

Master of Science in Athletic Training

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Student Handbook

Emporia State
University



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Chapter 1 – Introduction

Preface

Welcome to Emporia State University (ESU) and the Master of Science in Athletic Training Program (MSAT Program). The faculty of the MSAT Program are pleased that you have decided to pursue athletic training as your academic major and career choice. This profession and studies within are both challenging and rewarding.

This student handbook has been designed to assist in answering question about the MSAT Program at ESU and to guide you through your academic experience. Additional information is available through ESU's University Catalog, Teachers College, Department of Health Physical Education, and Recreation (HPER), as well as the ESU and MSAT Program websites.

This handbook is not intended to supercede the university's catalog, Teachers College, or HPER guidelines. The MSAT Student Handbook should be used to answer frequently asked questions of policies and procedures, and provide more depth to policies and guidelines in place.

If you need additional information or have questions in regards to Emporia State University's MSAT Program, please feel free to contact:

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Emporia State University

Our History

The university was founded in March of 1863 when the Kansas Legislature passed the enabling act to establish the Kansas State Normal School. The school's first graduating class consisted of two women in 1867, the year the first permanent building was completed.

In February, 1923, the name of the school was changed to the Kansas State Teachers College. In July, 1974, the name was changed to Emporia Kansas State College. On April 21, 1977, the college became Emporia State University. The Kansas Board of Regents is the governing body for ESU.

Since 1863 more than 150,000 students have studied at ESU and have gone on to careers in business and industry, education, the professional fields and many other areas throughout the world.

Our Mission

Emporia State University is a dynamic and progressive student-centered learning community that fosters student success through engagement in academic excellence, community and global involvement, and the pursuit of personal and professional fulfillment.

Our Purpose

Teaching

- To provide quality instruction and delivery in the areas of general education, the undergraduate majors, and the various graduate programs.
- To provide a variety of traditional and innovative instructional strategies and delivery systems supported by Emporia State University's nationally recognized advising and assessment programs.

Scholarship

- To foster faculty research and creative activities in order to ensure the vitality of the campus community and enhance its instructional programs.

Service

- To support educational advancement and professional leadership, foster economic development and public service, and provide cultural enrichment activities for the region and the state.

General

- To create a collegial atmosphere that fosters freedom of inquiry and expression, increase awareness of cultural diversity, provide broad learning opportunities, encourage flexibility and innovation, and foster student development in and out of class.
 - To encourage life-long learning.
 - To impact society's cultural heritage.
 - To provide leadership in selected areas of distinction.
 - To provide a student-centered approach with attention to the needs of persons with special needs and disabilities.

Department of HPER

Our Vision

The Department of Health, Physical Education and Recreation (HPER) at Emporia State University will strive to be a nationally prominent department known for academic excellence, professional leadership, and public service.

Our Mission

The mission of the Department of Health, Physical Education, and Recreation (HPER) at Emporia State University is to prepare **quality** professionals in the area of athletic training, health, physical education, recreation and coaching, facilitate **practical and action-based** research and scholarly inquiry, and provide **cutting-edge and collaborative** services in athletic training, health, physical education, athletic training, recreation and coaching. We embrace and promote lifelong opportunities for discovery, learning, and participation that contribute to healthy lifestyles.

Program Faculty

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Medical Director and Team Physician

Administration – Teachers College

- Kenneth A. Weaver, PhD – Dean, Teachers College
- Paul Luebbers, PhD – Chair, Department of Health, Physical Education, and Recreation (HPER)

Affiliated Clinical Settings

- Emporia State University, Department of Intercollegiate Athletics
- Newman Regional Health, Orthopedics and Sports Medicine, Physical Therapy and Emergency Departments
- PT Associates of Emporia

Chapter 2 – Athletic Training Program

Profession of Athletic Training

Athletic Trainers (ATs) are healthcare professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the states' statutes, rules and regulations. As a part of the healthcare team, services provided by ATs include injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA) as a healthcare profession.

Professional Requirements for Athletic Trainers

The Board of Certification, Inc. (BOC) was incorporated in 1989 as a not-for-profit credentialing agency to provide a certification program for the entry level athletic training profession. The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has mutual recognition agreements with Canada and Ireland.

Students become eligible for BOC certification through an athletic training degree program (Bachelor's prior to fall 2022 or entry-level Master's after start of fall 2022) accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Students engage in rigorous classroom study and clinical education in a variety of practice settings such as high schools, colleges/universities, hospitals, emergency rooms, physician offices and healthcare clinics over the course of the degree program. Students enrolled in their final semester are eligible to apply for the BOC exam. Some of the requirements for the program include:

1. Students must complete this MSAT Program in no less than two calendar years, but not more than five years.
2. The program must include supervision of clinical education experiences under the direction of a BOC certified athletic trainer who is also program preceptor
3. The MSAT Program must meet the standards of the CAATE, NATA Athletic Training Educational Competencies, and other NATA Education Council requirements.

Accreditation Status of the Athletic Training Program

The Emporia State University Master of Science in Athletic Training Program is seeking the transition of its accredited undergraduate program to through the Commission on Accreditation of Athletic Training Education (CAATE). The Emporia State University Athletic Training Program became accredited in 1998. The University is committed to continued accreditation and upholding the educational standards of the Commission on Accreditation of Athletic Training Education.

Mission Statement

The mission of the Master of Science in Athletic Training Program is to provide a positive learning environment with opportunities for students to master the knowledge, skills, and attitudes necessary to succeed in the athletic training profession and to uphold the ethical standards for athletic trainers as defined by the National Athletic Trainers' Association.

Master of Science in Athletic Training Program Goals and Student Outcomes

Goal #1: The MSAT Program at Emporia State University is committed to providing all ATS a CAATE accredited entry level curriculum that educates students through didactic, laboratory and clinical experiences.

Outcome 1.1: Prepare students to take the Board of Certification (BOC) national certification examination in order to become nationally certified and licensed as an Athletic Trainer.

Outcome 1.2: Develop and maintain a sequential and progressive curriculum that permits students to gain knowledge and clinical skills and develop and refine the knowledge and clinical skills.

Outcome 1.3: Integrate appropriate technology to enhance professional practice and improve communication.

Goal #2: The MSAT Program at Emporia State University prepares athletic training students (ATS) with didactic, laboratory and clinical experiences that develop critical thinking and problem solving skills.

Outcome 2.1: Provide students with opportunities to analyze and synthesize current research and resources within the profession of athletic training.

Goal #3: The MSAT Program at Emporia State University promotes personal and professional development of the athletic training student.

Outcome 3.1: Encourage athletic training students to become members of professional organizations and attend annual state and national workshops and conventions.

Outcome 3.2: Develop the ability to interact and effectively communicate with athletic and medical personnel.

Goal #4: The MSAT Program at Emporia State University prepares athletic training students who demonstrate professional and ethical conduct and behavior.

Outcome 4.1: Adhere to the NATA Code of Ethics for all athletic training professionals.

Program Overview

The Master of Science in Athletic Training Program is a six semester program. Students enter the program after having completed a bachelor's degree in any field and the program specific prerequisite coursework. Students will gain experiences with on-campus intercollegiate sports as well as specific off-campus clinical assignments. *Athletic Training Educational Competencies* published by the National Athletic Trainers' Executive Committee for Education and the role delineation study conducted and published by the Board of Certification (BOC) provide the structure for classroom and clinical education. Upon program completion, graduates from Emporia State University Athletic Training Program are eligible to take the Board of Certification examination.

Admission Criteria into the MSAT Program

Students will be required to possess a bachelor's degree in any field and meet the following requirements for admission into the program:

1. be admitted to Emporia State University Graduate School,
2. have a minimum overall GPA of 3.0 on 4.0 scale,
3. have completed the following prerequisite courses with grades of "C" or better as documented by official transcript:

- Biology and Lab	1 semester
- Chemistry and Lab	1 Semester
- Human Anatomy and Physiology and Lab	1 semester
- Physics and Lab	1 semester
- Psychology	1 semester
- Kinesiology	1 semester
- Nutrition	1 semester
4. provide evidence of a minimum of 50 hours of observation or student experience under the direct supervision of a certified athletic trainer (ATC),
5. have completed a personal statement that describes your professional goals including why you have chosen Athletic Training as a career,
6. have completed Health/Physician Examination form and immunizations record (minimally HBV), and Hepatitis B Consent/Waiver,
7. have completed the Technical Standards form,
8. have completed the Declaration of Understanding after reading the Athletic Training Student Handbook,
9. have documentation of current emergency cardiac care (ECC) training through one of the following:

- American Red Cross – CPR/AED for the Professional Rescuer, or Basic Life Support (BLS) for Healthcare Providers
- American Heart Association – ACLS, Basic Life Support (BLS) Healthcare Provider, Basic Life Support (BLS) Provider, Basic Life Support (BLS) – RQI
- other certifications may be considered if they are listed on the Board of Certification (BOC) acceptable ECC provider/course list
10. Three letters of recommendation (one from a faculty member, one from a certified athletic trainer, and one from another healthcare professional, co-worker or employer/supervisor). The letters should testify to the character, professionalism, communication skills and work ethic of the applicant.

Applications are due by February 1st for admission the following summer.

Admissions Procedures

1. Apply to Emporia State University Graduate School
2. Apply to Emporia State University Master of Science in Athletic Training Program online through ATCAS
3. Submit completed program required materials under supplemental materials in ATCAS

Pre-Requisite Experience Verification

As part of admission requirements students must obtain a minimum of 50 hours of observation under the direct supervision of a certified athletic trainer. Students may use the provided sample hour log for documentation of hours. The verification document provided should be completed by the supervising certified athletic trainer and submitted with application materials.

Philosophy of Education

Central to the MSAT Program educational philosophy is the belief that all instruction should empower students as learners. Therefore, through the provision of both support and challenge, the program will encourage students to take responsibility for their learning and to engage in critical thinking, problem solving, and self-reflection. Preferences for instruction are to engage students in the teaching-learning process. The MSAT Program also supports and incorporates Learning over Time in its educational approach. Students are first exposed to material in the classroom and provided an opportunity to practice the skills both in the classroom and the clinical setting. After students have had an opportunity to refine their new skills, they are evaluated by preceptors to show proficiency in using these skills, enabling them to perform those skills on patients.

Master of Science in Athletic Training - MSAT Curriculum Structure

Prerequisite Coursework – 28 Credit Hours			
<i>Students submit their official transcript(s) from all prior institutions providing evidence of “C” or better for the following prerequisite courses:</i>			
Biology – GB140/141 Principles of Biology and Lab	4	Chemistry – CH 120/121 General Chemistry and Lab or CH 123/124 Chemistry I and Lab	5
Physics – PH 140/141 College Physics I and Lab	5	Psychology – PY 100 Introduction to Psychology	3
Human Anatomy and Physiology – ZO 362/363 Human Anatomy and Physiology and Lab	5	Nutrition – GB 325 Nutrition	3
Kinesiology – PE 362 Kinesiology	3		

Prerequisite experience: Evidence of a minimum of 50 hours of observation or student experience under the direct supervision of a certified athletic trainer (ATC). The more time a student can spend observing will better prepare them for understanding the requirements and responsibilities of being an athletic trainer, however acquiring more than the minimum 50 hours is not required for acceptance into the program.

MSAT Coursework – 47 Credit Hours			
<i>Year 1 – Summer 1</i>		<i>Year 2 – Summer 2</i>	
AX 711 – Athletic Training Principles	3	PE 768 – Advanced Exercise Physiology	3
PE 804 – Biomechanics	3	PE 865 – Statistics in HPER	3
Semester Hours		Semester Hours	
6		6	

<i>Year 1 – Fall 1</i>		<i>Year 2 – Fall 2</i>	
AX 717 – Clinical Education I	2	AX 838 - Clinical Education III	2
AX 737 - Assessment of Lower Extremities	3	AX 866 - Organization & Administration of AT	3
AX 781 - Modality Usage in Athletic Training	3	AX 757 - Professional Preparation (BOC)	1
		AX 867 - Interprofessional Practice I	2
Semester Hours		Semester Hours	
8		8	

<i>Year 1 – Spring 1</i>		<i>Year 2 – Spring 2</i>	
AX 727 - Clinical Education II	2	AX 848 - Clinical Education IV	2
AX 747 - Assessment of Upper Extremities	3	AX 767 - Responsibilities & Ethics in AT	1
AX 883 - Medical Issues in Athletic Training	3	AX 868 - Interprofessional Practice II	2
AX 782 - Rehabilitation in Athletic Training	3	PE 868 - Research Problems in HPER	3
Semester Hours		Semester Hours	
11		8	

Evaluations used by MSAT Program

Evaluation of the MSAT Program, its faculty and students is a task that is taken seriously in order to make improvements in the program and the educational opportunities of the students. In addition, our national accrediting agency (CAATE) also requires that we continuously assess the students, faculty, clinical experiences, and the academic program. The following areas will be evaluated.

1. Faculty/Course Evaluations: Student participation in the evaluation of courses taken and faculty instruction is essential to building an exemplary instruction and quality educational program. Students will be asked to evaluate course, faculty, and guest lectures at the conclusion of each course. Evaluations will not be reviewed until after final grades have been submitted.
2. Athletic Training Student Evaluation (by Preceptor): Each student is evaluated by their supervising preceptor during (midway) and at the conclusion of clinical rotations. Towards the end of a student's clinical rotation she/he will make an appointment with his/her preceptor to review the evaluation and any comments, questions, concerns will be noted on the evaluation. These forms will then be signed by both parties and submitted to the CEC and PD to be filed in the student's AT Program file. At the end of the academic year, the student will meet with the program director and review his or her file.
3. Preceptor Evaluation (by Athletic Training Students): Students will evaluate all preceptors that they have direct contact with during a clinical rotation. Evaluations will be completed anonymously and submitted to the CEC and PD for summarizing the comments. At the end of each academic year, the preceptors will meet with the program personnel to review these evaluations. Preceptors will only be given a summary of the results, no names or identification will be provided.
4. Faculty and Preceptor Evaluation of AT Program: Each preceptor and core faculty member completes an evaluation of the entire athletic training program (clinical and academic). These results will be summarized and reviewed by the program personnel at the end of each academic year.
5. Clinical Site/Department Evaluations (by AT Program staff): Each clinical site or department within a site is evaluated on the effectiveness and the appropriateness of the site. These evaluations are performed at the end of the academic year and reviewed by the program personnel and the clinical site/department student supervisor. The results will be summarized and shared with the program faculty to determine any changes to be made in clinical sites/departments.
6. Athletic Training Program Evaluation (by Athletic Training Students): Each student completes an evaluation of the entire athletic training program (academic and clinical). These results will be summarized and shared with the program faculty to improve the quality of the program for the following year.

7. Graduation (Senior) Questionnaire: Each senior completes an evaluation indicating the AT Program strengths and weaknesses (academic and clinical) as well as providing information as to how they feel the AT Program has contributed or developed them in their preparation for becoming a certified athletic trainer.
8. Athletic Training Alumni Evaluation (by graduates of the AT Program): Approximately six months after a student graduates he/she is mailed an evaluation to complete. This evaluation covers the athletic training program, preparation for the BOC exam, graduate assistantships, first job, and current contact information, employer information, and results of his/her BOC certification exam.
9. Athletic Training Alumni's Employer Evaluation (of the ESU alumni): Once the student's employer information has been given to the AT Program, the program director will send an evaluation form to be completed. This evaluation is used to assess the quality of our graduates and program, additional viewpoints or feedback may be given that the alumni may not have considered.
10. Competency Sheets (Modules): Competency sheets are used throughout each semester of the AT Program to document and monitor learning over time. Students must perform the skills on the competency sheets with a minimum 80% skill rating as determined by a Preceptor. The Preceptor will sign the document attesting the student has performed the skills appropriately. Modules are turned in each semester as a part of their respective clinical education course, as part of the course grade.
11. Course Grades: All content courses are required to be passed with a grade of "C" or better and must, not achieving this minimum grade will be require a retake of the course in question. Additionally, students must maintain a 2.7 cumulative and content grade point average, not achieving this minimum will result in probationary status.
12. Athletic training student Oral/Practical Exams: At the end of each semester students will schedule a time with the Clinical Education instructor to take a comprehensive oral/practical exam. The material for the exam will be based on the clinical/academic competencies that the student has obtained over the current semester. Students must pass the exam with a score of 75% or higher. Students that do not pass the oral exam will not be allowed to enroll in the next clinical education rotation. Students who fail to achieve the minimum score will be allowed to prepare between terms to retake the evaluation prior to the start of the next semester. If the student successfully passes the exam he or she will be allowed to enroll in the clinical education course, otherwise they will have to retake the prior year's clinical education courses.
13. BOC Exam Results: Annually the AT Program is provided with BOC exam results, when the minimum amount of students challenge. When the minimum is not reached, students are asked to sign a release to allow the information to be sent to the AT Program. This information is used to determine how well the AT Program is achieving its goals.

MSAT Program - Course Descriptions

PE 768 – Advanced Exercise Physiology - The purpose of this course is to provide coaches, physical educators, and others who are concerned with the human body's response to exercise with experiences and opportunities to gain advanced knowledge of selected physiological principles.

PE 804 – Biomechanics - This course is designed to help students gain knowledge about the physics of human movement in the context of sports skills. Information on how the nervous system controls the musculoskeletal system to create movements will be included. Application of concepts will be explored.

PE 865 – Statistics in HPER - This course is designed to provide a basic understanding of statistics to graduate students in HPER. This includes how to design an experiment and to analyze and interpret the data. This should help HPER professionals be more effective regarding assessment in HPER.

PE 868 – Research Problems in HPER - This course is designed to allow the graduate student to pursue a well-defined research interest in an HPER or sport discipline. This course is considered the capstone course of the master's degree program.

AX 711 – Athletic Training Principles - The course is designed to provide introductory information in athletic training aligned with current NATA Athletic Training Education Competencies. Concepts of professional development and responsibilities, risk management, pathology of sports injury, management skills, and general medical conditions will be presented. Students will learn skills related basic concepts of prevention, evaluation, first aid, therapeutic treatment, and rehabilitation.

AX 717 – Clinical Education I - Students are assessed for competency on acute care and immediate emergent management, emergency stabilization and transportation, wound care, and basic taping and wrapping techniques. Each student will be assigned to clinical education rotations under the direct supervision of a Preceptor. **Students must complete a minimum of 250 clinical hours.**

AX 727 – Clinical Education II - Students are assessed for competency on environmental injury/illness, bracing, padding, anthropometric screening, and ambulatory aids. Each student will be assigned to clinical education rotations under the direct supervision of a Preceptor. **Students must complete a minimum of 250 clinical hours.**

AX 737 – Assessment of Lower Extremities - This course provides the student with information and basic skills used to evaluate physical injuries and special problems of the lower body. Students will acquire a basic understanding and skills in palpation methods, neurological and special tests. They will also learn pathological and etiological information for a variety of injuries relating to the lower body. Students will also have an opportunity for out of class experiences with medical professionals and surgical observations.

AX 747 – Assessment of Upper Extremities - This course provides the student with information and basic skills used to evaluate athletic injuries and special problems of the upper body. Students will acquire a basic understanding and skills in palpation methods and neurological and special tests. They will also learn pathological and etiological information for a variety of injuries relating to the upper body. Students will have the opportunity to participate in experiences outside of class with medical professionals and surgical observations.

AX 757 – Professional Preparation (BOC) -

AX 767 – Responsibilities & Ethics in AT -

AX 781 – Modality Usage in Athletic Training - The purpose of this course is to provide you with guidance and knowledge to learn the theory and application of therapeutic modalities for athletic injuries. Understanding of the appropriate reasons for modality usage, guidelines for proper application, and individualization will be trained and tested through curriculum and application of the NATA Athletic Training Educational Competencies.

AX 782 – Rehabilitation in Athletic Training - The purpose of this course is to provide students with guidance and knowledge to build, apply, and progress rehabilitation programs for physical injuries. Understanding of the appropriate rehabilitation process, guidelines for progression, and individualization will be trained and tested through curriculum and application of the NATA Athletic Training Education Competencies.

AX 838 – Clinical Education III - Students will be assessed for competency on therapeutic modalities, postural and gait analysis (lower body), and evaluation of lower body injuries. Each student will be assigned to clinical education rotations under the direct supervision of a Preceptor. Students must complete a minimum of 350 clinical hours.

AX 848 – Clinical Education IV - Students will be assessed for competency on general medical assessment, postural analysis (upper body), and evaluation of upper body injuries. Each student will be assigned to clinical education rotations under the direct supervision of a Preceptor. Students must complete a minimum of 350 clinical hours.

AX 866 – Organization & Administration of AT - The course is an introduction to administration and organization of athletic training. The course includes both the theoretical basis of management as well as administrative task, organizational task, and problem solving techniques. The intent of the course is to prepare prospective athletic trainers to effectively develop concepts of healthcare management as well as learn the values in healthcare administration consistent with the Code of Ethics of the National Athletic Trainers' Association and the Standards of Practice for Athletic Trainers.

AX 867 – Interprofessional Practice I - Students will participate in the first of two athletic training immersive clinical experiences that are practice-intensive and allow students to experience the totality of care provided by athletic trainers. Students will participate in the day-to-day and week-to-week role of an athletic trainer for a specified period of time not to be less

than four weeks. Students will implement strategies, concepts and skills learned in previous course work under the supervision of a Preceptor.

AX 868 – Interprofessional Practice II - Students will participate in the second of two athletic training immersive clinical experiences that are practice-intensive and allow students to experience the totality of care provided by athletic trainers. Students will participate in the day-to-day and week-to-week role of an athletic trainer for a specified period of time not to be less than four weeks. Students will implement strategies, concepts and skills learned in previous course work.

AX 883 – Medical Issues in Athletic Training - This course will cover current and special topics in Sports Medicine as well as recognition, evaluation, management, and prevention of the most common non-orthopedic medical conditions that affect athletic participation.

DEFINITIONS:

Team Physician: The physician (MD or DO) responsible for the provision of health care services for the student athlete. The team physician may also be the medical director; however, this is not required by the standards (CAATE 2012). Our Team Physician is licensed in Kansas and employed by the Emporia State University Athletic Department to provide medical care to student athletes as well as advise, supervise, and oversee the technical procedures in the intercollegiate Athletic Medicine Program.

The **Certified Athletic Trainer (ATC)** is the allied health professional who has successfully completed the following: a college/university degree; the requirements for National Certification as established by the National Athletic Trainers' Association Board of Certification, CAAHEP, and the JRC; passed the National Certification Examination; and is eligible for Kansas Registration. Certified athletic trainers practice under the supervision of a licensed physician while providing athletic training services to student athletes.

Student Assistants are either graduate or undergraduate students, supervised and assisting the certified athletic trainer with athletic training services to student athletes. Graduate assistants are often certified athletic trainers. Undergraduate assistants are clinical observers, athletic training students completing clinical education experiences, and students employed by the Athletic Department.

CAATE DEFINITIONS

Clinical Instructor Educator (CIE): The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for Preceptor training. If more than one individual is recognized as a CIE for an AT Program, then at least one of those individuals must be a BOC Certified Athletic Trainer (CAATE 2006).

Preceptor: A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base. (CAATE 2012).

Athletic Training Students (ATS): A student enrolled in the athletic training major or graduate major equivalent (CAATE 2006).

Clinical Education: The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor. (CAATE 2012)

Clinical Site: A physical area where clinical education occurs. (CAATE 2012).

Direct Supervision: Supervision of the ATS during clinical experience. The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

Ability to Intervene: The Preceptor is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions.

Clinical Proficiencies: Clinical proficiencies are the common set of skills that entry-level athletic trainers must possess and are provided by the NATA.

Educational Competencies: Educational competencies are the entry level content of athletic training programs. These competencies are used to develop the curriculum and educational experiences of students enrolled in CAATE accredited entry-level athletic training programs.

Clinical Rotations: Clinical rotations are divided into four components within the clinical experiences for students. Students are placed on a rotating schedule that will allow them to be exposed to a variety of injuries, illnesses, and conditions seen in athletic training (e.g., upper extremity, lower extremity, equipment intensive, and general medical). The following defines each clinical rotation and the sports for the clinical rotations at Emporia State University:

Upper Extremity: This includes sports with higher risks of injury to the upper extremity/body based upon statistics. Throwing sports, gymnastics, and swimming are examples of sports requiring extensive stresses on the upper extremities.

Emporia State University Upper Extremity Sports: baseball, cheerleading, football, softball, tennis, throwing events in track, and volleyball.

Lower Extremity: This includes sports with higher risks of injury to the lower extremity/body based upon statistics. Soccer, cross-country, track, and basketball are examples of sports requiring extensive stresses on the lower body.

Emporia State University Lower Extremity Sports: basketball, cross-country, football, soccer, and track.

Equipment Intensive: This includes sports that are considered to have higher injury risks and participants are required to wear protective equipment for the head and shoulders. Football, ice hockey, and men's lacrosse are examples of sports in the equipment intensive area.

Emporia State University Equipment Intensive: football

General Medical: Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Education Competencies (CAATE 2006).

Emporia State University General Medical Sports: all sports.

Chapter 3 – Academic Policies and Procedures

Academic Advising

The MSAT Program is committed to providing an effective and dedicated educational experience. The student's advisor serves as an advocate for the student and provides mentoring and academic guidance. Academic assistance is offered but personal or psychological counseling is referred to health/counseling services. Advising and mentoring of students is a responsibility of all program faculty members. Academic enrollment advising will be coordinated with the Program Director.

Clinical Education Advisement

The Program Director and Clinical Education Coordinator jointly work to direct all aspects of the clinical education component (clinical rotations). Students must meet with the program director or clinical education coordinator at least twice each semester to review the student's progress through the clinical component of the program. Appointment times will be arranged during the first half of October, December, February, and April as well as the end of the academic year meeting in May.

Special Student Statement

It is the MSAT Program faculties' goal to enable all students to do well and to successfully graduate. However, it is the student's responsibility to request any special assistance that may be needed to assist with any identified learning problem or special accommodation. The student should communicate this to the program director, advisor, and/or course instructor immediately (i.e., the beginning of the semester) so that assistance can be given. Solutions to potential difficulties can be provided by various recommendations and strategies to manage academic problems if the faculty is aware of them.

Attendance Policy

All students are required to attend every class session and clinical assignment. This is needed to maintain the integrity of each student's academic experience. However, circumstances do arise that force a student to miss a class or clinical assignment. Prior notice (e.g., email, voice mail, personal meeting) of missed classes or clinical assignments must be given to the instructor, clinical supervisor, and/or program director. Students will not be allowed to make-up any missed exams, assignments, or quizzes for unexcused absences and all assignment deadlines are final with no exceptions. It is the student's responsibility to obtain any missed material from classmates, not the instructor. Each student is allowed two (2) absences (per class or clinical assignment) thereafter the student will lose 4% of his/her final course grade for each absence. More than two absences from a clinical rotation could subject the student to removal from that clinical site for the remainder of his/her time with no clinical substitution allowed.

In the case of emergency absences (i.e., death of immediate family member, serious personal illness or injury as documented, natural disaster, and religious observances) the student must make a reasonable effort to contact the program director as soon as possible. Arrangements for missed course work must be made within one week following the absence.

Safety Health Care Skill Competencies

The health and safety of our students, faculty, staff, and patients is of the utmost importance and must be the responsibility of every healthcare provider. To ensure the health and safety, students, faculty, and staff review universal precautions, Hepatitis B, OSHA regulations, and other hazards in the workplace at the beginning of each academic year.

Student Health – Infectious Disease Policy

Athletic training students are required to complete a medical history and physical examination by either a medical doctor or an osteopath doctor demonstrating they are free of communicable diseases and physically capable of meeting the technical standards and a rigorous schedule. The team physician, student health physician, or family physician can give the medical examination using Emporia State University AT Program medical forms.

Students are expected to maintain good health in order to be effective in the classroom and clinical experiences. When a student experiences either physical or mental health problems, he/she is expected to seek medical attention from the Team Physician, Student Wellness Center Health or Counseling Services. Students are allowed a leave of absence until his/her physician permits the student to return to full student status. Students with infectious disease are on a leave of absence and must refrain from contact with athletes and the athletic training staff until they are no longer contagious.

Emporia State University and the Emporia community have several services available to students with either physical or mental health problems. Students with either physical or mental health problems who do not know where to go should seek the guidance of either the Program Director or an athletic training education faculty member. Students may seek care for their health problems outside the university and/or community. Communication between the student's health care provider and the Program Director will be necessary to insure protection for both the ill student and the persons with whom the ill student may come in contact.

Student Performance Evaluation

The program director is responsible for evaluating all courses to ensure that the goals and objectives are consistent with those of the AT Program. Evaluation tools used to assess student outcomes and performance in the AT Program include but are not limited to written examination, oral presentation, group activities, projects, research papers, and competency testing. Documents used for evaluation will not be returned to the students, they will be placed into the student's program file in the program director's office. Students may review their file at any time by scheduling an appointment with the program director.

Student Activities/Sports Participation

Student participating in athletics and other activities (e.g., band, residence hall advisor) are eligible to apply for admittance into the Undergraduate AT Program; however, it will not be possible to complete the program requirements without full cooperation from the athlete's coaching staff, mentor, or supervisor. No exceptions will be made to the course sequencing if admitted to the program, nor will exceptions be made for obtaining the required 1200 clinical hours. Clinical hours during the athlete's in-season may be deferred to a later semester. During the athlete's off-season, he/she will not be permitted to participate in his/her respective sport if it conflicts with the clinical site assigned.

Remediation

Students who find themselves academically troubled in an AT Program core course may undertake a formal program of remediation in order to raise their grade to a passing level and assure mastery of the course objectives. The opportunity for a student to begin a program of remediation is at the discretion of the course instructor and the program director.

Remediation Procedures:

1. Faculty monitors the student's performance throughout each course.
2. Students that find they are having academic difficulty must contact the course instructor and/or program director for additional assistance first.
3. Students must show that they have made an honest effort towards the course and are deserving of a remediation program.
4. The course instructor, the student, and the program director will design remediation programs collaboratively.
5. Each student that undertakes a formal program of remediation will be assigned weekly meeting times with the program director.

Program Retention and Dismissal

Students are required to maintain a cumulative GPA of 2.7, and a content GPA of 2.7, or will be placed on probation. Students must also earn a grade of C or better in all AT Program content courses. AT Program content courses with a grade lower than C must be repeated. **Reminder:** The clinical experience must be accumulated over a period of at least two years, but not more than five years.

GPA Retention and Dismissal Procedures:

Students who have a cumulative or content GPA lower than 2.7 are placed on probation for a maximum of two semesters. Students on probation are allowed two semesters to raise their cumulative or content GPA; only in extenuating circumstances is a student on probation more than two semesters. The student will continue clinical experience hours during the first semester of probation, but if the student continues on probation a second semester he/she will not continue clinical experience hours in order to concentrate on his/her academic studies. Only students who show significant academic improvement after the first semester of probation will be allowed to continue clinical rotations during the second semester of probation. Students failing to raise their cumulative or content GPA to 2.7 after the second semester of probation will be withdrawn from the Athletic Training Program.

1. The program director will monitor student performance throughout each term
2. A student who finds him/herself in academic difficulty should contact the course instructor for additional assistance; the program director is also notified.
3. If a student's cumulative or content GPA falls below 2.7 (B-) for any given term, the following procedure applies:
 - a. The student receives written notification from the program director that he/she is on probation the following semester.
 - b. The student must receive a minimum of a 3.0 GPA in the following term in order to remain in the clinical portion of the program. Students in their first semester on probation who are not making satisfactory progress (continual increase in GPA) will be removed from the clinical portion of the program. If after two semesters on probation, the student's cumulative GPA is not 2.7 or better, the student will be removed from the program and may reapply.
4. Reapplication to the program may occur after the first complete semester of removal from the program.
 - a. A minimum cumulative and/or content GPA of 2.7 is required.
 - b. A re-application form is required.
5. Students must be aware that the AT Program is sequential in nature and that courses are offered only one time per year.
6. Students are referred to the ESU academic grievances policy in cases in which a student wishes to appeal a grade given by a faculty member.

Course Grade Probation Retention and Dismissal Procedures:

1. The program director will monitor student performance throughout each term.
2. A student who finds him/herself in academic trouble should contact the course instructor for additional assistance; the program director is also notified.
3. All AT Program content courses must be completed with a grade of C or better. If the student does not obtain a minimum grade of a C, the course must be repeated. The student will be placed on probation removing them from the Clinical Education course associated with the didactic course involved.
 - a. Students will be allowed to continue their other didactic courses.
 - b. If upon repeating the course in question, the student does not get a minimum grade of a C, the student will be removed from the program and may reapply.

- c. Reapplication to the program may occur after successful completion of the course in question with a minimum grade of a C.
4. If a student receives grades below a C in two separate courses in successive semesters, their probation will be extended. They will be able to re-enter the Clinical Education course after the first undesirable grade is remedied. The probation will be removed once the second grade is remedied.
5. Students must be aware that the AT Program is sequential in nature and that courses are offered only one time per year.
6. Students are referred to the ESU academic grievances policy in cases in which a student wishes to appeal a grade given by a faculty member.

Student Code of Ethics/Conduct

Every student is expected to abide by the NATA code of conduct (see Appendix I). In addition, students are expected to act with the utmost levels of professionalism and academic integrity while enrolled at Emporia State University and the Athletic Training Program, including:

1. Respecting the dignity and rights of all students, athletes, patients, faculty, and constituents.
2. Conducting oneself in a positive and supportive manner that creates a pleasant and cooperative learning atmosphere.
3. Demonstrate a commitment to the mission and philosophy of Emporia State University, HPER department, and the AT program.
4. Demonstrate honesty and integrity in completing all academic and clinical work.

Clinical Education Requirements

The clinical education experience within the profession of athletic training is an opportunity for students to practice and refine skills and knowledge learned throughout the education process. Therefore, students are required exposure approximately 10-15 hours per week as an athletic training student while enrolled in the AT Program. The intent of the clinical education is to expose students to various components of the athletic training profession (e.g., coaches, athletes, equipment, clinical settings, injury/illnesses). At no time are the athletic training students expected or required to take the responsibilities of a certified athletic trainer. Clinical rotations will vary in length and settings during the AT Program.

Based on a student's past experiences and skill level, each student will be assigned to a preceptor for supervision. Academic classes should remain the students' primary responsibility; however, they should make every effort to schedule classes before 1 pm, allowing for clinical rotations in the afternoon.

Clinical Education Procedure:

1. Pre-Professional Phase, Freshman
 - a. Students are assigned two eight week rotations within clinical sites at Emporia State University Department of Intercollegiate Athletics, under the direct supervision of a certified athletic trainer (Preceptor). Students must obtain a minimum of 60 (5-7 per week) clinical education experience hours and be enrolled in PE 271 and PE 272, Introduction to Athletic Training and Lab as the associated courses. There is a \$30 laboratory fee associated with PE 272 used to

purchase materials used for the class, the fee will automatically be paid along with tuition and any other required fees.

2. Professional Phase, Sophomore
 - a. Students are assigned two, 8-week, on-campus clinical rotations per semester. Students must be enrolled in PE 274 and 275, Clinical Education I and II as the associated course. There is a \$25 laboratory fee for each of the listed clinical education courses. This fee is used to purchase the blanket liability insurance policy for the students and for purchasing lab materials used. This fee will automatically be paid along with tuition and any other required fees. Students must obtain a minimum of 150 clinical education experience hours per semester, which is about 10-15 hours/week. The students are supervised by a Preceptor.
3. Professional Phase, Junior
 - a. Students are assigned two main clinical rotations on-campus, 1 per semester, which last 16 weeks. During the main clinical rotations students will be assigned to one of two off-campus clinical rotations, 1 per semester, which last approximately 2-4 weeks. Students must be enrolled in PE 346 and 347, Clinical Education III and IV as the associated courses. There is a \$20 laboratory fee for each of the listed clinical education courses. This fee is used to purchase the blanket liability insurance policy for the students and for purchasing lab materials used. This fee will automatically be paid along with tuition and any other required fees. Students must obtain a minimum of 225 clinical education experience hours per semester, which is about 15-20 hours/week. The students are supervised by a Preceptor.
4. Professional Phase, Senior
 - a. Students are assigned to an approved clinical instructor to work mainly with one sports team as the head athletic training student. This rotation lasts the entire sports season and the student must be enrolled in PE 483 and 484, Clinical Education V and VI as the associated courses. There is a \$15 laboratory fee used to purchase the blanket liability insurance policy for the students and for purchasing lab materials used. This fee will automatically be paid along with tuition and any other required fees. Additionally, students will be assigned to a short general medical rotation which will take them off campus to the local emergency department. Students must obtain a minimum of 225 clinical education hours per semester, which is about 15-20 hours/week. The students are supervised by a Preceptor.

Upon completion of all six clinical education courses (I-VI), students will have amassed the program required 1200 hours of clinical education experience.

Full-Time Academic Standing

Typically students enrolled in the AT Program maintain a full-time academic status under Emporia State University's guidelines while enrolled in the program. Because the Professional Phase of the AT curriculum spans three years and those students who do not maintain full-time status may not be able to complete the requirements within the allotted time (5 years).

Graduation Requirements

Students completing course work, clinical proficiencies, and clinical experiences are eligible to take the Board of Certification (BOC) examination. Students are given a certificate by CAATE documenting they have completed the Athletic Training Program. Prior to being allowed to take the National Certification Examination and receiving a certificate, the student must complete the following requirements:

1. Complete Emporia State University's requirements for a bachelor's degree.
2. Complete all the requirements for the Athletic Training Program.
3. Maintained a 2.7 cum GPA and in all athletic training courses.
4. Complete clinical proficiencies at an 80% or better level.
5. Complete 1200 hours of clinical experience under the direct supervision of an approved Preceptor with Emporia State University.
6. Complete the checklist and obtain a satisfactory evaluation from the faculty athletic trainers for every aspect of the program.

Equal Opportunity Statement

The university does not engage in discrimination in its programs, activities, and policies against students, prospective students, employees, or prospective employees, on account of race, color, religion, sexual orientation, marital status, height and weight, ethnic or national origin, age, non-disqualifying handicap, or sex.

Americans with Disabilities Act

Students with a handicapping/disability conditions are entitled to request reasonable accommodation within both the academic and clinical portions of the AT program. If you are a student with a disability, it is your responsibility to register with the office of Student Accessibility and Support Services and to contact your instructor at least two weeks prior to a needed service so reasonable accommodations can be made. In addition, students with disabilities which may impact his/her clinical experience should contact the clinical coordinator as soon as possible to facilitate appropriate accommodations.

Technical Standards

The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the AT Program. The Standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel (CAATE 2013). The specific demands of the AT Program are delineated in a set of Technical Standards (see Appendix IV).

Students are responsible to compare their own capabilities with the requirements in the Technical Standards. If a student believes that he/she may need assistance with tasks described in the standards, he/she should contact ESU's office of Student Accessibility and Support Services (SASS) for assistance. Additionally, if at any time during their academic career, a student's health status changes, and they feel accommodations may be needed, they may contact SASS for requests. If accommodations are approved, an additional Technical Standards form will be completed and documentation of accommodations provided.

Sexual Harassment

NOTE: Students should refer to the current Emporia State University Catalog for university policy and updates.

Sexual harassment of any member of the University community by another member of the University community is inconsistent with the principles and mission of Emporia State University and will not be tolerated.

The Equal Employment Opportunity commission offers the following definitions. "Harassment on the basis of sex is a violation of Sec. 703 of Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment decisions affecting such individuals, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment." [C.F.R. sec. 1604]

In the context of higher education, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature also constitutes sexual harassment when (1) submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of instruction or participation in University activities, (2) submission to or rejection of such conduct by an individual is used as the basis for evaluation in academic or other University activities affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with a student's academic performance or creating an intimidating, hostile, or offensive University environment. (Sexual harassment of any student by another student of the University community should be reported to the Office of Student Services.)

A student or faculty member should notify the Vice President for Academic Affairs and Dean of the Faculty of any complaints (or if the complaint is against the Vice President for Academic Affairs, the President should be notified). If the matter cannot be resolved by informal counseling by the Vice President of Academic Affairs, the Vice President for Academic Affairs will refer the matter to the Judicial Committee, which will be guided by the rules of fair play in its deliberations. The committee will report its findings as a recommendation to the President who will take the final action for the institution. The final actions may range from reprimand to dismissal.

Hepatitis B Vaccination

Hepatitis B vaccination is strongly recommended for all health care professionals. Students beginning Phase I can start the immunization if they have not already been vaccinated. The vaccination requires a series of three shots. The initial shot is followed by a second shot one month later, with a third shot given six months after the second shot. Students who have had the vaccination prior to Phase I are required to show proof. Students who choose not to take the Hepatitis B vaccination must sign a statement indicating they were offered the vaccination but have chosen not to take the vaccination. Students are financially responsible for the cost of the

vaccination(s). Records of student vaccination or waiver of vaccination are kept in the student's AT Program file in the program director's office.

Exposure to Potential Health Risks

Students should be aware that they may be exposed to a variety of potential health risks throughout the educational program and clinical practice. These include, but are not limited to:

1. Laboratory session in which students work with each other to practice various procedures including exercise, functional activities, physical agents, manual therapy, and the use of assistive and adaptive devices.
2. Clinical experiences in which students perform various procedures including exercise, functional activities, physical agents, modalities, manual therapy, and the use of assistive and adaptive devices.
3. Students may also be exposed to infectious diseases in the clinical setting.

Health Forms

AT Program students are required to submit a completed Physician's Exam Form to the program director two months prior to beginning their first clinical rotation (see Appendix V). Copies of this form must be provided by each student to each clinical instructor at least two weeks prior to beginning a clinical rotation.

Health Insurance

Students in the AT Program are expected to obtain personal health insurance and must show proof of coverage prior to being accepted for clinical education placement. If a student does not have health insurance, insurance may be available through the university upon request.

Liability Insurance

Emporia State University AT Program does provide a liability insurance policy for students participating in Phase II course or clinical education activities in the amount of \$2,000,000/\$5,000,000. This policy costs about \$15/student/year. The AT Program purchases the insurance with fees that are applied to clinical courses. See the program director for more information.

CPR/AED, First Aid and OSHA Training

All students are required to provide proof of current First Aid, CPR, and AED certification, and OSHA training. Students will receive annual reviews of this information in the first semester of each academic year.

Infection Control Policy

The athletic training staff is at risk of infection. Bacterial, fungal, and viral infections are not uncommon to the student athletic population, placing the athletic trainer at some risk. These infections may be transmitted through the air, direct contact, and contact with body fluids. The athletic training staff should take the appropriate measures to prevent being contaminated themselves and contaminating the student athlete. Barriers, appropriate disposal, and cleaning are the primary techniques to prevent infectious transmission.

The major body fluid pathogens of concern are HIV and Hepatitis. These viruses are transmitted through body fluids, especially blood, and they are permanent and potentially fatal. Protecting oneself and the athlete requires knowledge, caution, and attentiveness when dealing with body fluids. It is important the athletic trainer use available barriers to avoid contact with body fluids, particularly blood. The athletic trainer should also clean contaminated areas as recommended, clean soiled cloth as recommended, and dispose of soiled disposable products as recommended.

It is important athletic trainers protect themselves and athletes from as many infectious organisms as possible. Barriers, proper disposal, and proper cleaning are primary factors in the prevention of cross contamination.

Facemask and/or shields are to be used if either rescue breathing or CPR is performed. Facemask and shields are available in the training room. Athletic training staff should have these devices with them when providing activity coverage. Although saliva has not been implicated in the transmission of blood pathogens, there is a long list of infectious diseases transmitted through saliva; therefore, a prudent practice is to use a face mask/shield when performing rescue breathing or CPR.

Latex or vinyl gloves provide an effective barrier against the transmission of infection, and latex or vinyl gloves are to be worn when in contact with blood, body fluids, or other potentially infectious contacts. Latex or vinyl gloves are available in the training rooms. The athletic training staff should have latex or vinyl gloves on their person when rendering athletic training services to athletes. Soiled gloves should be removed from the hands by peeling the glove off so the inside of the glove becomes the outside. The soiled gloves should be disposed of in a biohazard bag.

Biohazard bags are the red bags placed inside closed disposal containers. All disposable soft soiled products that have either blood or body fluids are to be disposed in the biohazard bags. Products such as soiled adhesive bandages, gauze pads, wound dressings, and gloves are examples of what should be disposed of in biohazard bags. Full biohazard bags are taken to Emporia State University Student Health Center for appropriate disposal with a licensed carrier.

Sharps containers are the red puncture resistant boxes for the disposal of needles, scalpel blades, disposable scalpels, and other potentially contaminated sharp objects. The athletic training rooms have sharps containers appropriately placed. Full sharps containers are taken to the Emporia State University Student Health Center for appropriate disposal with a licensed carrier.

Soiled cloth such as uniforms and towels are to be put in a biohazard bag and sent to the laundry. The biohazard bag identifies to the individuals doing the laundry that they should use the appropriate barriers and recommended laundering techniques when handling and cleaning the soiled uniforms and/or towels. Latex or vinyl gloves should be worn when handling soiled cloth.

Bleach solutions are to be used to clean areas that blood or other body fluids have soiled. The bleach solution is one part bleach to ten parts water. Typically, tabletops and floors become soiled requiring cleaning with a bleach solution. It is a daily practice at Emporia State University

to clean all treatment and taping tables with a bleach solution. There are solutions other than bleach solutions that are acceptable for the cleaning of soiled areas. Latex or vinyl gloves should be worn when cleaning soiled surfaces.

Computer Access

All students are required to have access to a computer and the Internet. AT Program faculty provide communication via email or course content may be placed on the Internet. Students are required to check email on a regular basis (at least every other day) to keep abreast of new information.

Bad Weather/Snow Emergency

Students are not expected to travel to class or clinical rotations when the University is officially closed due to inclement weather. All university closings are announced on local radio and television. Students who are unable to travel to class or clinical rotations must contact the instructor, clinical supervisor, and program director within a reasonable time frame.

Student Records

The AT Program maintains student records and documents relevant (e.g., admission materials, evaluations, course assessments, clinical hours, advising documents and all other documents pertaining to the AT Program) to the program for a period of five years. Records are maintained in a secure location, accessible only by designated program personnel.

Educational Resources

There are several educational resources available for student learning. Resources are housed in ESU's William Allen White Library, Nursing Library (located at hospital), HPER Library (PE Building), HPER computer lab, ESU's Athletic Training facilities, ESU's Nursing Program Library (located at hospital), and the AT program director's office. Resources are available to obtain journals, books, and other educational material that is not owed by ESU, through interlibrary loan and the Internet.

Confidentiality

Students must respect the confidentiality of all patients, clients, and constituents of athletic training services. Any use of patient/client cases or data in the classroom shall not reveal the name of the patient/client. Students are expected to meet the clinical sites' standards for confidentiality at all times.

Program Communication

Faculty and staff at ESU have an open door policy and welcome any student who has a concern or question. It is important that students follow proper chain of command and act professionally. Students in the program also have mailboxes (folders) in the front (north) training room and should check them on a regular basis.

Athletic Training Student Meetings and In-Services

Attendance at all athletic training student meetings and in-services is mandatory. A prior excuse must be given in writing to the program director and excuses will only be accepted under serious

circumstances (e.g., death, wedding). Missed meetings and in-services could result in suspensions or removal from the AT program.

Related Athletic Training Experiences

Students are strongly encouraged to participate in professional seminars, conferences, and meetings whenever possible. Involvement in summer sports camps and workshops is encouraged.

BOC Exam and Application

In order to attain BOC certification to practice as an athletic trainer, an individual must complete, or be in their final semester of completing an entry-level athletic training education program accredited by CAATE and pass the BOC certification exam. In order to qualify as a candidate for the BOC certification exam, an individual must have their exam application be confirmed by the recognized Program Director of the CAATE accredited program. Results have shown that success on the exam is directly related to a student's academic performance, not the number of clinical hours obtained. Students should take every opportunity to practice skills and apply knowledge in a supervised setting to gain feedback.

In addition current standards require programs to show a 70% first time passer rating over a three year aggregate. If a student does not feel ready to take the exam they should take comprehensive practice exams (especially their last year) to evaluate their knowledge in the athletic training domains.

Special Note

Emporia State University, Teachers College, and the Department of Health, Physical Education, and Recreation policies and procedures (e.g., final grades, incomplete grades, student rights and responsibilities, academic misconduct) are used for any categories/subjects not specifically outlined or mentioned in this handbook.

Chapter 4 – Clinical Education

Learning and Teaching Opportunities

Most competencies are taught in the didactic setting, but not in all cases. There should be several opportunities for the students to learn or review competencies from their clinical instructors or peers in the clinical educational setting. However, students must keep in mind that variations may occur in what is taught between classroom and clinical instructors. When a student is assigned to a clinical rotation, it is essential that all personnel understand that the students are in the clinical education setting to learn, not to replace staff or provide unsupervised clinical service to athletes, patients, and coaches. The responsibilities of the athletic training student and clinical instructor include:

The ATS should:

1. Organize his/her weekly schedule to obtain the required number of clinical education hours. Check with the Preceptor regarding times and locations of clinical practices.
2. Be open-minded to new and different ideas, ask question, and be engaged in the clinical experience.
3. Review, investigate, and apply those competencies pertaining to his/her specific academic level.
4. Be prepared to be evaluated and tested on the NATA competencies designated for each academic level.
5. Attempt to think critically and solve problems independently, seek assistance when needed.

Preceptor Responsibilities:

1. Supervise Students during clinical education;
2. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
3. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision making during actual patient/client care;
4. Provide assessment of athletic training students' clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
5. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training
6. Accept all ATSs assigned to his/her facility or sport without discrimination.
7. Utilize the ATS for no more than an average of 15-20 hours/week.
8. Refrain from giving ATSs simple answers, allow them to think critically and problem solve before providing an answer.
9. Assist each ATS in setting and obtaining personal goals throughout the semester.

Criteria for Documenting Clinical Education Hours

It is extremely important that students document all of the clinical education hours. To aid the students in this recording process, the student must use the clinical experience documents (see Appendix VI). It is the students responsibility to record and calculate the clinical education hours, to have preceptors sign them, and to submit them to the clinical education coordinator. It is recommended also that students keep their own personal record of the educational hours.

Criteria for claiming hours follow:

1. Students may only record those clinical hours that have been assigned by the ESU athletic training staff and program personnel.
2. Students may only record hours that are spent attending to athletic training duties only, not sitting on a bus or eating with a team.
3. Students may not obtain clinical hours:
 - a. During the summer (outside of clinical assignments)
 - b. During athletic training meetings, in-services, or classes

Student Work Study

Students in AT Program are permitted to participate in the federal student work-study program and campus employment. The federal work-study is a needs based, financial assistance program, that students must qualify. Students are encouraged to contact ESU's Financial Aid Office to determine if they qualify. Students who do not qualify may visit ESU's Job Board for other non-need-based employment. Students working in the athletic training department as work-study or athletic department employees are considered "Student Assistants" and must abide by state laws and the stated job description with the Department of Intercollegiate Athletics at ESU.

Note: Students in the AT Program cannot be evaluated for competencies associated with the AT Program during the times that they are employed as a work-study student or student assistants. Also, hours obtained while employed as a work-study student or student assistant cannot be used for the AT Program. Students must maintain a separation of clinical duties, hours, and responsibilities for the AT Program and when employed as a work-study or student assistant.

Surgical Observations

Students will have the opportunity to observe surgeries during the semester and should take advantage when presented. Orthopedic and non-orthopedic surgeries occur on a regular basis. If interested, a list of surgeries will be coordinated between the AT Program Director and the head athletic trainer. Prior to the surgery, students should review the surgical procedures, mechanisms of injury, and rehabilitation. Students can read about these through texts and articles.

Clinical Education Opportunities

The Intercollegiate Athletic Training Clinics are the designated physical facilities where comprehensive health care is provided to student athletes. These same facilities are used by athletic training students to develop their clinical skills in a structured laboratory environment. Each semester students are assigned to one of the two athletic training rooms staffed by a faculty member providing athletic training services to an assigned athletic population. Each semester a specific clinical emphasis is implemented utilizing the facility and sports most likely to enhance development in those clinical skills. The clinical emphasis and sports coverage are: upper

extremity - baseball, football, volleyball, tennis, track (throwers), and cheerleading; lower extremity - football, soccer, cross-country, track, and basketball; general medical - all sports ; and equipment intensive - football. Athletic training students are supervised by a faculty Certified Athletic Trainer providing athletic medicine services to these sports including but not limited to the following: practice preparation, practice coverage, game preparation, game coverage, first aid, injury/illness evaluation, follow up care, therapeutic modalities, rehabilitation, and other athletic medical services. Students are evaluated on their clinical skill development and proficiencies through written tests, skill tests, and oral practical tests.

Clinical Education – Rotations

Pre-Professional Phase (Phase I)

Once admitted into the Pre-Professional Phase, students will begin their observational hours in the clinical setting during the spring semester. The program director / clinical coordinator will randomly assign the students to a clinical site under the direct supervision of a Preceptor. The number of students assigned to a clinical site will depend on the space available. The clinical sites will be limited to the Emporia State University (ESU) Athletic Training Department.

The student will be assigned to a clinical rotation and a Preceptor in either the North or South athletic training clinics as part of the athletics department. The students will observe the daily activities of the Preceptor and other members of the athletic training staff. Students will not participate in providing skills or duties that have not been formally instructed and evaluated. To provide the students with an opportunity for a varied and diverse clinical experience, they will be rotated every eight weeks between clinical sites. For example, students assigned to the North athletic training clinic initially will rotate to the South athletic training clinic after eight weeks (mid-semester) and vice versa. This will continue for each semester that the student remains in Phase I. Student evaluations will be completed by the supervising Preceptor at the mid-point and conclusion of each clinical rotation.

Pre-Professional Phase (Phase I)

	Spring Semester	
	1 st Block (8 weeks)	2 nd Block (8 weeks)
Group A	South AT Clinic	North AT Clinic
Group B	North AT Clinic	South AT Clinic

Professional Phase (Phase II)

Upon acceptance into the Professional Phase, students will enroll in the appropriate Clinical Education course and are assigned to a clinical site by the program director/clinical education coordinator. The initial clinical assignment (first year) will be random based upon space availability at clinical sites. During the clinical experience, students will be assigned to a Preceptor for direct supervision. Students must only participate in providing clinical skills and duties that have been formally instructed and evaluated by appropriate AT Program faculty, staff, and/or instructors. This rotational schedule is subject to change as other clinical sites are added.

First Year - Sophomore

Students will be placed in one on-site clinic for the first eight weeks of the semester, then rotate to the other on-site clinic for the second eight weeks. At the beginning of the spring semester the two, eight week rotations will recycle. During each clinical rotation, the student will be exposed to multiple athletes and sports. The Preceptor will assign the student varying duties that will involve contact with multiple sports and athletes. Student evaluations will be completed by the supervising Preceptor at the mid-point and conclusion of each clinical rotation.

Sample rotations:

	Fall Semester 2 – 8 week blocks		Spring Semester 2 – 8 week blocks	
Group A	South AT Clinic	North AT Clinic	South AT Clinic	North AT Clinic
Group B	North AT Clinic	South AT Clinic	North AT Clinic	South AT Clinic

Second Year - Junior

Students will normally initiate an assignment in the fall semester and continue with this assignment through the semester. At the end of the fall semester, the student will be rotated to a different clinical site for the duration of the spring semester. The student will continue at the spring semester clinical site for the following fall semester and then rotate again at the conclusion of this semester. During each clinical rotation, the student will be exposed to multiple athletes and sports. The Preceptor will assign the student varying duties that will involve contact with multiple sports and athletes. Student evaluations will be completed by the supervising Preceptor at the mid-point and conclusion of each clinical rotation.

Sample on-site rotations:

	Fall Semester	Spring Semester
Group A	North AT Clinic	South AT Clinic
Group B	South AT Clinic	North AT Clinic

It is also during this year that students will complete off-site rotations at Newman Hospital and Physical Therapy Associates of Emporia. Students in their North AT Clinic semester rotations will also go off-site for two, separate, assigned physical therapy rotations. Students in the South AT Clinic semester rotations will attend an off-site rotation at Newman Hospital Orthopedic and Sports Medicine office.

Off-site rotations:

	North AT Clinic	South AT Clinic
Student going off-site	PT rotations	Orthopedic rotation

Third Year (Senior)

The curriculum is designed so that students in the AT Program complete most of the core coursework prior to their senior year. As recommended by the accrediting board (CAATE), and educational council (NATA), this is to allow the student time to gain skill proficiency and to show mastery of required competencies. Students will be allowed input into assigning their clinical experiences during the last year of the program, however, the program director/clinical coordinator has the final say in the clinical assignment. The student will enroll in the appropriate Clinical Education course as recommended by the academic adviser. The intention of this clinical rotation is for the student, under the direct supervision of a preceptor, to have an integral role in the clinical assignment. The student will be assigned to work as the head athletic training student for a particular sport/team and immerse him/herself into all aspects of the athletic training duties of the sport/team. The student will remain with the sport/team for the duration of the season(s).

NOTE: The program director and/or clinical education coordinator may alter rotations as needed to ensure students have contact and experience with a varied populations, risk factors, equipment, and conditions. Selections will be based on the appropriate fit between the student and the instructor in order to ensure a quality educational experience. Additionally, there may be instances where rotations are altered to maintain a balance of clinical sites.

Work Ethic

1. Be on time!
2. Show initiative, do not wait to be told what to do.
3. Use any free time to learn a new skill or practice an old one.
4. Be enthusiastic and eager to learn.
5. Be able to accept constructive criticism from others (i.e., staff athletic trainers, graduate assistant athletic trainers, upper level AT students, faculty, coaches).
6. Review the NATA Code of Ethics and apply them daily.
7. Clinical education is an extension of your academic education.
 - First, study hard, do not procrastinate.

General Athletic Training Clinic Policies and Procedures

1. All coats, backpacks, and other personal items should be stored neatly in a designated area in the athletic training clinic.
2. Professional appearance is expected in the athletic training clinic at all times.
3. Horseplay, profanity, or eating in the athletic training clinic will not be tolerated.
4. Do NOT lie down on the tables, or sit on the counters - unless practicing skills.
5. No cleats, spikes, muddy footwear, etc., are allowed in the athletic training clinics.
6. Ask athletes to shower off if receiving services after practices or if they are sweaty.
7. No food is permitted in the athletic training clinic except during special events or by permission of a staff athletic trainer.
8. No tobacco products are permitted at any time at any athletic training clinic or in the HPER building.
9. Use of alcohol and tobacco while on duty (home or away) is not permitted. This includes attending conferences, workshops, and other functions as an athletic training student.
10. Use of illegal drugs is strictly prohibited.
11. All equipment bags (athletes) are to be left outside of the athletic training clinics.
12. Athletic training clinic telephones are not to be used by athletes.
13. Falling asleep during your clinical education experience will not be tolerated.
14. When an athlete comes in the athletic training clinic, find out what he/she needs and take care of it. Self-treatments and self-taping should be discouraged. In providing treatment:
 - i. Check with staff athletic trainer(s) for appropriate treatment mode.
 - ii. Prepare the athlete for treatment.
 - iii. Set timer
 - iv. When the treatment period ends, clean-up the treatment area.
 - v. Rehabilitation is to be closely supervised - personal attention and motivating behavior may help to speed an athlete's recovery and to assure quality care.
15. Athletes will attempt to use you. Do not become a "tool."
 - i. No massages - unless for therapeutic purposes.
 - ii. Doing favors gets you nowhere.
 - iii. You are not a ball boy, stay out of drills.
 - iv. Avoid confrontations. If there is a problem, let a staff athletic trainer know ASAP.

16. Respect coaches. Never question, or argue. Inform the staff athletic trainer(s) of the situation or problem. The staff athletic trainer(s) will attempt to resolve the solution.
17. Decisions regarding medical referrals, treatments and rehabilitation protocols are made by the staff athletic trainers and physician only. Do NOT prescribe treatments and ideas to the athletes and coaches without first checking with the staff athletic trainer.
18. Be attentive to your team at all times; practice is not a social time. If an athlete is seriously injured, utilize skills you have as a first aider until a staff athletic trainer or emergency personnel arrives. Remember, injuries may occur in the opening minutes of practice, be prompt.
19. Everyone will help with athletic training clinic responsibilities. The most valuable student is one who can see work needing done without being told. If available, students should review the Daily Task Sheet as work responsibilities are completed. The staff athletic trainer(s) will dismiss you when all treatments and clean-up are completed.
20. Always notify the staff athletic trainer when you leave the athletic training clinic for practice or activity site.
21. Please respect the privacy of the staff athletic trainer(s) while in his/her office. A knock prior to entrance will be appreciated.
22. Medical information is private. Anything you see or hear concerning an athlete remains confidential. Information on the injury database on the computer is also confidential.
23. Familiarize yourself with all supplies and emergency equipment, and the location of the equipment and supplies.
24. Feel free to ask questions at the appropriate time.
25. Use of the athletic training room by persons other than athletic training personnel is strictly prohibited - unless a supervising staff athletic trainer grants permission.

Responsibilities of Athletic Training Students

PHASE I - PRE- PROFESSIONAL CLINICAL EXPERIENCE:

Phase I is the beginning curricular requirements for the AT Program at Emporia State University. Phase I consists of the following components: required Phase I courses; competencies associated with Phase I; and clinical observation and experiences hours. Phase I students begin their clinical experiences by observing certified athletic trainers in either one, or both of, the Emporia State University's athletic training clinics. Students are introduced to basic athletic training skills, practice basic athletic training skills, and assist certified athletic trainers as directed.

Phase I students are assigned required clinical hours not to exceed 20 hours per week. The hours are documented on the form titled "Student Athletic Training Experience Hours." The clinical experience hours require the signature of the supervising certified athletic trainer.

Phase I Student Responsibilities: Athletic training student's responsibilities in Phase I are:

1. Understand and utilize the skills from the twelve components of athletic training as described in the Athletic Training Education Competencies.

2. Complete the requirements and become certified in First Aid and CPR/AED.
3. Present self in a professional manner in the assistance of athletes' medical care.
4. Follow the instructions of the team physicians, certified athletic trainers, and other medical professionals when providing athletic training services.
5. Communicate in a professional manner with the team physician, certified athletic trainers, coaches, and athletes.
6. Follow the documentation directives assigned by the certified athletic trainer.
7. Maintain confidential medical information of athletes, coaches, or the general public. Confidentiality is essential with regards to information that is heard, seen, or written.
8. Follow the behavioral standards as delineated in the National Athletic Trainers' Association Code of Ethics.
9. Follow the athletic training and medical practices delineated by the certified athletic trainers and team physicians.
10. Dress appropriately and in a professional manner. Appropriate trousers, shorts, shirts, and shoes are required. Tank tops, excessively tight shirts, pants, or shorts, sandals, hats or other head coverings worn indoors, and revealing clothing are not appropriate.
11. It is the student's responsibility to discuss real and/or perceived problems with the supervising certified athletic trainer first and the Program Director and/or Clinical Education Coordinator second.
12. Be intrinsically motivated and interested in learning and improving athletic training knowledge and skills.
13. Communicate with the preceptors to maintain a positive learning curve.

If at any time the students feel they are experiencing undue pressure, harassment, or have otherwise been overlooked in a case involving assigned responsibilities, learning opportunities, or skill opportunities, please inform the supervising certified athletic trainer. The Program Director should be notified if the issue cannot be resolved by the certified athletic trainer.

PHASE II - PROFESSIONAL PHASE

The Athletic Training Program students accepted into Phase II complete the following requirements: required athletic training courses; clinical rotations; associated competencies; and 1200 clinical hours. Along with the knowledge gained through athletic training courses, students are given the opportunity to practice and apply athletic training knowledge, competencies, and skills under the supervision of a certified athletic trainer who is a preceptor. Athletic training

students are assigned to Emporia State University sports programs while completing a minimal three-year commitment.

The clinical experience is designed to expose the athletic training student to idiosyncrasies associated with certain injuries within specific sports, the physical requirements of various sports, the psychological variables of individual athletes, and the demands placed upon team athletic trainers. Therefore, to expose the athletic training student to a wide variety of sport programs and injury/illness circumstances, they are rotated through the two Emporia State University athletic training rooms. The clinical rotation includes the following: upper extremity emphasis, lower extremity emphasis; general medical emphasis; and equipment intensive emphasis. Athletic training students are assigned and rotated to the training rooms that will enhance their development with the specific clinical emphasis through the injury/illness idiosyncrasies of the sports program participants assigned to that athletic training clinic. The clinical experience to a certain extent, allows students to summarize knowledge, competencies, and skills in athletic training while providing athletic training services to intercollegiate athletes.

Phase II Student Responsibilities are in place to ensure that health care provided is present, consistent, and effective. Athletic training students must follow the certified athletic trainers' directions. Students are not expected to jeopardize either their health and safety or that of another person. Students have the following responsibilities:

All the Phase I Student Responsibilities carry over into Phase II in addition to:

1. Maintain First Aid and CPR/AED certifications.
2. Read, understand, and follow policies relating to athlete health care at Emporia State University (Emporia State University Medical Policies).
3. Notify the supervising certified athletic trainer of misunderstandings, problems, difficulties, and/or illness/injuries during clinical experiences.
4. Document injury evaluation, treatment, rehabilitation, and complete appropriate forms required for specific functions. Accurate and completed documentation is an essential aspect of health care, therefore, strives for excellence with documentation skill development.
5. Notify the certified athletic trainers responsible for the various sports of new injuries, follow up care, physician referral, and questions asked by coaches concerning athletes injured in their sport.
6. Athletic training students need to accurately evaluate the injury, efficiently provide the appropriate medical care, and recommend to the coach the athlete's participation status.
7. Be polite, respectful, and articulate when associating with Emporia State University athletic staff.

8. Adhere and respect confidentiality within the intercollegiate athletic sports programs.

If at any time the students feel they are experiencing undue pressure, harassment, or have otherwise been overlooked in a case involving your responsibilities, learning opportunities, or skill opportunities, please inform the supervising certified athletic trainer. The Program Director should be notified if the matter cannot be resolved with the supervising certified athletic trainer.

Relationship with Others

Students should conduct themselves in a professional manner at all times. At no time should they engage in conduct that would undermine their patient's confidence or cause a conflict of interest in their patient's care. This includes but is not limited to relationships and contacts with coaches, peers, and/or supervisors.

Dress Code

It is extremely important that we dress and look professional. Check with the staff athletic trainer in charge. The NCAA does not allow clothing with commercial brand names on display during athletic events. Check with the supervising clinical instructor for appropriate dress for game or event coverage. It is not appropriate to wear skirts, low cut shirts, torn clothes, or sandals. Travel attire must be consistent with the team's apparel (check with the coach or supervising athletic trainer). You will be required to read the applied dress code and sign to your understanding (See Appendix VI).

Medical Services

The athletic training program at Emporia State University works under the direct supervision of the team physician. The purpose of the AT program is to work for the prevention of athletic injuries, care for those that do happen and assist with complete recovery through rehabilitation so that the student athlete can return to competition as safely and quickly as possible. The ATS is a valued member of this team and can only contribute in a cooperative and positive atmosphere.

Injury Reporting and Documentation

Documenting athletic training services to student athletes by the athletic medicine staff is a vital component of the Intercollegiate Athletic Training Staff. Completing the necessary documentation forms consistently and accurately is a procedure practiced and developed within the athletic training staff. The documentation forms with which the athletic training staff need to be familiar include: Medical History and Personal Data Questionnaire; Medical Update; Pre-Participation Medical Examination; Acknowledgment of Risk; Urine and Screen Analysis; Evaluation of Injury/Illness; SOAP Notes Evaluation; Daily Treatment Record; Medical Referral; Care Provider billing form; Pharmacy billing approval; Emporia State University Laboratory Request; Newman Hospital Ambulatory Care Order; and secondary insurance claims. All athletic training students and staff should be familiar with forms as well as the location of forms necessary to document specific functions. The person completing a specific form is required to sign the document at either the conclusion of the report or in the appropriate marked space. There are a few forms that require the signature of either the team physician or the certified athletic trainers (Pre participation Medical Examination, Medical Referral, Care

Provider Billing, Pharmacy Billing, ESU Laboratory Request, Newman Hospital Ambulatory Care Order, and secondary insurance claims). Under no circumstance are athletic training students to sign any of the above documents.

Treating Injuries by Athletic Training Students

No ATS will begin or administer any treatment of any kind to a patient without first receiving approval and direction from a certified athletic trainer (ATC). The AT or Preceptor should be within visual and auditory range in order to step in when needed.

Ordering Treatments for Athletes

All medical emergencies or severe acute injuries shall be treated as they occur. Typically, in-season athletes preparing for practice/games should be treated first. Athletes unable to practice/compete should be treated next. Athletes with long-term conditions or chronic conditions should have a scheduled rehabilitation appointment.

Therapeutic Equipment Policy

The Emporia State Athletic Training Program and the Athletics Sports Medicine Department have multiple therapeutic modalities used for the treatment of Emporia State University student-athletes and as tools for the instruction of modality principles and practices for students in the Athletic Training Program. Use of therapeutic modalities occurs under the direction and supervision of a certified preceptor. Students gain enough exposure to the principles and usage of therapeutic modalities during their on-campus experiences that they will not perform the skill when at off-campus sites. Additionally off-campus sites not affiliated with Emporia State University cannot bill for services should they be performed by program students and therefore do not allow such treatment.

All Emporia State University electrical modalities are safety checked and calibrated as needed annually as recommended by the manufacturer. Safety checks and calibrations are made by a certified technician contracted by Emporia State University.

Medical Referral

If an AT student believes an injured athlete should be referred to an outside physician and/or specialist, notify a staff athletic trainer and have them make the referral in conjunction with the Team Physician. Athletic training students ARE NOT to independently refer athletes to outside physicians and/or specialists, unless you feel that the injury is an emergency and a staff athletic trainer is not available.

Transportation of Athletes to Medical Facilities

Although it is advisable for an athletic training student to accompany a student-athlete to his/her appointment, it is not the responsibility of any member of the ESU Athletic Training to use personal transportation to fulfill these referral situations.

Medical Examination and Clearance to Participate

Certified Athletic Trainers are often the first health care professional to be confronted with injury and illness incurred by athletes. The evaluation of injury/illness and the disposition of these

conditions is a major focus in both athletic training education and athletic training practice. Evaluations of the injured/ill athlete should progress in a systematic manner that leads to an impression of what the specific status of the athlete is, followed by the management treatment and disposition. Athletic training students are permitted to evaluate injured/ill athletes under the supervision of either the team physician or certified athletic trainer. Athletic Training Students are not to provide clearance to participate. Generally, the HOPS acronym (history, observation, palpation, and stress/special test) is used as an organized method of evaluating and assessing injury/illness.

History provides the pertinent information regarding current injury status, previous injury, pre-existing condition, the mechanism of injury, area of pain, type of pain, sign/symptoms of the injury, mental status, and functional ability. The history is generally gathered through verbal responses from the athlete to questions asked by the evaluator.

Observation is essentially what is visually seen. Observation occurs from the beginning to the end of the evaluation, continuing through the treatment and rehabilitation. The evaluator should observe for deformities, swelling, bleeding, skin color (ecchymosis or discoloration), asymmetry, range of motion limitations, mental status, and other observable abnormalities.

Palpation is the feeling and touching of body parts to determine pain, point tenderness location, deformities, distal pulses, muscle spasm, swelling, tissue deviations, skin temperature, sensory function, and crepitation, etc.

Stress tests and special tests are numerous and sometimes specific to the injured area. These tests often are used to determine range of motion, strength, joint stability, bone integrity, and test to identify specific injured tissue. Athletic trainers spend most of their educational and professional careers learning and perfecting the techniques of stress testing and special tests.

The initial care of an injured athlete often involves calming the individual enough to do an evaluation. The first two hours after an injury are considered by many to be of particular importance. The pain, swelling, and spasm are not as great a factor during the first two hours after the injury as they will be later. Athletic trainers should take advantage of the initial evaluation because often the most accurate assessment is made during this time.

NON-EMERGENCY MANAGEMENT AND TREATMENT:

Most injury in athletic participation is not life threatening; however, the athlete, coach, team, and parents are tremendously concerned with every level of injury. Athletic training care provided to athletes with non-threatening injury often reduces the loss of time from full activity. An accurate evaluation, followed with the correct initial care, therapeutic care, rehabilitation, and reconditioning are all factors in safely and successfully returning an athlete to full participation. Likewise, improper implementation of injury management and treatment can have a negative effect on recovery and the safe and successful return to full athletic participation.

Once the initial evaluation clearly indicates a non-threatening life or limb emergency exists, the first treatment for acute injuries is the RICE treatment (rest, ice, compression, and elevation). The RICE treatment is used in an attempt to reduce the acute injury symptoms of pain, swelling,

and spasm. The athlete should be encouraged to continue the RICE treatment at home, as well as, in the athletic training room.

Rest from full activity using protective devices such as splints, slings, and crutches are factors in reducing symptoms. The length of rest time varies, but 24 to 72 hours is common. The athlete should be correctly fitted and instructed on the use of protective devices

Ice Pack applications for either 20 minutes each hour, or 20 minute intervals are used to constrict the blood vessels reducing the bleeding in the injured area. Additionally, cold applications reduce the pain and spasm associated with acute injury. Generally, this treatment pattern is continued for 24 to 72 hours.

Compression is most often employed via an elastic bandage applied over the injured site. A felt, or sponge pad is sometimes placed over the injured area followed with an elastic wrap to maximize compression. The “horseshoe” pad used with acute ankle sprains is a good example of a compression pad. Constant compression is used to reduce swelling.

Elevation is used to reverse the gravitational pull of fluid in an effort to control the swelling. Elevation is easily applied to acute lower limb injuries but not as easily applied to upper body injuries. Elevation should be frequently applied for a 24 to 72 hour period.

Therapeutic modalities are agencies used to treat the acute injury symptoms of pain, swelling, and spasm. The appropriate choice of therapeutic modalities reduce the symptoms of acute injury quicker than not using modalities. Although the appropriate use of modalities reduces injury symptoms effectively, the inappropriate use of modalities can aggravate the symptoms delaying healing. Therapeutic modality applications that increase pain, swelling, and spasm should be discontinued at the onset of symptoms. Typically, the modalities athletic trainers use are cold, heat, electrical stimulation, ultra sound and other diathermies, or combinations of these devices. Modality selection is based on injury stage, injured tissue, treatment goals, and contraindications of each modality.

Classroom and clinical experience provide the opportunity for athletic training students to learn and understand the use of therapeutic modalities. Athletic training students are allowed to use modalities under the supervision of the certified athletic trainer. It is the students’ responsibility to only use the therapeutic modalities they have the knowledge and training to use. Students should not use modalities with which they are not familiar. Students will be sanctioned if adverse incidents occur.

Rehabilitative exercise is another important ingredient in injury management as are the previous procedures. The safe and successful return to full activity is very often predicated on therapeutic exercise being applied in the correct intervals. Rehabilitative exercise usually begins with range of motion exercise, then isometric exercise, followed with isotonic and isokinetic exercises. Athletic training students are active participants in the rehabilitative process supervised by the certified athletic trainers. The rehabilitative process is another concentrated area of study for athletic training students.

The return to full activity for the injured athlete is made by the team physician and the certified athletic trainers. Students are privy to the process by which the decisions to return to full activity are made and may be asked for their educated opinion but will not, ultimately, make such a decision.

EMERGENCY MANAGEMENT

The athletic training team; team physician, certified athletic trainers; athletic training students, and coaches; are the professionals present in the event of significant injury and or medical problem with an athlete. The athletic training team must act prudently and reasonably during emergencies. It is always a primary concern during emergency situations to maintain cardiovascular and neurological functions, because failure of these systems may lead to either paralysis or death.

The initial evaluation of the injured athlete is key to emergency aid in sports settings. The evaluation must be done accurately and rapidly so proper aid can be provided with limited delay. There will be incidents where the first steps in emergency aid may not only be life saving but determine the extent of permanent disability. Although time is of the essence in the initial evaluation, accuracy is essential. Therefore, it is vital all athletic personnel are familiar with the Emporia State University Athletic Emergency Care Plan that is included as a part of this handbook.

Review the following information prior to practice and event coverage to be familiar with the issues addressed in an emergency care plan.

1. Telephones are an essential tool in all emergency plans. The athletic training program uses cell phones. Additionally there are land-based telephones located at most practice and game locations. Athletic training students must know where the land-based phones are located in the event the cell phone is not functioning for some reason. 911 is the number to dial to summons paramedical and/or EMT aid.
2. The person making the emergency call (911) should calmly provide the following information:
 - Type of emergency situation.
 - Injury condition, type of suspected injury.
 - Current status of the injured athlete.
 - Assistance being given to the injured athlete (CPR, spinal stabilization).
 - Exact location of the emergency, (streets, field locations, building location).
 - Give the telephone number the emergency call is being made from.
 - Remain on the line until the 911 dispatcher hangs up.
3. Keys are necessary to open gates and doors that are often locked during games. It is important both coaches and athletic trainers have keys to access locked areas.
4. The general emergency plan should be followed regardless of the event location, however, be sure to review the emergency plan at the location with the certified

athletic trainer in charge of the event, coaches, and visiting team athletic trainer and/or coach.

5. It is important each individual understands his/her responsibility in an emergency during practice and event coverage. Review the emergency plan with the certified athletic trainer in charge of the event on a regular basis.
6. Someone is assigned to accompany the injured athlete to the hospital. The accompanying person should have as much personal information about the injured athlete as possible (name, insurance, parents, addresses, certified athletic trainer's telephone number). An athletic training student who travels with teams should have the athletes' personal information.

Responding to an emergency begins with determining whether an athlete presents with a life-threatening emergency or a non-life-threatening emergency. Life threatening emergencies such as cardiovascular failure, respiratory failure, shock, heat stroke, brain injury, spinal cord injury, and severe bleeding require a quick but accurate action by the attending first responder as well as alerting the emergency medical system, EMS. Non-life threatening emergencies such as fractures, dislocations, muscular strains, sprains, heat cramps, and heat exhaustion require a quick and accurate response but it may not be necessary to alert the EMS immediately or not notify EMS at all.

Responding to a life-threatening emergency requires a quick and accurate evaluation followed with the correct response. Emporia State University athletic personnel do the following:

A primary survey is performed by the highest medical authority in the chain of command. The primary survey is the following:

- A - airway
- B - breathing
- C - circulation

Action: If airway, breathing, or circulation is absent, contact EMS and begin the appropriate first aid response (establish an airway, begin rescue breathing, begin CPR).

1. External bleeding is most often controlled with direct pressure. Elevation is added to direct pressure if the bleeding were not controlled. Pressure point application is added to elevation and direct pressure if the previous methods were not effective. If these measures do not control severe bleeding, or an artery is damaged, alert EMS and continue bleeding control measures.
2. Internal bleeding is not seen during a field/court evaluation. During field/court evaluations the lone sign that may appear is shock. Shock cannot be managed outside of a hospital setting. If shock is suspected, alert EMS, as transportation to an emergency care facility is essential, and begin first aid treatment for shock.

3. Unconsciousness is most often the result of a brain injury. The first responder should assume a cervical spine injury coexists with the brain injury. The first responder proceeds with the following:
 4. Observe the position of the body and determine the level of consciousness and/or responsiveness.
 5. Airway, breathing, and circulation are a priority and should be established immediately. If the athlete is supine and not breathing, begin rescue breathing. If the athlete is prone and not breathing, log roll into the supine position and begin rescue breathing.
 6. If the athlete is breathing, do nothing until consciousness returns.
 7. Cervical spine injuries often coexist with brain injuries, therefore, protect the head and neck from movement.
 8. Do not remove helmets or other equipment until cervical spine injuries have been ruled out. However, know how to remove a facemask and where the necessary tools are for such an action.
 9. Maintain and monitor life support for the unconscious athlete until EMS arrives.
 10. Begin a secondary survey once the athlete is stabilized.

A secondary survey is performed by the highest medical authority in the chain of command with the non-life threatening conditions. The secondary survey consists of history, observation, palpation, and examination including special test. Recognizing the significance of vital signs is an important factor in the secondary survey. Physicians, certified athletic trainers, paramedics, emergency medical technicians, and other para medical professionals must be able to assess vital signs as well as interpret the significance of abnormal vital signs. Athletic training students, athletic trainers, and coaches having less experience with vital signs should refer athletes when two or more vital signs are not normal.

Vital signs to be observed and assessed are the following:

- Heart rate or pulse
- Respiration
- Blood pressure
- Temperature
- Skin color
- Pupils
- State of consciousness
- Sensory changes
- Motor changes

Medical Clearance

The Emporia State University Team Physician or his/her designee, in consultation with the staff athletic trainer, has the final authority in deciding if and when an injured student-athlete may return to practice and/or competition. Athletic Training students do not have any authority to release or return an athlete to practice and/or competition.

Release of Medical Information

No medical records or information will be released without written authorization from the athlete/patient. If the athlete is a minor, the athlete's parent or legal guardian must give written authorization.

Under no circumstances is the ATS to release medical records or information to anyone. Students are to reply to media or other inquiries by saying "No Comment." The Sports Information Director, Head Athletic Trainer, Athletic Director, or appropriate designated official will handle all communications and the student should direct all inquiries to these officials.

Professional Confidentiality

All athletic training students are expected to respect an injured athlete's right to privacy. When an injury occurs, do not crowd the athlete. Only one or two athletic training students should assist the staff athletic trainer when necessary. The remaining athletic training students should continue to watch and monitor the practice or game.

It is the responsibility of all personnel within the Athletic Training to ensure that all patient information, personal, medical, or education related, remain confidential. Due to the varied number of staff personnel that may be involved with a student-athlete's case, it is essential that a policy of confidentiality be observed in order to maintain an atmosphere of mutual trust. It is illegal for any personnel to gain access to patient information, through any and all means, unless the information is needed in order to treat the patient, or because their job would require such access.

All ESU athletic training personnel are expected to adhere to the Confidentiality Policy at all times. This policy must be signed at the beginning of each year and a copy will be kept in the athletic training student's file. Violation of the policy constitutes grounds for dismissal from the ESU AT Program.

Athletic Training Students Traveling with Teams and Event Coverage

Athletic Training Students (ATS) in the Emporia State University Athletic Training Program will not travel with any teams nor provide any athletic training services at home or away, practice or game, without the direct supervision of a preceptor.

Filing and Confidential Records

All athletic training students are expected to help with clinical filing. Each file contains important confidential information. All information contained within the file and the patient/client will not be discussed or referred to except with a staff athletic trainer or the physician(s) responsible for the athletes well-being. This includes members of the media.

Equipment Checkout

All equipment (e.g., crutches, splints, coolers) issued to athletes and/or coaches must be properly recorded. Athletic training students working with a sport are responsible for assisting with the recovery of the equipment at the end of the season.

Office, Phone, and Usage

The staff athletic trainer's offices, phones, and computers are for the official use of members of the athletic training department only. Athletic training room phones and computers are not to be used for personal business. It is a NCAA violation for student-athletes to use phones, computers, and other office machines in the Sports Medicine Department. It is expected that all athletic training students will adhere to this policy at all times or risk further disciplinary action.

Usage of the Athletic Training Clinic

All use of athletic training room facilities, including use of the equipment therein, must be done by or under the immediate supervision of a staff athletic trainer. Services are to be provided for approved members of the Athletic Department squads only. Exceptions, while being unusual, can be made with the prior approval, in writing, of the Head Athletic Trainer and the agreement, in writing, of the involved athletic trainer. In this case, an individual record maintained for the individual by the athletic trainer involved. That record will include the written approval of the head athletic trainer and the involved athletic trainer, all related correspondence, and an adequate narrative report of what is being done for that individual.

Infraction Policy and Form

Any AT student who does not comply with federal and state laws, code of conduct and ethics, Emporia State University, HPER Department, or AT Program policies and procedures or acts in an inappropriate manner is an act of infraction (violation). Depending on the severity of the infraction, a first time offender is given a verbal warning and the infraction form is completed by the supervising athletic trainer, program director, or coach and placed in the student's file.

If a second infraction (same or different behavior) should occur, another infraction form is completed and placed into the student's file. The student will be required to meet with the athletic training staff to discuss the infraction, actions taken, and risk of probation.

If a third infraction should occur, another form is completed and placed into the student's file. The student will be placed on probation (no athletic training responsibilities) immediately and the athletic training staff and program director will decide the conditions and length of the probation. The student will meet with the athletic training staff to discuss the infraction and its ramifications.

If a fourth infraction should occur, the student is dismissed from the AT Program and asked to change his/her major. The student will not be eligible for readmission to the AT Program. In all cases, the student will have the opportunity to appeal the decision of the AT program under the policies and procedures established by Emporia State University (see the undergraduate catalog).

Appendix I – 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.

1. Members shall practice with compassion, respecting the rights, well-being, 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 well-being 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.

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.

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.

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 or AT 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 well-being 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.

Reporting of Ethics Violations

Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA's Executive Director or Chair of the Ethics Committee. Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee.

An individual may report information on the condition that the individual's name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

*NATA
Ethics Investigations
2952 Stemmons Frwy
Dallas, TX 75247-6196*

Appendix II – Professional Organizations, Certifications, and Licensure

Webpages

1. NATA, <http://www.nata.org>
2. NATA Education Council,
3. BOC, <http://bocatc.org>
4. District 5 (Kansas), <http://www.maata.net/>
5. Kansas Athletic Trainers Society, <http://staff.jccc.net/bbuese/kats/>
6. Kansas State Board of Healing Arts, <http://www.ksbha.org/main.shtml>
7. CAATE, <https://caate.net/>
8. HIPPA, <http://www.nata.org/committees/gac/hipaa/hipaa.htm>
9. NATA Scholarships, <http://www.natafoundation.org/scholarship.html>
10. BOC Steps to Become Certified, <http://www.bocatc.org/candidates>
11. National Strength & Conditioning Association, <http://www.nasca-lift.org>
12. ESU AT Program, <https://www.emporia.edu/teach/hper/athletic-training/>
13. Medical Online Dictionaries, Glossaries & Resources,
<http://www.interfold.com/translator/medsites.htm>
14. Kansas State Board of Emergency Medical Services, <http://www.ksbems.org>

Appendix III – Evaluation Documents

Athletic Training Student Self-Questionnaire

Annual Summative Evaluation

PLEASE Type or PRINT in ink

(Student's Name)

____/____/____
(Date)

The following questions will in NO way be used to evaluate you, the student. They will remain confidential in your academic file. Therefore, I encourage you to be as open and honest in ALL your answers. In addition, please be very SPECIFIC in your descriptions or explanations. Your input is the MOST valuable feedback I need to meet your needs and improve the quality of the undergraduate athletic training program. Please CIRCLE the most appropriate answer (1=poor, 3=average, 5=excellent) and fill in the blanks. Thank you for your time, honesty, and interest in the assessment of the ESU Athletic Training Program (AT Program).

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | Quality of the athletic training program (academic & clinical) | | | | | |
| | a. Course content in athletic training program | 1 | 2 | 3 | 4 | 5 |
| | b. Course content in physical education (not athletic training) | 1 | 2 | 3 | 4 | 5 |
| | c. Instruction in athletic training classes (in general) | 1 | 2 | 3 | 4 | 5 |
| | d. Instruction in physical education classes (in general) | 1 | 2 | 3 | 4 | 5 |
| | e. Academic standards/criteria (gpa, probation policy) | 1 | 2 | 3 | 4 | 5 |
| | f. Feedback from classroom instructors | 1 | 2 | 3 | 4 | 5 |
| | g. Faculty interest in the students | 1 | 2 | 3 | 4 | 5 |
| | h. Interaction with faculty (in or out of class) | 1 | 2 | 3 | 4 | 5 |
| | i. Assistance from academic advisor | 1 | 2 | 3 | 4 | 5 |
| 2. | Facilities and services | | | | | |
| | a. Library (medical & general) | 1 | 2 | 3 | 4 | 5 |
| | b. Computer technology | 1 | 2 | 3 | 4 | 5 |
| | c. Services for commuter students | 1 | 2 | 3 | 4 | 5 |
| | d. Business office | 1 | 2 | 3 | 4 | 5 |
| | e. Registration process | 1 | 2 | 3 | 4 | 5 |
| | f. Financial aid services | 1 | 2 | 3 | 4 | 5 |
| | g. Health services | 1 | 2 | 3 | 4 | 5 |
| 3. | Clinical (athletic training) experience | | | | | |
| | a. Clinical (athletic training) experience ON campus | 1 | 2 | 3 | 4 | 5 |
| | b. Clinical experience OFF campus (high school, clinics, etc.) | 1 | 2 | 3 | 4 | 5 |
| | c. Opportunities to work with men's sports | 1 | 2 | 3 | 4 | 5 |
| | d. Opportunities to work with women's sports | 1 | 2 | 3 | 4 | 5 |
| | e. Quality of clinical instruction (by staff ATCs) | 1 | 2 | 3 | 4 | 5 |
| | f. Quality of clinical experience (in general) | 1 | 2 | 3 | 4 | 5 |
| | g. Assessment of student's clinical (hands-on) skills | 1 | 2 | 3 | 4 | 5 |
| | h. Feedback on clinical skill and knowledge deficiencies | 1 | 2 | 3 | 4 | 5 |
| | i. Ability to give constructive criticism to students | 1 | 2 | 3 | 4 | 5 |
| | j. Application of clinical experience to the REAL-world | 1 | 2 | 3 | 4 | 5 |
| 4. | Competencies and clinical (athletic training) skills | | | | | |
| | a. Human anatomy | | | | | |
| | b. Human physiology | 1 | 2 | 3 | 4 | 5 |
| | c. Kinesiology or biomechanics (mechanical kinesiology) | 1 | 2 | 3 | 4 | 5 |
| | d. Exercise physiology | 1 | 2 | 3 | 4 | 5 |
| | e. Sports nutrition | 1 | 2 | 3 | 4 | 5 |
| | f. Care and treatment of athletic injuries/illnesses | 1 | 2 | 3 | 4 | 5 |
| | g. Prevention of athletic injuries/illnesses | 1 | 2 | 3 | 4 | 5 |
| | h. Evaluation/Assessment of athletic injuries/illnesses | 1 | 2 | 3 | 4 | 5 |
| | i. Therapeutic Modalities (theory & application) | 1 | 2 | 3 | 4 | 5 |
| | j. Rehabilitation (theory & application) | 1 | 2 | 3 | 4 | 5 |
| | k. Athletic training administration | 1 | 2 | 3 | 4 | 5 |

k.	Counseling of athletes	1	2	3	4	5
l.	Educating athletes, parents, coaches, and others	1	2	3	4	5
m.	Knowledge of special equipment (e.g., braces)	1	2	3	4	5
n.	Written skills necessary for job responsibilities	1	2	3	4	5
o.	Verbal skills necessary to communicate to others	1	2	3	4	5

5. What are the Program's **STRENGTHS** in the following categories:

Academic (classes, instructors, etc):

Clinical (athletic training) experience:

6. What are the program's **WEAKNESSES (CONCERNS)?** Include recommendations for change.

Academic (classes, instructors, etc.):

Clinical (athletic training) experience:

Other Ideas:

Student Evaluation of Course/Instructor

Instructor: _____

Semester/Year: _____, _____

Course Title: _____

Course Code: _____

The following evaluation is very important for the continued improvement of our athletic training curriculum. It is only through your **honest** critique (evaluation) that we can attempt to maintain quality in the courses and instructors, which will make **you** a better student. You are encouraged to **PRINT** specific comments as you feel necessary. You will remain anonymous. **Instructions:** Circle **any** point on the line that **BEST** expresses your opinion. Place your completed form in the envelope, which will be given to the department secretary.

Student Participation

1.	I came prepared for class discussions DAILY (e.g., read textbooks, reviewed class notes)	5 Always	4	3	2	1 Never
2.	I took advantage of the extra learning materials (e.g., videos, library books, journal articles)	5 Always	4	3	2	1 Never
3.	I took advantage of additional learning opportunities (e.g., study sessions, meeting with instructor)	5 Always	4	3	2	1 Never
4.	I began studying early (3-5 days prior) for exams	5 Always	4	3	2	1 Never

Comments: _____

Course Evaluation

1.	I enjoyed the course content	5 Always	4	3	2	1 Never
2.	I found the medical content to be difficult, yet challenging enough to retain for future application	5 Always	4	3	2	1 Never
3.	I would rate this course with respect to its contribution to MY scholarly & personal development (e.g., new points of view, outlook widened, increased understanding)	5 Very valuable	4	3	2	1 No value
4.	I feel the course goals and student objectives were met	5 Very much	4	3	2	1 Almost nothing

5.	I have learned	5	4	3	2	1
		Great deal				Almost nothing

Comments: _____

Instructor Evaluation

1.	The instructor knows the subject material	5	4	3	2	1
		Very well				Very poorly
2.	The instructor's enthusiasm for teaching was	5	4	3	2	1
		Very high				Very low
3.	The instructor used a variety of teaching methods (videos, lab, computer presentations) to stimulate learning	5	4	3	2	1
		Always				Never
4.	The instructor's course design and evaluation (exams) were obtainable and fair for EVERY student	5	4	3	2	1
		Agree			Disagree	

What were the major STRENGTHS of the Instructor?

What were the major WEAKNESSES of the Instructor?

What aspects of this course were MOST Beneficial to you?

What do you suggest to IMPROVE this course?

Athletic Training Student Evaluation

See AT Program Athletic Training Students Canvas account
for current copies of the evaluations

Clinical Instructor Evaluation by ATS

Emporia State University

PRINT Clinical Instructor's Name

Sport or Rotation

Clinical Ed. Class:

_____/_____/_____
Date:

The following evaluation is very important in the continued improvement of our Athletic Training Program (AT Program). It is only through your **honest** evaluation that we can make the clinical instructor a better educator and mentor in the clinical setting. Your evaluation will help improve the quality of the clinical education component of the AT Program and future students. Please keep in mind that you are **NOT** evaluating this clinical instructor with respect to: (a) athletic training skills, (b) classroom teaching, or (c) personal friendship. Furthermore, remember that no clinical instructor is perfect and that everyone has room for improvement. Your name will be left anonymous. **Instructions:** Please circle the appropriate number. **EXPLAIN** any rating which falls below average (1 or 2) and provide suggested learning ideas. Please return the completed form to the Program Director.

SCALE: 5 (excellent) **4** (above average) **3** (average) **2** (poor) **1** (unacceptable) **0** (not observed)

1. Shows concern and understanding for the athletic training student (ATS)	5	4	3	2	1	0
2. Assists ATS in understanding his/her professional responsibilities	5	4	3	2	1	0
3. Praises ATS when he/she has done well	5	4	3	2	1	0
4. Helps ATS to identify his/her own learning needs and objectives	5	4	3	2	1	0
5. Demonstrates enthusiasm and motivation to make ATS interested	5	4	3	2	1	0
6. Is a professional and ethical role model for the ATS	5	4	3	2	1	0
7. Encourages ATS to feel free to ask for help with respect to learning	5	4	3	2	1	0
8. Encourages ATS to think critically and solve problems	5	4	3	2	1	0
9. Assists ATS to apply theoretical content to psychomotor skills	5	4	3	2	1	0
10. Provides ATS with helpful feedback	5	4	3	2	1	0
11. Exhibits flexibility when the ATS has a personal problem or concern	5	4	3	2	1	0
12. Gives ATS guidance with new and/or difficult situations	5	4	3	2	1	0
13. Demonstrates athletic training techniques to ATS when appropriate	5	4	3	2	1	0
14. Accepts criticism and new ideas from ATS	5	4	3	2	1	0
15. Assists ATS in seeking alternatives to his/her decision	5	4	3	2	1	0
16. Asks ATS stimulating and challenging questions	5	4	3	2	1	0
17. Demonstrates patience and respect for the ATS	5	4	3	2	1	0
18. Helps ATS recognize his/her own errors or weaknesses	5	4	3	2	1	0
19. Interacts with ATS (i.e., interpersonal skills)	5	4	3	2	1	0
20. Presents learning opportunities for the ATS on a daily basis	5	4	3	2	1	0

Comments and Suggestions for Improvement:

Faculty & Preceptor's Evaluation of the AT Program

Emporia State University

(Clinical Instructor's or Faculty's Name)

_____/_____/_____
(Date)

Please TYPE or PRINT (in ink) your responses to the following questions. I encourage you to be as open and honest in all your answers. In addition, please be very SPECIFIC in your descriptions and explanations. Your feedback, whether personal observation or discussed with students, will provide valuable information that we need to improve the quality of the Athletic Training Program (AT Program), both academic and clinical, and meet the needs of our current and future students. This information is also required for CAATE Accreditation purposes. Please return this form and set up a 20-30 minute meeting (during finals week) with the Athletic Training Program Director. Thank you for your time, honesty, and interest in the assessment of the ESU Athletic Training Program.

1. **Administration** (academic and clinical/athletic training services: communication, organization, leadership, policies, etc.)

2. **Academic Setting** (classroom - size & location, teaching/learning opportunities, class time/days, etc.) - Staff ATCs only

3. **Clinical (Athletic Training) Facilities** (equipment, supplies, process for requesting stuff, hours, documentation, etc.)

4. **General (not Specific) Quality of Athletic Training Students (ATs)** (interest, progression of knowledge/skills, etc.)

Phase I Pre-Professional Phase Students:

Phase II Professional Phase Students:

Graduating Athletic Training Student Exit Questionnaire

Emporia State University
PLEASE Type or **PRINT** in ink

_____ / _____ / _____
(Student's Name) (Date)

Mailing Address: _____

Phone Number: (_____) _____ Email: _____

BOC Exam date/location: _____

Employer: _____ Phone: _____

Address: _____

Graduate School: _____ Major(s): _____

The following questions will in NO way be used to evaluate you, the student. They will remain confidential in your academic file. Therefore, I encourage you to be as open and honest in ALL your answers. In addition, please be very SPECIFIC in your descriptions/explanations. Your input is the MOST valuable feedback I need to meet your needs and improve the quality of this undergraduate athletic training program. Thank you for your time and cooperation.

1. What are the Program's **STRENGTHS** in the following categories:
Academic (classes, instructors, etc.):

Clinical (athletic training) experience:

2. What are the program's **WEAKNESSES (CONCERNS)**? Include recommendations for change.
Academic (classes, instructors, etc.):

Clinical (athletic training) experience:

3. Other Ideas or comments:

4. What ONE **major** accomplishment do you feel that you have made THIS YEAR within the AT Program?

HONESTLY rate yourself on this scale. How has the AT Program contributed or developed:

	1 Not yet experienced	2 Below average	3 Average	4 Above average	5 Excellent
A. Professional Qualities					
1. Firm with student athletes	1	2	3	4	5
2. Alert during practices	1	2	3	4	5
3. Ability to act, but not over-react	1	2	3	4	5
B. Sincere Interest in Athletic Training as a Profession	1	2	3	4	5
C. Cooperation					
1. Ability to work with physicians (understand instructions)	1	2	3	4	5
2. Ability to work with coaches (practice/game)	1	2	3	4	5
3. Ability to understand & relate to all players (dealing with injuries, rehab, other problems)	1	2	3	4	5
4. Ability to understand & relate to the head athletic trainer.	1	2	3	4	5
5. Ability to understand & relate to the assistant athletic trainers.	1	2	3	4	5
6. Ability to understand & relate to the program director.	1	2	3	4	5
7. Ability to relate to other athletic training students.	1	2	3	4	5
D. Reaction to Injury Situations					
1. On-the-field evaluation or assessments	1	2	3	4	5
2. Evaluations in the athletic training room	1	2	3	4	5
E. Personal Competency in Clinical Education Level					
1. Evaluation/Assessment of injuries	1	2	3	4	5
2. Emergency care	1	2	3	4	5
3. Taping & wrapping techniques	1	2	3	4	5
4. Bracing & equipment fitting	1	2	3	4	5
5. Record keeping and administration	1	2	3	4	5
6. Therapeutic exercise (theory & application)	1	2	3	4	5
7. Therapeutic modalities (theory & application)	1	2	3	4	5
8. Knowledge of AT Student Policies & Procedures	1	2	3	4	5
F. Openness to new techniques	1	2	3	4	5
G. Enthusiasm to complete work assigned or expected	1	2	3	4	5
H. Positive attitude	1	2	3	4	5
I. Self Discipline	1	2	3	4	5
J. Drive or Ambition	1	2	3	4	5
K. Accepts criticism & instruction	1	2	3	4	5
L. Leadership	1	2	3	4	5
M. Trust & loyalty	1	2	3	4	5
N. Punctuality	1	2	3	4	5
O. Ability to give constructive criticism to other athletic training students	1	2	3	4	5
5. <u>What are your plans and goals after graduation?</u>					

Athletic Training Program Alumni Questionnaire

Emporia State University

_____ / ____ / ____
 (Full Name) (Date)

Address: _____

City/State/Zip: _____

Phone #: _____

E-mail Address: _____

BOC #: _____ Semester/Year Graduated: ____ / ____

Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____ Supervisor: _____

BOC Certification Examination Results

Please include **ALL** test scores, if known, for EACH exam date. If you do not know your exact score, please place a "P" (pass) or "F" (fail) for EACH exam section and date below. Your responses will indicate strengths/weaknesses in our program.

<u>Month/Year Taken</u>	<u>Written</u>	<u>Oral/Practical</u>	<u>Written Simulation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT: *If you return this questionnaire before you pass ALL sections of the NATA exam, please call the Program Director (620-341-5653) after you have obtained your exam scores. These scores are for program assessment purposes only.*

Would you be interested in any of the following?

- | | | |
|---|-----|----|
| Receiving an ESU Athletic Training newsletter | Yes | No |
| Attending an ESU alumni social (NATA annual meetings) | Yes | No |
| Speaking at an ESU Athletic Training Club meeting | Yes | No |
| Assisting with workshops | Yes | No |
| Making a financial donation to the Athletic Training Club | Yes | No |

Other: _____

Please CIRCLE the most appropriate answer and fill in the blanks. Thank you for your time, honesty, and interest in the assessment of the ESU Athletic Training program.

1. How many years did it take you to complete the A.T. program (after acceptance into AT Program)?

2 years 3 years 4 years 5 or more years

2. What was the range of your overall grade point average upon graduation from ESU?

Below 2.50 2.51-2.75 2.76-3.00 3.01-3.25
 3.26-3.50 3.51-3.75 3.76-4.0

3. Please indicate additional education you have completed or are pursuing.

Degree	Major	Institution	Graduation date
2nd BS	_____	_____	_____
Masters	_____	_____	_____
Doctorate	_____	_____	_____
Other	_____	_____	_____

4. Are you currently employed as an Athletic Trainer? Yes No

If No, please indicate the type of work you do (job title): _____

5. Indicate the type of work setting which best meets your job description.

High school - Public (teacher/AT) College/University - athletic trainer
 High school - Private (teacher/AT) College/University - teacher
 Sports medicine (PT) clinic (ONLY) Professional team (sport: _____)
 Clinic AND high school athletic training Industrial (corporate) athletic trainer
 Other: _____

6. What is your annual gross salary range? (Multiples of \$1000)

\$10 – 20 \$21 – 25 \$26 – 30 \$31 – 35 \$36 – 40 \$41 – 45
 \$46 – 50 \$51 – 55 \$56 – 60 \$61 – 65 \$70 +

7. Would you recommend ESU’s Athletic Training Program to a prospective student?

Definitely Yes Somewhat Not Really Definitely No

8. Did ESU’s Athletic Training Program prepare you for your current position?

Definitely Yes Somewhat Not Really Definitely No

Please use the scale to the right to answer the following questions. Responses to these questions will assist in improving the Athletic Training Program.		Poor	Below Average	Average	Above Average	Excellent
<i>Quality of the HPER Department and the Athletic Training Program (Academic & Clinical)</i>						
9.	Course content in athletic training	1	2	3	4	5
10.	Course content from NON-athletic training classes	1	2	3	4	5
11.	Instruction in athletic training (classes)	1	2	3	4	5
12.	Instruction in non-AT classes	1	2	3	4	5
13.	Academic standards	1	2	3	4	5
14.	Feedback from instructors (classroom)	1	2	3	4	5
15.	Faculty interest in the students	1	2	3	4	5
16.	Interaction with faculty	1	2	3	4	5
17.	Assistance from academic advisor	1	2	3	4	5
<i>Facilities and Services</i>						
18.	PE Library	1	2	3	4	5
19.	William Allen White Library	1	2	3	4	5
20.	Nursing Library	1	2	3	4	5
21.	Computer technology	1	2	3	4	5
22.	Services for commuter students	1	2	3	4	5
23.	Financial aid services	1	2	3	4	5
24.	Career guidance and counseling	1	2	3	4	5
25.	Health services	1	2	3	4	5
<i>Clinical (Athletic Training) Experience</i>						
26.	Clinical (athletic training) experience ON campus	1	2	3	4	5
27.	Clinical experience OFF campus	1	2	3	4	5
28.	Opportunities to work with men's sports	1	2	3	4	5
29.	Opportunities to work with women's sports	1	2	3	4	5
30.	Quality of clinical instruction (by staff ATCs)	1	2	3	4	5
31.	Quality of clinical experience (in general)	1	2	3	4	5
32.	Assessment of clinical skills	1	2	3	4	5
33.	Feedback on clinical skill and knowledge deficiencies	1	2	3	4	5
34.	Ability to give constructive criticism to students	1	2	3	4	5
35.	Application of clinical experience to the REAL-world	1	2	3	4	5
<i>Competencies and Clinical (Athletic Training) Skills</i>						
36.	Human anatomy and physiology	1	2	3	4	5
37.	Biomechanics	1	2	3	4	5
38.	Exercise physiology	1	2	3	4	5
39.	Sports nutrition	1	2	3	4	5
40.	Care and treatment of athletic injuries/illnesses	1	2	3	4	5
41.	Prevention of athletic injuries/illnesses	1	2	3	4	5
42.	Evaluation/Assessment of athletic injuries/illnesses	1	2	3	4	5
43.	Therapeutic modalities (theory & application)	1	2	3	4	5
44.	Rehabilitation (theory & application)	1	2	3	4	5
45.	Athletic training administration	1	2	3	4	5
46.	Counseling of athletes	1	2	3	4	5
47.	Educating athletes, parents, coaches, and others	1	2	3	4	5
48.	Knowledge of special equipment (e.g., braces)	1	2	3	4	5
49.	Written skills necessary for job responsibilities	1	2	3	4	5
50.	Verbal skills necessary to communicate to others	1	2	3	4	5

Please take the time to complete the following questions. Be specific and honest in your responses. Your feedback on the athletic training program will assist in making improvements to offer a stronger academic and clinical education as well as meeting the requirements for our accreditation.

51. Please list or explain your job responsibilities.

52. Did the ESU AT Program prepare you for the NATA certification exam? Explain.

What are the program's **STRENGTHS** (be specific) in the:

53. Academic:

54. Clinical (Athletic Training) Experience:

What are the program's **WEAKNESSES** (be specific) in the:

55. Academic:

56. Clinical (Athletic Training) Experience:

What specific **RECOMMENDATIONS** do YOU propose in the following areas?

57. Courses/Curriculum:

58. Clinical (Athletic Training) Sites:

59. Clinical Instructors (ATCs):

60. Program Director:

Certified Athletic Trainer's Employee Performance Evaluation

Emporia State University – Athletic Training Graduate

Employer: _____

Address: _____

Number of Graduate(s) from the Emporia State University (ESU) you employ: _____

The following information is required by the Commission on Accreditation of Athletic Training Education (CAATE) for the intent of evaluating and accrediting the undergraduate Athletic Training Program at the Emporia State University (ESU). Any information you contribute will strengthen this program and its future graduates. This information will be completely confidential.

Please check the blank that most closely describes the graduates of ESU's Athletic Training Program who began their professional careers in your facility. Please note that we are requesting that you evaluate the graduate(s) based on YOUR perception of **entry-level skills**.

1. The ESU Athletic Training graduate(s) performed practical skills (ie., evaluation techniques, rehabilitation, preventive support):

- Excellent. No supervision and/or additional training needed.
 Good. Minimum supervision and/or additional training needed.
 Average. Required supervision and/or additional training.
 Poor. Required much supervision and/or additional training.
 Unacceptable. Required too much supervision and/or training.

COMMENTS:

2. The ESU Athletic Training graduate(s) demonstrated theory knowledge of the tests:

- Excellent. Very knowledgeable regarding theory of tests.
 Good. Demonstrated knowledge regarding theory of most tests.
 Average. Adequate knowledge regarding theory of tests but required some clarification.
 Poor. Theory knowledge of tests had to be clarified frequently.
 Unacceptable. Knowledge of theory regarding tests was not demonstrated.

COMMENTS:

3. The ESU Athletic Training graduate(s) demonstrated professional qualities such as initiative, dependability, appearance, ability to organize work, desirable work habits, ability to relate to other professional & patients, good judgment, ethical, and professional interest:

- Excellent. Demonstrated outstanding professional qualities without prompting.
 Good. Demonstrated professional qualities without prompting.

- ___ Average. Demonstrated professional qualities but most of the time without prompting.
 - ___ Poor. Demonstrated professional qualities but most of the time required prompting.
 - ___ Unacceptable. Did not demonstrate professional qualities even after prompting.
- COMMENTS:

4. Please list some **strengths** of your ESU Athletic Training graduate(s):

5. Please list some **weaknesses** of your ESU Athletic Training graduate(s):

6. Please list any **recommendations** which you have for the ESU program:

7. Will you continue to hire graduates from ESU's Athletic Training Program?

___ Yes ___ No

If No, why not:

Please return by **July 1**. Send it to:

Thank you for your time and assistance.

Matthew Howe, MS, LAT, ATC
AT Program Director
Emporia State University
1200 Commercial St.
Emporia, KS 66801

Appendix IV – Technical Standards for AT Students

TECHNICAL STANDARDS ATHLETIC TRAINING PROGRAM

The Athletic Training Program at Emporia State University is a rigorous and intense program that places specific requirements and demands on students. 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 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 Accreditation of Athletic Training Education (CAATE).

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Program should have the following qualities:

1. The mental capacity to assimilate, analyze, synthesize, and integrate concepts for problem solving 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;
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 judgments 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 a variety of situations;
8. Effective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training education program are required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

Emporia State University Student Accessibility and Support Services (SASS) will evaluate a student who states he/she could meet the program's technical standards with accommodation(s), and state the condition qualifies as a disability under applicable law.

If a student states he/she can meet the technical standards with accommodations, a determination is made within the University whether a student can meet the technical standards with reasonable accommodation. This includes a review as to whether the accommodations requested are reasonable with appropriate supporting documentation, taking into account whether accommodations would jeopardize clinician and patient safety, or the educational process of the student or the institution, including course work, clinical experience and internships deemed essential to graduate.

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 accommodations. I understand that if I am unable to meet these standards I may not be able to complete the program.

Signature of Applicant

Date

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 work with SASS to determine what accommodations are appropriate and available. I understand that if I am unable to meet these standards with or without accommodations I may not be able to complete the program.

Signature of Applicant

Date

Appendix V - Student Health Form
Emporia State University
Teachers College
Athletic Training Program

HEALTH FORM / PHYSICIAN'S EXAMINATION

PART ONE: MUST BE COMPLETED BY THE STUDENT PRIOR TO THE EXAM!

Immunization data and tests results (dates, type of test, etc.) should be obtained from the physician or clinic administering the immunizations or tests. If the physician doing the examination has all of the necessary records, the student is not responsible for supplying the immunization data.

General Information:

Name: _____ Sex: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

History:

Do you have, or have you had any of the following illnesses or conditions?

Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High Blood Pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Heart Disease	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cancer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	TB	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Seizures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hepatitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other serious illness or condition <u>currently</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

Details of any "Yes" answers from above:

Previous Injuries: _____

Previous Surgeries: _____

Allergies: _____

Current Medications: _____

REQUIRED:	Date Completed/Given	Result	Recorder
Primary DPT series completion Tetanus Booster (within last 10 years)	_____ _____		
MMR Born before 1/1/57 or Vaccine- Dose # 1 Dose # 2	_____ _____ _____		
Hepatitis B Vaccine First Injection Second Injection: (1 month after first injection) Third Injection: (5 months after second injection) Surface Antibody Test: (6-8 weeks after last injection)	_____ _____ _____ _____	_____ _____ _____	_____ _____ _____
PPD (tuberculin skin test) Step 1: Step 2: (7-14 days after step 1) Step 3: (1 year follow-up) If PPD (+), CXR (within last year)	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Varicella Varicella titer or Vaccine- Dose # 1 Dose # 2	_____ _____ _____	_____ _____ _____	_____ _____ _____

PART TWO: TO BE COMPLETED BY THE PHYSICIAN (MD/DO/NP/PA)

Physical Examination:

Vital Signs: Ht: _____ (inches) Wt: _____ (lbs.) BP _____/_____ Pulse _____

	Normal	Abnormal	Deferred	Comments
General Appearance				
HEENT				
Lungs				
Breast (if indicated)				
Heart				
Abdomen				
Pelvic (if indicated)				
Rectal (if indicated)				
Back				
Extremities				
Neurologic				

Are there any conditions, physical and/or emotional, which may interfere with functioning as a health professional student in the classroom or clinic?

Yes No If yes, please describe on a separate sheet.

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____

Consent:

I understand that a copy of this exam form, including laboratory results will be sent to my assigned clinical centers and coordinators.

Student Signature: _____ **Date:** _____

Practitioner Contact:

If you are currently in treatment for any condition, physical or emotional, may we contact your practitioner in an emergency? Yes No

Student Signature: _____ **Date:** _____

If yes, please provide us with the following information:

Practitioner's Name: _____ Specialty: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Appendix VI – Clinical Education

Instructions for Documenting Clinical Education Hours

General Information

1. Each student is personally responsible for **all** of his/her clinical education hours. Please do **not** ask other students to turn in the completed clinical hour sheets, or place them in the program director's or clinical coordinator's mailbox. The Program Director will review these documents with each student.
2. Always **print** EVERYTHING in "black ink" - consider this an official document.
3. All clinical education hours should be **ROUNDED** to the nearest "quarter" (.25) hour.
4. All documents must be turned into the Program Director within a reasonable amount of time:
 - a. Monthly Clinical Experience forms = By end of 1st week of the following month. Hours not turned in by this time will have a 10% deduction per week late.
5. If a student needs additional forms, see the Program Director.
6. Unless otherwise agreed to in advance by the supervising Clinical Instructor, no clinical hours will be accepted during the week of finals.

Monthly Clinical Experience

1. **Week Day.** Students can print the abbreviated day (M, Tu, W, Th, F, Sa, Su) in this column.
2. **Date.** This represents the calendar days in each month – up to 31 days.
3. **Time Periods**
 - a. These are designed to give you credit for multiple experiences during a days clinical experience. Always begin with the first period and use the second and third periods only if you participate in a different clinical educational activity during that day. Example:
 - b. 1st Period = Began days clinical completing rehabilitation with patients from 1:00pm – 2:30pm
 - c. 2nd Period = 2:30pm began football preparation and practice coverage until 5:00pm.
 - d. 3rd Period = End of day so period not used. However, if you assisted with a basketball game/practice later that evening you could use this period to document your time.
4. **Rot.** = Clinical Education Rotation.
 - a. Students should use the following abbreviations:
 - i. Athletic Training Room (morning treatments, afternoon rehab) = ATR
 - ii. Sport = BB – Basketball, BS – Baseball, FB – Football, Soc – Soccer, VB – Volleyball, XC – Cross Country, TK – Track, TN – Tennis, SB – Softball, WR – Wrestling, HOC – Ice Hockey, SW – Swimming, GO – Golf, FH – Field Hockey, CH - Cheerleading
 - iii. Gender = M (men), W (women); this can be placed in front of the Sport abbreviation.
 - iv. High school sports = place an "(HS)" to the right of your sport abbreviation (i.e., FB (HS)), Sports medicine or physical therapy clinic = Clin
 - v. Other settings = General Medical (GM), Hosp, Dr.'s Office, EMS, PRO – Professional Sports
 - b. General Instructions for Special Situations
 - i. If a student is assigned to consecutive days at the same sport or Rot., he/she may use " or draw an arrow (↓) downward for specific days.
 - ii. *The total time for the second/third sport/clinical experience should be significant enough (greater than 1 hour) for a separate time period.*
5. **In and Out time** = starting (In) and ending (Out) times for each respective time period.
 - a. Round the time to the nearest "quarter" hour (:15, :30, and :45)
 - b. For example: if a student starts (**In**) or ends (**Out**) between 2:53-3:07 = **3** or **3:00**; 3:08-3:22 = **3:15**; 3:23-3:37 = **3:30**; 3:38-3:52 = **3:45**
6. **Hrs** = Total number of clinical education hours obtain in the respective time period **ONLY**.
 - a. Subtract the starting time (In) from the ending time (Out).
 - b. Do **not** use .0 (e.g., 3.0) for whole numbers or fractions (e.g., 3 1/2). For example, use = 3, 3.25, 3.5, 3.75
7. **Prec.** = initials of supervising Clinical Instructor.
 - a. The clinical instructor may be an ATC, PT, MD, etc. Other athletic training students, athletes, or coaches cannot initial these cells. The CI's initials must be readable, in case there is any question.
 - b. These initials, like the clinical hours, **must be completed DAILY**. The Clinical Instructor has the greatest memory of a student's time period on the same day it was completed.
8. **Day's Total** = total hours calculated from each Time Period's Hrs (1st, 2nd, 3rd) for a single day only.
9. **Running Total** = running (continuous) total of hours for all the Day's Totals. Each month begins with "0" hours.

Semester Clinical Summary (Fall and Spring)

At the conclusion of the semester the Program Director/Clinical Coordinator will gather the hours submitted and separate them into their appropriate sport/category and return a spreadsheet to the students. This spreadsheet will notify the students as to how many hours they have in various sports/categories. Therefore it is very important to have your hours turned in early/on time so you may receive the spreadsheet in a timely manner. If a student wishes to document/track their own semester numbers he/she may contact the Program Director for a spreadsheet template and instructions to do so.

Program Tracking Chart

At the conclusion of the school year the program director will assimilate the information from monthly and semester summaries to form a program tracking chart. This chart will be used to track the overall hours and areas of experience for the students in the AT Program. Students may document and track this for themselves if they wish by contacting the program director for a spreadsheet template and instructions on doing so.

Monthly Clinical Experience

Student's Name: _____

Month/Year: _____

Preceptor Signature: _____

Day of Week	Date	Rehab. (Athletic Training Clinic)			Sport Coverage			Other				Day's Total	Running Total		
		Rot	In (time)	Out	Hours	Rot	In (time)	Out	Hours	Rot	In (time)			Out	Hrs
	1		-				-				-				
	2		-				-				-				
	3		-				-				-				
	4		-				-				-				
	5		-				-				-				
	6		-				-				-				
	7		-				-				-				
	8		-				-				-				
	9		-				-				-				
	10		-				-				-				
	11		-				-				-				
	12		-				-				-				
	13		-				-				-				
	14		-				-				-				
	15		-				-				-				
	16		-				-				-				
	17		-				-				-				
	18		-				-				-				
	19		-				-				-				
	20		-				-				-				
	21		-				-				-				
	22		-				-				-				
	23		-				-				-				
	24		-				-				-				
	25		-				-				-				
	26		-				-				-				
	27		-				-				-				
	28		-				-				-				
	29		-				-				-				
	30		-				-				-				
	31		-				-				-				
			Total			Sport 1 Total				Total					
						Sport 2 Total									

Use this row for totals of various rotations: AT = _____, _____ = _____, _____ = _____, _____ = _____

Athletic Training – Infraction Report
Emporia State University

Each athletic training student has access to an Athletic Training Student Handbook, has read and signed a declaration of understanding statement and a code of conduct policy indicating that he/she has read and agrees to abide by the policies and procedures of the AT Program.

Please Print

Student's Name: _____

Date of Notice: _____

Date of Infraction & Location: _____

Detail of Incident (broken policy): _____

This is the student's _____ infraction since admitted into the AT Program.

Action(s) Taken:

Letter in file

Meeting with staff

Probation

Withdrawal/Dismissal

Outcome: _____

Student's Signature: _____

Date: _____

Preceptor's Signature: _____

Date: _____

Clinical Education Coordinator: _____

Date: _____

AT Program Director's Signature: _____

Date: _____

NATA Blood Borne Pathogens Guidelines for Athletic Trainer May 11, 1995

The NATA recognizes that blood borne pathogens such as HIV, HBV, and HCV present many complex issues for athletic trainers, athletic administrators and others involved with the care and training of athletes. As the primary health care professional involved with the physically active, it is important for athletic trainers to be aware of these issues. The NATA therefore offers the following guidelines and information concerning the management of blood borne pathogen-related issues in the context of athletics and settings in which the physically active are involved.

It is essential to remember, however, that the medical, legal and professional knowledge, standards and requirements concerning blood borne pathogens are changing and evolving constantly, and vary, in addition, from place to place and from setting to setting. The guidance provided in these guidelines must not, therefore, be taken to represent national standards applicable to members of the NATA. Rather, the guidance here is intended to highlight issues, problems and potential approaches to (or management of) those problems that NATA members can consider when developing their own policies with respect to management of these issues.

Athletic Participation: Decisions regarding the participation of athletes infected with blood borne pathogens in athletic competitions should be made on an individual basis. Such decisions should be made following the standard or appropriate procedures generally followed with respect to health-related participation questions, and taking into account only those factors that are directly relevant to the health and rights of the athlete, the other participants in the competition, and the other constituencies with interests in the competition; the athletic program, the athletes, and the sponsoring schools and organizations.

The following are examples of factors that are appropriate in many settings to the decision-making process:

1. The current health of the athlete
2. The nature and intensity of the athlete's training
3. The physiological effects of the athletic competition
4. The potential risks of the infection being transmitted
5. The desires of the athlete
6. The administrative and legal needs of the competitive program

Education of the Physically Active: In a rapidly changing medical, social, and legal environment, educational information concerning blood borne pathogens is of particular importance. The athletic trainer should play a role with respect to the creation and dissemination of educational information that is appropriate to and particularized with respect to that athletic trainer's position and responsibilities.

Athletic trainers who are responsible for developing educational programs with respect to blood borne pathogens should provide appropriate information concerning:

1. The risk of transmission or infection during competition
2. The risk of transmission or infection generally
3. The availability of HIV testing
4. The availability of HBV testing and vaccinations

Athletic trainers who have educational program responsibility should extend educational efforts to include those, such as the athletes' families and communities, who are directly or indirectly affected by the presence of blood borne pathogens in athletic competitions.

All educational activities should, of course, be limited to those within athletic trainers' scope of practice and competence, be within their job descriptions or other relevant roles, and be undertaken with the cooperation and/or consent of appropriate personnel, such as team physicians, coaches, athletic directors, school or institutional counsel, and school and community leaders.

The Athletic Trainer and Blood Borne Pathogens at Athletic Events: The risk of blood borne pathogen transmission at athletic events is directly associated with contact with blood or other body fluids. Athletic trainers who have responsibility for overseeing events at which such contact is possible should use appropriate preventative measures and be prepared to administer appropriate treatment, consistent with the requirements and restrictions of their job, and local, state, and federal law.

In most cases, these measures will include:

1. Pre-event care and covering of existing wounds, cuts and abrasions
2. Provision of the necessary or usual equipment and supplies for compliance with universal precautions, including, for example, latex/vinyl gloves, biohazard containers, disinfectants, bleach solutions, antiseptics, and sharps containers.
3. Early recognition and control of a bleeding athlete, including measures such as appropriate cleaning and covering procedures, or changing of blood-saturated clothes
4. Requiring all athletes to report all wounds immediately
5. Insistence that universal precaution guidelines be followed at all times in the management of acute blood exposure
6. Appropriate cleaning and disposal policies and procedures for contaminated areas or equipment
7. Appropriate policies with respect to the delivery of life-saving techniques in the absence of protective equipment
8. Post-event management including, as appropriate, re-evaluation, coverage of wounds, cuts, and abrasions
9. Appropriate policy development, including incorporation, with necessary legal and administrative assistance, of existing OSHA and other legal guidelines and conference or school rules and regulations

Athletic training student Education: NATA encourages appropriate education of and involvement of the athletic training student in educational efforts involving blood borne pathogens. These efforts and programs will vary significantly based on local needs, requirements, resources and policies.

At the secondary school level, educational efforts should include items such as the following:

1. Education and training in the use of universal precautions and first aid for wounds
2. Education regarding the risks of transmission/infection from the participants that they care for
3. Education on the availability of HIV testing
4. Education on the availability of HBV vaccinations and testing
5. Education of parents or guardians regarding the students' risk of infection

At the college or university level, education efforts should include items such as those listed above, and, additionally, as appropriate, the following:

1. Education in basic and clinical science of blood borne pathogens
2. Discussions regarding the ethical and social issues related to blood borne pathogens
3. The importance of prevention programs
4. Education concerning the signs and symptoms of HBV and HIV, as consistent with the scope of practice of the athletic profession and state and local law

Universal Precautions and OSHA Regulations: Athletic trainers should, consistent with their job descriptions and the time and legal requirements and limitations of their jobs and professions, inform themselves and other affected and interested parties of the relevant legal guidance and requirements affecting the handling and treatment of blood borne pathogens.

Athletic trainers cannot be expected to practice law or medicine, and efforts with respect to compliance with these guidelines and requirements must be commensurate with the athletic trainer's profession and professional requirements. It may be appropriate for athletic trainers to keep copies of the Center for Disease Control regulations and OSHA regulations and guidelines available for their own and others' use.

Medical Records and Confidentiality: The security, record-keeping, and confidentiality requirements and concerns that relate to athletes' medical records generally apply equally to those portions of athletes' medical records that concern blood borne pathogens.

Since social stigma is sometimes attached to individuals infected with blood borne pathogens, athletic trainers should pay particular care to the security, record-keeping, and confidentiality requirements that govern the medical records for which they have a professional obligation to see, use, keep, interpret, record, update, or otherwise handle.

Security, record-keeping, and confidentiality procedures should be maintained with respect to the records of other athletic trainers, employees, athletic training students, and athletes, to the extent that the athletic trainer has responsibility for these records.

The Infected Athletic Trainer: An athletic trainer infected with a blood borne pathogen should practice the profession of athletic training taking into account all professionally, medically, and legally relevant issues raised by the infection. Depending on individual circumstances, the infected athletic trainer will or may wish to:

1. Seek medical care and on-going evaluation
2. Take reasonable steps to avoid potential and identifiable risks to his or her own health and the health of his or her patients.
3. Inform, as or when appropriate, relevant patients, administrators, or medical personnel

HIV and HBV Testing: Athletic trainers should follow federal, state, local and institutional laws, regulations, and guidelines concerning HIV and HBV testing. Athletic trainers should, in appropriate practice settings and situations, find it advisable to educate or assist athletes with respect to the availability of testing.

HBV Vaccinations: Consistent with professional requirements and restrictions, athletic trainers should encourage HBV vaccinations for all employees at risk, in accordance with OSHA guidelines.

Withholding of Care and Discrimination: NATA's policies and its Code of Ethics make it unethical to discriminate on the basis of medical conditions.

References:

American Academy of Pediatrics. Human immunodeficiency virus [acquired immunodeficiency syndrome (AIDS) virus] in the athletic setting. *Pediatrics*. 1991;88:640-641.

American Medical Association, Department of HIV, Division of Health Science. Digest of HIV/AIDS Policy. Chicago, IL: Department of HIV, American Medical Association; 1993:1-15.

American Medical Society for Sports Medicine and American Academy of Sports Medicine. Human immunodeficiency virus (HIV) and other blood-borne pathogens in sports. *American Journal of Sports Medicine*. In Press.

Benson MT, ed. Guideline 2H: blood-borne pathogens and intercollegiate athletics. *NCAA Sports Medicine Handbook*. 1993;24-28.

Michigan Department of Public Health. Michigan recommendations on HBV and/or HIV infected health care workers. *Triad*. 1992;4:32-34

Athletic Training Appearance and Dress Code

An important part of professionalism is maintaining a professional appearance. Professional appearance helps identify Staff and Athletic Training Students. Athletic Training Students must maintain a neat and professional appearance at all times during clinical fieldwork. Unless otherwise directed, students are expected to adhere to the ESU Athletic Training Appearance and Dress Code. Students who do not comply with appearance guidelines may be sent home from the clinical fieldwork site for the day and placed on professional warning. An ongoing pattern of inappropriate appearance and dress will lead to professional sanctions up to and including probation and/or dismissal from the program.

Hygiene & Grooming

Proper hygiene and grooming is essential for prevention of disease transmission, assists in the ability for students to perform their professional duties, and maintains a professional appearance. Students are expected to maintain quality personal hygiene and grooming.

- Daily hygiene includes clean skin, hair, and teeth; use of tobacco products prohibited during clinical fieldwork (in compliance of NCAA rules).
- Makeup and cologne/perfume should not be distracting.
- Long fingernails are incompatible with many clinical skills and are prohibited. Artificial nails and items attached to fingernails increase infection risks and should be minimized.
- Hair should be pulled back or kept out of the face to prevent interference with ability to perform skills. Facial hair must be kept neat and well-trimmed.
- Jewelry should be minimal, tasteful, and not interfere with clinical procedures. Visible piercings are to be limited to the ears only. (Religious or Med Alert - exceptions)
- Visible tattoos are not appropriate during fieldwork. Preceptors may request students to make reasonable efforts to cover tattoos during clinical fieldwork.

Dress Code / Uniform

Students must clarify dress code for their specific clinical setting with their preceptor on or before the first day of fieldwork. Unless otherwise instructed, students are expected to follow their on-campus dress code for off-campus field experiences.

General Requirements – Facility / Practice Dress

- Students must wear a watch with a second hand or digital timer during all field experiences.
- Clothing should be clean and in good repair; clothing cannot interfere with mobility or clinical duties, not overly-tight or revealing
- Shirts/Tops – Full-length t-shirts, polo, sweatshirts with ESU graphics or blank (Graphics of other colleges and professional teams graphics are not permissible); sweaters, and button-down shirts/blouses are permissible (sleeveless tops, tank tops, bare midriffs, spaghetti straps are not appropriate).
- Pants / Skirts / Shorts – Khaki colored or black slacks or shorts, neat jeans or jean shorts, neat athletic wind pants (black, gold, gray, white) are acceptable. Low-rise waistlines are prohibited. Skirts and shorts should not be shorter than where the fingertips touch the legs when the arms are extended down at the sides, alternately minimum 6” inseam.
- Footwear / Shoes - footwear must permit mobility during athletic activity and patient care; footwear must be clean and in good repair. Heels may not exceed 2 inches. Sandals, slippers, canvas shoes, and open toed shoes are prohibited.
- Hats – Hats and visors may be worn for outdoor activities. No hats or other head attire are to be worn in indoor facilities. Hats and visor logos – ESU, NATA, or plain only

Daily Athletic Training Clinic Dress – We have formalized a dress code for clinical fieldwork.

- During morning treatments, regular school clothes are permissible. After 1:00pm, professional athletic training clinic attire will be required, including tucked in shirt tails.

Game Dress – As stated in your Athletic Training Student Handbook – “It is extremely important that we dress and look professional.” Check with your supervising clinical preceptor for appropriate dress for game or event coverage. Following these guidelines, in the event you are assisting in event coverage or traveling with a team, you are expected to wear the appropriate attire.

- Standard Dress for Events (see general guidelines) – Sports such as WBB/MBB require ‘church’ dress for bench side; check with preceptor
 - Athletic Shoes or Dress Shoes
 - Khaki Slacks or Shorts (no jeans)
 - ESU AT Polo
 - Hat or Visor
- Inclement Weather Dress for Events
 - ESU AT Polo should continue to be coordinated with requirement
 - Otherwise, attire should fulfill necessity of comfort and safety for the pending weather conditions.

Off-site rotations – Students attending off-site rotations (PT Associates of Emporia, Newman Health) are expected to follow facility dress code. This includes no large logos, no shorts, no blue jeans, and no open toed shoes. Dress as a health care professional.

I understand that as the written dress code states, I agree to wear the approved attire. I understand the ATP reserves the right to make accommodations or revisions to these requirements as necessary. Having been informed that any tardiness to my position will not be excused because of my dress, I also understand that my clinical preceptor reserves the right to remove me from the facility until I dress appropriately. I will receive only one warning if dressed inappropriately; after which, I will receive a penalty recorded in my academic record.

Name: (Print) _____

Signature: _____

Date: _____

Appendix VII - Athletic Training Student Contract

Emporia State University

I, _____, hereby ACCEPT REJECT
(PRINT your name)

your invitation to be formally admitted into the professional phase of the Athletic Training Program (AT Program) at Emporia State University. By signing this contract, I acknowledge that I have been advised, read, obtained, and/or completed the following items:

1. AT Student Handbook. This contains the students' academic and clinical requirements and responsibilities. It is provided at the beginning of the AT Program.
2. Hepatitis B and other vaccinations. This must be completed by December of the 1st fall semester of AT program; or a waiver is signed that indicates you wish not to have these.
3. Physical examination. This must be obtained before being assigned to clinical education rotations, which are associated with AT Clinical Education courses.
4. Standard First Aid and CPR/AED certifications (current - renewed annually). This training and certification will be provided in the fall of each academic year.
5. Technical Standards. Students must read and sign a copy of the Technical Standards.
6. Anyone who wishes to participate on an intercollegiate athletic team at Emporia State University must formally meet with the Program Director and their coach before formal admission. The AT Program is a full-time academic program.
7. Changes in BOC or CAATE requirements. In such cases, all students will be informed and expected to meet the AT program changes that comply with these requirements, prior to graduation. This information will be given to students by means of placing it on the AT Program website, providing a handout, and/or orally presenting the information in class or program meetings.
8. Any conditional admission criteria indicated in the acceptance letter. (if applicable)

If, at any time, I have questions or concerns pertaining to my status in the AT program, I know that I should immediately make an appointment with the AT Program Director. I fully understand, agree, and consent to the provisions of the program, and agree to abide by its terms.

Student's Signature

Date

A.T. Program Director's Signature

Date

Emporia State University
Student Athletic Trainer Application for Admission
Phase II, Professional Phase

Name: _____

Student ID #: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Local (school) Address: _____

Education: High School: _____ Graduation: _____

College: _____ Graduation: _____

High School/College Honors: _____

Athletic Training Experience: Yes _____ No _____
If yes, how many years? _____

Additional Experience (sport camps, medical facilities/clinics, athletic participation):

What sports have you worked with or participated? _____

Do you expect to make athletic training your primary field of professional endeavor?

Yes ____ No ____

If no, then what?: _____

Are you presently a member of the NATA? Yes _____ No _____

Are you currently First Aid certified? Yes _____ No _____

If yes, please turn in a copy of certification cards

Are you currently CPR/AED certified at the level of Professional Rescuer/Healthcare Provider? (training includes adult and pediatric CPR, use of AED, two rescuer CPR, airway obstruction, and use of barrier devices such as a pocket mask)

If yes, please turn in a copy of certification cards Yes _____ No _____

Current GPA (4.0 scale): _____

Please list three references from whom you have requested letters of recommendation to be sent to Emporia State University:

Name: _____

Address: _____

Position: _____

Name: _____

Address: _____

Position: _____

Name: _____

Address: _____

Position: _____

Along with this application, please submit an essay addressing the following: *(typed)*

1. Describe your understanding of the role of an athletic trainer in healthcare.
2. Identify your short and long-term goals.
3. Discuss personal and professional influences that led you to want to become an athletic trainer.
4. Explain what you perceive to be your greatest strengths.
5. Explain what you perceive to be your greatest weaknesses.
6. Any other information that you feel will enhance your application and is pertinent to athletic training or your academic studies.

- *Essays are evaluated on quality, not quantity of the material.*

Applicant's Signature: _____

Date: _____

Please return application materials and have your letters of recommendation and transcripts sent to:

Matthew Howe, MS, LAT, ATC
AT Program Director
1 Kellogg Circle, Campus Box 4013
Emporia, KS 66801
mhowe@emporia.edu

Appendix IX – Advising Sheets – Athletic Training

General Education Requirements

I. Core Skills (14-17 Credit Hours)

Writing (6 hours)

Core Requirement

___ EG 101 English Composition I (3)

___ EG 102 English Composition II (3)

Note: Must have “C” or better in both

Speaking & Listening (3 hours)

Core Requirement

Select ONE of the following:

___ SP 100 Interpersonal Communication (3)

___ SP 101 Public Speaking (3)

Quantitative & Mathematical Reasoning (3-5 hours)

Core Requirement

Select ONE of the following:

___ MA 110 College Algebra (3)

___ MA 156 Principles of Mathematics (3)

___ MA 160 Functions of Calculus (3)

___ MA 161 Calculus I (5)

___ MA 165 Basic Calculus (5)

Information Technology (2-3 hours)

___ PE 266 Technology in HPER (3)*

II. Creative Arts (2-8 hours)

Core Requirement

Select ONE course from any of the following 3 areas:

Art

___ AR 105 Art Appreciation (2)

___ AR 225 Art History I (3)
(Prehistoric to Renaissance)

___ AR 235 Art History II (3)
(Renaissance to Present)

Music

___ MU 226 Music Appreciation(2)

___ MU 324 World Music (2)

___ MU 328 Music History I (3)

___ MU 329 Music History II (3)

Theatre

___ TH 105 Theatre Appreciation (2)

Note: TH 381 may be substituted

III. Humanities (6 Credit Hours)

Core Requirement

Select TWO courses, one from any two of the following three areas:

History

___ HI 101 World Cultures to 1500 (3)

___ HI 102 Modern World Civilizations (3)

___ HI 111 US History to 1877 (3)

___ HI 112 US History since 1877 (3)

___ HI 302 Introduction to History (3)

Literature/Mass Media

___ EG 207 Literary Perspectives (3)

___ JO 200 Mass Communications (3)

Philosophy

___ PI 225 Introduction to Philosophy (3)#

___ PI 301 Ethics (3)#

___ PI 325 Social and Political Philosophy (3)

IV. Life & Physical Sciences (9-11 Credit Hours)

Core Requirement

Select ONE course from each of the following two areas:

Biological Sciences and Lab

___ GB 140 Principles of Biology (3)*

___ GB 141 Principles of Biology Lab (1)*
(There will need to be requests for substitution)

Physical Sciences and Lab

___ CH 110/111 Intro to Chemistry/Lab (4/1)

___ CH 123/124 Chemistry I/Lab (3/2)*

___ ES 110/111 Intro to Earth Science/Lab (4/1)

___ PH 110/111 Intro to Space Science/Lab (4/1)

___ PH 140/141 College Physics/Lab (3/2)#

___ PH 190/191/192 Physics I/Lab (3/1/1)

V. Social and Behavioral Sciences (6 Credit Hours)

Core Requirement

Select TWO courses, one from any two of the following six areas:

Anthropology

___ AN 325 Native Peoples of North America (3)

Economics

___ EC 101 Economics (3)

___ BC 103 Principles of Economics I (3)

Geography

___ GE 200 Introduction to Geography (3)

Political Science

___ PO 100 Intro to Gov. & Political Science (3)

___ PO 121 American National Government (3)

___ PO 332 State and Local Gov. & Politics (3)

Sociology

___ SO 101 Introduction to Sociology (3)

___ SO 202 Social Problems (3)

___ SO 354 Info, Technology, & Society (3)

___ SO 374 Race and Ethnic Relations (3)

___ SO 400 Family in Social Context (3)

Psychology

___ PY 100 Introduction to Psychology (3)*

VI. Multicultural Perspectives (6-13 Credit Hours)

Core Requirement

Select TWO courses, one from any two of the following five areas:

Anthropology

___ AN 210 Contemporary Cultures (3)

Ethnic and Gender Studies

___ CW 301 Issues in Ethnic and Gender Studies (3)

Geography

___ GE 101 Global Regions in Transition (3)

___ GE 354 Cultural Geography (3)

Political Science

___ PO 330 International Relations (3)

Modern Languages

___ AB 110, AB 111, AS 110, AS 111,
FR 110, FR 111, GR 110, GR 111, SA 110, SA
111 or One advanced Level (200 or above)
Modern Language Course (3-4 hrs)

VII. Personal and Social Well-Being (4-6 Credit Hours)

Core Requirement

Select TWO courses from those listed below:

Business

___ BU 241 Personal Finance (3)

___ BU 293 Ethics, Social Resp. & Sustainability (3)

Leadership Skills

___ SC 170 Principles of Leadership (3)

Health & Well-Being

___ HL 150 Crit. Health Issues and Decisions in
Society (3)*

___ PE 100 Active Living (1)#

Sociology

___ SO 261 Intimate Relationships (3)

* Denotes a required course for AT Program

Denotes a recommended course for AT Program

Recommended Electives:

GB 325 Bioscientific Terminology (1)

GB 385 Nutrition (3)

PE 174 Weight Training (1)

PE 262/264 Special Populations/Lab (3/1)

PE 320 Principles of Strength & Conditioning (2)

PE 420 Sport Psychology (2)

PE 471 Independent Study (1) – Last semester Sr.

PY 211 Developmental Psychology (3)

PY 427 Abnormal Psychology (3)

ZO 365 Pathophysiology (3)

Bachelor of Science (BS) Degree Requirements Athletic Training

The Athletic Training Program is a CAATE accredited education program designed for students who desire to become certified athletic trainers. The student who completes the program requirements will be eligible to sit for the national certification exam for athletic trainers. The program requirements include required coursework, a 2.7 cumulative grade point average, a 2.7 grade point average in required program courses, completion of program required courses with a grade of C or better, satisfactory completion of clinical proficiencies, and 1200 hours of clinical education.

General Education Requirements

Course Number	Grade	Title	Credit Hours
PY 100		Introductory Psychology	3 hrs.
GB 140/141		Principles of Biology and Lab	4 hrs.
CH 123/124		Chemistry I and Lab	5 hrs.
HL 150		Critical Health Issues and Decisions in Society	3 hrs.

Program Required Courses

Course Number	Grade	Title	Offered	Credit Hours
HL 155		First Aid and Personal Safety	B	2 hrs.
HL 524		Ergogenic Issues in HPER	F	3 hrs.
PE 266		Technology in HPER	B	3 hrs.
PE 271		Introduction to Athletic Training	S	2 hrs.
PE 272		Introduction to Athletic Training Lab	S	2 hrs.
PE 273		Administration/Organization of Athletic Training	S	3 hrs.
PE 274		Clinical Education I	F	1 hr.
PE 275		Clinical Education II	S	1 hr.
PE 345		Prevention and Care of Athletic Injuries	B	3 hrs.
PE 346		Clinical Education III	F	1 hr.
PE 347		Clinical Education IV	S	1 hr.
PE 360		Physiology of Exercise	B	3 hrs.
PE 362		Kinesiology	B	3 hrs.
PE 481		Modality Usage in Athletic Training	S	3 hrs.
PE 482		Rehabilitation of Athletic Injuries	F	3 hrs.
PE 483		Clinical Education V	F	1 hr.
PE 484		Clinical Education VI	S	1 hr.
PE 485		Assessment of Physical Injuries – Upper Body	F	3 hrs.
PE 486		Assessment of Physical Injuries – Lower Body	S	3 hrs.
PE 487		Athletic Training Certification – Preparation	S	1 hr.
PE 517		Medical Issues in Athletic Training	F	3 hrs.
ZO 362/363		Anatomy and Physiology and Lab	B	5 hrs.
Total = 51 Credit Hours				

B = both semesters, F = fall only, S = spring only

Appendix X - Miscellaneous Policies & Documents

Guidelines from the National Athletic Trainers' Association

July 22, 1999

The following guidelines have been developed based on interviews with a number of certified athletic trainers around the country. This listing is not all-inclusive, but is designed to provide guidance.

In addition to these general guidelines, the National Athletic Trainers' Association encourages all athletes to develop the specific skills involved in their sport and to be aware of the rules governing their athletic endeavors.

It is essential to remember that medical, legal, financial and professional standards, limitations and requirements change continually and vary from place to place, person to person and setting to setting. These guidelines must not, therefore, be taken to represent uniformly applicable national standards.

General Guidelines

1. Every student-athlete should receive a pre-participation physical exam, including a general exam and an orthopedic exam. The general exam should include checks on height, weight, blood pressure, pulse, respiration, eye, ear, nose, chest and abdomen. The orthopedic exam should focus on joint flexibility, joint range of motion and a re-examination of past bone and joint injuries.
2. Athletes should work with athletic trainers and coaches year-round to ensure they maintain their condition with appropriate exercises and nutrition. In addition, athletes should engage in appropriate conditioning programs for a minimum of six weeks before the start of daily practice.
3. Athletes should focus on developing muscular strength and endurance, cardiovascular fitness and flexibility.
4. Good nutritional practices incorporate the basic food groups: grains, fruits and vegetables, dairy, and meat/poultry/fish. Athletes' diets should be high in complex carbohydrates while also including essential proteins and fats.
5. Athletes practicing or playing in warmer climates should become acclimatized to high levels of activity in hot weather. Practice should be held early in the morning or late in the afternoon.
6. Limit workouts and practices to no more than two hours.
7. The night before an event, athletes should hydrate with electrolyte fluids to reduce the risk of dehydration.
8. Fluid breaks should be offered at least every 45 minutes, and athletes should be entitled to unrestricted amounts of fluids to help prevent dehydration and other forms of heat-related illness.
9. All athletes should use appropriate equipment that fits properly. This equipment should be checked before and after each use to ensure that it is in proper working condition, and replaced or repaired immediately if any problems are noted.
10. Appropriate protective equipment should be worn in all practices as well as during competitions.
11. Shoes should fit appropriately and provide the necessary support for each individual sport.
12. Foot diseases, such as athlete's foot, should be treated immediately and fully to avoid more extensive problems.
13. Mouth guards should be used in all collision sports, including ice hockey, football and rugby; and recommended for all sports where contact could occur, including basketball, baseball, lacrosse, soccer, etc. Not only do they help to prevent dental injuries, but they can also absorb shocks from blows to the jaw or head and reduce the severity of these blows.

14. Players should stretch properly before and after workouts of any kind.
15. A minimum 15-minute warm-up period before any game or practice, and an appropriate cool-down period afterward, is recommended. Athletes should also warm up for five minutes during any prolonged breaks in activity (including half time, between periods, etc.).
16. Ice should be available on the sidelines of every game and practice to apply to appropriate injuries.
17. Injuries involving bones or joints should be examined by a licensed physician.
18. All injuries should be evaluated immediately.
19. Parents should be aware of who is responsible for injury care at their child's school. Parents should ask if this person is qualified to handle all injuries and provide proper instruction and rehabilitation, as well as whether he or she is available for both practice and games.
20. Every school with an athletic program should have a written emergency plan which is reviewed regularly and addresses every level of medical care for injured athletes.
21. Every school should be encouraged to develop an Injury Protection Manual, which answers any questions a parent may have about the way an injury is to be handled and who will be primarily responsible. The school should distribute this manual to all athletes' parents.
22. The athletic department should be encouraged to have an Emergency Medical Authorization Card on file for every athlete. This card gives parental permission for emergency medical care if it is required. The card should include name, address, parents' home and work phone numbers, etc.
23. The athletic department should be encouraged to have parents sign a waiver that indicates they are aware of the inherent risk of injury to their children.
24. Coaches should be certified in first aid and CPR and, where possible, earn a state- or nationally-approved certificate to coach specific sports.
25. All individuals involved in the athletes' health and safety -- including athletic trainers, coaches, physicians, emergency medical personnel (paramedics and EMTs), school administrators and parents -- should be encouraged to maintain cooperative liaisons.

Football-Specific Guidelines

1. Intentional spearing of opponents should be discouraged.
2. Blocking below the waist should be minimized during practice.
3. Block and tackle with the head up to reduce the risk of neck injuries.
4. In addition to total strengthening and conditioning, football-specific conditioning exercises should strengthen the neck to allow players to keep their heads firmly erect while making contact during blocks or tackles.
5. Make sure the practice and playing areas are safe. Look for holes, broken glass and other hazards on and around the practice field, game field and blocking sleds.
6. Ample fluid replacement should be available at all times.

Basketball-Specific Guidelines

1. Players should focus on conditioning exercises for the total body, including upper and lower extremities.
2. Players should focus on good warm-up and stretching prior to any ballistic movements.
3. Footwear should fit properly to minimize the risk of ankle- and foot-related injuries.
4. Replace footwear when the shock absorption is no longer adequate.

Soccer-Specific Guidelines

1. Players should be encouraged to wear appropriate shin guards during practice and play.
2. Provide fluids on the sidelines throughout practice and games. Although soccer requires non-stop play with no time outs, athletes should be encouraged to come to the sidelines or touch line where they can replenish fluids without penalty.
3. Warm up for approximately 15 minutes, beginning for half that time without a ball. Warm-up exercises should include light jogging and stretching. Without these warm-ups, the explosive action of shooting can result in strained muscles.
4. Adhere to the rules of the game when tackling.
5. Although soccer does not provide time outs, injuries should be evaluated immediately to ensure the athlete is not worsening the injury.

Baseball/Softball-Specific Guidelines

1. Most injuries in baseball and softball involve the throwing arm and shoulder, but these injuries usually result through a gradual process. Athletes should not abuse the throwing arm by overusing it.
2. Players should incorporate conditioning and stretching exercises for the shoulder into their overall program.
3. It is to the player's advantage to warm up and cool down the throwing arm properly to minimize the risk of injuries.
4. Condition all shoulder muscles, emphasizing muscles in the back of the shoulder that are required to stop the pitching motion. Muscles in the front of the arm are naturally stronger -- shoulder injuries can result from weaker muscles in the back.

Track and Field-Specific Guidelines

1. Stretching is key to minimizing the risk of injury in every event.
2. Conditioning programs should concentrate on muscular strength, muscular endurance and flexibility. Individual event training should be emphasized.
3. All athletes involved in running events should work to maintain year-round cardiovascular endurance.
4. Before and after each event, athletes should warm up and cool down, stretch and hydrate with fluids.
5. Special attention should be paid to the nutritional needs of the endurance athlete.

Wrestling-Specific Guidelines

1. Depleting food and fluid to make a particular weight class may be detrimental to the health and safety of the athlete. Body composition and weight loss should be closely monitored.
2. Wrestlers should be encouraged to wear protective headgear that provides ear protection.
3. Wrestlers should be encouraged to wear protective knee pads.
4. To reduce the risk of skin diseases, wrestlers should shower before and after workouts; wash their workout clothes daily; dry their skin adequately; clean mats daily; avoid wearing street shoes on wrestling mats or wrestling shoes off the mats; wipe headgear down with alcohol pads after each use; and conduct daily total body skin inspections.
5. Wrestlers with open wounds, broken skin or diseases of the skin should be discouraged from participating until the skin is healed or the wrestler has been cleared to participate by a licensed physician. If allowed to wrestle, the athlete should have the affected skin covered to prevent cross-contamination.
6. Proper strength and conditioning regimes should be encouraged.

Volleyball-Specific Guidelines

1. An overall strength base with emphasis on leg, back and posterior shoulder (rotator cuff) strengthening during pre-season is vital.
2. Proper equipment should include volleyball-specific shoes and knee pads for shock absorption.
3. A proper warm-up and stretching program should emphasize the shoulder, low back and legs. Do not start spiking before warm-up stretching for the shoulder. After stretching, start throwing a volleyball easily, gradually increasing intensity until the muscles are warm.
4. Advanced drills and conditioning, such as plyometrics or jump training, should not be conducted unless the athlete has been tested and can demonstrate balance, flexibility and strength.
5. Ample fluid replacement should be available at all times.

NATA's Lighting Safety Guidelines

- Establish a chain of command that identifies who is to make the call to remove individuals from the field.
- Name a designated weather watcher. (A person who actively looks for the signs of threatening weather and notifies the chain of command if severe weather becomes dangerous.)
- Have a means of monitoring local weather forecasts and warnings.
- Designate a safe shelter for each venue.
- Use the Flash-to-Bang count to determine when to go to safety. By the time the flash-to-bang count approaches thirty seconds all individuals should already be inside a safe structure.
- Once activities have been suspended, wait at least thirty minutes following the last sound of thunder or lightning flash prior to resuming an activity or returning outdoors.
- Avoid being the highest point in an open field, in contact with, or proximity to the highest point, as well as being on the open water. Do not take shelter under or near trees, flagpoles, or light poles.
- Assume the lightning safe position (crouched on the ground, weight on the balls of the feet, feet together, head lowered, and ears covered) for individuals who feel their hair stand on end, skin tingle, or hear "crackling" noises. Do not lie flat on the ground.
- Observe the following basic first aid procedures in managing victims of a lightning strike:
 - Survey the scene for safety.
 - Activate local EMS.
 - Lightning victims do not 'carry a charge' and are safe to touch.
 - If necessary, move the victim with care to a safer location.
 - Evaluate airway, breathing, and circulation, and begin CPR if necessary.
 - Evaluate and treat for hypothermia, shock, fractures and/or burns.
- All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty from anyone.

**Emporia State University
Athletic Training Program
Hepatitis B Vaccination/Declination Form**

I have received information concerning the Hepatitis B virus and the Hepatitis B vaccine. I understand the benefits and risks involved with receiving the vaccine. I understand the risks associated with contracting the disease while caring for patients/clients during my clinical courses.

Student Signature

Date

All athletic trainers, who have been identified as being at risk for exposure to blood or other potentially infectious materials, are offered the Hepatitis B vaccine. The three stage vaccine is offered through Emporia State University's Student Health Center or the Lyon County Health Department (Emporia, KS) at minimal cost to the athletic training student. **Directions: Complete ONE of the sections below. Either verification of immunization series or completion of the declination statement is required prior to beginning a clinical experience.**

Hepatitis B Vaccination

_____ I will obtain the vaccination at my own expense and show documentation after each phase is completed.

_____ I have received the Hepatitis B vaccination and have attached documentation in support of this.

Student Signature

Date

Hepatitis B Vaccine Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can choose to receive the vaccination series.

I further understand that neither Emporia State University, the Department of HPER, the Athletic Training Program, nor the clinical agencies are responsible for the payment of or provision for health care should I acquire Hepatitis B or become exposed to the Hepatitis B virus.

Student Name Printed

Student Signature

Date

Appendix XI - ESU AT Program – OSHA Training

Bloodborne Pathogens Exposure Control Plan

In accordance with the OSHA standards, the following training program has been developed for the Athletic Training Program (AT Program) at Emporia State University:

A. Purpose

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids.
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

B. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. In the Athletic Training Clinic and AT Program, the following job classifications are thus categorized: Staff Athletic Trainers, Athletic Training Students, Physicians, and urine collection team for drug testing.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classification and associated tasks for these categories are as follows:

1. Athletic Trainers - allied health care providers

C. Implementation Schedule and Methodology

OSHA also requires this plan to include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

1. Compliance Methods

Universal precautions are observed in all aspects of the Athletic Training Clinic and clinical rotations in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials are considered infectious regardless of the perceived status of the source individual.

Work practice controls are utilized to eliminate or minimize exposure to employees in this department. Where occupational exposure remains after institution of these controls, personal protection equipment shall also be utilized. In the Athletic Training Clinic, the following engineering controls will be utilized and include sharps containers and containers for biohazardous waste.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: The Athletic Trainer responsible for the operation of the specific site will review controls daily.

Handwashing facilities shall be made available to employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Additionally, antiseptic hand-washing cleansers are available, especially for use on practice and game fields.

The staff persons (including athletic training students) responsibilities are as follows:

- a. Athletic Training Rooms and service areas – Athletic Training staff
- b. Equipment and equipment room - Equipment Manager and staff
- c. Athletic facilities and locker rooms – Custodial / Maintenance staff

Each staff shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. Each staff member shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

2. Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility, recapping or removal is NOT permitted, the facility uses sharps containers.

3. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are presented.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods will be employed at these facilities to accomplish this goal.

4. Specimens

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard. All urine specimen collection for drug screening are labeled and identified. Collectors are required to wear gloves and wash hands between collection of specimen.

Additionally, arthrocentesis kits will be utilized for joint aspirations. The contents of arthrocentesis kits will be disposed properly via the Biohazardous Waste Management pick-up. Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

To protect the health care worker from potentially infectious agents, certain work practices and protective equipment are mandated for any task that involves exposure or potential exposure to blood, body fluids or tissues. Universal Precautions must be practiced at event sites, home and away.

- a. Non-sterile gloves should be worn whenever contact with blood or body fluids, secretions or excretions is anticipated.
- b. Gowns should be worn when soiling of clothing with blood or body fluid is anticipated.
- c. Strict hand washing should be performed before and after any procedure. Always wash hands after removing gloves. (Liquid hand cleaner can be used when washing facility is unavailable)
- d. When there is a situation in which a splatter with blood, bloody secretions, or body fluids is possible, protective eyewear such as goggles and a mask should be worn.
- e. Needles, syringes, knife blades, should be disposed of in a rigid, puncture-proof container. Needles should not be recapped and should not be bent or broken by hand since accidental needle puncture may occur.
- f. Extraordinary care should be taken to avoid accidental wounds from needles or other sharp instruments.
- g. Whenever possible, a hazardous procedure and device should be substituted with one less risky or harmful.
- h. Soiled linen and other laundry which have become contaminated with blood or other body fluids should be appropriately labeled and processed according to the policy regarding patients in isolation precautions.
- i. Infectious waste should be disposed of according to the Department of Athletics Policy.
- j. Accidental Exposure Protocol -- First Aid treatment, and appropriate referral to office of Occupational Health and Safety.

5. Contaminated Equipment

The head athletic trainer, assistant athletic trainers, and head equipment manager shall ensure that equipment, which has been contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

6. Personal Protective Equipment

a. Personal Protective Equipment Provision

Athletic training and equipment staff are responsible for ensuring that the following provisions are met. All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Each athletic training room and equipment area will have disposable gloves, gowns, and goggles for staff usage. Additionally utility gloves may be used and re-used provided the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. The staff person supervising each facility shall notify a Staff Athletic Trainer regarding inventory needs, allowing ample time for ordering and restocking.

b. Personal Protective Equipment Use

The athletic training staff shall ensure that the employee uses appropriate personal protective equipment, unless the supervisor demonstrates that the employee temporarily and briefly declined to use personal protective equipment. Only under rare and extraordinary circumstances, in the employee's professional judgment that this specific instance would prevent the delivery of health care or pose an increased hazard to the safety of the worker or co-worker may an employee not use appropriate personal protective equipment. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

c. Personal Protective Equipment Accessibility

The athletic training staff shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powder less gloves, and other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

d. Personal Protective Equipment Cleaning, Laundering, and Disposal

All personal protective equipment will be cleansed, laundered, or disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to the employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. The contaminated clothing is to be placed in a designated bag and washed accordingly.

e. Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable gloves used at these facilities are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves, used in the laundry areas, may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

f. Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situation at these facilities that would require such protection are listed in the following table.

**Protective Equipment for Tasks Involving Potential
For Exposure to Bloodborne Organisms**

Task	Hand Washing	Gloves	Gown	Mask	Eye Protection
Assisting with incision and draining of wound	X	X	S	++	++
Physical assessment		X			
Emptying emesis basins	X	X			
Applying pressure to control bleeding		X	X	S	++
Emptying trash	X	X			
Collecting urine, wound specimens	X	X			
Cleaning up spills of blood & body substance	X	X			
Applying topical ointment	X	X			
Vital signs - oral temperature, pulse, respiration, blood pressure	X				
Rectal temperature	X	X			
Cleaning surfaces contaminated by blood & body substances	X	X			
Routine dressing changes and wound care	X	X			
Dressing changes for wounds with large amounts of drainage	X	X	S		
Wound irrigation	X	X	S	++	++
Burn dressing changes	X	X	S		
Suture or staple removal - wound with drainage	X	X			
Dressing removal	X	X			
Wound packing	X	X	S		

KEY: X - routinely, S - if soiling likely, and splattering likely, ++ - optional

7. Housekeeping

The facility will be cleaned and decontaminated according to the following schedule:

<u>Area or Equipment</u>	<u>Schedule</u>
Treatment tables	Daily
Whirlpools	Daily
Ceramic tile floors	Daily
Laundry	Daily
General areas	PRN
Blood spills	PRN

A small sample of decontamination cleaning materials include: Disinfectant Germicidal Cleaner, Tide Laundry Detergent, Parsons Ammonia, Pine Oil Cleaner, End Bac II (Johnson Disinfectant Deodorant Spray), Fantastik Spray Cleaner, Disinfectant Toilet Bowl Cleaner, Isoquin Germicidal Hand Wash (Cramer Products), Industrial Scouring Powder, and hypochlorite liquid bleach.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift.

All table and counter top surfaces will be cleaned with a disinfectant. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular daily basis. Any broken glassware that may be contaminated will not be picked up directly with the hands. Dustpans and hand brooms should

be used. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

8. Regulated Waste Disposal

a. Disposable Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on both sides and bottom and labeled or color coded. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).

The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain and prevent leakage during handling, storage, transport, or shipping. The second container shall be labeled or color-coded to identify its content. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

b. Other Regulated Waste

Regarding gloves, gauze, human tissue, etc. -- each athletic training facility will have a covered waste container lined with a biohazardous trash bag. Materials contaminated with blood, exudates, secretions, body fluid wastes, or other infectious materials are to be placed in these covered containers. Grossly soaked towels will be discarded in a biohazard bag. Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations.

9. Laundry Procedure

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. All student-athletes will be properly instructed on the procedures for handling contaminated equipment. A note should also be made to properly dispose of contaminated dressings removed following physical activity. Those staff members responsible for implementation and enforcement of those procedures include head athletic trainer, assistant athletic trainers, and equipment manager. Such laundry will be placed in an appropriately marked biohazard labeled bags available from the equipment staff. Laundry in these bags will not be sorted or rinsed in the area of use.

NOTE: Emporia State University Department of Athletics utilizes Universal Precautions in the handling of all soiled laundry and assumes all laundry to be contaminated. However, all contaminated laundry will be placed in appropriately marked biohazard labeled bags available from the equipment staff.

Laundry for all facilities will be laundered by the Emporia State University Equipment Room under the supervision of the equipment manager.

NOTE: In the event contaminated laundry is sent to an off-site laundry facility not utilizing Universal Precautions, all contaminated laundry must be placed in appropriately marked biohazard labeled bags available from the equipment staff.

Soiled linens include towels, uniforms, socks, jocks, etc. and are handled in such a manner as to protect the laundry room staff from inadvertent exposure to any organism contained in the soiled items, although the risks of disease transmission through soiled linens is negligible. Players should handle their own dirty laundry items as much as possible. Linens washed in hot water with detergent or cool water with germicide will be decontaminated during laundering. It is suggested that gloves and gowns be worn when handling soiled linen. Linen with moderate amounts of blood or body fluid contamination may be placed in the normal laundry bag.

10. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow Up

Emporia State University shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

The head athletic trainer and AT Program Director shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- a. Made available at a reasonable cost to the employee
- b. Made available to the employee at a reasonable time and place;
- c. Performed under the supervision of the team physician
- d. Provided according to the recommendations of the U.S. Public Service.

All laboratory tests shall be conducted by an accredited laboratory.

Hepatitis B Vaccination

Department of Occupational Health is in charge of the Hepatitis B vaccination program. Hepatitis B vaccination is made available after the employee has received the training in occupational exposure (see information and training). Within 10 working days of initial clinical assignment, all employees who have occupational exposure, unless he/she has previously received the complete Hepatitis B series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons must receive the Hepatitis B vaccination or sign a waiver refusing the vaccination. The head athletic trainer and AT Program Director will identify all workers as exposed or non-exposed. Those exposed workers will be educated regarding Hepatitis B prevention and vaccination.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard, decides to accept the vaccination, it shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

Post Exposure Evaluation and Follow-Up

All exposure incidents shall be reported to the head athletic trainer or assistant athletic trainer for investigation and documentation. When the employee incurs an exposure incident, it shall be reported to the Department of Occupational Health. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements identified by the Department of Occupational Health.

- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infection. If consent is not provided, the head athletic trainer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the result documented.
- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will be in compliance with accepted federal standards as directed by the Department of Occupational Health.

- a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained
- b. The employee will be offered the option of having his/her blood collected for testing of the employee's HIV or HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by the Office of Occupational Health.

Information Provided To the Healthcare Professional

The Occupational Health and Safety Office shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- a. A copy of 29 CFR 1910.1030
- b. A written description of the exposed employee's duties as they relate to the exposure incident
- c. Written documentation of the route of exposure and circumstances under which exposure occurred
- d. Results of the source individuals blood testing, if available
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status

Healthcare Professional's Written Opinion

The Occupational Health and Safety Office shall obtain and provide the employee with a copy of the evaluating healthcare professional within fifteen (15) days of the completion of the written evaluation. The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such

vaccination. The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- a. A statement that the employee has been informed of the results of the evaluation.
- b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- c. A statement that the exposed individual has been offered post-exposure prophylaxis.

NOTE: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

11. Labels and Signs

Athletic training staff and equipment staff shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood, or other potentially infectious materials. Additionally, these staff persons will insure proper information is disseminated to visiting teams and ample supplies are available in visiting team locker room areas to implement the practice of Universal Precautions.

The universal biohazard symbol shall be used. The label shall be orange or red screened on laundry bags for handling contaminated clothing. Red bags or containers may be substituted for labels. However, regulated waste must be handled in accordance with the rules and regulations of the organization having jurisdiction. Blood products that have been released for transfusion or other clinical use are exempted from those labeling requirements.

12. Information and Training

The athletic training staff shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- a. A copy of the standard and an explanation of its contents
- b. A discussion of the epidemiology and symptoms of bloodborne diseases
- c. An explanation of the modes of transmission of bloodborne pathogens
- d. An explanation of the Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy
- e. The recognition of tasks that may involve exposure
- f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices, and personal protective equipment (PPE)
- g. Information on the types, uses, location, removal, handling, decontamination, and disposal of PPE
- h. An explanation of the basis of selection of PPE
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits and that it will be offered free of charge
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
- l. Information on the evaluation and follow-up required after an employee exposure incident
- m. An explanation of the signs, labels, and color-coding systems

The person conducting the training shall be knowledgeable in the subject matter. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in the provisions of the policy that were not covered. Additional

training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

13. Record keeping

The Occupational Health and Safety Office, with assistance from the athletic training staff is responsible for maintaining medical records as indicated below. These records will be kept at the Occupational Health and Safety Office.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a. The name and social security number of the employee
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination
- c. A copy of all results of examinations, medical testing, and follow-up procedures
- d. A copy of the information provided to the healthcare professional, including a description of the employees' duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure

NOTE: For OSHA 200 Record keeping purposes, an occupational bloodborne pathogens exposure incident shall be classified as an injury since it is usually the result of an instantaneous event or exposure. It shall be recorded if it meets requirements.

Training Records

The head athletic trainer is responsible for maintaining the following training records. These records will be kept in the athletic training room (doctor's office).

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- a. The dates of the training sessions
- b. An outline describing the material presented
- c. The names and qualifications of persons conducting the training
- d. The names and job titles of all persons attending the training sessions

Availability

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

Transfer of Records

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final deposition.

14. Evaluation and Review

The athletic training staff and equipment staff are responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

15. Dates

All provisions required by this standard will be implemented by July 1, 1998.

16. Outside Contractors

All consulting physicians and health care practitioners are requested to participate in the practice of Universal Precautions. It is understood and acknowledged that these persons accept professional liability and responsibility for their professional actions.

**Guidelines for Infectious Waste Disposal
In the Athletic Training Room**

Type of Waste	Regular Wash	Sharps Container	Biohazard Bag	Toilet / Sink
Needle, syringe, scalpel		X		
Urine				X
Urine containers			X	
Alcohol wipes, used dressings or gauze			X	
Tongue depressors, throat swabs	X			
Containers of blood, blood products and potentially infectious body fluids (synovial fluid, blood or any fluid contaminated with blood)			X	
Broken glass, glass ampules, or sharp objects		X		
Gloves, if not contaminated	X			

NOTE: Broken glass or sharp objects that are not contaminated and are not of medical origin should be placed in a rigid, puncture resistant container and disposed of in regular trash.

**Emporia State University - Athletic Training Program
OSHA Compliance Statement**

Blood borne pathogens are disease causing microorganisms that may be present in human blood. Two pathogens that are of special importance to athletic trainers are Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Hepatitis B directly affects the liver by resulting in swelling, soreness, and the loss of normal functions to the liver. Human Immunodeficiency Virus affects the immune system by destroying the T-cells that help prevent disease. At this time, there is no known cure for either. At this time there is a vaccine for prevention of HBV that is available.

All individuals working within Emporia State University Athletic Training are anticipated to come in contact with blood or other infectious materials while performing their duties. The potential for exposure not only exists in the athletic training rooms, but also on the practice and/or competition fields.

These potential areas of exposure and disease transmission as well as, techniques of transmission prevention are documented and outlined in the “Infection Control Policy of Emporia State University’s Athletic Training Program,” I have been given. I have read, understand, and will follow the “Infection Control Policy of Emporia State University’s Athletic Training Program”. I also understand that I must take part in yearly in-service programs on the OSHA guidelines and universal precautions.

Year 1	Student Signature	Date
	Staff Signature / Witness	Date
Year 2	Student Signature	Date
	Staff Signature / Witness	Date
Year 3	Student Signature	Date
	Staff Signature / Witness	Date
Year 4	Student Signature	Date
	Staff Signature / Witness	Date
Year 5	Student Signature	Date
	Staff Signature / Witness	Date