

**Alfred University Athletic Training
Policies and Procedure Manual**



Updated September 2013

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Introduction

This manual is a compilation of procedures, guidelines, policies, and action plans for Alfred University.

All athletic staff members, including coaches, athletic trainers, and administration, should familiarize themselves with this document and all Alfred University policies and procedures, so they understand how certain situations and incidents will be addressed. This document will be reviewed and updated annually. Please direct any questions or comments you may have about the content of this document to:

Jessica S. Hurlbut MS, LAT, ATC
Head Athletic Trainer
(607)871-2916
dunster@alfred.edu

Mission Statement

The Division of Athletic Training at Alfred University has two distinct yet cooperative segments. The education component and the service component must work in conjunction in order for each to be successful. The mission of the Division of Athletic Training (service) is to provide the highest quality health care to all intercollegiate athletes and to facilitate the education of athletic training students enrolled in the Athletic Training Education Program. This is achieved with the following goals and expectations in mind:

- We represent Alfred University and the Athletic Department at all times. As such, we present ourselves professionally.
- We document all treatments at the time they are provided.
- We actively pursue continuing education so that we can constantly provide the most appropriate care to each individual athlete.
- We present needs, wants, and problems with possible solutions in a non-defensive manner in order to promote effective communication.
- We constantly strive to involve athletic training students in every facet of athletic training services provided to student athletes.
- We treat co-workers and all students with respect at all times.
- If there is a conflict, it is handled in an office. Either party may request that a mediator be present or to have the issue addressed at a different time.
- Our personal lives do not interfere with our professional responsibilities.

Staff Outline of Responsibilities

Alfred University Division of Athletic Training Head Athletic Trainer – Job Description

Reports to: Director of Athletics
Dean of College of Professional Studies
Program Director

Supervises: Assistant Athletic Trainer(s)
Graduate Assistant / Intern Athletic Trainer(s)
Athletic Training Students

Basic Function:

To supervise and coordinate the overall injury prevention, evaluation, treatment, short-term and long-term rehabilitation, education and counseling, and athletics related health care administration of all student-athletes in consultation with and under the supervision of the Team Physician(s) and other qualified medical personnel.

Background Requirements:

1. Must be certified by the Board of Certification (BOC) and by the State of New York
2. Must possess a minimum of a Masters' Degree in a related field
3. Must possess a minimum of three (3) years' experience as a Certified Athletic Trainer

Major Duties and Responsibilities:

1. Supervise and oversee all aspects of the athletic training room and Athletic Training program, including daily injury prevention, on-site evaluation and treatment, and rehabilitation of student-athletes as directed by the Team Physician(s).
2. Periodically meet with the coaching staff to identify problem areas and to establish treatment goals.
3. Oversee the hiring, training, and supervision of all athletic training staff/faculty members.
4. Schedule athletic training staff and students for coverage of all team practices and athletic competitions.
5. Oversee the compilation, input, and organization of daily medical records.
6. Attend scheduled team practices and home and away competitions as necessary.
7. Maintain a detailed and accurate inventory log of all over-the-counter and prescription medications.
8. Coordinate the inventory, bidding, ordering, receiving, and stocking of all athletic training room supplies and equipment.
9. Develop and maintain a Division of Athletic Training handbook / policy manual for staff and athletic training students.
10. Establish and enforce codes of conduct and rules for use of the athletic training facilities and equipment.
11. Share in the responsibility of athletic training room maintenance and upkeep.
12. Secure and maintain all student-athlete medical records and insurance policy information.
13. Review and approve all medical bills and insurance claims to determine accuracy and compliance with National Collegiate Athletic Association (NCAA) and Empire Eight Athletic Conference (EEAC) rules and regulations.

14. In conjunction with the Director of Athletics, supervise the prompt payment and reconciliation of all medical bills and insurance claims.
15. Share in the responsibility of maintaining and organizing the athletic training room file system.
16. Coordinate the organization and administration of the NCAA and in-house substance abuse testing program.
17. Oversee the organization, administration and education of athletic training students, including but not limited to:
 - a. Clinical evaluation of athletic training students
 - b. Field supervision of athletic training students
 - c. Athletic Training Education Program curriculum development
 - d. Teaching courses within the College of Liberal Arts and Sciences and the Division of Athletic Training
 - e. Preparation of athletic training students for the BOC examination
18. Report the status of injured student-athletes to the coaching staff(s) and/or the sports information department for dissemination to media outlets.
19. Oversee the organization and administration of an Exposure Control Plan for Blood borne Pathogens as dictated by the State of New York and the Occupational Safety and Health Administration (OSHA), including:
 - a. Annual training sessions
 - b. Coordinating the disposal of biohazardous waste
 - c. Compliance with OSHA and state standards and procedures
20. Coordinate the scheduling of all student-athletes for physical examinations and medical referrals.
21. Establish an emergency management protocol for all athletic teams in conjunction with the Team Physician(s), area emergency medical services, and local hospitals.
22. Coordinate the compilation and preparation of annual end-of-season athletic training reports for individual teams.
23. Determine a student-athlete's ability to practice and/or compete in consultation with the Team Physician(s).
24. Represent Alfred University and the Division of Athletic Training at university, conference, and/or national meetings as required or requested.
25. Maintain certification requirements of the Board of Certification (BOC) and the State of New York.
26. Other duties as assigned by the Director of Athletics and/or the Dean of the College of Professional Studies.

Principal Working Relationships:

1. Advise and seek direction from the Athletic Director and the Dean of the College of Professional Studies with regard to any and all duties.
2. Advise and direct the Assistant Athletic Trainer(s), Graduate Assistant / Intern Athletic Trainer(s), and athletic training students with regard to any and all duties.
3. Advise coaching staffs daily with regard to the status of injured student-athletes.
4. Consult with the Team Physician(s) for guidance on the treatment of injured student-athletes, and periodically report on their progress.
5. Liaison with ALL medical consultants, specialists, and medical services.
6. Cooperate with and maintain a good working relationship with the strength and conditioning staff with regard to strength and conditioning, flexibility, nutrition, supplements / ergogenic aids, injury prevention, exercise technique, and rehabilitation of student-athletes.
7. Cooperate with the Sports Information Department on the dissemination of student-athlete injury information and other public relation / media concerns.

8. Work in conjunction with the Athletic Director and the Office of Admissions on all promotional and public relations matters.
9. Work in conjunction with the various coaching staffs and other personnel regarding student-athlete nutritional issues, including but not limited to training camp and travel menus.
10. Work in conjunction with the Athletic Business Office with regards to departmental budgets and accounts, and the bidding, ordering, and receiving of all athletic training supplies and equipment.
11. Maintain a good working relationship with the coaching staff and athletic administration.
12. Work in conjunction with the equipment room staff regarding the safety of the athletic equipment, testing new equipment, to aid in the purchase of shoes and protective equipment, and to facilitate proper methods of fitting athletic equipment.
13. Maintain a good working relationship with the athletics facilities manager, physical plant and grounds department regarding the safety of practice and competition surfaces and general field/court conditions.

Alfred University
Division of Athletic Training
Assistant Athletic Trainer – Job Description

Reports to: Athletic Director
Head Athletic Trainer

Supervises: Graduate Assistant / Intern Athletic Trainer(s)
Athletic Training Students

Basic Function:

Assist in the overall injury prevention, evaluation, treatment, short-term and long-term rehabilitation, education and counseling, and athletics related health care administration of all student-athletes in consultation with and under the supervision of the Team Physician(s) and other qualified medical personnel.

Background Requirements:

4. Must be certified by the Board of Certification (BOC) and by the State of New York
5. Must possess a minimum of a Masters' degree in a related field
6. Teaching experience and first aid / CPR instructor's certification is preferred

Major Duties and Responsibilities:

1. Provide daily injury prevention, on-site evaluation and treatment, and rehabilitation of student-athletes as directed by the Head Athletic Trainer and Team Physician(s).
2. Assist with the compilation, input, and organization of daily medical records.
3. Attend scheduled team practices and home and away competitions as necessary.
4. Assist Program Director in supervising athletic training students and evaluating clinical proficiencies of students enrolled in the following courses: ATHT 104, 201, 202, 301, 302, and 401.
5. Periodically meet with selected coaching personnel to identify problem areas and to establish treatment goals.
6. Travel with athletic teams as necessary and as directed by the Head Athletic Trainer.
7. Assist with the enforcement of the Division of Athletic Training code of conduct and rules and regulations for the use of the athletic training facilities and equipment.
8. Assist with the inventory, receiving, and stocking of all athletic training room supplies and equipment.
9. Assist with the development and maintenance of the Division of Athletic Training handbook / policy manual.
10. Share in the responsibility of athletic training room maintenance and upkeep.
11. Share the responsibility of maintaining and organizing the athletic training room file system, including medical records, insurance claims and medical bills in compliance with National Collegiate Athletic Association (NCAA) and Empire Eight Athletic Conference (EEAC) rules and regulations.
12. Assist with the organization and administration of the NCAA and in-house substance abuse testing program.
13. Assist with the organization, administration, and education of athletic training students, including but not limited to:
 - a. Clinical evaluation of athletic training students
 - b. Field supervision of athletic training students
 - c. Athletic Training Education Program curriculum development

- d. Teaching one course per semester in the College of Liberal Arts and Sciences, Division of Athletic Training
 - e. Preparation of athletic training students for the BOC examination
14. Report the status of injured student-athletes to the coaching staff as directed.
 15. Organize and administer an Exposure Control Plan for Blood borne Pathogens as dictated by the State of New York and Occupational Safety and Health Administration (OSHA), including:
 - a. Annual training sessions
 - b. Coordinating the disposal of hazardous waste
 - c. Compliance with OSHA and state standards and procedures
 16. Assist with the scheduling of athletic training students for coverage of all team practices and athletic competitions.
 17. Complete annual end-of-season athletic training reports for individual teams.
 18. Determine a student-athlete's ability to practice and/or compete in competition in consultation with the Team Physician(s).
 19. Represent Alfred University and the Division of Athletic Training at university, conference, and/or national meetings as required or requested.
 20. Assume the duties and responsibilities of the Head Athletic Trainer in his/her absence.
 21. Maintain certification requirements of the Board of Certification (BOC) and the State of New York.
 22. Safety: Participate in safety training and comply with safety rules, regulations, and protocols.
 23. Perform additional duties and assist with special projects as assigned.

Primary Working Relationships:

1. The primary reporting relationship is to the Program Director for the Division of Athletic Training. A secondary reporting exists with the Head Athletic Trainer with regard to any and all duties.
2. Advise and direct the Graduate Assistant / Intern Athletic Trainer(s) and athletic training students with regard to any and all duties.
3. Consult with the Team Physician(s) for guidance on the treatment of injured student-athletes.
4. Cooperate with and maintain a good working relationship with the strength and conditioning staff with regard to strength and conditioning, flexibility, nutrition, supplements and ergogenic aids, injury prevention, exercise technique, and rehabilitation of student-athletes.
5. Advise coaching staff daily with regard to the status of injured student-athletes.
6. Work in conjunction with the various coaching staff and other personnel regarding student-athlete nutrition issues, including but not limited to training camp and travel menus.
7. Maintain a good working relationship with the coaching staff and athletic administration, equipment room staff, and athletics facilities manager.
8. Maintain good working relationships with physical plant and grounds departments regarding the safety of practice and competition surfaces and general field/court conditions.

Alfred University
Division of Athletic Training
Graduate Assistant Athletic Trainer – Job Description

Reports to: Head Athletic Trainer
Athletic Training Program Director
Assistant Athletic Trainer(s)

Supervises: Athletic Training Students

Background Requirements:

1. Must be certified by the Board of Certification (BOC) and the State of New York.
2. Enrolled as a full-time graduate student at Alfred University.

Major Duties and Responsibilities:

1. Provide daily injury prevention, on-site evaluation and treatment, and rehabilitation of student-athletes as directed by the Head Athletic Trainer, the Assistant Athletic Trainer, and/or Team Physician(s).
2. Assist with the compilation, input, and organization of daily medical records.
3. Attend scheduled team practices and home and away games as necessary and/or directed.
4. Assist with the inventory and stocking of all athletic training room supplies and equipment.
5. Assist with the development and maintenance of the Division of Athletic Training handbook / policy manual.
6. Share in the responsibility of athletic training room maintenance and upkeep.
7. Share in the responsibility of maintaining and organizing the athletic training room file system, including medical records, insurance claims, and medical bills in compliance with National Collegiate Athletic Association (NCAA) and Empire Eight Athletic Conference (EEAC) rules and regulations.
8. Assist with the organization and administration of the NCAA and in-house substance abuse testing program.
9. Assist in the organization, administration, and education of athletic training students, including but not limited to:
 - f. Clinical evaluation of athletic training students
 - g. Field supervision of athletic training students
 - h. Athletic Training Education Program curriculum development
 - i. Preparation of athletic training students for the BOC examination
10. Report the status of injured student-athletes to the coaching staff as directed.
11. Assist with the organization and administration of an Exposure Control Plan and Blood borne Pathogens as dictated by the State of New York and the Occupational Safety and Health Administration (OSHA), including:
 - a. Annual training sessions
 - b. Coordinating the disposal of hazardous waste
 - c. Compliance with OSHA and state standards and procedures
12. Assist with the enforcement of the Division of Athletic Training code of conduct and rules and regulations for the use of the athletic training facilities and equipment.
13. Assist with the scheduling of athletic training students for coverage of all team practices and athletic competitions.
14. Complete annual end-of-season athletic training reports for individual teams.

15. Determine a student-athlete's ability to practice and/or compete in consultation with the Team Physician(s).
16. Assume the duties and responsibilities of the Assistant Athletic Trainer in his/her absence.
17. Maintain certification requirements of the Board of Certification (BOC) and the State of New York.
18. Other duties as assigned by the Head Athletic Trainer and Assistant Athletic Trainer(s).

Principal Working Relationships:

1. Advise and seek direction from the Head Athletic Trainer and Assistant Athletic Trainer(s) with regard to any and all duties.
2. Advise and direct the athletic training students with regard to any and all duties.
3. Cooperate with and maintain a good working relationship with the strength and conditioning staff with regard to strength and conditioning, flexibility, nutrition, supplements and ergogenic aids, injury prevention, exercise technique, and rehabilitation of student-athletes.
4. Advise coaching staffs daily with regard to the status of injured student-athletes.
5. Maintain a good working relationship with the coaching staff and athletic administration.
6. Maintain a good working relationship with the equipment room staff.

Staff Directory

Athletic Training Staff

Daniel Curtin, MD

Team Physician/ General Medicine

- Office: (585)728-2044
- Mobile: (607)382-1141

Chris Yartym, MS, ATC

Program Director

- Office: (607)871-2902
- Mobile: (607)776-4728

Andrea Wilkinson MS, ATC

Clinical Education Coordinator

- Office: (607)871-2738
- Mobile: (330) 204-7581

Jessica S. Hurlbut MS, ATC

Head Athletic Trainer

- Office: (607)871-2916
- Mobile: (315) 430-8865
- Home: (585)466-3281

Doug Graham MEd, ATC

Assistant Athletic Trainer

- Office: (607)871-3495
- Mobile: (585) 610-8258

Joshua Long MS, ATC

Assistant Athletic Trainer

- Office: (607)871-2738
- Mobile: (440)479-2639

Evaluations

Assistant and graduate assistant athletic training room staff evaluations are conducted by the head athletic trainer on a semi-annual basis. The evaluations will be kept on file. These evaluations will include areas of:

- Self-evaluation of staff member
- Evaluation of fellow staff members and physicians
- Head athletic trainer evaluation and feedback
- Open discussion on areas of concern, question, suggestions / recommendations
- Developmental ideas
- Long Term and Short Term Goals

ATR Rules

1. Use of the athletic training room is strictly for student-athletes involved in the AU athletics program.
2. Student-athletes and student athletic trainers are not permitted in the athletic training room without proper supervision.
3. Student-athletes must report to the athletic training room for taping, treatment, and rehabilitation in proper attire (i.e. shorts, sweats, t-shirts)
4. Unnecessary clothing and equipment (i.e. cleats, helmets, shoulder pads, gloves, balls, etc.) should **NOT** be brought into the athletic training room. These items should be left in the hall or in the student-athletes locker.
5. Food and drinks are not permitted in the treatment and rehabilitation areas of the athletic training room.
6. Abusive and/or foul language, horseplay, loud talking, and/or loitering are not allowed in the athletic training room.
7. **All student-athletes must shower before receiving treatments and/or aquatic therapy.**
8. Shoes are not allowed on treatment tables.
9. No supplies are to be taken from the athletic training room without the permission of a staff athletic trainer.
10. There is **NO CELL PHONE USE** in the Athletic Training Room.
11. Student-athletes are **NOT** to operate equipment and/or perform “self-treatments.”
12. Taping for practices/games starts approximately one hour prior to the team having to be on the field ready for warm-ups. All taping will be done in the athletic training room and will not be done on the playing field unless under special circumstances.
13. **No tobacco products allowed in ATR**
14. **No taping will be performed without rehabilitation.**
15. Athletes must first **sign-in** to receive treatment.
16. Report all athletic injuries to Athletic Trainer immediately!
17. **15 minutes prior to practice you will be denied treatment....Treatment time occurs 1 hour prior to practice.**
18. Keep all appointments; if you need to change your appointment or you are unable to make the appointment, please notify the athletic trainer. If you are more than 20 minutes late you will be considered a “no-show” and your coach will be notified.
19. All student-athletes are expected to strictly adhere to the rules and regulations at all times. Failure to comply with the rules and regulations may result in disciplinary sanctions. Along these lines all student athletic trainers are said to uphold these rules as well.

Dress Code

1. The ATC should wear a t-shirt or collared/polo shirt that is tucked into their pants at all times w/ a belt unless the shirt is tailored for all clinical/practice coverage. Game coverage must be a collared polo shirt that is tucked into their pants at all times with a belt.
2. The ATC must wear khaki style pants/slacks that are khaki, white, tan/brown, green, black, or blue and must be in good condition (i.e. clean and free of holes, fraying, etc.). Khaki style shorts may also be worn during warm weather, with ATC permission, and must be in good condition (i.e. see above and cutoffs are not acceptable). The shorts must pass the required standards of a credit card test or hand test. The ATC may not wear jeans during clinical/practice/competition coverage.
3. The ATC may not wear hats of any kind inside of a building (i.e. athletic training room or clinic). An appropriate Alfred University logo hat may be worn out doors (no other sports team's caps). Head Covers that are required for religious purposes or to honor cultural tradition are allowed.
4. The ATC must wear footwear appropriate to the setting and must be able to perform duties. Dress shoes or gym/tennis shoes are allowed, however sandals, flip-flops, and high heels are not allowed.
5. Jewelry, perfume and makeup should be in good taste, with limited visible body piercing. Remember, that some employees are allergic to the chemicals in perfumes and make-up, so wear these substances with restraint.
6. Athletic Training staff (ATC) **are not permitted** to wear the following:
 - a. Pants with holes or frays.
 - b. Cut-off jeans/pants and/or shirts
 - c. Tank tops
 - d. Sports bras without a covering shirt
 - e. Spandex
 - f. Jeans
 - g. Sweatpants
 - h. Shirts that show mid-riff
 - i. Low cut / V-neck / spaghetti-strap shirts lacking appropriate breast coverage.
 - j. Open-toed shoes and or sandals
 - k. Any clothing with drug / alcohol / inappropriate and derogatory references
7. ATC should keep a neat, clean, professional personal appearance. This is an important step in gaining respect of athletes, coaches, and the general public. Grooming and personal hygiene are a must for the profession. ATC should keep their fingernails short and trim at all times.
8. Note the final say in dress code appropriateness is at the Head ATC's discretion.

Maintaining Credentials

Athletic trainers employed by Alfred University must maintain current American Red Cross Professional Rescuer CPR/AED certification. They also must receive certification from the State of New York Department of Education for Athletic Trainers. Information on state certification can be obtained from the Department of Education for the State of New York. In order to remain eligible for employment by Alfred University as an Athletic Trainer, each staff member also must remain in good standing with the Board of Certification. Each employee must maintain current copies of their CPR/AED certification, state certification, and BOC certification in the Head Athletic Trainer's office. All Athletic trainers must be licensed by New York state and be in good standing.

Medical Clearance Requirements

All student-athletes are required to complete the athletic training room medical forms and obtain a pre-participation physical before they are eligible to participate in intercollegiate athletics. Medical clearance forms consist of:

- Medical History Questionnaire
- Primary Insurance Information
- Release of Medical Information Authorization
- Consent for Treatment
- Sickle Cell Information and Testing Form
- Pre-Participation Sports Physical
- Ortho Screening
- Impact and SCAT 2 Testing

A member of the Alfred University team physician staff will perform all pre-participation physicals unless otherwise directed by the head team physician.

Pre-Season Physicals

All intercollegiate athletes must receive a physical completed by the Alfred University athletic trainers and team physician prior to the start of the first practice. Physicals are scheduled by the head athletic trainer in consultation with the team physician. Coaches should inform the head athletic trainer of their desired date for physicals and requests will be honored as scheduling permits. No athlete is permitted to participate in formal practices until they have been cleared by the team physician. If an athlete sustains an injury and has not been cleared by the team physician, it is not the responsibility of the Alfred University athletic trainers to care for the athlete's injury. The athlete may be referred to an outside provider for care. The athlete assumes all costs associated with that injury.

The paperwork for pre-season physicals is located in the S: drive, in the staff folder. There is a separate file for AU forms with a subfolder for physicals. There is a recertification form for returning athletes, and a new history questionnaire for first-time athletes. With the exception of the heat illness questionnaire, all forms must be completed by every intercollegiate athlete. The heat illness questionnaire is reserved for fall sports only. The MD certification and orthopedic screen should be reserved for the day of the physical and should be completed by the athletic training staff, students, and team physician.

Athletes must have their paperwork completed prior to the administration of a physical. The history form should be reviewed for any "yes" responses. These should be highlighted and accompanied with a description. The athlete will have their height, weight, blood pressure, and pulse taken. They will complete a vision screen through the use of a Snellen eye chart. A certified athletic trainer will complete an orthopedic screen. Any particular concerns should be noted on the form. The athlete will be seen by the team physician who will give clearance or request additional information before clearing the athlete for participation.

On occasion, the team physician will refuse to grant a student participation in intercollegiate athletics. The team physician has ultimate authority to deny participation, regardless of outside physician clearance.

Insurance Policy

All students are automatically enrolled in the student health insurance program. In order to waive out of the insurance and prevent being billed for the policy, students must sign a waiver form, complete a subscriber information form, and provide a copy of the front and back of the private insurance card(s). An electronic copy of the subscriber information form and insurance card(s) will be available on a website accessible by the athletic training staff. A hard copy of the information form and the card(s) should be in the travel folder for the sport. The information may also be printed off when the athlete needs to be seen by an outside provider or receive an x-ray. If there is no information available on the website, the athlete has not waived out of the student health insurance program and everything should be billed directly to Academic Risk. The athlete can print off a copy of their insurance card from the Academic HealthPlans website at www.academichealthplans.com/alfred/.

All students should receive a mailing from Academic HealthPlans during the summer months. The mailing requests that the student submit information directly to Academic HealthPlans. If the student did not receive the mailing, the forms are accessible on the website noted above.

The student health insurance plan will not pay for claims that result from an athletic injury. The athlete should be instructed to forward all bills to the staff athletic trainer so a claim can be generated through the intercollegiate athletics insurance policy.

Please direct any insurance questions you may have to Renee Richardson – AU Health Center or Liane McLester claims specialist (AHP Insurance).

Drug Testing

Currently Alfred University does not have drug testing for athletes.

Pre-Season Team Meetings

Each staff athletic trainer should meet with their assigned teams prior to the start of pre-season practices. The athletic trainer should introduce themselves and each of the students working with the sport. Items that should be discussed are:

- Role of the staff athletic trainer
- Role of the athletic training student
- Expectations for behavior in the athletic training room
- Referral to the team physician
- Referral to an outside provider
- Referral to the health center
- Intercollegiate insurance for athletic injuries
- Policy on payment for medical bills
- Return to play when seen by an outside provider or health center
- Contact information for athletic training staff member
- Protocol for off-hour illness and injury
- Treatment priority for off-season injuries

Room Coverage and Care Policy

Accessibility

The athletic training room is available for the sole use of student-athletes in which an athletic trainer was hired. No other member of the university or community is permitted to receive treatment, testing, exercise and rehabilitation, examinations or other care within the athletic training room facility. Clinic hours are 1-4 p.m. Any changes to this schedule will be posted outside on the athletic training room door.

Coverage

To ensure high quality health care to intercollegiate athletes at Alfred University, the Athletic Training Department has adopted this policy to provide for the needs of the Division of Athletics. The Director of Athletics has the final responsibility for all athletic training policy decisions.

This policy shall be applied consistently across all University sports teams, in accordance with the requirements of the law.

A. Practice and Competition Coverage

- Athletic training staff coverage is available only to those teams competing in season, unless otherwise specified by Director of Athletics.
- For both Varsity and JV sports, priority will be given to contact/collision sports as defined by the NCAA.
- Teams will be allocated individual athletic trainers by the Head Athletic Trainer, or the Area Manager.
- Teams in pre-season will be covered at the discretion of the Head Athletic Trainer or Area Manager. Specific assignments are based upon experience in that particular sport.
- The Athletic Training Room is closed on Sundays with the exception of NCAA competitions and individual appointments. Practices that occur on Sundays will be staffed based on personnel availability as determined by the Athletic Director and Head Athletic Trainer.
- The Athletic Training Room closes daily at 9:30 pm; all practices taking place after 9:30 pm will be held at the discretion of the coaching staff.
- The Athletic Training Room will be closed on holidays and the day following Thanksgiving and Christmas
- The athletic training staff needs each teams practice schedule at least one week in advance. All practice changes must be made with a minimum of 24 hours' notice. Exceptions are granted for cancellations and weather related issues. If changes are made with less than 24 hours' notice, the athletic training staff will only be available for treatments and coverage at the originally scheduled times.
- Home contests have priority over practices.

B. Travel coverage

Sports defined as "contact/collision" by the NCAA will be covered on the road due to the higher likelihood of injury in those sports. Specifically:

- Varsity and JV football will have coverage for away competitions. Both varsity and JV will travel with one (1) ATC and four (4) athletic training students.
- Men's Lacrosse will have coverage for away competitions. They will travel with one (1) ATC and two (2) athletic training students
- Due to the higher rate of injury associated with the contact collision nature of Men's Lacrosse, an ATC will travel with Men's Lacrosse on all road trips including Spring Breaks.

Coverage for away competitions or training trips for all other sports is at the discretion of the Head Athletic Trainer

Coaches should make all travel requests with the Head Athletic Trainer

Injury Rehabilitation

Injuries sustained outside of intercollegiate practices/games will generally not be treated by the Athletic training staff or the Team Physician.

C. Non-Traditional Sports Seasons Coverage

Athletic teams participating in nontraditional practices should adhere to the following guidelines to assure athletic training coverage:

1. The priority of athletic training coverage is as follows,
 - a. Traditional season (in-season)sports will be given priority in coverage by the athletic training staff over non-traditional (out of season) sports
 - b. Home competitions will be given priority over practices
 - c. Non-traditional (out of season) sport competitions may be covered if staffing permits
 - d. If a non-traditional practices will not be covered; an athletic trainer will be on call. Being "on call" implies that the athletic training staff will be accessible by phone either in the athletic training room or while off duty.
 - e. The following chart breaks down athletic training staff coverage by sport and athletic season. Please note that this schedule is not absolute and may vary when situations arise that alter the availability of the athletic training staff

FALL COVERAGE

	FOOTBALL	MEN'S SOCCER	WOMEN'S SOCCER
Certified Athletic Trainer	Joshua Long- Varsity Brittany Potter-JV	Douglas Graham	Jessica Hurlbut
Practice Coverage by ATC	Yes	Yes	Yes
Home Game/Contest Coverage by ATC	Yes	Yes	Yes
ATC Travel	Yes	No	No
Non-traditional season coverage by ATC	Games Only	Games Only	Games Only

	Volleyball	M & W Cross Country	W. Tennis
Certified Athletic Trainer	Andrea Telesca	Andrea Telesca	Andrea Telesca
Practice Coverage by ATC	Yes	No	No
Home Game/Contest Coverage by ATC	Yes	Yes	Yes
ATC Travel	No	No	No
Non-traditional season coverage by ATC	Games Only	Games Only	Games Only

WINTER COVERAGE

	Men's Basketball	Women's Basketball	M & W Swimming	Indoor Track
Certified Athletic Trainer	Jessica Hurlbut	Douglas Graham	Joshua Long/Brittany Potter	Andrea Telesca
Practice Coverage by ATC	Yes	Yes	Yes	Yes
Home Game/Contest Coverage by ATC	Yes	Yes	Yes	Yes
ATC Travel	No	No	No	No
Non-traditional season coverage by ATC	Games Only	Games Only	Games Only	Games Only

SPRING COVERAGE

	Softball	Men's Lacrosse	Women's Lacrosse	M & W Track	Men's Tennis
Certified Athletic Trainer	Jessica Hurlbut	Douglas Graham Andrea Telesca	Joshua Long	Brittany Potter	Brittany Potter
Practice Coverage by ATC	Yes	Yes	Yes	Yes	No
Home Game/Contest Coverage by ATC	Yes	Yes	Yes	Yes	Yes
ATC Travel	No/optional	Yes	No/optional	No	No
Non-traditional season coverage by ATC	Games Only	Games Only	Games Only	Games Only	Games Only

- f. Coverage of sports depends on the availability of the athletic training staff and is subject to change as the situation demands.
2. It is the responsibility of the head coach to notify the athletic training staff immediately if there are any changes to the schedule.
 3. Non-traditional season sports or individual sports such as, cross-country or tennis may pick up a medical kit at the beginning of the season. The medical kit should be brought to practices and all away games in absence of an athletic trainer.
 4. The medical kit should be accompanied by the student-athletes' insurance information in case an emergency arises on the road. That is why it is imperative for each coach to ensure that he/she has the appropriately assigned medical kit.
 5. It is the responsibility of the coaching staff to see that the kit is periodically returned to the athletic training room for restocking and that non-expandable items are accounted for (tape cutters, scissors, ect.)

Physician Coverage

Physician Coverage and Referrals

Alfred University has a team physician who provides physician care and coverage for student-athletes. The athletic training room staff and team physician staff have sole responsibility for determining the participation status and medical clearance of the student athletes. The team physician may decide to refer this responsibility to another medical provider as necessary for specific injuries or conditions.

Emergency Action Planning and Protocol

The athletic training department will ensure the education, review and preparation for the appropriate department personnel to be prepared for emergency scenarios and actions that must be taken in order to provide the best possible care to the sport participant of emergency and/or life threatening conditions. (SEE EAP's)

- Emergency Personnel

- Scheduled varsity practices, lifting or condition sessions must have a certified athletic trainer, athletic training student assistant or respective coach on site
- Scheduled home competitions must have a certified athletic trainer on site. Other members on site may include coaches, a team physician (as available), and/or athletic training student assistants

- Roles of the Emergency Team

- Establish safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene
- Depending on ease of access, staff should have keys to any locked gates or doors that may slow the arrival of medical personnel

- Emergency Communication

- Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured
- A back-up communication plan should be in effect should there be failure of the primary communication system
- Radios

- Emergency Equipment

- A permanent automated external defibrillator (AED) is located in the athletic training room and available for an on-campus practice or competition

Orthopedic Emergency Injury Protocol

Initial Evaluation

During the initial evaluation of an emergency orthopedic injury, the primary goals of the evaluation are to:

1. Determine if an orthopedic emergency is present
2. Immediately begin appropriate emergency treatment
3. Select the appropriate mode of transportation to medical facility

When evaluating an orthopedic injury, the first step is to assess both the neurological and circulatory systems of the injured athlete. Proper methods for assessing circulation include capillary refill, skin color, and skin temperature. Neurological tests must evaluate dermatomes, myotomes, and any associated reflex. Observation of the injury site for deformity and palpation for irregularities and/or point tenderness should be performed. Torque, compression, and percussion forces may be utilized to test for suspected long bone fractures. Tests that evaluate the joint for gross instability should only be performed if no suspected fractures or dislocations are present. Splints should be applied if gross joint instability or a fracture is suspected. If splints are applied to an extremity circulation (skin temperature and color and capillary refill) should be evaluated both before and after the application of a splint.

Remember: Treatment of life threatening injuries / illnesses supercede orthopedic injuries

Orthopedic Emergencies

Any open fractures or dislocations are considered an orthopedic emergency. Immediate treatment for an open fracture or dislocation involves applying a sterile dressing with direct pressure to reduce blood flow and the chance of infection. Direct pressure should be applied with the heel of a gloved hand. If direct pressure does not slow the flow of blood, arterial pressure point should be used to control bleeding. Using a blood pressure cuff to act as a tourniquet can slow blood flow. Tourniquets should only be applied as a last ditch effort after all other attempts have failed to control the bleeding. Once the bleeding is controlled, treatment is identical to that of a closed fracture with splinting and immediate transport to the closest emergency facility by ambulance.

Note: Be aware of potential internal hemorrhage. Unknown or unseen hemorrhage into the pelvis or femur from a fracture can account for significant blood loss and imminent hemorrhagic shock.

Dislocations of large joints such as the ankle, knee, hip, shoulder, and elbow, are viewed as an orthopedic emergency. Dislocations to the knee, hip, and elbow should receive extra attention as these joint dislocations commonly present neurovascular complications. Any delay in the treatment of fractures and dislocations with neurovascular complications may lead to the loss of the extremity or even death. A qualified physician should perform immediate reduction. If a physician or an emergency facility is not readily available for immediate reduction, then a certified athletic trainer who has additional training in large joint dislocation reduction or has verbal orders from the team physician or physician assistant in regards to joint reduction may attempt to reduce the joint.

If the joint is unable to be reduced, the athletic trainer should immobilize the joint in the position found, continue to monitor circulation and sensation, transport the athlete to the closest emergency facility by ambulance. All orthopedic and vascular emergencies are to be transported to St. James Mercy Hospital.

Splinting Guidelines

The following are guidelines to follow when applying splints.

- Splint only if it will result in decreased pain for easier transport
- Deformity, gross instability, or crepitus are signs and symptoms for immediate referral to an orthopedic surgeon.
- Make sure all open wounds are covered with a sterile compressive dressing
- Be sure to assess the patients neurovascular status before and after the application of a splint.
- Pad the splint to prevent pressure over the injury site.
- The joint should be immobilized above and below the fracture or dislocation to reduce the amount of movement at the injury site; **Do not secure directly over the injury site.**
- If there is ever a question in to whether or not a limb should be splinted, be safe and splint the injured extremity.

Splinting Considerations

Splints are used to decrease pain, increase ease of transportation, to prevent closed fracture from becoming open, to minimize damage to nerves, muscles and blood vessels, and to prevent movement at fracture sites or in the presence of gross instability. The basic rule of splinting is to splint in the position of function or position found. With experience or in the presence of a physician, limb realignment before the application of a splint is acceptable. There are three basic types of splint: 1) rigid, 2) vacuum, and 3) traction. In an orthopedic emergency situation where none of the above are available, an anatomical splint is acceptable to prevent further harm.

Procedures for Training in Orthopedic Evaluation and Splinting / Immobilization:

Certified Athletic Training Staff members must review procedures yearly. Athletic Training Students must complete a training session every year that consists of a review of signs and symptoms of orthopedic injury, evaluation techniques, and splinting / immobilization applications.

Catastrophic Injury Plan / Phone Tree

In the event of a catastrophic injury that occurs during an NCAA sponsored athletic event, a series of steps and contacts need to be completed to successfully manage the situation. All certified athletic trainers, athletic training students, athletic department personnel, and university administrator should be familiar with the catastrophic injury plan.

Home Event or Traveling with a Certified Athletic Trainer

1. Alfred University Head Athletic Trainer contacts Alfred University Team Physician.
 - Alfred University Medical personnel will work with medical specialists assisting with the care of injured athlete
2. Alfred University Head Athletic Trainer will contact Alfred University Director of Athletics.
3. Alfred University Director of Athletics contacts Alfred University Dean of Students.
4. Alfred University Athletic administrator should be designated point person
5. Update relevant Alfred University sport staff of the situation
6. Contact family of injured athlete by Alfred University Team Physician
 - a. Assistance provided by Alfred University Head Athletic Trainer, Director of Athletics, and Dean of Students.
7. Implement Media Plan
 - a. No contact with the media by Alfred University athletic personnel, athletic training staff, athletic training students, physicians, or hospital staff.
 - b. All media contacts will be through the Alfred University Sports Information Director
 - c. Establish contact person through hospital providing medical treatment / services
8. Establish meeting for all Alfred University athletes to discuss the status and or outcome of the current medical situation.
 - Location, time, and purpose of the meeting should not be divulged to outside individuals
 - All Alfred University athletes should be encouraged to attend
2. Head Athletic Trainer and Dean of Students notifies Alfred University legal counsel regarding the incident
3. Contact with Alfred University catastrophic / malpractice insurance providers should be completed by Alfred University Vice President for Business and Finance
4. Medical reports should be completed by all individuals involved with the incident.
 - Reports should be well detailed and clearly explain the event
 - All reports should include signatures.

5. A detailed time line of the events should be constructed that clearly explains the situation.
6. Contact counseling and ministerial personnel to assist with coping process.
7. Assign athletic department personnel to accompany family members of catastrophically injured athlete while on campus.
 - Assist family members with activities as needed
 - Arrange transportation for family members while on campus
 - Assist with protecting family members from outside persons.
8. Debriefing / counseling session with all individuals associated with the incident

Phone Tree

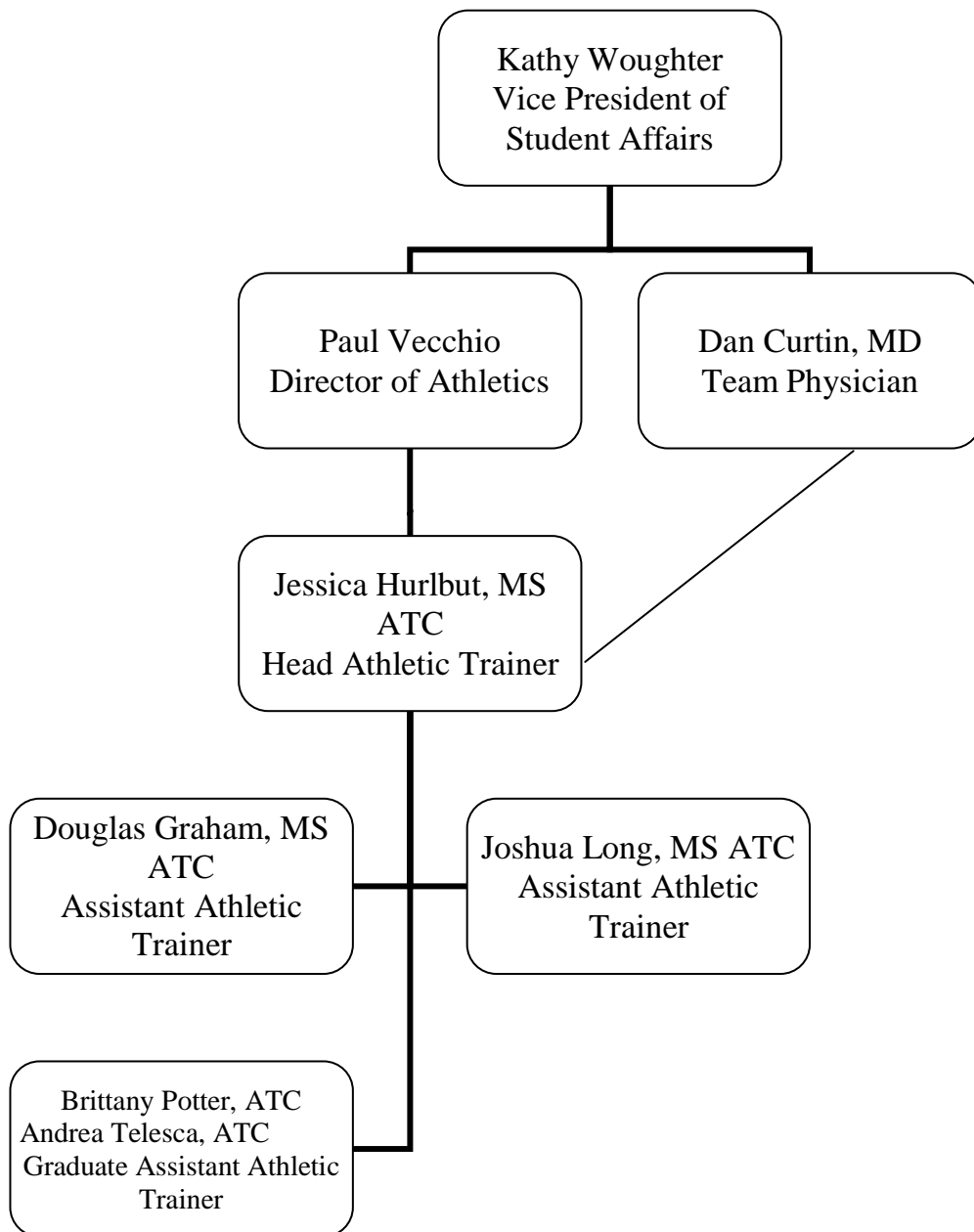
1. Head Athletic Trainer – Jessica Hurlbut, MS, ATC/L
 - Office – (607)871-2902
 - Home- (585)466-3281
 - Cell – (315)430-8865
2. Team Physician – Daniel Curtin, MD
 - Office – (585)728-2044
 - Cell – (607)382-1141
3. Director of Athletics – Paul Vecchio
 - Office – (607)871-2193
 - Cell- (607)481-9830
4. Dean of Students – Norm Pollard
 - Office – (607)871-2132
 - Home – (607)587-9410
5. Sports Information Director – Mark Whitehouse
 - Office – (607)871-2904
 - Home – (716)593-0086
6. Assistant Athletic Trainer – Douglas Graham, MEd, ATC
 - Office – (607)871-3495
 - Cell – (585)610-8258
7. Assistant Athletic Trainer- Joshua Long, MS, ATC
 - a. Office – (607)871-2738
 - b. Cell – (440)479-2639
8. Athletic Training Program Director – Christopher Yartym MS, ATC
 - Office –(607)871-2902
 - Cell- (607)776-4728

9. Vice President– Kathy Woughter
 - Office – (607)871-2966
 - Home – (607)587-8243

10. Graduate Assistant Athletic Trainer – Brittany Potter, ATC
 - Office – (607)871-3495
 - Home – (607)587-9720
 - Cell – (412)445-1663

11. Graduate Assistant Athletic Trainer – Andrea Telesca, ATC
 - Office – (607)871-3495
 - Home – (607)324-3155

Alfred University Athletic Training Flowchart (Service Side)



Confidentiality

Privacy and Confidentiality:

All certified athletic trainers are expected to respect an injured athlete's right to privacy.

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

All AU Athletic Training Department personnel are expected to adhere to the Confidentiality Policy at all times. This policy must be signed at the beginning of each year and a copy will be kept in the student athletic trainers file. Violation of the policy is grounds for dismissal from the AU Athletic Training Department. A copy of Confidentiality Policy can be found later in this manual.

Media Relations:

All relations with the media concerning an injured member of a Alfred University athletic team will be handled by the AU Sports Information Department in consultation with the Team Physician and the Staff Athletic Trainer assigned to a particular sport. **At no time are Alfred University Athletic Training Students permitted to talk with members of the working media concerning a member of an AU athletic team.**

Medical Records:

1. All medical records are **legal and binding documents** and should be treated as such.
2. All medical records and medical information about a student-athlete is private and confidential. Anything you see or hear concerning an athlete should remain confidential.
3. The student-athlete's folder/chart may not be taken home under any circumstance.
4. It is highly recommended that folders/charts not be taken out to practices. In the event that it is necessary to take the folders/charts out to practices, extreme care must be taken to ensure that the documents do not get dirty, wet, lost, etc. Staff Athletic Trainers reserve the right to forbid taking folders/charts out to practices.
5. At no time are folders/charts to be taken home or to a game!
6. The student-athlete's medical chart/computer file should be updated on a daily basis using the standard forms and SOAP note format and/or the athletic training computerized injury surveillance database.
7. The head student athletic trainer for each sport is responsible for preparing a Daily Coaches Report for his/her team. This report must be reviewed and countersigned by the faculty/staff athletic trainer responsible for your sport before presenting it to the head coach.
8. All referrals to outside physicians and/or specialists must come from a staff athletic trainer only!
9. All notes **MUST** be written in **BLUE or BLACK** ink only!
10. Student-Athlete medical folders will be organized by color & will be stored according to sport
 - football blue
 - track & field/cross country green
 - men's soccer red

- women's soccer..... orange
- volleyball..... lavender
- swimming/diving..... yellow
- men's basketball..... orange
- softball..... gray
- women's basketball..... red
- men's lacrosse yellow
- women's lacrosse lavender
- alpine skiing gray
- equestrian lavender
- women's tennis..... green
- men's tennis blue

11. Each individual folder will be arranged in the following manner-

- right side- health history questionnaire; AU student health service entrance physical; immunization record; yearly recertification information
- left side- daily injury records; prescriptions; physician notes & orders

12. All student-athletes will also have a corresponding insurance folder (manila). The insurance folder will be arranged in the following manner-

- left side- insurance information form; photocopies of the insurance card
- right side- bills; referral forms; waivers; letters, etc.

Health Insurance and Portability Act (HIPPA) Standards

The athletic training room staff members are subject to the Health Insurance Portability and Accountability Act (HIPPA) of 1996. As part of the medical documentation that accompanies all new student athletes, a signed form will authorize the athletic training staff to discuss injuries/illnesses related to the participation of a student-athlete and release any applicable medical information or records relating to those conditions to the team physician staff and other qualified health care provider as deemed necessary within their scope of practice.

Staff and Coach Involvement

The athletic training room staff must obtain permission for each individual injury, illness or other medical condition to discuss medical details with athletic department staff members or coaches. In the event the permission is not obtained, the athletic trainer can minimally provide information with regards to severity of a condition, participation status and estimated length of recovery.

Parent and Guardian Involvement

The athletic training room staff must obtain permission for each individual injury, illness or other medical condition to discuss medical details with parents or legal guardians. In the event of an emergency where access to the student-athlete is unavailable or a medical condition prohibits the ability to gain permission of the student-athlete, consent will be implied and parents/guardians will be contacted.

Documentation

Medical Charts

All student-athletes will have a medical chart created that contains all required pre-participation forms and physical examination records. It will also contain any information with regards to their medical care provided or coordinated by the athletic training room which includes daily treatment and progress notes, injury evaluations, athletic training room visit notes, prescription information, as well as any other medical record that involved the athletic training room staff. These records will be updated as needed and kept in a private storage container through the entire athletic career of the student-athlete.

Record Keeping

We have several types of forms for written record keeping. There are injury evaluations by body area, exercise flow sheets (two types) and SOAP notes, MD appointment sheets, Initial and Follow-up MD visit records, OTC and prescription medication logs, and physical paperwork (discussed separately). Each athletic trainer may also create their own written coach's report.

Injury evaluation sheets are located in a vertical file next to the desk in the athletic training room. The form should be filled out completely. Any sections that were not appropriate for the evaluation should be filled in with "N/A". An injury evaluation sheet should be completed for any injury that results in lost time. If a condition results in treatment for 3 or more days, an injury evaluation sheet should be completed and the date of completion should be noted.

Treatments can be recorded either in SportsWare or on paper. There are two flow sheets available. One is divided between modalities and exercises. The other is blank. SOAP notes can be recorded on the back of each of the flow sheets. SOAP notes should be written for each treatment where there are significant changes or a re-evaluation is completed.

If an athlete is being referred to the team physician, their information should be written on the MD appointment sheet prior to the day of clinic. Information should include the athlete's name, the date of injury, the date of the appointment, the side affected, the assessment, and any notes. Having the number of athletes to be seen in advance allows planning for procedures and physicals. This form is located on a clipboard in the team physician office. Blank forms are in the vertical file on the desk.

Each athlete seeing the team physician should have a corresponding physician visit record. There are initial and follow-up forms located in the vertical file on the desk in the team physician office. Fill out an appropriate form with the athlete's name, date of injury, date of visit, side affected, and assessment. If it is a new injury, include a copy of the initial injury evaluation form. Place the form on the clipboard with the MD appointment sheet.

There are two binders in the vertical file in cabinet in ATR, one each for over the counter drugs and prescription medications. There is a log at the front of the OTC binder to record all incoming medications. Each medication given should be logged onto the sheet that corresponds to the appropriate drug. Complete the form completely, including the lot number. If stocking a medical kit, put "kit" under athlete's name, the appropriate sport, "stock" in the reason column, number taken, and the lot number. Refer to the prescription medication policy for completing the log.

Health Center Referral

A student-athlete who is referred by the athletic training room for a consultation at the Alfred University Wellness Center will be placed in the athletic training computerized injury surveillance system. Physician has the final say on athlete's condition and has main power in referrals.

Reporting Criteria

All significant injuries (ER referrals, Head Injuries) must be reported to Judith Green within 72 hours of injury. The reason for that is to protect *you, the trainers, the coaches, and AD* – it's in your personal best interest and that of the named others that coverage is extended should there be a claim. If an injury is not reported with the 72 hours the carrier can deny coverage. Worst case scenario, there's a claim and any or all of you are brought into a suit – there would be no defense coverage for you and AU staff through our carrier.

Outside Providers

Athletes should be instructed to speak with their staff athletic trainer prior to seeing an outside provider for any health problem. The Alfred University Division of Athletic Training maintains the following policy regarding outside referrals.

- If an athlete needs to see a health care provider other than those provided through the Division of Athletics, that referral must come from the athletic training staff and/or team physician.
- If an athlete chooses to see an outside provider without the permission and/or prior knowledge of the athletic training staff and/or team physician, the athlete is not permitted to practice prior to clearance by the team physician. This clearance will not be provided without a face-to-face conversation/evaluation with the team physician in most instances.
- If an athlete has been referred to an outside provider with the knowledge of the athletic training staff and/or team physician, they still must be cleared by the team physician prior to returning to practice and/or competition. This clearance may be provided without face-to-face conversation/evaluation with the team physician in some instances.
- In the event of serious illness and/or limb threatening circumstances, the athlete is free to seek immediate medical assistance. The athlete still must be cleared by the team physician prior to returning to practice and/or competition.
- This policy is included in the "Medical Exam and Authorization Waiver" form in the physical packet completed by each intercollegiate athlete.
- Any medical bills generated by an outside provider are only covered by the Athletic Department if the referral was generated by the athletic training staff and/or team physician.

SportsWare Data Entry Protocol

All evaluations should be in both paper and computer format. All treatments can be recorded in either paper or computer format. We use SportsWare as a method of computer-based record keeping. SportsWare is located on the S: drive and is accessible from any computer in the Athletic Training Room. There are two versions of SportsWare accessible from all the computers, Plus and Basic. Only two computers can access the program at the same time. The students are instructed to access the Basic version so the Plus version is available to the staff in their offices. The Plus version has all icons available while the Basic version does not. We also have two licenses that can be installed on personal PalmPilots. The department does not purchase PalmPilots for employees.

There are several methods of pulling up and inputting information. The icons on the left can be used to obtain an alphabetical listing in each category. By using the boxes at the top of the screen, you can search by name or sport. You can also limit by date.

Once in any of the screens (athlete, injury, treatment, etc.), clicking “**add**” will allow you to create a new record. By clicking on “**edit**”, you overwrite all previous information entered. The edit feature should be used when updating personal information in the **Athlete Screen**, when completing a record previously entered, or to correct an error.

You can limit the amount of information that is brought up on the **Injury Screen** or **Treatment Screen** by entering a date from which to start. Without limiting the date, all previous records will be shown.

Athlete Icon (enter personal information)

General Tab:

Name

SSN

Eligibility year (may not match year in school)

Birthdate

Sex

Sport(s) – (cross country, m/f indoor track, m/f outdoor track, etc)

Group – Alfred University

Check Active box

Check Cleared to Play box

“Full go” for Practice and Game boxes unless clearance pending per Dr. Curtin

Medical Tab:

Put in allergy information (drug and food only)

Put in medications taken regularly

Injury vs. Condition

Any injury that does not result in time loss should be entered through the treatment screen as a **CONDITION**.

See Treatment Screen information

Any injury that does not result in time loss but will be treated for more than 3 days should be entered as an **INJURY**. This does not include ankle taping or wound care.

See Injury Screen information

If an injury was initially entered as a **CONDITION** but now qualifies as an **INJURY** (they will be treated longer than expected, or the condition has worsened and they are now missing time), the **CONDITION** can be converted to an **INJURY** without making an additional entry. You need to generate an injury evaluation in paper and computer format. These should be recorded on the date the condition is converted to an injury. Note that it is post-dated from the date of initial onset.

See Injury Screen information

Any injury that results in time loss should be entered through the injury screen.

See Injury Screen information

Any condition (not illness) that results in referral to Dr. Curtin should have an injury evaluation in paper and computer format.

See Injury Screen information

Everything else should be entered as a condition through the Treatment Screen.

When entering treatments, verify that the condition has not already been entered prior to adding a condition. These should correspond to the active year (i.e., Right – Ankle – 8/31/04 is not a current condition. Right – Ankle – 8/31/05 is a current condition). If a previous condition has returned, than add another condition.

Injury Screen

Injury Tab:

Injury date

Status

Make sure sport corresponds if multi-sport athlete

ATC/ATS

Action

Referred (if applicable)

Check hospitalized or surgery if applicable

Body Area (already complete if converting a condition to an injury)

Body Part (already complete if converting a condition to an injury)

Side (already complete if converting a condition to an injury)

Injury

Injury site

Severity

Background Tab:

Mechanism

Onset

Level

Position

Protection

Activity

Season

Location

Notes Tab:

All injuries should have a SOAP note that is dated and signed.

To convert a condition to a problem:

- Under the view tab, ensure that Hidden Injuries is checked. If not, select it.
- Click on the injury icon and all conditions and injuries will be displayed.
- Click on the condition you wish to convert to an injury.
- Complete the missing information as described above.

Treatment Screen:

If an athlete has received treatment previously for a condition, you can duplicate that treatment. Ensure that it is a current condition and for the correct side.

If you need to add a condition, click on the “**add**” icon.

Complete the body area. This should be general (upper extremity, lower extremity, etc.).

Complete the body part. This should be specific (foot, shoulder, etc.).

Complete the side. If it is bilateral, put both. If there isn't a side, put N/A.

Treatment Tab:

Date

Time of treatment, not time of practice

Location (athletic training room, on field, on bus, away)

AT (**who provided the treatment, not who recorded it**)

Treatment provided

Check the list of treatment options available. If what you need is not provided, check with a staff member prior to adding anything to the list.

Notes Tab:

If appropriate, complete a SOAP note (dated and signed). If there is a SOAP note written out in conjunction with a flow sheet, you do not need to duplicate it into SportsWare.

Referral Screen:

All referral forms completed by Dr. Curtin will be typed into SportsWare.

If the condition/injury is already listed, select it (this should be the case except for illnesses).

If the condition/injury is not listed, inform the staff member responsible for that sport. Leave the referral form in the folder and enter it once the condition/injury has been entered.

Referral Tab:

Enter the date athlete was seen by Dr. Curtin (not date of entry)

Verify the correct sport

Select Dr. Curtin

Leave provider blank

Select the most appropriate service option. If unsure, ask a staff member.

Notes Tab:

Type in the handwritten notes

ALFRED UNIVERSITY
CONCUSSION MANAGEMENT PLAN

Management: The AU Team Physician in coordination with the Athletic Training Department (Certified Athletic Trainers “ATC”) has developed a comprehensive concussion management plan with guidance set forth by the NCAA and the Concussion in Sport Group (CISG) literature. This plan will be reviewed on an annual basis with the entire athletic department staff, including **ALL** coaches and the AU athletic director. This review will be mandatory for all coaches.



Concussion History: The AU Athletic Training Department and Head Team Physician will review ALL athletes’ medical history and pre-participation exam information.



Concussion Information & Waiver: All athletes will receive information regarding concussions including signs and symptoms. After reviewing the information sheet, athletes will sign the concussion waiver stating that they are **REQUIRED** to report any and all symptoms to AU Athletic Training Department.

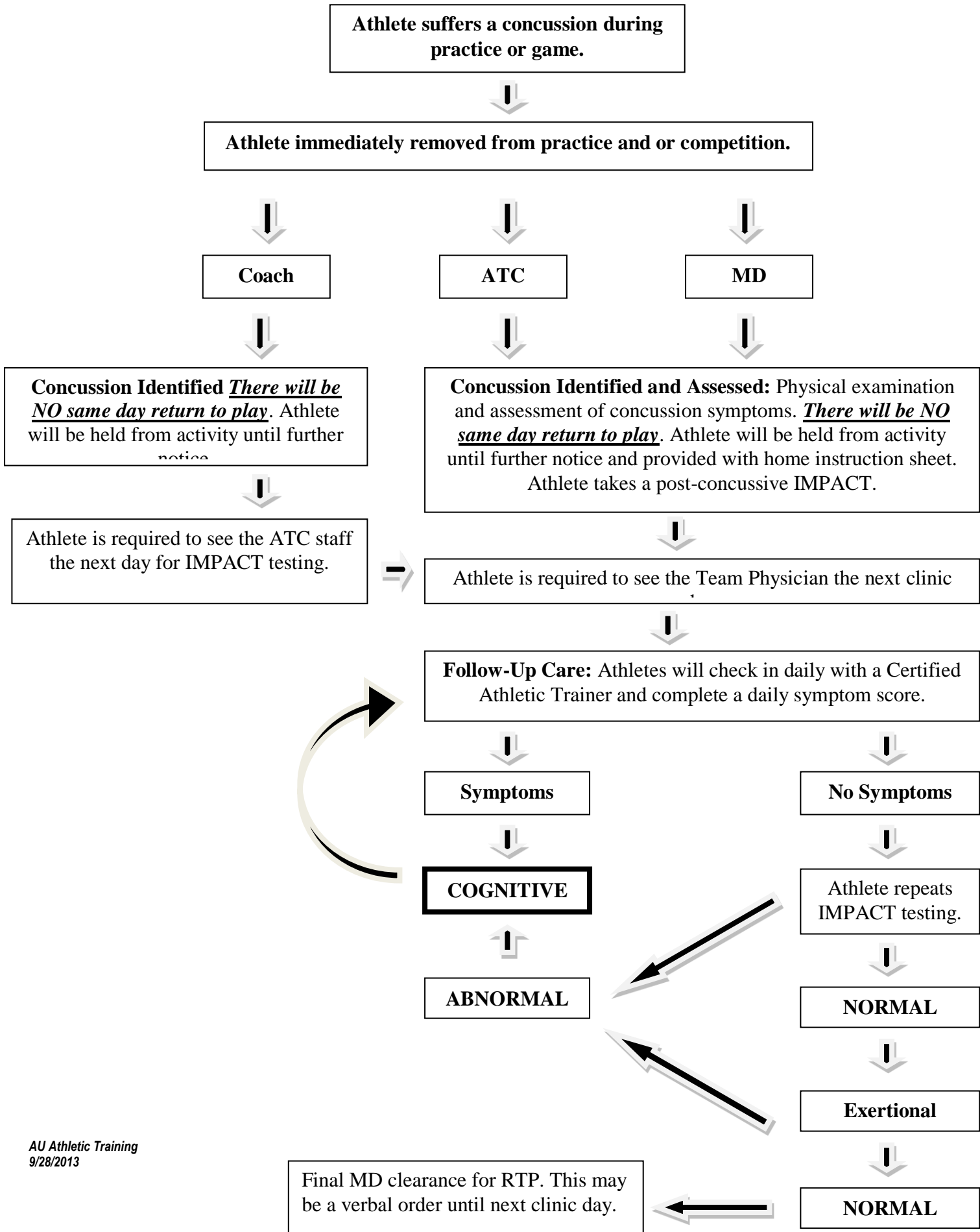


Baseline Testing: Computerized neuropsychological testing (i.e. IMPACT) will be obtained on all athletes in high-risk sports for concussions **AND** those athletes in other sports with pertinent medical history of concussions as deemed necessary by the Head Team Physician.



Review: If baseline testing is adequate and the athlete has **NO** symptoms, the athlete will be cleared to start participation.

ALFRED UNIVERSITY CONCUSSION INJURY MANAGEMENT



ALFRED UNIVERSITY PROLONGED CONCUSSION INJURY MANAGEMENT

If a student-athlete has persistent symptoms lasting greater than 14 days, the athletes will then check in weekly to a Certified Athletic Trainer who will take a symptom checklist and assess the student-athlete as to how it is going with classes and school work. Note: At any time an athlete becomes asymptomatic he/she will then resume the normal return to play protocol unless a decision has been reached otherwise.



Athletes will ALSO check in weekly the Team Physician who will review the symptom checklist and facilitate any further testing, i.e. neurology consultations and school work accommodations if needed.



Eligibility considerations (medical hardships) and continuation of athletic career / return to play will be discussed with the student-athlete at this time. Upon permission of the student-athlete, the AU coaching staff will also be involved.

Review Return To Play Checklist as well.

Impact Program

We utilize Impact as a method to track neuropsychological deficits from concussions. Each athlete in a contact sport should have a baseline test prior to the first practice of the season. Some athletes in non-contact sports but with a history of concussion may be asked to complete a baseline test as well. In the event of a concussion, the athlete should be tested twice. An initial post-concussion test should be administered as close to the time of injury as practical. The athlete should not be tested again until the athlete has a negative symptom checklist and the athlete appears to be ready for progression to exertional activities. The symptom checklist is in a folder in the vertical file next to the desk. On occasion an athlete will require additional testing, especially in the case of protracted symptoms, but multiple tests should be avoided to prevent a learning effect.

The Impact software is available on all staff computers, and in the computer lab on the second floor of Olin. All athletes should complete the Impact profile that includes their number of years of experience at the collegiate level, concussion history, and an appropriate medical history. The testing environment should be free of distractions. Instructions to the athlete should include direction to complete the test as quickly and accurately as possible. The athlete should use a mouse rather than a touch pad on a laptop. The athlete should know that the test evaluates memory and reaction time.

All athletes who have sustained a concussion should see the team physician on the next clinic day. Each athlete must be cleared by the team physician prior to return to exertional activities. Progression for return to play will be dictated by the team physician.

Budget and Supplies

The Head Athletic Trainer is responsible for the budget and management of supplies in the Athletic Training room. This budget will include funds spent in the following areas of the athletic training room:

- Student Work Study Pay
- Dues and Membership
- Insurance
- Printing and Duplication (on and off campus)
- Athletic Training Room Supplies
- Apparel
- Travel and Professional Development
- Equipment
- Entertainment
- Staff Recruitment
- Postage/Mailing

Inventory

Staff is mandated to keep record of all equipment being signed out to student athletes. Including but not limited to:

Crutches

Slings

Walking Boots

Aircasts

Knee Immobilizers

Braces

Ace Wraps

If the student does not return the item the student account will be charged at the end of the semester for the item. Make sure you inform the athlete of this while giving them the equipment.

Inventory of supplies will be taken 3 times per year. Preseason(August)/Winter Break/ Postseason (May)

University Vehicles

During the fall months we will have a van assigned to us for our use. Please make sure that we are keeping this as clean as possible as well and utilizing as it should. Please do not drive the vehicle on the fields unless a medical emergency arises and this is needed. The van must be returned weekly for maintenance to the motor pool.

The university also has vehicles available for department use. Two cars are kept in the McLane parking lot from mid-August to mid-May. Reservations of the vehicles are kept in a binder in the athletic office. The binder is in the filing cabinet behind the secretary's desk. Find the appropriate date, write in your name, the time of departure and return (2:00-4:00), and your destination. There are two calendars, one for each car. Keys are in the same drawer. There are two sets of keys for each car. Verify that you have keys that correspond to the car you reserved. There is a folder of paperwork in each car. Each time you use a car, you must complete both sides of the form and return it to the binder that contains the reservation calendar. The binder also has department gas cards. Sign out a card each time you take a car. The gas tank should be full each time you take a car, but rarely will be.

Whenever possible, a vehicle should be reserved in advance. If you need a vehicle at the last minute (ER visit or x-ray), you must verify that no one has reserved the vehicle. **DO NOT** take a vehicle if someone has it reserved. Check with the person who made the reservation to see if there is a potential time conflict. Do not take a vehicle without their consent. The most common use of the vehicles is to take athletes for physician appointments and ER visits. The athletic trainers may also use them for travel to away games. This should be approved by the head athletic trainer prior to reserving a vehicle for travel to any away contest.

Each athletic training staff member and student needs to register with Physical Plant so they are eligible to drive university vehicles. In the case of several moving violations, someone may be denied driving privileges. To register, take your driver's license to Physical Plant. Students need to take their student id as well. This process needs to be completed each academic year.

Transporting Injured Athletes

Athletes who are not stable, have a suspected cervical injury, or a limb-threatening injury should be transported by ambulance. We have ambulances on-site for all home football and men's lacrosse games. For all other situations, use the 911 system which is active in the Alfred area. In all other cases, athletes can be transported by personal or university vehicle. Whenever able, use a university vehicle. If the athletic department lease cars are in use, contact Physical Plant to see if another car is available. If all university vehicles are in use, you may use a personal vehicle. You can have your mileage reimbursed by the Division of Athletics. Athletes may also be encouraged to transport themselves or have a friend drive them.

Treatment Policy:

1. All student-athletes who require treatment, taping, rehabilitation, etc. must be evaluated by one of the staff athletic trainers and/or team physician before any service can be rendered.
2. If you believe that an injured athlete should be referred to an outside physician and/or specialist, notify a staff athletic trainer and have them make the referral in conjunction with the Team Physician. Athletic Training Students ARE NOT to independently refer athletes to outside physicians and/or specialists, unless you feel that the injury is an emergency and a staff athletic trainer is not available.
3. Every time a student-athlete enters the training room, he/she must sign in. It is the student athletic trainer's responsibility to see to it that each athlete signs in properly. Please make sure they are utilizing the athletic training software to sign in.
4. If an athlete you are not familiar with comes into the athletic training room for assistance, the following procedures should be followed:
 - a) direct the athlete to a Athletic Training Student assigned to his/her sport;
 - b) if a Athletic Training Student assigned to his/her sport is not available, refer to the athlete's chart/ folder; re-evaluate the injury as necessary; and assist the athlete as needed;
 - c) make sure that you document everything that you do for that athlete and inform the student athletic trainer and/or staff athletic trainer assigned to that sport as soon as possible;
 - d) request assistance from a staff athletic trainer if unsure of how to treat the athlete;
8. Athletes are not allowed to turn on physical therapy modalities or tape themselves (except for wrist circles & bandages for minor/non-infected wounds, etc.). Ask the athlete how you may help them. Athletes who attempt to treat themselves should be immediately informed of the training room policy and one of the staff athletic trainers should be notified if the problem persists.
9. Athletic Training Students assigned to a particular preceptor / sport should update the staff athletic trainer responsible for their sport on a daily basis regarding the progress that each injured athlete is making in their treatment and rehabilitation program.
10. All Athletic Training Students should be familiar with the AU Student-Athlete Insurance Policies and Procedures located in this handbook and in the athletic training room.
11. All athletes that require taping must perform rehabilitation prior to taping procedure. NO REHAB NO TAPE.

Therapeutic Modality Policy:

1. Therapeutic modalities ***may not*** be used or operated without a Staff Certified Athletic Trainer present.
2. Athletic Training Students may not independently use therapeutic modalities to treat student-athletes.
3. Once Athletic Training Students have successfully completed the competency check-off for a specific modality, they may use the therapeutic modality under the supervision of a staff athletic trainer. (after sophomore fall semester)
4. All treatment programs using therapeutic modalities must be approved by a Certified Athletic Trainer before the program is implemented.
5. Athletic Training Students may not independently change and/or modify therapeutic modality treatment programs.
6. All precautions, warnings, and contraindications for each therapeutic modality must be followed at all times.
7. Proper operating instructions and safety protocols for each therapeutic modality must be followed at all times.
8. If you determine a therapeutic modality is not working properly, do not use the modality and notify a staff athletic trainer as soon as possible. Place a sign on the modality indicating that it is broken and should not be used.
9. Provide the patient with a thorough explanation of the treatment procedure, including sensation(s) to be experienced. Tell the patient to notify you as soon as possible if they experience any adverse reactions.

If you have a question regarding the proper operation of any therapeutic modality, contact a staff athletic trainer before using the modality.

Regulated Waste Disposal

Biohazardous waste should be disposed of in an appropriately marked plastic or metal container. We have one container in the physician's office. There is another by the sink in the Athletic Training Room. The container should be lined with a biohazard bag. These are found in the cabinet above the sink. When the container is three-quarters full, it should be tied shut. The biohazard bag are picked up twice yearly.

Sharps should be disposed of in appropriate sharps containers. There is one on the athletic training room next to the green band-aid holder. There is also a container in the team physician office. When full, these are transported via personal vehicle to the health center for disposal.

Skin Infections

Open wounds are a common occurrence in sports, especially those who conduct practices and competitions on artificial turf. The medical staff must ensure that all open wounds are covered to prevent contamination, and more importantly, spread of infection between participants.

In the event of an infected wound, be cognizant of the incidence of Community Acquired Methicillin-Resistant Staphylococcus Aureas (CA-MRSA). Any suspicious lesions should be referred to the team physician immediately via phone call. The team physician may request a staff member to culture the wound. Supplies are located in the team physician's office. Instruction in culturing a wound should be provided by the team physician prior to the first official practice of the fall season. Further intervention may include an oral and/or topical antibiotic and showering with Hibiclens. All suspicious wounds need to be covered with a sterile dressing at all times until otherwise directed by the team physician. The team physician has the final determination of an athlete's eligibility to participate in athletics with a suspicious wound.

The Athletic Training staff has implemented procedures to prevent the spread of CA-MRSA. These include:

1. Wash your hands between treating athletes.
2. Follow OSHA guidelines regarding blood and body fluids.
3. Wipe down every table between each use.
4. Ace wraps should be laundered after each use.
5. Nylatex wraps should be laundered after each use.
6. Place a towel between hydrocollator covers and the athlete's skin.
7. Hydrocollator covers should be washed each night.
8. Each athlete will have their own electrodes for e-stim. Make sure their pads go back on the card from their package. The package should be ziplocked shut and have their name written on it.
9. When using the compression sleeve or Cryocuff, place stockinette over the body part as a barrier.
10. Wipe down therabands between use and at the end of the night.
11. Wipe down the modalities, leads, and carts at the end of the night.
12. All the water bottles and carriers should be cleaned with Iso-quin at the end of every practice.
13. All the water bottle caps should be soaked in Iso-quin overnight. Before use, they should be rinsed in hot water and wiped down with a clean towel.
14. Coolers and lids should be cleaned with Iso-quin at the end of every practice.

15. If you fill a whirlpool, put a chlorazene pack in.
16. If you fill an ice bucket, put Whirlpool Concentrate in (a little goes a long way).
17. The whirlpools and ice bucket need to be drained and cleaned with Iso-quin at the end of the night.
18. The tile floor should be mopped at the end of the night.
19. **ABSOLUTELY NO EQUIPMENT IN THE ATHLETIC TRAINING ROOM.** No shoulder pads, helmets, cleats, turf shoes, shin guards, lacrosse sticks, etc.
20. Athletes receiving post-practice treatment must shower before entering the athletic training room. The exception is if the athlete is getting an ice bag to go.

The following recommendations have been made to all athletes to reduce their risk of contracting a CA-MRSA infection from teammates or opponents.

1. Clothes worn for participation should not be re-worn without being laundered between uses. This includes undergarments. They can be put in the pin bags and laundered with practice clothes.
2. Travel bags should be turned in immediately upon return from a trip. Athletes should wash any personal items that were in the travel bag prior to being worn again.
3. All helmets and pads should be wiped down with a disinfectant (Fantastik) twice a week. This is the athlete's responsibility, but they should be reminded regularly by the coaching staff.
4. All athletes are encouraged to use footwear when walking around locker room areas, especially if they have any open sores, i.e. blisters.
5. All athletes are encouraged to shower after every practice.
6. Any athletes with open wounds need to keep them covered at all times unless otherwise directed by the athletic training staff.
7. Athletes should refrain from scratching, squeezing, or picking at wounds.
8. Athletes should refrain from sharing towels, razors, or protective equipment.
9. Athletes should refrain from cosmetic body shaving.

The following procedures should be implemented by Physical Plant.

1. All locker room tile surfaces should be disinfected once per week.
2. All locker room carpeted surfaces should be shampooed with a disinfectant once per month. They should be vacuumed daily by a vacuum equipped with a hepa filter.

Laundry Procedures

Dirty laundry should be turned in each evening to the laundry room. The equipment room staff/students will launder and return everything to the Athletic Training Room the next morning (not on weekends). All hot pack covers, nylatex wraps, ace wraps, and compression sleeves used during the day should be laundered at night. In unusual circumstances (double sessions) we will run out of clean towels. The staff are allowed to do laundry in this case. Speak to Tony to get a quick "how to" in regards to proper operation of laundry equipment.

BASIC LIFE SUPPORT PROCEDURES

Unconscious Choking

CHECK- check the scene; check the victim (determine unresponsiveness)- **“ARE YOU OK”, “ARE YOU ALRIGHT?”**

No Response.

CALL- 911 (off-campus) or 9-911 (on-campus), If in Hornell call Hornell ambulance at 607-324-1233.

- ◆ *if you are alone with a victim-* perform Basic Life Support for one (1) minute & then call for help!
- ◆ *if you are with someone else-* one person perform primary survey while the other calls EMS.

CARE-

1. Position the victim on his/her back and on a hard surface
 - ◆ Open the airway (head tilt / chin lift); if you see food/object- remove it with your little finger
 - ◆ *if you suspect a cervical spine injury, perform a **jaw thrust maneuver***
 3. Look, Listen, & Feel for breathing (5-10 seconds); If not breathing,
-

BASIC LIFE SUPPORT PROCEDURES
Conscious Choking

CHECK- “*ARE YOU CHOKING*”; look for universal sign of choking

CALL- 911 (off-campus) or 9-911 (on-campus), If in Hornell call Hornell ambulance at 607-324-1233.

◆ *if you are alone with a victim-* perform Basic Life Support for one (1) minute & then call for help!

◆ *if you are with someone else-* one person perform primary survey while the other calls EMS.

CONSENT- inform the patient that you are trained to give care; Ask: “*DO YOU WANT MY HELP?*”

CARE-

1. Encourage the victim to cough, speak or breath
2. If unable to cough, speak or breath

INFANT (< 1 year old)

1. Rest the infant facedown on your forearm with the head lower than the feet
2. Give five (5) back blows between the shoulder blades
3. Gently turn the infant over, rest on forearm & give five (5) chest thrusts one (1) finger’s breadth below the nipple line
4. Continue giving 5 back blows followed by 5 chest compressions until;
 - ◆ Infant falls unconscious- continue with unconscious choking procedures
 - ◆ The object comes out
 - ◆ EMS arrives and takes over care

CHILD (1 - 8 years old)

1. Position yourself appropriately behind the victim
2. Find hand position two (2) fingers above the umbilicus
3. Place thumb side of the hand into the abdomen and cup other hand over
4. Perform five (5) abdominal thrust pushing inward and upward simultaneously
5. Continue giving abdominal thrusts until,
 - ◆ Child falls unconscious- continue with unconscious choking procedures
 - ◆ The object comes out
 - ◆ EMS arrives and takes over care

ADULT (> 8 years old)

1. Position yourself appropriately behind the victim
2. Find hand position two (2) fingers above the umbilicus
3. Place thumb side of the hand into the abdomen and cup other hand over
4. Perform five (5) abdominal thrusts pushing inward and upward simultaneously
5. Continue giving abdominal thrusts until,
 - ◆ Adult falls unconscious- continue with unconscious choking procedures
 - ◆ The object comes out
 - ◆ EMS arrives and takes over care

BASIC LIFE SUPPORT PROCEDURES

Rescue Breathing

CHECK- check the scene; check the victim (determine unresponsiveness)- ***“ARE YOU OK”, “ARE YOU ALRIGHT?”***
No Response.

CALL- 911 (off-campus) or 9-911 (on-campus), If in Hornell call Hornell ambulance at 607-324-1233.

- ◆ *if you are alone with a victim-* perform Basic Life Support for one (1) minute & then call for help!
- ◆ *if you are with someone else-* one person perform primary survey while the other calls EMS.

CARE-

2. Position the victim on his/her back and on a hard surface
3. Open the airway (head tilt / chin lift)
 - ◆ *if you suspect a cervical spine injury, perform a **jaw thrust maneuver***
4. Look, Listen, & Feel for breathing (5-10 seconds); If not breathing

INFANT (< 1 year old)

1. Give two (2) breaths
 - ◆ If breaths do not go in- reposition the head & give two (2) more breaths
 - ◆ If breaths go in,
2. Check the brachial pulse (10 seconds)
 - ◆ If there is no pulse- begin CPR immediately
 - ◆ If there is a pulse- begin rescue breathing immediately
3. Give one (1) breath every three (3) seconds counting aloud
4. After one (1) minute {20 breaths}, reassess the infant
 - ◆ If breathing and pulse, monitor vitals
 - ◆ If not breathing but has a pulse- continue with rescue breathing (1:3)
 - ◆ If not breathing & NO pulse- start CPR immediately

CHILD (1 - 8 years old)

1. Give two (2) breaths
 - ◆ If breaths do not go in- reposition the head & give two (2) more breaths
 - ◆ If breaths go in,
2. Check the carotid pulse (10 seconds)
 - ◆ If there is no pulse- begin CPR immediately
 - ◆ If there is a pulse- begin rescue breathing immediately
3. Give one (1) breath every three (3) seconds counting aloud
4. After one (1) minute {20 breaths}, reassess the child
 - ◆ If breathing and pulse, monitor vitals
 - ◆ If not breathing but has a pulse- continue with rescue breathing (1:3)
 - ◆ If not breathing & NO pulse- start CPR immediately

ADULT (> 8 years old)

1. Give two (2) breaths
 - ◆ If breaths do not go in- reposition the head & give two (2) more breaths
 - ◆ If breaths go in,
2. Check the carotid pulse (10 seconds)
 - ◆ If there is no pulse- begin CPR immediately
 - ◆ If there is a pulse- begin rescue breathing immediately
3. Give one (1) breath every five (5) seconds, counting aloud
4. After one (1) minute {12 breaths}, reassess the victim
 - ◆ If breathing and pulse, monitor vitals
 - ◆ If not breathing but has a pulse- continue with rescue breathing (1:3)
 - ◆ If not breathing & NO pulse- start CPR immediately



NATA CODE OF ETHICS

September 28, 2005

PREAMBLE

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

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

PRINCIPLE 1:

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

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

PRINCIPLE 2:

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

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

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

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

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

PRINCIPLE 3:

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

3.1 Members shall not misrepresent, either directly or indirectly, their skills,

training, professional credentials, identity or services.

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

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

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

3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

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

PRINCIPLE 4:

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

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

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

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

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

BOC Standards of Professional Practice

Implemented January 1, 2006

Introduction

The mission of the National Athletic Trainers' Association Board of Certification Inc. (BOC) is to certify athletic trainers and to identify for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. The BOC has been responsible for the certification of athletic trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly the BOC provides a certification program for the entry-level athletic trainer that confers the ATC[®] credential and establishes requirements for maintaining status as a certified athletic trainer, ATC[®] (to be known as “athletic trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for athletic trainers in the United States. Every five years the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The BOC Standards of Professional Practice consists of two sections:

- I. Practice Standards
- II. Code of Professional Responsibility

I. Practice Standards

Preamble

The Practice Standards (Standards) establish essential practice expectations for all athletic trainers. Compliance with the Standards is mandatory.

The Standards are intended to:

- assist the public in understanding what to expect from an athletic trainer
- assist the athletic trainer in evaluating the quality of patient care
- assist the athletic trainer in understanding the duties and obligations imposed by virtue of holding the ATC[®] credential

The Standards are NOT intended to:

- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes

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 Standards at all times.

Standard 1: Direction

The athletic trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention

The athletic trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

Standard 3: Immediate Care

The athletic trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis

Prior to treatment, the athletic trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The athletic trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

Standard 5: Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the athletic trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment 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. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation

The athletic trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The athletic trainer, at the time of discontinuation, notes the final assessment of the patient's status.

Standard 7: Organization & Administration

All services are documented in writing by the athletic trainer and are part of the patient's permanent records. The athletic trainer accepts responsibility for recording details of the patient's health status.

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 & Procedures* may be accessed via the BOC website, www.bocatc.org.

Code 1: Patient Responsibility

The BOC certified athletic trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social, economic status, or any other characteristic protected by law.
- 1.2 Protects the patient from harm, acts always in the patient's best interests, and is an advocate for the patient's welfare.
- 1.3 Takes appropriate action to protect patients from athletic trainers, other healthcare providers or athletic training students who are incompetent, impaired, or engaged in illegal or unethical practice.
- 1.4 Maintains the confidentiality of patient information in accordance with applicable law.
- 1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress.
- 1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain.
- 1.7 Exercises reasonable care, skill and judgment in all professional work.

Code 2: Competency

The BOC certified athletic trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities.
- 2.2 Participates in continuous quality improvement activities.
- 2.3 Complies with the most current BOC recertification policies and requirements.

Code 3: Professional Responsibility

The BOC certified athletic trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards.
- 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care.
- 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care.
- 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another athletic trainer that is related to the practice of athletic training, public health, patient care or education.
- 3.6 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, public health, patient care or education.
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful.
- 3.8 Does not, without proper authority, possess, use, copy, access, distribute, or discuss certification examinations, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials.
- 3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public.
- 3.10 Complies with all confidentiality and disclosure requirements of the BOC.
- 3.11 Does not take any 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 of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an athletic trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity.

3.12 Cooperates with BOC investigations into alleged illegal or unethical activities. This includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion.

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

Code 4: Research

The BOC certified 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 rights and well being of research subjects.

4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

Code 5: Social Responsibility

The BOC certified athletic trainer or applicant:

5.1 Uses professional skills and knowledge to positively impact the community.

Code 6: Business Practices

The BOC certified athletic trainer or applicant:

6.1 Refrains from deceptive or fraudulent business practices.

6.2 Maintains adequate and customary professional liability insurance.