

# The University of West Alabama



## Policy & Procedure Manual For Athletic Trainers

9<sup>th</sup> Edition, August 12, 2009

The University of West Alabama does not discriminate on the basis of race, color, national origin, gender, religion, age, disability or sexual orientation in employment or in the provision of services.

## Table of Contents

I.	Introduction	2
II.	Standards of Operation	3
III.	Athletic Training Education Program Admission Requirements	4
IV.	Technical Standards	6
V.	Suggested Course Plans	7
VI.	Mission Statement	8
VII.	Educational Objectives of the Athletic Training Education Program	10
VIII.	Job Descriptions & Staff Responsibilities	11
IX.	Professional Demeanor Policy	14
X.	Clinical Assignment Policy	14
XI.	Fair Practice Work Policy	15
XII.	First Responder Policy and Responsibilities	16
XIII.	Supervision Policy and Definitions	17
XIV.	Travel Policy	18
XV.	Unsupervised Athletic Training Student Travel	19
XVI.	General/Confidentiality	20
XVII.	Class Attendance Policy	20
XVIII.	Clinical Experience Attendance Policy	20
XIX.	Athletic Training Student Obligations	21
	1. Availability	21
	2. Punctuality	21
	3. Academics	21
	4. Clinical Hour Verification	22
	5. Travel	22
	6. Professional Appearance Policy	22
	7. Athletic Participation	23
	8. Competency	23
	9. Record Keeping Policy	23
	10. Treatments	24
	11. Rehabilitation	24
	12. Medication	24
	13. Staff Meetings	24
	14. Grievances	25
	15. Visiting Teams	25
	16. Travel Expense	25
	17. Restocking & Inventory	25
	18. Keys	25
	19. Book Policy	25
	20. Taking Athletes to Physicians	26
XX.	Athletic Training Room Procedure	26
	1. Injury Prevention	26
	2. Daily Schedule	27
	3. Areas to be Cleaned	27
	4. Athletic Training Room Library	28
	5. Telephone	28
	6. Mail Service	28
	7. Supplies, Materials, & Equipment Policy	28
XXI.	Assignment of Sports	29
XXII.	Athletic Training Student Relationships	29
	1. Staff	29
	2. Team Physicians	29
	3. Coaches	30
	4. Athletes	30
	5. Other Athletic training students	30
	6. Public & Media	30
	7. Salespersons or Vendors	30
	8. Athletic Director	31
	9. General/Confidentiality	31
XXIII.	Individual Sport Responsibilities	31
	1. Football	31
	2. Volleyball, Men's & Women's Basketball	32

3.	Rodeo	32
4.	Baseball & Softball	33
5.	Cross Country	34
6.	Tennis	34
7.	Cheerleading	34
8.	Intramurals	34
XXIV.	NATA Code of Ethics	34
XXV.	Workplace Discrimination and Harassment (NATA Brochure)	35
XXVI.	Health & Safety Policy	36
1.	Safeguards	36
2.	Blood borne Pathogens Exposure Control Plan	36
	Exposure Determination	36
	Implementation Schedule & Methodology	36
A.	Compliance Methods	37
B.	Needles	37
C.	Containers For Reusable Sharps	37
D.	Work Area Restrictions	37
E.	Specimens	37
F.	Contaminated Equipment	38
G.	Personal Protective Equipment	38
H.	Regulated Waste Disposal	38
I.	Laundry Procedures	39
J.	HIV/HBV Exposure	39
K.	Interaction with Health Care Professionals	39
L.	Training	39
M.	Record Keeping	40
N.	Athletics Health Care Responsibilities	40
XXVII.	OSHA Compliance Statement	44
XXVIII.	Hepatitis B Vaccine Waiver Form	45
XXIX.	Communicable Disease Policy	46
XXX.	Confidentiality Statement	47
XXXI.	Emergency Procedures	48
1.	Emergency Phone Numbers	48
2.	Athlete to Hospital	49
3.	Road Trip Emergency Medical Procedure	49
4.	Emergency Medical Procedure at Home Competitions or Practice	49
5.	Volleyball, Men's & Women's Basketball Emergency Procedure	50
6.	Baseball Emergency Procedure	50
7.	Softball Emergency Procedure	51
8.	Football Game Emergency Procedure	51
9.	Football Practice Emergency Procedure	51
10.	Rodeo Emergency Procedure	52
11.	Cross Country Emergency Procedure	52
12.	Tennis Emergency Procedure (Howard R. Vaughan Tennis Complex)	52
13.	Cheerleading Team Emergency Procedure	53
14.	Emergency Plan Related Information	53
A.	Weather events	53
B.	Lightning Safety Policy	54
C.	AED Policy	58
D.	Hours of Normal Operation of Key Personnel	60
E.	Therapeutic Modalities & Rehabilitation Equipment Available for Use	60
F.	Emergency Equipment Available for Use	61
G.	When EMS is On-Site	61
H.	Coaches First Aid/CPR Training	61
I.	Insurance Information & Medical History Availability	62
J.	Catastrophic Event Notification	62
K.	Keys to Athletic Gates	62
L.	Location of All Telephones	62
M.	Certified Athletic Trainer Availability	62
N.	Physician Availability	63
O.	EMS Access Maps to UWA Athletic Events	64-72

## **Introduction**

Welcome to The University of West Alabama and its athletic training education program, as an athletic training student or prospective athletic training student. In accepting one of these positions, you have taken on a great deal of responsibility and have put yourself in a very rewarding position that will hopefully help you meet your professional goals and objectives. We, as a staff, commend your desire to become a certified athletic trainer and are pleased to have you within our ranks. The University of West Alabama's Athletic Training Education Program is nationally accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Our program, a combination of hands on experience and structured classroom instruction, prepares our students to sit for the National Athletic Trainer's Association Board of Certification Exam.

As a student member of our staff, we have great expectations of you. We expect you to be reliable, dependable, loyal, diligent, dedicated, and honest in your efforts. We also expect you to conduct yourself with the highest degree of decorum, to be academically sound, and to represent yourself, our staff, our program, and the University with professionalism beyond reproach.

Being an athletic training student at UWA is a significant responsibility. You are not only responsible for the health and welfare of the athletes in your charge but you represent the University and our program. Any misconduct that compromises the image or integrity of this department, UWA, or puts the health of your athletes at risk is grounds for dismissal from the athletic training education program. Violations of procedures or policies of this department will be grounds for a warning from the staff. Repeated violations are grounds for dismissal. Failure to maintain progression requirements results in academic probation and/or suspension from the athletic training professional education program. In addition to academic probation or suspension, the student's enrollment in the athletic training education program may be terminated at any time if, in the judgment of the athletic training faculty, the student demonstrates academic, social, or emotional behaviors or physical problems inappropriate to the practice of athletic training. Students whose health status and/or clinical performance jeopardize the patients assigned to his/her care may also be dismissed from the athletic training education program. Students suspended from the athletic training education program may apply for re-admission to the program through the Athletic Training Curriculum Selection Committee when the deficiencies are removed. Students suspended twice from the program are ineligible to re-apply.

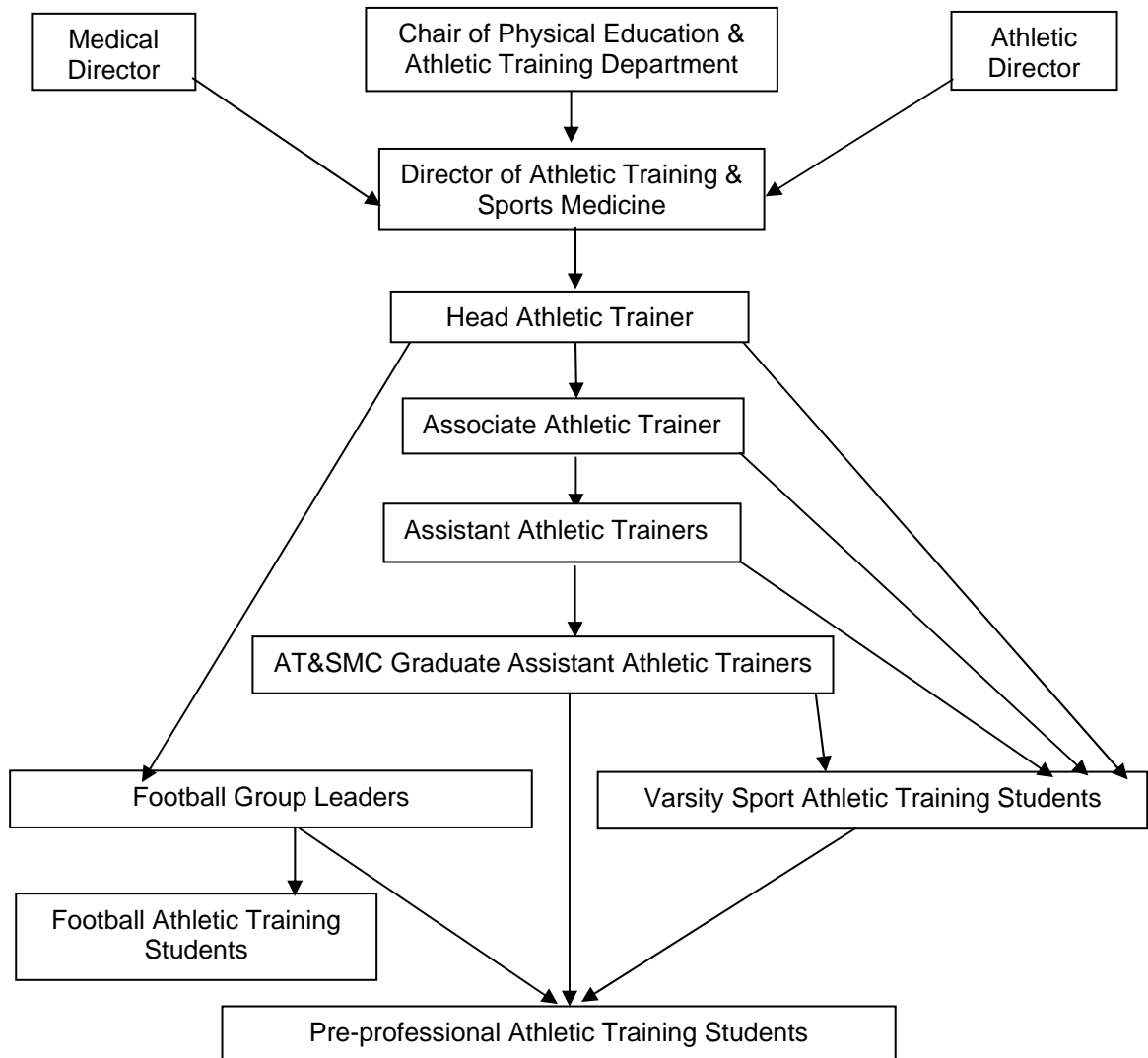
It is the athletic training and sports medicine staff's intention that your experiences here be enjoyable and educational. We will attempt to provide you with the opportunity to gain the knowledge and skills necessary to be an outstanding athletic trainer. In return, we ask for and expect your cooperation, dedication, loyalty, and enthusiasm.

Again, welcome to our staff. We are glad to have you and we look forward to a profitable, educational, and longstanding relationship.

## Standards of Operation

### Chain of Command

For the athletic training and sports medicine staff to function smoothly and consistently, the following chain of command is in effect:



Decisions on questionable matters should always be referred to the next higher-ranking individual that is immediately available. The athletic training student group leaders will be responsible for seeing that all pre, during, and post practice assignments are carried out and that the athletic training room is properly maintained. This includes the inventory of supplies, the supervision of restocking and cleaning the area, and the education of athletic training students in the proper procedures relating to the athletic training room. The athletic training student group leaders carry the ultimate student responsibility and comments or criticisms from any of the higher-ranking athletic trainers will be made to them regarding the performance of their student staff.

## **Athletic Training Education Program Admission Requirements**

Admission to the University and to the College of Education does not constitute acceptance into the Athletic Training Education Program. Every student who wishes to prepare for athletic training certification is required to submit a written application for admission into the Athletic Training Education Program. This application should be filed with the Athletic Training Education Program Director no later than April 1 of the first year of enrollment at UWA. The Bachelor of Science degree in athletic training consists of two components: (1) The pre-professional program (usually freshman year or first year for transfers) and (2) the professional program (sophomore through senior years). All students must complete the course of study for the pre-professional and professional program as described in the University *General Catalogue*. The pre-professional program must be completed by all students and validated by the Athletic Training Education Program Director before students are considered eligible for admission to the professional program. All students must make formal application to the professional program (usually in the spring semester of the freshman year or first year for transfers) and meet all admission requirements. Completion of the pre-professional program does not guarantee acceptance into the eligibility criteria for the professional program in athletic training.

Upon successful completion of the prescribed course of study, the student is qualified to receive the degree of Bachelor of Science and is eligible to apply for the Board of Certification Examination for Athletic Trainers.

### **COSTS**

The following is a list of additional expenditures beyond those of tuition, room, board, fees, etc. for which students enrolled in the athletic training education program are responsible.

1. Purchase of authorized athletic training uniforms.
2. Assumption of all costs and arrangements for travel to and from clinical facilities for clinical experiences.
3. Verification of a negative drug screen according to guidelines established by the clinical agencies utilized by the athletic training education program.
4. Negative criminal background check conducted according to guidelines established by the clinical agencies utilized by the athletic training education program.
5. Annual recertification of American Red Cross Professional Rescuer First Aid and CPR or American Heart Association BLS for Health Care Providers certification or Emergency Medical Technician equivalency.
6. Initiate the Hepatitis B vaccination series while enrolled in AH101 or provide documentation of completed series or complete the necessary waiver.

### **POLICIES**

*Admission to the Professional Program:*

To be eligible for admission to this program, in addition to meeting all requirements for admission to the University, applicants must:

1. Have a minimum quality-point ratio of 2.0 in all hours attempted in general studies curriculum requirements completed prior to application deadline.
2. Have a minimum quality-point ratio of 3.0 in all hours attempted in the athletic training major requirements completed prior to application deadline.
3. Submit complete application materials including recommendation forms from three faculty members to the Athletic Training Education Program Director by April 1 (December 1 and July 1 for transfer students meeting the requirements listed below). (Usually these should be submitted during the freshman or first year in the pre-professional program. All course requirements do not have to be completed prior to filing application).
4. Hold current American Red Cross Professional Rescuer First Aid and CPR or American Heart Association BLS for Health Care Providers certification or Emergency Medical Technician equivalency.
5. Successfully complete the Athletic Training Practicum courses AH 101 and AH 102. (Exception: Students meeting the transfer criteria listed below may be admitted without previously completing these courses but will have to successfully complete these courses or approved substitute courses as part of their curriculum)
6. Interview with the Athletic Training Curriculum Selection Committee.

Students enrolled in clinical athletic training education courses must meet the following requirements established by the Joint Review Committee on Educational Programs in Athletic Training and clinical agencies utilized by the athletic training education program for clinical and field experiences.

1. Completion of the Pre-enrollment Physical Examination.
2. Student must present proof of immunization for MMR and DTP vaccines; failure to comply with this requirement will result in an incomplete grade for the designated course until the requirement is met. An incomplete grade will result in the inability to advance in the program.
3. Student must complete OSHA training and submit verification of OSHA training to be kept in the athletic training student portfolio.

4. Completion and submission of an acknowledgement of the Technical Standards for Admission Form.
5. Completion and submission of a Confidentiality Statement for Athletic Training Students.

**Transfer Students:**

Students with previous documented clinical experience in athletic training who transfer to UWA and meet the following requirements in addition to the above admission requirements may be eligible for admission to the athletic training professional program upon enrollment in the first semester at UWA:

1. Documentation of a minimum of at least 120 hours of clinical experience supervised by a BOC certified athletic trainer or a state credentialed athletic trainer.
2. One of the three recommendation forms must be from the student's primary supervising athletic trainer from the previous institution. The remaining two recommendation forms must be from the faculty of the student's previous institution.

*Progression Requirements:*

In order to progress in the athletic training professional program, students must:

1. Achieve a minimum grade of "C" in each athletic training major course attempted. For any athletic training major course in which the student earns less than a "C" the entire course must be repeated. Students may repeat an athletic training (AH) course only once.
2. Maintain a cumulative quality-point ratio of 3.0 in all hours attempted in the athletic training major requirements.
3. Maintain a cumulative quality-point ratio of 2.0 in all hours attempted in general studies course requirements.
4. Maintain good standing with the University according to UWA student policies and procedures.
5. Maintain current American Red Cross Professional Rescuer First Aid and CPR or American Heart Association BLS for Health Care Providers certification or Emergency Medical Technician equivalency.

**NOTE:** Failure to maintain any of the above progression requirements results in academic probation and/or suspension from the athletic training professional program. In addition to academic probation or suspension, the student's enrollment in the athletic training professional program may be terminated at any time if, in the judgment of the athletic training faculty, the student demonstrates academic, social, or emotional behaviors or physical problems inappropriate to the practice of athletic training. Students whose health status and/or clinical performance jeopardize the patients assigned to his/her care may also be dismissed from the athletic training professional program. Students suspended from the athletic training professional program may apply for re-admission to the program through the Athletic Training Curriculum Selection Committee when the deficiencies are removed. Students suspended twice from the program are ineligible to re-apply.

**Definitions:**

Unconditional Acceptance: A student may be accepted to the athletic training professional program after completing all admission requirements without deficiencies as stated in the UWA Athletic Training Curriculum Admission Requirements.

Conditional Acceptance: Students applying to the athletic training curriculum with a GPA in the range of 1.75-1.99 for all general course work and/or 2.75-2.99 for all athletic training course work may be accepted into the program conditionally if all other application requirements have been met. Students accepted conditionally will be placed on a probationary status for one academic year. Failure to correct the deficiency(s) after one academic year will lead to suspension from the Athletic Training Education Program.

Probation: Deficiencies in admission or progression requirements may result in the student being placed on probationary status. Probationary status is generally one academic year in length except when a student has clearly corrected any and all deficiencies. A student on probation may be limited in the total number of clinical hours allowed per week. Generally, students will not be given primary responsibility for a varsity sport during their probationary period. Students failing to correct all deficiencies at the end of one academic year from the date of probation will be suspended from the athletic training professional program.

Suspension: Students suspended from the athletic training professional program will not be assigned clinical experiences or responsibilities within athletic training. Students will not be allowed to take any professional level athletic training course other than to repeat courses in which they have earned less than a "C".

**Quantification of Admissions to the Athletic Training Professional Program**

Admission Components	Total Points Possible	
<b>General Studies GPA:</b>	1.75-1.99 = 0, 2.00-2.49 = 1, 2.50-2.99 = 2, 3.00-3.49 = 3, 3.50-4.00 = 4	4
<b>Athletic Training GPA:</b>	2.75-2.99 = 0, 3.00-3.24 = 1, 3.25-3.49 = 2, 3.50-3.74 = 3, 3.75-4.00 = 4	4
<b>Cardiopulmonary Resuscitation:</b>	YES = 1, NO = 0	1
<b>Faculty Recommendation: (3)</b>	<68% = 0, 69-76 = 1, 77-84 = 2, 85-92 = 3, 93-100 = 4	4
<b>Faculty Overall Recommendation:</b>	Admit Unconditionally= 4, Admit conditionally= 3, No Recommendation= 2, Do Not Admit at this time= 1, Reject= 0	4
<b>Professional Athletic Training Application:</b>	0-7	7
<b>Interview:</b>	Excellent = 4, Above Average = 3, Satisfactory = 2, Below Average = 1, Unacceptable = 0	12
<b>Clinical Hours:</b>	0-119= 0, 120-239= 1, 240-359= 2, 360-479= 3, 480>= 4	4

Technical Standards for Admission

The Athletic Training Educational Program at The University of West Alabama is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program 's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE ]).The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. Compliance with the program's technical standards does not guarantee a student 's eligibility for the NATABOC certification exam.

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

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
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 clinical situations;
8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

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

The UWA Student Success Center, Foust Hall 7 (205) 652-3651 or the Office of Student Life, Webb Hall 311, (205) 652-3584 will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review as to whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I have read, understand, and accept the "Technical Standards for Admission to The University of West Alabama Athletic Training Education Program" which have been issued to me.

Student Name \_\_\_\_\_  
Last First Middle

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature / Witness \_\_\_\_\_ Date \_\_\_\_\_

**UWA Athletic Training Comprehensive Major**  
**Suggested 4 Year Course Plan for 1<sup>st</sup> Semester Entering Freshman**  
 (Revised 07/03/08)

**FRESHMAN YEAR**

FALL SEMESTER		SPRING SEMESTER		Year
AH 101 Practicum in Athletic Training I	1	AH 410 Protective Techniques for Injuries	3	
AH 200 Introduction to Athletic Training	3	AH 102 Practicum in Athletic Training II	1	
BY 104 Principles of Biology*	4	BY 231 Human Anatomy and Physiology I	4	
EH 101 Written English I	3	EH 102 Written English II	3	
PE 251 Concepts in Health, Wellness, and Fitness	3	MH 113 Precalculus Algebra	3	
UWA 101 Freshman Seminar	2			
<b>TOTAL</b>	<b>16</b>		<b>14</b>	<b>30</b>

\*Students may be advised to take the two semester combination of BY101 (4 hours) and BY102 (4 hours) based on academic experience and ACT performance. Students completing BY101 and BY102 do not need to complete BY 112, BY 122, CH 101, CH 102, CH 111, PH 100 or PH 201.

The prerequisite for BY 231 is BY 102, BY 103, or BY 104.

BY 103 (Honors Biology) will substitute for BY 104.

EH 103 & EH 104 (Honors English) will substitute for EH 101 & EH 102.

**SOPHOMORE YEAR**

FALL SEMESTER		SPRING SEMESTER		Year
AH 281 Athletic Training Clinical Education I	1	AH 282 Athletic Training Clinical Education II	1	
AH 322 Evaluations of Injuries I	3	AH 324 Evaluations of Injuries II	3	
AH 323 Evaluations of Injuries II Laboratory	1	AH 325 Evaluations of Injuries II Lab	1	
BY 232 Human Anatomy and Physiology II	4	EH 222 British Literature II or EH 232 American Literature II	3	
EH 221 British Literature I or EH 231 American Literature I	3	PY 100 General Psychology	3	
PE 443 Kinesiology	3	PE 470 Development of Strength and Conditioning Programs	3	
<b>TOTAL</b>	<b>15</b>		<b>14</b>	<b>29</b>

HY 103 and 104 (Honors History I and II) will substitute for HY 211 and HY 212 or HY 101 and HY 102.

EH 213 (Honors Literature I) will substitute for EH 221 or 231 and EH 214 (Honors Literature II) will substitute for EH 222 or 232.

**JUNIOR YEAR**

FALL SEMESTER		SPRING SEMESTER		Year
AH 330 Therapeutic Modalities in Athletic Training	3	AH 300 General Medical Aspects of Athletic Training	3	
AH 331 Therapeutic Modalities in Athletic Training Lab	1	AH 340 Rehabilitation of Injuries	3	
AH 381 Athletic Training Clinical Education III	1	AH 341 Rehabilitation of Injuries Laboratory	1	
BY 112, BY 122, CH 101, CH 102, CH 111, PH 100 or PH 201	4	AH 382 Athletic Training Clinical Education IV	1	
HY 101 Western Civilization I or HY 211 American History I	3	PE 444 Physiology of Exercise	3	
SH 100 Principles of Public Speaking or SH 150 Professional Speaking	3	PE 445 Physiology of Exercise Laboratory	1	
		PE 446 Biomechanics of Human Movement	3	
<b>TOTAL</b>	<b>15</b>		<b>15</b>	<b>30</b>

Athletic Training majors are strongly advised to take AH 409, Preprofessional Clinical Experience for up to 4 hours to meet part or all their Athletic Training Elective Requirements. Generally, this preprofessional clinical experience which requires 60 clock hours for every credit hour is best scheduled in the summer prior to the senior year.

**SENIOR YEAR**

FALL SEMESTER		SPRING SEMESTER		Year
AT 100 Art, MH 100 Music, or TH 100 Theater	3	AH 400 Clinical Decisions in Athletic Training	3	
AH 350 Organization & Administration of Athletic Training	3	AH 408 Seminar in Athletic Training	1	
AH 481 Athletic Training Clinical Education V	1	AH 482 Athletic Training Clinical Education VI	1	
EC 231, EC 232, GY 100, PS 110, SY 100, or SY 110	3	Athletic Training Elective	4	
HY 102 Western Civilization I or HY 212 American History II	3	General Elective	3	
PE 465 Psychology and Sociology of Human Performance	3	PE 442 Sport & Exercise Nutrition	3	
<b>TOTAL</b>	<b>16</b>		<b>15</b>	<b>31</b>
				<b>120</b>

Total hours = minimum of 120 in order to graduate. A minor is not required with this major. 5 hours of this program are general electives which includes the 2 semester hour course, UWA 101 Freshman Seminar. Students are advised to gear these electives towards athletic training, biology, health, physical education, physical sciences, or psychology. Computer proficiency is required in all coursework, and either one of the following courses is strongly recommended but not required as a means to gain this proficiency: CS 205 or ED 405.

Lightly shaded courses are taught once a year in the semesters where listed but may also be taught in the Summer semester.

Darkly shaded courses are taught once a year only in the semesters where listed.

**UWA Athletic Training Comprehensive Major**

**Suggested 3 Year Course Plan for Transfers above the Freshman Level Accepted Directly into the Program in the Fall Semester**

(Revised 07/03/08-Transfer students)

**Transfer Sophomore or above 1st Year**

FALL SEMESTER		SPRING SEMESTER		Year
AH 200 Introduction to Athletic Training	3	AH 282 Athletic Training Clinical Education II	1	
AH 281 Athletic Training Clinical Education I	1	AH 324 Evaluation of Injuries II	3	
AH 322 Evaluation of Injuries I	3	AH 325 Evaluation of Injuries II Laboratory	1	
AH 323 Evaluation of Injuries I Laboratory	1	AH 410 Protective Techniques for Athletic Injuries	3	
**BY 231 Human Anatomy and Physiology I	4	**BY 232 Human Anatomy and Physiology II	4	
PE 443 Kinesiology	3	PE 470 Development of Strength and Conditioning Programs	3	
<b>TOTAL</b>	<b>15</b>		<b>15</b>	<b>30</b>

\*\* To be taken in this semester if not transferring these courses in. \*\*Courses from the spring semester may be moved up to the fall if the \*\*courses in the fall have been transferred in.

**Transfer 2nd Year**

FALL SEMESTER		SPRING SEMESTER		Year
AH 330 Therapeutic Modalities in Athletic Training	3	AH 300 General Medical Aspects of Athletic Training	3	
AH 331 Therapeutic Modalities in Athletic Training Laboratory	1	AH 340 Rehabilitation of Injuries	3	
AH 381 Athletic Training Clinical Education III	1	AH 341 Rehabilitation of Injuries Laboratory	1	
**BY 112, BY 122, CH 101, CH 102, CH 111, PH 100 or PH 201	4	AH 382 Athletic Training Clinical Education IV	1	
**PE 251 Concepts in Health, Wellness, and Fitness	3	PE 444 Physiology of Exercise	3	
**EC 231, EC 232, GY 100, PS 110, SY 100, or SY 110	3	PE 445 Physiology of Exercise Laboratory	1	
		PE 446 Biomechanics of Human Movement	3	
<b>TOTAL</b>	<b>15</b>		<b>15</b>	<b>30</b>

Athletic Training majors are strongly advised to take AH 409, Preprofessional Clinical Experience for up to 4 hours to meet part or all their Athletic Training Elective Requirements. Generally, this preprofessional clinical experience which requires 60 clock hours for every credit hour is best scheduled in the summer prior to the senior year.

**Transfer 3rd Year**

FALL SEMESTER		SPRING SEMESTER		Year
AH 350 Organization & Administration of Athletic Training	3	AH 400 Clinical Decisions in Athletic Training	3	
AH 481 Athletic Training Clinical Education V	1	AH 408 Seminar in Athletic Training	1	
**EH 221 or EH 231	3	AH 482 Athletic Training Clinical Education VI	1	
PE 465 Psychology and Sociology of Human Performance	3	**HY 101 or HY 211 or HY 102 or HY 212	3	
Athletic Training. Elective	2	PE 442 Sport & Exercise Nutrition	3	
		Athletic Training. Elective	2	
<b>TOTAL</b>	<b>12</b>		<b>13</b>	<b>25</b>
				<b>85</b>

Total hours = minimum of 120 in order to graduate. A minor is not required with this major. 5 hours of this program are general electives which includes the 2 semester hour course, UWA 101 Freshman Seminar. Students are advised to gear these electives towards athletic training, biology, health, physical education, physical sciences, or psychology. Computer proficiency is required in all coursework, and either one of the following courses is strongly recommended but not required as a means to gain this proficiency: CS 205 or ED 405.

Lightly shaded courses are taught once a year in the semesters where listed but may also be taught in the Summer semester.

Darkly shaded courses are taught once a year only in the semesters where listed.

## **I. Mission Statement:**

The Athletic Training Education Program in the Department of Physical Education & Athletic Training functions within the mission and goals of the institution. The University acknowledges its role in addressing the major educational, social, cultural, and economic issues of the region. The primary mission of the Athletic Training Education Program is to provide quality education programs through which students may obtain the knowledge and psychomotor skills necessary to practice as an athletic trainer certified by the National Athletic Trainers' Association Board of Certification. Importance is placed upon the provision of opportunities within the curriculum for the development of skills encompassing the domains of Athletic Training. Strong emphasis is placed on the practical clinical experience coupled with specific professional course work. Recognizing the importance of excellence in teaching and instruction, the faculty, in its commitment to the combination of diverse clinical and intellectual experiences, collaborates in educating students. In fulfilling its mission, the program also seeks to extend educational opportunities beyond the classroom by providing sports medicine services to the University community as well as its region. Through successful completion of the Athletic Training Education Program, graduates are prepared to enter the profession of Athletic Training and assume a leadership role in the implementation of changes evolving in the sports medicine arena.

## **II. How the Mission is Achieved Through Structure and Content:**

### **A. Structure**

The number of course hours in the undergraduate program in athletic training is 120. 60 hours of athletic training requirements and 60 hours of general studies requirements, which consist of six (6) hours of written composition, twelve (12) hours of humanities and fine arts, eleven (11) hours of natural science and mathematics, twelve (12) hours of history, social, and behavioral sciences, and nineteen (19) hours of other core requirements.

### **B. Content**

The 2006 Role Delineation of the National Athletic Trainers' Association concludes that the profession is divided into six major areas or domains. These domains are:

1. Prevention of Athletic Injuries
2. Recognition, Evaluation, and Assessment of Athletic Injuries
3. Immediate Care of Athletic Injuries
4. Treatment, Rehabilitation, and Reconditioning of Athletic Injuries
5. Organization and Administration
6. Professional Development and Responsibility

In defining these domains and in attempting to assign the elements of athletic training it is evident that many elements transcend several domains rather than fitting in only one domain. These elements are best reflected in the following Athletic Training competencies and clinical proficiencies.

1. Acute Care of Injuries and Illnesses
2. Assessment and Evaluation
3. General Medical Conditions and Disabilities
4. Health Care Administration
5. Nutritional Aspects
6. Pathology of Injuries and Illnesses
7. Pharmacology
8. Professional Development and Responsibilities
9. Psychosocial Intervention and Referral
10. Risk Management and Injury Prevention
11. Therapeutic Exercise
12. Therapeutic Modalities

## **Educational Objectives of the Athletic Training Education Program**

Satisfactory performances in the courses and clinical experiences in the program prepare the graduate to:

1. Recognize when presenting pathology requires management, treatment, and rehabilitation by the athletic trainer, and when professional attention from other than the athletic trainer is required.
2. Initiate and complete appropriate evaluation, management, treatment, and rehabilitation when presenting pathology indicates the need for athletic training.
3. Synthesize athletic training science through integration of the biological, physical, social, and behavioral sciences in providing athletic training focused on movement dysfunction.
4. Demonstrate a personal value system that reflects appreciation of the worth of an individual, the recognition of the rights of others, and also that acknowledges the importance of self and others to be responsible for individual actions.
5. Demonstrate professional competence that embodies professional ethics.
6. Identify, organize, and utilize resources, both personal and material, to effectively develop and efficiently provide health care services for the physically active.
7. Use the scientific approach to problem solving in carrying out professional responsibilities.
8. Identify the athletic training or related health care needs of a community and develop and implement programs that lead toward meeting those needs.
9. Communicate efficiently and effectively with correct usage of verbal (spoken and written) communication methods and nonverbal methods.
10. Utilize both athletic training personnel resources and other health care personnel resources in such a way as to reflect an understanding of their complementary roles in working toward the common goal of providing the best possible services in athletic care and health promotion.
11. Apply rational teaching/learning theories and methods in health care, academic and community environment.
12. Continue self-development, personally and professionally, based on self-evaluation, individual needs, and on recognition of own strengths and limitations.
13. Maintain identity as an athletic trainer and promote the development of the Athletic Training profession.
14. Apply information management skills in the multifaceted role of the athletic trainer.

## **Job Descriptions & Staff Responsibilities**

### **Director of Athletic Training & Sports Medicine/Professor**

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Administration & coordination of athletic training service contracts with secondary schools, community colleges, etc.
4. Administration & coordination of athletic training clinical contracts with off campus affiliated clinical sites
5. Clinical supervision of athletic training students at the Athletic Training Room clinical site
6. Teaching assignments for athletic training faculty
7. Teaching load of 18-24 hours in PEAT
8. Approval of varsity athlete prescriptions
9. Clinical instruction of athletic training students
10. Selection & purchasing of athletic insurance policies
11. Coordination of football travel arrangements
12. Academic advisor for athletic training and physical education (graduate)
13. Chair, athletic training curriculum committee
14. Athletic training consultant to UWA community and service area
15. Selection & coordination of all sports medicine physicians & allied health personnel
16. Coverage of secondary school/community college, etc. events as assigned
17. Procurement and execution of all grant activity for UWA related to athletic training & sports medicine
18. Coordination of physician visits to UWA
19. Chief administrator of athletic training budgets
20. Inventory and distribution of keys for all athletic personnel
21. Coordination of graduate assistant athletic trainers
22. Coordinate GA & athletic training student high school clinical rotations
23. Recruitment and hiring of athletic training faculty and staff
24. Coordination of professional continuing education for athletic training staff
25. Design, administration, organization, and updating of UWA Athletic Training website

### **Head Athletic Trainer/Instructor**

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Supervision of all athletic training services to UWA varsity athletes
4. Clinical supervision of athletic training students at football practice and competition
5. Clinical supervision of athletic training students at other sports practice and competition as needed
6. Teaching load of 10-14 hours in PEAT
7. Approval of UWA athlete prescriptions
8. Clinical instruction of athletic training students
9. Establish bid list for athletic training supplies
10. Academic advisor for PE/athletic training
11. Athletic training curriculum committee member
12. Athletic training consultant to UWA community and service area
13. Coordinate and administer UWA athletic physical examinations
14. Coverage of non-varsity athletic events as assigned
15. Coordinate staff and student standard first aid/CPR education & certification
16. Consult football coaches on inventory and equipment purchases
17. Coordinate the fitting of football equipment
18. Principal administration of UWA varsity athlete medical files, insurance information, & personal health information
19. Chief administrator to insurance claims with athletic insurance coordinator
20. Supervise the use of state vehicles for varsity athlete medical purposes
21. Coordinate final decisions on return of injured athletes to participation with team physician
22. Clothing inventory & issue PPE, ATS equipment
23. NCAA & UWA drug testing site coordinator

### **Associate Athletic Trainer/Instructor/Clinical Coordinator**

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Procurement, Maintenance, Inventory, and Return of all varsity athletic training supplies/SAT Supplies & Kits
4. Clinical supervision of athletic training students at baseball practice and competition

5. Clinical supervision of athletic training students at other sports practice and competition as needed
6. Teaching load of 10-14 hours in PEAT
7. Approval of UWA athlete prescriptions
8. Clinical instruction of athletic training students
9. Coordinate athletic training student clinical rotations\mentorship programs
10. Coordination of Student Academic / Professional Program Records
11. Academic advisor for athletic training
12. Supervision of GSC courtesy sheets & related correspondence for all sports
13. Annual revision and updating of the UWA Policy & Procedure Manual for Athletic Trainers
14. Athletic training curriculum committee member
15. Athletic training consultant to UWA community and service area
16. Coordinate Sportsware & computerized injury record keeping
17. Installation and maintenance of educational software on athletic training computers
18. Coordinate and administer area high school physicals
19. Coverage of secondary school/community college, etc. events as assigned
20. Coordinate final decisions on return of injured athletes to participation with team physician
21. Coordinator of sport summer camp athletic training services
22. Coordinate drug education for varsity athletics
23. Updating athletic training students' curriculum binders/GPA
24. Maintenance of athletic training student clinical files
25. Maintenance of athletic training student academic files

#### **Assistant Athletic Trainer/Instructor (1)**

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Teaching load of 16-22 hours in PEAT
4. Academic advisor for physical education and athletic training
5. Athletic training curriculum committee member
6. Athletic training consultant to UWA community and service area
7. Clinical supervision of athletic training students at softball practice and competition
8. Clinical supervision of athletic training students at volleyball practice and competition
9. Clinical supervision of athletic training students at other sports practice and competition as needed
10. Clinical instruction of athletic training students
11. Coverage of secondary school/community college, etc. events as assigned
12. Maintenance of athletic training bulletin board for education and placement
13. Coordination of Survival Kits Fund Raising
14. Sports Medicine Club faculty/staff advisor
15. Athletic Training Alumni Newsletter
16. Iota Tau Alpha faculty/staff advisor

#### **Assistant Athletic Trainer/Instructor (2)**

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Teaching load of 16-22 hours in PEAT
4. Academic advisor for physical education and athletic training
5. Athletic training curriculum committee member
6. Athletic training consultant to UWA community and service area
7. Clinical supervision of athletic training students at men' and women's basketball practice and competition
8. Clinical supervision of athletic training students at other sports practice and competition as needed
9. Clinical instruction of athletic training students
10. Coverage of secondary school/community college, etc. events as assigned
11. Maintenance of athletic training alumni & current student database
12. Sports Medicine Club faculty/staff advisor
13. Athletic Training Alumni Newsletter
14. Professional education registration & travel arrangements
15. Clinical instruction of athletic training students
16. Clinical supervision of men's basketball practice and competition
17. Clinical supervision of women's basketball practice and competition

### **Graduate Assistant Athletic Trainer #1**

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Clinical supervision of athletic training students at men' and women's rodeo practice and competition
4. Clinical supervision of athletic training students at other sports practice and competition as needed
5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Coverage of secondary school/community college, etc. events as assigned
8. Coordination of communication and follow-up with area high schools & allied health personnel as assigned
9. Assist with didactic and laboratory instruction of courses in Athletic Training Education Program as assigned
10. Maintenance & return of all x-rays
11. Maintenance, revisions and inventory of rehabilitation protocols
12. ATSMC Faculty/Staff Brochure

### **Graduate Assistant Athletic Trainer #2**

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Clinical supervision of athletic training students at tennis practice and competition
4. Clinical supervision of athletic training students at cheerleader practice
5. Clinical supervision of athletic training students at sports practice and competition as needed
6. Clinical instruction of athletic training students
7. Athletic training consultant to UWA community and service area
8. Coverage of secondary school/community college, etc. events as assigned
9. Coordination of communication and follow-up with area high schools & allied health personnel as assigned
10. Assist with didactic and laboratory instruction of courses in Athletic Training Education Program as assigned
11. Inventory, issue, and organization of course text books
12. Supervision and maintenance of private patient files

### **Graduate Assistant Athletic Trainer #3**

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Clinical supervision of athletic training students at cross country practice and competition
4. Clinical supervision of s athletic training students at ports practice and competition as needed
5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Coverage of secondary school/community college, etc. events as assigned
8. Coordination of communication and follow-up with area high schools & allied health personnel as assigned
9. Assist with didactic and laboratory instruction of courses in Athletic Training Education Program as assigned
10. Annual inventory of all UWA athletic training equipment
11. Supervision & maintenance of vendor files
12. Web Based forms development & data management

### **Secretary to Athletic Training**

1. Assist Program Director with all filing, mailing, and clerical work
2. Assist ATEP faculty with all clerical work
3. Assist ATEP faculty with placement of information and examinations on Blackboard
4. Purchasing process for supplies and equipment
5. Maintaining academic advisement files on departmental students
6. Coordination of communication and follow-up with area high schools & allied health personnel as assigned
7. Development & updating of prospective athletic training student list & addresses, numbers, etc.

### **Professional Demeanor Policy**

1. The use of illegal drugs will not be tolerated: anyone caught on or away from campus using or selling drugs or drug paraphernalia will be subject to removal from the Athletic Training Education Program as ruled on by The University Disciplinary Committee. All athletic training students are subject to drug testing in the same manner as UWA varsity athletes. All athletic training students are expected to adhere to the UWA Athletic Department Drug Policy and are subject to disciplinary actions as detailed.
2. Any actions committed on or away from campus that are illegal and punishable by any law where the student is acting in a capacity, or representing the University in any capacity that puts the Athletic Training Education Program or The University in a poor public position may lead to probation, suspension, or termination of enrollment in the Athletic Training Education Program as ruled on by The University Disciplinary Committee.
3. Failure to meet or maintain the academic requirements of the Athletic Training Education Program will result in probation, suspension, or termination of enrollment in the program. For possible reinstatement, the student must go through the application process again as stated in the University Catalogue.
4. Any action deemed as, construed as, or pertaining to sexual harassment as defined in The University Student Handbook by any student in the Athletic Training Education Program will result in referral to The University Disciplinary Committee for appropriate action and possible removal from the Athletic Training Education Program.
5. All athletic training students are expected to completely follow the policies and procedures of the UWA motor pool.
6. Parking at Homer Field House is illegal for any student except in the areas denoted as student parking. Illegal parking will be subject to citations by The University Campus Police.
7. All students wishing to file a grievance must do so in writing to the Director of Athletic Training & Sports Medicine. A meeting will be arranged with all parties involved to attempt to resolve the grievance. If it can not be resolved, it will be referred to other administrative personnel within The University.
8. Failure to comply with any of the Policies and Procedures of the Athletic Training Education Program can result in punishment, suspension, or termination of enrollment in the Program. The student will be informed in writing of disciplinary action and will be given due process. If the offending action is severe enough to warrant suspension or termination, the student will be referred to The University Disciplinary Committee.

### **Clinical Assignment Policy**

1. Athletic training students will be assigned to clinical rotations based upon a variety of factors which include but are not limited to the following: previous experience and clinical rotations, clinical experiences needed prior to anticipated program completion, indicated professional practice preferences, clinical proficiency and competency, professional responsibility and dependability, extracurricular activities, part-time employment, academic performance, class schedules, and other factors as felt to be pertinent by the athletic training education program faculty.
2. All students must report to any and all assigned clinical assignments on time. Students must contact supervising ATC in advance if they will miss or be late to an assigned duty. If unable to attend a practice, game, etc. or assigned sport, advance notice must be given to the staff and it is the student's responsibility to find another athletic training student (in the professional component of the Athletic Training Education Program) to attend in their place. Failure to report to duties and unexcused absences will lead to probation, suspension, or termination from the Athletic Training Education Program.
3. Acceptance of clinical assignments involving UWA varsity sport teams means that we can depend on the student to be present for all assigned practices, events, games, and treatment/rehabilitation, unless an emergency arises.
4. Only students accepted into the professional component of the Athletic Training Education Program may attend away games, gain clinical experience on our sidelines, and/or substitute for practice coverage.
5. During preseason and/or postseason varsity camps, athletic training students are expected to abide completely by all rules imposed on the respective team. These include appearance, housing, visitation, meals, alcohol usage, and curfew.
6. Athletic training students are to abide by the respective rules of their assigned varsity sport when traveling on a road trip with their assigned varsity sport.
7. When in the athletic training room, regardless of whether on duty or not, be prepared to be asked to provide treatments or perform tasks as deemed necessary by the athletic training staff.
8. While in the athletic training room, or at UWA varsity practices and games, the use of profanity, horse play, or actions unacceptable to the allied health care professional, will not be tolerated.
9. All rules of the NCAA, NIRA, and GSC governing varsity practices, events, or competitions are to be followed by the athletic training students.
10. All students, graduate assistants, and staff are required to adhere to the Health and Safety Policy of The University of West Alabama Athletic Training Education Program.

11. All students, graduate assistants, and staff are required to read and sign a HBV vaccination waiver prior to being allowed to work within the Athletic Training Education Program.
12. No student is allowed to use a modality without specific instructions from a clinical instructor and the student having demonstrated competency with the modality.
13. Students are required to be Professional Rescuer First Aid & CPR certified before admission into the program and must gain re-certification each year.
14. OSHA guidelines are to be followed very closely. All students stating they have read the guidelines and universal precautions and understand them and will adhere to them must sign a consent form. Also, a training session on the OSHA guidelines and universal precautions is required each year of all students.
15. Appropriate emergency procedures are discussed and demonstrated with each new student. Each student must take part in a yearly in-service on the appropriate techniques of emergency procedures.
16. All emergency and potentially important phone numbers are posted at specific locations should an emergency situation arise. All members of the Athletic Training Education Program will be informed about these numbers and where they are located.

### **Fair Practice Work Policy**

Athletic Training Students (ATS) are not to serve in the capacity of a Certified Athletic Trainer. Athletic training students are not to act in the capacity of managers, secretarial support staff, or coaches, but are expected to work closely with their supervising ACI or ATC in their respective roles. Requests to perform tasks other than athletic training related duties are not to compromise their educational experience.

Once a student has successfully completed and been evaluated on an athletic training competency and/or clinical proficiency skill, he/she may begin to utilize these skills on a daily basis, under the supervision of the clinical instructor, during the field experience.

We expect an athletic training student to be present and active in all academic and clinical roles as part of his/her overall education; failure to do so results in a student compromising his/her own educational experience. Students will be allowed to hold part time jobs outside of the ATEP *only if* the job does not interfere in any way with the assigned responsibilities as determined by the ATEP staff. Clinical education and field experiences take place primarily from 6:30 a.m. to 8:00 a.m., approximately 1:00 p.m. to 6:00 p.m., or 6:00 p.m. to 9:30 p.m., depending upon the clinical assignment. On occasion these may meet earlier in the morning, depending on the practice schedules of the athletic teams that are included as part of the field experience. Students desiring to secure a part time employment situation must take this into account when scheduling their time. Although the program and staff understand students look for part time employment to assist with financing their education, the student *will not* be released from clinical education experiences and must meet all requirements of the ATEP as a primary commitment.

All students desiring to obtain part-time employment during the fall and spring semesters must submit a completed *Outside Employment Notification Form* to the Program Director for approval in advance of beginning the employment.

Any enrolled program student who violates this policy (at any time during his/her enrollment) without expressed written consent from the ATEP Program Director will be reprimanded according to the following guidelines:

- The *Class Attendance Policy* and *Clinical Experience Attendance Policy* will be in full effect to address most instances occurring as a result of work policy violations.
- First offense: the student will receive written and verbal warning of failure to follow Policy and Procedures. This warning will become part of the ATS's permanent portfolio.
- Second Offense: Verbal and written notification will be documented in student portfolio AND the student will be suspended from clinical experiences for 1 full week. At no time (beyond satisfying academic requirements) will the student be allowed to participate in any athletic training events or clinical experiences. If the student (through assignment with an ACI) is primarily working / traveling with a specific sports team, the ACI may select another ATS to stand in for the term of the suspension. (NOTE: in satisfying academic requirements during the term of suspension, a student will be removed from primary sport(s) and fulfill all hours within the Athletic Training Facility at hours approved by the ATEP staff)
- Third Offense: Verbal and Written notification AND the student will be suspended from athletic training events and clinical experiences (not to compromise academic requirements – see above) for a term in excessive of 1 full month and at the discretion of the program director. Other measures may be imposed at the discretion of the Athletic Training Selection committee.
- Fourth Offense: Verbal and written notification and recommendation for removal from the ATEP.

Students are not paid for their participation in clinical and field experiences and are encouraged to review UWA student employment guidelines. Some first responders may receive athletic scholarships, college work-study, or other forms of compensation from the athletic department.

## **First Responder Policy and Responsibilities**

- Athletic Training Students (ATSS) will be provided clinical assignments with UWA sponsored sports and athletic activities under the direct supervision of a staff ACI/ATC. Refer to the Supervision Policy and definitions contained within the policy. Inevitably, there will be occasions when an ATC may not be present. In the event of this occurrence the athletic training student may act as a first responder until an ATC is present. Serving as a first responder without an ACI/ATC present is strictly on a voluntary basis and with an understanding of the tasks that first responders are allowed to perform. Volunteers are allowed to serve as first responders at UWA practices and events if permission to do so is provided by an ACI/ATC. Additionally, the head coach of the sport has the ultimate responsibility of making decisions regarding the health status of the athletes under his/her authority in the event that an ATC employed by UWA is not present. Athletic training students that choose to serve as a first responder without direct supervision of an ACI/ATC will be allowed to do so with the understanding that they will be held accountable for their choice and be expected to perform only those duties outlined for the first responder. Additionally, students choosing to serve as a first responder are encouraged make an honest effort and commitment to follow through with their decisions to serve in this capacity. For a student to act as a first responder the following criteria must be met by the athletic training student:
  - Must be currently certified in American Red Cross or American Heart Standard First Aid, CPR, & AED training. (Having an EMT or higher license also meets this qualification)
  - Must be enrolled in the professional component of the athletic training program.
  - Must be competent in the UWA emergency procedures outlined in the Policy & Procedures Manual for Athletic Trainers as verified by an ACI.
  - Must have successfully demonstrated the ability to perform the skills necessary to stabilize an athlete in an emergency situation by completing the skill check-offs in AH 101 & AH 102 or other courses as determined by the ATEP..
  - Must be familiar with the location of the emergency equipment, the emergency contact numbers, and the nearest phone (land or cellular).
  - Must have documented attendance in OSHA training.
  - Must be competent in the use of Personal Protective Equipment, such as: latex or vinyl gloves and breathing masks.

The medical director or team physicians are the ultimate medical authority on any injury or injury situation when present. When absent the authority falls to the staff ACI/ATC. The staff ATC/ACI's are the ultimate authority in the athletic training room or in situations occurring at the practice/competition site (refer to the chain of command in the Policy & Procedures Manual for Athletic Trainers). All UWA coaches are certified in Standard First and CPR or higher. The head coach of the sport has the ultimate responsibility of making decisions regarding the health status of the athletes under his/her authority in the event that an ATC/ACI employed by UWA is not present.

When a staff ACI or ATC is not present the student will act according to the following set of guidelines that a first responder may do on site:

- Follow the basic principles of standard first aid (Primary Survey followed by a Secondary Survey).
- Determine if the injury is a life-threatening situation by using the emergency action principles of standard first aid (check for alertness/responsiveness, breathing, & circulation), if it is determined that a life-threatening emergency exists, enact the EMS system and follow the UWA emergency action plan for the respective facility. Realize that the head coach of the sport, who has ultimate responsibility for the athletes under his/her authority, may opt to manage the emergency in a different manner. All such emergencies should be reported to the supervising ACI or ATC as soon as possible regardless of any actions taken or not taken by the head coach.
- If the injury/illness is determined to not be an emergency, the first responder should perform a secondary survey to the best of their ability and refer the injured athlete to the supervising ACI or ATC as soon as possible. Reports should be verbal and in written form (documented varsity athlete injury form). Realize that the head coach of the sport, who has ultimate responsibility for the athletes under his/her authority, may opt to manage the non-emergency in a different manner. Regardless of any actions taken or not taken by the head coach, the first responder should still report the injury/illness to the supervising ACI or ATC as soon as possible. In dealing with questions concerning the status of injured athletes, refer to the Policy & Procedures Manual for Athletic Trainers for injury reporting protocol.
- The first responder should always carry the emergency and insurance information on all of the athletes involved with the sport.
- Referral to the local team physicians (usually during regular clinic hours) can also be performed in the absence of the supervising ACI or ATC. These referrals should be reported to the supervising ACI or ATC as soon as possible.
- Always follow the physician's directions explicitly.

- Referral of an athlete to the local team physician during student health service hours can be made at any time, but should always be reported to the supervising ACI or ATC as soon as possible.
- In the event of a sudden illness, (such as: diabetic, anaphylactic, heat, cold, or poisoning emergencies); the first responder can act in accordance with the emergency plan after enacting the EMS system. The attending first responder can also help with administering prescribed bronchial dilating inhalers or epinephrine pens after completing AH 281 or the appropriate course.
- The first responder can also render immediate management techniques, such as: spine boarding, fitting and use of crutches, and manual conveyance techniques after completing AH 101 and AH 102 or the appropriate courses.
- ATS/First responders can also perform the following without the supervision of an ATC or ACI.
  - Preventative taping, wrapping, and padding
  - Preventative stretching techniques
  - Primary evaluation of acute injuries to determine need for referral or activation of Emergency Medical Services
  - Immediate care of acute injuries following the Rest, Ice, Compression, and Elevation principles.
  - Application of ice packs to individuals free of contraindications
  - Wound care utilizing OSHA procedures as outlined in annual workshops and the Policy and Procedure manual for UWA Athletic Trainers
  - Emergency splinting of injured extremity
  - Documentation of the above tasks performed
- ATS/First responders may not perform the following without the supervision of an ATC or ACI.
  - Evaluation of acute injuries to determine health status
  - Application of electrical, acoustical, and mechanical therapeutic modalities
  - Prescription of therapeutic exercise
  - Decision to return injured athlete to activity

### **Supervision Policy and Definitions**

- Athletic training students must be supervised at all times; the clinical instructor/approved clinical instructor must be able to intervene on behalf of the student and/or patient at all times.
- Athletic training students may perform athletic training skills only with direct supervision.
- Athletic training students cannot be required to perform any skills unsupervised.
- If unsupervised experiences are available for students, students are not permitted to perform athletic training skills during those unsupervised experiences.
- There are a handful of skills that are not solely within the skill set of athletic trainers (see First Responder Policy).
- Services provided by the qualified athletic training student who is not under daily personal/verbal supervision nor has ready access to a clinical instructor must be limited to first-responder duties, only. This may include ice/compression/elevation, splint, activation of emergency medical system, cardiopulmonary resuscitation, and other medical emergency (e.g., insulin shock) procedures for which they may be qualified to perform. Under these conditions, athletic training student services must not include activities such as acute injury treatment (e.g., electrical stimulation), evaluation other than for EMS referral, and rehabilitation procedures. Further, this service work should not include making decisions about the disposition of an injured or ill athlete.
- **Definitions:**
  - **Approved Clinical Instructor**  
An Approved Clinical Instructor (ACI) is a BOC Certified Athletic Trainer with a minimum of one year of work experience as an athletic trainer, and who has completed Approved Clinical Instructor training. BOC certified athletic trainers who wish to be an ACI (e.g., graduate assistant), but who have less than one year of clinical experience, must be supervised by a more experienced ACI. An ACI provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students. Note that other content experts (e.g., exercise physiologists, nutritionists, mental health counselors, physicians) can be used to teach and evaluate those Clinical Proficiencies that fall within the domain of their professional expertise. However, an ACI must evaluate the students' ability to integrate these skills into professional practice.
  - **Clinical Instructor**  
A clinical instructor (CI) is a BOC certified athletic trainer or other qualified health care professional with a minimum of one year of work experience in their respective academic or clinical area. Clinical instructors teach, evaluate, and supervise athletic training students in the field experiences. A clinical instructor is not charged with

the final formal evaluation of athletic training students' integration of clinical proficiencies. A clinical instructor may also be an ACI.

- **Athletic Training Student**

Clinical education represents the athletic training students' formal acquisition, practice, and ACI evaluation of the Entry-level Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of an ACI or a clinical instructor. Formal evaluation of the application and integration of clinical proficiencies are completed by an ACI and may be in conjunction with additional clinical instructors. Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a clinical instructor.

- **Clinical Education**

Clinical education represents the athletic training students' formal acquisition, practice, and ACI evaluation of the Entry-level Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of an ACI or a clinical instructor. Formal evaluation of the application and integration of clinical proficiencies are completed by an ACI and may be in conjunction with additional clinical instructors. Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a clinical instructor.

- **Direct Supervision**

This applies to the instruction and evaluation of the clinical proficiencies by an ACI. Constant visual and auditory interaction between the student and the ACI must be maintained. The instructor shall be physically present for proficiency instruction and evaluation.

- **Supervision**

This applies to the field experiences under the direction of a clinical instructor. Daily personal/verbal contact at the site of supervision between the athletic training student and the ACI or clinical instructor who plans, directs, advises, and evaluates the students' athletic training field experience. The instructor shall be physically present to intervene on behalf of the athlete/patient.

- **Clinical Education Experience**

Clinical education experience provides an opportunity for integration of psychomotor, cognitive and affective skills, and clinical proficiencies within the context of direct patient care. An ACI must directly supervise formal clinical education experience. A clinical instructor or an ACI must supervise other clinical education experiences such as during the field experience.

- **First Responder**

A first responder has additional, specialized training that qualifies an athletic training student to assist in the evaluation or recognition, stabilization, initial treatment and disposition of an individual who is injured or suddenly takes ill; these tasks are achieved using minimal equipment. First responders are trained in first aid and CPR techniques. A first responder's responsibility includes referral to appropriate medical personnel or facility. An athletic training student who is unsupervised must only function as a first responder. This may include activities such as prophylactic taping, stretching, first aid and referral of injured/ill athletes. Other athletic training functions such as return-to-play decisions, modality or rehabilitation treatments are out of the realm of a first responder. The use of first responders is not endorsed by the NATA Education Council or the JRC-AT.

## **Travel Policy**

As part of the ATEP experience, ATS will be provided the opportunity to travel with various athletic teams throughout the course of their educational experience. Travel can only be counted toward your competency in the ATEP if accompanied by an ACI/ ATC. If you are traveling without direct supervision of your ACI/ATC, you will be considered a first responder. Refer to First Responder Policy and Responsibilities. It is your responsibility to review with your ACI/ATC the policies and procedures for travel. Some areas to review may include:

- Emergency Care Policy
- Expected Conduct
- Record Keeping Policies
- Kit (supplies)
- Emergency telephone numbers of host team and facility and contact information of UWA ATCs
- The first responder should always carry the emergency contact and insurance information on all of the athletes involved with the sport.

Remember you are representing not only yourself, but also your team, school, and ATEP, so conduct yourself accordingly. You need to understand your limitations as first responders. DO NOT put yourself in a position that may jeopardize you legally and/or ethically. Athletic training students must follow the respective team rules and guidelines

when traveling with athletic teams. Failure to comply will result in reassignment to a different clinical experience and possibly probation/suspension status within the Athletic Training Education Program.

***Unsupervised Athletic Training Student Travel***

Travel without an ACI/ATC is strictly on a voluntary basis and with an understanding of the tasks that they are allowed to perform. Volunteers are allowed to serve as first responders at events in which the host institution provides an ATC on site to assist the ATS should a situation arise that is outside the limitations of a first responder. Additionally, the head coach of the sport has the ultimate responsibility of making decisions regarding the health status of the athletes under his/her authority in the event that an ATC employed by UWA is not present. Athletic training students that choose to travel with a varsity team without direct supervision of an ACI/ATC will be allowed to do so with the understanding that they will be held accountable for their choice and be expected to perform only those duties outlined for the First Responder. Additionally, students choosing unsupervised travel are encouraged make an honest effort and commitment to follow through with their decisions regarding travel.

UWA ATSS are allowed to perform the following as a First Responder when traveling with a team without the supervision of an ACI/ATC:

- Preventative taping, wrapping, and padding
- Preventative stretching techniques
- Primary evaluation of acute injuries to determine need for referral or activation of Emergency Medical Services
- Immediate care of acute injuries following the Rest, Ice, Compression, and Elevation principles.
- Application of ice packs to individuals free of contraindications
- Wound care utilizing OSHA procedures as outlined in annual workshops and the Policy and Procedure Manual for UWA Athletic Trainers
- Emergency splinting of injured extremity
- Documentation of the above tasks performed

UWA ATSS are not to perform the following tasks as a First Responder when traveling with a team without the supervision of an ACI/ATC:

- Evaluation of acute injuries to determine health status
- Application of electrical, acoustical, and mechanical therapeutic modalities
- Prescription of therapeutic exercise
- Decision to return injured athlete to activity

**Protocol for Out of Town Events**

- Upon arrival at an event locate the host institution’s medical personnel to discuss availability of medical care.
- Consult the host certified athletic trainer in the event of an injury.
- If the injured student athlete is referred to a hospital or a clinic, accompany the student athlete and ensure that all necessary information is available.
- Call the Head Athletic Trainer or the UWA AT responsible for the team and inform them of the athlete’s status.
- When traveling, pack all pertinent insurance documents and emergency phone numbers for parent notification.
- Provide the head coach with any and all information pertinent to his/her decision-making regarding the health status of the athletes under his/her authority.

Student must initial and date below for each event that they choose to travel to unsupervised.

I \_\_\_\_\_, have volunteered and been instructed on proper procedures for  
Printed name of ATS

traveling without the supervision of an UWA ACI.

Date	Sport	ATS Signature	ACI Approval	Date	Sport	ATS Signature	ACI Approval

**General/Confidentiality**

In dealing with people, common sense must be your guideline. Always stay within the limits of your position and knowledge. Do not discuss any athletic training room activities (injuries, treatments, doctor's reports, etc.) with others. The confidentiality of the medical atmosphere is paramount. **You may not release information to anyone regarding an athlete without prior, written permission from the athlete. HIPAA guidelines are in effect and must be adhered to strictly.**

I \_\_\_\_\_, have been instructed on proper procedures for acting without the supervision of a UWA ATC or ACI and understand my responsibilities and limitations as a first responder. I understand all of the policies and definitions contained within this document regarding confidentiality, supervision, volunteering as a first responder, and volunteering to travel with various athletic teams without the supervision of an ACI/ATC. Furthermore, I have been provided a chance to ask questions regarding these policies and have had those questions answered appropriately.

Signature	Date
Witness signature	Date

**Class Attendance policy**

The Athletic Training Education Program faculty are responsible for the design and instruction of the academic courses contained within the curriculum. The faculty feel that these courses, combined with clinical education and experience, are vital to the overall success of students in the Athletic Training Education Program. As such, the faculty feel that students enrolled in the ATEP should attend 100% of all class meetings. Therefore all athletic training students will be required to attend and be actively involved in all ATEP courses. Additionally, being “tardy” for any course will be considered an absence under the terms of this policy. Students are expected to be seated and prepared to initiate class activities at the time designated for the class to begin. Those students not ready to initiate class as described will be considered tardy. This policy applies to laboratory class meetings and includes appropriate dress. Roll will be taken at the beginning of classes and faculty are not obligated to amend the roll for students arriving after that time. Furthermore, faculty may, at their discretion, choose to refuse admittance to anyone who arrives after class has begun (i.e. lock classroom doors or dismiss student.)

Athletic training students may occasionally be absent from courses while engaging in another aspect of athletic training education (traveling with a team, taking an athlete to the physician, etc.) In these instances students are encouraged to provide advance notice to all their professors. Understandably, there will be times when absences will be excused (illness, family emergency, etc). Habitual tardiness or absence from academic courses will be addressed by the following guidelines:

- Exceeding more than three absences: The final letter grade earned through course assignments and examinations will automatically be lowered by one letter grade and recorded with the Registrar.
- Exceeding more than six absences: The final letter grade earned through course assignments and examinations will automatically be lowered by two letter grades and recorded with the Registrar.
- Exceeding more than nine absences: The final letter grade earned through course assignments and examinations will automatically be lowered by three letter grades and recorded with the Registrar.
- In all cases a record of this negligence will be placed in the student’s permanent folder which will factor in to consideration for continuance in the program.

*(NOTE: as the ATEP staff are not the primary instructors in other courses (i.e. English, Math, etc), we cannot hold attendance to these classes under these guidelines. Although we insist on student being responsible for their own education, absences from these courses will not be applied to this policy. As always, UWA Academic Attendance policies will apply and shall be followed.)*

**Clinical Experience Attendance Policy**

The clinical experience portion of the athletic training education program is where students are introduced to, implement, practice, and master skills vital to their success as athletic training professionals. These experiences are provided in the form of clinical rotations (both on and off campus) and assignment to an ACI/ATC and are a required portion of the student’s educational experience. A student enrolled in the ATEP is required to attend and actively participate in **all** scheduled/assigned clinical experiences. Therefore all athletic training students will be required to attend and be actively involved in all ATEP clinical experiences as assigned. Additionally, being “tardy” for any clinical assignment will be considered an absence under the terms of this policy. Students are expected to be ready to initiate the

clinical assignment at the designated time. Those students not ready, including appropriate dress and equipment, to initiate the clinical assignment as described will be considered tardy. Roll will be taken at the clinical assignment and clinical instructors are not obligated to amend the roll for students arriving after that time. Furthermore, faculty may choose to refuse admittance to anyone who arrives late to the clinical assignment (dismiss student).

Please note that athletic teams may alter scheduled practices and games without warning or notice; it is our requirement that these events receive the same consideration and attendance as all other events. At no time is anyone other than the supervising ACI/ATC allowed to excuse a student from a clinical experience. Those requests for excused absences (including dates and reason) must be submitted in writing to the Clinical Coordinator one week prior to the absence. These documents will be kept on file in the ATS's portfolio. Failure to comply with this procedure will result in the absence being treated as unexcused/unapproved.

Understandably, there will be times when absences cannot be pre-approved (illness, family emergency, etc). These will be dealt with at the discretion of the Program Director. It is the student's responsibility to communicate with all appropriate instructors and staff when these instances do arise. Again, the student should make every effort in advance of the absence to follow this notification procedure. Only extreme circumstances will be considered by the Program Director.

Athletic training students may occasionally be absent from clinical assignments while engaging in another aspect of athletic training education (traveling with a team, taking an athlete to the physician, etc.) In these instances students are encouraged to provide advance notice to all their supervising ACI/ATCs. Habitual tardiness or absence from clinical assignments will be addressed by the following guidelines:

Records of absences and tardies will become a part of the student's permanent record. Any student who is tardy or absent from assigned clinical experiences will be reprimanded by the following guidelines:

- Second Absence: the student will be assigned an additional one week rotation in morning treatment/rehabilitation.
- Third Absence: the student will be suspended from on – campus clinical experiences for 1 calendar week. At no time will the student be allowed to participate in any athletic training events or clinical experiences on campus during this week.
- Fourth Absence: the student will be removed from primary sport(s) assignments and fulfill all clinical experience hours within the Athletic Training Facility at hours approved by the ATEP staff.
- Fifth Absence: the student will be removed from all on-campus athletic training events and clinical experiences for the remainder of the semester. Other measures including suspension from the ATEP may be imposed at the discretion of the Program Director in consultation with the Athletic Training faculty.
- In all cases a record of this negligence will be placed in the student's permanent folder which will factor in to consideration for continuance in the program.

### **ATHLETIC TRAINING STUDENT OBLIGATIONS**

Athletic training students are obliged to follow guidelines set by this department relating to the performance of their tasks. Athletic training students are expected to follow these parameters as closely as possible. The obligations are as follows:

#### **Availability**

- Arrive at practice at least 30 minutes or more as indicated before the beginning of practice and remain until all post-practice activity is complete or until dismissed.
- Be in the athletic training room to assist with morning and night treatments during your scheduled hours.
- Schedule all personal appointments away from athletic training room and clinical hours.
- Personal business should not be conducted in the athletic training room. This can and will hamper the function of the staff or patient/athlete care.
- When unable to make an assigned duty, contact one of the staff athletic trainers or your group leader in advance where arrangements can be made to address your absence.

#### **Punctuality**

- Students should be where assigned on time or early. If anything, be five minutes early.
- Be ready to work when entering the facility. Look for something to do before sitting and talking.
- Have your team ready to go on time. If unable to talk and tape simultaneously, don't talk.
- When anticipating arriving late, call immediately.
- The UWA AT&SMC rule to punctuality: to be early is to be on time, to be on time is to be late, and to be late is unforgivable.

#### **Academics**

- Athletic training students are responsible for providing the staff athletic trainers with a schedule of classes each semester as soon as registration is completed (also report any changes in schedule as soon as possible).

- Plan to graduate on time.
- Athletic training students are to remain in good academic standing (2.0 in all basics and 3.0 in all athletic training courses).
- Athletic training students who fall behind in their academics are subject to suspension and/or dismissal from the athletic training curriculum.

### **Clinical Hours Verification**

- Athletic training students are required to keep track of their clinical hours for course requirements as well as for licensure in some states.
- Hours are to be recorded daily and signed by the supervising athletic trainer on the pink verification sheets.
- Verification sheets are to be turned in each month for placement in your permanent file.
- Students will record one hour for each hour they are in the athletic training room working or engaged in athletic training activity. Partial hours are recorded to the nearest ¼ hour. When rounding to the nearest ¼ hour, you must work 8 minutes or more of the ¼ hour to round up. If you work less than 8 minutes of the ¼ hour, you should round back.
- Students cannot record any hours they are on a road trip unless a certified athletic trainer accompanies them. In this situation, only actual hours spent working in athletic training activities can be recorded (hours to and from the site or hours spent in a motel are not acceptable).
- Hours accrued through any outside athletic training activity should be agreed upon by discussion with staff athletic trainers and verified by the supervising athletic trainer.
- The supervising staff athletic trainer is responsible for checking the recorded hours on each form and approving it with his/her signature.
- Hours spent at high schools do not count unless a certified athletic trainer directly supervises you.

### **Travel**

- Be ready to go if requested by a staff athletic trainer to accompany him/her on a trip.
- At least one of the athletic training students assigned to varsity sports teams are usually expected to travel with the team unless there are significant extenuating circumstances.
- If one of the athletic training students cannot travel as assigned, five days notice must be given so that a substitute can be found or other arrangements can be made.
- Athletic training students are required to adhere to all travel regulations, which apply to the team.
- Upon arrival, the student athletic should introduce themselves to the host athletic trainer, be sure of arrangements, make any special requests in advance of the event, and firm up emergency procedures.
- In any travel situation be early for the departure time. Anyone not ready will be left behind.
- When traveling expense is incurred for meals, make sure receipts are obtained. Athletic trainers failing to obtain proper receipts will not be reimbursed.

### **Professional Appearance Policy**

As a member of the allied health professional staff at The University of West Alabama, students are required to maintain a professional and appropriate appearance. This is a necessary measure to present a professional image to our UWA faculty, staff, and students and well as maintaining a positive public image for the Athletic Training program and profession.

It is the student's responsibility to be in appropriate dress at all times when working as a member of the UWA athletic training staff. *At no time will a student's absence or tardy report for athletic training duties be excused for a student being dismissed for inappropriate dress.*

1. A student working in the capacity of an ATS must wear UWA Athletic Training Issue Apparel, UWA Sport Medicine Club apparel or apparel for a UWA Varsity Athletic team (shirts/pullovers).
2. UWA Athletic Training Apparel may only be worn when the student is working as an ATS or as a first responder for one of our sports.
3. Shirts will be tucked in neatly at all times when performing duties as an ATS or when in the athletic training room for any reason (**no exceptions**).
4. Pants will be worn in an appropriate, and neat manner (waist of pants will be on the person's waist, no cut off bottoms, or excess amounts of holes, etc).
5. Shorts/pants: Shorts must all be of appropriate length (standing straight up, tips of fingers must not pass hem of the shorts) and clean (no cutoffs, without rips, or holes). Pants must be neat, of appropriate length, and style (jeans, wind-pants, khakis)

6. At all times, shoes worn in the athletic training room must be closed toed and closed backed (no sandals or flops will be worn).
7. All shirts must be of length to be able to be tucked into the shorts or pants; they must also have sleeves that cover over both shoulders.
8. You may wear nice dress clothing, as long as it meets the above criteria other than having UWA on it, when working in the ATR or on assignment at practices.
9. Game dress will be uniform (UWA athletic training polo shirt, khaki shorts/ khaki pants/ wind pants). The only variations to this game dress uniform will be in instances where the sport's staff requests the ATS to "dress up" or other considerations are made by the ATSMC staff (all variations must be approved prior to competition).

In order to maintain the professional appearance of the students of the athletic training program, the following areas will also be considered part of the code.

1. Earrings on male students are unacceptable. Females may wear earrings if appropriate (may not be long or dangling). Visible body piercings will not be allowed.
2. Hairstyles should be neat and maintained. For males, hair may not extend below the shirt collar and facial hair must be kept neatly trimmed. Facial hair should be kept to a minimum or neatly trimmed if having a moustache or beard. Make it a point to be cleanly shaven (no stubble), especially at athletic events, physicals, or on doctor's visits. For females with long hair, it must be pulled back/put up in a neat and functional fashion.
3. Jewelry (necklaces, bracelets, watches, rings, etc) must not interfere with the proper delivery of patient care.
4. Hats may be worn "front-wards" and must be neat and clean. They will not display vulgar, obscene/offensive images nor display logos of other universities. Discretion is left in the hands of UWA staff as to what may be inappropriate.
5. Nothing considered, as a "fad" will be acceptable.

Students admitted to the program will be provided with two (2) UWA athletic training staff T-shirts and one (1) UWA athletic training polo. Additional clothing is available for purchase by the student at a reduced cost. Students applying to the program or those in the practicum classes must also wear appropriate UWA athletic training apparel, which is available for purchase or at the UWA Bookstore.

Remember you represent the athletic training education program and you should never do anything to embarrass yourself, your fellow students, the program or the university. It is considered inappropriate to wear athletic training clothing to social events (parties, clubs, etc) and events not related to the program's mission and goals.

***The ultimate decision on the attire or appearance being appropriate for the ATS to carry out clinical assignments is at the discretion of the ACI supervising the student at the respective venue. In the event of a disagreement between the ACI and the ATS, the ultimate decision will be deferred to the Head Athletic Trainer, Associate Athletic Trainer, and/or the Program Director.***

### **Athletic Participation**

- Athletic training students are allowed to participate in most varsity sports with the understanding that they must attain hour requirements around their athletic requirements.
- Athletic training students must get the approval of the Director of Athletic Training before making plans to participate in varsity sports.
- Athletic training students will not be excused from athletic training room duties, practices, or treatments to participate in intramural practices or games.

### **Competency**

- All students are required to exhibit competency as outlined by NATA.
- Successful completion of the Practicum Competency Check-offs is required before admittance into the program.
- The staff will perform evaluations on the athletic training students annually.
- Competency evaluations can and will be written and oral.

### **Record Keeping Policy**

- All varsity athletes and all other patients entering the athletic training room must sign in on the appropriate clipboard *each and every* time they enter the athletic training room for evaluation, treatment, rehabilitation or other injury/illness care.
- All varsity athletes with injury or illness must complete a Varsity Injury Form. The form must be completed and signed by the attending athletic training student and the attending staff athletic trainer.
- All high school athletes and private patients must fill out a Private Patient Form every time they come in for initial evaluation or re-evaluation follow-up. This form must be filled out and returned to the graduate assistant responsible

for the school or the staff member who evaluated them. All Private Patient Forms are returned to the staff member who evaluates them or if the student performs the evaluation returned signed to Director of Athletic Training

- All athletes and patients reporting for treatment/rehabilitation must be logged into the treatment logbook.
- All medicines/drugs issued to varsity athletes or anyone else must be logged into the drug logbook.
- After each designated treatment/rehabilitation period is completed, all information from the logbooks will be entered into the computer on Sportsware 2007.
- All athletes or private patients evaluated on campus by the team physicians from Andrews Sports Medicine & Orthopaedic Center must be logged in the white, physician visit logbook.
- All athletes reporting for long-term rehabilitation for an injury must be logged into the personal rehabilitation logbook.
- When running copies for the athletic training staff, obtain paper from the athletic training staff.

### **Treatments**

- All treatments rendered in the athletic training room are posted on the daily treatment log.
- Athletic training students should use only those modalities with which they are familiar and competent. Modalities should be used under the direct supervision of a staff athletic trainer.
- Standard treatment practices should be followed, do not vary from standard practices without discussion and approval of a staff member.
- If there is any doubt as to how to proceed with treatment always be as conservative as possible.
- This is not a self-service organization, an athlete must be treated by an athletic trainer; athletes are not permitted to initiate their own treatments.
- All athletic trainers should supervise the treatments of their athletes/patients.
- Always briefly evaluate the athletes' progress before and after each treatment. Don't get caught up in a routine. Daily re-evaluation of the athlete is important to their treatment/rehabilitation.

### **Rehabilitation**

Rehabilitation is required for all injured athletes. Never return an athlete to competition or practice that has not rehabilitated and exhibited satisfactory functional capacity. In practically every case, all injured athletes should begin a rehabilitation program on the first day of injury. The team physicians, physical therapists, and staff athletic trainers design an athlete's rehabilitation program. There are certain standards of rehabilitation designed for specific injuries, which should be followed by the athletic training students unless exceptions are discussed with the staff athletic trainer or team physician. Do not experiment without prior approval.

The rehabilitation session is recorded on the daily treatment log, the personal rehabilitation log and on Sportsware 2007. Specific comments are made on the personal rehabilitation log, as are any changes in the program or the athlete's status.

It is vital that rehabilitation progress be monitored exactly. Take measurements often and accurately, record your findings and consult with others on the staff. Never proceed without a firm evaluation of the previous step.

### **Medication**

All members of the athletic training staff are directed by the team physician to **administer** only over-the-counter (OTC) medication. This includes Tylenol, Bufferin, Sin-U-Tab, Ascriptin, Chloraseptic, Mylanta, Maalox, Alka-Seltzer +, Emetrol, etc. **The University purchases these medications for use only by our varsity athletes. All OTC medications that are administered to any athlete at UWA should be logged appropriately in the drug log book located in the medicine cabinet.**

Never administer medication without first determining the need of the athlete, any allergies, and if any other medication is being taken. If any question regarding the use or mixing of medication arises, consult the PDR in the athletic training room or the team physician. Also, no more than a one dose supply should be administered at any time. All drugs administered should be documented in the drug logbook.

Any medications other than the OTC's are to be dispensed or administered by the team physicians or pharmacists. Prescription medications are to be handled only by the team physicians or pharmacists and the athlete to whom they are prescribed. Any question regarding medications should be directed to the team physicians, staff athletic trainers, pharmacists, or the PDR. **Do not guess.**

All athletes who require prescription medicine are to obtain a prescription signed by the team physician. He will write the sport of the athlete on the prescription. The Head Athletic Trainer, Associate Athletic Trainer, or Director of Athletic Training & Sports Medicine must then sign their approval on the prescription. This prescription is to be filled at The Drug Store only. The prescription will be charged to the athletic department only if the team physician has written the sport on it and if the staff athletic trainer approves it in writing.

## Staff Meetings

The athletic training staff will usually meet at a time to be designated once a month for the purpose of discussing upcoming activities, games, duties, or problems. All athletic training students are expected to attend and be prepared to take notes and answer pertinent questions. Whenever possible, questions, ideas, or problems concerning the staff should be aired at meetings. Unscheduled staff meetings may be called by the staff athletic trainers and should be attended like scheduled meetings. All meetings will be posted at least 24 hours in advance.

## Grievances

On any staff larger than one person there are bound to be some interpersonal problems. These problems can and should be handled quietly and efficiently with little disruption of routine. They should be handled in the office and not during treatment or rehabilitation. All that is required is some maturity and patience.

All interpersonal problems should first try to be resolved by those involved. If no progress can be made, then the parties must look to the staff for arbitration. For student to student problems, they should first look to the staff athletic trainer with direct responsibility for the athletic training student. Each party will register their complaint separately so that the moderator may hear both sides and then meet with the staff athletic trainer to discuss resolutions.

The same procedure applies for student to staff problems. The only difference is that another staff member that is uninvolved in the incident will fill the role of arbitrator. It is our feeling that fairness will be best served in this manner. The UWA Grievance Policy, as published in the Tiger Paw Student Handbook, will ultimately be followed for grievances that are not easily resolved.

## Visiting Teams

All visiting teams are to be treated with proper courtesy and respect. Remember these athletes and staffs are our guests. We should try to meet their needs as much as possible. Once an athlete is injured, we are all on the same team. This staff should do everything in its power to make sure an injured opponent is treated with the best of medical care, regardless of the score. Hopefully, if our guests are treated properly here, they will reciprocate the same attitude and availability when we visit them. Prior to the season, the Associate Athletic Trainer along with the athletic training students assigned to each sport should send a letter containing a GSC courtesy sheet to the opposing teams. It should contain a list of materials provided and available while they are here for the game, as well as a courtesy sheet outlining the medical staff available. The supplies provided for each sport are outlined in the Handbook of the Gulf South Conference.

## Travel Expense

When traveling out of town on University business, keep cash receipts of all expenses, such as fuel, meals, hotel, parking, etc. Upon return, fill out a travel voucher and attach all receipts. If you lose or fail to obtain your receipts, then you will not be reimbursed. After completing the travel voucher, submit it along with the receipts to the Head Athletic Trainer for approval. Travel expenses should be kept to a minimum and meals should be eaten at the University cafeteria whenever possible. As much as possible, you should attempt to keep the price of meals under \$5.00 per meal.

## Restocking and Inventory

The field set-up group will do the restocking of travel kits and trunks during the post-practice period after each use for that week. Athletic training students assigned a specific kit for a specific sport are responsible for checking and/or restocking their kits before going to the next trip, practice, or game. The stocking of these kits and trunks will be governed by the needs of the sport and the Head Athletic Trainer. The issuing of supplies for these kits will be provided by the athletic training student assigned to be in charge of cage #2. A supply requisition must be filled out 24 hours in advance and approved by a staff athletic trainer and returned to the student in charge of cage #2.

## Keys

- Keys will only be issued if there is a need determined by the staff athletic trainers.
- Only the keys necessary for performance of assigned duties will be issued.
- Any key having been issued that is no longer needed for assigned duties is to be returned immediately.
- **Keys are not to be loaned to anyone** including other members of the staff, roommates, or personal friends.
- Unauthorized personnel in any facility should never be left unattended especially the athletic training, locker, and equipment rooms.
- Athletic trainers are responsible for their own keys and the places to which they allow entrance.
- Keys are for use at work. **DO NOT** leave them at home or in a vehicle.
- Keys should be kept on your person at all times while at work, not lying around to be stolen.
- Keys that are lost or stolen should be immediately reported to the Director of Athletic Training & Sports Medicine, Campus Police, and Key Control. The fee may be up to \$25.00 for each key.

### **Book policy**

- Athletic training students accepted into the professional component of the Athletic Training Education Program can expect to receive textbooks as detailed below.
- No athletic training student will receive books until accepted into the professional component of the Athletic Training Education Program.
- No student will receive books the following semester enrolled if they receive a “D” or “F” in any course during the previous semester or at any time during while on probation or suspension.
- Texts will not be issued for the following athletic training core courses: AH101, AH102, AH200, AH281, AH282, AH300, AH322, AH323, AH324, AH325, AH330, AH331, AH340, AH341, AH350, AH381, AH382, AH 397, AH 400, AH408, AH410, AH 481, AH 482, AH 498, BY231, BY232, BY233, BY234, PE251, PE 442, PE443, PE444, PE445, PE446, PE 465, PE 470 or courses approved as athletic training electives.. You are expected to develop your own professional library and should be purchasing these texts to help you develop a personal reference library.
- Athletic training students will not be issued books unless the book request form is completed correctly.
- All books issued to athletic training students must be returned as soon as the last final exam is taken or on the date specified by the head athletic trainer. Failure to do so will result in your being placed on financial hold and you will not be issued books the next semester enrolled.

### **Taking Athletes to Physician**

At different times throughout the year, our athletes will require medical attention outside of Livingston. When this occurs we will transport them in a University motor pool vehicle to the location of the physician or health care facility. Usually, one or more of the athletic training students provide the transportation. There are several requirements that you must adhere to as follows:

1. You must have a valid driver’s license.
2. You must possess automobile insurance that covers your use of other vehicles.
3. Use only the gas credit cards issued to you for gas or oil in the state vehicles.
4. When using a state vehicle always obey all the laws pertaining to the use of public roads.
5. When an athlete is in with a physician always ask to go in with the athlete for the evaluation. Make sure you take note of all physician comments about the athlete and later relay it back to the appropriate staff athletic trainer.
6. If transporting an athlete to ASMOC or St. Vincent’s Birmingham, you are expected to observe surgery with prior approval.
7. Always take enough money to pay for your meals and the athletes’. Obtain receipts and fill out a travel voucher when you return for reimbursement. Each person has a \$6.00 limit per meal limit.
8. Always record your beginning mileage and ending mileage in the logbook kept in the state vehicles. Also, record the destination and total miles incurred, as well as the name and sport of the athlete.

### **ATHLETIC TRAINING ROOM PROCEDURE**

Decisions in the athletic training room are made through a chain of command beginning with the team physician. If the team physician is not present, the process begins with the highest-ranking athletic trainer. The staff member always makes decisions on procedure, treatment, rehabilitation, or participation.

The routine of the athletic training room is a mixture of athletic training, business and office procedures, all of which require meticulous attention. The paperwork must be kept up to date and filed accurately, the supplies must be inventoried and restocked promptly and above all, the treatment and rehabilitation of the athletes must be up to standard. The following is an outline of daily athletic training room activity.

### **Injury Prevention**

- Always thoroughly clean coolers and water bottles after each use.
- Maintain a clean, efficient, and orderly athletic training room at all times.
- Check weight charts regularly and restrict athletes from competition if necessary.
- See that all lockers are kept up and safe so as to, prevent injury on wires, nails, locks, hinges, and hasps.
- Inspect all courts and fields for wet spots, and irregular surfaces.
- Inspect all fields for glasses, bottle tops, rocks, holes, wood, or other hazardous conditions.
- Keep non-participating personnel in their area far away from sidelines, competition, and live drills.
- Always strive to improve methods, techniques, treatments, and knowledge.
- Make sure all athletes are kept in proper fitting, safe equipment.
- Warn athletes about mixing medications and alcohol.
- Keep a close eye on heat illness prone athletes.
- Encourage football players to remove headgear when not in use.

- Make sure all football players use all required protective equipment, including hip pads, knee pads, spine pads, and mouthpiece.
- Do not allow athletes to drink after each other with cups or water bottles.
- Do not allow athletes to put water bottles in mouth or open water coolers.
- Players should not touch the water sprayers.
- Do not allow athletes to wear unwashed practice gear, use each other's towels, or wear clothing that has not been adequately dried.
- Check fences, doors, dummies, sleds, and other equipment for sharp edges.
- Make sure that all worn screw-on cleats are changed to prevent metal from showing through.

### **Daily Schedule**

- Regular scheduled staff meetings and unscheduled staff meetings are normally held during the 6:00 to 7:00 a.m. period or the 8:00 to 9:30 p.m. period.
- Regular scheduled morning treatments are 6:30 to 8:00 A.M. during the fall semester and football spring training and 7:00 to 8:00 A.M. during the remainder of the year.
  - \* At least four athletic training students assigned on a weekly rotating basis.
  - \* All injury reports must be filed for varsity athletes, private patients, & high school athletes.
  - \* All personal rehabilitation forms are updated as to include progress, rehabilitation, and daily information.
  - \* Injury reports are compiled for delivery to coaches.
  - \* Athletic training room is cleaned, ice bags emptied, supplies checked, and tables restocked after each treatment.
  - \* All books, journals, and publications are placed and filed in their respective places.
  - \* Towels are collected and placed in the washing machine.
- Rehabilitation and treatment is provided by appointment from 8:00 A.M.-12:00 P.M.
  - \* Rehabilitation and treatment of only those athletes who absolutely cannot attend A.M. treatments
  - \* One to two students may be assigned for each hour.
  - \* Filing or clerical work is done at this time.
  - \* Private patients are supervised for rehabilitation during this time.
  - \* Athletes may need to be taken to the student health center at this time.
- Afternoon treatment and practice preparation from 1:00 to 3:00 P.M.
  - \* All assigned athletic training students should report to the training room by 1:00 P.M.
  - \* Pre-practice taping will be completed 20 minutes prior to commencement of team meetings or practice.
  - \* Pre-taping and other miscellaneous duties will be carried out at 1:00 P.M. upon the athletic training students' arrival.
  - \* Pre-practice set-up will be completed during the team meeting and 20 minutes before scheduled practice begins.
  - \* One group of athletic training students will be assigned to pre-practice set-up during taping on a weekly rotating basis.
  - \* All athletic training room equipment will be collected after each practice and stored in the appropriate place in the athletic training room or storage area.
  - \* The athletic training room will be cleaned thoroughly after each practice.
  - \* Towels are brought up from the laundry room, folded and stored away.
  - \* One group will be assigned inside duty from 3:00 P.M. until practice is over on a weekly rotating basis.
  - \* The inside group during practice will wash any towels needing to be washed.
- Regular scheduled P.M. treatments are 3:00-7:00 or until complete.
  - \* Absolutely no athletic training room equipment is issued without being logged in the UWA Equipment Check-out Log
  - \* Each athletic training student is responsible for picking up after his/her team
  - \* Kits and trunks are to be restocked each day after their use
  - \* Athletes are not allowed in any supply cabinets, tables, or lockers in the athletic training room
  - \* The athletic training room is cleaned and mopped by the athletic training students after each treatment session
  - \* All logbooks are updated as to include progress, rehabilitation, and daily information
  - \* All rehabilitation forms are to be updated daily
  - \* All equipment and supply catalogues, etc. are filed in their respective places
  - \* The last athletic trainers leaving the athletic training room are to make absolutely, sure that all cabinets, lockers and doors to the athletic training room are securely locked
  - \* Absolutely no one except the sports medicine staff is allowed to remain in the athletic training room when it is unattended.

## Areas to be cleaned

Please remember that the Athletic Training & Sports Medicine Center is an allied health care facility. It should be kept extremely clean at all times. The appearance of our athletic training facility makes a statement about The University of West Alabama's Athletic Training Education Program and its staff.

- All tables and shelves should be wiped.
- All modalities and carts should be rearranged, wiped off, and all equipment put away.
- All whirlpools should be cleaned and polished.
- Floors should be swept and mopped every night.
- Taping areas should be straightened and restocked after every taping session
  - storage lockers and cabinets neat and orderly
  - dirty laundry put in proper containers, washed, folded, and put away each night

## Athletic Training Room Library

The majority of the books, magazines, periodicals, pamphlets, and other publications in the athletic training room are the personal property of the Director of Athletic Training & Sports Medicine. The athletic training library is for the use of the athletic training staff. If an athletic training staff member wishes to check out a publication, then he/she must write their name, the title, author, publisher, volume, and issue number, etc. in the black check-out log book in the Director's office. **This privilege is for the athletic training staff only.** Absolutely no one else may borrow or checkout any publications without written permission or in-person approval by the Director at any time. Once the Director grants permission, the above procedure should be followed exactly with the borrower signing the book. Any staff member failing to follow and comply with the above policy and procedure exactly will lose this privilege for an indefinite period of time. The above procedure also applies to any and all audio-visual materials.

All audio-visual aids are listed on the computer terminals located in the athletic training room. Each videotape is listed by category, and can be found in this method. If you have any questions about how to locate a video that you may need, please contact one of the athletic training staff members.

## Telephone

- **The athletic training room telephones are for official University business only!!**
- Absolutely no athletes are allowed to use the telephone at any time for any reason without prior approval by the athletic training staff.
- The telephone in the athletic training room is for the athletic training & sports medicine staff only. The coaches and the graduate/student assistant coaches have their own telephones. Their use of the athletic training room telephones should be kept to an absolute minimum.
- Any student that abuses the use of the telephone will lose their telephone privileges for an indefinite period of time.
- The procedures for using the telephone are outlined by the University and should be followed at all times.

## Mail Service

- Only mail pertaining to University business should be charged to the University.
- Personal letters may be mailed through the University mail service if they are stamped adequately.
- **Athletic training students are not allowed to receive any sort of mail through the Athletic Department. Athletic training students are required to acquire post office boxes to receive mail.**
- **Any personal mail sent to the athletic training room will be returned to the sender.**
- You will be issued a mailbox within the athletic training room; this is not for personal mail. It is solely for the purpose of issuing you memos, messages, and announcements; you may also receive mail that pertains to athletic training in the athletic training room. You should check this mailbox on at least a daily basis.

## Supplies, Materials, & Equipment Policy

1. All students, graduate assistants, and staff will be issued OSHA personal protective equipment(s) at no charge. This personal protective equipment must be carried by the member of the Athletic Training Education Program at all times when covering events where exposure can occur. You will be issued a resuscitation mask, if you lose your mask you will be charged a replacement fee or your grades will be tagged.
2. All students will be issued, at no charge, a fanny pack, scissors, and basic first aid supplies to keep on themselves at all times. If you lose or misplace your fanny pack, kits, or scissors you will be charged the replacement fee.
3. The use of supplies, materials, and equipment of the Athletic Training Education Program is a privilege. Any use during regular hours is subject to the discretion of the athletic training staff.
4. Removal of supplies, materials, and equipment of the athletic training objects for personal use is prohibited.
5. Any usage of supplies, materials, and equipment of the Athletic Training Education Program for professional purposes must be approved and are to be returned as soon after completion of their intended purpose as possible. Failure to do

so may lead to fines, grades being tagged, or filing of criminal charges for stealing, as well as possible probation, suspension or termination from the Athletic Training Education Program.

6. It is your responsibility to take care of any issued material. Damaged issued material is your responsibility and you will be held financially responsible for it.
7. It is your responsibility to acquire in advance, any material or supplies you may need to cover the assigned sport.
8. All students removed or suspended from the program must return all materials, clothing, and books issued before clearing financial hold.
9. If you leave the Athletic Training Education Program, it is your responsibility to return all shirts, fanny packs, kits, scissors and breathing masks or have your grades tagged and charged the replacement value of these items.

### **ASSIGNMENT OF SPORTS**

The assignment of athletic training students to any team coverage is dependent of the staff athletic trainers' observation and evaluation of the students' skill, knowledge, dedication, and enthusiasm. If an athletic training student exhibits little or no progress or regard for his/her position, he/she may never achieve team coverage. If, on the other hand, a student displays a high degree of skill and knowledge, shows him/herself to be reliable, enthusiastic, and a willingness to work, he/she may be assigned team coverage over an available, more experienced student who has not proven themselves as worthy. The number of athletic training students assigned to team coverage is usually as follows:

Football (Fall & Spring)	6 to 8 athletic training students (6 to 8 for away games)
Men's Basketball	1 to 2 athletic training students (1 for away games)
Women's Basketball	1 to 2 athletic training students (1 for away games)
Volleyball	1 to 2 athletic training students (1 for away matches)
Baseball	2 to 3 athletic training students (1 for away games)
Softball	2 to 3 athletic training students (1 for away games)
Rodeo	3 to 4 athletic training students (1 to 2 for away trips)
Cross Country	1 to 2 athletic training students (1 for away meets)
Cheerleaders	1 to 2 (these athletic training students may also work football)
Tennis	1 to 2 athletic training students (1 for away matches)
Athletic Training Room Duty	4 to 6 athletic training students

Athletic training students are expected to work with all sports; however, you can expect to be assigned one primary sport responsibility each semester once you are accepted into the professional component of the program. There is a possibility that you may be switched between or temporarily assigned to another sport during peak workloads and during the inactivity of another sport. Assignments or reassignments will be made at the discretion of the Clinical Coordinator in consultation with the Director of Athletic Training & Sports Medicine and the Head Athletic Trainer. It is not feasible for an athletic training student to be assigned coaching responsibilities.

It should be obvious that athletic training students are expected to work with their assigned sport for the entire semester. Assignment of students to team coverage will be made by the athletic training staff. Assignments to sports are subject to change at any time, and the staff withholds the right to do this for various reasons.

### **ATHLETIC TRAINING STUDENT RELATIONSHIPS**

The athletic training student comes in contact with other members of the Athletic Department and the public quite often. It is helpful to know the limits of this contact in order that some unfortunate circumstances can be avoided. Following are brief guidelines to use in dealing with others during your assigned activities.

#### **Athletic training students to Staff Athletic Trainers**

- The staff athletic trainer is the ultimate authority in the athletic training room (see chain of command).
- The staff athletic trainers' orders/requests are to be carried out as promptly as possible and not to be passed to subordinates.
- It is perfectly acceptable to ask questions of a staff athletic trainer about anything pertinent. Ask, do not challenge in front of patients/athletes.

- If there are any grievances, they are to be directed to the staff athletic trainer first or to the Head Athletic Trainer or Director of Athletic Training & Sports Medicine where the appropriate course of action will be decided upon.
- The Graduate Assistant Athletic Trainers are members of the STAFF.

#### **Athletic training students to Team Physicians**

- The medical director or team physicians are the ultimate medical authority at the University.
- Always follow the physician's directions explicitly.
- Referral to the team physicians during clinic can only be made upon request along with the staff athletic trainers.
- Referral of an athlete to the local team physician during student health service hours can be made at any time, but always inform one of the staff members that you have done this.
- If you are present when an athlete is being examined by a team physician, present the case to the physician including sport, history, the details of the injury, and your impressions.
- Whenever you are accompanying a student athlete to an on-site visit with a physician always accompany the student athlete into the examination, be attentive and be able to inform the athletic training staff on the status of the student athlete or their injury.
- Remember, these physicians are extremely busy, they may run behind schedule or seem abrupt at times, but they are vital to the performance of our jobs and should be treated with respect at all times.

#### **Athletic training students to Coaches**

- The Head Athletic Trainer, Associate Athletic Trainer, and Assistant Athletic Trainer are ultimately responsible for reporting injuries or the status of student athletes to the respective coach.
- If a coach asks you a question about an athlete or their injury answer it to the best of your knowledge, do not speculate. If a question still remains, refer the coach to the staff athletic trainer.
- If you are assigned team coverage you are responsible for reporting injuries, status, pending and/or missed medical appointments, and rehabilitation progress of your athletes to your coach and the staff athletic trainers on a daily basis in the absence of one of the staff athletic trainers.
- Adhere to the coach's rules as though you were a member of the team; avoid giving the appearance of having special privileges.
- Injury reports are to be made to the coaches at least two hours prior to practice time. Remember, as an athletic trainer, you are the communication link between the physician and the coach.

#### **Athletic training students to Athletes**

- Treat each and every athlete the same, with respect.
- Do not discuss an athlete's injury with another athlete or friend.
- Refer the athlete to a staff athletic trainer if he/she has a question that you can not answer. Do not speculate.
- Avoid close personal relationships with athletes in season; it could put you in a compromising situation.
- If any problems arise with an athlete, refer the problem to a staff athletic trainer or the athlete's coach.
- Do not provide an alibi for athletes.
- Do not issue special favors.
- All athletes are to be taped and/or completely treated a minimum of 20 minutes prior to the start of practice or competition.

#### **Athletic training student to Athletic training student**

- Treat one another with respect and with a professional attitude.
- Share the work as assigned, always do your part.
- Be fair with those students under you.
- Be constructive in your criticism, helpful in your comments.
- Refer confrontations and problems to a staff athletic trainer.
- Always attempt to challenge each other to grow in skill and knowledge attainment.

#### **Athletic training student to the Public and Media**

- Accept their attention, graciously, don't seek it out.
- Present yourself with conduct and manner becoming to an allied health care professional.
- Be courteous.
- Refrain from arguments regarding athletes, athletics, coaches or teams.
- Do not be the "inside source" for your friends or the media. Remember that you signed a Confidentiality Statement.
- Avoid making statements concerning the status of an injured athlete; refer them to one of the staff athletic trainers.

- Remember your first responsibilities are to your athletic training duties. Conversations with friends or favors for others have to wait.

#### **Athletic training students to Salespersons or Vendors**

- You are more than welcome to listen to sales pitches made to staff athletic trainers and to ask questions, but refrain from talking business.
- Do not accept free samples, unless instructed to by a staff athletic trainer.
- Make no commitments.
- Endorse no products.
- Sign nothing.
- Do not allow yourself to be photographed using a product that can be identified or used as advertisement.

#### **Athletic training students to Athletic Director**

- The athletic director has the ultimate responsibility for all aspects of the athletic program and reports directly to the University president.
- If the athletic director asks you a question about an athlete or their injury answer it to the best of your knowledge, do not speculate. If a question still remains, refer the athletic director to the staff athletic trainer.

#### **General/Confidentiality**

In dealing with people, common sense must be your guideline. Always stay within the limits of your position and knowledge. Do not discuss any training room activities (injuries, treatments, doctor's reports, etc.) with others. The confidentiality of the medical atmosphere is paramount. **You may not release information to anyone regarding an athlete. This includes the health status of an athlete, open the athlete's file for inspection, copy or reproduce any reports for anyone but the athlete, pass authorized information by telephone or use X-ray or test results for demonstration or instruction without prior, written permission.** These guidelines must be adhered to strictly. Disregarding these instructions will result in prompt dismissal from the athletic training & sports medicine program.

### **INDIVIDUAL SPORT RESPONSIBILITIES & PROCEDURES**

Each sport has different responsibilities with which athletic training students are expected to comply. These responsibilities are as follows:

#### **Football**

1. Everyone not involved with another sport will rotate some with football throughout the year.
2. At home games usually only 8 athletic training students will be assigned.
3. Usually only 8 athletic training students will be assigned at away games.
4. Everyone will work at practice, with each student assigned a position and coach that they will work with on each given day. Each group will carry a sprayer or water bottles to supply water to athletes on a continual basis.
5. At practice, one group will be responsible for pre-practice field set-up on a weekly basis, which includes the following:
 

◆ sufficient amounts of ice in ice chests	◆ ice towel buckets and towels	◆ white supply trunk
◆ sufficient amounts of water in water coolers	◆ rehab equipment	◆ emergency equipment
◆ water sprayers	◆ hose(s)	◆ orange field kit
◆ water sprayers	◆ cups	
6. After practice all equipment and supplies are to be returned. They are also to be washed or restocked and returned to the proper storage area.
7. At home games the field set-up group will be responsible for providing the following items to our sidelines:
 

◆ 4 water coolers	◆ 1 spine board	◆ orange field kit
◆ 8 ice chests	◆ 1 bag of air splint	◆ 1 red water tables
◆ 4 water sprayers	◆ 2 pair of crutches	◆ 2 examination tables
◆ 2 ice towel buckets w/towels	◆ 2 hoses	◆ physician's kit
◆ 10 sleeves of cups	◆ Field Kit	
	◆ Cramer Tape Supply Kit	

The opposing sidelines will be provided the following: 1 examination table, 1 red water table, 4 water coolers, and 2 - 50 gallon barrels of ice. (Note any item requested within reason will be provided to the opposing team.) All supplies and equipment is to be cleaned and returned to its proper place after the game.
8. Post game drinks will be provided to the opposing team after each home game. The opposing locker room group will be responsible for acquiring 75 – 12-ounce soft drinks and icing them prior to the opposing teams' arrival. The drinks

will be placed in the Pruitt Hall Athletic Training Room to be used at the discretion of the opposing team. Also, the athletic training students assigned to the opposing team will provide any service deemed appropriate for the opposing team.

9. The home locker room group will be responsible for setting up 1 water cooler, 1 cooler of Powerade and cups in our locker room 2 hours prior to the game. They will also make sure that the orange locker room kit is set up. They will stay in the locker room as long as players are there to assist with any of their needs. At 10 minutes prior to halftime they will set up 30 cups of water and 30 cups of Powerade. They will also have at least 5 ice bags made prior to the players returning to the locker room. After halftime they will clean and return all supplies and equipment to its proper storage place.
10. Away game responsibility. Prior to leaving on Fridays, the athletic training students who will travel with the team will report for loading of the bus and van. (usually this is done after Thursday's practice) The following is a list of material that goes under the bus: a pre-set number of drinks iced in ice chests (clearly marked Friday or Saturday), 4 ice chests with ice, and 4 water coolers with ice only. Each bus also must have 1 water cooler with ice, cups, and 1 orange kit on it.

The following items are placed on the equipment van:

- |  |                          |                            |
|--|--------------------------|----------------------------|
| ◆ 2 water coolers for Powerade           | ◆ 10 sleeves of cups     | ◆ 4 water sprayers         |
| ◆ 2 ice towel buckets and 6 towels       | ◆ Field Supply Trunk     | ◆ 2 pair of crutches       |
| ◆ Powerade packets                       | ◆ 1 hose                 | ◆ 1 spine board            |
| ◆ 4 time out water bottles and 2 holders | ◆ Cramer Tape Supply Kit | ◆ 2 taping tables          |
|  | ◆ 2 cup holders          | ◆ 1 package of air splints |
|  | ◆ physician's kit        |                            |

11. All individual athletic training student responsibilities will be outlined in the game assignment sheet issued each week to those assigned to work the game.

### **Volleyball, Men's & Women's Basketball**

All three of these sports will be assigned two athletic training students for principle coverage. The athletic training students are responsible for preparing and sending a GSC courtesy sheet to all teams that visit UWA. Also, each athletic training student will enter all insurance and emergency information for each of their athletes in the computer and keep a copy in their kit at all times. Each athletic training student will attend all practices and home games. Only one athletic training student will travel with the team to away games on a rotating basis. Each athletic training student is assigned the sport for the entire year, except Volleyball, (including off-season workouts) unless some unforeseen event or reason arises. Each athletic training student is to arrive at least one hour prior to the start of each practice for taping and pre-practice set-up. Each sport requires the following items for set-up: 1 water cooler and cups, 1 ice chest with sufficient ice, individual player squirt bottles filled with water, towels, and 1 stocked supply kit. All taping and pre-practice treatments are to be conducted in the Pruitt Hall Athletic Training Room. The Pruitt Hall Athletic Training Room should always have the following items:

- |                               |                            |   |
|-------------------------------|----------------------------|---|
| ◆ 1 exercise bike             | ◆ 2 pair of crutches       | ◆ towels                                  |
| ◆ rehab equipment as needed   | ◆ cups                     | ◆ 2 water cooler rolling tables           |
| ◆ 2 stocked taping tables     | ◆ 1 spine board            | ◆ 1 stocked, working steam hydrocollator. |
| ◆ 1 stocked first aid cabinet | ◆ 1 package of air splints |   |

For home games, set-up should include the following:

- |   |  |
|---|--|
| ◆ 1 ice chest on each bench   | ◆ 1 sleeve of cups on each bench                                   |
| ◆ 1 water cooler on each bench                                      | ◆ 1 rolling cart   |
| ◆ towels for both benches   | ◆ 1 stocked kit on our sideline                                    |
| ◆ ice bags & elastic wraps in the visiting teams ice chests         | ◆ individual water squirt bottles for our athletes on our sideline |
| ◆ (for basketball only, provide 6 drinks to each set of officials). |  |
| ◆ Biohazard Kit on each bench                                       |  |

When visiting teams arrive early and have practice times the day before the games, the athletic training students assigned to the respective sports are responsible for opening the Pruitt Hall Athletic Training Room and setting up water and ice for the visiting teams during their practice. After the visiting teams' practice all materials should be cleaned and returned to their respective areas and all doors locked.

### **Rodeo**

Two athletic training students are assigned for principal coverage. Each assigned athletic training student will attend all practices and competitions. As a general concept, athletic trainers should recognize that rodeo is a dangerous sport and

certain injuries are to be anticipated. Also, cowboys and cowgirls tend to have a different attitude toward competition as compared to other athletes. It takes a particular mind-set and love of the sport to accept the risks and to be successful. Rodeo athletes tend to be reluctant to ask for, and receive medical attention. Provided below are some specific guidelines for rodeo athletic training students.

1. The University of West Alabama medical insurance coverage requires that an athletic training student be present at all scheduled practices and competitions.
2. The rodeo athletic training student must dress in traditional western apparel at all times when they are present at a scheduled competition. This means cowboy hat, long sleeve western style shirt, and jeans. Shirts may be provided by UWA and must be worn by athletic trainers.
3. Athletic trainers should not be in the bucking chute or timed event chute areas unless providing medical attention or at the request of a coach or participant. Athletic trainers should position themselves so that they have a full view of the arena, and are able to provide quick access to injured athletes.
4. When present in the arena or holding pen area, athletic trainers should be aware that potentially dangerous animals are present and take necessary precautions.
5. Do not attempt to have casual conversation with cowboys or cowgirls immediately prior to their competition, unless initiated by a coach or participant.
6. Always walk though the arena prior to any scheduled competition or practice to check for foreign objects. Also, after any modifications are made to the UWA arena or bucking chute area, and at all away competitions, check for any sharp edges that may cause injury.
7. The National Intercollegiate Rodeo Association requires that EMTs be present at all scheduled competitions. In the event that it is necessary to transport a participant off the site, the competition must be halted until EMTs and an emergency transport vehicle are present. The NIRA Regional Director, who is present at all competitions, makes this decision. Feel free to express any concerns to the NIRA Regional Director.
8. At all competitions it is the responsibility of the athletic trainer to identify themselves to the EMTs that are present, and to establish a coordination mechanism for the handling of emergency situations. In addition, at home competitions, it is the responsibility of the athletic trainer to brief EMTs on rodeo protocol.
9. Understand that part of the "cowboy attitude" is to get up and walk out of the arena. You may provide assistance, if necessary. In extreme situations, it is the athletic trainer's decision to transport the injured participant. After any serious fall, once outside the arena, the participant should be evaluated thoroughly.
10. In the event of an injury, only qualified medical personnel should be around the injured person. After a primary evaluation, it is the athletic trainer's decision to summon the EMTs into the arena.
11. It should be understood that rodeo athletes frequently continue to participate with non life-threatening injuries. If continuation is allowed, use careful judgement about the potential for permanent damage and the potential for an injury to become life threatening. This decision is to be made by the athletic trainer, and is not debatable.
12. You may provide emergency first aid and assist members of other teams, if requested within time, budget, and supply limitations. In providing this assistance, keep in mind that you may incur liability for UWA. Remember to use good judgement in providing advice on injuries in these situations and keep in mind that the ultimate decision on the status of the athlete is the coach or representative of that team or club.
13. At the UWA rodeo complex the following items should be present at all times.
 

◆ 1 spine board	◆ 1 ice chest with ice	◆ all emergency information
◆ 1 package of air splints	◆ 1 water cooler	◆ athlete insurance information.
◆ 2 pair of crutches	◆ 1 stocked kit	
14. For protocols concerning injury evaluation, care, and rehabilitation, as well as emergency situations, and universal precautions, athletic trainers should refer to the Athletic Training Handbook located in the UWA Athletic Training Room.
15. In the event that an emergency arises, do not hesitate to call 911, and have the athlete transported. One of the assigned athletic trainers should accompany the injured athlete to the health care facility and the other stay with the other athletes. As soon as possible, contact the Head Athletic Trainer or one of the staff athletic trainers and inform them of the situation.

### **Baseball & Softball**

Both of these sports will be assigned two and possibly three athletic training students for principle coverage. The athletic training students are responsible for preparing and sending a GSC courtesy sheet to all teams that visit UWA. Also, each athletic training student will enter all insurance and emergency information for each of their athletes in the computer and keep a copy in their kit at all times. Each athletic training student will attend all practices and home games. Only one athletic training student will travel with the team to away games on a rotating basis. Each athletic training student is assigned the sport for the entire semester (including off-season workouts) unless some unforeseen event or

reason arises. Each athletic training student is to arrive at least one hour prior to the start of each practice for taping and pre-practice set-up. Each sport requires the following items for practice set-up:

- ◆ 1 water cooler & cups
- ◆ towels
- ◆ 1 ice chest with sufficient ice
- ◆ 1 stocked supply kit
- ◆ individual player squirt bottles filled with water (if used)

For home game set-up, each dugout will be provided with:

- ◆ 100 cups/game
- ◆ Biohazard Container
- ◆ 1 water cooler
- ◆ 1 ice chest with ice (visiting team's will have bags & elastic wraps)

The following items will be on site at all times:

- ◆ 1 pair of crutches
- ◆ 1 spine board
- ◆ 1 package of air splints

For away games the following should be taken with you

- ◆ 1 kit
- ◆ emergency information
- ◆ insurance information
- ◆ 1 pair of crutches

### Cross-Country

This sport will have only one athletic training student assigned principle coverage. They will be responsible for entering all insurance and emergency information for each of their athletes in the computer and keep a copy in their kit at all times. The athletic training student will attend all practices and events with the team. The athletic training student will also work with football during times when cross-country is not practicing or competing.

At practices and home events the student will provide

- ◆ 1 ice chest with ice
- ◆ 1 water cooler
- ◆ individual squirt bottles
- ◆ cups
- ◆ supply kit with emergency & insurance information

Be prepared to assist with visiting athletes (they probably will not have an athletic trainer on site).

At away events (it is the coach's discretion as to whether you will travel) you will take:

- ◆ individual squirt bottles
- ◆ 1 water cooler
- ◆ supply kit.

At home events, other athletic training students will be assigned to set up first aid stations throughout the course.

### Tennis

This sport will have one to two athletic training students assigned principle coverage. They will be responsible for entering all insurance and emergency information for each of their athletes in the computer and keep a copy in their kit at all times. The athletic training student will attend all practices and events with the team. The athletic training student will also work with football during times when cross-country is not practicing or competing.

At practices and home events the student will provide

- ◆ 2 ice chests with ice
- ◆ 3 10 gallon water coolers
- ◆ individual squirt bottles
- ◆ cups
- ◆ supply kit with emergency & insurance information

Be prepared to assist with visiting athletes (they probably will not have an athletic trainer on site).

At away events (it is the coach's discretion as to whether you will travel) you will take:

- ◆ individual squirt bottles
- ◆ 1 water cooler
- ◆ supply kit.

The following items will be on for home matches:

- ◆ 1 pair of crutches
- ◆ 1 spine board
- ◆ 1 package of splints

### Cheerleading

This sport will have two athletic training students assigned for principle coverage. They will be responsible for entering all insurance and emergency information for each of their athletes in the computer and keep a copy in their kit at all times. The athletic training students will attend all practices and events with the team. The athletic training students will also be assigned football responsibilities. At practices the athletic training students will provide only 1 supply kit with emergency information & insurance information.

### Intramurals

Athletic training students may cover intramural activities as first responders throughout the year. Injuries are to be handled as a first responder and should be referred to the staff athletic trainers for evaluation and further management/referral. Intramurals should have a stocked supply kit at all events. **We will not be responsible for providing the supplies necessary for taping or wrapping any student to participate in intramural activity.**

## NATA CODE OF ETHICS

### PREAMBLE

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

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

**PRINCIPLE 1:**

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

- 1.1 Members shall not discriminate against any legally protected class.
- 1.2 Members shall be committed to providing competent care.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

**PRINCIPLE 2:**

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

- 2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
- 2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.
- 2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
- 2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

**PRINCIPLE 3:**

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

- 3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
- 3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
- 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
- 3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
- 3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

**PRINCIPLE 4:**

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

- 4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.
- 4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

*September 28, 2005*

Equal opportunity in the workplace means that the workplace is free of both discrimination and harassment. Workplace discrimination occurs when an employment decision is made on the basis of race, color, gender, creed, religion, national origin, age, gender (including pregnancy), disability, veteran/military status or any other status protected by law. Workplace harassment occurs when there is unwelcome conduct based on the protected categories noted above; the harassment may create a hostile work environment (which means that a reasonable person finds the environment hostile) or may a quid pro quo situation (where a benefit or detriment is conditioned on submission to the offensive conduct). Equal opportunity also means that the workplace is free from retaliation for reporting or participating in investigations of discrimination and harassment.

Additional information about this subject is available at the website maintained by the Equal Employment Opportunity Commission that can be found at [eeoc.gov](http://eeoc.gov).

NATA encourages its members to create and maintain workplaces free of discrimination and harassment and to report any unlawful behavior to the appropriate parties at their workplace.

## **HEALTH & SAFETY POLICY OF THE UWA ATHLETIC TRAINING EDUCATION PROGRAM**

**Safeguards are taken for the health and safety of patients, students, graduate assistants, and faculty/staff. These are:**

1. Each athletic training student is required to have received a Hepatitis B Vaccine or signed a waiver prior to entry into the program.
2. Modalities are checked and serviced periodically for potential problems.
3. No student is allowed to use a modality without specific instructions from a clinical instructor and the student having shown competence with the modality.
4. Students are required to be Standard First Aid & CPR certified before admission into the program and must gain re-certification each year. Each student will also be AED certified if the materials needed are available for this type of certification.
5. First year students must successfully pass two practicums in athletic training classes and attend the preseason in-service program prior to performing athletic training activities in the athletic training room.
6. OSHA guidelines are followed very closely. All students stating they have read the guidelines and universal precautions and understand and will adhere to them must sign a consent form. Also, a training session on the OSHA guidelines and universal precautions is required each year of all athletic training students.
7. The local health department is retained to dispose of medical waste and sharp objects.
8. Appropriate emergency procedures are discussed and demonstrated with each new athletic training student.
9. Each athletic training student must take part in a yearly in-service on the appropriate techniques of emergency procedures.
10. All emergency and potentially important phone numbers are posted at specific locations should an emergency situation arise.

### **Bloodborne Pathogens Exposure Control Plan**

In accordance with the Occupational Safety Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following Exposure Control Plan has been developed:

#### **1. 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 affects all full-time athletic trainers on staff, graduate assistants, and athletic training students at The University of West Alabama working directly with University athletes or athletes participating on the University campus as part of a program sponsored by or hosted by The University of West Alabama.

The job classifications and associated tasks for these categories are as follows:

- A. Athletic Training Staff members will be expected to provide emergency treatment for life-threatening emergencies, including administering mouth-to-mouth resuscitation and controlling bleeding occurring due to participation in athletics. Also, the staff member may be involved in assisting team physicians with suturing, draining blisters, applying band-aids, or shaving calluses.
- B. Graduate Assistants and Athletic training students will often be required to perform the same tasks when the situation requires.

## **2. Implementation Schedule and Methodology**

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

### **A. Compliance Methods**

Universal Precautions will be observed at this facility in order to prevent contact with blood, blood products, or other potentially infectious materials. All blood, blood product, or other potentially infectious material will be considered infectious regardless of the perceived status of the source or source individual.

Engineering and work practice controls will be used to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used (**refer to the Policies & Procedures Manual: All staff, graduate assistants, and athletic training students will use personal protective equipment in dealing with any potentially infectious material**). At this facility, sharps containers, waste disposable bags, and clearly marked biohazardous waste containers will be used as engineering controls.

The above controls will be examined and maintained on a regular basis, with attention given to the contents of the engineering controls to insure removal once the containers reach 1/2 to 3/4 of capacity. The effectiveness of the controls shall be reviewed on a semiannual basis by an individual appointed by the Head or Associate/Assistant Athletic Trainers.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility, there are two hand-washing facilities located in the athletic training room, in each athletic locker room, in each coach's locker room, and in each of the public restrooms. There are no available facilities at game/practice sites. As an alternative, a 10% bleach and water solution and isopropyl alcohol are stored in each athletic trainer's kit on the site. If this alternate method is used, the hands are to be washed with soap and running water as soon as feasible following any exposure.

After proper removal and disposal of personal protective gloves or other personal protective equipment, employees shall wash their hands and any other potential contaminated skin area immediately or soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriated or as soon as feasible following contact.

### **B. Needles**

Contaminated needles and other contaminated sharps objects will not be bent, recapped, removed, sheared, or purposely broken. Following usage needles or other contaminated sharps objects will be disposed of in a clearly marked biohazardous, sharps container. OSHA allows for one exception to the rule governing the disposal of needles, if the procedure requires that the contaminated needles 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 only permitted while assisting one of the team physicians in a procedure necessitating this act.

### **C. Containers for Reusable Sharps**

Contaminated sharps that are not reusable are to be placed immediately, or as soon as possible after use, into appropriated sharps containers. At this facility, the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. The sharps container is located in the cabinet above the first aid area of the main athletic training island. An individual appointed by the Head Athletic Trainer has the responsibility for disposal of the sharps container when it becomes ¾ full. The container need only be checked as necessitated by its use.

### **D. 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 or placed on treatment tables, taping decks, or countertops when blood or other potentially infectious materials are likely to be present.

Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

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.

### **E. Specimens**

Specimens of blood or other potentially infectious materials, such as urine, 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 standards. It should be noted that this standard provides for an exemption for specimens from the labeling/color-coding requirements of the standard, provided the facility uses Universal Precautions in the handling of all specimens and the containers are recognizable as container specimens. This exemption applies only while the specimens remain in the facility.

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, and/or shipping of the specimen.

#### **F. Contaminated Equipment**

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined before servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

#### **G. Personal Protective Equipment**

All personal protective equipment used at the 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 employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used. The protective equipment necessary for the athletic training room primarily consists of latex gloves. These gloves will be stored on the main athletic training room island, in the first aid cabinet of the taping room, and in all athletic training kits used by the staff, graduate assistants and students, and in all individual fanny packs. These gloves will be available at all times and at no cost to the staff, graduate assistants, or students.

There is also other protective equipment made available to everyone at no cost to the staff, graduate assistants, and students. They are listed below.

##### Personal Protective Equipment

- |                        |                                      |
|------------------------|--------------------------------------|
| ◆ One-way Pocket Masks | ◆ Examination Gloves (vinyl & latex) |
| ◆ Protective eyewear   | ◆ Face Shield                        |

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. The employer at no cost to employees will make all repairs and replacements.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed before leaving the work area.

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. Gloves will be used for the following procedures:

- |                              |   |
|------------------------------|---|
| ◆ Applying bandages          | ◆ Cleaning spills of potentially infected materials |
| ◆ Applying wound closures    | ◆ Evaluating oral/dental injuries or conditions     |
| ◆ Draining blisters          | ◆ Applying direct pressure to open wounds           |
| ◆ Shaving calluses           | ◆ Handling/changing wound dressings                 |
| ◆ Cleaning open wounds       |   |
| ◆ Handling urine specimens   |   |
| ◆ Cleaning evaluation tables |   |

Disposable gloves used at the facility are not to be washed or decontaminated for reuse. They are to be replaced as soon as practical when they become contaminated or as soon as feasible when or if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse 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.

The facility will be cleaned and decontaminated daily when the training room is used by athletes. Decontamination will also take place after any blood or other potentially infectious material has been exposed in the athletic training room. Decontamination will be accomplished by using a 10% bleach and water solution available in the cabinet under each sink counter and in all athletic trainers' kits.

Any broken glassware that may be contaminated will not be picked up directly with the hands. Cardboard sheets should be used to corner and lift any broken pieces. All broken glass or material should be placed in a sharps container for disposal.

#### **H. Regulated Waste Disposal**

All contaminated sharps shall be discarded as soon as feasible in sharps containers located in the facility. Sharps containers are located in the areas listed above.

Regulated waste other than sharps shall be placed in appropriate containers with color-coded waste bags. Such containers are located in the Homer athletic training room, Pruitt Athletic Training Room, taping room, baseball field and softball field.

These containers are supervised by the designated person(s), and are disposed of by the Sumter County Health Department.

#### **I. Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags where it is used. This laundry will not be sorted or rinsed in the area of use. It will then be removed by the individual responsible for laundry using personal protective equipment, and washed separately in bleach.

All employees who handle contaminated laundry will use personal protective equipment to prevent contact with blood or other potentially infectious materials.

#### **J. HIV/HBV Exposure**

##### Post-Exposure Evaluation and Follow-Up

When an employee incurs an exposure incident, it should be reported to the Head or Assistant Athletic Trainer. All employees who incur an exposure will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

1. Written documentation of the route of exposure and the circumstances related to the incident as soon as feasible following the exposure. This is to be returned to the Head or Assistant Athletic Trainer
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested after consent is obtained for HIV/HBV infection.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infection of the source individual.
4. The employee will be offered the option of having their blood collected for testing of the employee's HIV/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. However, if the employee decides before that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
5. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee will be referred to appropriate counseling centers concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be alert for and to report any related experiences to appropriate personnel.
7. The Head Athletic Trainer will be designated to assure that the policy outlined above is effectively carried out as well as to maintain records related to this policy.

#### **K. Interaction with Health Care Professionals**

A written opinion shall be obtained from the health care professional that evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note: The written opinion to the employer is not to reference any personal medical information).

## **L. Training**

Training for all employees will be conducted before initial assignment to tasks where occupational exposure may occur. Training for employees will include an explanation of the following:

1. The OSHA Standard for Bloodborne Pathogens
2. Epidemiology and symptomatology of bloodborne disease
3. Modes of transmission of bloodborne pathogens
4. The exposure plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
5. Procedures that might cause exposure to blood or other potentially infectious material at this facility.
6. Control methods to be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility
8. Who should be contacted concerning exposure to blood or other potentially infectious materials.
9. Post-exposure evaluation and follow-up.
10. Signs and labels used at the facility.
11. Hepatitis B vaccine program at the facility.

## **M. Record Keeping**

All records required by the OSHA standard will be maintained by an employee appointed by the Head Athletic Trainer. All provisions required by the standard will be implemented by August 1, 2008. The athletic training staff will be responsible for conducting the training to the graduate assistants and athletic training students during preseason orientation. All employees will receive annual refresher training within one year of the employee's previous training. The OSHA Standard for Bloodborne Pathogens and the outline for the training material will be kept in the office of the Head Athletic Trainer and in the policies manual at the Athletic Training Room Desk by the main entrance.

## **N. Athletics Health Care Responsibilities**

The following information was taken from the 2008-2009 NCAA Sports Medicine Handbook, Nineteenth edition, July 2008, page 62-67.

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The bloodborne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact (heterosexual and homosexual), direct contact with infected blood or blood components, and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV or Hepatitis C.

The emphasis for the student-athlete and the athletics health-care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

### **Hepatitis B Virus (HBV)**

HBV is a blood-borne pathogen that can cause infection of the liver. Many of those infected will have no symptoms or a mild flu-like illness. One-third will have severe hepatitis, which will cause the death of one percent of that group. Approximately 300,000 cases of acute HBV infection occur in the United States every year, mostly in adults.

Five to 10 percent of acutely infected adults become chronically infected with the virus (HBV carriers). Currently in the United States there are approximately one million chronic carriers. Chronic complications of HBV infection include cirrhosis of the liver and liver cancer.

Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure. The incidence of HBV in student athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health

Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

### **HIV (AIDS Virus)**

The Acquired Immunodeficiency Syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop manifestations of HIV disease (i.e., AIDS). Some experts believe virtually all persons infected with HIV eventually will develop AIDS and that AIDS is uniformly fatal. In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately, 14 percent of all new HIV infections occur in persons aged between 12-24 years. The risk of infection is increased by having unprotected sexual intercourse, as well as the sharing of IV needles in any form. Like HBV, there is evidence that suggests that HIV has been transmitted in household-contact settings without sexual contact or IV needle sharing among those household contacts<sup>5,6</sup>. Similar to HBV, these rare instances probably occurred through unrecognized wound or mucous membrane exposure.

### **Comparison of HBV/HIV**

Hepatitis B is a much more “sturdy/durable” virus than HIV and is much more concentrated in blood. HBV has a much more likely transmission with exposure to infected blood; particularly parenteral (needle-stick) exposure, but also exposure to open wounds and mucous membranes. There has been one well-documented case of transmission of HBV in the athletics setting, among sumo wrestlers in Japan. There are no validated cases of HIV transmission in the athletics setting. The risk of transmission for either HBV or HIV on the field is considered minimal; however, most experts agree that the specific epidemiologic and biologic characteristics of the HBV virus make it a realistic concern for transmission in sports with sustained close physical contact, such as wrestling. HBV is considered to have a potentially higher risk of transmission than HIV.

### **Testing of Student-Athletes**

Routine mandatory testing of student-athletes for either HBV or HIV for participation purposes is not recommended. Individuals who desire voluntary testing based on personal reasons and risk factors, however, should be assisted in obtaining such services by appropriate campus or public-health officials.

Student-athletes who engage in high-risk behavior are encouraged to seek counseling and testing. Knowledge of one’s HBV and HIV infection is helpful for a variety of reasons, including the availability of potentially effective therapy for asymptomatic patients, as well as modification of behavior, which can prevent transmission of the virus to others. Appropriate counseling regarding exercise and sports participation also can be accomplished.

### **Participation by the Student-Athlete with Hepatitis B (HBV) Infection**

**Individual’s Health**—In general, acute HBV should be viewed just as other viral infections. Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier (acute or chronic) without evidence of organ impairment. Therefore, the simple presence of HBV infection does not mandate removal from play.

**Disease Transmission**—The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained close body contact. Within the NCAA, wrestling is the sport that best fits this description.

The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following recommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage). Student-athletes in such sports who develop chronic HBV infections (especially those who are e-antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

### **Participation of the Student-Athlete with HIV**

**Individual’s Health**—In general, the decision to allow an HIV positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual’s health status. If the student-athlete is asymptomatic and without evidence of deficiencies in immunologic function, then the presence of HIV infection in and of itself does not mandate removal from play.

The team physician must be knowledgeable in the issues surrounding the management of HIV infected student-athletes. HIV must be recognized as a potentially chronic disease, frequently affording the affected individual many years of excellent health and productive life during its natural history. During this period of preserved health, the team physician may be involved in a series of complex issues surrounding the advisability of continued exercise and athletics competition.

The decision to advise continued athletics competition should involve the student-athlete, the student-athlete's personal physician and the team physician. Variables to be considered in reaching the decision include the student-athlete's current state of health and the status of his/her HIV infection, the nature and intensity of his/her training, and potential contribution of stress from athletics competition to deterioration of his/her health status.

There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV infected individuals. What little data that exists on the effects of intense training on the HIV-infected individual demonstrates no evidence of health risk. However, there is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student-athlete.

**Disease Transmission**—Concerns of transmission in athletics revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV). There have been no validated reports of transmission of HIV in the athletics setting<sup>3,13</sup> Therefore, there is no recommended restriction of student-athletes merely because they are infected with HIV, although one court has upheld the exclusion of an HIV-positive athlete from the contact sport of karate.<sup>19</sup>

#### **Administrative Issues**

The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected student-athlete chooses to confide have a right to know about this aspect of the student-athletes medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student-athlete chooses to make the fact public.

#### **Athletics Health-Care Responsibilities**

The following recommendations are designed to further minimize risk of blood-borne pathogens and other potentially infectious organisms transmission in the context of athletics events and to provide treatment guidelines for caregivers.

In the past, these guidelines were referred to as "Universal (blood and body fluid) Precautions." Over time, the recognition of "Body Substance Isolation," or that infectious diseases may also be transmitted from moist body substances, has led to a blending of terms now referred to as "Standard Precautions." Standard precautions, applies to blood, body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood. These guidelines, originally developed for health-care, have additions or modifications relevant to athletics. They are divided into two sections; the care of the student-athlete, and cleaning and disinfection of environmental surfaces.

#### **Care of the Athlete:**

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid, and standard precautions.
2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include: Personal Protective Equipment (PPE) [minimal protection includes gloves; goggles, mask, fluid resistant gown if chance of splash or splatter]; antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled "sharps" container for disposal of needles, syringes, scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.
3. Pre-event preparation includes proper care for wounds, abrasions, or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.
4. The necessary equipment and/or supplies important for compliance with universal precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings and a container for appropriate disposal of needles, syringes or scalpels.
5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change their uniform before return to participation.

6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student-athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.
7. Personnel managing an acute blood exposure must follow the guidelines for universal precaution. Gloves and other PPE if necessary should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.
8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobials wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student athletes.
9. Any needles, syringes, or scalpels should be carefully disposed of in an appropriately labeled “sharps” container. Medical equipment, bandages, dressings, and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot-water at temperatures of 71°C (160°F) for 25 minutes cycles may be used.

**Care of Environmental Surfaces:**

1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.
2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include: Disposable gloves (PPE) [goggles, mask, fluid resistant gown if chance of splash or splatter]; supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol, properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:10 bleach/water ratio).
3. Put on disposable gloves.
4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)
5. Spray the surface with a properly diluted chemical germicide used according to manufacturer’s label recommendations for disinfection, and wipe clean. Place soiled towels in waste receptacle.
6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:10, and follow manufacturer’s label directions for disinfection; wipe clean. Place towels in waste receptacle.
7. Remove gloves and wash hands.
8. Dispose of waste according to facility protocol.

**Final Notes:**

10. All personnel responsible for caring for bleeding individuals should be encouraged to obtain a Hepatitis B (HBV) vaccination.
11. Latex allergies should be considered. Non-latex gloves may be used for treating student-athletes and the cleaning and disinfection of environmental surfaces.
12. Occupational Safety and Health Administration (OSHA) standards for Bloodborne Pathogens (Standard #29 CFR 1910.1030) and Hazard Communication (Standard #29 CFR 1910.1200) should be reviewed for further information. Member institutions should ensure that policies exist for orientation and education of all health-care workers on the prevention and transmission of blood-borne pathogens. Additionally, in 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to eliminating or minimizing occupational exposure to blood-borne pathogens. Many of the recommendations included in this guideline are part of the standard. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.

**The University of West Alabama  
Athletic Training Education 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 which helps 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 The University of West Alabama Athletic Training & Sports Medicine Center 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 “Health and Safety Policy of The University of West Alabama Athletic Training Education Program”, I have been given. I have read, understand, and will follow the “Health and Safety Policy of The University of West Alabama Athletic Training Education 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** \_\_\_\_\_

**The University of West Alabama  
Athletic Training Education Program  
Hepatitis B Vaccine Waiver Form**

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 The University of West Alabama's team physician, Dr. William Simpkins or the Marengo County Health Department (Demopolis, AL) at minimal cost to the athletic training student. Dr. Simpkins cost is \$260 and Marengo County Health Department \$5 to administer the vaccine and approximately \$60 for the prescription at The Drug Store in Livingston. The Sumter County Health Department will provide the vaccine and injection FREE if you are Nineteen Years of age or younger.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV). I wish to be vaccinated at this time at one of the above locations. Upon which time I will submit my record of vaccination to the Program Director of the UWA Athletic Training Educational Program.

---

Student Signature Date

I have been given the opportunity to be vaccinated. However, I decline the vaccine 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 the Hepatitis B vaccine, I can receive the vaccination series at the above expense through one of the above locations.

---

Student Signature Date

---

Student Signature Date

I have initiated my Hepatitis B vaccination and will be completing it within the next 6 months. Upon which time I will submit my record of vaccination to the Program Director of the UWA Athletic Training Educational Program.

---

Student Signature Date

---

Current Number of Injections Taken

I have already received my complete Hepatitis B vaccination and will submit my record of vaccination to the Program Director of the UWA Athletic Training Educational Program.

---

Student Signature Date

## COMMUNICABLE DISEASE POLICY

The purpose of the University of West Alabama Athletic Training Education Program Communicable Disease Policy is to protect the health and safety of all parties. The purpose of this policy is to ensure the welfare of the students enrolled within this program as well as those patients you may come in contact with during your clinical experiences. It is designed to provide Athletic Training Students, Clinical Instructors (CI), Approved Clinical Instructors (ACI), and athletic training faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers ([www.cdc.gov](http://www.cdc.gov)).

### What are Communicable Diseases?

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects).

### Communicable Diseases Cited by the CDC:

- Bloodborne Pathogens
- Conjunctivitis
- Cytomegalovirus infections
- Diarrheal diseases
- Diphtheria
- Enteroviral infections
- Hepatitis viruses
- Herpes simplex
- Human immunodeficiency virus (HIV)
- Measles
- Meningococcal infections
- Mumps
- Pediculosis
- Pertussis
- Rubella
- Scabies
- Streptococcal infection
- Tuberculosis
- Varicella
- Zoster
- Viral respiratory infections

### Guidelines for Prevention of Exposure and Infection

1. Students must successfully complete annual Bloodborne pathogens training prior to initiating formal clinical experiences.
2. Students are required to use proper hand washing techniques and practice good hygiene at all times.
3. Students are required to use Universal Precautions at all times. This applies to all clinical sites.
4. Patient care should not be performed when the athletic training student has active signs or symptoms of a communicable disease.

### Guidelines for Managing Potential Infection

1. Any student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her supervising clinical instructor immediately and to Mr. Andy Grubbs ATC, Clinical Coordinator.
2. Any student, who demonstrates signs or symptoms of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease **immediately** to his/her supervising clinical instructor.
3. The student is responsible for keeping the Clinical Coordinator informed of his/her conditions that require extended care and/or missed class/clinical time. The student may be required to provide written documentation from a physician to return to class and/or clinical site.
4. If a student feels ill enough to miss ANY class or clinical experience that student should notify the appropriate instructor or supervising CI **immediately**. Any absence must be supported with written documentation from a physician.

**By signing below, you indicate you understand and will abide by the University of West Alabama Athletic Training Education Program Communicable Disease Policy. Any breach of the Communicable Disease Policy will result in disciplinary action outlined in the UWA Policy and Procedure Manual for Athletic Trainers and as determined by the Athletic Training Curriculum Selection Committee.**

\_\_\_\_\_  
Athletic Training Student Name (Print)

\_\_\_\_\_  
Athletic Training Student Signature

\_\_\_\_\_  
Date

**CONFIDENTIALITY STATEMENT**  
for  
**ATHLETIC TRAINING STUDENTS**

I, \_\_\_\_\_, understand that information in the  
Please Print Full Name  
offices of the Athletic Training Room and the Athletic Department of The University of West Alabama is confidential and may not be divulged to anyone except the person who owns the information, those faculty, staff, or administrators who have need to know and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Act of 1974, as amended (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). If I release confidential information or discuss confidential information outside of the office, I understand that I will be immediately discharged from the Athletic Training Education Program.

I have read the above statement and agree to maintain the confidentiality of all information that I have access to through this office.

\_\_\_\_\_  
Athletic Training Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## EMERGENCY PROCEDURES

### UWA Key Medical Personnel & Emergency Contacts

Name	Title	Work Phone	Home Phone
E. J. Brophy	Director of Athletics	(205) 652-3785	(205) 499-9998
Janet Montgomery	Associate Athletic Director	(205) 652-3630	(205) 499-8242
R. T. Floyd, EdD, ATC	Director of Athletic Training & Sports Medicine	(205) 652-3714	(205) 652-6185 (205) 499-8670
Brad Montgomery, MAT, ATC	Head Athletic Trainer	(205) 652-3696	(205) 499-1756
Andy Grubbs, MEd, ATC	Associate Athletic Trainer	(205) 652-3452	(205) 499-6631
Shanna Grubbs, MAT, ATC	Assistant Athletic Trainer	(205) 652-3872	(205) 499-6576
Kyle Sampsell, MAT, ATC	Assistant Athletic Trainer	(205) 652-3455	(205) 499-1584
Athletic Training Graduate Assistants' Office	Graduate Assistants Athletic Trainers	(205) 652-3451	Whitney Smith (321) 591-8269 Michael Shields (770) 880-1888 Thomasina Engle (586) 557-4409 Retta Riley (731) 514-9094
William R. Simpkins, M.D	Team Family Practice Physician	(205) 652-2686	(205) 652-2208
James R. Andrews, M.D.	Team Orthopaedist	(205) 939-3699	(205) 871-2628 car phone (205) 936-8203
Lyle Cain, M.D.	Medical Director, Team Orthopaedist	(205) 939-3699	(205) 568-4133
Matt Busbee, M.D.	Orthopaedic Fellow	(205) 939-3699	
Jacel Brooks, M.D.	Family Practice/Sports Medicine Fellow	(205) 939-3699	
Other numbers to contact team physicians in Birmingham	Andrews Sports Medicine & Orthopaedic Center	(205) 939-3699	Surgery viewing room (205) 939-2165
Darrell Hoggle, DMD	Team Dentist	(205) 652-7114	(205) 652-2269
Ambulance Service	City of Livingston Ambulance Service	911	(205) 652-9777
Police Department	City of Livingston Police Department	911	(205) 652-9525
Campus Police	UWA Campus Police	(205) 652-3682	
Local Hospital	Hill Hospital, York, AL	(205) 392-5263	
Kyle Lewis	Sports Information Director	(205) 652-3596	
Tony Schmidt	Assistant SID	(205) 652-3596	
Seale Broughton	Football/Athletic Training Secretary & Insurance Claims	(205) 652-3483	(205) 233-0437
Penny Dew	Special Assistant to the Athletic Director	(205) 652-3784	(205) 609-2952
	Homer Field House Athletic Training Room	(205) 652-3450 (205) 652-3877	1-800-621-7742 in state 1-800-621-8044 out of state
	Pruitt Hall Athletic Training Room	(205) 652-3455 (205) 652-3403	1-800-621-7742 in state 1-800-621-8044 out of state
Football Practice Field	Call UWA Physical Plant	(205) 652-3601	
Baseball Complex	Tartt Baseball Field	(205) 652-2579	
Softball Complex	UWA Softball Complex		
Rodeo Complex	Don C. Hines Rodeo Complex	(205) 652-4100	
Fax Numbers	Athletics, Sports Information, & Athletic Director	(205) 652-3600	
Fax Number	Athletic Training & Football	(205) 652-3799	

## **Athletes to the Hospital**

Athletes that need immediate attention by the hospital or the team physician should be transported to Hill Hospital in York, Alabama. Upon arrival the attending athletic trainer should notify the nurse on duty of the problem. The nurse will then contact the team physician and/or the x-ray technician. The attending athletic trainer should make himself/herself available to talk with the physician if necessary unless he is needed to help care for the athlete. The attending athletic trainer should keep in mind that he is not finished with his/her job because he/she has delivered the athlete to the hospital. **DO NOT** leave the athlete until the hospital staff and physicians are in control of the situation and you have been relieved. The attending athletic trainer is responsible for the athlete's equipment and clothing. He or she should bring the equipment and clothing, back to the university and place it in the athlete's locker and then deliver the personal clothes to the athlete. The attending athletic trainer is to report to their supervising athletic trainer, as soon as he or she is no longer needed at the hospital.

## **Road Trip Emergency Medical Procedure**

Whenever traveling with a university athletic team and an athlete requires hospitalization or a physician's attention, you should always adhere to the following procedure.

- If at all possible, wait until you reach Livingston before seeking medical attention. However, the athlete's health and well being is most important. If you are in doubt, quickly seek the closest medical attention. Always err on the side of good judgment.
- If you are near the opponent's hometown, always seek help from the opponent's athletic trainer and team physician, if possible.
- Always introduce yourself to the opponent's athletic trainer and/or team physician before the athletic contest begins. If an emergency arises, they will already be familiar with you.
- Always offer your services to an injured opponent, even if you are at his home facility. In certain situations you may be the most knowledgeable in the area of sports medicine if the opponent does not have an athletic trainer or physician present. Never force yourself or your services on an injured opponent; leave the decision to them and their coach.
- Always carry insurance and medical history information on your athletes in your kit.
- Whenever our athletes need medical attention out of town, first file all bills to his/her insurance, then any subsequent bills should be charged to the athlete at his/her home address. Copies should be sent to the head athletic trainer at the university's address (UWA, Station #14, Livingston, AL 35470).
- Contact the head athletic trainer as soon as possible if the injury is serious. The head athletic trainer may then contact the athlete's parents and/or spouse.
- Attending athletic trainers may stay with the injured athlete at the hospital if necessary. This should not be done unless there are other university athletic trainers to cover potential injuries of the remaining team members. There is always the possibility of a more serious injury to another team member.
- If the head or other staff athletic trainers cannot be reached by telephone, then the student athletic trainer should leave his/her number with the University Campus Police and have them locate a staff athletic trainer as soon as possible.
- Only medical treatment that is absolutely necessary should be administered by non-university medical personnel; if possible, all secondary medical treatment should be handled by the university medical staff.

## **Emergency Procedure at Home Competitions or Practices**

The highest ranking athletic trainer stays with the injured athlete until transportation is complete or the situation is turned over to EMT's and/or team physician(s). This procedure applies to potential serious head injuries, potential spinal cord injury, vertebral fractures and dislocations, heat stroke victims, cardiac patients, any unconscious athlete, any athlete with convulsions, or any serious unstable condition. It is the responsibility of the other athletic trainers to quickly find out as much as possible about the involved athlete and his condition before departing with the athlete to the medical facility. This is important, as he/she will need to relate this information to other medical personnel. Each and every UWA athletic trainer should make themselves aware of the surroundings in relation to emergencies upon arrival at every practice to look for potential injury situations that can be prevented. Each UWA athletic trainer has a responsibility if an emergency arises. Once it is determined that the EMS system must be activated, attempt to help by doing one of the following things:

1. **The athletic trainer should always try to remain calm in any crisis; also as the athletic trainer approaches the injured athlete he/she should quickly examine the scene and secure it before trying to help the athlete.**
2. With the scene secure the athletic trainer should try to talk to the athlete. If the athlete is unresponsive then the athletic trainer should assume that the athlete has at least a head or spinal injuries and secure the c-spine. If other athletic trainers are present the athletic trainer with the most seniority will aid in the evaluation, also another athletic trainer will go and activate the local EMS unit only at the request of the senior athletic trainer (on the scene).

3. The athletic trainer holding the c-spine should be able to check or conduct a primary survey checking the airway, breathing, and circulation. The other athletic trainer(s) should start gathering information about the injury from other players or witnesses.
4. If the athlete is conscious and coherent the assisting athletic trainer should question the athlete about his/her injury, i.e., what happened or what were you doing when, etc. The assisting athletic trainer should do a secondary survey while the athlete is talking.
5. If possible find if the athlete has any predisposing factors, i.e., diabetes, previous heat problems, etc. Also, if the injury is not head or spinal cord related the athletic trainer holding the c-spine may release it only after permission from the most senior athletic trainer on site.
6. The athletic trainer should always be aware of the possibility of the athlete going into shock at any time after an injury no matter how minor the injury may appear, and the athletic trainer must be prepared to manage it. The athlete should not be moved under most circumstances with the exception of heat illness.
7. The athletic trainers evaluating and attending to the athlete should stay with the athlete and wait for the ambulance to arrive and transport the athlete. Another athletic trainer should go to the entrance of the practice area and wait for the ambulance to arrive and direct them to the scene. When the ambulance arrives, one of the athletic trainers will relay all information including vital signs, evaluation results, and any special problems to the EMT's. Another athletic trainer should get the insurance and medical history information of the athlete. The athlete's insurance information is to be taken to the hospital by the athletic trainer riding with the athlete on the ambulance.
8. One athletic trainer is to ride in the ambulance with the athlete to the health care facility. Another will get the state vehicle and follow the ambulance to the hospital.
9. Always have someone contact the head athletic trainer or one of the senior athletic trainers immediately if they are not on site.
10. Never leave the scene unless another athletic trainer is on site to monitor the remaining athletes as the practice or game continues.
11. If it is a visiting team, assist the attending visiting athletic trainer however they deem appropriate without breaking the above actions.

#### **Volleyball, Men's and Women's Basketball Emergency Procedures (Pruitt Hall)**

1. The athletic trainer(s) should evaluate the injured athlete. If there is an emergency then one of the athletic trainers should go to the Pruitt Hall Athletic Training Room or use an onsite cellular phone and call the local EMT's and give them the emergency information. They should also call the head athletic trainer or one of the senior athletic trainers and inform them of the situation.
2. While one athletic trainer is calling for help, the other attending athletic trainer should be doing a primary survey. If the injury is not believed to be a head or spinal injury, then the attending athletic trainer should perform a secondary survey. The athletic trainer who called 911 should report back to the attending athletic trainer and then go outside and wait for the ambulance and EMT's to arrive.
3. Any other athletic trainer in attendance should stay around the scene, identify themselves and offer assistance. The attending athletic trainer(s) should always be prepared to treat them for shock at any time after the injury and should know the best way to manage it. At any time after the head athletic trainer and/or senior athletic trainer(s) arrive at the scene the attending athletic trainer should be willing to turn the athlete over to them with all of the information collected thus far.
4. When the ambulance arrives at the gymnasium the athletic trainer waiting on them will lead them, via the established EMS route, to the injured athlete and help them in any way possible. When the EMT's arrive at the scene the attending student athletic trainer should give them the vital signs and all of the background information about the athlete. Also, a copy of the athlete's insurance form and emergency information should be provided and be prepared to leave with the athlete in the ambulance.

#### **Baseball Emergency Procedures (Tartt Field)**

1. When an injury occurs, the athletic trainers should go on to the field to evaluate the injured athlete. If the injury is life threatening, one of the athletic trainers should go to the press box, coach's office in the first base field house or use an onsite cellular phone and activate the local EMS service and inform them of the emergency. Also, call the head athletic trainer or one of the senior staff athletic trainers and tell them of the injury. He/she should then report back to the attending athletic trainer.
2. While one athletic trainer is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After the non-attending athletic trainer enacts the EMS system and has reported to the attending athletic trainer, he/she should help the attending athletic trainer do a primary survey and/or a secondary survey on the athlete. When that is

complete the non-attending student athletic trainer should go and make sure that the ambulance has easy access to the field and that all necessary gates are open via the established EMS route.

3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave one of the athletic trainers should have a copy of the athlete's insurance and brief medical outline and leave with the athlete to go to the hospital.

#### **Softball Emergency Procedures (UWA Softball Complex)**

1. When an injury occurs, the athletic trainers should go on to the field to evaluate the injured athlete. If the injury is life threatening one of the athletic trainers should use the nearest phone (cellular phone, The UWA Student Union Building, or the UWA Physical Plant) to activate the local EMS service and inform them of the emergency. Also, call the head athletic trainer or one of the senior staff athletic trainers and tell them of the injury. He/she should then report back to the attending athletic trainer.
2. While one athletic trainer is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After the non-attending athletic trainer enacts the EMS system and has reported to the attending athletic trainer, he/she should help the attending athletic trainer do a primary survey and/or a secondary survey on the athlete. When that is complete the non-attending student athletic trainer should go and make sure that the ambulance has easy access to the field and that all necessary gates are open via the established EMS route.
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave one of the athletic trainers should have a copy of the athlete's insurance and brief medical outline and leave with the athlete to go to the hospital.

#### **Football Emergency Procedures (Tiger Stadium)**

1. When a football player is injured on the playing field the head athletic trainer, assistant athletic trainer, or director of sports medicine, and the student athletic trainer on primary field watch go to the athlete to evaluate the problem. If the athlete is unconscious when they arrive the closest person to the head of the athlete should hold cervical stabilization, while one of the other athletic trainers performs a primary survey. On the sidelines, the athletic trainer with secondary injury management should be able to see one of the attending athletic trainers and watch for the signals for the emergency equipment. The signals for the c-collar and spine board are as follows: for the c-collar both hands clasped around the neck and for the spine board take both hands with thumbs extended and point to the spine with them. Also, the athletic trainers should take the face mask removal tool out of the white trunk when they get the c-collar, to cut off the face mask, if necessary.
2. If the one of the staff athletic trainers believe the injury to be life threatening or a serious head injury then they should send for the emergency equipment and the team physician. One of the athletic trainers should then proceed to the ambulance and direct them in to the scene (or go into Homer Field House or use cellular phone and enact the EMS from one of the phones if the ambulance happens to not be on the scene).
3. While that is going on, the athletic trainer with emergency transportation should get the insurance and emergency information from the field kit to take with them on the ambulance. The team physician should be with the injured athlete by this time and should be doing a diagnostic examination. Another athletic trainer will get the state vehicle and follow the ambulance to the health care facility and report by phone any outcome to the senior staff athletic trainers. Make sure all equipment is gathered and returned when you return from the health care facility.

#### **Football Emergency Procedures (Practice Field)**

1. When an athlete is injured the athletic trainer closest to the athlete should carefully approach the athlete and secure the scene before trying to help the athlete.
2. The first athletic trainer at the scene must establish the level of consciousness of the athlete. If the athlete appears dazed or unconscious the athletic trainer must assume the athlete has a spinal injury and should stabilize the cervical spine. After this is done that athletic trainer should do a quick primary survey checking the airway, breathing, and circulation. When a senior staff athletic trainer arrives at the scene the athletic trainer holding c-spine should give all the information found so far to him/her. The senior staff athletic trainer should make the decision to call the ambulance. One athletic trainer will go to the UWA physical plant and call 911 (or use on-site cellular phone).

Another will clear a pathway from the gate to the scene, via the established EMS route. Another will get all emergency equipment needed and bring it to the scene.

3. The senior staff athletic trainer should do a secondary survey and check the vital signs of the injured athlete. The athletic trainer should also be aware that the athlete may go into shock at any time after the injury, so he/she must be looking for any sign of shock while evaluating the athlete and be prepared to manage it.
4. When the ambulance arrives at the field the senior staff athletic trainer should give the EMT's all information about the athlete including vital signs, level of consciousness, and mechanism of injury. One athletic trainer should have the athlete's insurance and emergency information ready and he/she should be ready to leave with the athlete to go to the hospital. Another athletic trainer will get the state vehicle and follow the ambulance to the health care facility. Make sure all equipment is gathered and returned when you return from the health care facility.

#### **Rodeo Emergency Procedure (UWA Rodeo Complex)**

1. When an injury occurs, both athletic trainers should go in to the arena to evaluate the injured athlete (**make sure the scene is safe to enter; animals**). If the injury is life threatening one of the athletic trainers should go to the phone located in the coach's trailer or Rodeo Barn (or onsite cellular phone) and activate the local EMS service and inform them of the emergency. Also, call the head athletic trainer or one of the senior staff athletic trainers and tell them of the injury. He/she should then report back to the attending athletic trainer.
2. While the non-attending athletic trainer is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or in the case of a head or spinal injury hold c-spine and wait. After the non-attending athletic trainer enacts the EMS system and has reported to the attending athletic trainer, he/she should help the attending athletic trainer do a primary survey and/or a secondary survey on the athlete. When that is complete, one of the athletic trainers should go and make sure that the ambulance has easy access to the arena and that all necessary gates are open via the established EMS route.
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave one of the attending athletic trainers should have a copy of the athlete's insurance and brief medical outline and leave with the athlete to go to the hospital.

#### **Cross Country Emergency Procedure (Anywhere on campus)**

1. When an injury occurs, the attending athletic trainer should approach the athlete to evaluate the injury. If the injury is life threatening the athletic trainer or student should have either the coach or another teammate go to the nearest phone (**undetermined at this time, due to daily changes in practice areas**) or use an onsite cellular phone and activate the local EMS service and inform them of the emergency. Also, call the campus police and have them inform the head athletic trainer or one of the senior staff athletic trainers of the injury. He/she should then report back to the attending athletic trainer.
2. While someone is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After enacting the EMS system and reporting to the attending athletic trainer, he/she should be instructed to help the attending athletic trainer by going and clearing a path to the injured athlete and directing EMS personnel to the scene. (**There cannot be an established EMS route due to practice not restricted to one location**)
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave the athletic trainer should have a copy of the athlete's insurance and brief medical outline to leave with the EMT's. The attending athletic trainer should make sure they find out where the athlete is being taken. Once the ambulance has left, the attending student should relay the information to one of the senior staff athletic trainers.

#### **Tennis Emergency Procedure (Howard R. Vaughan Tennis Complex)**

1. When an injury occurs, the athletic trainers should go on to the court to evaluate the injured athlete. If the injury is life threatening, one of the athletic trainers should use an onsite cellular phone or the telephone located in the UWA Student Union Building at the Fitness and Wellness desk to activate the local EMS service and inform them of the emergency. Also, call the head athletic trainer or one of the senior staff athletic trainers and tell them of the injury. He/she should then report back to the attending athletic trainer.

2. While one athletic trainer is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After the non-attending athletic trainer enacts the EMS system and has reported to the attending athletic trainer, he/she should help the attending athletic trainer do a primary survey and/or a secondary survey on the athlete. When that is complete the non-attending student athletic trainer should go and make sure that the ambulance has easy access to the court and that all necessary gates are open via the established EMS route.
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the courts and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave one of the athletic trainers should have a copy of the athlete's insurance and brief medical outline and leave with the athlete to go to the hospital. The attending should make sure they find out where the athlete is being taken by EMS.

#### **Cheerleading Emergency Procedure (Anywhere on campus)**

1. When an injury occurs, the student athletic trainer should approach the athlete to evaluate the injury. If the injury is life threatening the athletic trainer or student should have either the coach or another teammate go to the nearest phone (**undetermined at this time, due to daily changes in practice areas**) or use an onsite cellular phone and activate the local EMS service and inform them of the emergency. Also, call the campus police and have them inform the head athletic trainer or one of the senior staff athletic trainers of the injury. He/she should then report back to the attending athletic trainer.
2. While someone is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After enacting the EMS system and reporting to the attending athletic trainer, he/she should be instructed to help the attending athletic trainer by going and clearing a path to the injured athlete and directing EMS personnel to the scene. (**There cannot be an established EMS route due to practice not restricted to one location**)
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave the athletic trainer should have a copy of the athlete's insurance and brief medical outline to leave with the EMT's. The attending athletic trainer should make sure they find out where the athlete is being taken. Once the ambulance has left, the attending student should relay the information to one of the senior staff athletic trainers.

#### **EMERGENCY PLAN RELATED INFORMATION**

**Weather events:** In the case of inclement weather, the attending athletic trainer will recommend to the head coach that practice or competition be terminated (the ultimate decision will be with the attending athletic trainer). Decisions will be based on NCAA recommendations concerning threatening weather. All personnel will immediately seek shelter at designated areas, (football practice-Moon Hall loading dock, football game-Homer Field House locker room, baseball-dugout or locker room, softball-dugout or locker room, rodeo-barn, cross country-nearest safe shelter to the area they are running at, tennis-UWA Student Union Building). Of note, once a game or competition has begun, the umpire or official holds the responsibility of game termination. The athletic director has the authority to override the official's decision in the case of inclement weather. Also, all issued weather warnings will be heeded by all of UWA's athletic teams. The University's Campus Police are to go to each venue and warn them of any impending thunderstorm or tornado warnings. Refer to the Lightning Safety Policy.

#### **Location of all phones**

Phones for emergency actions are available for the following sports at the following locations in the event that an onsite cellular phone is not accessible:

1. **If a cellular phone is available it can be used at any location on campus to enact the EMS by dialing 911**
2. **Tiger Football stadium:** access to a phone is located within James P. Homer field house on either the first or second floors: in the taping room (#116), equipment room (#113), secretary's office (#221), and the athletic training room (#216).
3. **Football practice field:** access to a phone at the practice field is located across the street in Moon Hall (physical plant). After regular hours you must enter the left hand, side door to reach a phone in the first office to the right.

4. **Pruitt Hall Gymnasium:** phone access in Pruitt Hall is located in Room #28 (basketball office) or #32 (athletic training room).
5. **Don C. Hines Rodeo Complex:** Phone access is located in the barn office, which the first door to the right past the main entrance to the barn. Additionally, there is a phone located within the rodeo coach's trailer.
6. **UWA Softball Complex:** At this time there is **no** phone access at the site. The nearest location is to send someone to call at the Student Union Building to use the phone, upstairs by the main entrance.
7. **Tartt Baseball Field:** Phone access is located in the Baseball Press Box, behind home plate or in the coaches' offices, 2<sup>nd</sup> floor above the 1<sup>st</sup> base dugout.
8. **Howard R. Vaughan Tennis Complex:** Phone access is located in the UWA Student Union building. The nearest phone is located just inside the side entrance, bottom floor, at the Fitness and Wellness desk.
9. **UWA Cross Country Clubhouse:** There is no phone located in the cross country coach's office. The nearest available land line is located at Tartt Baseball Field (see above #6) or at the Lake LU manager's office.

## UNIVERSITY OF WEST ALABAMA ATHLETIC DEPARTMENT Lightning Safety Policy

Lightning is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The Athletic Training staff has developed a lightning safety policy to minimize the risk of injury from a lightning strike to University of West Alabama athletes, coaches, support staff and fans. To monitor lightning the Athletic Training staff will utilize both the Flash-to-Bang Method and a StormHawk weather radar. Our policy is in accordance with the *2008-2009 NCAA Sports Medicine Handbook* regarding lightning safety.

**GENERAL POLICY:** A member of the Athletic Training Staff (certified or student staff) will monitor the weather and make the decision to notify the head coach or officials of dangerous situations and recommend the suspension of activity in the event of lightning. Exceptions will be made for any activity where an Athletic Training staff member is not in attendance, whereby the supervising coach will have the ability to suspend activity. The decision to suspend activity will be based on:

- ◆ Two subsequent readings on the StormHawk weather radar in the 8-20 mile range regardless of the presence of visible lightning. (This device is portable and will be in the possession of the athletic training staff member or supervising coach.) and/or
- ◆ Utilization of the **Flash-to-Bang Method** (Count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away, in miles, the lightning is occurring.) *2008-2009 NCAA Sports Medicine Handbook*. If it reveals lightning to be within 6 miles (a 30 second count between the flash of lightning and the bang of thunder) activity is to be suspended and everyone should seek shelter immediately.

**PRIOR TO COMPETITION:** A member of the Athletic Training staff and/or Athletic Director will greet the officials, explain that we have a means to monitor the lightning, and offer to notify the officials during the game if there is imminent danger from the lightning. The Athletic Director and game officials will then decide whether to discontinue play.

**ANNOUNCEMENT OF SUSPENSION OF ACTIVITY:** Once it is determined that there is danger of a lightning strike, the Athletic Training staff member will notify the head coach and/or official and subsequently immediately remove all athletes, coaches, and support staff from the playing field or practice area/facility.

**EVACUATION OF THE PLAYING FIELD:** Immediately following the announcement of suspension of activity all athletes, coaches, officials and support personnel are to evacuate to the nearest enclosed grounded structure.

**OUTDOOR INSTRUCTIONS:** If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees, a dry ditch without water, or seek a flat area (do not choose an open area where you will be the highest object). When there, crouch down wrapping your arms around your knees and lower your head to minimize contact with the ground and wait for the storm to pass. (*2008-2009 NCAA Sports Medicine Handbook*)

**REMEMBER:** an automobile, golf cart, or open shelter are not ideal shelters, but will offer you some protection from a lightning strike. Do not touch any metal structures directly after a lightning strike.

### At UWA

- Football Practice: Evacuate to the loading dock of Moon Hall (Physical Plant)
- Football Game: Evacuate to the locker room in Homer Field House
- Softball Game or Practice: Evacuate to the dugouts (both teams)
- Baseball Game or Practice: Evacuate to the dugouts (both teams)
- Cross Country Race or Practice: Nearest suitable structure. (see above for outdoor instructions)

- Rodeo: Evacuate to the barn or nearest suitable structure (see above for outdoor instructions)
- Tennis: Evacuate to the UWA Student Union Building (both teams)

**Away Events:** All UWA athletic teams participating outdoors will travel with the StormHawk weather radar. A member of the Athletic Training staff will notify the host Athletic Training staff member and game officials before competition and explain that we have a means to monitor the lightning. We will offer to notify the officials during the game if there is imminent danger from the lightning. The UWA Athletic Training staff reserves the right to discontinue playing, in the event the game officials have not suspended play with the knowledge of inclement weather.

**EVACUATION OF THE STANDS:** During a competition, once the decision to suspend activity has been made, a representative of the athletic department will announce via the PA system:

1. Fans are advised to immediately seek shelter in the nearest enclosed, grounded shelter. (Football-Pruitt Hall, Armory, or vehicles, Softball-Student Union Building or vehicles, Baseball-vehicles, Rodeo-Barn or vehicles)
2. **REMEMBER:** an automobile, golf cart, or open-sided shelter may not protect you from a lightning strike so these are not adequate shelters.

**RESUMPTION OF ACTIVITY:** During practice, activity may resume under the following conditions. This decision will be based on:

- ◆ Thirty minutes AFTER the last lightning strike within an 8-20 mile range on the StormHawk weather radar.
- ◆ Thirty minutes AFTER the last lightning strike within a 6-mile range using the Flash-To-Bang method. During a game situation the activity will resume once the Athletic Director, Athletic Training staff member and officials have conferred and the above criteria have been met.

**OTHER LIGHTNING SAFETY TIPS:** (2008-2009 NCAA Sports Medicine Handbook)

1. There should be no contact with metal objects (bleachers, fences, golf clubs, bats)
2. Avoid single or tall trees, tall objects and standing in a group.
3. If there is no other shelter you may seek refuge in a hardtop vehicle. It is not the rubber tires that protect from lightning; it is the hard top metal roof that dissipates the lightning around the vehicle. Roll up the windows. Do not touch the sides of the vehicle
4. The existence of blue skies and/or absence of rain are not protection from lightning. Lightning can strike 10 miles from the rain shaft.
5. **DO NOT LIE FLAT ON THE GROUND**
6. Avoid using a land line telephone. Cell phones are a safe alternative if in a safe structure.
7. Avoid standing water and open fields
8. If in a forest, seek shelter in a low area under a thick grove of small trees.
9. **If you feel your skin tingling immediately crouch and grab your legs and tuck your head as described above to minimize your body's surface area.**
10. Persons who have been struck by lightning do not carry an electrical charge. Therefore, enact the EMS system and provide emergency care. CPR with an AED is what is most often required. If possible, move the victim to a safe location.
11. For additional information refer to the National Lightning Safety Institute at [www.lightningsafety.com](http://www.lightningsafety.com)

**DIRECTIONS FOR USING THE STORMHAWK RADAR & LIGHTNING DETECTOR.**

1. Prior to practice or competition, monitor weather forecast via the Internet or by calling local agencies for up to date information.
2. Check for any National Weather Service-issued thunderstorm "watches" and "warnings".
3. Monitor the weather for the following: sudden decrease in temperature, increase in air movement, sudden increase in humidity, visible dark clouds (though these do not have to be present for a lightning strike to occur)
4. Communicate with officials and/or head coach prior to activity about potential for bad weather and our monitoring system.
5. Locate the Stormhawk Lightning/Storm Detector in an area removed from other electronic devices or machinery, which could cause a false triggering.
6. Turn the unit on, by depressing the on/off switch
7. Allow the unit to perform a self-check and make sure all programs are running correctly.
8. Use the start icon to locate the Stormhawk icon and enact it.
9. Allow the program to load and set the range of detection to 50 miles.
10. Watch for incoming weather, severe weather warnings and lightning will be noted on the screen.
11. When lightning is within 20 miles, the game officials should be notified, if it is a game the tarp should be placed at that time.
12. Activity will be suspended when:

- A. The Stormhawk registers 2 consecutive lightning strokes within the 20 mile range
  - B. The Flash/Bang Method reveals lightning within a 6 mile range (30 second or less count between the flash of lightning and the bang of thunder)
13. Once you have determined that there is imminent danger of a lightning strike, communicate to the head coach and/or head official.
  14. Evacuate the field and stands to an enclosed-grounded building. REMEMBER, a golf cart, automobile, or open shelter does not provide protection from a lightning strike. If there is no available shelter IE, cross-country, each individual should see an area that is flat and in the open. Crouch down wrapping your arms around your knees and remain in that position until the danger of lightning has passed.
  15. Activity may be resumed only IF the danger of a lightning strike is no longer present and no lightning strikes have occurred within the 20 mile range in 30 minutes. This decision to resume activity is to be made by a member of the Athletic Training Staff, Athletic Director, or Head Official.

**FLASH-to-BANG Lightning Detection Method**

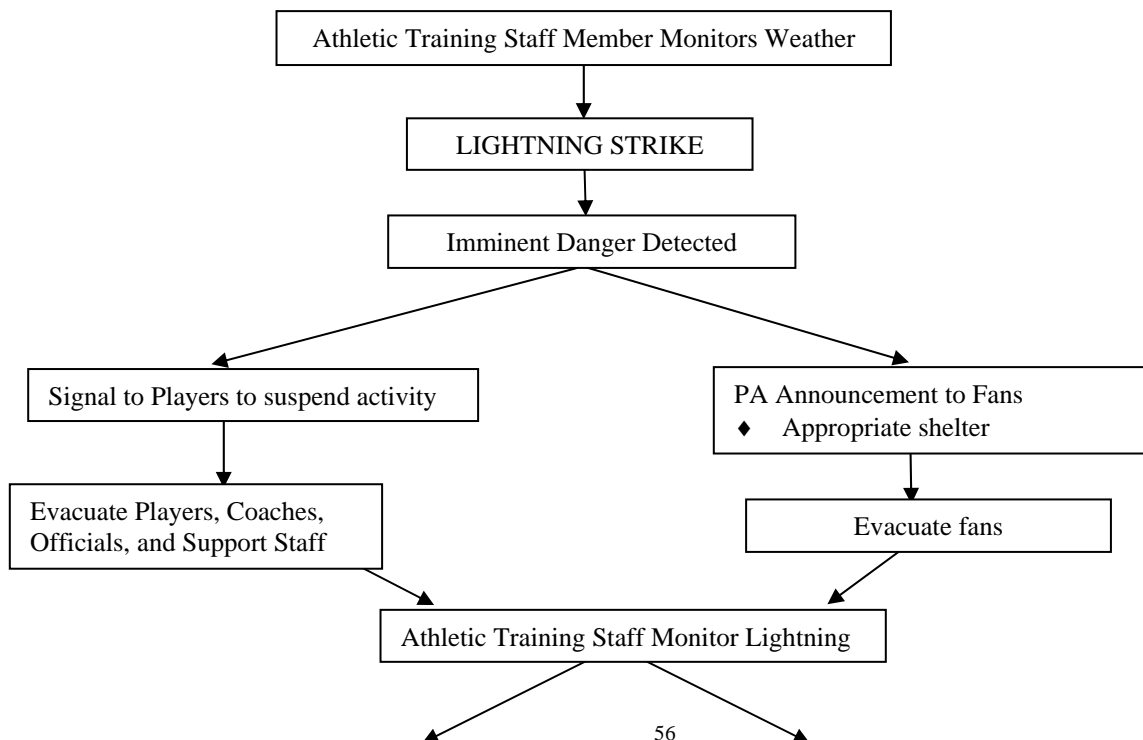
This method of lightning detection should be used in conjunction with the StormHawk.

1. Prior to practice or competition, monitor weather forecast to include calling local agencies for up to date information.
2. Watch for the flash of lightning.
3. Begin to count (one one thousand, two one thousand . . . .)
4. Stop counting when you hear the bang of thunder.
5. Take this number and divide by 5. This will give you an approximation of how far away the lightning is (5 seconds = 1 mile). EXAMPLE: You see a flash of lightning and you begin to count. You reach 45 before you hear the bang of thunder.  $45 \div 5 = 9$ . The lightning would be approximately 9 miles away. Using this method you would suspend activity with lightning at or within 6 miles.
6. Activity is resumed with the permission of a member of the Athletic Training Staff 30 minutes after the last lightning detected at or within 6 miles.

**SCRIPT FOR CONVERSATION WITH OFFICIAL**

Hello, my name is \_\_\_\_\_. I am a member of the University of West Alabama Athletic Training Staff. I would like to speak with you regarding our lightning safety procedures. On site we have a lightning detector which I will use to monitor lightning. In accordance to NCAA recommendations, lightning detected within 8-20 miles is considered to pose an imminent threat. Per UWA's lightning safety policy, when the lightning detector reveals 2 consecutive strikes within the 8-20 mile range OR the flash/bang method reveals lightning less than 6 miles we strongly recommend suspending activity until the danger of a lightning strike has passed. We have a communication system to inform all participants and any fans.

**Chain of Action for Lightning Emergencies**



If Safe, Resume Activity

If danger remains, cancel activity

Lightning Detection Procedures for Athletes during Non Supervised Activities

Examples: athletes using facilities in the off season, or outside of regular practice hours

Lightning is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The safest measure to take is to proceed indoors whenever you see thunderclouds forming and remain until the storm passes. Just because you can not see lightning does not mean you are not at risk if you are outdoors. Other warning signs of impending bad weather include: sudden decrease in temperature, sudden change in humidity, increase in air movement, and visible dark storm clouds (though these are not always present during a lightning strike). The Athletic Training staff has a lightning detection policy in place for practices and games; however, we are aware that athletes often use UWA’s athletic facilities when there is no supervision by the coaches. In the event athletes are using the facilities without supervision, the Athletic Training staff would like to educate you and encourage you to use FLASH-to-BANG method to monitor the proximity of the lightning. THE FLASH-to-BANG Method is an approximation of the distance of the lightning NO METHOD OF LIGHTNING DETECTION CAN DETECT EVERY STRIKE.

The Flash-bang method of lightning detection:

1. Auditory: Flash-to-Bang Theory

To use this method, count the seconds from the time the lightning “flash” is sighted to when the clap of thunder “bang” is heard. Divide this number by five to obtain how far away (in miles) the lightning is occurring. For example, if fifteen seconds are counted between seeing the “flash” and hearing the “bang”, fifteen divided by five equals three. Therefore, the lightning flash is approximately three miles away.

- ◆ Each five seconds equal one mile
- ◆ If the time between seeing the “flash” and hearing the “bang” is between 15-30 seconds (3-6 miles), teams should take precautions and seek shelter.

\*The National Severe Storms Laboratory recommends that by the time the spotter obtains a “flash-to-bang” count of fifteen seconds, all individuals should have left the athletic site and reached “safe shelter”.

PA ANNOUNCEMENT DURING INCLEMENT WEATHER

May I have your attention? We have been notified of approaching inclement weather. Activity will cease until we have determined it is safe and the risk of lightning is diminished. We advise you to seek shelter in the following areas:

AT UWA:

1. Football Game: Evacuate to Pruitt Hall Gymnasium, the armory, or your vehicle
2. Softball Game: Evacuate to the Student Union Building or your vehicle
3. Baseball Game: Evacuate to your vehicle
4. Cross Country Race: Suitable Structure, ditch without water, group of trees, your vehicle, etc.
5. Rodeo: Evacuate to the Rodeo Barn or your vehicle
6. Tennis: Evacuate to the Student Union Building or your vehicle

Though protection from lightning is not guaranteed, you may seek shelter in an automobile.

Thank you for your cooperation.

COMPLIANCE STATEMENT FOR ALL ATHLETIC DEPARTMENT PERSONNEL

As a member of the University of West Alabama Athletic Department, I attest that I have read, understand, and will adhere to the University of West Alabama Athletic Department Lightning Safety policy.

\_\_\_\_\_  
Signature of staff member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

## **AED Policy**

Due to recent events where athletes have died as a result of sudden cardiac death, the University of West Alabama now has two automated external defibrillators (AED's) for use in varsity athletics. The brand of AED's we have are the Zoll AED Plus and the Phillips Heartstart. The technical support for the Zoll unit is through SEMA, Inc. Medical Equipment and Supplies from whom we purchased the device. The technical support for the Heartstart unit is through Lifeguard Medical Solutions from whom we purchased this device

### **Authorized AED Users:**

The AED's are very user friendly and can be used by any staff athletic trainer, first responder, athletic training student, coach, or athletic department administration certified in CPR/AED usage by either the American Red Cross or American Heart which is required on an annual basis for the athletic department coaching staff (see Coaches CPR/AED training policy). EMT or higher certification also meets the criteria for usage (reminder any person who renders emergency care or treatment of a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible per the guidelines for CPR/AED certification): Annual certification by either the American Red Cross or American Heart Association is required by all athletic department personnel. Documentation of annual certification is maintained by the ATEP program director.

Following is the guidelines for usage by an AED certified staff member. Of note, remember the highest risk group we will deal with is probably the fan in the bleachers. Be prepared for a spectator to go into cardiac arrest and do not hesitate to use our AED on a spectator.

### **Medical Control:**

The medical advisor of the AED program is William R. Simpkins, M.D.

The medical advisor of the AED program is responsible for:

- Writing a prescription for AEDs
- Reviewing and approving guidelines for emergency procedures related to use of AEDs and CPR

### **Athletic Department Guidelines:**

- ❖ When the AED is not in use at an athletic event or practice one AED will be stored in the Head/Assistant Athletic Trainer's Office (JPH 220); the second will be stored in the Pruitt Hall Athletic Training Room (PH 32).
- ❖ The location of other AED's on campus is as follows: Webb Hall, Room 102, and Brock Hall, Room 102.
- ❖ Have the AED on site at each athletic facility or practice venue (currently, due to the fact that we only have two, this is not possible). The Director of Athletic Training & Sports Medicine, Head Athletic Trainer, or the Assistant Athletic Trainers will determine the designation of the AED. The Director of Athletics will also be informed of the venue location of the AED. When selecting the site of the AED, the following must be taken into consideration:
  - Whether the sport is High Risk or Low Risk as denoted by the NCAA (high risk sports should have precedent over low risk sports). At UWA, football, rodeo, and men & women's basketball are the highest risk sports, followed by volleyball, baseball & softball. The lowest risk sports are men & women's cross-country and men & women's tennis.
  - The total number of participants and/or fans at the specific venues
  - All home contests will supersede practices, unless EMS is on site. If EMS is on site and activity is going on at another site (football and volleyball concurrently for example), our AED should be at the non-EMS covered site.
  - When there are multiple sites the most centralized site should be chosen, all athletic trainers or first responders at the other sites are informed of this and have the ability to contact the site person (by land line or cellular phone) with the AED where it can be easily moved to another site quickly if an emergency arises.
  - Remember Title IX; women have an equal right to all athletic medical equipment. When deciding on location, do not locate the AED at the male site always. Use the above criteria for decision-making, not gender.
- ❖ When an emergency arises and the AED is on site, it should be easily attainable from the emergency equipment location at each site.
- ❖ When it is determined by following the primary survey of standard first aid (responsiveness, breathing, circulation) that a cardiac emergency is taking place, the AED should be used only after enacting the EMS system. Another athletic training staff member, coach, athlete, or bystander can perform this action.
- ❖ After EMS is enacted, position supine, open airway, begins rescue breathing, and applies chest compressions in the correct sequence until the AED is in place.
- ❖ Apply the pads to the bare chest of the athlete in the fashion described on the pads or on the cover of the AED.
- ❖ Turn the AED on by pressing the on button
- ❖ Clear everyone from touching the victim to allow the AED to monitor the heart rhythm, Make sure the victim is not lying in water.

- ❖ After rhythm analysis is completed follow instructions of AED to deliver shock, begin CPR, or monitor vitals until EMS arrives (again make sure nobody is touching the victim when shock is to be delivered).

**Medical Response Documentation:**

Internal Post Event Documentation: It is important to document each use of the medical emergency response system.

- An incident report form shall be completed by the individual responding to any incident requiring use of an AED. The form should be forwarded to the head athletic trainer or supervising staff athletic trainer.
- The report should then be maintained in the student-athletes medical file.
- If the incident occurs to a spectator or is use on a non-athletic patient, a incident should be filed with the ATEP program director and once approved and signed by the department head, should be forwarded to the Coordinator of Environmental Safety.

**Equipment Maintenance:**

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:

- The facility phone operator shall be informed of changes in availability of emergency medical response equipment. If equipment is withdrawn from service, the operator shall be informed and then notified when equipment is returned to service.
- The University of West Alabama AED Policy Program Coordinator of shall be responsible for informing response teams of changes to availability of emergency medical equipment.
- The University of West Alabama AED Policy Program Coordinator shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- The University of West Alabama AED Policy program Coordinator shall notify the local emergency communications center or dispatch center of the existing location and type of AED

Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required.

**Remember the AED is a fragile device. Care should be used when handling the AED. It should not be dropped, shaken, or stored where it could get wet or exposed to extreme heat. There is also a battery check on the exterior that should be checked periodically. As long as there is not an X in the window the batteries are charged. Replacement batteries are eight (8) Type 123 Lithium batteries.**

**Athletic Site Determination**

Priority for AED usage will be based on the following conditions:

- Competition/Scrimmage has priority over practice.
- Home games have priority over away games.
- Team priority:
 

1. Football	5. Baseball	9. Tennis
2. Men’s Basketball	6. Softball	10. Cheerleading
3. Women’s Basketball	7. Cross Country	
4. Rodeo	8. Volleyball	

**Parameters used to determine priority include:**

- Sudden cardiac death (SCD) occurs in male athletes more than female athletes.
- SCD occurs in black athletes more than any other race of athletes.
- Men’s basketball has the highest reports of SCD followed closely by football.
- Blunt injuries to the chest can cause ventricular fibrillation.

**Monthly System Check:**

Once each calendar month, The University of West Alabama AED Policy Program Coordinator or his/her designee shall conduct and document a system check. These records shall be retained in the office of The University of West Alabama AED Policy Program Coordinator. This check shall include review of the following elements:

- Phone operator checklist availability
- AED battery life
- AED operation and status

**Approvals:**

**Medical Director:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The University of West Alabama AED Policy Program Coordinator:**

Printed Name

Signature

Date

**Hours of normal operation of key personnel**

The UWA Athletic Training & Sports Medicine Center is open in the Fall Semester from 6:30am until 6:30pm, Monday through Friday. During the Spring Semester, the athletic training room will be open from 7:00am until 5:30pm. Additionally, the athletic training room will be open from 8:00am until 10:00am every Saturday during the Fall Semester. Regular treatment times for UWA athletes will be from 6:30am until 8:00am in the fall, 1:00pm until 3:00pm, and 5:00pm until 6:30pm. In the spring, the times will be from 7:00am until 8:00am, 1:00pm until 5:30pm. Any other treatment time for UWA athletes will be scheduled at the discretion of the attending athletic trainers.

Dr. William R. Simpkins, Local Team Physician, will be open Monday through Friday from 9:00am until 12:00 and 3:00 pm until 5:00pm, except on Wednesday and Friday when his office closes at noon. Any need of an athlete to see the physician will be handled through the athletic trainers and referred to Dr. Simpkins. Usually, clinic for all university students is from 12:00pm until 12:30pm at his office.

Andrews Sports Medicine and Orthopaedic Center is open Monday through Friday from 9:00am until 5:00pm. Arrangements for visits with any of the physicians will also be made through the athletic trainers.

The physician's clinic provided by the Andrews Sports Medicine and Orthopaedic Center will be performed by Dr. Lyle Cain and the fellows of Dr. James R. Andrews and Dr. Cain. The clinic will be on every Wednesday during the Fall Semester from 9:00am until 11:00am. During the Spring Semester, clinic will be on every other Wednesday from 9:00am until 11:00pm. All athletes with injuries or injury follow-up will be scheduled during these times for evaluation.

**Therapeutic Modalities & Rehabilitation equipment available for use**

The James P. Homer Athletic Training Room has a wide variety of therapeutic modalities and rehabilitation equipment. The Pruitt Hall Athletic Training Room has a limited amount of therapeutic modalities and rehabilitation equipment. Due to the proximity of the two facilities, when there is a need for a specific therapeutic modality or piece of rehabilitation equipment in the Pruitt Hall Athletic Training Room it is moved from the James P. Homer Athletic Training Room and returned after usage.

**Therapeutic Modalities located in James P. Homer Athletic Training Room**

- Ice Machines (2)
- Eiden Galvanic Stimulator (1)
- Ice Storage Bin (1)
- Ice Cups
- Paraffin Bath
- Portable TENS unit (1)
- Shortwave Diathermy (1)
- Portable EMS unit (1)
- EMG Biofeedback unit (1)
- Whirlpools (2)
- Portable Cervical Traction Unit (3)
- Jobst Intermittent Compression Unit (1)
- Aircast Cryocuff compression dressing with attachments (3)
- Mettler Interferential 220 stimulator (2)
- Excel Ultra Max Ultrasound (1)
- Chattanooga Intellect VMS II (1)
- Mettler Sonicator 720 Ultrasound (1)
- Chattanooga Intellect Legend Ultrasound (1)
- Game Ready Cryotherapy System (2)
- Hydrocollator Moist Heat Unit with moist steam packs, standard and cervical (1)
- One Freezer containing various commercial cryotherapy packs
- Excel Multi III stimulator with interferential, premodulated, Russian, biphasic and microcurrent stimulation (1)

**Therapeutic Modalities located in Pruitt Hall Athletic Training Room**

- Portable Hydrocollator Moist Heat Unit with moist steam packs, standard and cervical (1)

**Rehabilitation Equipment located in James P. Homer Athletic Training Room**

- Stationary Bikes (2)
- Swedish Exercise Ball (1)
- Shoulder Pulley Systems (3)
- Upper Body Ergometer (1)
- Step Up Block (2)
- TKE board (1)
- Pro Fitter (1)
- ROM T-bars (6)
- NordicTrack (1)
- Proprioception Boards (3)
- Weighted Medicine Balls (3)
- Nordic Rider (1)
- Balance Boards (4)
- Elevation Pillows (3)
- Trampoline (1)
- Power Webs (2)
- BAPS Board (1)
- Toss Back Trampoline with weighted exercise balls (1)
- Assorted Cuff Weights (.5-10lb) with rack
- Cuff Link for shoulder proprioception (1)
- Slide Board (2)
- Heel Cord Boards (6)
- Foam Rolls (3)
- Assorted Thera-band & Thera-tubing
- Rehab Tree with Thera-tubing attachments (1)

### Rehabilitation Equipment located in Pruitt Hall Athletic Training Room

- Stationary Bike (1)
- Cybex Orthotron Isokinetic Machine (1)
- Heel Cord Boards (2)

### Emergency equipment available for use

List of first aid and emergency equipment in each athletic training facility

#### Baseball Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

#### Softball Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

#### Homer Field House Athletic Training Room

- Biohazard Containers
- Scissors
- Cervical Collars
- CPR Masks
- Crutches
- Elastic Bandages
- Emergency Information
- Eye Kit
- Gloves
- Glucose
- Ice
- Immobilizers
- Insurance Sheets
- IV Kits
- Neurological Hammer
- Pen Lights
- Phones
- Wound Care Supplies (band aids, gauze, topical antibiotics)
- Sphygmomanometer
- Spine Board
- Splints (All)
- Individual Medical Information
- Suture Kit
- Thermometer
- Tooth Kit
- Walkie Talkie
- Stethoscope

#### Pruitt Athletic Training Room

- Biohazard Containers
- Scissors
- Cervical Collars
- CPR Masks
- Crutches
- Elastic Bandages
- Emergency Information
- Eye Kit
- Gloves
- Wound Care Supplies (band aids, gauze, topical antibiotics)
- Glucose
- Ice
- Immobilizers
- Insurance Cards
- IV Kits
- Neurological Hammer
- Pen Lights
- Phones
- Insurance Sheets
- Sphygmomanometer
- Spine Board
- Splints (All)
- Stethoscope
- Suture Kit
- Thermometer
- Tooth Kit
- Walkie Talkie
- Individual Medical Information

#### Rodeo Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

#### Howard R. Vaughan Tennis Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

#### When EMS is on site

The City of Livingston Ambulance Service will be on site during all UWA home football games. Additionally, they will be present during all sanctioned UWA rodeo events (athletic and fund-raising).

#### Coaches First Aid/CPR training

All head coaches, assistants, and graduate assistant will be required to become certified in American Red Cross First Aid & CPR. They must be certified during the Summer Semester prior to the start of the Fall Semester. Courses will be offered in July and August by the ARC certified instructors at the University. Recertification for currently certified coaches will also be given at these times.

Currently, we have four certified instructors on staff. It is encouraged for any coach interested in becoming an instructor to contact The Tuscaloosa County Chapter of the American Red Cross for the scheduling of an instructor course.

### **Insurance info and medical history will in all athletic training kits both home and away**

Each athletic training student assigned to work a varsity athletic sport is required to carry a copy of each individual athlete's insurance and medical information with them to practices and events both home and away. Also, each student will take a listing of all pertinent numbers to contact in case of emergency.

Football will always have a copy of the medical information and insurance of each student athlete permanently stored in the white travel trunk with easy access for all to acquire if necessary.

The cheerleaders sponsor, coach, or supervisor will also carry a copy of their insurance and medical information with them when they are traveling or attending events without the accompaniment of a UWA student or staff athletic trainer.

### **Who is notified when a catastrophic event occurs: administrator, parents, coach**

Whenever a catastrophic accident, emergency situation, severe or fatal injury occurs, the attending staff athletic trainer will contact the following parties, in the following order: Other athletic training staff members, the athletic director, head coach of that sport, and the parent or guardian noted as the emergency contact on the student-athlete's medical information.

If the attending athletic trainer is a graduate assistant or student, they should first contact the head athletic trainer or the director of sports medicine. If they are unable to reach either one of these people, they should contact one of the assistant athletic trainers. Following contact with one of the athletic training staff members, they should be ready to follow any instruction deemed important by the attending staff member.

### **Keys to all athletic gates and who needs one**

In case of emergency at a location with the potential for locked gates, a single person, denoted by the athletic director, will be responsible for having access to a key to unlock any gate or door that may hinder the prompt emergency care of a student athlete. This representative must be someone who is available at all times at each of these venues (usually the head or assistant coach).

### **Location of all phones**

Phones for emergency actions are available for the following sports at the following locations in the absence of an on-site cellular phone:

1. **If a cellular phone is available it can be used at any location on campus to enact the EMS by dialing 911.**
2. **Tiger Football stadium:** access to a phone is located within James P. Homer field house on either the first or second floors in the taping room (#116), equipment room (#113), secretary's office (#221), and the athletic training room (#216).
3. **Football practice field:** access to a phone at the practice field is located across the street in Moon Hall (physical plant). After regular hours you must enter the left hand, side door to reach a phone in the first office to the right.
4. **Pruitt Hall Gymnasium:** phone access in Pruitt Hall is located in Room #28 (PE Office) or #32 (athletic training room).
5. **Don C. Hines Rodeo Complex:** Phone access is located in the barn office, which the first door to the right past the main entrance to the barn. Additionally, there is a phone located within the rodeo coach's trailer.
6. **UWA Softball Complex:** At this time there is **no** phone access at the site. The nearest location is to send someone to call at the Student Union Building to use the phone, upstairs by the main entrance.
7. **Tartt Baseball Field:** From February until the end of the Spring Semester phone access is located in the Baseball Press Box, behind home plate. The phone must be plugged in each day prior to the start of workouts. During the fall semester and in January, access is not available on site. The nearest phone access in case of an emergency is at the Lake LU managers' trailer. If he is not present, the next most accessible phone would be at either Moon Hall (physical plant) or the Student Union Building.
8. **Howard R. Vaughan Tennis Complex:** Phone access is located in the Student Union Building at the UWA Fitness and Wellness Desk. The phone is accessible when entering the bottom level of the SUB through the side doors, the doors closest to the tennis courts.
9. **UWA Cross Country Clubhouse:** There is no phone located in the cross country coach's office. The nearest available land line is located at Tartt Baseball Field (see above #6) or at the Lake LU manager's office.

### **Certified Athletic Trainer availability**

A certified member of the athletic training staff (usually two) will always be present at all home and away UWA football practices, games, travel, and required out of season activities except weight lifting. During weight lifting a certified staff member will be on duty in the athletic training room directly up stairs from the weight room.

A certified athletic trainer will be on duty in the athletic training room from 7:00am until ~5:00pm each day throughout the fall and spring semesters. Additionally, a certified athletic trainer will be at all practices of the following sports throughout each week: fall volleyball, baseball, softball, men and women's basketball, and rodeo. For other sports, practices will be supervised by a certified athletic trainer on most occasions. Whenever the event is unsupervised by a certified athletic trainer, there will be a staff certified athletic trainer on call if an emergency arises.

Also, there will always be a certified member of the athletic training staff at all home contests, whatever the sport.

**Physician availability**

Dr. William R. Simpkins, family practice team physician, will be available on Monday, Tuesday, and Thursday from 9:00am-12:00pm and 3:00-5:00pm, and on Wednesday and Friday from 9:00am until 12:00pm for referral of our athletes. He is also available to reach by phone at home at any time not specified by the above times.

Our Medical Director, Dr. Lyle Cain, and our other team orthopaedists, as well as fellows of Dr. James R. Andrews and Dr. Cain, will be available for patient evaluation and follow-up on each Wednesday of the fall semester and every other Wednesday of the spring semester from 9:00-11:00am. Additionally, they will be in attendance at all home and away football contests. One of the fellows will also be in attendance at our home rodeo contests.

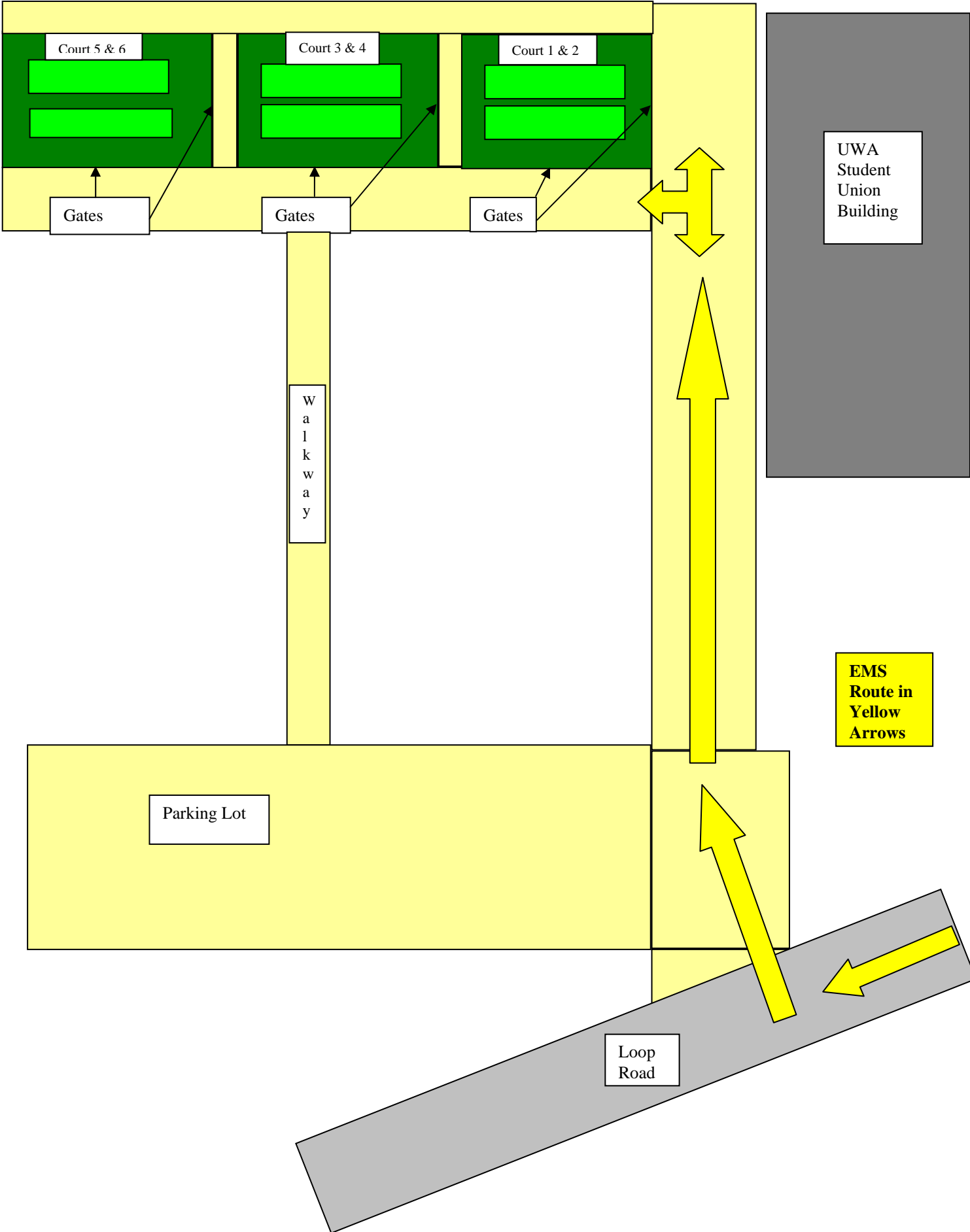
Dr. James R. Andrews and Dr. Lyle Cain will be available for referral and evaluation at Alabama Sports Medicine & Orthopaedic Center at St. Vincent's Hospital in Birmingham, AL on Monday through Friday from 9:00am until 5:00pm.

In an emergency situation, an athlete can be transported to either Hill Hospital in York, AL, Rush Foundation Hospital, Riley Memorial Hospital, or Jeff Anderson Regional Medical Center, all of Meridian, MS.

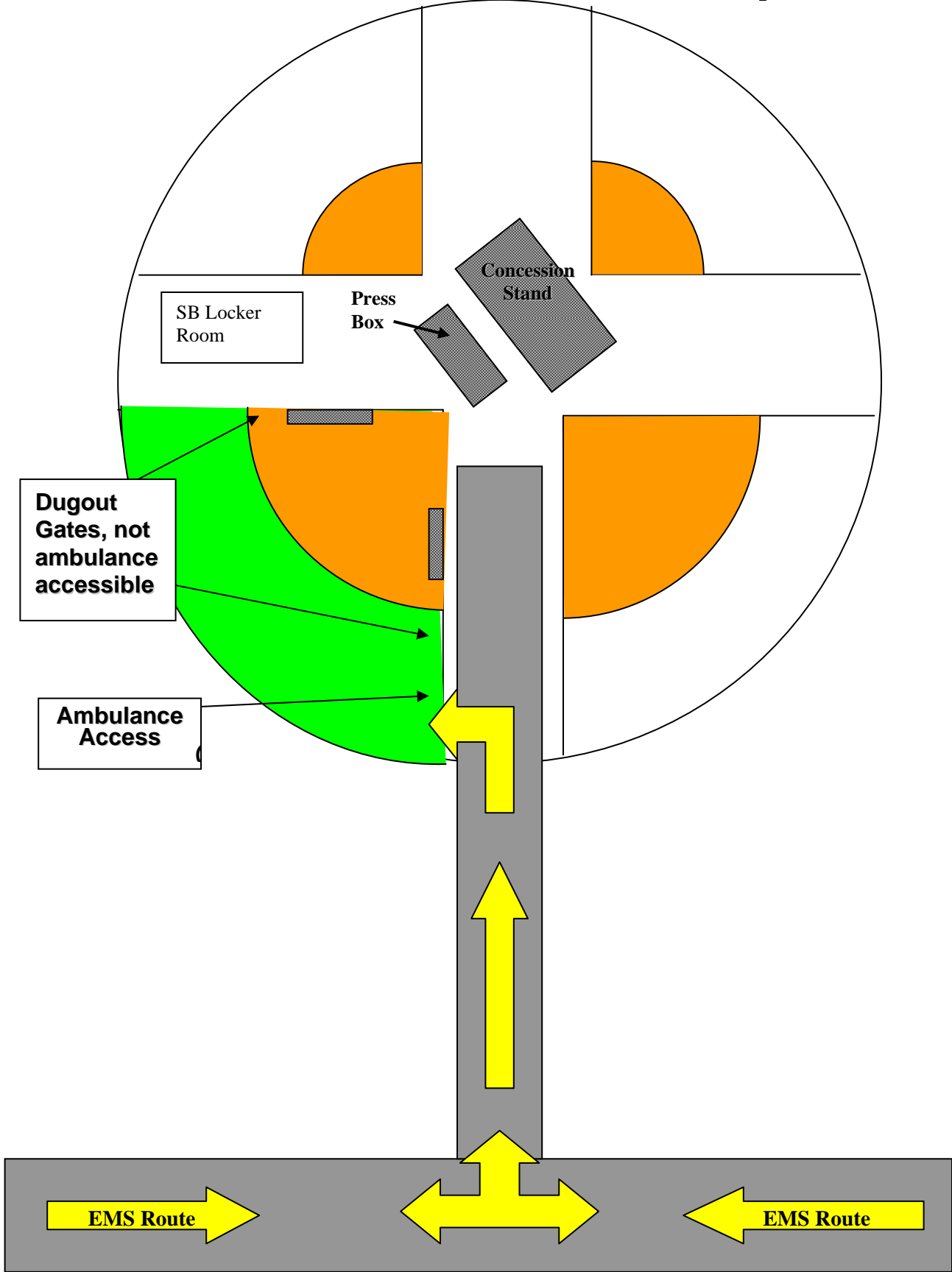
On occasion, an athlete may be transported to DCH Regional Medical Center in Tuscaloosa, AL or St. Vincent's Hospital in Birmingham, AL.

All dental emergencies will be referred to, Dr. Darrell Hoggle, of Livingston, AL for evaluation. His office will be open from 9:00am until 4:30pm Monday-Thursday. He can also be reached at home for any referral outside of his regular office hours.

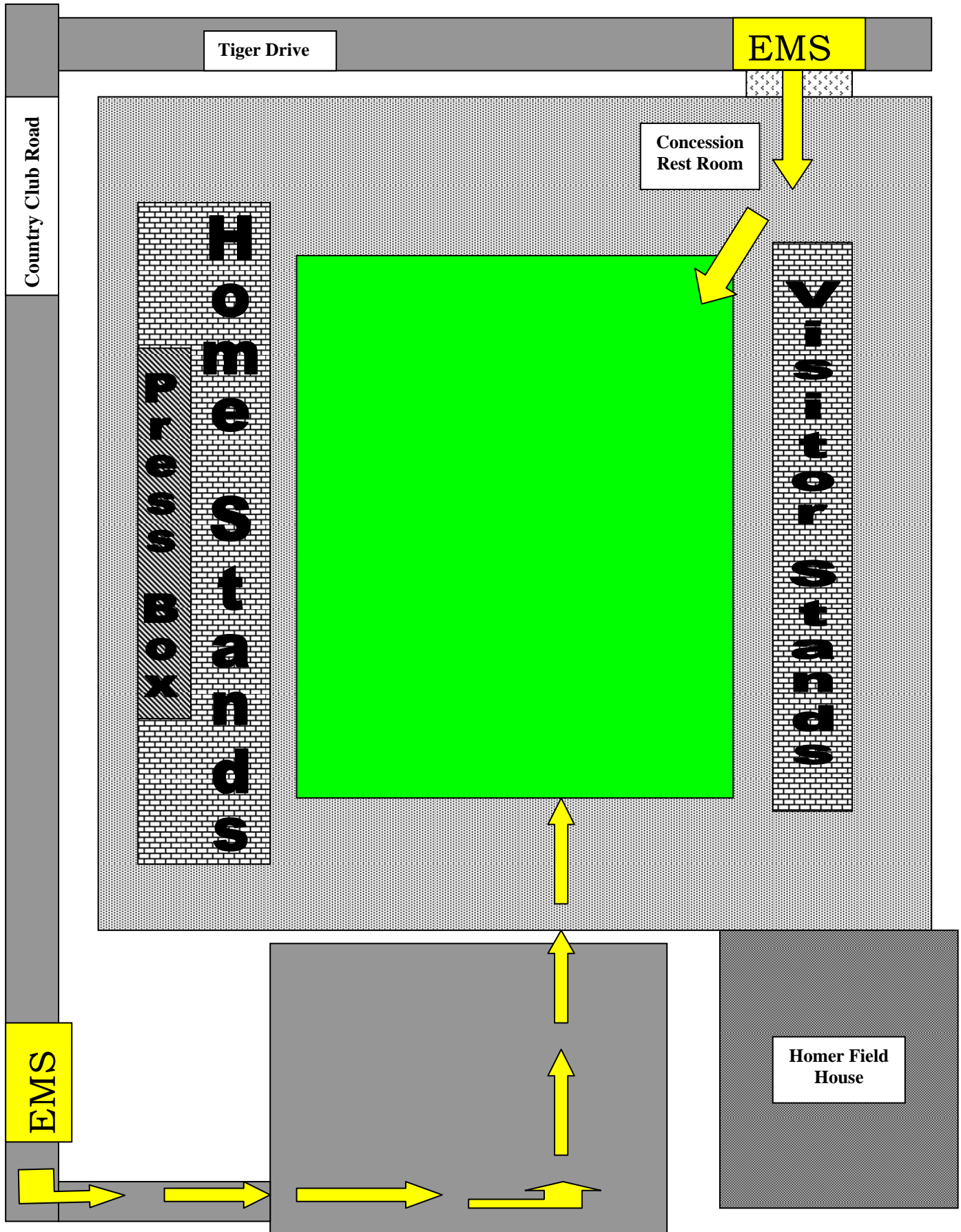
**EMS Access & Route to the Tennis Complex**



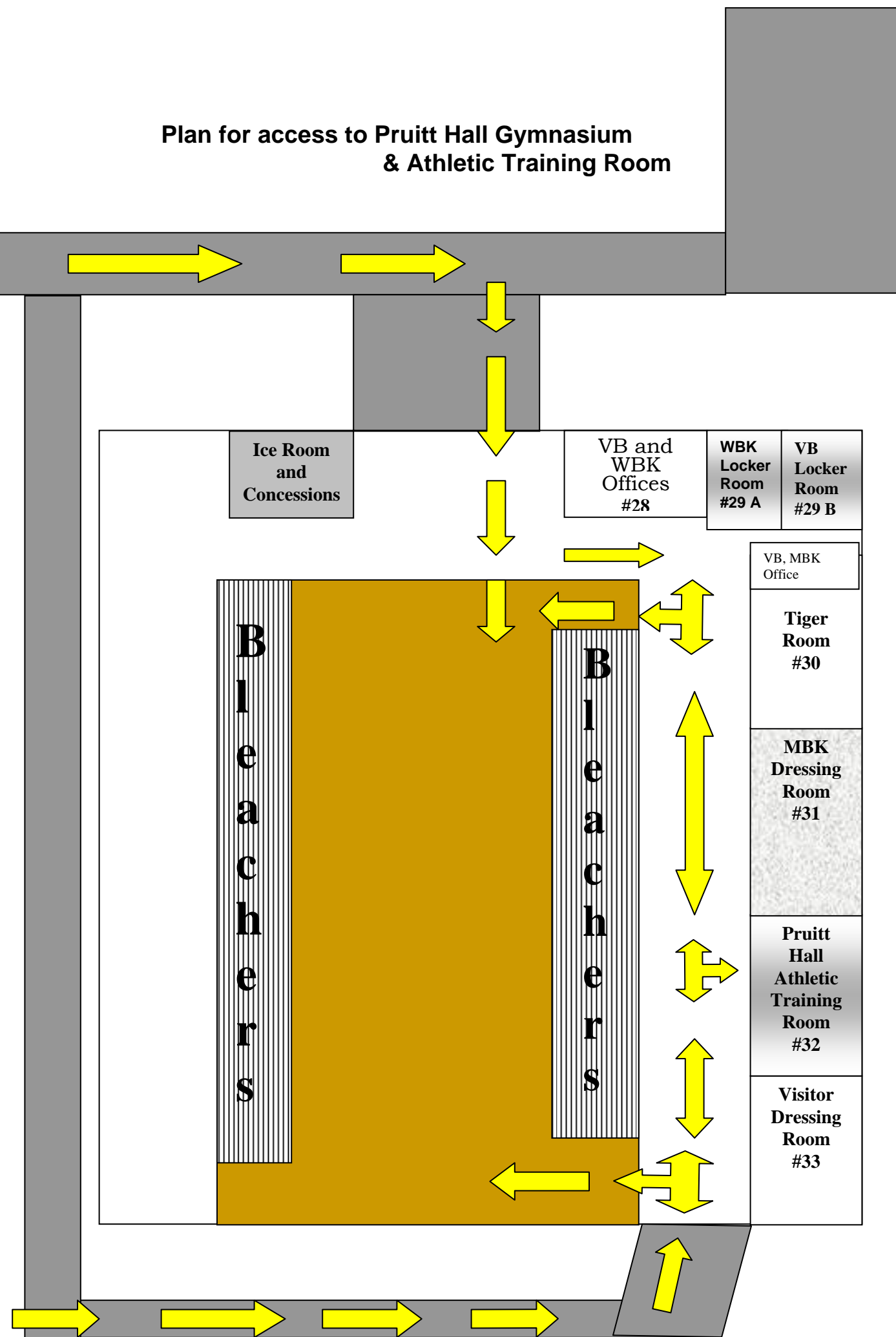
# EMS Access & Routes to the Softball Complex



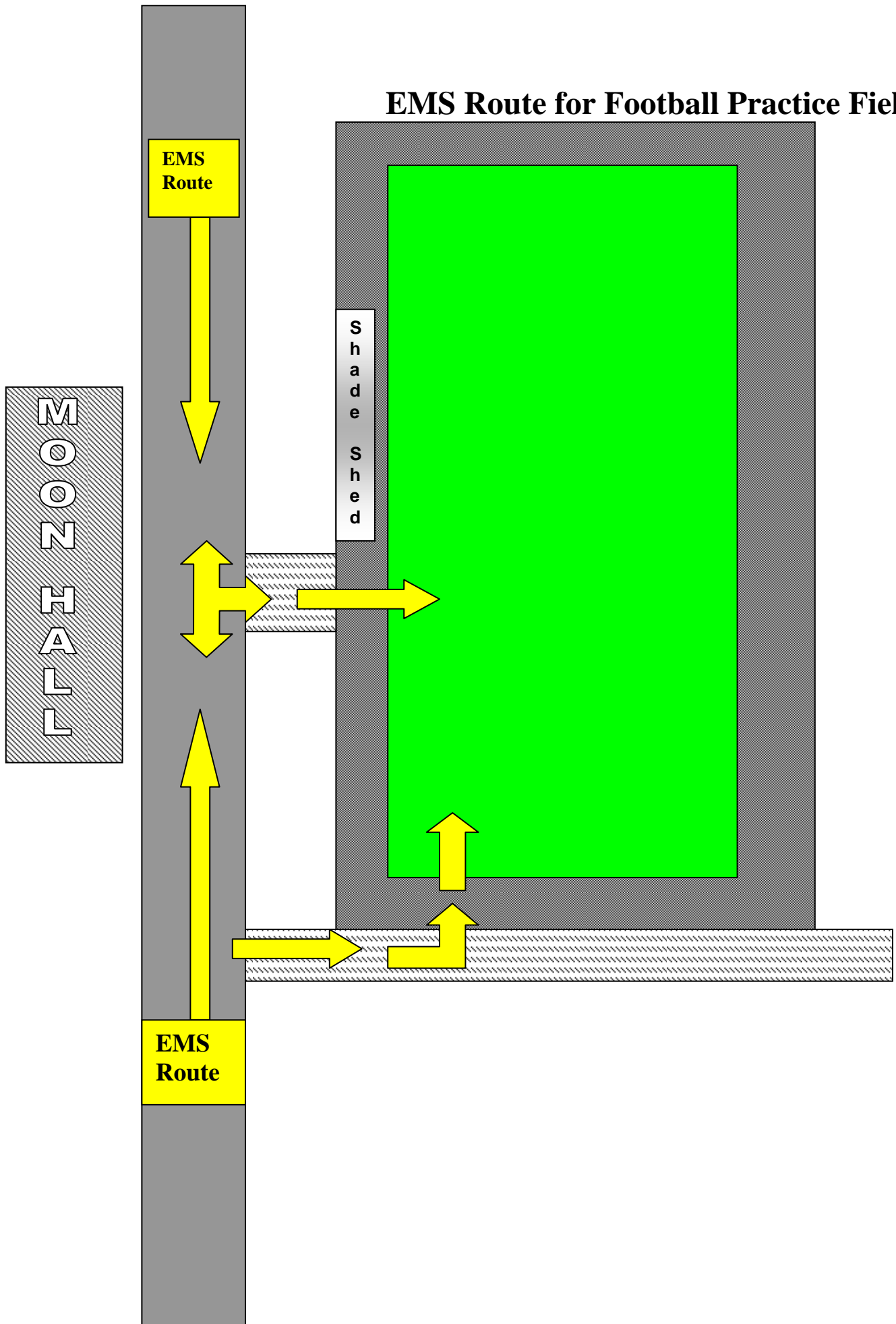
# Plan for Access to Tiger Football Stadium



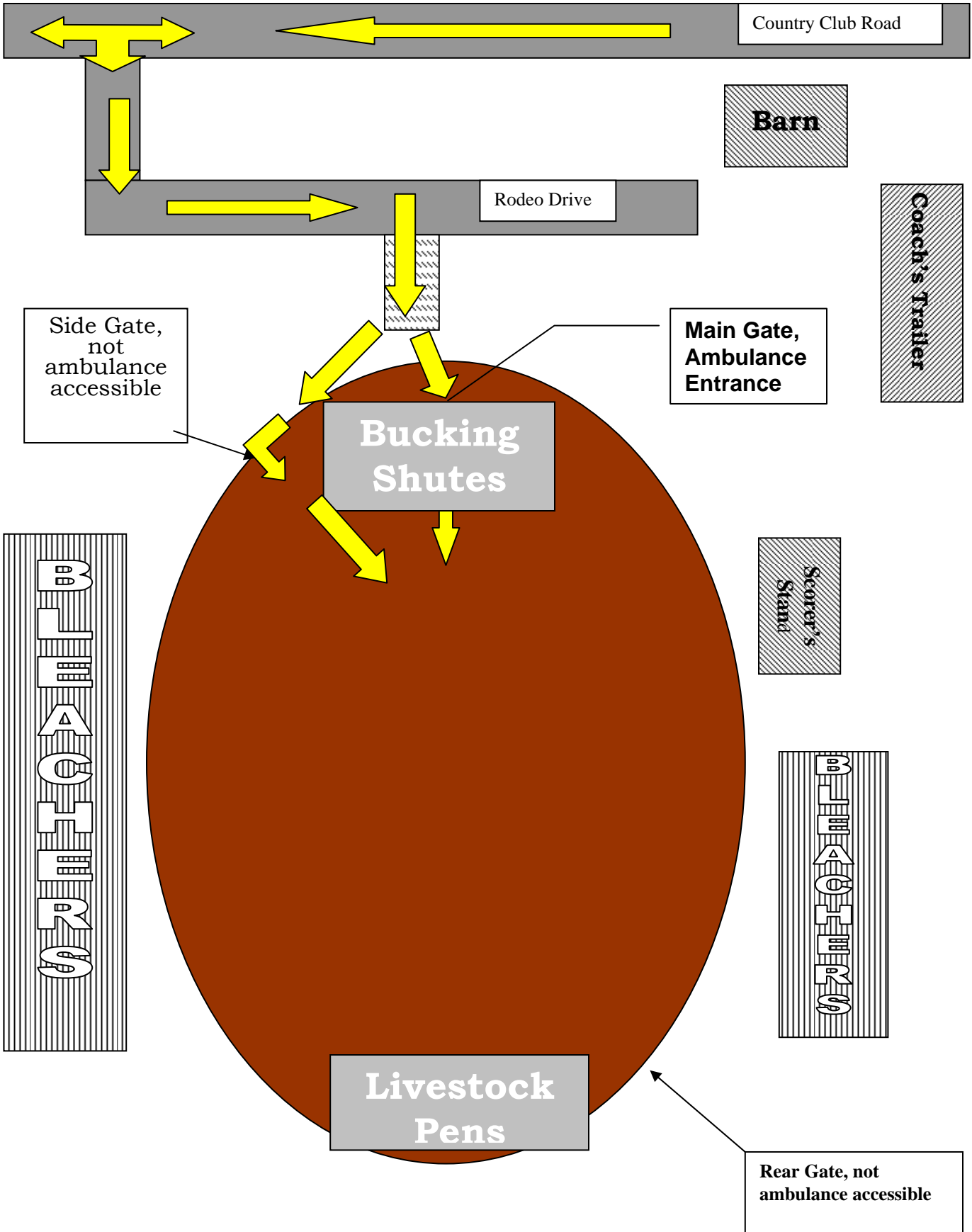
# Plan for access to Pruitt Hall Gymnasium & Athletic Training Room



# EMS Route for Football Practice Field



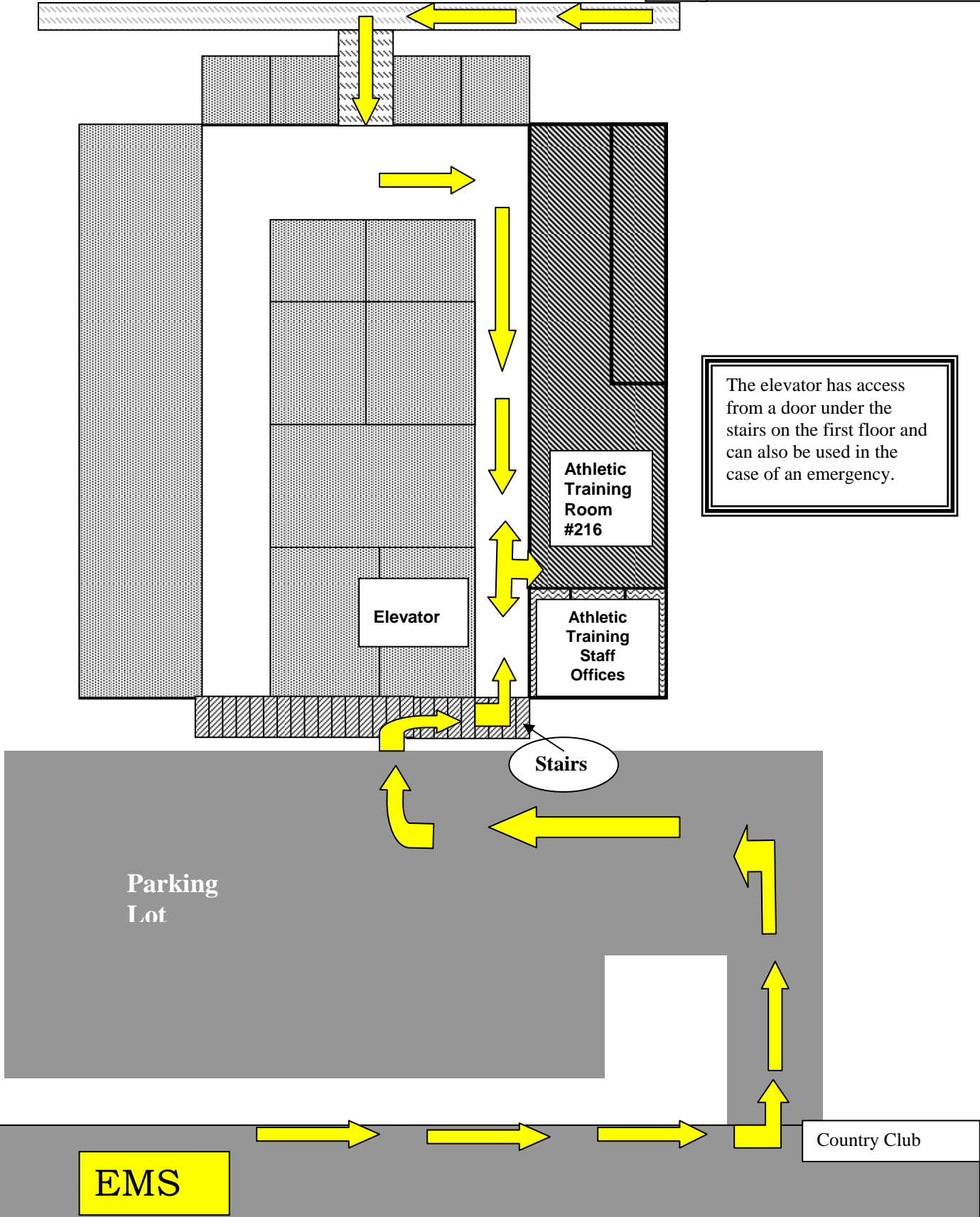
EMS Route for Don C. Hines Rodeo Arena

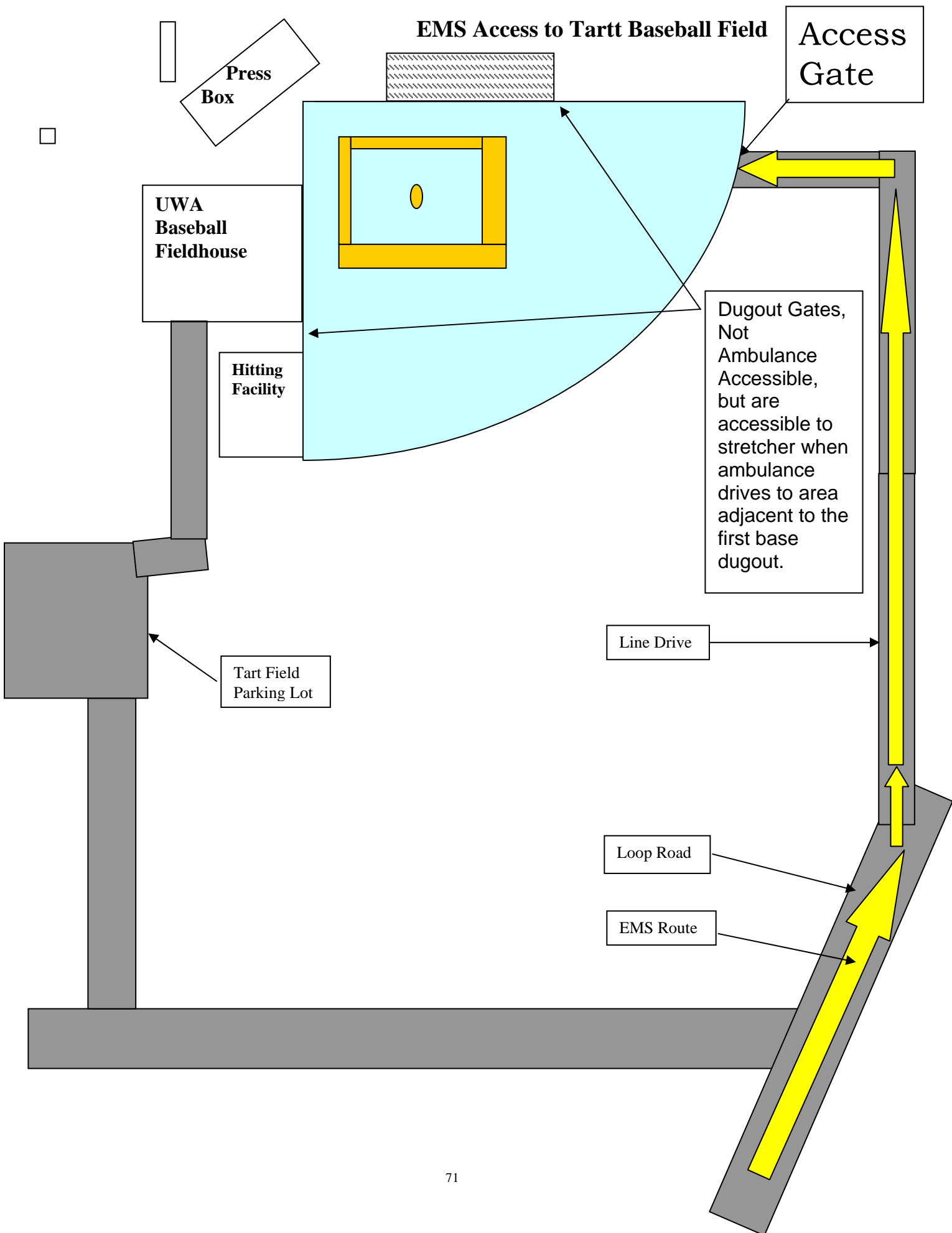


**Floor Plan of Second Floor of  
James P. Homer Field House  
with EMS Access**

**EMS**

Pruitt Hall  
Parking Lot





# EMS Access & Route to the UWA Cross Country Clubhouse

