the list of existing injuries or fill in the No Specific Injury section and click OK
   a. Creating a No Specific Injury report will create a “hidden injury” in the injury database
5. Fill in the general section
   a. Choose which Medication from drop down according to the correct lot number
   b. Add the number of pills in the count
6. Save the record

Updating a Medication Record
1. From the dashboard, select the medication tab from the Database dropdown box
2. Search for student athlete by last name or sport in the drop downs. Highlight the medication record you wish to update
3. Click the update button on the left side of the screen
   a. Create a new medication report for every day and for medication dispensed for different injuries; only add medications to a report if it is for the same injury and on the same day as the original medication that is dispensed
4. Update the record and save the changes

Adding a Sign-Out Record
1. From the dashboard, select the sign-out tab from the Database dropdown box
2. Search for student athlete by last name or sport in the drop downs. Highlight the student athlete.
3. If a new sign-out, click the add button
4. Choose from the list of existing injuries for which you are signing out equipment
   a. Do not use the No Specific Injury section
5. Enter the Sign-Out Information
   a. Item, Signed-Out Date, Signed-Out by (must be a certified)
6. Click the Save button
7. If you sign it out, make sure it gets signed back in

Updating a Sign-Out Record
1. From the dashboard, select the sign-out tab from the Database dropdown box
2. Search for student athlete by last name or sport in the drop downs. Highlight the student athlete.
3. Click the update button on the left side of the screen
4. Update the sign-out record with the new information and save the record
Adding a Treatment Record
1. From the dashboard, select the treatment tab from the Database dropdown box
2. Search for student athlete by last name or sport in the drop downs. Select the student athlete
3. If a new treatment, click the add button on the left side of the screen
4. Choose from the list of existing injuries or fill in the No Specific Injury section and click OK
5. Fill in the General section (Date, Time, Location, ATC/ATS, Sport, Treatment)
6. Save the record

Updating a Treatment Record
1. From the dashboard, select the treatment tab from the Database dropdown box
2. Search for student athlete by last name or sport in the drop downs. Highlight the treatment record you wish to update
3. Click the update button on the left side of the screen
   a. Create a new treatment report for every day and for treatments for different injuries; only add treatments to a report if it is for the same injury and on the same day as the original treatment
4. Update the record and save the changes

Tasking a Treatment Report to Another Healthcare Professional
1. From the dashboard, select the medication tab from the Database dropdown box
2. Search for student athlete by last name or sport in the drop downs. Highlight the treatment record you wish to update
3. Click the task button on the left side of the screen
4. Select the recipient, create a subject, and set the due date to the next day
I am a firm believer that wisdom is a combination of knowledge and experience. I know I'm young and relatively inexperienced so take these as you will because I am sure that I will modify most of these throughout my life. At any rate, here are...

Pete's top 10 guidelines for training room and life success

10. Work Hard

Hard work can solve many problems in life. Use hard work to help you stay ahead and lower stress, keep your supervisor off of your back, keep your spouse happy, keep your parents proud, keep your professors shocked, and most importantly keep yourself satisfied. However, a warning must accompany this guideline, hard work is not everything, in fact, none of these guidelines or even all of these guidelines are the be all and end all for success, moderation is key. Also, hard work that goes unrecognized is often more beneficial than hard work that is commissioned or recognized.

9. Appreciate your punishment

Punishment is often an excellent time to exhibit hard working habits! As such, even if punishment is unjustified in your opinion, some tremendous good can come out of it. You need to understand that these folks (Bosh, Sarah, Stacey, and Shane) are not sadists and their punishment will always (that's right I said always) better you. No human being is perfect enough to not need correction from time to time. Take it as a blessing that those above you care enough about you to make you a better person by punishing you for wrongdoing.

8. Leave it all outside the door

I have heard this from every senior every year and I have struggled with its concrete meaning every time until now, when I say it. This is what it means: for example, when you have a fight with your roommate and really need to resolve the situation leave it outside. You cannot possibly work effectively on your problem and work effectively with athletes at the same time. Training room time is the athlete's time with you, not your time with the athletes. Don't rip off the athletes! This does not mean that your personal life and professional life cannot mingle at all, you just need to use extreme discretion when it comes to choosing what does mingle.

7. Leave it all inside the door

If you want to be truly happy you need to be well rounded. Moderation is key, you can talk about athletic training outside of the training room, but don't only talk about athletic training. You will bum out! There is more to life than just athletic training.

6. Invest yourself in the people you interact with

Did you know that we had an athlete at Whitworth whose father ran Amoco's entire oil operation in Saudi Arabia? Did you know that we had an athlete at Whitworth who was the editor of the Columbine High School yearbook the year before the tragic events and provided pictures to Time and Newsweek? Did you know that we have student athletic trainers who have traveled the Globe as missionaries, who fish for salmon in Alaska, lifeguard at a water park, row the snake river every summer, and do many other exciting and amazing things. Did you know that we have had ATCs who have worked in the cheese factory in Tillamook, Oregon, been to the women's soccer world cup, and worked with professional and Olympic athletes? Need I say more?

5. Realize that you have an impact

As athletic trainers we have an impact on athletes, each other, our families, the Whitworth community and any other community you are a part of. Temper your attitude and actions to this realization.

4. Be a good leader

Take control when you have to, assume responsibility when you must. Be compassionate and make cautious judgments and remember number 5; you have an impact. Concentrate on why you can and how you will, not why you can't and why you won't. Yes solves more problems than no because attitude is contagious!

3. Be a good follower

The biggest key to being a good leader is to be a good follower. This means be supportive and helpful. Provide suggestions that benefit everyone and remember that you will probably be a leader someday.

2. Don't take blessings for granted

More than likely there will be a time in your life when you will not have what you previously had and you'll want or need it. Appreciate what you have now (including people) and maybe you will have it later. Be grateful now.

1. You need Jesus!

If you do not have a relationship with Him you need one, and if you have a relationship with him you need to work to keep it close. You will not ever find true joy in life if you do not have Jesus living in your heart. I believe this to be true beyond all other truths. This is the single most contributing factor to my life successes. For any of you who may be turned off by this I need to tell you that since I truly believe this I must tell you because if I truly believe it and don't tell you what kind of person am I?

All of you have had a profound impact on my life and I will never forget any of you. I deeply love every person in this room. Thank you all so much for contributing so much to my life.