



**The University of West Alabama**

**Master of Athletic Training**

**Student Handbook**

2<sup>nd</sup> edition

June 23, 2021

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## Introduction

Welcome to The University of West Alabama and the Master of Athletic Training Program. By accepting a position as a student within the master's program, 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 faculty and 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 Master of Athletic Training Program is seeking accreditation from the Commission on Accreditation of Athletic Training Education (CAATE) by the spring of 2022. Our program, a combination of hands on clinical experience and structured classroom instruction, prepares our students to sit for the National Athletic Trainer's Association Board of Certification Exam.

The University of West Alabama is currently seeking accreditation for their new Athletic Training Program and is not accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The institution will be submitting a self-study to begin the accreditation process on July 1, 2021. Submission of the self-study and completion of a site visit does not guarantee that the program will become accredited. Students that graduate from the program prior to accreditation WILL NOT be eligible to sit for the credentialing examination for athletic trainers and will not be eligible for licensure in most states.

As a student within our program, 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, the profession, 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 both during your local and immersive clinical experiences. 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 Program. Violations of policies and procedures of this department will be grounds for a warning from the faculty and/or staff. Repeated violations are grounds for dismissal. Failure to maintain progression requirements results in academic probation and/or suspension from the athletic training program. In addition to academic probation or suspension, the student's enrollment in the athletic training 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 Program. Students suspended from the athletic training program may apply for re-admission to the program through the Athletic Training Admissions & Retention 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 faculty and 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 program. We are glad to have you and we look forward to a profitable, educational, and longstanding relationship.

## **Mission Statements**

### **Mission of The University of West Alabama**

The University of West Alabama is a state-supported, coeducational institution of higher learning governed by a Board of Trustees appointed by the Governor. As a regional institution, the University's foremost commitment is to meeting the educational needs of the State and particularly of the West Alabama area. Valuing a diverse student enrollment, though, it also welcomes students from throughout the United States and from other countries.

The primary purpose of the University is to provide opportunities for students to pursue a quality education through associate, baccalaureate, master's, and education specialist degrees in liberal arts, natural sciences and mathematics, pre-professional programs, nursing, technology, business, and education. Importance is placed on providing opportunities within the curricula for the development of enhanced skills in critical thinking, communication, leadership, and computer literacy. The University also seeks to provide students opportunities for growth beyond the classroom through a wide range of extracurricular activities, programs, and services and through the maintenance of an environment of cultural and intellectual diversity. Through the total educational experience that it provides and through its encouragement of the free exchange of ideas among faculty, administration, and students, the University attempts to assist its students in developing the important qualities of independent thinking and respect for the ideas of others and in building firm foundations of personal integrity and character in order to realize their quests for a philosophy of life and for self-fulfillment.

At the University of West Alabama, the emphasis is upon the traditional learner, but the institution is also committed to furthering the concept of lifelong learning and to serving the non-traditional student. It considers among its clientele are high schools, businesses and industries, governmental agencies, and professional workers. In serving these diverse publics, the institution employs not only traditional means of delivery, but it also seeks to expand its use of innovative technologies, including distance learning, and to networking with other educational institutions and agencies in order to more comprehensively address the needs of its region.

In fulfilling its mission, the University seeks to employ a vibrant, talented, and diverse faculty. In the recruitment and retention of this faculty, as with all members of the University community, the institution, consistent with its academic heritage, maintains an openness to all qualified persons.

Excellence in teaching and advising is paramount to the faculty, but the members are also committed to providing leadership and fostering positive growth throughout West Alabama through research and public service, with primary emphasis on that which meets the educational, social, cultural, and economic needs of the region.

### **Mission of The University of West Alabama Master of Athletic Training Program**

The mission of the Master of Athletic Training Program at the University of West Alabama is to develop exceptional clinicians through a quality interactive didactic and clinical education focused on providing patient-centered care as part of an interprofessional health care team. We aspire to develop clinicians that desire to maintain involvement within the profession through their clinical practice and service.

## **Program Goals and Objectives/Outcomes**

Goal 1: Students will be exposed to a variety of interprofessional opportunities during their clinical education.

Outcome 1: At a minimum, students will gain clinical experience and learning opportunities with the following health professionals: athletic trainers, physical therapists, nurses, nurse practitioners, physicians, and radiologists.

Outcome 2: Students will complete grand rounds during the clinical courses including AH 582, AH 583, and AH 584 that require the use of interprofessional collaboration as a required component.

Goal 2: At least 80 percent of students will pass the Board of Certification Examination on the first attempt.

Goal 3: Students will demonstrate a successful level of knowledge acquisition at the end of each course while receiving quality classroom instruction.

Outcome 1: Students will meet 80 percent of the desired scores on the AT Milestones at the end of each course.

Outcome 2: Students will obtain a B average or greater in each attempted course.

Outcome 3: Students will rate their instructors as a 4.0 or higher out of 5 average on a Likert scale at the end of each course.

Goal 4: Students will demonstrate a satisfactory level of knowledge retention from courses they have previously completed in the program during each semester.

Outcome 1: Students will successfully complete standardized patient cases during the clinical courses that are created to evaluate the knowledge obtained from previously completed coursework.

Outcome 2: Students will successfully complete (80 percent) practical scenarios in evaluation courses that determine the level of retention from previous assessment and evaluation courses.

Outcome 3: Students will score a minimum of 80 percent on a progressive comprehensive exam to be completed at the start of Spring I, Summer II, Fall II, and Spring II on the first attempt.

Outcome 4: Students will score a minimum of 80 percent on the final comprehensive exam on the first attempt.

Goal 5: Students will demonstrate competency in utilizing evidence based practice as a part of their daily practice.

Outcome 1: Students will create a research project based on a specific clinical question during their evidence based practice course sequence that will minimally culminate in a final presentation to the athletic training faculty prior to graduation.

Outcome 2: Students will complete grand rounds during the clinical courses AH 582, AH 583, and AH 584 which will be presented at the end of each clinical course.

Goal 6: Students will receive a quality clinical education.

Outcome 1: Students will rate their preceptor as a 4.0 or higher out of 5 average on a Likert scale on end of the semester evaluations.

Outcome 2: Preceptors will rate their students at an 80 percent or higher on the end of the semester evaluations.

Outcome 3: Students will rate their clinical site as a 4.0 or higher out of 5 average on a Likert scale on the end of the semester evaluations.

Outcome 4: Students will score a 3.0 or higher out of 6 average on a Likert scale on the Specific Standard Evaluation at the end of AH 582 and AH 583; Students will score a 4.0 or higher out of 6 average on a Likert scale on the Specific Standard Evaluation at the end of AH 591 and AH 584; and Students will score a 5.0 or higher out of 6 average on a Likert scale on the Specific Standard Evaluation at the end of AH 592.

Goal 7: Students will demonstrate an involvement in professional practice and service.

Outcome 1: Students must be a member of the National Athletic Trainers' Association.

Outcome 2: Students will earn a total of 10 continuing education credits annually based on the program outline of acceptable credits.

## Master of Athletic Training Program Information

### History of athletic training at UWA

The Athletic Training Program at The University of West Alabama was developed in 1986 and 1987. Approval was obtained from the University Curriculum Committee in 1987 and from the Alabama Commission on Higher Education in 1989. The program, after several revisions and conversion to a comprehensive major, now offers a Bachelor of Science degree in Athletic Training. There is a 120 semester hour requirement for graduation; of these 120 semester hours, 60 are in the comprehensive major and 60 are in general studies. The Joint Review Committee on Educational Programs in Athletic Training on behalf of the Commission on Accreditation of Allied Health Education Programs visited the campus and reviewed the program in March 1999 to validate the fall 1998 Self-Study as part of the process for determining initial accreditation. Accreditation was awarded by the Commission on Accreditation of Allied Health Education Programs in October of 1999 for a period of six years. A second visit was made to The University of West Alabama in the spring of 2005 by the Joint Review Committee on Educational Programs in Athletic Training on behalf of the Commission on Accreditation of Allied Health Education Programs; this visit resulted in The University of West Alabama's Athletic Training Program being awarded with 7 additional years of accreditation. The Commission on Accreditation of Athletic Training Education (CAATE) extended this for an additional year based upon strong annual reports and the need to spread site visits over extended years. The program submitted a self-study in 2013 which was validated by the CAATE Site Visit Team in January 2014. At the conclusion of that review cycle the program was awarded accreditation for five years instead of the usual 10 years due to the three-year aggregate first time pass rate for the BOC Exam being below the 70% requirement. The program was placed on probation as of February 19, 2016 by the CAATE due to not meeting the 70% standard. When this standard was addressed by the CAATE regarding our program in its February 2018 meeting, we had reached 69% and were allowed to continue on probation for another year. Subsequently, upon reaching 76% the program was cleared in February 2019 of its only non-compliance in the program history. The program underwent a CAATE reaccreditation site visit in January 2019 and in June 2019 was granted 10 years of continuing accreditation and noted as being compliant with all standards.

In February of 2016, UWA submitted to the Alabama Commission of Higher Education (ACHE) a notification of intent to submit a proposal to initiate a Master of Athletic Training degree. This was followed up with the actual proposal being submitted in May 2016 which was approved by ACHE in their September 2016 meeting with the intent to begin the program in the 2017-2018 academic year. As time elapsed it became apparent that changes in the athletic training changes would be occurring and that the CAATE standards for accreditation would occur as well. For this reason along with changes in faculty, the program was temporarily placed on hold in order to make changes to address the impending changes. These changes were made and the program was opened to student enrollment for the 2019-2020 academic year with the first semester initiating on July 1, 2019. While there were some applicants to the program, none were chosen for acceptance and therefore the program did not actually begin until the next year on June 29, 2020.

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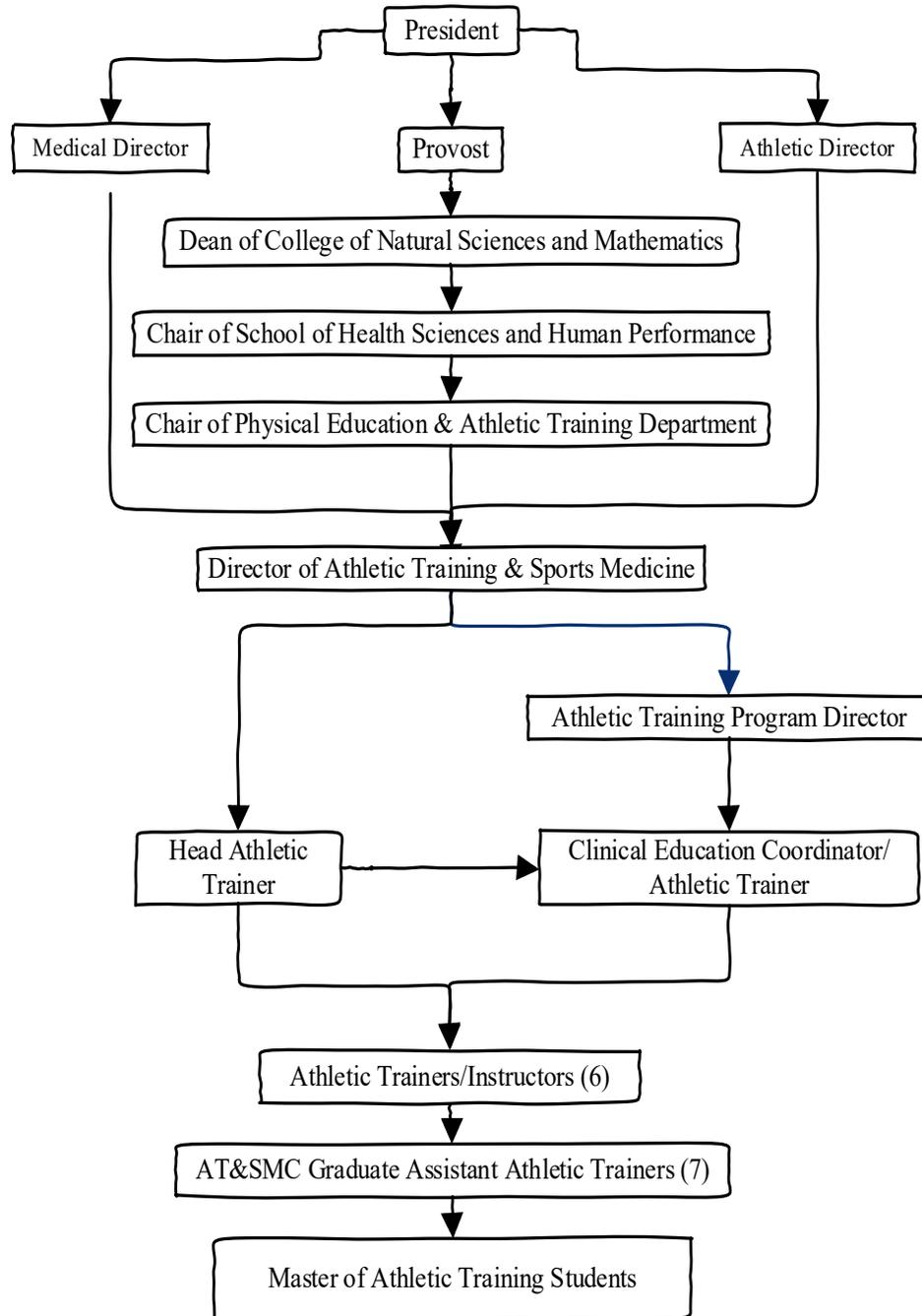
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## Standards of Operation

### 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.

## Master of Athletic Training Program Admission and Retention Requirements

Admission to the University of West Alabama does not constitute acceptance into the Master of Athletic Training Program. Every student who wishes to enroll in the Master of Athletic Training Program is required to submit a completed application through ATCAS (<https://atcas.liasoncas.com>). Preferred consideration will be given to those students completing their application by March 1 each year. However, a rolling deadline will be utilized for students applying after that date. A completed application does not guarantee acceptance into the Athletic Training Program.

All students must complete all components of the course of study as described in the University *Graduate Catalogue*. Upon successful completion of the prescribed course of study, the student is qualified to receive the degree of Master of Athletic Training and is eligible to apply for the Board of Certification Examination for Athletic Trainers.

### Costs

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

1. Proof of acceptance to the University of West Alabama School of Graduate Studies. (\$30 application fee)
2. Each student must complete and provide verification of a Hepatitis-B vaccination series and titer. Students may choose to not be vaccinated and will be required to sign a waiver. (Vaccination may be in process.) (Approximately \$270, all 3 doses, at area drug store clinics without insurance.)
3. Each student must obtain a tuberculosis skin test and provide verification of negative results within last 12 months. (Approximately \$58 at area drug store clinics without insurance)
4. Proof of immunization for MMR and DTP vaccines. (If not available, approximately \$170 at area drug store clinics without insurance)
5. Each student must read and sign a Confidentiality Statement for Athletic Training Students.
6. Each student must read and sign a Technical Standards Form confirming that they understand and are able to comply with the establish standards.
7. Each student must submit at minimal a negative 5 panel drug screen which tests for marijuana/cannabis (THC), cocaine (COC), opiates (OPI), amphetamines (AMP), and phencyclidine (PCP). This is equivalent to the drug test required for the Department of Transportation. (Approximately \$33 through Marengo Drug Screening Center in Demopolis, Alabama)
8. Each student must submit a negative criminal background check that minimally provides criminal history through a state department of public safety review. (\$54.15 through UWA Police Department)
9. Each student must submit proof of current American National Red Cross Professional Rescuer (AED/First Aid/CPR) or American Heart Association BLS for Health Care Providers certification or Emergency Medical Technician equivalence. (Approximately \$7-\$27 if conducted through UWA Athletic Training and Sports Medicine Staff)
10. Membership in the National Athletic Trainers' Association (\$80 annually)
11. 10 Continuing Education Units (CEUs) per academic year (may be provided through UWA at no cost) (Approximately \$15 per CEU)

### Policies

#### *Admission to the Program:*

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

1. A preferred GPA of 3.0 or higher for all college coursework
2. A "C" or higher in prerequisite coursework (Students may be enrolled in prerequisite courses at time of application)
  - o Biomechanics
  - o Concepts of Health, Wellness and Fitness
  - o Exercise Physiology with lab
  - o General Biology with lab
  - o General Physics I with Lab
  - o General Psychology
  - o Human Anatomy & Physiology I & II, both with labs
  - o Introduction to Athletic Training
  - o Introduction to Nutrition or higher
  - o Kinesiology
  - o Statistics
  - o Chemistry I with lab
  - o Prerequisite courses can be taken at UWA prior to Master's Program admission. Please contact the Athletic Training Program Director or Clinical Education Coordinator for more information. The following prerequisite courses or their equivalents are required to be completed before admission to the professional program (course descriptions are required for courses not taken at UWA):
    - Chemistry I with lab
    - General Biology with lab
    - General Physics I with lab

- General Psychology
  - Human Anatomy and Physiology I and II, both with labs
  - Introduction to Athletic Training
  - Introduction to Nutrition or higher
  - Kinesiology
- A maximum of one of the following prerequisite courses may be pending completion at the time of initiation of the program, however, that course must be successfully completed by December of the first year in the program or the student will be suspended from the program. This exception includes a student that has taken a prerequisite course and received a grade less than a “C” or a student that has one course remaining that has not yet been attempted.
- Biomechanics
  - Concepts of Health, Wellness, and Fitness
  - Exercise Physiology with lab
  - Statistics
3. Proof of 120 Clinical Observation Hours with a certified athletic trainer.  
 \*COVID-19 Observation Policy: If a student experiences unforeseen circumstances making clinical observation hours unavailable for completion, such as the COVID-19 shutdown, prior to the start date of the summer II session then the student may be conditionally admitted and required to complete additional hours during the AH 581 course equal to 90 hours total of the required 120 or admission. (Example: If a student is able to complete 50 hours prior to the start of the summer II session, then they would be required to complete 140 hours during the duration of AH 581. This includes the 100 hours required for the course plus the additional 40 hours that they would have traditionally completed prior to admission.)
  4. Official transcripts of all college coursework.
  5. Three professional recommendation letters. Please do not request a recommendation from personal friends. At least one letter from a certified athletic trainer is strongly recommended.
  6. Essay (500-word maximum), which should address the following key points:
    - Reasons for desiring a professional career in athletic training
    - Career goals
    - Attributes that you possess that will make you successful in life as an athletic trainer
  7. Current Resume
  8. Proof of current American National Red Cross Professional Rescuer (AED/First Aid/CPR) or American Heart Association BLS for Health Care Providers certification or Emergency Medical Technician equivalence.
  9. Successful completion of an on-site interview with the Athletic Training Admissions & Retention Committee.
    - Note: In the event that an on-site interview is not possible, a Zoom interview may be substituted to meet the requirement.

*Matriculation Requirements and Criteria for Retention:*

Once admitted into the athletic training program, the students' academic and clinical progress will be evaluated each semester. The student who continues to demonstrate satisfactory academic and clinical progression in the program will continue to the next semester. Student's not meeting satisfactory academic progress will be placed on probation to remedy the deficiencies. If these deficiencies are not corrected, the student may be dismissed from the athletic training program. This decision is made by the Program Director in conjunction with the Athletic Training Admissions & Retention Committee, composed of all full time athletic training faculty members. Actions on behalf of the Committee will be documented and discussed with the student. If a student is found to be in violation of the University of West Alabama Athletic Training Program Policy and Procedure Handbook, the NATA Code of Ethics, or the BOC Standards of Professional Practice, or if the student demonstrates academic dishonesty or professional misconduct, the situation will be reviewed with the Athletic Training Admissions & Retention Committee and appropriate actions (warning, probation, dismissal from program) will be taken. Depending on the committee's decision, student may be removed or prevented from taking athletic training courses as well as removed or prevented from engaging in clinical education. Students who withdraw from the athletic training program will need to re-apply to be re-admitted. On an individual basis, the required application materials may be slightly modified (as approved by Athletic Training Admissions & Retention Committee). The following guidelines will be used to evaluate each student at the end of each semester in order to identify satisfactory academic and clinical progress in the athletic training program:

1. Must satisfy (with or without accommodation) the mental, cognitive, emotional, and physical technical standards involved in completing the requirements for program completion. See Appendix for The University of West Alabama Athletic Training Program Technical Standards.
2. Must maintain a minimum grade point average of 3.0 in all graduate athletic training coursework.
3. Students must earn a “B” or better in all attempted athletic training courses. Any student who receives a grade lower than a "B" in any athletic training course will be required to retake the course. If a “C” or lower is obtained in a clinical course, the student will not be allowed to progress to the next clinical course, which would require a delay in program progression until the course is offered the following year.
4. Maintain current certification in emergency cardiac care, at the level of a professional rescuer or healthcare provider (adult and pediatric).
5. Remain in compliance with requirements related to clinical education (e.g., TB testing, influenza vaccination, criminal background check, drug screen).

6. All students are required to abide by the policies and procedures contained in The University of West Alabama Athletic Training Program Handbook, including the NATA Code of Ethics and the BOC's Standards of Professional Practice. Any violations of these policies, any case of academic dishonesty or professional misconduct can result in immediate probation or dismissal from the program.

The academic requirements of the Master of Athletic Training Program are more stringent than those required by the Graduate School at the University of West Alabama. Therefore, those students not meeting the Program requirements will also not meet the guidelines for the Graduate School and may be placed on academic warning, academic probation, or academic dismissal. Classification of academic standing by the Graduate School is as follows:

1. **Good Academic Standing:** Graduate students at The University of West Alabama must maintain an overall grade point average of 3.0 (master's level) to be considered in "Good Academic Standing." No grade below a "C" will be accepted for graduate credit. Students are responsible for monitoring their own compliance and student status as stated in this policy. The School of Graduate Studies is not required to officially notify a student of a change in his/her academic status.
2. **Academic Warning:** After completing 12 semester hours, a student will be placed on "Academic Warning" if he/she does not meet the required overall grade point average specified in his/her program. Academic Warning may be removed if the student raises the overall grade point average to a 3.0. (master's level) by the end of the online term or campus semester in which the student was placed on Academic Warning.
3. **Academic Probation:** A student on "Academic Warning" who fails to raise his/her grade point average to a 3.0 will be placed on "Academic Probation." The student will be removed from Academic Probation if the cumulative GPA is raised to a 3.0. (master's level) by the end of the online term or campus semester in which the student was placed on Academic Probation.
4. **Academic Dismissal:** A student on academic probation who again fails to earn the required overall grade point average required in his/her program will be dismissed from the School of Graduate Studies after the probationary period. In the following circumstances a student will be dismissed regardless of whether or not he/she has been placed on Academic Warning or Academic Probation:
  - A student earns a D and/or F or WF in the same course two times
  - A student earns three grades of W, WP, and/or WF

A student who is preregistered for courses for a subsequent online term or campus semester and is dismissed will be dropped from his/her preregistered courses.

Degree requirements and academic performance standards outlined in this section are the minimum required. Satisfying these general requirements and standards does not imply that all degree and program requirements have been met. Some departments and colleges establish additional GPA requirements for their programs.

#### *Appeal Process:*

A student has the right to appeal any decision made by the Athletic Training Admissions & Retention Committee. The appellant must submit a letter to the Athletic Training Program Director within 10 working days of receiving notification of an adverse decision. The letter should contain reasons as to why the decision is being appealed and why it should be reversed. A conference to discuss the appellant's appeal will then be held with the student and The Athletic Training Admissions & Retention Committee. After hearing the student's appeal, a final decision will be rendered and the appellant will be notified.

Subsequently, the Graduate School at the University of West Alabama has an appeal process that must be followed if a student disagrees with a decision made by the Graduate School. That policy is as follows:

One on campus semester or two online terms after dismissal, the student may appeal to the Graduate Appeals Committee for readmission. A student who wishes to appeal for readmission must submit a written request to the Graduate Dean, who will present it to the Graduate Appeals Committee.

1. The appeal must be based on extenuating circumstances which may have caused the student to have academic difficulties for a particular online term or campus semester.
2. Documentation of circumstances which led to dismissal is encouraged. Supporting documentation from professionals providing assistance in the student's attempt to overcome challenging circumstances may include applicable official reports (e.g., police reports, hospital records, medical notes, death notices, travel documents, etc.). Factors generally not accepted for an academic appeal include, but are not limited to such things as poor academic performance in class, personal time management problems, work or family commitments, and lack of awareness of University policies or deadlines.
3. The appeal must also provide adequate evidence of ability, maturity, and motivation on the part of the student. Appropriate letters of support from faculty or employers may be included. Notification of denial or approval of the appeal will be provided to the student within ten (10) business days after the decision of the Graduate Appeals Committee. The decision of the Committee is final and not subject to negotiation or further appeal.
4. Readmitted students must maintain satisfactory academic progress in all subsequent terms or semesters until degree completion. Should a readmitted student achieve less than a 3.0 grade point average (3.25 for Instructional Leadership and education specialist programs) in any subsequent term or semester, the student will be academically dismissed without the possibility of readmission.

Course grades will be included in the overall grade point average, even when the required time period to obtain a degree has expired. However, course grades over 9 years old cannot be used to determine hours for program completion.

## **UWA Master of Athletic Training Program Individual Standard Evaluation Progression and Policy**

### Purpose and Expectations

The intent of the Individual Standard Evaluation (ISE) is to systematically evaluate students' performance on the curricular content standards and provide feedback to the students as it relates to their clinical performance and skills. Preceptors will evaluate students at the end of each main clinical rotation of the semester. This evaluation will allow the program and the student to track their performance across the curriculum. It is understood that students will not perform each individual standard at all clinical sites each semester in order to receive an evaluation. However, of those standards, or individual components of some standards, that are scored, the student is expected to meet the desired score on 80 percent or higher of the scored items.

Students are required to score a 3.0 or higher out of 6 at the end of AH 582 and AH 583; 4.0 or higher at the end of AH 591 and AH 584; and 5.0 or higher at the end of AH 592.

### Feedback to Students

Once a student is evaluated by the preceptor at the conclusion of the semester, the student will receive a copy of the evaluation to review. Students are provided the program expectations in which they are to meet at the end of each clinical course to help them understand their outcomes. The preceptor and student will then meet to discuss the student's performance.

### Use of Data for Programmatic Planning

If a student does not meet the expected 80 percent on the scored standards, that student will be required to demonstrate the desired score by the end of the following semester on those standards in which they scored below the desired outcome. The program director and clinical education coordinator will work directly with that student to offer remediation opportunities for the student to demonstrate improvement on the specific standard. Remediation will include planned clinical practice when available and/or applicable. If real patient cases are not accessible, a standardized patient case will be utilized for the student to practice improving their skills. The program director and clinical education coordinator will meet at the end of the following semester to review deficiencies and score demonstrated performance during that semester. They will request the input of core faculty as needed and consider the evaluation for that current semester which is completed by the preceptor. In the case that a student is still not proficient the following semester after receiving below a desired score, progression in the program will be reviewed to determine if the student will be allowed to continue in the program or must complete additional remediation prior to progression.

The evaluation for AH 592 will serve as one of three components of the Graduate School Comprehensive Exam and will be completed three weeks prior to graduation to allow time for review and inclusion of any needed remediation. Those students that have not demonstrated all standards at a level of 5.0 or higher will be required to return to campus two weeks prior to graduation where they will practice the skills through providing real patient care when available or will practice using standardized patients. This remediation will be directed by both the program director and clinical education coordinator. Students not reaching the desired level will not pass the Graduate School Comprehensive Exam resulting in graduation being delayed until proficiency is demonstrated. In the case that graduation is delayed, the student will have the opportunity at the end of an additional two-week period to challenge out of the identified deficiency through a scheduled case review with both the program director and clinical education coordinator. Once the student demonstrates the desired score, clearance for graduation through documentation of completing the Graduate School Comprehensive Exam will be provided. Students continuing to present deficiency will complete another two weeks of remediation before being allowed to challenge again. This process will continue until the desired score is achieved.

### Understanding the Scoring

The scoring system below is used to score students on the Individual Standard Evaluation.

- 6- Beyond Entry Level Performance: A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- 5- Entry Level Performance: A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- 4- Advanced Intermediate Performance: A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- 3- Intermediate Performance: A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
- 2- Advanced Beginner Performance: A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
- 1- Beginning Performance: A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions
- 0- No Opportunity to Observe

## 2020 CAATE Standards for Professional Program

- Standard 56: Advocate for the health needs of clients, patients, communities, and populations. Annotation: Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.
- Standard 57: Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.
- Standard 58: Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.
- Standard 59: Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.
- Standard 60: Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.
- Standard 61: Practice in collaboration with other health care and wellness professionals.
- Standard 62: Provide athletic training services in a manner that uses evidence to inform practice.
- Standard 63: Use systems of quality assurance and quality improvement to enhance client/patient care.
- Standard 64: Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:
- Use data to drive informed decisions
  - Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
  - Maintain data privacy, protection, and data security
  - Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)
  - Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.
- Standard 65: Practice in a manner that is congruent with the ethical standards of the profession.
- Standard 66: Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:
- Requirements for physician direction and collaboration
  - Mandatory reporting obligations
  - Health Insurance Portability and Accountability Act (HIPAA)
  - Family Education Rights and Privacy Act (FERPA)
  - Universal Precautions/OSHA Bloodborne Pathogen Standards
  - Regulations pertaining to over-the-counter and prescription medications
- Standard 67: Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.
- Standard 68: Advocate for the profession.
- Standard 69: Develop a care plan for each patient. The care plan includes (but is not limited to) the following:
- Assessment of the patient on an ongoing basis and adjustment of care accordingly
  - Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
  - Consideration of the patient's goals and level of function in treatment decisions
  - Discharge of the patient when goals are met or the patient is no longer making progress
  - Referral when warranted
- Standard 70: Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:
- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
  - Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
  - Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
  - Cervical spine compromise
  - Traumatic brain injury
  - Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
  - Fractures and dislocations (including reduction of dislocation)
  - Anaphylaxis (including administering epinephrine using automated injection device)
  - Exertional sickling, rhabdomyolysis, and hyponatremia
  - Diabetes (including use of glucometer, administering glucagon, insulin)
  - Drug overdose (including administration of rescue medications such as naloxone)
  - Wounds (including care and closure)
  - Testicular injury
  - Other musculoskeletal injuries
- Standard 71: Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:
- Obtaining a medical history from the patient or other individual

- Identifying comorbidities and patients with complex medical conditions
  - Assessing function (including gait)
  - Selecting and using tests and measures that assess the following, as relevant to the patient’s clinical presentation:
    - Cardiovascular system (including auscultation)
    - Endocrine system
    - Eyes, ears, nose, throat, mouth, and teeth
    - Gastrointestinal system
    - Genitourinary system
    - Integumentary system
    - Mental status
    - Musculoskeletal system
    - Neurological system
    - Pain level
    - Reproductive system
    - Respiratory system (including auscultation)
    - Specific functional tasks
  - Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated
- Standard 72: Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.
- Standard 73: Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:
- Therapeutic and corrective exercise
  - Joint mobilization and manipulation
  - Soft tissue techniques
  - Movement training (including gait training)
  - Motor control/proprioceptive activities
  - Task-specific functional training
  - Therapeutic modalities
  - Home care management
  - Cardiovascular training
- Standard 74: Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.
- Standard 75: Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.
- Standard 76: Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:
- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
  - Re-examination of the patient on an ongoing basis
  - Recognition of an atypical response to brain injury
  - Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
  - Return of the patient to activity/participation
  - Referral to the appropriate provider when indicated
- Standard 77: Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients’ treatment, compliance, progress, and readiness to participate.
- Standard 78: Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:
- Durable medical equipment
  - Orthotic devices
  - Taping, splinting, protective padding, and casting
- Standard 79: Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:
- Adrenal diseases
  - Cardiovascular disease
  - Diabetes
  - Neurocognitive disease
  - Obesity
  - Osteoarthritis
- Standard 80: Develop, implement, and assess the effectiveness of programs to reduce injury risk.
- Standard 81: Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

- Standard 82: Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.
- Standard 83: Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.
- Standard 84: Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.
- Standard 85: Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.
- Standard 86: Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.
- Standard 87: Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.
- Standard 88: Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:
- Strategic planning and assessment
  - Managing a physical facility that is compliant with current standards and regulations
  - Managing budgetary and fiscal processes
  - Identifying and mitigating sources of risk to the individual, the organization, and the community
  - Navigating multipayer insurance systems and classifications
  - Implementing a model of delivery (for example, value-based care model)
- Standard 89: Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.
- Standard 90: Establish a working relationship with a directing or collaborating physician.
- Standard 91: Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.
- Standard 92: Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.
- Standard 93: Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:
- Education of all stakeholders
  - Recognition, appraisal, and mitigation of risk factors
  - Selection and interpretation of baseline testing
  - Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation
- Standard 94: Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.

### **UWA Master of Athletic Training Program AT Milestone Evaluation Policy and Progression**

#### Purpose and Expectations

The intent of the AT Milestone Evaluation is to systematically evaluate students' performance and provide feedback related to the individual milestones. Faculty will evaluate students at the end of each didactic and clinical course on the specific milestones connected to that course and the core faculty will collectively evaluate students on all milestones at both midpoint and end of program. This evaluation will allow the program and the student to track progress across the curriculum. Students are expected to meet 80 percent of the desired scores at the end of each class and 80 percent of a comprehensive assessment of all milestones evaluated at both the midpoint and end of the program.

#### Feedback to Students

Once a student is evaluated, either by an individual faculty member or by the core faculty members as a whole, they are provided an electronic copy of the evaluation for their review. Students are then given the opportunity to ask questions of the faculty member(s) pertaining to their given scores through an individual meeting if related to one specific course or the core faculty as a whole if concerning the midpoint or end of program evaluation.

#### Use of Data for Programmatic Planning

If a student does not score the expected 80 percent on either the individual course evaluation or the midpoint of the program evaluation, that student will be required to demonstrate the desired score by the end of the following semester on those milestones in which they scored below the desired outcome. The program director and clinical education coordinator will work directly with that student to offer remediation opportunities for the student to demonstrate improvement on the specific milestone. Remediation may include review of coursework or directed clinical experiences. The program director and clinical education coordinator will meet at the end of the following semester to review deficiencies and score performance. They will request the input of core faculty as needed. In the case that a student is still not proficient the following semester after receiving below a desired score, progression in the program will be reviewed to determine if the student will be allowed to continue in the program or must complete additional remediation prior to progression.

The end of the program evaluation will serve as one of three components of the Graduate School Comprehensive Exam and will at minimum be completed three weeks prior to graduation to allow time for any needed remediation. Students not receiving the desired outcome on this evaluation will be required to return to campus two weeks prior to graduation where a very directed remediation to improve performance on the milestones in which the desired outcome was not previously demonstrated. This will be directed by both the program director and clinical education coordinator. Students not reaching the desired level will not pass the Graduate School Comprehensive Exam resulting in graduation being delayed until proficiency is demonstrated. In the case that graduation is delayed, the student will have the opportunity at the end of an additional two week period to challenge out of the identified deficiency through a scheduled case review with both the program director and clinical education coordinator. Once the student demonstrates the desired score, clearance for graduation through documentation of completing the Graduate School Comprehensive Exam will be provided. Students continuing to present deficiency will complete another two weeks of remediation before being allowed to challenge again. This process will continue until the desired score is achieved.

### Understanding the Scoring

The scoring system below is used to score students on the AT Milestones. For detailed information related to the scoring expectations of an individual milestone visit [https://www.atmilestones.com/support-files/at\\_milestones.pdf](https://www.atmilestones.com/support-files/at_milestones.pdf). Reference the last page of this document for expected outcomes across the entirety of the program.

- Level 1: Describes behaviors of an early learner.
- Level 2: Describes behaviors of a learner who is advancing and demonstrating improvement in performance related to milestones.
- Level 3 (Ready for Unsupervised Practice): Describes behaviors of an individual who substantially demonstrates the milestones identified for an athletic trainer who has completed a Commission on Accreditation of Athletic Training Education (CAATE) accredited professional program and is ready for unsupervised practice. This column is designed as the graduation target for professional programs, but an individual may display these milestones at any point during their education.
- Level 4 (Ready for Advanced Practice): Describes behaviors of an individual who substantially demonstrates the milestones identified for an athletic trainer who has completed a CAATE accredited residency program in specialty area of practice and exhibits performance consistent with an advanced practice clinician. This column is designed as the graduation target for residency programs, but an individual may display these milestones at any point during their education and training.
- Level 5 (Aspirational): Describes behaviors of an individual who has advanced beyond those milestones that describe advanced practice. These milestones reflect the competence of an expert or role model and can be used by programs, personnel supervisors, and individuals to facilitate further professional growth. It is expected that only a few exceptional individuals will demonstrate these milestones behaviors.

### AT Milestones

- Patient-Care and Procedural Skills (PC-1): Patient-Centered Care: Responds to each patient's unique characteristics, needs and goals.
- Patient-Care and Procedural Skills (PC-2): Patient-Centered Care: Demonstrates humanism and cultural competency
- Patient-Care and Procedural Skills (PC-3): Diagnosis and Management: Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).
- Patient-Care and Procedural Skills (PC-4): Diagnosis and Management: Physical Examination (systems-based examination adapted for health condition and contextual factors).
- Patient-Care and Procedural Skills (PC-5): Diagnosis and Management: Diagnostic Evaluation. This includes:
  - Differential diagnosis of primary and secondary conditions
  - Appropriate studies (e.g., laboratory, imaging, neuropsychological)
  - Functional assessments
- Patient-Care and Procedural Skills (PC-6): Diagnosis and Management: Develops and implements comprehensive management plan for each patient.
- Patient-Care and Procedural Skills (PC-7): Diagnosis and Management: Manages patients with progressive responsibility and independence.
- Medical Knowledge (MK-1): Demonstrates medical knowledge of sufficient breadth and depth to practice athletic training.
- Medical Knowledge (MK-2): Knowledge of diagnostic testing and procedures.
- Medical Knowledge (MK-3): Basic Sciences of Athletic Training, including Biology, Chemistry, Physics, Psychology, Anatomy, Physiology, Statistics, Research Design, Epidemiology, Pathophysiology, Biomechanics and Pathomechanics, Exercise Physiology, Nutrition, Pharmacology
- Practice-Based Learning and Improvement (PBLI-1): Evidence-Based Practice: Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems.
- Practice-Based Learning and Improvement (PBLI-2): Quality Improvement: Improves systems in which the athletic trainer provides care.
- Practice-Based Learning and Improvement (PBLI-3): Quality Improvement: Learns and improves via performance audit.
- Practice-Based Learning and Improvement (PBLI-4): Quality Improvement: Monitors practice with a goal for improvement.
- Interpersonal and Communication Skills (ICS-1): Communicates effectively with patients and caregivers.
- Interpersonal and Communication Skills (ICS-2): Communicates effectively with patients, families, stakeholders, and the public.

- Interpersonal and Communication Skills (ICS-3): Communicates effectively in interprofessional teams.
- Interpersonal and Communication Skills (ICS-4): Health Information Technology: Appropriate utilization and completion of health records.
- Professionalism (PROF-1): Completes a process of professionalization.
- Professionalism (PROF-2): Has professional and respectful interactions with patients, caregivers, members of the interprofessional team, and stakeholders.
- Professionalism (PROF-3): Demonstrates professional conduct and accountability.
- Professionalism (PROF-4): Exhibits integrity and ethical behavior in professional conduct.
- Systems-Based Practice (SBP-1): Patient Safety: Recognizes system error and advocates for system improvement.
- Systems-Based Practice (SBP-2): Patient Safety: Emphasizes patient safety.
- Systems-Based Practice (SBP-3): Cost-Effectiveness: Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care.
- Systems-Based Practice (SBP-4): Interprofessional Teams: Works effectively within an interprofessional team.
- Systems-Based Practice (SBP-5): Advocates for individual and community health.
- Systems-Based Practice (SBP-6): Health Information Technology: Utilizes technology to optimize communication.
- Orthopaedics (Ortho-1): Diagnostic Evaluation: Gathers and synthesizes essential and accurate information (history, physical exam, lab work, imaging studies, neuropsychological testing, functional assessment measures, etc.) to define each patient's clinical problem(s).
- Orthopaedics (Ortho-2): Management: Effectively manages patients with increasingly complex orthopaedic conditions.
- Behavioral Health (BH-1): Assessment and recognition of conditions, that include, but are not limited to, suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders.
- Behavioral Health (BH-2): Management: Effectively manages patients with behavioral health conditions.
- Pediatrics (Peds-1): Diagnostic Evaluation: Gathers and synthesizes essential and accurate information (history, physical exam, lab work, imaging studies, neuropsychological testing, and functional assessments) to define each pediatric patient's clinical problem(s).
- Pediatrics (Peds-2): Management: Effectively manages pediatric patients with increasingly complex conditions.

	AH 401/501	AH 420/520	AH 581	AH 432/532	AH 522	AH 530	AH 561	AH 582	AH 524	AH 540	PE 570	AH 502	AH 583	Midpoint	AH 562	AH 591	AH 541	AH 531	AH 584	AH 550	AH 563	AH 508	AH 592	End of Program
PC-1	1.5	1.5	1.5		2	2		2	2.5	2.5		2.5	2.5		3	3	3	3	3	3		3	3	3
PC-2	1.5	1.5	1.5		2			2	2.5	2.5		2.5	2.5			3	3	3	3	3				3
PC-3		1			2				2.5			2.5	2.5			3								3
PC-4		1			2				2.5			2.5	2.5			3								3
PC-5		1			2				2.5			2.5	2.5			3	3							3
PC-6		1			2	2			2.5	2.5			2.5		2.5	3							3	3
PC-7		1		2	2				2.5	2.5		2.5	2.5			3								3
MK-1	1.5	1.5	1.5	2	2	2		2	2.5	2.5	2.5	2.5	2.5	2.5	2.5	3	3	3	3				3	3
MK-2	1.5	1.5	1.5	2	2	2		2	2.5	2.5	2.5	2.5	2.5	2.5	2.5	3	3	3	3				3	3
MK-3	1.5	1.5	1.5	2	2	2	2	2	2.5	2.5	2.5	2.5	2.5	2.5	2.5	3	3	3	3		3		3	3
PBLI-1				2	2	2	2	2	2.5	2.5		2.5	2.5	2.5	2.5	3	3	3	3	3				3
PBLI-2	1						1						2	2								3		3
PBLI-3	1									2				2.5	2							3		3
PBLI-4	1.5					1.5	1.5							2	2			2.5				3		3
ICS-1	1.5		1.5		2	2		2	2.5	2.5			2.5	2.5			3	3	3	3				3
ICS-2	2		2		2	2		2	2.5	2.5			2.5	2.5			3	3	3	3				3
ICS-3				2	2				2.5	2.5		2.5	2.5	2.5				3						3
ICS-4						1.5	1.5			2.5				2.5	2.5		3	3				3		3
PROF-1	1		1	2				2				2.5	2.5	2.5				3	3	3		3		3
PROF-2	2		2	2		2		2				2.5	2.5	2.5				3	3	3		3		3
PROF-3	2		2	2				2				2.5	2.5	2.5				3	3	3		3		3
PROF-4	1.5		1.5	2				2				2.5	2.5	2.5					3	3		3		3
SBP-1	1.5			1.5			1.5			2	2			2	2			3		3	3			3
SBP-2	2			2		2	2			2.5			2.5	2.5				3		3	3			3
SBP-3	1			1.5			1.5			2	2			2	2				3	3				3
SBP-4	1.5			2			2	2		2.5		2.5		2.5	2.5					3	3			3
SBP-5										2				2							3			3
SBP-6							1			2				2	2				3		3	3		3
Ortho-1		1			2				2.5					2.5			3							3
Ortho-2		1			1.5				2					2				2.5						3
BH-1								1						2							3			3
BH-2								1						2							3			3
Peds-1		1			1.5				2.5					2.5			3							3
Peds-2		1			1.5				2					2.5				2.5						3

**UWA Master of Athletic Training Program  
Progressive Comprehensive Examinations and Final Comprehensive Examination**

The intent of the Progressive Comprehensive Examinations (PCE) and Final Comprehensive Examination is to expose athletic training students to the Board of Certification Exam format as well as challenge them to retain information over a period of time. These exams should be considered a tool to help decrease test anxiety, improve test taking skills, and enhance student's ability to retain information in preparation for the Board of Certification exam.

Progressive Comprehensive Examinations

Students will be required to take a PCE at the start of AH 583, AH 584, and AH 592. If the student does not score an 80 or higher on the examination, they will be required to take a one (1) hour noncredit additional course that semester to remediate the lack of knowledge. The student will still be required to pass that examination as a part of the remedial coursework. The examinations are a compilation of course material they have learned in the previous semester(s). As students move forward in the program, the exam material accumulates, requiring the student to demonstrate knowledge and understanding of concepts from all previous semesters.

Course #	Exam Material	Required Total Score on Exam	If not Successful on Exam
AH 583	AH 401/501, AH 420/520, AH 432/532, AH 522, AH 530, AH 561	≥80%	Remedial Course Requirement
AH 584	AH 401/501, AH 420/520, AH 432/532, AH 522, AH 530, AH 561, AH 524, AH 540, PE 570, AH 502, AH 562	≥80%	Remedial Course Requirement
AH 592	AH 401/501, AH 420/520, AH 432/532, AH 522, AH 530, AH 561, AH 524, AH 540, PE 570, AH 502, AH 562, AH 541, AH 531	≥80%	Remedial Course Requirement

Testing Format

- 100 questions with a 60 minute (1 hour) time limit
- Blackboard, online testing format, either in computer lab or with Respondus Lockdown Brower and Monitoring

Graduate School Comprehensive Examination

Students must successfully complete the three individual components of the Graduate School Comprehensive Exam before being cleared for program completion resulting in graduation.

*Part 1:* Students will be required to take a Final Written Comprehensive Examination during AH592, final spring. This examination will serve as the first component of the Graduate School Comprehensive Exam. Students must score an 80 or higher on the examination to be cleared to take their Board of Certification exam. Students scoring below an 80 percent will be required to take an additional one (1) hour noncredit course immediately following the failed examination and will then be required to take the exam again before the end of the semester. If the student fails the exam for the second time, the student will be required to complete an additional one (1) hour course during the summer following their expected program completion to remediate information needed to achieve a passing score. As a part of that course requirement, they will retake the Final Written Comprehensive Examination and must score an 80 or higher.

Testing format

- 175 questions with a 280 minute (4 hours) time limit
  - o Injury Illness Prevention and Wellness Protection- 25% or 44 questions
  - o Clinical Evaluation and Diagnosis- 22% or 39 questions
  - o Immediate and Emergency Care- 19% or 33 questions
  - o Treatment and Rehabilitation- 22% or 39 questions
  - o Organizational and Professional Health and Well-Being- 12% or 20 questions
- Blackboard, online testing format, either in computer lab or with Respondus Lockdown Browser and Monitoring

*Part 2:* At the end of the program, the AT Milestone Evaluation will at minimum be completed three weeks prior to graduation to allow time for any needed remediation by the core faculty. Students not receiving the desired outcome (80 percent of required score) on this evaluation will be required to return to campus two weeks prior to graduation where a very directed remediation to improve performance on the milestones in which the desired outcome was not previously demonstrated. This will be directed by both the program director and clinical education coordinator. Students not reaching the desired level will not pass the Graduate School Comprehensive Exam resulting in graduation being delayed until proficiency is demonstrated. In the case that graduation is delayed, the student will have the opportunity at the end of an additional two week period to challenge out of the identified deficiency through a scheduled case review with both the program director and clinical education coordinator. Once the student demonstrates the desired score, clearance for graduation through documentation of completing the Graduate School Comprehensive Exam will be provided. Students continuing to

present deficiency will complete another two weeks of remediation before being are allowed to challenge again. This process will continue until the desired score is achieved.

*Part 3:* The Individual Standard Evaluation for AH 592 will serve as the third component of the Graduate School Comprehensive Exam and will be completed three weeks prior to graduation to allow time for review and inclusion of any needed remediation. Those students that have not demonstrated all standards at a five level will be required to return to campus two weeks prior to graduation where they will practice the skills through providing real patient care when available or will practice through the use of standardized patients. This remediation will be directed by both the program director and clinical education coordinator. If a student does not show improvement to the desired level, they will not pass the Graduate School Comprehensive Exam resulting in graduation being delayed until proficiency is demonstrated. In the case that graduation is delayed, the student will have the opportunity at the end of an additional two week period to challenge out of the identified deficiency through a scheduled case review with both the program director and clinical education coordinator. Once the student demonstrates the desired score, clearance for graduation through documentation of completing the Graduate School Comprehensive Exam will be provided. Students continuing to present deficiency will complete another two weeks of remediation before being are allowed to challenge again. This process will continue until the desired score is achieved.

**By signing this form, you as the student are acknowledging your awareness of the Progressive Comprehensive Exam and Graduate School Comprehensive Exam policy in place in the University of West Alabama Master of Athletic Training Program as of the date signed below. You understand that your academic progress in the program will be determined by the progressive comprehensive exams and that your approval for the BOC exam and graduation will be determined by the Graduate School Comprehensive Exam. Should you have any questions over the course of your program enrollment, you should contact the Clinical Education Coordinator or Program Director to discuss your concerns.**

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**Student Signature**

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**Date**

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**Clinical Education Coordinator**

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**Date**

### **Technical Standards for Admission:**

The Athletic Training 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 Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an 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 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 BOC certification exam.

Candidates for selection to the Athletic Training 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 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 Affairs, Webb Hall 323, (205) 652-3851 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.

If at any point during enrollment in the Master of Athletic Training Program a student's status changes in regards to the above outlined technical standards, the student must immediately contact the program director and the UWA Student Success Center and/or the Office of Student Affairs to discuss the change in status. The program director will consult with the UWA Student Success Center and/or the Office of Student Affairs to determine if accommodations can be made for the student to meet the technical standards of the program.

### **University Policy on Non-Discrimination**

The University of West Alabama Master of Athletic Training Program complies with the University Policy on Non-Discrimination, <https://catalog.uwa.edu/content.php?catoid=40&navoid=2154>, in both the clinical and didactic component of the ATP. Students must comply with the University's policy at all times including while providing patient care, in the classroom, and in general as a representative of the Athletic Training Program. Students are expected to follow the BOC Standards of Professional Practice and NATA Code of Ethics as it relates to providing "quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity". Discriminatory behavior will not be tolerated at any time. If you believe at any time that you have been discriminated against or have witnessed discrimination, please notify a member of the athletic training faculty or the Title IX Coordinator immediately.

## **Master of Athletic Training Class Attendance Policy**

The Athletic Training 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 Program. As such, the faculty feel that students enrolled in the ATP should attend 100% of all class meetings. Therefore, all athletic training students will be required to attend and be actively involved in all ATP 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.

## Master of Athletic Training Curriculum

### First Year

Summer II		Fall Semester		Spring Semester	
AH 401/AH 501 Professional Practice and Techniques of Athletic Training	3	AH 432/532 Managing Medical Emergencies	3	AH 524 Clinical Evaluation and Diagnosis of the Upper Extremity	3
AH 420/520 Fundamental Skills in Athletic Training	3	AH 522 Clinical Evaluation and Diagnosis of the Lower Extremity	3	AH 540 Orthopaedic Rehabilitation	3
AH 581 Athletic Training Clinical I	1	AH 530 Therapeutic Interventions	3	PE 570 Development of Strength and Conditioning Programs	3
		AH 561 Evidence Based Practice In Athletic Training I	3	AH 502 Non Orthopaedic Evaluation and General Medical Issues	3
		AH 582 Athletic Training Clinical Education II	1	AH 583 Athletic Training Clinical III	1

### Second Year

Summer II		Fall Semester		Spring Semester	
AH 562 Evidence Based Practice in Athletic Training II	1	AH 541 Movement Analysis and Corrective Techniques for Dysfunction	3	AH 550 Healthcare Management and Professional Behaviors in Athletic Training	3
AH 591 Athletic Training Clinical Immersion I	2	AH 531 Manual Therapy Techniques	3	AH 563 Evidence Based Practice in Athletic Training III	3
		AH 584 Athletic Training Clinical IV	1	AH 508 Seminar in Athletic Training	1
				AH 592 Athletic Training Clinical Immersion II	3

## Master of Athletic Training in 2020-2021 Graduate Catalogue

- AH 401 or AH 501 Professional Practice and Techniques of Athletic Training (3)
- AH 502. Non Orthopaedic Evaluation and General Medical Issues (3)
- AH 420 or AH 520 Fundamental Skills in Athletic Training (3)
- AH 432 or AH 532 Managing Medical Emergencies (3)
- AH 508. Seminar in Athletic Training (1)
- AH 522. Clinical Evaluation and Diagnosis of the Lower Extremity (3)
- AH 524. Clinical Evaluation and Diagnosis of the Upper Extremity (3)
- AH 530. Therapeutic Interventions (3)
- AH 531. Manual Therapy Techniques (3)
- AH 540. Orthopaedic Rehabilitation (3)
- AH 541. Movement Analysis and Corrective Techniques for Dysfunction (3)
- AH 550. Healthcare Management and Professional Behaviors in Athletic Training (3)
- AH 561. Evidence Based Practice in Athletic Training I (3)
- AH 562. Evidence Based Practice in Athletic Training II (1)
- AH 563. Evidence Based Practice in Athletic Training III (3)
- AH 581. Athletic Training Clinical I (1)
- AH 582. Athletic Training Clinical II (1)
- AH 583. Athletic Training Clinical III (1)
- AH 584. Athletic Training Clinical IV (1)
- AH 591. Athletic Training Clinical Immersion I (2)
- AH 592. Athletic Training Clinical Immersion II (3)
- PE 570. Development of Strength and Conditioning Programs (3)

## Clinical Education Policies and Procedures

### Explanation of Clinical Education

Clinical education is the cornerstone of athletic training education as it provides students with “real-world” opportunities to integrate the knowledge and skills learned in the classroom on patients under the supervision of a preceptor. The clinical portion of the student’s education is a component of each clinical education (AH 581, AH 582, AH 583, AH 584, AH 591, and AH 592) course. Clinical education experience placements are made based on course sequencing, site availability, and student needs and goals. Students are required to complete a minimum of six (6) semesters of clinical education. During the first three clinical education experiences (summer, fall, and spring in year 1) in the program, students will engage in clinical education on campus or within a drivable distance from campus. During the first clinical experience (AH 581), students will be assigned to university athletics and summer camps occurring on the campus of UWA. Starting in the second clinical experience (AH 582), students will complete a semester long rotation with a UWA varsity athletic team. During the semester, students will be temporarily pulled out of their rotation to complete a/an industrial rotation where they are required to complete a minimum of 10 hours during a 1 week experience. Students will also be required during this semester to complete 6 high school experiences with the UWA outreach athletic trainers. During the student’s third clinical experience (AH 583), students will complete a semester long rotation occurring on the campus of UWA with a varsity athletics team. During the semester, students will be temporarily pulled out of their rotation to complete a general medical rotation at a local clinic where they are required to complete a minimum of 15 hours during a 2 week experience. Also, during this semester, students will be required to complete 6 high school experiences with the UWA outreach athletic trainers. The student’s fourth clinical experience (AH 591) will be the first of two immersive clinical experiences. Students, with the assistance of the Clinical Education Coordinator, will be responsible for locating and securing a contract with an athletic training facility in the setting of their choice to allow them to complete the required clinical responsibilities of an immersive experience. During immersive clinical education experiences, students are expected to engage in clinical education as their primary focus. There will be asynchronous coursework that will aim to further engage the students in their clinical experience without interfering or disrupting the educational nature of the experience. When securing an off-campus clinical education experience, the student should be prepared to fulfill requirements for that site (e.g. background check, immunizations, orientation) as well as plan for temporary relocation and/or transportation to that clinical site. During the student’s fifth clinical experience (AH 584), students will complete another semester long rotation on the campus of UWA with a varsity athletics team. During the semester, students will be temporarily pulled out of their rotation to complete a physical therapy rotation with ATI Physical Therapy on the UWA Campus where they will be required to complete a minimum of 15 hours during a 2 week experience. Also, during this semester, students will be required to complete 6 high school experiences with the UWA outreach athletic trainers. During the student’s final clinical experience (AH 592), they will complete their second immersive clinical experience at an off campus site of their choice as long as clinical contract is able to be established between UWA and the chosen facility. Students are to refrain from applying skills during their clinical education experiences which have not first been instructed and evaluated either in the classroom or by the preceptor. This is to ensure safety of both the patient and the student. If, however, a learning opportunity arises where the student may gain experience with a clinical skill but the clinical skill has not yet been taught or assessed in a required course, the preceptor may instruct the student on the clinical skill so that the student may benefit from that situation.

### Clinical Education Evaluation

Students will be regularly assessed on their performance in a clinical education setting. The preceptor who supervises the student will complete each required evaluation through EValue. The student will be evaluated at the mid-point of the experience, which will provide feedback regarding progress up to this point, strengths, and help to establish specific skills and goals to accomplish for the remainder of the experience. The student will also be evaluated at the end of the clinical experience. This evaluation will be more detailed, providing feedback regarding the student’s practice as well as level-specific knowledge and skills. An average of these evaluations will serve as a grade component in each clinical course.

### 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 Program as ruled on by The University Student Conduct 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 Program or The University in a poor public position may lead to probation, suspension, or termination of enrollment in the Athletic Training Program as ruled on by The University Student Conduct Committee.
3. Failure to meet or maintain the academic requirements of the Athletic Training Program will result in probation, suspension, or termination of enrollment in the program. For possible reinstatement, the student must go through the appeal process as explained in this handbook.
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 Program will result in referral to Title IX Coordinator for appropriate action and possible removal from the Athletic Training Program.
5. 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.

6. All students wishing to file a grievance must do so in accordance with University policy of grievances. A meeting will be arranged with all parties involved to attempt to resolve the grievance. If it cannot be resolved, it will be referred to other administrative personnel within The University.
7. Failure to comply with any of the Policies and Procedures of the Athletic Training 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 Student Conduct Committee.

### **Clinical Assignment Policy**

1. All students must report to any and all assigned clinical assignments on time. Students must contact their preceptor 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 preceptor. Failure to report to duties and unexcused absences will lead to probation, suspension, or termination from the Athletic Training Program.
2. 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.
3. Athletic training students are to abide by the respective rules of their assigned varsity sport when traveling on a road trip with their assigned preceptor/varsity sport.
4. When in the athletic training facility, regardless of whether on duty or not, be prepared to be asked to provide treatments or perform tasks as deemed necessary by the supervising preceptors.
5. While in the athletic training facility, or at UWA varsity practices and games, the use of profanity, horse play, or actions unacceptable to the health care professional, will not be tolerated.
6. All rules of the NCAA, NIRA, and GSC governing varsity practices, events, or competitions are to be followed by the athletic training students.
7. All students, graduate assistants, and staff are required to adhere to the Health and Safety Policy of The University of West Alabama Athletic Training Program.
8. All students, graduate assistants, and staff are required to read and sign a HBV vaccination waiver prior to being allowed to gain clinical experience within the Athletic Training Program.
12. No student is allowed to use a modality without specific instructions from a preceptor and the student having demonstrated proficiency with the modality.
13. Students are required to be Professional Rescuer First Aid & CPR certified before admission into the program and must maintain certification throughout the program.
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 annually for 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 in clearly marked UWA Emergency Action Plans (EAPs) should an emergency situation arise. These EAPs are also maintained in each athletic training kit. All members of the Athletic Training Program will be informed about these numbers and EAPs 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 preceptor in their respective roles. Requests to perform tasks other than athletic training related duties are not to compromise the student's 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 preceptor, 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 ATP only if the job does not interfere in any way with the assigned responsibilities as determined by the ATP staff. 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 ATP as a primary commitment.

Any enrolled program student who violates this policy (at any time during his/her enrollment) without expressed written consent from the ATP 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 file.
- Second Offense: Verbal and written notification will be documented in student file 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 a preceptor) is primarily working / traveling with a specific sports team, the preceptor 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 ATP 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 of 1 full month and at the discretion of the program director. Other measures may be imposed at the discretion of the Athletic Training Admissions & Retention committee.
- Fourth Offense: Verbal and written notification and recommendation for removal from the ATP.

Students are not paid for their participation in clinical and field experiences and are encouraged to review UWA student employment guidelines.

### **Clinical Education Supervision**

One of the major goals of a clinical education experience is for a student to become autonomous in their skills, abilities, and decision making. However, students should never confuse autonomy with unsupervised practice. Students must always practice athletic training under the direct supervision of a preceptor. Students should work to become competent and comfortable in decision-making, but all care-related decisions made by students must be reviewed with their preceptor prior to implementation. Clinical experiences must be seen from an educational perspective and the students must see themselves as being there to learn, develop and/or refine clinical skills, and to foster an understanding and appreciation of all aspects of the profession. The UWA Athletic Training Program does not support unsupervised clinical education experiences, nor shall they be considered part of the student's clinical education experience. Students may not represent themselves as an athletic trainer or perform any athletic training activities outside of their clinical education experience. There may be brief but unplanned times that a student is unsupervised. During these uncommon times, students should not perform athletic training skills until the return of their supervising preceptor. If a student finds themselves in a situation in which they are unsupervised, they may act voluntarily as a first aid provider only, and can only provide first aid services. This student may refuse this voluntary opportunity at any time. A student's refusal will have no detrimental effect on the student's clinical education evaluation or standing in the program.

### **Travel Policy**

As part of the ATP experience, students will be provided the opportunity to travel with various athletic teams throughout the course of their educational experience while being accompanied by a preceptor. If you are traveling you will always accompany a preceptor who will provide direct supervision. Some areas to review prior to traveling with the team are listed below:

- Emergency Care Policy
- Expected Conduct
- Record Keeping Policies
- Kit (supplies)
- Emergency telephone numbers of host team and facility and contact information of UWA ATs
- The preceptor and athletic training student(s) should always carry the emergency contact and insurance information on all of the athletes involved with the sport
- Athletic Training Students are not authorized to drive state vehicles

Remember you are representing not only yourself, but also your team, school, and the ATP, so conduct yourself accordingly. You need to understand your limitations as an athletic training student. 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 Program.

UWA ATs are allowed to perform the following duties when accompanied by a preceptor:

- 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

Protocol for Out of Town Events for preceptor and/or accompanying athletic training students

- Be ready to go if requested by a staff athletic trainer to accompany him/her on a trip
- If one of the athletic training students cannot travel as assigned, a five-day 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
- 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.
- Upon arrival at an event, locate the host institution's medical personnel to discuss availability of medical care. The athletic training student 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
- 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
- When traveling, pack all pertinent insurance documents and emergency phone numbers for parent notification
- As directed by the preceptor, 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

### **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 facility 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 and FERPA guidelines are in effect and must be adhered to strictly.**

### **Athletic Training Student Clinical Hours Policy**

Each student enrolled in the UWA Athletic Training Program will be required to obtain clinical experience on a weekly basis. These experiences will be measured in hours and documented in EValue. The preceptor, that the student is assigned to, will verify/approve the documented hours on a weekly or bi-weekly schedule in EValue. The maximum number of clinical hours a student can document cannot exceed forty (40) hours per week. If a motivated student desires to exceed the maximum number of assigned clinical hours per week, they will be performing these hours on a volunteer basis, but in no cases will be allowed to exceed more than forty (40) clinical hours within a given week, whether assigned or volunteer.

Additionally, each student can only obtain clinical hours on six of the seven days within each calendar week. To elaborate, this does not necessarily mean a day off every seven days. As one example a student may possibly be off the first day of one calendar week and the last day of the next calendar week. The preceptor will follow the NCAA requirement for athletic teams which mandates that each student-athlete must be allowed one day away from their sport in a calendar week. Therefore, if an athletic training student is assigned to a specific sport rotation; they will not be allowed to obtain clinical experience on those days the sport athletes are given their mandated day off. The clinical coordinator will schedule a minimum day off if the student is doing rotations with one of our affiliated sites to ensure that the standard is met by these students.

### **Clinical Experience Attendance Policy**

The clinical experience portion of the athletic training 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 a preceptor and are a required portion of the student's educational experience. A student enrolled in the ATP is required to attend and actively participate in all scheduled/assigned clinical experiences. 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. Staff 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 preceptor allowed to excuse a student from a clinical experience. Understandably, there will be times when absences cannot be pre-approved (illness, family emergency, etc). It is the student's responsibility to communicate with all appropriate instructors, preceptors and staff when these instances do arise. Again, the student should make every effort in advance of the absence to follow a notification procedure.

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 his/her supervising preceptor. 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 & Sports Medicine Center at hours approved by the ATP 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 ATP 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.

### Professional Appearance Policy

As a member of the health care 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. All students will be required to wear their Athletic Training Program issued nametag identifying them as an Athletic Training Student any time that they are receiving clinical experiences.
  2. Shirts will be tucked in neatly at all times when performing duties as an ATS or when in the athletic training facility for any reason.
  3. 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.).
  4. 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)
  5. 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.
  6. 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)
- Shirts/Polo's/Dress Shirts/Sweatshirts/Jackets
    - Athletic Training, UWA or Adidas gear only
    - Plain white, red or gray shirt or polo's, if Athletic Training or UWA gear is dirty/unavailable
    - No rips, tears, holes, snags, frays or stains
    - Game shirts must be worn during Physician's Clinic and Game Days
  - Shorts/Pants
    - Athletic Training, UWA, Adidas or non-competitive brand only
    - Khaki or slight variation of khaki color
    - No army green, gray, black or printed khakis, no denim except for rodeo
    - No sweatpants, tights underneath shorts, pajama pants or scrubs, or cargo pants/shorts
    - No rips, tears, holes, snags, frays or stains
  - Belt
    - Brown or black only
    - No studs, multicolored or printed design
  - Shoes
    - Adidas or non-competitive brand only
    - Dress shoes (functional for running) are permitted with appropriate attire
    - All shoes must be closed toe and closed heel
    - No flip-flops, sandals, slippers, etc.
  - Socks/Sunglasses/Hats/Piercings
    - Athletic Training, UWA, Adidas or non-competitive brand only
    - No hats, sweatshirt hoods or sunglasses are to be worn in Athletic Training Facility (JH 216 & PH 32)
    - No multicolored, printed socks that are visible
    - All facial piercing must be removed before entering the Athletic Training Facility

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 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.

Students admitted to the program will be provided a minimum of two (2) UWA athletic training T-shirts and one (1) UWA athletic training polo. Additional clothing may be available for purchase by the student depending on the desire.

UWA Athletics has an exclusive contract with Adidas. As a result, our athletic training staff and students are encouraged to wear Adidas gear during all athletic events and practices. Athletic gear displaying other brand names will not be allowed, however gear that does not display a competing brand name will be allowed. Our colors are red and white and must be the primary colors on any athletic gear. Beyond this khaki pants are allowed. We do not, at any time, wear gear displaying other college or university names or logos.

Remember you represent the athletic training 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 preceptor supervising the student at the respective venue. In the event of a disagreement between the preceptor and the ATS, the ultimate decision will be deferred to the Program Director.*

### **Professional Behavior**

- No sitting or lying down on the treatment tables unless otherwise instructed
- No computers shall be used for purposes other than athletic training related (i.e. Facebook, Youtube, personal email)
- Inappropriate, non-athletic training related conversations shall not be permitted in the Athletic Training Facility
- No tobacco use in the Athletic Training Facility
- Cell phones, music players, or texting are not allowed when working within the Athletic Training Facility unless it does not interfere with patient care

### **Social Media Policy**

The following is a policy established for students related to social media and electronic forms of communication (email, texting), particularly as it relates to their clinical education. Violations of this policy will be evaluated on a case-by-case basis. Depending on the magnitude of the infraction, a violation may be considered professional misconduct, resulting in either probation or dismissal from the program.

- Students should avoid social media interaction (e.g., Facebook, Twitter, Instagram, SnapChat, etc.) with student-athletes/patients
- Students should avoid social media/electronic forms of communication to discuss health-related issues with student-athletes or patients, particularly if the student is currently engaging in clinical education experiences that may result in interaction with that athlete or patient. This includes Facebook, Twitter, email, and texting, etc. If the patient/athlete has a medical need, he/she should contact the AT or the appropriate health care professional, not the student
- Students should avoid any social media/electronic forms of communication with any athletes or patients who are minors. This includes Facebook, Twitter, Instagram, SnapChat, email, and texting, etc.
- Students should avoid taking any pictures or posting anything about the patients they are providing care to, or patients other students are providing care to, on any social media. This includes Facebook, Twitter, Instagram, SnapChat, email, and texting, etc. This is unprofessional and is a HIPAA violation
- Do not share any information regarding patient diagnosis, diagnostic imaging, injury-related information, or suggestions for injury care, etc. to any form of social media or electronic forms of communication

### **Record Keeping Policy**

- All varsity athletes and all other patients entering the athletic training facility must sign in on the appropriate clipboard or electronic medical record platform *each and every* time they enter the athletic training facility for evaluation, treatment, rehabilitation or other injury/illness care
- All medicines/drugs issued to varsity athletes or anyone else must be logged into the drug logbook
- All athletes or private patients evaluated on campus by the team physicians from Andrews Sports Medicine & Orthopaedic Center must be logged into the appropriate documentation log
- Vivature should serve as the permanent and complete record for all evaluation, treatment and rehabilitation, etc. for all student athletes

### **Treatments**

- 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 preceptor
- Standard treatment practices should be followed, do not vary from standard practices without discussion and approval of the preceptor
- 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 patient's progress before and after each treatment. Don't get caught up in a routine. Daily re-evaluation of the patient is important to their treatment/rehabilitation

### **Radiation Exposure**

The Athletic Training & Sports Medicine Center in Homer Field House Room 216 houses an Orthoscan DI Mobile mini C-arm which produces a very low amount of radiation exposure. Only full-time UWA athletic training staff and physicians are allowed to operate the Orthoscan which is password protected from unauthorized use. When using the unit to take x-rays lead shielded gowns are available and used by the patient being x-rayed as well as the clinician operating the unit. Radiation detection badges are also available for full time staff to wear when operating the unit. At no times are athletic training students authorized to use the unit. Athletic Training students may observe the operation of the unit from a distance of 10 feet or more or with an appropriately used lead shielded gown.

If a student completes a clinical experience that allows the student to see a procedure that requires exposure to radiation (such as x-ray or surgery under fluoroscopy), then the student is expected to follow all policies and procedures implemented by that location.

### **Medication**

All members of the athletic training staff are directed by the team physician to administer only over-the-counter (OTC) medication. 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. Also, no more than a one dose should be administered at any time.

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, or pharmacists.

All athletes who require prescription medicine are to obtain a prescription signed by the team physician. A medication approval form must be completed and sent with the athlete to Livingston Drug if the expense is to be covered by UWA athletics.

### **Grievances**

On any staff larger than one person there are bound to be some interpersonal problems at some point. 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/preceptor 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 appropriate staff Athletic Trainer along with the athletic training students assigned to each preceptor/sport should send a letter/email 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.

### **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 \$75.00 for each key

## **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 facility (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, Athletic Trainer(s) and Graduate Assistant Athletic Trainers 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 to provide athletic training services for teams you are responsible for reporting injuries, status, pending and/or missed medical appointments, and rehabilitation progress of your athletes to your coach under the supervision of a staff athletic trainer.
- 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 cannot 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 around 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 a 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 or Associate/Assistant Athletic Directors**

- 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 athletic training facility 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 program.

## Individual Sport Responsibilities and Procedures

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

### Football

1. At home games usually only 6 to 10 athletic training students will be assigned.
2. Usually only 5 to 8 athletic training students will be assigned at away games.
3. Everyone will work at practice, with each student assigned a position and coach that they will work with on each given day. Each athletic training student will carry minor first aid supplies, PPE's, and water bottles to supply water to athletes on a continual basis.
4. At practice, one group will be responsible for pre-practice field set-up on a weekly basis, which includes the following:
  - o Sufficient amounts of ice in ice chests (usually 2-4)
  - o 6-8 water coolers
  - o Powerade mix
  - o Sufficient water bottles in racks
  - o Ice towel buckets and towels
  - o Rehab equipment
  - o Hose(s)
  - o Cups/cup racks
  - o Emergency equipment including spine board, vacuum splints, AED, asthma inhalers, and facemask removal tool
  - o Sideline fans and extension cords, and shade tent (dependent on temperature each day)
  - o 2 pair of crutches
  - o Field trunk
5. 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.
6. At home games the field set-up group will be responsible for providing the following items to our sidelines:
  - o 4 10-gallon water coolers
  - o 4 ice chests
  - o Powerade mix
  - o 2 ice towel buckets w/towels
  - o 10 sleeves of cups
  - o 1 spine board
  - o 1 bag of vacuum splints with bag valve mask and cervical collar inside
  - o 2 pair of crutches
  - o 2 hoses attached to spickets
  - o Field trunk
  - o AED with asthma inhalers and facemask removal tool
  - o black pad trunk
  - o 1 water table
  - o 1 examination table with folding medical tent
  - o Sideline fans and extension cords
  - o Post-game drinks in laundry room (# determined weekly)
7. The opposing sidelines will be provided the following: 1 examination table, 1 water table, 4 water coolers, and 2 chests 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 – 16-ounce drinks and icing them prior to the opposing teams' arrival. The drinks will be placed in the Pruitt Hall Athletic Training Facility 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 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), 1-4 ice chests with ice, and 0-4 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:

  - o 2 water coolers for Powerade
  - o 2 ice towel buckets and 6 towels
  - o Powerade mix
  - o 8 racks of water bottles
  - o 10 sleeves of cups
  - o Field Trunk
  - o Locker room trunk
  - o 1 hose
  - o Pre-game taping supplies
  - o 4 cup holders
  - o 4 taping leg-lift blocks
  - o Folding medical tent
  - o 2 pair of crutches
  - o 1 spine board
  - o 1-2 sideline fans and extension cords (dependent on temperature and venue)
  - o AED with asthma inhalers and facemask removal tool
  - o 1 portable taping table
  - o 1 bag of vacuum splints with bag valve mask and cervical collar inside

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.
12. All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program
13. All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” recertification course hosted at the university.

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

All three of these sports will be assigned two athletic training students for principle provision of athletic training services. Each athletic training student will enter all insurance and emergency information for each of their athletes in the computer and place a copy in their kit. 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, at the discretion of the preceptor assigned to the team. 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 sport requires the following items for set-up: 1 water cooler, bottles and 1 stocked supply kit. All taping and pre-practice treatments are to be conducted in the Pruitt Hall Athletic Training Facility. The Pruitt Hall Athletic Training Facility should always have the following items:

- |                               |                                 |
|-------------------------------|---------------------------------|
| ○ 1 exercise bike             | ○ 1 spine board                 |
| ○ Rehab equipment as needed   | ○ 1 package of splints          |
| ○ 2 stocked taping tables     | ○ Towels                        |
| ○ 1 stocked first aid cabinet | ○ 2 water cooler rolling tables |
| ○ 2 pair of crutches          | ○ 1 stocked hydrocollator       |
| ○ Cups                        |                                 |

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

- |   |  |
|---|--|
| ○ 1 ice chest on each bench                                 | ○ 1 stocked kit on home sideline   |
| ○ 1 water cooler on each bench                              | ○ Individual water bottles for UWA athletes on home sideline                       |
| ○ Towels for floor use                                      | ○ 1 ice chest in each visiting locker room and the officials locker room with cups |
| ○ Ice bags & elastic wraps in the visiting teams ice chests | ○ Biohazard Kit on each bench  |
| ○ 1 sleeve of cups on each bench                            |  |
| ○ 1 rolling cart on each bench                              |  |

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” review course hosted at the university.

### **Rodeo**

Two athletic training students are assigned for principal provision of athletic training services. 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 a staff athletic trainer 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 through 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 judgment 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 judgment 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 water cooler
○ 1 package of splints	○ 1 stocked kit
○ 2 pair of crutches	○ All emergency information
○ 1 ice chest with ice	○ Athlete insurance information
14. 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.
15. All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.
16. All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a "CPR and AED for Adult" and "First Aid" review course hosted at the university.

### **Baseball and Softball**

Both of these sports will be assigned two and possibly three athletic training students for principle provision of athletic training services. Also, each athletic training student will enter all insurance and emergency information for each of their athletes in the computer and place a copy in their kit. 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 at the discretion of their preceptor. Each athletic training student is assigned the sport for the entire semester (including off-season workouts) unless some unforeseen event or reason arises. Each sport requires the following items for practice set-up:

- |                                   |   |
|-----------------------------------|---|
| ○ 1 water cooler & cups           | ○ 1 stocked supply kit                                  |
| ○ Towels                          | ○ Individual player bottles filled with water (if used) |
| ○ 1 ice chest with sufficient ice |   |

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

- |                       |   |
|-----------------------|---|
| ○ 100 cups/game       | ○ 1 ice chest with ice (visiting team's will have bags & elastic wraps) |
| ○ Biohazard Container |   |
| ○ 1-2 water cooler(s) |   |

The following items will be on site at all times:

- |                      |                        |
|----------------------|------------------------|
| ○ 1 pair of crutches | ○ 1 package of splints |
| ○ 1 spine board      |                        |

For away games the following should be taken with you

- |                         |                         |
|-------------------------|-------------------------|
| ○ 1 kit                 | ○ Insurance information |
| ○ Emergency information | ○ 1 pair of crutches    |

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a "CPR and AED for Adult" and "First Aid" review course hosted at the university.

### **Cross-Country**

This sport will have two athletic training student assigned principle provision of athletic training services. 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.

At practices and home events the student will provide

- |                        |                  |
|------------------------|------------------|
| ○ 1 ice chest with ice | ○ 1 water cooler |
|------------------------|------------------|

- Individual water bottles
- Cups
- Supply kit with emergency and 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 preceptor's discretion as to whether you will travel) you will take:

- Individual water bottles
- 1 water cooler
- Insurance Information
- Supply kit

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

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a "CPR and AED for Adult" and "First Aid" review course hosted at the university.

### **Tennis**

This sport will have one to two athletic training students assigned principle provision of athletic training services. 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.

At practices and home events the student will provide

- 2 ice chests with ice
- 3 10 gallon water coolers
- Individual water bottles
- Cups
- Supply kit with emergency and insurance information

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

At away events 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

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a "CPR and AED for Adult" and "First Aid" review course hosted at the university.

### **Cheerleading**

This sport will have one to two athletic training students assigned to the staff athletic trainer responsible for Cheer for principle provision of athletic training services. 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 cross country and/or track responsibilities. At practices the athletic training students will provide only 1 supply kit with emergency information and insurance information.

### **Men's and Women's Soccer**

This sport will have two athletic training students assigned to the staff athletic trainer responsible for principle provision of athletic training services. 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. At practice, the staff will be responsible for pre-practice field set-up on a weekly basis, which includes the following:

- 1 ice chest with ice bags
- 1-10 gallon water cooler
- Ice towel buckets and towels (as needed)
- Rehab equipment (as needed)
- Hose(s)
- Water bottles
- Emergency equipment (spine board, AED)
- 1 stocked kit
- 1 examination table

At home games the field set-up group will be responsible for providing the following items to our sidelines:

- 3-10 gallon water coolers
- 2 ice chests
- 2 ice towel buckets w/towels
- 10 sleeves of cups
- Emergency equipment (1 spine board. Air splints, AED)
- 2 pair of crutches
- 2 hoses
- 1 stocked kit
- 1 examination tables

The opposing sidelines will be provided the following: 1 examination table, 1 water table, 3 water coolers, and 2 chests of ice. All supplies and equipment is to be cleaned and returned to its proper place after the game.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” review course hosted at the university.

### **Track and Field**

This sport will have two athletic training student assigned principle provision of athletic training services. 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.

At practices the student will provide

- 1 ice chest with ice
- 1 water cooler
- Individual water bottles
- Supply kit with emergency and insurance information

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

- Individual water bottles
- Insurance Information
- Supply kit

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” review course hosted at the university.

## Health and Safety Policy of the UWA Athletic Training 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 wavier prior to entry into the program.
2. Modalities are checked and serviced annually for potential problems.
3. No student is allowed to use a modality without specific instructions from a preceptor and the student having shown competence with the modality.
4. Students are required to be Standard First Aid & Professional Rescuer certified before admission into the program and must maintain certification throughout the program. Each student will also be AED certified.
5. 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 and staff.
6. The local health department is retained to dispose of medical waste and sharp objects.
7. Appropriate emergency procedures are discussed and demonstrated with each new athletic training student.
8. Each athletic training student must take part in a yearly in-service on the appropriate techniques of emergency procedures.
9. All emergency action plans and potentially important phone numbers are posted at specific locations should an emergency situation arise.

### **Blood-borne Pathogens Exposure Control Plan**

In accordance with the Occupational Safety Health Administration (OSHA) Blood-borne 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. 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 staff 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 facility, in each athletic locker facility, 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 Non-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  $\frac{3}{4}$  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 facility primarily consists of latex gloves. These gloves will be stored on the main athletic training facility island, in the first aid cabinet of the taping room, and in all athletic training kits used by the staff, graduate assistants and students. 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
- ◆ Protective eyewear
- ◆ Examination Gloves (vinyl & latex)
- ◆ 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
- ◆ Applying wound closures
- ◆ Draining blisters
- ◆ Shaving calluses
- ◆ Cleaning open wounds
- ◆ Handling urine specimens
- ◆ Cleaning evaluation tables
- ◆ Cleaning spills of potentially infected materials
- ◆ Evaluating oral/dental injuries or conditions
- ◆ Applying direct pressure to open wounds
- ◆ Handling/changing wound dressings

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 athletic training facility is used by athletes. Decontamination will also take place after any blood or other potentially infectious material has been exposed in the athletic training facility. 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 Facility, Pruitt Athletic Training Facility, 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 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 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 Blood-borne Pathogens
2. Epidemiology and symptomatology of blood-borne disease
3. Modes of transmission of blood-borne 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. 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 Blood-borne Pathogens and the outline for the training material will be kept in the office of the Head Athletic Trainer.

#### N. Athletics Health Care Responsibilities

The following information was taken from the 2014-2015 NCAA Sports Medicine Handbook, Twenty-fifth edition, August 2014, page 74-78.

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the hepatitis virus (HBV, HCV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HCV, 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 (5,6). 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 (3,13). 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.

#### 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-athlete's 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 minute 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:

1. All personnel responsible for caring for bleeding individuals should be encouraged to obtain a Hepatitis B (HBV) vaccination.
2. Latex allergies should be considered. Non-latex gloves may be used for treating student-athletes and the cleaning and disinfection of environmental surfaces.
3. Occupational Safety and Health Administration (OSHA) standards for Blood-borne 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.

## UWA Athletic Training Emergency Procedures

### UWA Key Medical Personnel & Emergency Contacts

Name	Title	Work Phone	Home and/or Cellular Phone
Kent Partridge	Director of Athletics	(205) 652-3784	
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
Hudson Byrnes, MS, ATC	Head Athletic Trainer	(205) 652-5485	(601) 529-1582
Joni Maddox, DAT, ATC	Athletic Trainer/Clinical Education Coordinator	(205) 652-3455	(205) 233-0932
Codie Washburn, ATC	Athletic Trainer	(205) 652-3489	(256) 604-0753
Cassidy Windsor, MS, ATC	Athletic Trainer	(205) 652-3452	(907) 982-5105
Olivia Sabo, MS, ATC	Athletic Trainer	(205) 652-3696	(704) 798-5898
Brogan Hubbard, ATC	Athletic Trainer	(205) 652-3872	(785) 447-3039
Anna Catherine "AC" Sasser, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	(251) 359-6144
Mary Spengler, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	(216) 310-1897
Dyneisha Barrett, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Tyler Frankenberry, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Holly Jo Heath, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Logan Pitts, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Taylor Ramsey, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Jessica Mosely, DNP	UWA Student Health Physician	(205) 652-9575	
Jessica Vaughan, DNP	UWA Student Health Physician	(205) 652-9575	
Savannah Gray, DNP	UWA Student Health Physician	(205) 652-9575	
James R. Andrews, M.D.	Team Orthopaedist	(205) 939-3699	(205) 871-2628
Lyle Cain, M.D.	Medical Director, Team Orthopaedist	(205) 939-3699	(205) 903-5478
Zachary Moore, M.D.	Orthopaedic Fellow	(205) 939-3699	
Brandon Maisel, 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 Dept.	911	(205) 652-9525
Campus Police	UWA Campus Police	(205) 652-3682	
Local Hospital	Hill Hospital, York, AL	(205) 392-5263	
	Sports Information Director	(205) 652-3596	
	Assistant Sports Information Director	(205) 652-3596	
Carol Spicer	Administrative Assistant to the Director of Athletic Training and Sports Medicine	(205) 652-3667	
Penny Dew	Special Assistant to the Athletic Director	(205) 652-3784	(205) 609-2952
	Homer Field House Athletic Training & Sports Medicine Center	(205) 652-3450	
	Pruitt Hall Athletic Training Facility	(205) 652-5537	
Soccer/Cross Country/Track Practice Field	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 Number	Athletic Training & Sports Medicine	(205) 652-3799	
Fax Numbers	Sports Information	(205) 652-3600	
Fax Number	Football	(205) 652-3770	

## **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 or Bryan Whitfield Memorial Hospital in Demopolis, AL depending upon the availability of physicians at Hill Hospital. The nature of the injury or condition will also dictate the referral location. For example, cardiorespiratory and neurological emergencies will typically go to Rush Hospital or Anderson Regional Medical Center in Meridian and orthopedic emergencies will go to St. Vincent's Birmingham. 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 procedures:

- 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 care for 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 out 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.

## 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, (men or women's soccer practice field/track and field-Moon Hall loading dock, football practice or 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/Soccer stadium: access to a phone is located within James P. Homer field house on either the first or second floors: secretary's office (#221), and the athletic training facility (#216).
3. Football/Soccer/Cross Country/Track and Field 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 facility).
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: Phone access is located in the cross country coach's office.
10. Nelson Hughes Gymnasium: There is telephone access at the reception desk in the lobby and the soccer coaches' offices.

### 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 WeatherSentry (DTN) weather radar. Our policy is in accordance with the *2014 2015 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 WeatherSentry (DTN) 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.) *2014-2015 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 Activities:** 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. (2014-2015 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

- Soccer/Cross County/Track and Field Practice: Evacuate to the loading dock of Moon Hall (Physical Plant)
- Football/Soccer Game or Practice: Evacuate to the locker room in Homer Field House (both teams)
- 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 WeatherSentry (DTN) 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 WeatherSentry (DTN) 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: (2014-2015 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 WeatherSentry (DTN) Radar and 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 WeatherSentry (DTN) Lightning/Storm Detector in an area removed from other electronic devices or machinery, which could cause a false triggering.
6. WeatherSentry (DTN) works via the internet accessed via cell phone.
7. WeatherSentry (DTN) will also notify Athletic Trainers via text messaging.
8. WeatherSentry (DTN) will also be accessible on the Head Athletic Trainers' Desk Top Computer

9. Upon lightning strike the Head Athletic Trainer or his/her designee will contact all Athletic Training Staff of a lightning threat in the area.
10. 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.
11. Activity will be suspended when:
  - A. WeatherSentry (DTN) registers 2 consecutive lightning strokes within the 8-20-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)
12. Once you have determined that there is imminent danger of a lightning strike, communicate to the head coach and/or head official.
13. 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 i.e., cross-country, each individual should seek 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.
14. 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

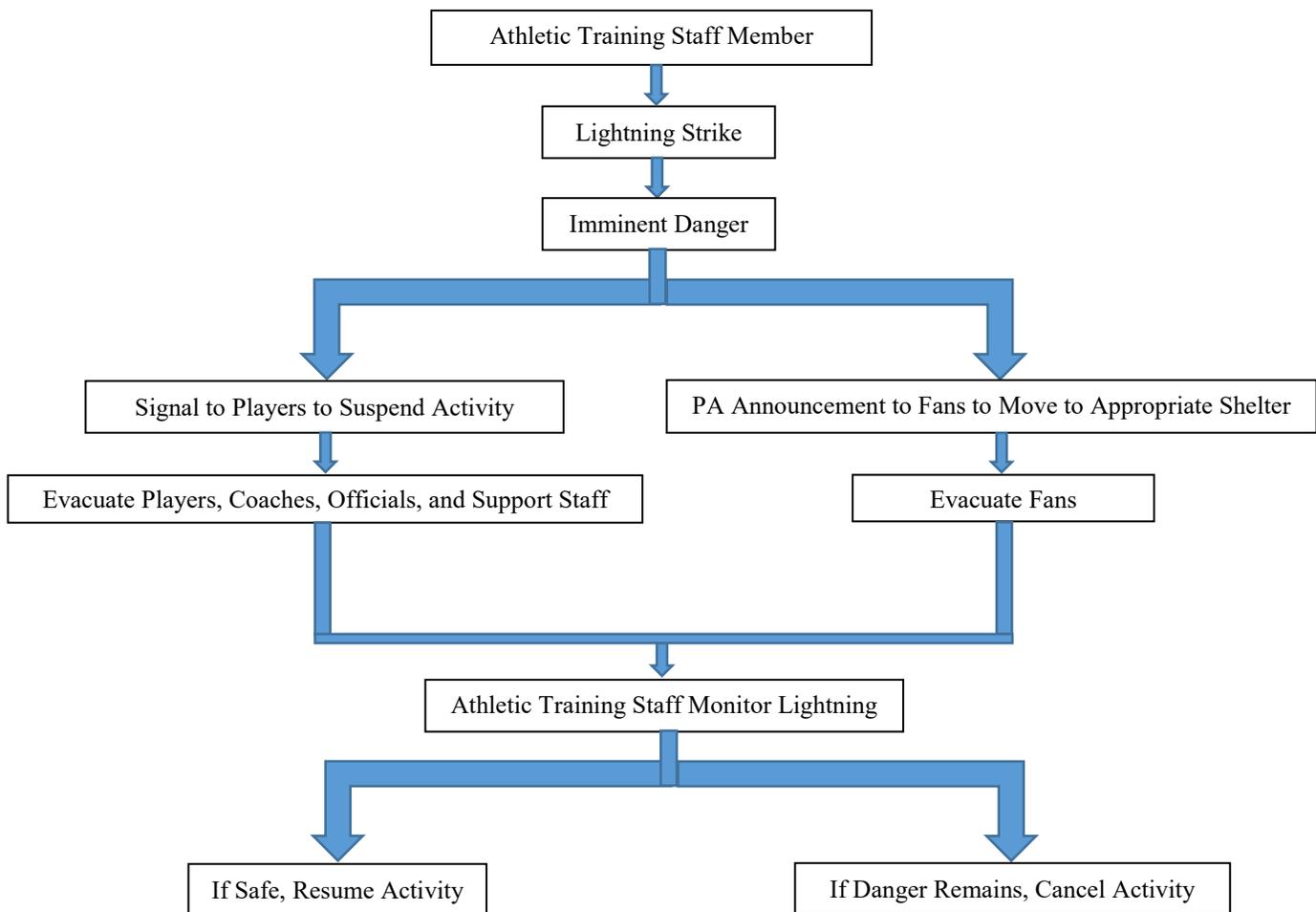
This method of lightning detection should be used in conjunction with the WeatherSentry (DTN) radar system.

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



### AED Policy

Due to recent events where athletes have died as a result of sudden cardiac death, the University of West Alabama now has eleven automated external defibrillators (AED's) for use in varsity athletics. The brand of AED's we have are the Zoll AED Plus, PowerHeart G3, 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 PowerHeart G3 unit is through Cardiac Science, Inc. 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 ATP 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 E. Lyle Cain, 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:

- ❖ There are AED's permanently located at the following venues:
  - Front Lobby of Pruitt Hall - For use with Men's and Women's Basketball and Volleyball
  - Concession Stand of the Softball Complex
  - Home Dugout, Athletic Training Facility at Tarrt Field Baseball Complex
  - 1<sup>st</sup> Floor, UWA Student Union Building for use with Men's & Women's Tennis (if a portable AED is not on-site)
  - Front Lobby of Nelson Hughes Gymnasium - Cheerleading
  - Moon Hall Lobby - Use at the Men's & Women's - Cross Country & Track Practice Field (if a portable AED is not on-site)
  - 2<sup>nd</sup> floor Lobby entrance, Homer Field House for Tiger Stadium (if a portable AED is not on-site)
  - Campus Police Patrol Car
- ❖ When the AED is not in use at an athletic event or practice one AED will be stored in the Head Athletic Trainer's Office (JH 216B); the second will be stored in Graduate Assistant Office (JH 216F). These are to be used for sport supervision at the venues without a permanent AED (Football, M & W's Soccer, Rodeo)
- ❖ There are another 2 AEDs that are utilized by the high school outreach athletic trainers. When these are not in use at the high schools, they are available for use by varsity athletics.
- ❖ Have the AED on site at each athletic facility or practice venue (For venues that do not have a permanent AED, a portable unit should be brought). The Director of Athletic Training & Sports Medicine, Head Athletic Trainer, or 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 men's and women's soccer, volleyball, baseball and softball. The lowest risk sports are men and women's cross country, men and women's tennis, and cheerleading.
  - 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 sports 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.

- A written report shall be completed by the individual responding to any incident requiring use of an AED. The information 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, an incident should be filed with the ATP 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 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 usage of the portable AED's where a dedicated AED is not available will be based on the following conditions:

- Competition/Scrimmage has priority over practice.
- Home games have priority over away games.
- Team priority:
  1. Football
  2. Rodeo
  3. Men's Soccer
  4. Women's Soccer
  5. M & W's Track
  6. M & W's Cross Country

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

#### **Physician Availability and Hours of Normal Operation of Key Personnel**

The UWA Athletic Training & Sports Medicine Center is open in the Fall Semester from 6:30 am until 6:00 pm, Monday through Friday. During the Spring Semester, the athletic training facility will be open from 7:00am until 5:30pm.

Jessica Mosely, DNP and Jessica Vaughan, ACNP and Savannah Gray, FNP at Rush Medical Group - Livingston will be open Monday through Friday from 8:00am until 12:00 and 1:00 pm until 5:00 pm Monday through Thursday and 8:00 am until 12:00 on Friday. Any need of an athlete to see the physician will be handled through the athletic trainers and referred to Rush. Usually, clinic for all university students is during his regular office hours.

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 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 every Wednesday during the Fall Semester from 9:00 am until 11:00 am. During the Spring Semester, clinic will be every other Wednesday from 9:00 am until 11:00 am. All athletes with injuries or injury follow-up will be scheduled during these times for evaluation. 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. Lyle Cain primarily and Drs. Ricardo Colberg, Benton Emblom, Kathleen McKeon, Jody Ortega, Norman Waldrop secondarily, will be available for referral and evaluation at Andrews Sports Medicine & Orthopaedic Center at St. Vincent's Hospital in Birmingham, AL on Monday through Friday from 9:00 am until 5:00 pm.

In an emergency situation, an athlete can be transported to Hill Hospital in York, Alabama or Bryan Whitfield Memorial Hospital in Demopolis, Alabama depending upon the availability of physicians at Hill Hospital. The nature of the injury or condition will also dictate the referral location. For example, cardiorespiratory and neurological emergencies will typically go to Rush Hospital or Anderson Regional Medical Center in Meridian and orthopaedic emergencies will go to St. Vincent's Birmingham.

All dental emergencies will be referred to, Dr. Darrell Hoggle, of Livingston, Alabama for evaluation. His office will be open from 8:00am until 4:30 pm Monday-Thursday. He can also be reached at home for any referral outside of his regular office hours.

#### **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 fundraising).

#### **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.

#### **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, 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 staff 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).

#### **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 facility directly up stairs from the weight room.

A certified athletic trainer will be on duty in the athletic training facility from 7:00am until approximately 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: volleyball, baseball, softball, men and women's basketball, men's and women's soccer, 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.

# Emergency Action Plan



## UWA Homer Field House

### EMERGENCY PLAN: Homer Field House

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED (*Located in R.T. Floyd Athletic Training Center, Room 216 and in 2<sup>nd</sup> floor Lobby next the doors going to Pruitt Hall*)

**Emergency Communication:** Emergency Personnel's Cell Phones or Landline in Homer Field House

### EMERGENCY PLAN RESPONSIBILITIES

#### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

#### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:

- I. **Identify yourself** (My name is \_\_\_\_\_ . I am a      (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the Homer Field House beside the football field at UWA)
- II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Homer Field House on Hopkins St. and direct them to the injured athlete.
- III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
- IV. **Ask if any other information is needed.**
- V. **Only hang up when instructed to by EMS.**
- VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
- VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

#### 3. Athletic Department Staff/Coach/Student B

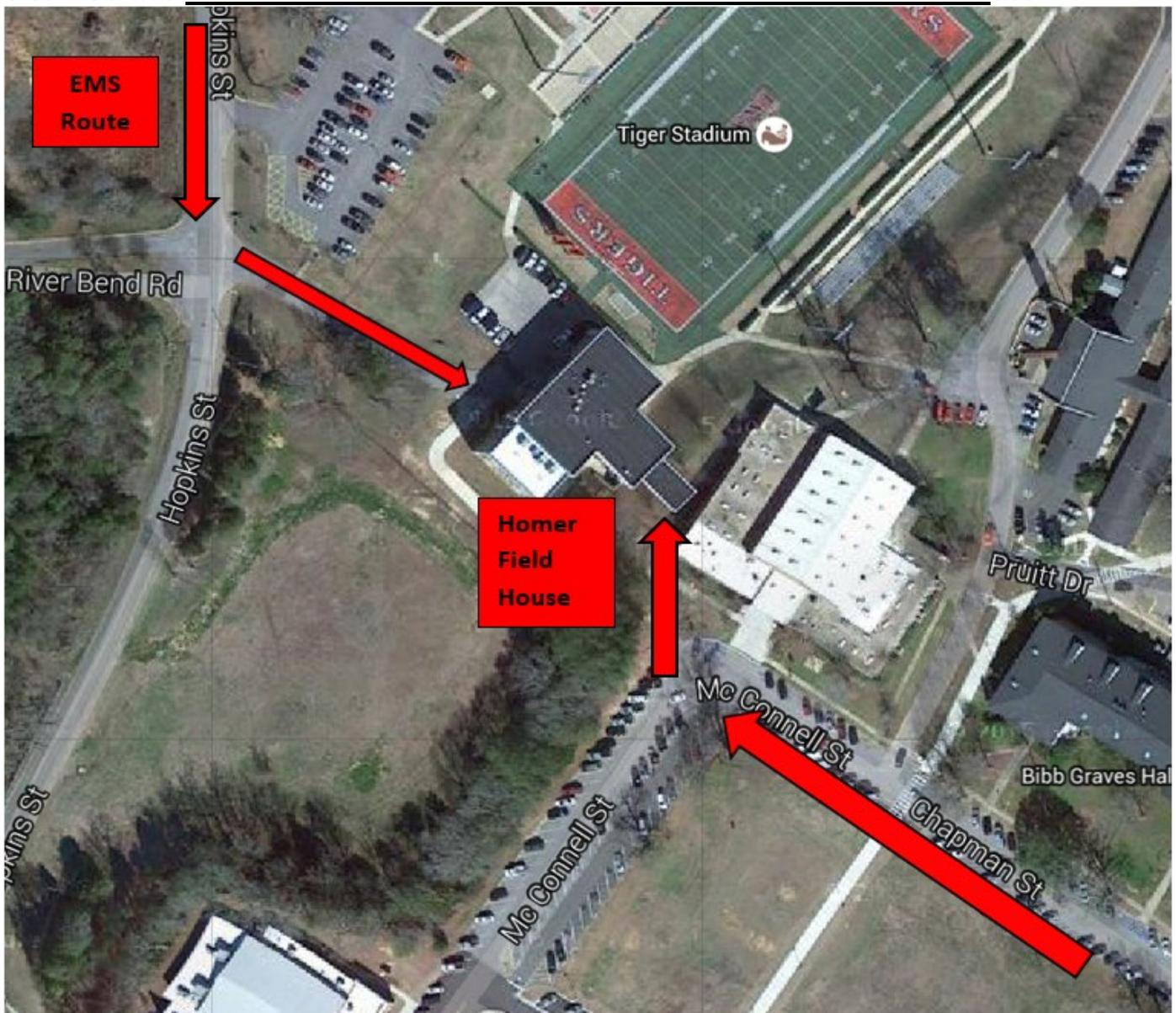
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance of Homer field house on Hopkins St.)

#### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

# Emergency Contact List

Emergency Number	911
Hudson Byrnes, MS, ATC: Head Athletic Trainer	601-529-1582
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Andrea Wilson, MS, ATC	601-616-6664
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



# Emergency Action Plan



## UWA Basketball and Volleyball

### EMERGENCY PLAN: Pruitt Hall Gymnasium

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED (*Located beside main entrance to gymnasium*), Spine Board, & Splints (*Located in Athletic Training Facility*).

**Emergency Communication:** Emergency Personnel's Cell Phones or Landline in Athletic Training Facility

### EMERGENCY PLAN RESPONSIBILITIES

#### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

#### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:

- I. **Identify yourself** (My name is \_\_\_\_\_ . I am a      (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at Pruitt Gymnasium next to Bib Graves Hall on the campus at UWA)
- II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to Pruitt Gymnasium through the entrance off Chapman St. or Tiger Stadium Dr. depending on location of athlete and direct them to the injured athlete.
- III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
- IV. **Ask if any other information is needed.**
- V. **Only hang up when instructed to by EMS.**
- VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
- VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

#### 3. Athletic Department Staff/Coach/Student B

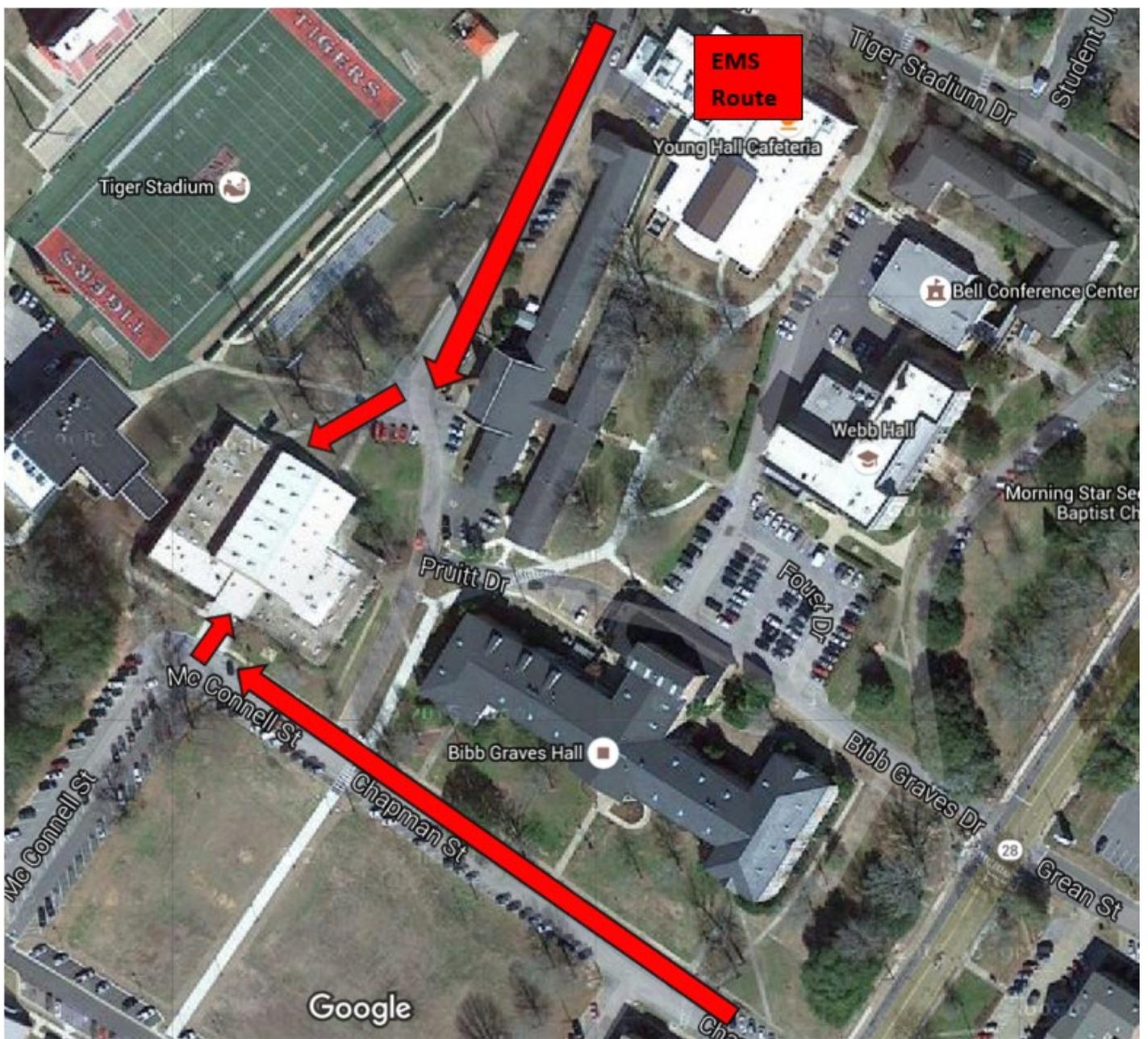
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance of Pruitt Hall on McConnell St.)

#### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

# Emergency Contact List

Emergency Number	911
Hudson Byrnes, MS, ATC: Head Athletic Trainer	601-529-1582
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-6870
Joni Maddox, DAT, ATC: Men's Basketball Athletic Trainer	205-233-0932
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



# Emergency Action Plan



## UWA Softball

EMERGENCY PLAN: Softball Field/ Intramural Softball Complex

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED (*Located in Concession Stand*); Spine Board & Splints (*Located in 1<sup>st</sup> base dugout*).

**Emergency Communication:** Emergency Personnel's Cell Phones

### EMERGENCY PLAN RESPONSIBILITIES

#### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

#### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:

- I. **Identify yourself** (My name is \_\_\_\_\_ . I am a     (Title)     at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the Softball complex beside the student union building on campus at UWA)
- II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Softball complex on Student Union Dr. and direct them to the injured athlete.
- III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
- IV. **Ask if any other information is needed.**
- V. **Only hang up when instructed to by EMS.**
- VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
- VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

#### 3. Athletic Department Staff/Coach/Student B

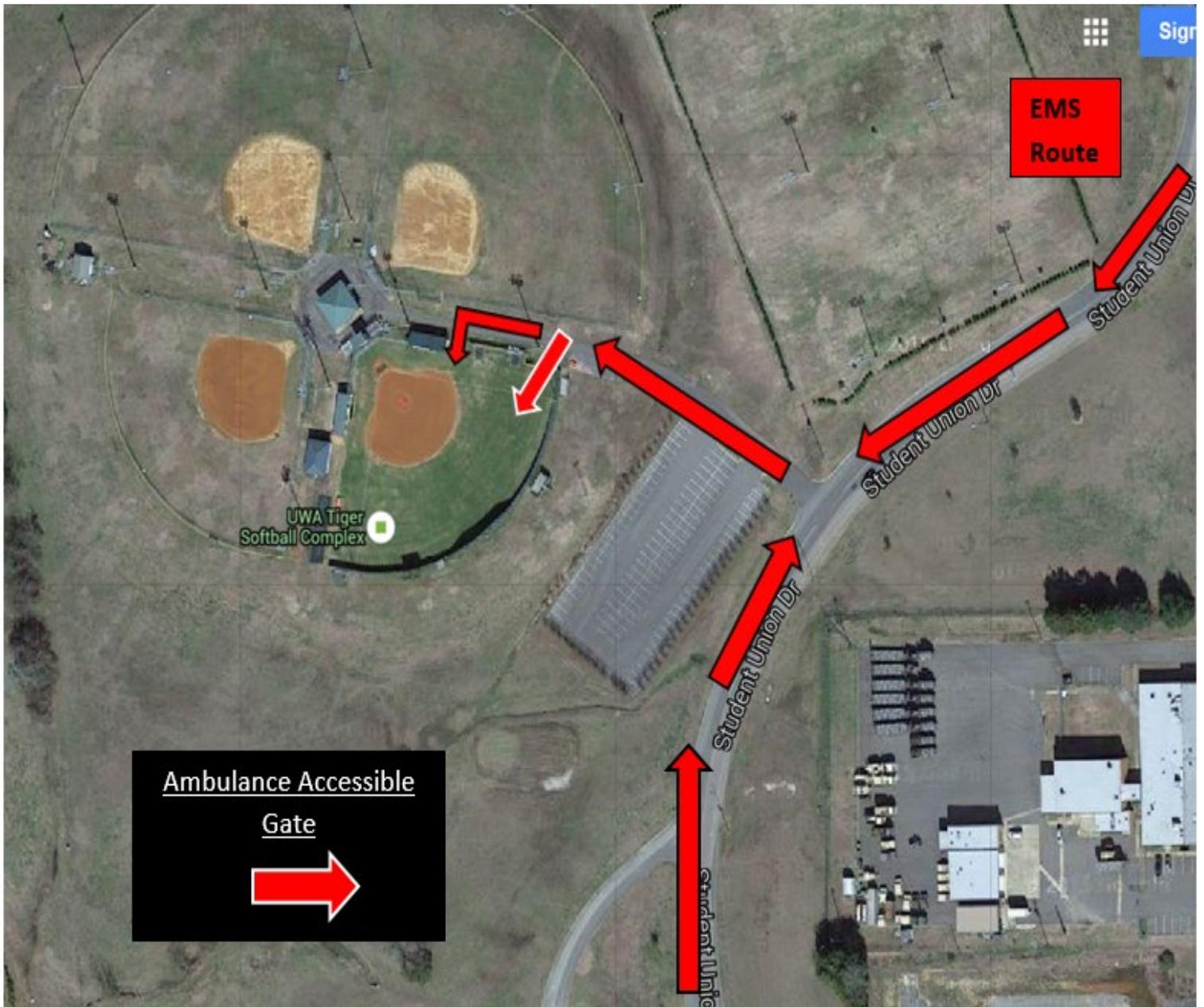
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance to parking lot on Student Union Drive)

#### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care

# Emergency Contact List

Emergency Number	911
Hudson Byrnes, MS, ATC: Head Athletic Trainer	601-529-1582
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Codie Washburn, MS, ATC: Softball Athletic Trainer	256-604-0753
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



# Emergency Action Plan



## UWA Baseball EMERGENCY PLAN: Tart Field

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED, Spine Board, & Splints (*Located in 1<sup>st</sup> base dugout Athletic Training Facility*).

**Emergency Communication:** Emergency Personnel's Cell Phones or Landline in Coaches' Office

### EMERGENCY PLAN RESPONSIBILITIES

#### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

#### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
  - I. **Identify yourself** (My name is \_\_\_\_\_ . I am a        (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the Tartt field across from Lake LU at UWA.
  - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Tartt Field on University Dr. or Lake Dr. depending on location of athlete and direct them to the injured athlete.
  - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
  - IV. **Ask if any other information is needed.**
  - V. **Only hang up when instructed to by EMS.**
  - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
  - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

#### 3. Athletic Department Staff/Coach/Student B

- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance on University Dr. or Lake Dr. depending on location of athlete)

#### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care

# Emergency Contact List

Emergency Number	911
Hudson Byrnes, MS, ATC: Head Athletic Trainer	601-529-1582
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Hudson Byrnes, MS, ATC: Baseball Athletic Trainer	601-529-1582
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



# Emergency Action Plan



## UWA Football and Soccer

EMERGENCY PLAN: Tiger Stadium

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED, Spine Board, & Splints (*Located on Home Sideline*).

**Emergency Communication:** Emergency Personnel's Cell Phones or Landline in Homer Field House

### EMERGENCY PLAN RESPONSIBILITIES

#### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

#### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
  - I. **Identify yourself** (My name is \_\_\_\_\_ . I am a        (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at Tiger Stadium across from the Homer Field House on campus at UWA)
  - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to Tiger Stadium on Tiger Stadium Dr. or Hopkins St. depending on location of athlete and direct them to the injured athlete.
  - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
  - IV. **Ask if any other information is needed.**
  - V. **Only hang up when instructed to by EMS.**
  - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
  - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

#### 3. Athletic Department Staff/Coach/Student B

- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance on Hopkins St. or Tiger Stadium Dr. depending on location of athlete)

#### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care



# Emergency Action Plan



## UWA Grass Practice Field

EMERGENCY PLAN: Grass Practice Field

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED (*Located inside the main entrance to the Physical Plant Across Street*)

**Emergency Communication:** Emergency Personnel's Cell Phones or Landline Inside Physical Plant

### EMERGENCY PLAN RESPONSIBILITIES

#### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

#### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:

- I. **Identify yourself** (My name is \_\_\_\_\_ . I am a        (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the grass practice field across from Moon Hall on the campus at UWA)
- II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Practice Field on University Dr. and direct them to the injured athlete.
- III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
- IV. **Ask if any other information is needed.**
- V. **Only hang up when instructed to by EMS.**
- VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to Hospital.
- VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

#### 3. Athletic Department Staff/Coach/Student B

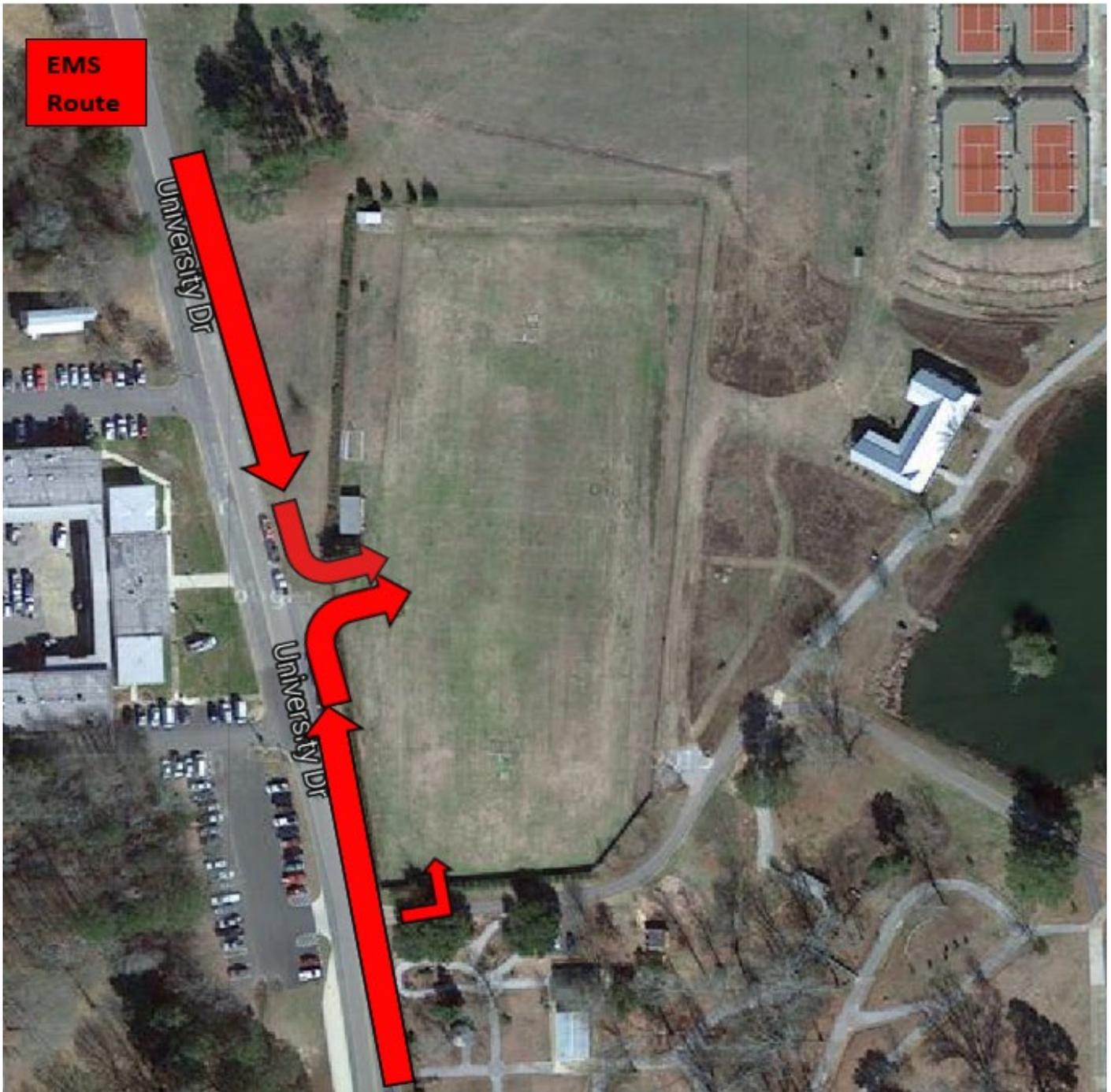
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance across from the physical plant on University Dr.)

#### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

# Emergency Contact List

Emergency Number	911
Hudson Byrnes, MS, ATC: Head Athletic Trainer	601-529-1582
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



# Emergency Action Plan



## UWA Rodeo

EMERGENCY PLAN: Don C. Hines Rodeo Complex

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED, Splint Bag (*AED Located with splint behind the bucking shoots*)

**Emergency Communication:** Emergency Personnel's Cell Phones

### EMERGENCY PLAN RESPONSIBILITIES

#### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

#### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
  - I. **Identify yourself** (My name is \_\_\_\_\_ . I am a     (Title)     at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the rodeo complex on UWA campus.
  - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Rodeo complex on UWA Rodeo Dr. and direct them to the injured athlete.
  - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
  - IV. **Ask if any other information is needed.**
  - V. **Only hang up when instructed to by EMS.**
  - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
  - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

#### 3. Athletic Department Staff/Coach/Student B

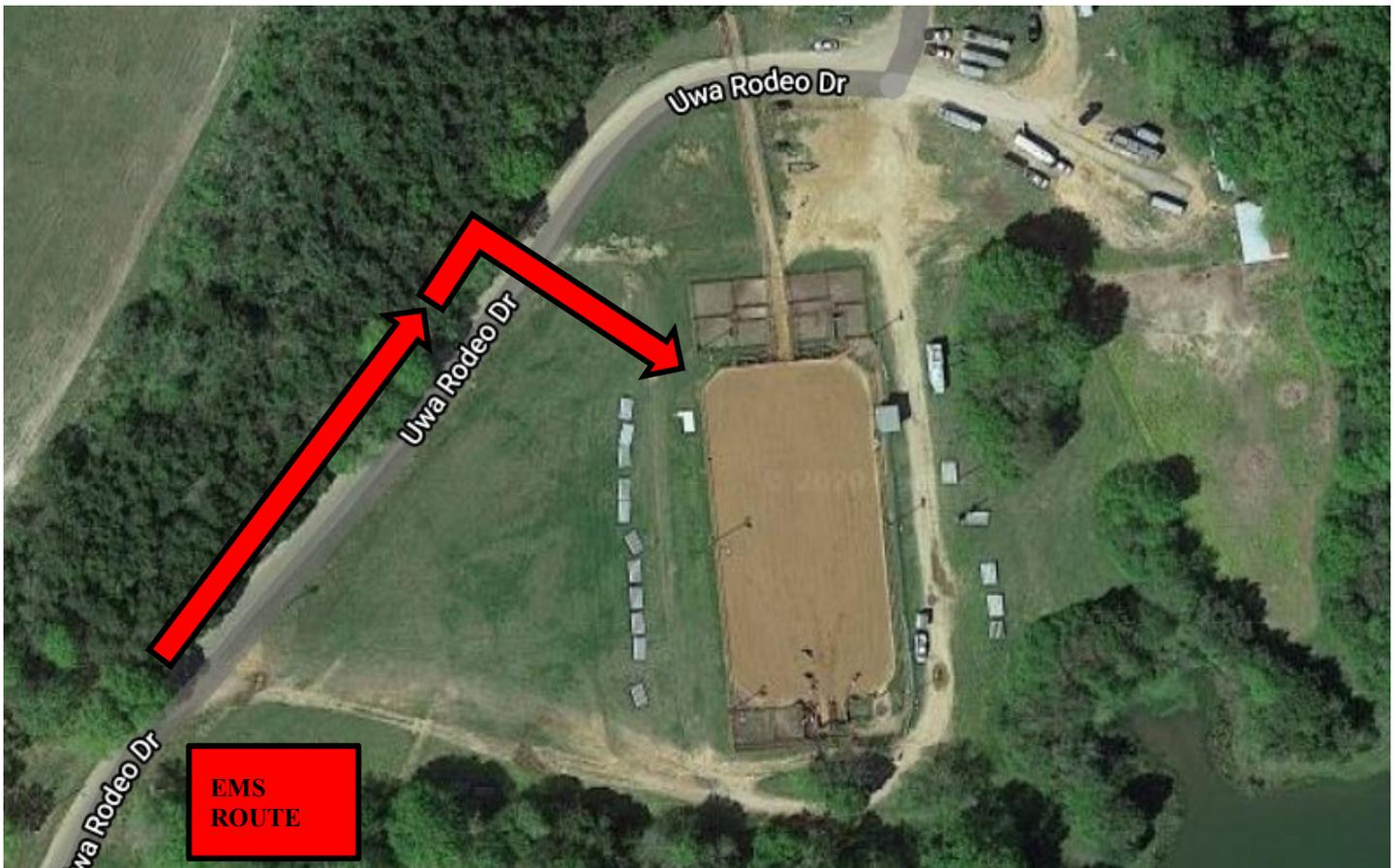
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site (*entrance to Don C Hines Rodeo Complex on Country Club Dr.*)

#### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

# Emergency Contact List

Emergency Number	911
Hudson Byrnes, MS, ATC: Head Athletic Trainer	601-529-1582
R.T. Floyd Athletic Training & Sports Medicine Center	205-652-3450
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



# Emergency Action Plan



## UWA Cross Country/Track and Field

EMERGENCY PLAN: Lake LU and Track Locker Rooms

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED (*Located in 1<sup>st</sup> Base Dugout of Tartt Field*)

**Emergency Communication:** Emergency Personnel's Cell Phones or Landline Inside Track Locker Room

### EMERGENCY PLAN RESPONSIBILITIES

#### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

#### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:

- I. **Identify yourself** (My name is \_\_\_\_\_ . I am a      (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the track locker rooms located across from the baseball field UWA)
- II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to Lake LU on Lake Dr. and direct them to the injured athlete.
- III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
- IV. **Ask if any other information is needed.**
- V. **Only hang up when instructed to by EMS.**
- VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to Hospital.
- VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

#### 3. Athletic Department Staff/Coach/Student B

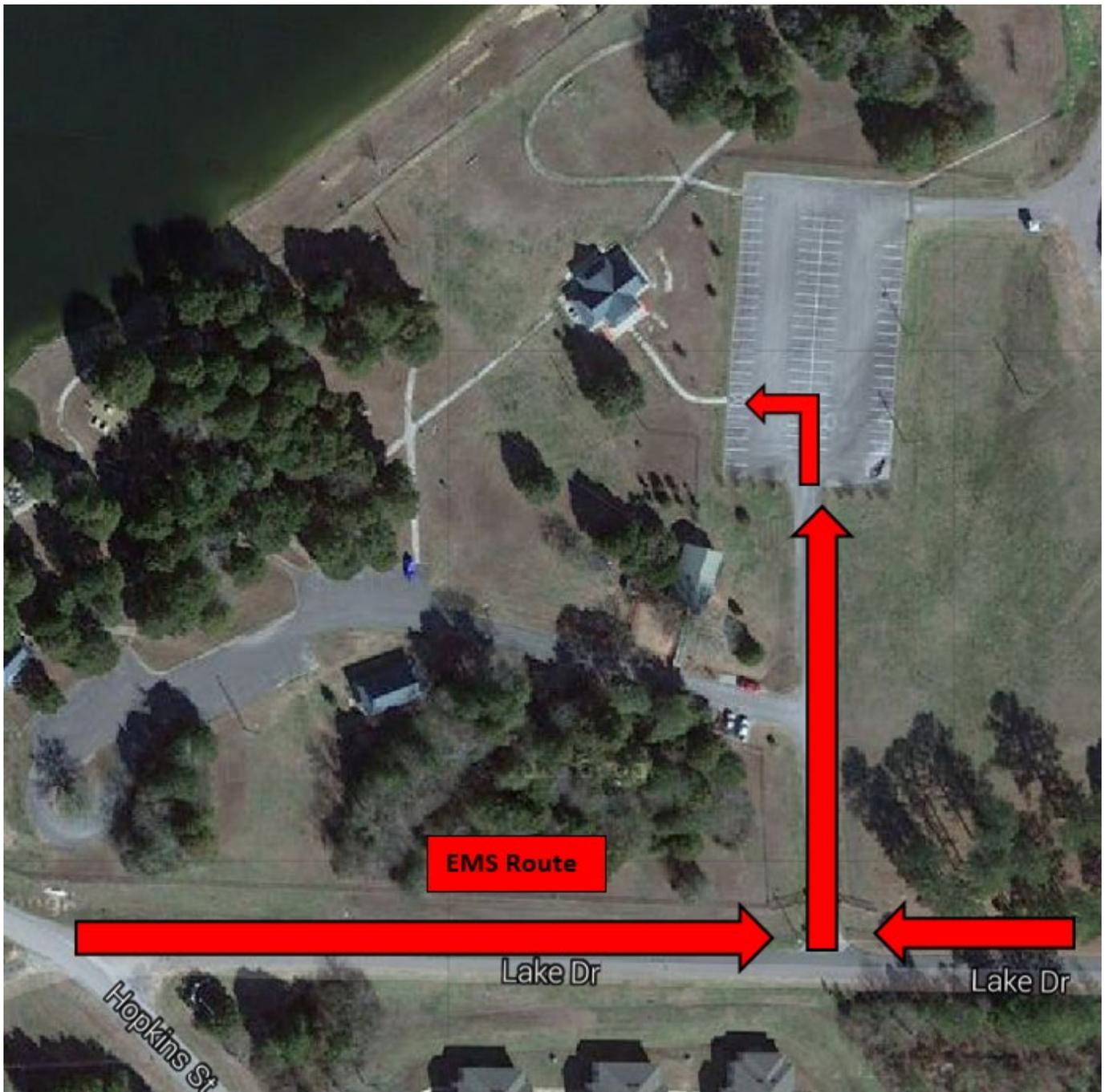
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance of baseball parking lot by the Lake LU boat rental office.)

#### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care

# Emergency Contact List

Emergency Number	911
Hudson Byrnes, MS, ATC: Head Athletic Trainer	601-529-1582
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



# Emergency Action Plan



## UWA Tennis

### EMERGENCY PLAN: Tennis Courts at Student Union Building

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED (*Located on bottom floor of Student Union Building outside weight room*).

**Emergency Communication:** Emergency Personnel's Cell Phones or Landline inside Student Union Building

### EMERGENCY PLAN RESPONSIBILITIES

#### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

#### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:

- I. **Identify yourself** (My name is \_\_\_\_\_. I am a      (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the tennis courts across from the student union building on campus at UWA)
- II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the student union building on Student Union Dr. and direct them to the injured athlete.
- III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
- IV. **Ask if any other information is needed.**
- V. **Only hang up when instructed to by EMS.**
- VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
- VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

#### 3. Athletic Department Staff/Coach/Student B

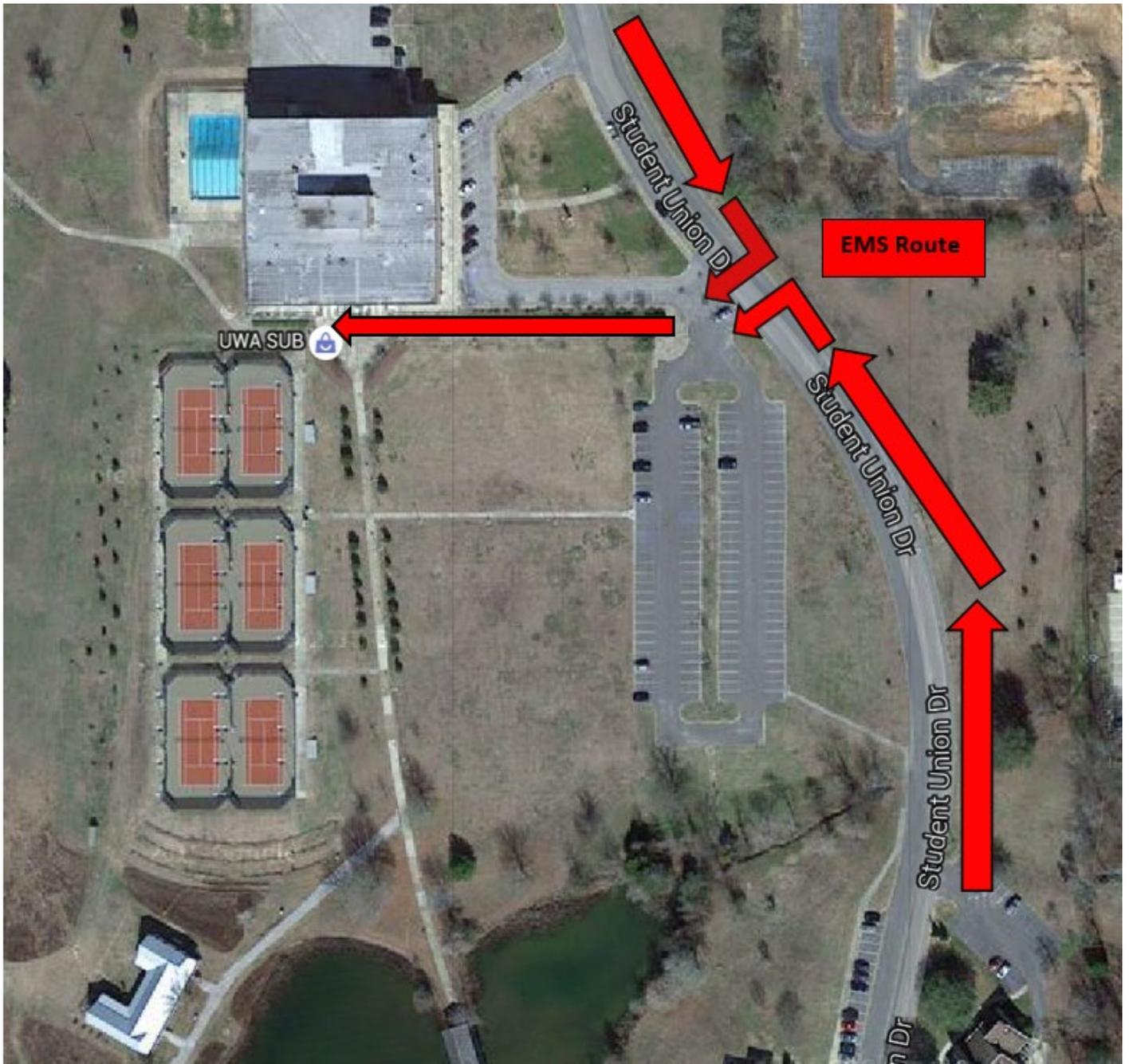
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site (*entrance to parking lot on Student Union Dr.*)

#### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care

# Emergency Contact List

Emergency Number	911
Hudson Byrnes, MS, ATC: Head Athletic Trainer	601-529-1582
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



# Emergency Action Plan



## UWA Hughes Gymnasium

### EMERGENCY PLAN: Hughes Gymnasium

**Emergency Personnel:** Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

**Emergency Equipment:** AED (*Located outside gymnasium door beside coach's office*)

**Emergency Communication:** Emergency Personnel's Cell Phones or Landline at Front Desk in Lobby

## EMERGENCY PLAN RESPONSIBILITIES

### 1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

### 2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:

- I. **Identify yourself** (My name is \_\_\_\_\_ . I am a     (Title)     at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at Hughes Gymnasium across from Lyon Hall on the campus at UWA)
- II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Hughes Gymnasium on Hopkins St. and direct them to the injured athlete.
- III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
- IV. **Ask if any other information is needed.**
- V. **Only hang up when instructed to by EMS.**
- VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
- VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

### 3. Athletic Department Staff/Coach/Student B

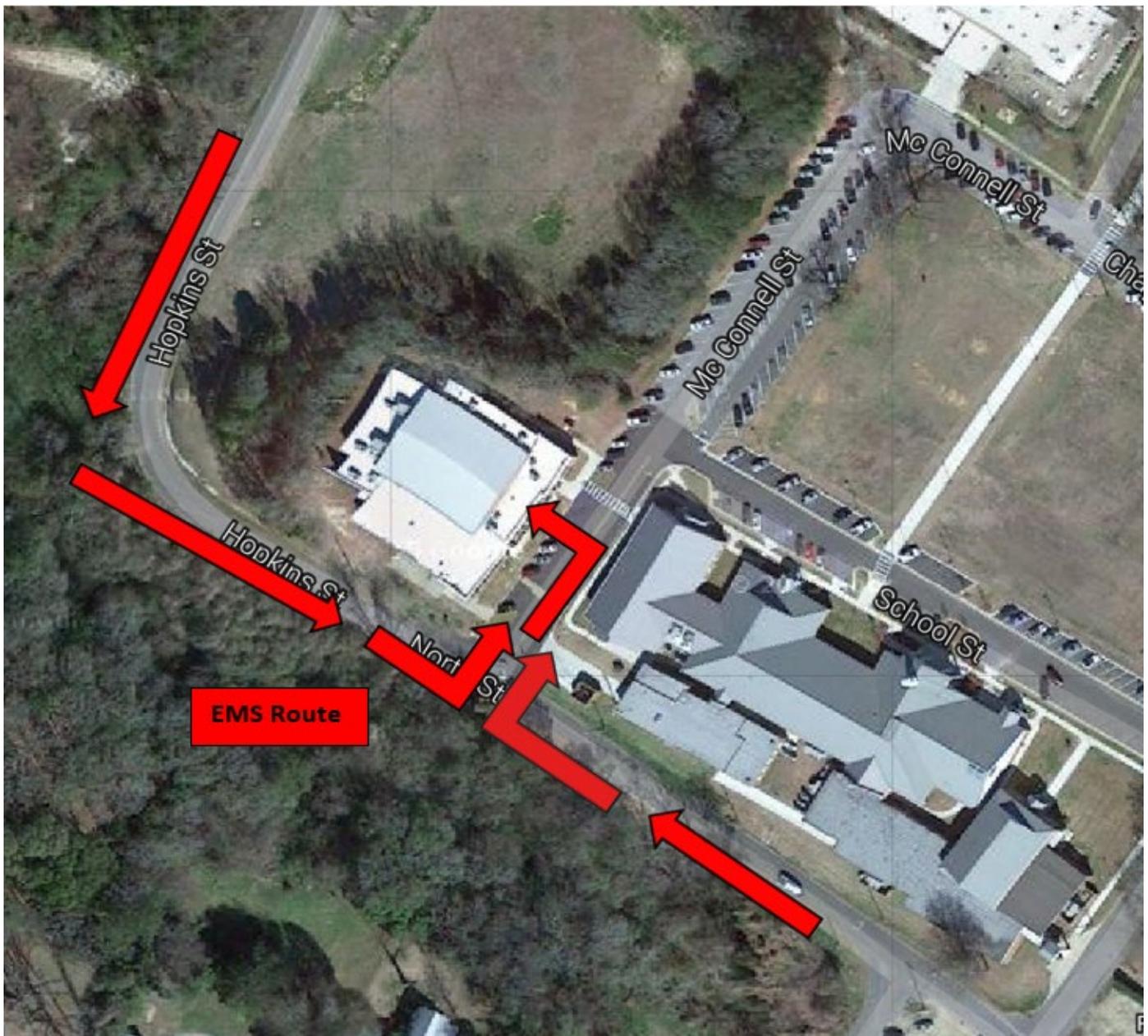
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance to Hughes Gymnasium on Hopkins St.)

### 4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

# Emergency Contact List

Emergency Number	911
Hudson Byrnes, MS, ATC: Head Athletic Trainer	601-529-1582
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-6870
Joni Maddox, DAT, ATC: Men's Basketball Athletic Trainer	205-233-0932
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



# NATA Code of Ethics

## Preamble

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

## 1. Members Shall Practice with Compassion, Respecting the Rights, Welfare, and Dignity of Others

- 1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
- 1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.
- 1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

## 2. Members Shall Comply with the Laws and Regulations Governing the Practice of Athletic Training, National Athletic Trainers' Association (NATA) Membership Standards, and the NATA Code of Ethics

- 2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
- 2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
- 2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
- 2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

## 3. Members Shall Maintain and Promote High Standards in Their Provision of Services

- 3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
- 3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
- 3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
- 3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
- 3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

## 4. Members Shall Not Engage in Conduct That Could Be Construed as a Conflict of Interest, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient's Health and Well-Being.

- 4.1. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2. All NATA members, whether current or past, shall not use the NATA logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

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

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

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

September 2005, Revised 2016

**BOC Standards of Professional Practice**  
**Version 3.1 - Published October 2017**  
**Implemented January 2018**

**I. Practice Standards**

**Preamble**

The primary purpose of the Practice Standards is to establish essential duties and obligations imposed by virtue of holding the ATC® credential. Compliance with the Practice Standards is mandatory.

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Practice Standards at all times.

**Standard 1 Direction**

The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations.

**Standard 2 Prevention**

The Athletic Trainer implements measures to prevent and/or mitigate injury, illness and long term disability.

**Standard 3 Immediate Care**

The Athletic Trainer provides care procedures used in acute and/or emergency situations, independent of setting.

**Standard 4 Examination, Assessment and Diagnosis**

The Athletic Trainer utilizes patient history and appropriate physical examination procedures to determine the patient's impairments, diagnosis, level of function and disposition.

**Standard 5 Therapeutic Intervention**

The Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Intervention program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Appropriate patient-centered outcomes assessments are utilized to document efficacy of interventions.

**Standard 6 Program Discontinuation**

The Athletic Trainer may recommend discontinuation of the intervention program at such time the patient has received optimal benefit of the program. A final assessment of the patients' status is included in the discharge note.

**Standard 7 Organization and Administration**

The Athletic Trainer documents all procedures and services in accordance with local, state and federal laws, rules and guidelines.

**II. Code of Professional Responsibility**

**Preamble**

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The Professional Practice and Discipline Guidelines and Procedures may be accessed via the BOC website, [www.bocate.org](http://www.bocate.org).

**Code 1 Patient Care Responsibilities**

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, or any other characteristic protected by law
- 1.2 Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice
- 1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies
- 1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law
  - 1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values
- 1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain

1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient

1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan

1.7.1 Does not make unsupported claims about the safety or efficacy of treatment

### **Code 1 Competency**

The Athletic Trainer or applicant:

2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence

2.2 Complies with the most current BOC recertification policies and requirements

Code

### **Code 3 Professional Responsibility**

The Athletic Trainer or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards

3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.3. Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties

3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services

3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training

3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.6 Does not guarantee the results of any athletic training service

3.7 Complies with all BOC exam eligibility requirements

3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful

3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials without proper authorization

3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event

3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training

3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training

3.13 Cooperates with BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information

3.14 Complies with all confidentiality and disclosure requirements of the BOC and existing law

3.15 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

3.16 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the *BOC Professional Practice and Discipline Guidelines and Procedures*.

### **Code 4 Research**

The Athletic Trainer or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions

4.2 Protects the human rights and well-being of research participants

4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or healthcare delivery

**Code 5 Social Responsibility**

The Athletic Trainer or applicant:

5.1 Strives to serve the profession and the community in a manner that benefits society at large

5.2 Advocates for appropriate health care to address societal health needs and goals

**Code 6 Business Practices**

The Athletic Trainer or applicant:

6.1 Does not participate in deceptive or fraudulent business practices

6.2 Seeks remuneration only for those services rendered or supervised by an AT; does not charge for services not rendered

6.2.1 Provides documentation to support recorded charges

6.2.2 Ensures all fees are commensurate with services rendered

6.3 Maintains adequate and customary professional liability insurance

6.4 Acknowledges and mitigates conflicts of interest

**The University of West Alabama  
Athletic Training Program  
Technical Standards Form**

The Athletic Training 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 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 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 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 UWA's Athletic Training Program will be required to verify they understand and meet these technical standards or that they believe, 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 Program" which have been issued to me.**

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

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

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

**The University of West Alabama  
Athletic Training Program  
OSHA Compliance Statement**

Blood borne pathogens are disease causing microorganisms that may be present in human blood. Two pathogens that are of special importance to athletic trainers are Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Hepatitis B directly affects the liver by resulting in swelling, soreness, and the loss of normal functions to the liver. Human Immunodeficiency Virus affects the immune system by destroying the T-cells 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 facilities, 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 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 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** \_\_\_\_\_

**The University of West Alabama  
Athletic Training 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 Marengo County Health Department (Demopolis, AL) at minimal cost to the athletic training student. Marengo County Health Department charges \$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. The above stated costs are subject to change.

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 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 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 Program.

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

\_\_\_\_\_  
Date

## Communicable Disease Policy for UWA Athletic Training Program

The purpose of the University of West Alabama Athletic Training 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, preceptors, 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:

- Blood-borne 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 Blood-borne pathogens training prior to initiating observational and 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 preceptor immediately and subsequently to the Clinical Education 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 preceptor.
3. The student is responsible for keeping the Clinical Education 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 preceptor 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 Program Communicable Disease Policy. Any breach of the Communicable Disease Policy will result in disciplinary action outlined in the UWA Policy & Procedure Manual for Athletic Trainers and as determined by the Athletic Training Admissions & Retention 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 Facility 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 at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>, as amended (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) at <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>. 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 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