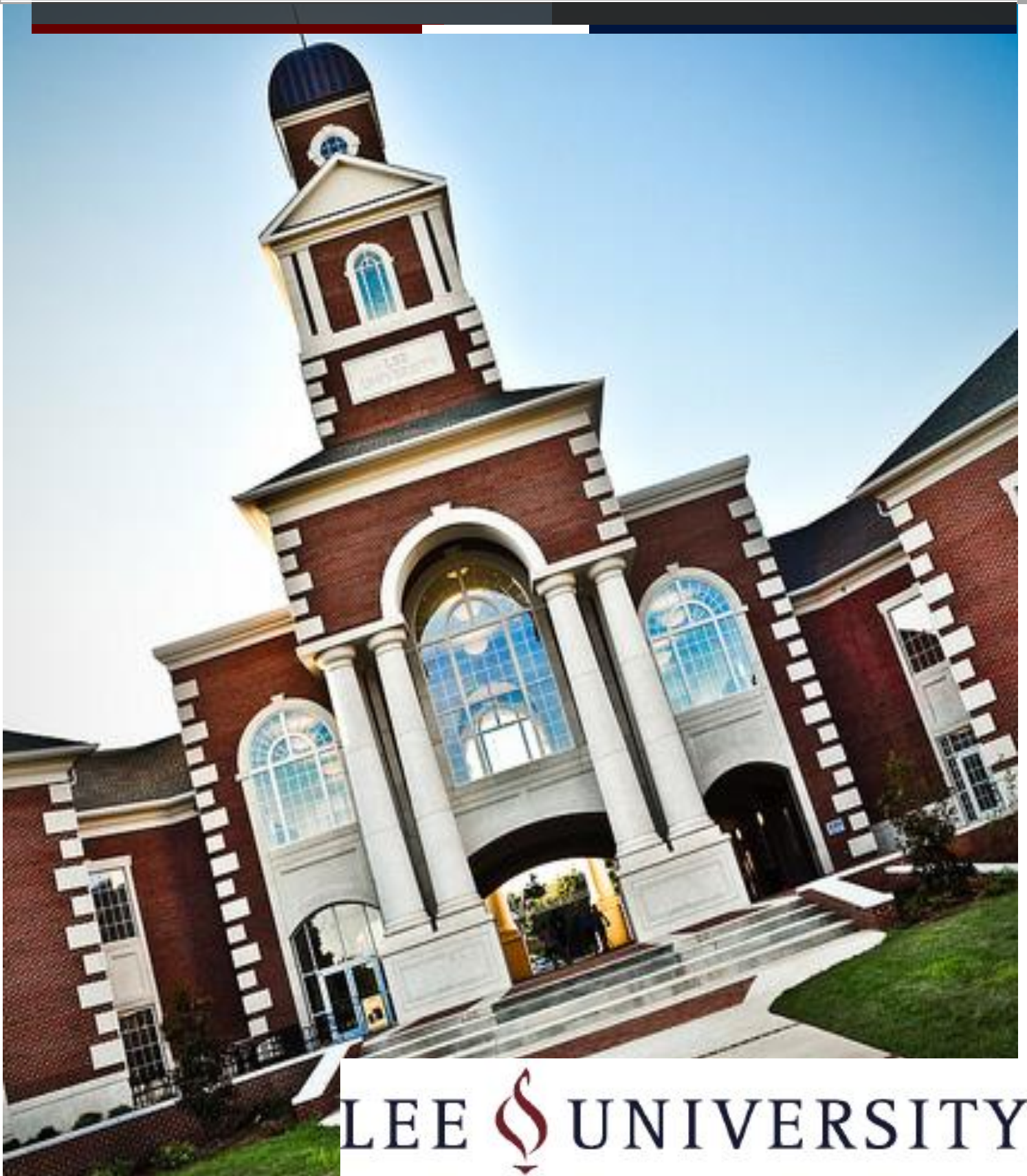


# Athletic Training Student Handbook



LEE  UNIVERSITY

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The Athletic Training Education Program  
**@ Lee University**

**INTRODUCTION**



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# **Lee University**

## **Athletic Training Education Program**

### **INTRODUCTION**

Athletic training is recognized by the American Medical Association as an allied health care field. A Certified Athletic Trainer (ATC) is an educated and skilled professional that meets the entry-level educational competencies, clinical proficiencies, and clinically integrated proficiencies established by the Commission on Accreditation of Athletic Training Education (CAATE) and successfully complete the Board of Certification (BOC) examination.

An athletic trainer is knowledgeable and skilled in the following areas:

1. Evidence-based practice
2. Prevention and health promotion
3. Clinical examination and diagnosis
4. Acute care of injuries and illnesses
5. Therapeutic interventions
6. Psychosocial strategies and referral
7. Healthcare administration
8. Professional development and responsibility

To be eligible to become an ATC, one must complete a Master of Science in athletic training program (MSAT) from a CAATE approved program and graduate from an accredited college or university in the United States. Completing the MSAT ensures that a student will have addressed all educational competencies and clinical proficiencies established by the CAATE, will possess the entry level knowledge and skills of a certified athletic trainer, and will be eligible to take the BOC examination.

Certified athletic trainers practice in a variety of settings and roles. The traditional setting, where many athletic trainers are employed, is the athletic training room within an interscholastic or intercollegiate athletic program. Other sites include professional sports, hospitals, fitness and wellness centers in an industrial setting, physical therapy facilities, sports medicine clinics, and others.

The athletic training room provides a unique learning environment for athletic training students: They can apply knowledge, acquire new skills, and practice these skills under the guidance of a certified athletic trainer. Under the supervision of certified athletic trainers, students of the athletic training program have the opportunity to gain “hands on” experience through the care of athletes and the physically active. The athletic training room will provide a means to integrate academic knowledge with clinical practice.

Weekly meetings, daily proficiency practice and evaluation, and continual written and verbal feedback provide a way to facilitate the integration of academic knowledge and clinical skills. While student feedback is important for student growth, the student’s ability to communicate (written and verbally) will develop through peer teaching and clinical documentation. This competency-based program has been developed to guide students through their educational experience, enhance the learning environment, provide faculty and staff athletic trainers with an assessment tool, and optimize the quality of care provided to the physically active population.

## **MISSION STATEMENTS**

### **The NATA**

The mission of the National Athletic Trainers' Association (NATA) is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession. Retrieved from <https://www.nata.org/about> on April 10, 2019.

### **Lee University**

Lee University is a Christian institution which offers liberal arts and professional education on both the baccalaureate and graduate levels through residential and distance programs. It seeks to provide education that integrates biblical truth as revealed in the Holy Scriptures with truth discovered through the study of arts and sciences and in the practice of various professions. A personal commitment to Jesus Christ as Savior is the controlling perspective from which the educational enterprise is carried out. The foundational purpose of all educational programs is to develop within the students' knowledge, appreciation, understanding, ability and skills which will prepare them for responsible Christian living in a complex world.

### **Athletic Training Education Program**

The Lee University Athletic Training Education Program serves as integral part of the Department of Health, Exercise Science, and Secondary Education (HESSE) under the direction of the College of Education (See Appendix A), Academic Administrative Structure/Personnel Directory. The function of the program shall be to enhance health care for the habitually active community of the university. The program will service the college community by endeavoring to help its members attain higher levels of performance through proper health care and appropriate injury/illness preventive measures.

The program's educational philosophy encompasses current research and formal instruction in healthcare screening, design and implementation of research, prevention of injury and illness, recognition and evaluation, and therapeutic interventions of conditions and injuries sustained by various populations to include healthcare that accounts for social, economic, and health disparities. From a Christian framework of empathy, compassion, and service to others, the students will be taught educational standards in knowledge, skill, and appropriate professional behaviors. A MSAT student will have the opportunity to develop

applied technical and clinical skills incorporating analytical problem-solving abilities to assist with the daily operation of traditional and non-traditional athletic training settings. It is an aim of the program to produce a corps of athletic training students that shall advance the profession of athletic training at a local and national level through utilization of superior evidence-based practice. The vision of our professional Masters of Athletic Training is to develop the students' knowledge, appreciation, understanding, and clinical reasoning which will prepare them for responsible Christian living in a complex world as a health care provider. The program mission is to teach students three core values, which include; (1) knowledge and skill competency, (2) critical and integrative thinking and (3) personal, professional, and ethical behaviors of a practitioner.

Foundational knowledge and competent clinical skills that prepare allied health care workers to function in a complex world

Critical appraisal of evidence based practice that will impact the quality of patient care through connecting integrative thoughts

Individual skills and attitudes of a life-long learner which represent professional responsibility to society and self in regard to both legal and ethical issues



## **Foundational Behaviors of Professional Practice**

These basic behaviors permeate every aspect of professional practice and should be incorporated into instruction in every part of the educational program. The behaviors in this section comprise the application of the common values of the athletic training profession as stated in the *Athletic Training Educational Competencies*.

### **Primacy of the Patient**

- Recognize sources of conflict of interest that can impact the client's/patient's health.
- Know and apply the commonly accepted standards for patient confidentiality.
- Provide the best health care available for the client/patient.
- Advocate for the needs of the client/patient

### **Team Approach to Practice**

- Recognize the unique skills and abilities of other healthcare professionals.
- Understand the scope of practice of other healthcare professionals.
- Execute duties within the identified scope of practice for athletic trainers.
- Include the patient (and family, where appropriate) in the decision-making process.
- Work with others in effecting positive patient outcomes.

### **Legal Practice**

- Practice athletic training in a legally competent manner.
- Identify and conform to the laws that govern athletic training.
- Understand the consequences of violating the laws that govern athletic training.

### **Ethical Practice**

- Comply with the NATA's *Code of Ethics* (See Appendix B)
- Understand the consequences of violating the NATA's *Code of Ethics*.
- Comply with other codes of ethics specific to Lee University, as applicable.

### **Advancing Knowledge**

- Critically examine the body of knowledge in athletic training and related fields.
- Use evidence-based practice as a foundation for the delivery of care.
- Appreciate the connection between continuing education and the improvement of athletic training practice.
- Promote the value of research and scholarship in athletic training.
- Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

### **Cultural Competence**

- Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- Work respectfully and effectively with diverse populations and in a diverse work environment.

### **Professionalism**

- Advocate for the profession.
- Demonstrate honesty and integrity.

- Exhibit compassion and empathy.
- Demonstrate effective interpersonal communication skills.

### **Summary**

The MSAT program is designed in a way where students can enter either in a January or June cohort and progress appropriately through their clinical and didactic courses. Course sequence is developed to fit with Lee University and HESSE departmental requirements to provide a soundly structured educational experience (See Appendix C). The program strives to incorporate the competencies and proficiencies in both the didactic and clinical experiences of the student. The faculty and clinical staff of the program make every effort to meet the following goals, outcomes, and student learning objectives:

**Program Goal - Knowledge Competency: Foundational knowledge and competent clinical skills that prepare allied health care workers to function in a complex world**

<u>Program Learning Outcomes</u>	<u>Student Learning Objectives</u>	<u>Objective Assessment</u>			
			When	Course	Assessment
1. The curriculum will produce students with exceptional oral and written communication skills.	1.1 Students will acquire oral communication through peer teaching, clinical documentation, and professional interactions. 1.2 Students will cultivate professional, scientific writing skills through literature reviews, professional poster development, and research studies.	1.1	Throughout program	ATEP 500, 501, 502, 503, 504, 530, 535	Clinical evaluations, mock simulations, presentation of research
		1.2	Fall 1, Fall 2, Spring 2	ATEP 530, 535, 540, 541, 542	Case reports, written thesis & presentation of research
2. The curriculum will provide educational training in risk management, health promotions, and injury prevention technique. (CAATE: PHP).	2.1 Students will demonstrate appropriate documentation, and skills through live and mock situations that prevents risk and injury in an active population. 2.2 Students will design an exercise and nutritional plan for other students needing guidance in healthy living.	2.1	Summer 1, Fall 1	ATEP 500, 510, 501	Clinical simulations
		2.2	Summer 1, Fall 1	ATEP 510, 501	Project, written tests
3. The curriculum will provide knowledge of clinical examination and diagnosis with an emphasis in pathophysiology of injuries and illness. (CAATE: CE).	3.1 Students will demonstrate accurate and efficient diagnostic abilities and understanding of pathophysiology through clinical and scenario based situations of disabilities and general medical conditions. 3.2 Students will demonstrate accurate and efficient diagnostic abilities and understanding of pathophysiology through clinical and scenario based situations of orthopedic conditions. 3.3 Students will demonstrate inter-professional collaboration during clinical evaluations which enhances overall health of the population.	3.1	Summer 1, Spring 1, Fall 2, Spring 2	ATEP 520, 502, 504 590	Simulations, oral tests
		3.2	Fall 1, Spring 1, Fall 2, Spring 2	ATEP 530, 503, 535, 504	Simulations, Written exams, Clinical evaluations
		3.3	Fall 1, Spring 1, Fall 2	ATEP 501, 502, 503	Nursing dept mass casualty simulation, health clinical eval
4. The curriculum will provide knowledge of acute care of injuries and illness of the habitually active throughout different ages (CAATE: AC).	4.1 Students will demonstrate clinical effectiveness in responding to emergency situations through the treatment of acute illnesses and injuries. 4.2 Students will recognize key emergency signs and symptoms in order to evaluate, compare, and differentiate appropriate pathologies. 4.3 Students will develop an EAP explaining how to care for acute life-threatening signs and symptoms.	4.1	Summer 1, Fall 1	ATEP 520, ATEP 500, 501	Simulations, skill checks, written tests
		4.2	Summer 1, Fall 1	ATEP 520, 500, 501	Oral & written tests, CIP 6
		4.3	Summer 1, Fall 1, Fall 2	ATEP 520, ATEP 501, ATEP 560	Projects, simulations



5. The curriculum provides excellent community-centered service and instruction in the knowledge of health care administration (CAATE: HA).	5.1 Students will develop policy and examples that effectively demonstrates an understanding of the different facets of healthcare administration (e.g insurance, policies, EAP's, budget, etc.)	5.1	Summer 1, Fall 1, Fall 2, Spring 2	ATEP 510, 501, 560, 504	Projects, written tests
	5.2 Students will develop a budgetary needs assessment and follow up RFQ for either high school, college, or a private owned facility.	5.2	Fall 2	ATEP 560	Written tests, projects

**Program Goal - Critical and Integrative Thinking: Critical appraisal of evidence based practice that will impact the quality of patient care through analysis and synthesis of content and clinical experience**

<u>Program Learning Outcomes</u>	<u>Student Learning Objectives</u>	<u>Objective Assessment</u>			
			When	Course	Assessment
6. The program provides multiple clinically integrated proficiency scenarios and projects that demonstrate critical and integrated thinking.	6.1 Students will develop care plans relative to patients' physical, mental, and emotional needs.	6.1	Fall 2, Spring 2	ATEP 570, 575	Projects, written examinations, CIP 4
	6.2 Students will demonstrate emerging expertise (non-analytical) of diagnostic reasoning ability.	6.2	Fall 1, Spring 1, Fall 2, Spring 2	ATEP 530, 535, 503, 504	Clinical evaluations, CIP 4 & 5
7. The program establishes that students will make various recommendations on patient care (or mock patient care) which reflect their level of expertise in selecting appropriate treatment and referral post injury (e.g. pharmacological, nutritional, exercise, modalities, manual therapy, and non-traditional options) (CAATE: TI).	7.1 Students will utilize evidence based research to produce case studies and rehabilitation plans for injured patients.	7.1	Fall 1, Spring 1, Fall 2, Spring 2	ATEP 530, 353, 540, 570, 575	Research projects & presentations, written examinations
	7.2 Students will select most appropriate tool to provide patient care which is at their disposal based on equipment availability.	7.2	Spring 1, Fall 2, Spring 2	ATEP 550, 570, 575	Written tests, oral tests
	7.3 Students will develop a medication dispensing procedures based on pharmacological laws of distribution and packaging.	7.3	Fall 2, Spring 2	ATEP 590, 504	Written tests, CIP 5
	7.4 Students will demonstrate specialized skill sets while encountering inter-professional collaboration during treatment decisions which enhances overall health of the population.	7.4	Fall 1, Spring 1, Fall 2	ATEP 501, 502, 503	Nursing dept mass casualty simulation, health clinical eval
8. The curriculum affords multiple student learning encounters or mock scenarios which adequately prepare	8.1 Students will make recommendations on patient care (or mock patient care) which reflects students' level of expertise in	8.1	Fall 2, Spring 2	ATEP 570, 575, 503, 504	Simulations, CIP 7 & 8

students to handle psychosocial interventions (CAATE: PS).	selecting appropriate treatment and referral for psychosocial issues. 8.2 Students will recognize various emergency psychological conditions based on presented signs and symptoms.	8.2	Fall 2, Spring 2	ATEP 570, 575, 503	Written tests, CIP 8
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**Program Goal - Personal, Professional & Ethical Practitioner: Individual skills and attitudes of a life-long learner which represent professional responsibility to society and self in regard to both legal and ethical issues**

<u>Program Learning Outcomes</u>	<u>Student Learning Objectives</u>	<u>Objective Assessment</u>			
			When	Course	Assessment
9. The program provides an opportunity for students to produce collaborative research with faculty and preceptors; and/or design an individual research proposal which will enhance their success in graduate school (CAATE: EBP).	9.1 Students will incorporate patient-centered outcome measures to evaluate the quality of care provided. 9.2 Students will produce collaborative research with faculty and/or design an individual research proposal which will enhance their ability to critically think. 9.3 Students will produce quality patient care based on researching best evidence available at any particular time.	9.1	Throughout program	ATEP 500, 501, 502, 503, 504, 540	Clinical Evaluations, Written test
		9.2	Fall1, Spring 1, Fall2, Spring 2	ATEP 530, 535, 540, 541, 542	Thesis & presentation
		9.3	Spring 1, Fall 2, Spring 2	ATEP 550, 570, 575, 503, 504	Written tests, Research project & presentation, Clinical evaluations
10. The program advances the profession of athletic training by training students to utilize EBP research to disseminate information through workshops, websites, clubs, lecture(s), brochure(s), and/or symposium(s)(CAATE: PD).	10.1 Students will attend and present at educational symposiums to enhance professional growth and promote BOC success. 10.2 Students will demonstrate professional and competent lectures frequently across campus and in the community. 10.3 Students' professionalism will develop as they meet program benchmarks each year.	10.1	Throughout program	Professional conferences	Professional Presentations
		10.2	Fall 2	ATEP 565	Community presentation
		10.3	Throughout program	ATEP 501, 502, 503, 504	Community based clinical evaluations
11. The curriculum is designed to produce students with an exceptional awareness of cultural diversity and a cross cultural experience that deepens the students' philosophical appreciation of caring for others across the world.	11.1 Students will exhibit cultural awareness behaviors and work respectfully with diverse populations. 11.2 Students will encounter volunteerism and cross cultural experiences that will enhance their professional and personal growth. 11.3 Students will develop a sense of servant leadership through the integration of faith and practice.	11.1	Throughout program	ATEP 500, 501, 502, 503, 504	Clinical evaluations
		11.2	Summer 1, Fall 1, Fall 2, Spring 1	ATEP 500, 501, 503, 520	Nursing dept mass casualty simulation, volunteer experiences
		11.3	Throughout program	ATEP 500, 501, 502, 503, 504	Clinical evaluations, exit interviews, reflective journals

<b>12.</b> The program provides training and application of the NATA foundational behaviors and skills of being an ethical and legal practitioner of athletic training (CAATE: PD).	<b>12.1</b> Students will exhibit behaviors and encounter faculty that are ethical, legal and competent. <b>12.2</b> Students will develop mentorship with faculty, preceptors, and peers in order to foster a professional code of conduct that reflects Christian commitment. <b>12.3</b> Upon graduation, the students will pursue employment and/or further education in a desired allied healthcare setting.	<b>12.1</b>	Throughout program	ATEP 500, 501, 502, 503, 504	Clinical evaluations
		<b>12.2</b>	Fall 1, Fall2, Fall 2, Spring 2	ATEP 501, ATEP 502, ATEP 503, ATEP 504	Reflective journaling
		<b>12.3</b>	Spring 2, Fall 2	ATEP 504	Exit interviews & alumni surveys

## **PROGRAM OVERVIEW**

The MSAT at Lee University is committed to providing a quality education with clinical and professional experiences for students interested in pursuing employment in athletic training and to providing the best possible medical care to student-athletes, visiting athletic teams, the Lee campus community, and local general population. This manual will provide athletic training students with information vital to a timely completion of the educational program.

In accordance with the guidelines set forth by the CAATE standards for the establishment of clinical components of curriculum programs in athletic training, this athletic training education program has been developed to provide a standard of clinical education for students interested in the athletic training profession and who have been admitted to the Lee University Athletic Training Education Program. (See appendix D for CAATE standards)

The competencies, clinical proficiencies, and clinically integrated proficiencies (CIP) have been identified as necessary for effective functioning as an entry-level certified athletic trainer. A role delineation study completed by the BOC identified job responsibilities and tasks performed by certified athletic trainers in high schools, colleges/universities, and amateur and professional athletic organizations throughout the United States.

These competencies, clinical proficiencies and CIPs serve as a guide for the development of educational programs leading to certification as an athletic trainer and are intended to assist athletic training faculty, staff, and students in identifying knowledge and skills to be mastered.

### **Professionalism**

Students in the MSAT program at Lee University are expected to conduct themselves in a manner reflecting pride in the profession and in themselves. Athletic training students have the unique opportunity to be part of the health care team at the Lee University and its affiliated allied healthcare clinical sites. While much is expected and demanded of each athletic training student, it is critical for the student to be aware that the ultimate decisions relating to the care of patients, the work schedules of athletic training students, and all other aspects of athletic training remain with the supervising athletic trainer. Any concerns should be discussed with the supervising athletic trainer.

The student's first commitment is to academic preparation. If athletic training responsibilities conflict with academic policies established by a professor, it is your responsibility to bring this matter to the attention of the clinical preceptor and make suitable alternate arrangements. The clinical setting of the athletic training education program is designed to be the application of academic preparation.

### **Learning Experiences**

Experience is the greatest teacher. Students should strive for a happy medium between making decisions where he/she feels capable or asking for help when necessary. If students have questions, chances are their peers will have questions also, therefore, do not hesitate to ask. Students should use every opportunity to watch orthopedic evaluations and be sure they

understand the reasoning and thoughts concerning examinations, treatments, and rehabilitation decisions. Students should examine and evaluate injuries whenever possible.

### **PROFESSIONAL RELATIONSHIPS**

The relationships that will be developed with team members will last a long time. If students coddle the patients under their care, they will take advantage of the student. If students are too demanding with the patients, the student will lose the patients' respect. Be firm with expectations for each patient and treat all patients the same. Do not allow any team members or coaching staff access to the medical kit without prior permission. When assigned to a team, the student, under the supervision and advice of the clinical instructor, is responsible for the day-to-day health care of that team. Under the council of his/her clinical preceptor, the student should make informed medical decisions objectively and stick to his/her decisions. By using sound judgment, the student will gain the respect he/she deserves.

The athletic training staff and students must maintain a good working relationship with the athletic coaches and staff by informing the coaches daily of the status of injured patients and, when appropriate, by recommending alternate forms of workouts (aquatic workouts for example). This reinforces the team concept that the coaching and athletic training staff members are working toward the same goal: peak performance of each patient.

A student should communicate clearly, in lay terms, when taking the opportunity to educate a coaching staff member regarding injury prevention and care when necessary. Using a lot of medical terms may sound impressive, but the coach may not understand what the student is trying to communicate. When disagreeing with the coach, the student should step back and try to see both points of view. The student must remember that he/she is an advocate for the patient's health and optimum return to full athletic participation and/or activities of daily living.

While confidences given the athletic training student by athletic team members must not be betrayed, certain factors that involve the team's status and effectiveness may have to be carefully considered. These confidences may be discussed with the supervising athletic training staff, leading to a decision as to whether or not the coaching staff shall be informed of the issue. Remain positive about the program and all involved.

### **Social Media Policy**

A student should not use social media as a communication tool during clinical experiences. Keeping a professional relationship can get difficult when patients are peers, therefore eliminating dating and social networking during clinical rotations with patients in respective clinical rotations will be necessary. All off-campus patient contact with minors will maintain a zero tolerance for social media. Due to some patients being minors as well as other patients being considerably older than the traditional college-age student.

**The Athletic Training Education Program  
@ Lee University**

**Policy and Procedures**



# PROGRAM POLICIES AND PROCEDURES

## COMPETITIVE ADMISSIONS POLICY

In order to be considered as a candidate for the Master of Science in Athletic Training, each student must meet the following requirements (also found in Appendix E). Regardless of if the student is applying for the January or the June start date, they will be considered equitably for admission. In the event a student is denied admission into the program for the June or January admission cycle, they are free to re-apply for the next admission cycle and will be considered equitably with all applicants.

All applicants need the following when applying within the ATCAS (Athletic Training Centralized Application Service) at [atcs.liasoncas.org](http://atcs.liasoncas.org). Applications will begin being accepted in October for the January admission or January for the June admission of each year and utilize a rolling deadline until all cohort slots are filled.

Campus visits are highly recommended prior to full application submissions.

To schedule a campus, visit please email [msat@leeuniversity.edu](mailto:msat@leeuniversity.edu)

In order to be considered as a candidate for the Master of Science in Athletic Training, each student must meet the following requirements:

- Complete basic application on ATCAS
- Hold a bachelor's degree from a regionally-accredited college or university with a cumulative GPA close to 3.0.
- Report scores for GRE (suggested 300 for verbal and quantitative). Lee University GRE code: RA1401
  - If GPA is greater than 3.6 then you are not required to submit GRE scores.
- Hold a basic CPR/First aid certification (BLS preferred) (e.g. American Red Cross, American Heart Association, etc.).
- Accumulate approximately 50 hours with 1 or more Athletic Trainers with appropriate state and national licensures.
- Meet CAATE required prerequisites course work.
  - 1 semester of biology, chemistry, physics, and psychology
  - 2 semesters of anatomy, and physiology
- Submit official transcripts
- Three letters of recommendation
- Complete graduate essay (instructions in "documents" section of ATCAS)

Prerequisite course work will be evaluated to meet program standards in two methods:

1. Prerequisite course descriptions must be uploaded to ATCAS to allow the MSAT faculty to review and approve content as sufficient for program admission.
2. GPA verification through ATCAS or submission of official transcripts to ensure prerequisite courses meet GPA expectations.

When deemed necessary by the application selection committee, interviews could be conducted. Individual interviews will be established based on student and committee preference. Possible interview formats include; phone, computerized video phone, or in-person.

Students who do not meet all necessary admission requirements (ie: GPA, prerequisites, GRE scores) may be accepted into the MSAT on a one semester probationary period based on the discretion of the acceptance committee.

## **TUITION AND FEES FOR PROGRAM**

Information regarding general graduate school tuition and fees can be found at the following link: [http://catalog.leeuniversity.edu/content.php?catoid=12&navoid=9490#grad\\_tuit\\_and\\_fees](http://catalog.leeuniversity.edu/content.php?catoid=12&navoid=9490#grad_tuit_and_fees)

Regardless of entering program in June or July, total tuition will not differ.

Program fees will include:

- Clinical Lab Fees are \$75.00 per academic semester
- NATA student membership: \$80 annually
- ATrack membership: \$45/1 year, \$90/lifetime
- Clinical Attire Costs are varied based on personal preference (\$50-200)
- Travel expenses are varied based on assignments to different clinical rotation sites
- Students are required to attend the SEATA student symposium each February. Students will be financially responsible for their registration fee, hotel accommodations, and any meals not covered in their registration. Students are highly encouraged to fundraise in order to mitigate the personal financial responsibility.
- Currently our non-immersive and football immersion sites are less than 50 miles away.
- There may be additional transportation and housing fees required during the final 10-week immersive experience if the student wishes to conduct this experience at a location outside of a reasonable driving distance from Lee University. Every attempt will be made to limit the distance of the final immersive experience to less than 100 miles from campus.
- The final fee is related to keeping the CPR and first aid certification current, once they are accepted into the program. This fee can cost between 50 to 75 dollars dependent on which organization & instructor the student elects to use for the re-credentialing.

## **RETENTION, CONTINUATION, and COMPLETION**

Retention, continuation and completion of the program does not vary regardless of June or January start date. In order to remain in the program, students must demonstrate satisfactory academic and clinical progress toward completion of the program. Satisfactory progress includes, but is not limited to, the following:

- Maintaining a minimum overall and semester GPA of 2.75
- No final grade lower than a C in any course

- Satisfactory clinical evaluations with a clinical grade no lower than a C from each assigned preceptor.
- No student should deviate from the designed course sequence, if extending your program then practicums must be repeated.
- Successful completion of thesis project.
- Provide all required on-line documentation on ATrack
- Maintain honesty and integrity in all professional relationships, academic, and clinical responsibilities.

### **Suspension and/or Dismissal from the Program**

Unfortunately, student behavior, academic performance, and/or unsatisfactory clinical performance may warrant censure. When implemented, censure could be in the form of reprimand, limits placed on accruing clinical hours, required study hall, or suspension or expulsion from the program. All recommendations for sanctions will be considered by the Athletic Training Committee. The student will not be denied his/her right of due process. Furthermore, suspension could result from the following conditions:

- If the overall GPA falls below a 2.75, the student may be suspended from the program until the minimum GPA requirement has been met;
- If the GPA for MSAT courses fall below a 2.75 or C, you will be asked to repeat the courses, which may result in delaying graduation;
- Failure to complete the final thesis project;
- Violations of departmental or program ethics (including cheating) may result in suspension or dismissal;
- Violating the confidentiality agreement;
- Neglecting administration responsibilities to update on-line documentation in a timely manner;
- Neglecting or abusing the clinical hour requirements;
- Inappropriate professional interactions with faculty, preceptors, or patients.

It is our goal to remediate students whenever possible. If students are placed on probation by the MSAT committee the following plan may be implemented:

- 16 clinical hours each week approved by your Preceptor
- 3 hours of supervised study hall per week verified by the clinical coordinator or other faculty
- 1 meeting per month during the semester to assess current class grades and clinical performance with the Program Director
- Each student will be given a specific remediation plan based on which one of the considerations the student did not fulfill.

### **Completion of the Program**

Students will have completed the MSAT when they have successfully completed all designated courses, including general education classes and collateral classes, and completed the minimum verified hours of clinical education. With the exception of the 2 immersive clinical experiences students should strive for 15 hours of clinical time per week each semester. A minimum is 12 hours and a maximum is 20 hours per week. During immersive clinical experiences students strive for 30 clinical hours per week due to minimum didactic responsibilities.

In order to be endorsed students will be required to:

- Have completed 1000 clinical hours (minimum requirement) as checked by coordinator of clinical education.
- Complete at minimum 2 of the BOC self-assessment examinations (integrated test mode) and provided results to program director. The results must be over 70% score within each domain. A second attempt is only valid if it has been taken after 2 weeks. These exams are timed and must be proctored. (The 70% benchmark may be modified by the program director based on review of academic performance throughout program).
- Complete at least 2 of the in-house Board prep assessments with a 70% score within each domain. A second attempt is only valid if it has been taken after two weeks. These exams are timed and must be proctored. (The 70% benchmark may be modified by the program director based on review of academic performance throughout program).
- Provide the completed MSAT exit interview document and attend assigned interview time and date.
- Complete step 1 of BOC registration prior to endorsement (approximately 1 month prior to estimated test date)
- If the athletic training student is not currently enrolled in the MSAT then a formal interview with Program Director either via phone or in-person is necessary to be considered for BOC exam endorsement.

## **DISCIPLINARY POLICY**

Failure to comply with any of the operational policies and procedures or other unprofessional conduct which would bring dispute or disgrace on the student, the MSAT program, the clinical site, or the profession, and which would tend to substantially reduce or eliminate the student's ability to effectively practice that profession can result in punishment, suspension, or termination of any scholarship funding and/or dismissal from the program. The student will be informed in writing of any disciplinary action and will be given due process. If the offending action is severe enough to warrant suspension or termination, the student will be referred to the Dean of Students at Lee University for appropriate action. All decisions must involve the MSAT program director. In certain circumstances in which the offense warrants immediate action, suspension or termination may ensue without utilizing the first, second, or third offense approach to handling disciplinary actions.

### **First Offense**

The student will receive a formal verbal warning during a personal meeting with the MSAT program director. Also, a written document will be placed in the student's folder describing the offense and the personal meeting outcomes.

### **Second Offense**

The student will be placed on probation. The MSAT program director will establish the guidelines of the probation. There will be a formal personal meeting with the appropriate personnel from the MSAT faculty and a written document provided to the student describing the details of the probation period. Also, a written document will be placed in the student's personal folder.

### **Third Offense**

The student may be placed on suspension from accruing clinical hours in the MSAT. The MSAT program director will determine the resulting penalty. There will be a formal personal meeting with the appropriate personnel from the MSAT faculty and a written document provided to the student describing the details of the decision. Also, a written document will be placed in the student's personal portfolio.

### **GRIEVANCE POLICY**

Unfortunately, student behavior, academic performance, and/or unsatisfactory clinical performance may warrant censure. When implemented, censure could be in the form of reprimand, loss of clinical hours accrued during the time frame of the issue under dispute, suspension or expulsion from the program. Furthermore, suspension could result from the previously mentioned conditions.

If one feels he/she has been treated unfairly or that his/her rights have been disregarded, one may appeal the case to the MSAT administration. A student will not be denied his/her right of due process. The appeals of application process within the MSAT begins with the Program Director before moving to the Department Chair, Dean, and Vice President for Academic Affairs.

### **OFF-CAMPUS CLINICAL AND FIELD EXPERIENCES**

Prior to beginning clinical rotations students will be required to complete the following forms found in Appendix F-J.

- Appendix F: Background check
- Appendix G: Confidentiality agreement
- Appendix H: Technical Standards for Admission
- Appendix I: Policies and procedures Agreement
- Appendix J: Immunization verification

Off-campus clinical experiences will be permitted providing the educational experience is not compromised and there is an existing articulation agreement between Lee University and affiliated site. All off-campus clinical experiences must be approved in writing by the MSAT director prior to beginning the rotation. The supervising AT at that site must be a preceptor for the Lee University MSAT. It is the student's responsibility to ascertain that Clinical Education Guidelines (Located in Section 2 of the student manual) are followed throughout all clinical experiences. Failure to adhere to this policy may result in reassignment and forfeiture of accrued hours at that site. Additional clinical and field experiences are available to students who travel with the university's athletic teams. Field experiences can include watching medical surgeries from varying allied health professionals, or assisting in the medical facilities with nurses, orthopedics, physician assistants or physical therapists, which meet the clinical instructor prerequisites as approved by the director of MSAT. Travel to these additional clinical sites is the financial responsibility of the student athletic trainer.

### **VERIFICATION OF CLINICAL HOURS**

The BOC no longer requires clinical hours as part of the qualifications for taking the certification examination. Although a student does not have to accrue hours for certification as an athletic trainer, certain states may require a specified number of supervised clinical experiences for state

licensure. It is the student's responsibility to maintain current records of clinical hours. Upon enrollment in the MSAT, the student will begin to document hours through ATrack. A username and password will be given to each student at the beginning of the semester. The student must input hours each week and the preceptor will approve hours on a designated day of the week. If a student waits longer than a week to log his hours (some program exceptions may apply), the preceptor has department permission to not accept those hours as valid and delete them once they notify the student. Each student assumes full responsibility for consequences arising from the loss of or the failure to maintain current records. At the end of the semester the student should run a report in ATrack based on the entire semester of clinical hours and post that report in the section called immunizations and certifications, "1-semester professional hours –on campus (disregard the on-campus title, because all of our preceptors are trained by our clinical coordinator therefore, we consider all hours on-campus, even if they actually occur on an off-campus venue). No unapproved off-campus hours are accepted in our program.

### **GRADUATE TRANSFER POLICY**

Students who are entering the MSAT will be required to follow the sequence of classes regardless of their academic standing. Transfer students must adhere to the Competitive Admissions Policy established for the MSAT and outlined in the previous section. Due to the variation in course sequencing among all entry-level professional master's degrees in athletic training, transfer student will be considered on a case-by-case basis. Students will need to have completed similar courses to those in the Lee University MSAT up to the time they will transfer to ensure all necessary educational content is delivered.

### **ATHLETIC TRAINING STUDENT CONDUCT**

Personal qualities essential for the athletic training professional include loyalty, honesty, maturity, good work ethics, punctuality, dependability, professionalism, and organization. A primary concern is punctuality. While the first year athletic training student may be relatively uninformed about athletic training, he/she must be where assigned and be there on time. Tardiness reflects poorly on the athletic training student and the athletic training program as a whole. Tardiness of the athletic training student may result in late practice or game starts – a major aggravation of coaches – and may cause a lack of confidence in the athletic training staff.

The athletic training student is in a unique position as a member of an athletic team. The athletic training student must try to maintain a close relationship with the patients and a closer relationship with the coaching staff or medical team of which he/she is a part. The athletic training student is not a player, a coach, or a manager.

Loyalty to the University and to the athletic training education program is paramount. The athletic training student, at all times, is a representative of the University and the athletic programs and should behave accordingly. The administrative ladder is directly to the student's preceptor or faculty member. Students should address all issues to their preceptors or faculty members prior to climbing the administrative ladder. The administrative ladder for clinical issues is preceptor, faculty of practicum class, clinical coordinator, program director, medical director, chair of HESSE, Dean of College of Education, and Vice President of Academic affairs. Due to the nature of our programs close knit educational organization and frequency of high stress levels for students and staff alike, it will best serve the students and the program to try to



alleviate any classroom or clinical friction by talking within the department prior to involving outside administrators. Our medical director is highly skilled in problem solving; therefore, this attribute will be used to strengthen our program by utilizing this skill more frequently. One area of professionalism is too utilizing the administrative ladder appropriately. This method demonstrates respect for both the administrator's time, as well as, produces less conflict. If our program is perceived as full of conflict to others who are unaware of the typical trials related to athletic training education, then the program is viewed upon by others as unproductive and unsuccessful.

## **STANDARD OF DRESS**

Athletic training is a profession recognized by the American Medical Association; hence athletic training students are professionals. Students should dress and behave like licensed medical professionals in the athletic training room and all other venues, including travel. The standard of dress for all student athletic trainers is business casual. Exceptions would include clinical experiences at an outdoor venue during inclement conditions.

### **Goals of dress code:**

- Present yourself as a medical professional
- Gain respect by coaches and peers
- Be able to respond to emergency situations
- Be able to assist with rehabilitations and demonstrate activities
- Modesty
- Not showing inappropriate skin
- Not too tight
- Not too loose
- Model proper dress code to younger students
- Identify yourself as a student

### **Tops:**

- Tops must be of sufficient length to be tucked in, or in circumstances where a shirt is designed to be un-tucked, a tucked in undershirt must be worn so that the midriff is not exposed.
- Tops must not be too tight or too loose to expose inappropriate skin.
- Only Lee University or plain, tee-shirts or collared "polo" style shirts in neutral or school colors are permitted during all clinical and field experiences.
- Sweatshirts must follow the same criteria as shirts.
- Shirts must be clean, wrinkle free, and not overly "worn".

### **Bottoms:**

- Slacks and shorts should be a neutral or school color of navy, maroon, khaki, gray, white, or black.
- Jeans and cut-offs are not allowed during all clinical and field experiences.
- Team warm-ups and wind suits are permissible except for competition events.
- Yoga pants are not permissible, but "exercise" pants will be approved on a case by case basis by your preceptor.
- Professional skirts or dresses are not appropriate for field experiences.
- Shorts must be of sufficient length determined by your preceptor.

- All shorts and pants must be clean, wrinkle free, not overly worn, and not too tight to be deemed unprofessional.

#### **Footwear and Hats:**

- Footwear should be athletic or casual. All shoes should be fully enclosed.
- High heels are not acceptable.
- Footwear should be appropriate to respond to an emergency situation or demonstrate functional, rehabilitative activity.
- During competition, hats must be LU, LU athletics, or a plain neutral color with no logo other than manufacturer.
- If wearing a hat, it must be worn in the traditional manner.
- Hats are only permitted indoors if the individual will be covering an outdoor event that day.
- “Beanie” or “toboggan” hats are permissible when outside in cold weather.

#### **Nametags:**

- Students are required to wear a “Student Athletic trainer” name tag during all clinical experiences. Each student will be provided a nametag prior to their first clinical rotation. In the event the nametag is lost the student will be responsible for purchasing a replacement at cost.

#### **Other:**

- A professional, clean cut appearance is expected.
- Students are expected to be compliant in dress code if engaged in any clinical education lasting longer than 5-10 minutes.
- Students will not be permitted to obtain “clinical hours” if not in dress code.

### **PERSONAL CELLULAR TELEPHONES**

Personal telephones are not to be used during clinical education and field assignments. Occasionally circumstances dictate that the student might need to be contacted by cell phone. When these situations arise, place the phone ringer in the silent or vibrate mode.

### **STUDENT HEALTH POLICY**

Athletic Training emphasizes by example and knowledge base the prevention, assessment, and rehabilitation of health and activity-limiting injuries or illnesses, the admissions committee recommends and requires adherence to and documentation of specific health standards and monitoring policies. As recommended or required by Lee University Graduate Programs, Tennessee State Health Law as well as certain other state regulatory health statutes the health policy for entering AT students will include: (all admitted AT students will comply with the following)

- State of Tennessee requires all students born after 1956 to provide documentation of MMR immunization (measles, mumps, rubella) by two live measles vaccinations sometime after 12 months of age, unless medically contraindicated (i.e., allergy to immunization, pregnancy, or other medical reasons).
- Lee University requires proof of Tuberculin (PPD) skin test within two year period prior to admission or documentation of adequate treatment for TB.

These verifications or documentations must have been done and signed by a licensed health care provider and copies made available to the Program Director. Upon the student's signed permission, copies will be provided to the Lee University Health Services for their health file. Students will be informed of all immunization requirements in the first introductory meeting which occurs within 1 month of beginning the MSAT program. Students can be admitted to the MSAT program without proof of immunizations, however they will not be allowed to begin their clinical requirements until proof of immunization or exemption has been provided to the program director.

Entry into the MSAT program will be made on an individual basis after completion of all application requirements. This will include successful completion of pre-participation physical examination to delineate physical requirements (if any limitations are suspected), limitations and reasonable accommodations of the student in their day to day learning and responsibilities while in the program. These requirements will be in compliance with the "Technical Standards" as well as the Communicable Disease Standards obtained within the OSHA training materials.

It is the responsibility of the student to inform the MSAT faculty of any physical, mental, or psychological impairment which may affect progression through the curriculum. Since both the learning and the safety of the student are important in the consideration of reasonable accommodations; the admission MSAT committee will use the university director of academic support for final determination of limitations, accommodations or elimination from the program. These may include but not be limited to: physical impairment such as severe visual, hearing or motor impairment, acute or chronic medical condition limiting physical participation, presence of communicable disease, or mental or psychological impairments that may be determined to severely limit the student's ability to fully participate in the academic and clinical educational program.

Verification of completion of OSHA's requirements for health care workers in the work place. This is required since athletic training students will occasionally be exposed to blood/body fluid contamination while fulfilling the educational requirements of the Athletic Training Program. Topics will include an orientation course review concerning blood-borne pathogen exposures and medical-legal confidentiality requirements for the study of athletic training.

Lee University and Athletic Training Education Program are committed to the safe and healthy environment of a drug free workplace. The use or abuse of dependency producing drugs especially controlled substances is outlined in Controlled Substance Act, 21 USC Sec. 812. We are on the admission council of Lee University Athletic Training Program have made available student drug abuse prevention program through Lee Health and Counseling Services. Further, athletic training students are equally subject to the code of conduct pertaining to use or possession of controlled, abusive substances and recipients of certain federal financial assistance programs (i.e. Pell Grants) are required to certify them drug free.

As a commitment to the safety and health of the athletic training student and staff, all admitted students are highly advised to show proof of completion of the Hepatitis A and B three-part vaccination series. These immunizations are made available at cost through Lee University

Health Services. All students that are admitted into the program must complete and submit to the Program Director the Hepatitis A and B Immunization Form.

Infections are a normal response of the immune system defending the body from foreign microorganisms. These may include viral, bacterial, fungal, or parasitic infections. MSAT students who believe that they are experiencing an infectious illness which may include: upper and lower respiratory infections such as sore throat with fever, sinusitis, bronchitis or influenza with cough and coryza or gastrointestinal infections such as vomiting or diarrhea illnesses, hepatitis, mononucleosis or skin infections and infestations such as chicken pox, spider or mosquito bite which look irritated, must see a physician or nurse practitioner who should make the decision to allow or limit that student from any class or clinic activity.

These measures are taken to protect both the sick student as well as protect their fellow students, patients and staff from unnecessary exposure to communicable infections. A list of preventable behaviors for limiting infections both in MSAT students as well as patients follows:

- Appropriate diet and sleep
- Proper skin care and hygiene especially care of infected skin lesions
- Prompt cleaning and covering of open wounds
- Personal protective equipment and enforcing of hand washing
- Immunization updates and confirmation
- Avoid contaminated water

### **STUDENT NON-DISCRIMINATORY POLICY**

The Lee University MSAT program abides by the University Title IX non-discrimination policy found at: <https://www.leeuniversity.edu/titleIX/>

Additionally, the MSAT will not discriminate any individual based on race, ethnicity, culture, appearance, gender or sexual orientation in any aspect of the policies and procedures outlined within the student handbook.

The non-discriminatory policy is enforced for all aspects of program administration, didactic, and clinical education, however the aspects of the policy specific to clinical education can be found on page 26 of the student handbook.

**CLINICAL EDUCATION IN THE  
ATHLETIC TRAINING EDUCATION PROGRAM  
@ LEE UNIVERSITY**

# **S E C T I O N 2**

## CLINICAL EDUCATION PLAN

Clinical education represents the athletic training students' formal acquisition, practice, and preceptor evaluation of Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of a preceptor. Formal evaluation of the application and integration of clinical proficiencies are completed by a preceptor and may be in conjunction with additional clinical instructors. Student placement at clinical sites are considered non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, gender, disability, sexual orientation, or other unlawful basis.

Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a preceptor. These experiences will be throughout each semester while enrolled in the MSAT program. During the student's last spring semester, they will have an embedded component to ensure students are fully competent to practice autonomously in situations upon graduation. All students will receive OSHA training prior to any clinical placement is allowed. Clinical competency courses shall include academic syllabi that contain measurable educational objectives and specific clinical proficiency outcomes, and other necessary clinical education requirements that can be assessed over time.

Clinical supervision is defined by visual and auditory interaction between the student and the preceptor. This policy of instructor supervision is a must and should be maintained in all occasions, without exceptions. Students are not allowed to work in any sport or facility without preceptor supervision. Students should arrive early to assist with pre-game treatment and will assist after events when warranted. Students are not allowed to travel with teams unless the preceptor is accompanying the student. Students are not used to replace clinical staff at any time. A preceptor must accompany all events in which students are allowed to collect clinical hours.

Graduate students will be required to maintain the minimum hour requirement assigned to the associated clinical competency course in which they are enrolled each semester until graduation. Administrative record keeping is currently accomplished through ATrack. Students and preceptors will have adequate training prior to documenting or validating clinical hours. The clinical hours are necessary for the student to have ample opportunity to practice as well as be evaluated on performances related to academic success. However, care will be taken by the program and associated preceptors to ensure students clinical hours do not exceed a threshold which will negatively impact with academic performance. Students are required to log supervised hours. An important policy is to have hours logged each week. Weeks start on Sunday and end on Saturday for policy clarity. Each student must receive 1 day off during each week. Preceptors should not be asked to validate hours that happened more than 10 days ago, because this might affect the accuracy of the recorded hours.

### **Purpose of Clinical Education**

It is the purpose of the Lee University MSAT to be a functional educational and service facility for the Department of Health, Exercise Science, and Secondary Education. The program will endeavor to enhance the health care for the university's intercollegiate athletes as well as the broader habitually active members of the university and local community. The program will



service the college community by endeavoring to help its members attain higher levels of performance through proper health care and appropriate efforts to prevent injury and illness. Clinical Education is the bridge in which students affectively learn to utilize the various skill development taught in the classroom. This is a vital component to student learning.

The MSAT program will establish and maintain a corps of athletic training students that will be trained in the knowledge and skills that are essential to an entry-level athletic trainer. The purpose of clinical education is multidimensional. The student will:

- Utilize clinical experiences for peer practice, skill acquisition, and skill development
- Interact with many differing health care professionals, each having separate philosophies & experiences that will provide students with innovative skills that will enhance student development
- Written and verbal communication through peer teaching, clinical documentation, and professional interactions
- Gain confidence in self by practicing skills under direct supervision of allied health professionals (e.g. Certified Athletic Trainers, Orthopedic Surgeons, Physical Therapists, Registered Nurses, and Physician Assistants)
- Accumulate many hours in field settings where critical thinking and problem solving will occur on a daily basis
- Develop a mentorship with preceptors in order to foster a professional code of conduct that reflects Christian commitment.

At the completion of the program, the athletic training student should be able to function as a health care professional with minimal supervision in an allied health care setting and be eligible to sit for the BOC certification examination.

### **Instruction of Clinical Proficiencies and Clinically Integrated Proficiencies**

The goal of Clinical Education is to facilitate a student's ability to utilize the cognitive knowledge, psychomotor skills, and clinical abilities with behaviors of professional practice, which demonstrate a level of practice which is appropriate for an entry level certified athletic trainer. Clinical education is organized by lecture, lab, and clinical experience. These elements are taught overtime with consistent feedback provided to each student. The content taught is outlined in *2020 Standards for Accreditation of Professional Athletic Training Programs* (CAATE, 2018). The Clinically Integrated Proficiencies published by CAATE are Lee University's guide for the common set of skills that an entry-level athletic trainer should possess. Proficiencies also define the expectations of an outcome based clinical education system. Clinical proficiencies and psychomotor competencies will be introduced and instructed during coursework. The skills are taught, demonstrated, practiced, and then evaluated in at least two settings, demonstrating learning over time. Documentation of these skill sets will occur on the proficiency signature pages and/or through electronic skill documentation.

Learning over time is the documented continuous process of skill acquisition, progression, and student reflection. It involves the demonstration of systematic progression through the cognitive, psychomotor, and clinical proficiencies within different contextual environments (e.g., athletic training room, practice field, etc.). Assessment of learning over time is built around multiple indicators and sources of evidence such as observations (student affective behaviors, interviews);

performance samples (clinical skill demonstration); and tests or test-like procedures. Clinical integrated proficiencies are holistic in nature and allow the student to integrate multiple skills into through patient care. Learning over time will be demonstrated through proficiency evaluations during the academic and clinical experiences. Preceptors are given the appropriate evaluation tools for a clinical review. Classroom laboratory examinations or classroom instructor proficiencies will be more in depth and will allow the student appropriate one-on-one interaction. All MSAT students will be assigned to a specific preceptor for each rotation. All preceptor evaluations will be conducted in a one-on-one situation.

### **Current Affiliated Sites**

An athletic training student's primary clinical experiences will be on the Lee University campus. The MSAT will utilize off-campus rotations, such as football and other diversified experiences, to enhance the clinical education and field experiences of athletic training students. The campus health clinic plays an important role when students begin learning general medical conditions as they relate to the well-being of physically active individuals. Off-campus sites listed below are utilized to provide educational experience in a non-traditional environment. These rotations are designed to enhance the upper and lower extremity and general medical experiences. Grace Academy, McCallie School, Cleveland High School, Walker Valley High School, Bradley Central High School, and Ooltewah High School will provide students with experience in an equipment intensive, high-risk environment through sports such as football and wrestling. Students are responsible for transportation to and from clinical sites and all costs incurred. The following traveling distances from Lee University to clinical sites are approximated:

- Bradley Central High School – 1.5 miles
- Ooltewah High School – 15 miles
- Center for Sports Medicine and Orthopedics in Chattanooga – 28 miles
- Center for Sports Medicine and Orthopedics in Cleveland – 1 mile
- McCallie High School – 28 miles
- Cleveland High School – 2.5 miles
- Cleveland State Community College - 3.0 miles
- Grace Academy – 23 miles
- Walker Valley High School – 10 miles
- Boyd Buchanan School – 27miles

### **Rotation of Students for Clinical Sites and Field Experiences**

Students are assigned to a specific preceptors or supervisor, not to a facility or sport. Clinical rotations during the first four semesters of the Masters program will last one semester. And finally, the last 10 weeks of the student's tenure at Lee University will be spent in an embedded experience which will train students in health care delivery as it relates to that site's expectations. Student will be required to perform the tasks of the day for the same amount of time, as the preceptor is required to spend. If overtime is excess and hinders the students' ability to learn, then the student should report this issue to the clinical coordinator. Each student will gain experience in four general areas: Upper extremity, lower extremity, equipment intensive, and general medical. An overall emphasis on high-risk sports will foster student learning. Placement of students in Clinical Rotations is based in part on the following considerations:

- Classroom preparation
- Clinical preparation

- Performance evaluations in both classroom and clinical rotations
- Professionalism
- Educational needs

Examples of Each of the Clinical Emphases:

**Upper extremity**

Men's tennis  
 Women's tennis  
 Men's baseball  
 Women's softball  
 Women's volleyball  
 Women's Lacrosse

**Lower extremity**

Men's cross country  
 Women's cross country  
 Men's basketball  
 Women's basketball  
 Men's soccer  
 Women's Lacrosse  
 Women's soccer

**General Medical**

Lee University Health Clinic  
 Lee University Athletic Training Room  
 Center of Sports Medicine

**Equipment Intensive**

High school athletics  
 Intercollegiate athletics

**CLINICAL EDUCATION GUIDELINES**

**Description** The student's clinical experience is composed of two elements: Clinical Education and Field Experience. The clinical education component involves the acquisition and practice of clinical skills. The field experience provides the student with the opportunity to apply these skills in the clinical environment (i.e., the athletic training room, practice/game coverage). Both educational experiences will be supervised by a preceptor.

**Clinical Education Supervision**

A preceptor, as defined in the subsequent section, will at all times supervise the students' clinical education. "Supervision" of students by the preceptor is defined by the CAATE as, "*Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.*" Students are assigned to a preceptor, not to facilities or sports. The daily supervision of students by the preceptor allows for multiple opportunities for evaluation and feedback between the student and approved clinical instructor. Students are permitted to develop proficiency within adjunct affiliated professional clinical sites (e.g., hospital emergency rooms, clinics, exercise physiology labs) during the clinical education course or experience. These experiences, however, do not comprise the majority of the student's clinical experience.

Lee University preceptors are listed in the academic administrative structure of the student handbook. Training for preceptors occurs every other year; however, yearly group meetings will

ensure adequate communication toward ongoing program improvement. Clinical instruction is organized so that preceptors are aware of what each level student needs to be taught during different rotations based on their educational level. Preceptors are taught how to debrief and provide adequate feedback which will enhance learning for the students. All negative communication issues whether on the preceptor and student side should be discussed with the clinical coordinator. Student are instructed to be professional and only request a reassignment for a rotation in issues deemed unresolvable or consistently hampers to the student educational goals.

### **Field Experience Overview**

The primary settings for the students' clinical education and field experiences should include athletic training room(s), athletic team practices, and competitive events. The athletic training room is considered to be "a designated physical facility where comprehensive health care services are provided." Comprehensive health care services include practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation, and related services.

Ample opportunity is provided for student coverage of athletic practices and competitive events in a variety of men's and women's sports, including high-risk sport activities. These experiences also include adequate opportunities for observation of, and involvement in, the immediate management and emergency care of a variety of acute athletic injuries and illnesses. Practitioner competencies should provide the basis for deriving the objectives and activities constituting the program's curriculum. Both program competencies and curriculum objectives should be consistent with the stated level of practitioner preparation. The level is delineated in the program's goals and objectives statements and encompasses the knowledge, skill, and behavior expected of graduates upon entry into the field.

Supervised field experiences involve personal/verbal contact at the site of supervision between the athletic training student and the certified athletic trainer, who plans, directs, advises, and evaluates the student's athletic training field experience. The supervising athletic trainer is always on-site where the athletic training experience is being obtained.

Clinical supervisors are readily accessible to students for on-going feedback and guidance on a daily basis. Athletic trainers who are supervising athletic training students' experiences shall afford supervision adequate to assure (following stated written and verbal direction) that the student performs his or her tasks in a manner consistent with the Standards of Practice of the profession of Athletic Training.

### **Immersive Clinical Experiences**

There will be two immersive clinical experiences embedded into the MSAT. Clinical immersion provides an opportunity for the student to gain longer, daily clinical experience more in-line with a traditional job setting. During the clinical immersive experience students will have minimal didactic course work allowing them to focus on clinical education. Clinical immersion is designed to help transition the student into a professional career, integrate the student into all facets of professional activity at a specific setting, and increase confidence of knowledge and skill by increasing the opportunity for exposure to injuries and conditions.

High school Immersive Experience: The high school immersive experience will occur in conjunction with ATEP 500 at the end of the first summer in the program. During the month of July students will spend 2 weeks in didactic instruction with 2-3 weeks of full immersion, 20-30 hours per week, at a local high school. The primary sport to be covered will be football, however as dictated by the preceptor, additional fall sport coverage may be warranted. Students wishing to gain additional football clinical experience following the completion of their high school immersive experience will be allowed up to 30 volunteer hours (not counted towards their fall clinical hour requirement), under the supervision of a preceptor, as long as it does not interfere with their fall clinical assignment responsibilities. All clinical hour requirements will be verified by the coordinator of clinical education.

Comprehensive Immersive Experience: During the final academic year, occurring in either the fall or spring semester of the MSAT, students will spend 5 weeks on campus in didactic instruction followed by 10 weeks in complete clinical immersion with some online education requirements. The 10-week immersive experience location will be determined based on a combination of student career placement desire, student educational needs, clinical site availability, and educational ability of the site and associated preceptor(s). The purpose of the comprehensive immersive experience is to increase autonomy of practice to provide for a more seamless transition to independent practice. Additionally, it is preferable for students to observe orthopedic surgeries during this time. The 10-week immersive experience will require 40 hour weeks or a minimum of 300 clinical hours. All clinical hour requirements will be verified by the coordinator of clinical education. Students will be provided various clinical opportunities within a 100 mile radius of Lee University. However, students wishing to conduct this experience farther than 100 miles, must obtain approval from the Lee University program director, arrange for all preceptor and clinical site approval prior to beginning their experience, and obtain housing on their own for the duration of the experience.

### **Student Team Travel Policy**

Athletic training students traveling with athletic teams is a valuable experience to prepare for professional practice. Students traveling within the confines of the educational program must adhere to the following guidelines: 1. Travel is at the discretion of the head coach. 2. First year MSAT students may travel at any time only if will not require them to miss any class time. 3. Second year MSAT students may only miss 2 non-consecutive class days per semester due to travel. 4. Travel during an immersive clinical experience is unlimited due to lack of class time requirement.

### **Clinical Education Summary**

The student's clinical education course, embedded experiences, or a combination of the two should provide exposure of the student to specific populations, establishing adequate learning environments.

The Athletic Training Educational Competencies abide by the *Standards for the Accreditation of Entry-Level Educational Programs for the Athletic Trainer* (CAATE) to ensure students encounter quality educational experiences. The standards are provided at this link (<http://caate.net/pp-standards/>).

Our clinical education plan seeks to foster learning over time. Repetition is a key component in the learning process. A sampling of proficiencies and clinically integrated proficiencies are provided for students each semester. Each practicum course will have a signature pages that

represents a snapshot of the intended skills and clinically integrated competencies that a student is expected to accomplish by the end of that course.

### **CPR GUIDELINES**

Prior to beginning any clinical experience all students are required to provide verification of basic life support or healthcare provider CPR and first aid training. Certification from American Heart Association is preferred, however alternate providers will be considered as long as they meet the standards of basic life support/emergency cardiac care training of a healthcare provider. If a student does not have the proper certification a MSAT faculty member trained as an American Heart Association instructor will certify the student.

### **OSHA GUIDELINES**

Prior to beginning any clinical experience students must take the OSHA course found on Lee University Moodle platform. The OSHA course requires students to watch a video explaining various blood borne pathogens and proper procedures to prevent personal contamination and spread of infectious conditions. Following the video students are required to obtain at least an 85% on OSHA test before beginning their clinical experiences.

At the beginning of each clinical rotation the supervising preceptor is responsible for ensuring the student understands the specific procedures of the clinical site and the location of all essential equipment, biohazardous waste elimination materials, and handwashing stations.

#### Effective Hand Washing

Effective hand washing requires the use of soap and water, combined with vigorous washing. After you have lathered your hands vigorously for 10 seconds, you should rinse using a steady stream of running water.

Complete the procedure by using paper towels to thoroughly dry your hands and turn off the faucet.

#### Personal Protective Equipment

Personal protective barriers will be used to reduce the risk of exposure by keeping potentially infected blood and other body fluids from coming in contact with your skin or mucous membranes.

Examples of personal protective equipment include: gloves, which can reduce contamination of the hands; gowns and aprons, which can prevent contamination of clothing; and masks and protective eyewear, which help reduce the contamination of mucous membranes of the mouth, nose, and eyes. Personal protective equipment appropriate to the needs of this facility will be made available to you. If you have documented allergic reaction to such items as rubber, latex, or plastic, alternatives will be provided.

#### Gloves

Gloves must be worn in these situations:

When it can be reasonably anticipated that you may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.  
When handling or touching contaminated items or surfaces.

Disposable (single use) gloves, such as surgical or examination gloves must be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable (single use) gloves must not be washed or decontaminated for reuse.

### Regulated Waste

Regulated waste includes those contaminated items, which will release blood or potentially infectious materials when compacted (i.e., disposable gloves which are caked with dried blood; and contaminated sharps that can penetrate the skin such as needles, scalpels, or broken glass). Regulated waste includes but is not limited to the following items: joint aspirate, grossly bloody dressings, blood, vomitus, and contaminated sharps/needles.

There are standard procedures for disposing of regulated waste. These procedures include placing the waste in leak proof containers. These containers are labeled with the biohazard symbol. The procedures are designed to protect the people who handle this regulated waste.

When removing waste from waste containers personnel must wear gloves and double bag the infectious waste with another red biohazard labeled bag and secure bag with another biohazard label.

The designated place for waste pick up is in the university health clinic.

### Sharps

Needle stick injuries are the most serious risk to healthcare workers.

Contaminated needles and other contaminated sharps must immediately be discarded in puncture-resistant, closable, leak proof, and properly labeled or color-coded containers. Do not bend, recap, or break used needles. If you must recap or remove a needle/sharp, a mechanical device or one-handed technique must be used.

Sharps disposal containers will be located as close as possible to the area where they are used. They must remain upright at all times and must be replaced when  $\frac{3}{4}$  full.

Never reach into one of these containers for ANY reason. When using a sharps container, do not open, empty, or clean it in any way that might result in an accidental needle stick.

When disposing of the sharps container, close it securely and place the container in the designated infectious waste disposal container.

### Disposal of Non-Sharp Wastes

A puncture resistant is not necessary for disposing of blood, body tissue and other contaminated items which do not contain sharps. However, the container must be closable, leak proof, and properly labeled.

### Cleaning and Disinfecting

Worksites must be maintained in a clean and sanitary condition. When cleaning a blood or body fluid spill you must put on disposable gloves, spray the contaminated area with an appropriate disinfectant or 10% bleach solution. Then blot or pick up the liquid spill with paper towel and put this and contaminated gloves in a regulated waste container. The area is cleaned a second time with the same procedure while wearing clean gloves.

**EATING, DRINKING, APPLYING COSMETICS AND/OR LIPP BALM, AND HANDLING CONTACT LENSES IS NOT PERMITTED IN WORK AREAS WHERE EXPOSURE MAY OCCUR.**

Tables must be cleaned periodically with @ least a 10% bleach solution or other commercially accepted sprays that kill infectious germs.

Floors will be treated as needed for any regulated waste with commercial disinfectants in which the personnel must wear protective gloves and must dispose of all contaminated waste in the biohazard container.

Place any contaminated laundry in a closable, leak proof container until proper decontamination is possible. Try to handle towels as little as possible. Partial saturation may be washed in a 10% bleach solution prior to reuse.

### Summary

An awareness of and compliance with the recommendations outlined in this material is essential. This will help to assure a safe work environment, thereby reducing the risk of occupational exposure to blood borne pathogens.

Because of the potential for the infection from often-unsuspected sources, you must always be alert. Taking a few minutes and utilizing precautions could have monumental long term repercussions; therefore following a few steps will help everyone maintain a good personal health and safety.

Source: "The Atlanta Braves Infection Control Manual," Piedmont Hospital, 1993.



### **Additional References**

Lee University Athletic Training education plan is designed based on reference materials provided by NATA and BOC. These references include:

- Athletic Training Clinical Proficiencies, 5<sup>th</sup> edition
- NATA Education Council
  - © 2011 National Athletic Trainers' Association
- Certainty in the Professional Practice of Athletic Trainers
- Board of Certification
- Role of Delineation Study, Fifth edition
- These additional references can be reviewed by students at any time. These references are located in the Helen Devos College of Education Building in room EDUC 102 in the program directors office and stored on the computer.

**Appendix A**  
**Academic Administrative Structure:**  
**Faculty**

1. Dean of Helen DeVos College of Education: Bill Estes, PhD
2. Chair of Health, Exercise Science and Secondary Education: Mike Iosia, PhD, CSCS
3. Director of Athletic training Education: Taz Kicklighter PhD, ATC
4. Coordinator of Clinical Education: Racheal Lawler, PhD, ATC
5. Medical Director: DeWayne Knight, MD, ATC
6. Head Athletic Trainer: Jeff Mullins, MS, ATC

**Clinical Preceptor Administrative Structure:**

1. Medical Director: DeWayne Knight, MD, ATC
2. Director of Athletic training Education: Taz Kicklighter PhD, ATC
3. Coordinator of Clinical Education: Racheal Lawler, PhD, ATC
4. Head Athletic Trainer: Jeff Mullins, MS, ATC
5. Preceptors
  - a. Doctors: Shay Richardson, MD, Todd Grebner, DO, Jason Spangler, DO, Benji Miller, MD
  - b. University Athletics: Alex Grell, MS, ATC, Kathlene Kerecman, MS, ATC, Dan Heinbaugh, MS, ATC, Paige Plesich, ATC, Haleigh Tropeck, ATC.
  - c. High School Athletics: Randy Wilkes, MS, ATC, Fred “Jersey” DeMarco, MS, ATC, Julie Savage, MS, ATC, Michael Loving, MS, ATC, Luis Rodas, ATC
  - d. Rehabilitation Preceptors: Kim Tucker, ATC

## **Appendix B**

### **NATA Code of Ethics**

#### **PREAMBLE**

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

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

#### **PRINCIPLE 1:**

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

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

#### **PRINCIPLE 2:**

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

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

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

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

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

#### **PRINCIPLE 3:**

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

3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.

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

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

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

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

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

**PRINCIPLE 4:**

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

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

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

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

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

## Appendix C

# Master of Science in Athletic Training

## COURSE SEQUENCING

June Start	January Start
Summer 1	Spring 1
Pillars of Athletic Training (4 cr) Emergency Assessment and Treatment of Sports Conditions (3 cr) Clinical competency of prevention & acute care (4 cr)	Orthopedic Assessment of Spine and Upper Extremities (3 cr) Orthopedic Assessment of Spine and Upper Extremities Lab (1 cr) Therapeutic Modalities (3 cr) Therapeutic Modalities lab (1 cr) Clinical Competency of Evaluation & Intervention (3 cr)
Fall 1	Summer 1
Orthopedic Assessments of Spine and Lower Extremities (3 cr) Orthopedic Assessments of Spine and Lower Extremities Lab (1 cr) Research Methods and Statistics (4 cr) Clinical competency of prevention, acute care, and administration (3 cr)	Pillars of Athletic Training (4 cr) Emergency Assessment and Treatment of Sports Conditions (3 cr) Clinical competency of prevention & acute care (4 cr)
Spring 1	Fall 1
Orthopedic Assessment of Spine and Upper Extremities (3 cr) Orthopedic Assessment of Spine and Upper Extremities Lab (1 cr) Therapeutic Modalities (3 cr) Therapeutic Modalities lab (1 cr) Clinical Competency of Evaluation & Intervention (3 cr)	Orthopedic Assessments of Spine and Lower Extremities (3 cr) Orthopedic Assessments of Spine and Lower Extremities Lab (1 cr) Research Methods and Statistics (4 cr) Clinical competency of prevention, acute care, and administration (3 cr)
Fall 2	Spring 2
Therapeutic Interventions of Head, Cervical, & Upper Extremity (3 cr) Leadership, Administration & Ethics in Athletic Training (2 cr) General Medical Conditions & Management (3 cr) Clinical Integration of Research I (1 cr) Clinical Competency of evaluation and intervention (3 cr)	Therapeutic Intervention of Lumbar & Lower Extremity (3 cr) Professional Assimilation and Current Topics (2 cr) Clinical Integration of Research II (1 cr) Clinical Competency of Evaluation, Intervention, & Administration (3 cr)
Spring 2	Fall 2
Therapeutic Intervention of Lumbar & Lower Extremity (3 cr) Professional Assimilation and Current Topics (2 cr) Clinical Integration of Research II (1 cr) Clinical Competency of Evaluation, Intervention, & Administration (3 cr)	Therapeutic Interventions of Head, Cervical, & Upper Extremity (3 cr) Leadership, Administration & Ethics in Athletic Training (2 cr) General Medical Conditions & Management (3 cr) Clinical Integration of Research I (1 cr) Clinical Competency of evaluation and intervention (3 cr)
<b>Total program credits: 54</b>	

## Appendix D



### Commission on Accreditation of Athletic Training Education 2020 Standards for Accreditation of Professional Athletic Training Programs

**Master's Degree Programs**  
**Adoption date: January 9, 2018**

**Effective date: July 1, 2020**

#### SECTION I: PROGRAM DESIGN AND QUALITY

**Standard 1** The program has a written mission statement that addresses the professional preparation of athletic trainers and aligns with the mission of the institution and the program's associated organizational units.

*Annotation: Associated organizational units are those under which athletic training falls. For example, if an athletic training program is in a department and the department is in a school, then the mission must be congruent with these units.*

**Standard 2** The program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment.

*Annotation: This written framework describes essential program elements and how they're connected; these elements include core principles, strategic planning, goals and expected outcomes, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan. The framework is evaluated and refined on an ongoing basis.*

*The framework includes program-specific outcomes that are defined by the program; these outcomes include measures of student learning, quality of instruction, quality of clinical education, and overall program effectiveness. Programs must minimally incorporate the student achievement measures identified in Standard 6 as outcomes. Improvement plans must include targeted goals and specific action plans for the communication and implementation of the program.*

**Standard 3** Development, implementation, and evaluation of the framework engage all core faculty and include other stakeholders as determined by the program.

*Annotation: All core faculty must participate in the development, implementation, and evaluation of the framework on an ongoing basis. The nature and extent of participation by each core faculty member and other stakeholders is determined by the program.*

**Standard 4** The results of the program's assessment plan are used for continued program improvement.

*Annotation: The program analyzes the extent to which it meets its program-specific outcomes and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify the plan as needed.*

**Standard 5** The program collects student achievement measures on an annual basis.

*Annotation: The following student achievement measures must be collected:*

- Program graduation rate
- Program retention rate
- Graduate placement rate
- First-time pass rate on the Board of Certification examination

**Standard 6** The program meets or exceeds a three-year aggregate of 70% first-time pass rate on the BOC examination.

*Annotation: Procedures for review and action on this standard are described in the CAATE policies and procedures manual.*

**Standard 7** Programs that have a three-year aggregate BOC examination first-time pass rate below 70% must provide an analysis of deficiencies and develop and implement an action plan for correction of BOC-examination pass-rate deficiency.

*Annotation: This standard only applies in the event that a program is not compliant with Standard 6.*

## SECTION II PROGRAM DELIVERY

**Standard 8** Planned interprofessional education is incorporated within the professional program.

*Annotation Varying methods can be used to incorporate interprofessional education. To meet this standard, each student in the program must have multiple exposures to interprofessional education.*

**Standard 9** All courses used to fulfill athletic training clinical experience requirements and to meet the curricular content standards (Standards 56 through 94) are delivered at the graduate level.

*Annotation: Graduate-level courses award graduate credit. The determination of whether a course is graduate level is made by the institution.*

**Standard 10** Students fulfill all athletic training clinical experience requirements and curricular content standards (Standards 56 through 94) within the professional program.

*Annotation: Fulfillment of clinical experience requirements and curricular content standards prior to enrollment in the professional program is not sufficient to meet this standard. Clinical experiences must occur throughout the professional program.*

**Standard 11** The program uses clearly written syllabi for all courses that are part of the professional program.

*Annotation: Course syllabi include clearly written course objectives, assessment methods, and a daily/weekly schedule. Each syllabus includes sufficient information in the objectives and the daily/weekly schedule to ascertain the curricular content (see Section IV) that is being taught in the course.*

**Standard 12** Course credits are consistent with institutional policy or institutional practice.

*Annotation: Policy or practice must address credit allocation for all types of courses (for example, didactic, practicum, clinical experience courses).*

**Standard 13** The program ensures that the time commitment for completing program requirements does not adversely affect students' progression through the program.

*Annotation: The program must identify policies and procedures used to ensure that students' program-related time commitments, including time spent in clinical experiences, are not excessive.*

**Standard 14** A program's clinical education requirements are met through graduate courses and span a minimum of two academic years.

**Standard 15** A program's athletic training clinical experiences and supplemental clinical experiences provide a logical progression of increasingly complex and autonomous patient-care and client-care experiences.

*Annotation: To meet this standard, the program must describe the following:*

- *The criteria and processes used to determine that a student has attained requisite clinical competence to progress to a subsequent clinical experience*
- *The process used to determine that students are ready to engage in clinical experiences and are competent and safe to perform skills on a client/patient population*
- *How clinical experiences are designed to progress the student toward autonomous practice*
- *The methods used to ensure that the clinical experience and the style of preceptor supervision and feedback are developmentally appropriate for each student based on his or her progression in the program*

**Standard 16** The clinical education component is planned to include at least one immersive clinical experience.

*Annotation: An immersive clinical experience is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students must participate in the day-to-day and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-*

week period). Programs may include online education during the immersive experiences that does not detract from the nature of an immersive clinical experience.

**Standard 17** A program's clinical education component is planned to include clinical practice opportunities with varied client/patient populations. Populations must include clients/patients

- throughout the lifespan (for example, pediatric, adult, elderly),
- of different sexes,
- with different socioeconomic statuses,
- of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
- who participate in nonsport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).

*Annotation: These clinical practice opportunities should occur in athletic training clinical experiences with real clients/patients in settings where athletic trainers commonly practice. When this is not possible, programs may use simulation to meet portions of this standard. Students must have adequate real client/patient interactions (athletic training clinical experiences) to prepare them for contemporary clinical practice with a variety of patient populations.*

**Standard 18** Students gain experience with patients with a variety of health conditions commonly seen in athletic training practice.

*Annotation: Athletic trainers routinely practice in the areas of prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Within these areas of athletic training practice, the clinical experience provides students with opportunities to engage with patients with emergent, behavioral (mental health), musculoskeletal, neurological, endocrine, dermatological, cardiovascular, respiratory, gastrointestinal, genitourinary, otolaryngological, ophthalmological, dental, and environmental conditions. When specific opportunities are not possible, programs may use simulation to meet portions of this standard. Students must have adequate patient/client interactions (athletic training clinical experiences) to prepare them for contemporary clinical practice with patients with a variety of health conditions commonly seen in athletic training practice.*

### SECTION III: INSTITUTIONAL ORGANIZATION AND ADMINISTRATION

**Standard 19** The sponsoring institution is accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation and must be legally authorized to provide a program of postsecondary education. For programs outside of the United States, the institution must be authorized to provide postsecondary education, and the program must be delivered in the English language.

**Standard 20** Professional programs result in the granting of a master's degree in athletic training. The program must be identified as an academic athletic training degree in institutional publications.

*Annotation: The CAATE recommends a Master of Athletic Training degree. The degree must appear on the official transcript, similar to normal designations for other degrees at the institution. International programs must use language consistent with the host country's nomenclature and have CAATE approval of that language.*

**Standard 21** The program is administratively housed with similar health care profession programs that are subject to specialized programmatic accreditation.

*Annotation: The intent of this standard is to ensure the professional socialization of the athletic training program faculty and students within a health care profession culture. If the institution offers no other health care profession programs, or the athletic training program is not administratively housed with them, explain how the existing organizational structure meets the intent of this standard.*

**Standard 22** All sites where students are involved in clinical education (excluding the sponsoring institution) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring institution and site.

*Annotation: When the administrative oversight of the preceptor differs from the affiliate site, affiliation agreements or memoranda of understanding must be obtained from all parties. All sites (excluding the sponsoring institution) must have affiliation agreements or memoranda of understanding. Any experience the student completes to meet clinical education requirements as an athletic training student must have an agreement. Credit and noncredit*



*athletic training clinical experiences or supplemental clinical experiences, including internships, must have affiliation agreements or memoranda of understanding.*

**Standard 23** The institution/program has written policies and procedures that ensure the rights and responsibilities of program students. These policies and procedures are available to the public and must include the following:

23A Academic dishonesty policy

- 23B Grievance policy
- 23C Matriculation requirements
- 23D Nondiscrimination policies
- 23E Policies for student withdrawal and refund of tuition and fees
- 23F Technical standards or essential functions

*Annotation: Policies and procedures may be institutional and not specific to the athletic training program.*

**Standard 24** Prospective and enrolled students are provided with relevant and accurate information about the institution and program. Available information must include the following:

- 24A Academic calendars
- 24B Academic curriculum and course sequence
- 24C Admissions process (including prerequisite courses)
- 24D All costs associated with the program, including (but not limited to) tuition, fees, refund policies, travel costs, and clothing
- 24E Catalogs
- 24F Criminal background check policies
- 24G Degree requirements
- 24H Financial aid
- 24I Grade policies
- 24J Immunization requirements
- 24K Information about clinical experiences, including travel expectations to clinical sites
- 24L Matriculation requirements
- 24M Nondiscrimination policies
- 24N Procedures governing the award of available funding for scholarships
- 24O Program mission, goals, and expected outcomes
- 24P Recruitment and admissions information, including admissions criteria, policies regarding transfer of credit, and any special considerations used in the process
- 24Q Technical standards or essential functions

*Annotation: Information may be institutional and not specific to the athletic training program.*

**Standard 25** The program posts data detailing its student achievement measures. • Program graduation rate

- Program retention rate
- Graduate placement

*Annotation: Data on the following student achievement measures (stated in Standard 5) for the past three years must be posted on, or directly linked from, the program's home page:*

- *First-time pass rate on the Board of Certification examination*

**Standard 26** Students are protected by and have access to written policies and procedures that protect the health and safety of clients/patients and the student. At a minimum, the policies and procedures must address the following:

- 26A A mechanism by which clients/patients can differentiate students from credentialed providers
- 26B A requirement for all students to have emergency cardiac care training before engaging in clinical experiences
- 26C Blood-borne pathogen protection and exposure plan (including requirements that students receive training, before being placed in a potential exposure situation and annually thereafter, and that students have access to and use of appropriate blood-borne pathogen barriers and control measures at all sites)
- 26D Calibration and maintenance of equipment according to manufacturer guidelines
- 26E Communicable and infectious disease transmission
- 26F Immunization requirements for students
- 26G Patient/client privacy protection (FERPA and HIPAA)
- 26H Radiation exposure (as applicable)
- 26I Sanitation precautions, including ability to clean hands before and after patient encounters

- 26J Venue-specific training expectations (as required)
- 26K Venue-specific critical incident response procedures (for example, emergency action plans) that are immediately accessible to students in an emergency situation

*Annotation: These policies and procedures pertain to all learning environments where students are involved in real or simulated client/patient care (including teaching laboratories). Inherent in the development of policies and procedures is the expectation that they are implemented.*

**Standard 27** The institution/program maintains appropriate student records in secure locations. Student records must include the following:

- 27A Program admissions applications
- 27B Progression through the curriculum
- 27C Disciplinary actions (if applicable)
- 27D Clinical placements
- 27E Verification of annual blood-borne pathogen training
- 27F Verification of compliance with the program's technical standards requirements
- 27G Verification of completed criminal background checks (if applicable)
- 27H Verification of privacy training (for example, HIPAA and FERPA, as applicable)
- 27I Verification of notification of communicable/infectious disease transmission policy and postexposure plan
- 27J Compliance with immunization policies
- 27K Verification that the program's students are protected by professional liability insurance

**Standard 28** Admission of students to the professional program is made in accordance with the program's identified criteria and processes, which are made publicly available.

*Annotation: Admissions criteria and processes must be consistently reported anywhere they are published.*

**Standard 29** The program ensures that each student is oriented to the policies and procedures of their clinical site.

*Annotation: Orientations must occur at the start of the experience and before a client/patient encounter at the site. The orientation for clinical experiences must include (but is not limited to) the following:*

- *Critical incident response procedures (for example, emergency action plans)*
- *Blood-borne pathogen exposure plan*
- *Communicable and infectious disease policies*
- *Documentation policies and procedures*
- *Patient privacy and confidentiality protections*
- *Plan for clients/patients to be able to differentiate practitioners from students*
- *The orientation for other clinical education opportunities that involve client/patients may vary based on the nature of the experience.*

**Standard 30** Educational opportunities and placements are not prejudicial or discriminatory

**Standard 31** Athletic training clinical experiences are supervised by a preceptor who is an athletic trainer or a physician.

*Annotation: Note that supplemental clinical experience opportunities involve other health care providers as preceptors, but these opportunities would not fulfill clinical experience requirements as defined in Standards 56 through 94.*

**Standard 32** Regular and ongoing communication occurs between the program and each preceptor.

*Annotation: All parties are informed about the program framework, individual student needs, student progress, and assessment procedures. The regularity and nature of communication is defined by the program.*

**Standard 33** All active clinical sites are evaluated by the program on an annual basis.

*Annotation The program determines the nature and components of the evaluation. These sites include those at the sponsoring institution. Active clinical sites are those where students have been placed during the current academic year.*

**Standard 34** All program policies, procedures, and practices are applied consistently and equitably.

*Annotation: This standard provides a mechanism for programs to respond to inquiries about compliance with program policies. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.*

**Standard 35** Program policies, procedures, and practices provide for compliance with accreditation policies and procedures, including the following:

- Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status and current student achievement measures
- Timely submission of required fees and documentation, including reports of program graduation rates and graduate placement rates
- Timely notification of expected or unexpected substantive changes within the program and of any change in institutional accreditation status or legal authority to provide postsecondary education

*Annotation: Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.*

**Standard 36** The program/institution demonstrates honesty and integrity in all interactions that pertain to the athletic training program.

*Annotation: Programs are not required to submit initial evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will be dependent on the nature of the inquiry.*

**Standard 37** The program director is a full-time faculty member whose primary assignment is to the athletic training program. The program director's experience and qualifications include the following:

- An earned doctoral degree
- Contemporary expertise in the field of athletic training
- Certification and good standing with the Board of Certification
- Current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)
- Previous clinical practice as an athletic trainer
- Scholarship
- Previous full-time academic appointment with teaching responsibilities at the postsecondary level

*Annotation: The program director's faculty status, rights, and responsibilities are consistent with similar positions at the institution and provide appropriate program representation in institutional decisions. Any person who is employed as a program director in a CAATE-accredited program as of July 1, 2020, will remain eligible for employment as a program director at a CAATE-accredited institution without an earned doctoral degree.*

**Standard 38** The program director is responsible for the management and administration of the program. This includes the following responsibilities:

- Program planning and operation, including development of the framework
- Program evaluation
- Maintenance of accreditation
- Input into budget management
- Input on the selection of program personnel
- Input on the evaluation of program personnel

**Standard 39** The coordinator of clinical education is a core faculty member whose primary appointment is to the athletic training program and who has responsibility to direct clinical education. The coordinator of clinical education's experience and qualifications include the following:

- Contemporary expertise in athletic training
- Certification and good standing with the Board of Certification
- Possession of a current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)
- Previous clinical practice in athletic training

*Annotation: The title of this individual is determined by the institution, and the position should be consistent with the responsibilities of others at the institution who have similar roles. This individual is not the same person as the program director.*

**Standard 40** The coordinator of clinical education is responsible for oversight of the clinical education portion of the program. This includes the following responsibilities:

- Oversight of student clinical progression
- Student assignment to athletic training clinical experiences and supplemental clinical experiences
- Clinical site evaluation
- Student evaluation
- Regular communication with preceptors
- Professional development of preceptors
- Preceptor selection and evaluation

*Annotation: Communication with the preceptors includes familiarizing them with the program framework. Professional development of preceptors is specific to development of their role as preceptor.*

**Standard 41** Program faculty numbers are sufficient to meet the needs of the athletic training program and must include a minimum of three core faculty.

*Annotation: Program faculty may include core faculty, associated faculty, and adjunct faculty. The needs of the program include advising and mentoring students, meeting program outcomes, scholarship, program administration, recruiting and admissions, and offering courses on a regular and planned basis.*

*Programs are required to have sufficient numbers of faculty to meet the needs of the athletic training program by the date of the implementation of these standards. Compliance with the requirement that the program has a minimum of three core faculty is required after July 1, 2023.*

**Standard 42** The core faculty have contemporary expertise in assigned teaching areas, demonstrated effectiveness in teaching, and evidence of scholarship.

**Standard 43** The program director, coordinator of clinical education, and other core faculty have assigned load that is sufficient to meet the needs of the program.

*Annotation: Faculty may have other institutional duties that do not interfere with the management, administration, and delivery of the program. Assigned load must be comparable to other faculty with similar roles within the institution or at other peer institutions.*

**Standard 44** All faculty who instruct athletic training skills necessary for direct patient care must possess a current state credential and be in good standing with the state regulatory agency (in states where their profession is regulated). In addition, faculty who are solely credentialed as athletic trainers and who teach skills necessary for direct patient care must be BOC certified.

**Standard 45** Preceptors are health care providers whose experience and qualifications include the following:

- Licensure as a health care provider, credentialed by the state in which they practice (where regulated)
- BOC certification in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers
- Planned and ongoing education for their role as a preceptor
- Contemporary expertise

*Annotation: Preceptor education is designed to promote an effective learning environment and may vary based on the educational expectations of the experiences. The program must have a plan for ongoing preceptor training.*

**Standard 46** Preceptors function to supervise, instruct, and mentor students during clinical education in accordance with the program's policies and procedures. Preceptors who are athletic trainers or physicians assess students' abilities to meet the curricular content standards (Standards 56 through 94).

**Standard 47** The number and qualifications of preceptors are sufficient to meet the clinical education needs of the program.

**Standard 48** Program faculty and preceptors receive regular evaluations and feedback on their performance pertaining to quality of instruction and student learning.

*Annotation: This evaluation process should be incorporated into the assessment plan that is a component of the framework (see Standard 2). The program must determine the regularity with which faculty and preceptors are evaluated.*

**Standard 49** The program has a medical director who is actively involved in the program.

*Annotation: The medical director supports the program director in ensuring that both didactic instruction and clinical experiences meet current practice standards as they relate to the athletic trainer's role in providing client/patient care.*

**Standard 50** The program has administrative and technical support staff to meet its expected program outcomes and professional education, scholarship, and service goals.

**Standard 51** The available technology, the physical environment, and the equipment are of sufficient quality and quantity to meet program needs, including the following:

- 51A Classrooms and labs are of adequate number and size to accommodate the number of students, and they are available for exclusive use during class times.
- 51B Necessary equipment required for teaching a contemporary athletic training curriculum is provided.
- 51C Offices are provided for program staff and faculty on a consistent basis to allow program administration and confidential student counseling.
- 51D The available technology is adequate to support effective teaching and learning.

*Annotation: If a program incorporates remote learning or multi-campus locations, the evidence of compliance should describe how these standards are met at all locations.*

**Standard 52** The program's students have sufficient access to advising, counseling services, health services, disability services, and financial aid services.

*Annotation: Availability of student support services at remote locations (for example, during clinical experiences) must be comparable to those for students located on campus.*

**Standard 53** Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes.

*Annotation: Funding must be available for expendable supplies, equipment maintenance and calibration, course instruction, operating expenses, faculty professional development, and capital equipment.*

#### SECTION IV: CURRICULAR CONTENT

##### **Prerequisite Coursework and Foundational Knowledge**

**Standard 54** The professional program requires prerequisite classes in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level.

*Annotation: The program determines the classes that meets these standards and supports the program's curricular plan. Additional prerequisite coursework may be required as determined by the program.*

**Standard 55** Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

*Annotation Foundational knowledge areas can be incorporated as prerequisite coursework, as a component of the professional program, or both.*

**The professional program content will prepare the graduate to do the following:**

- **Core Competencies**
- **Core Competencies: Patient-Centered Care**

**Standard 56** Advocate for the health needs of clients, patients, communities, and populations.

*Annotation: Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.*

**Standard 57** Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

**Standard 58** Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

**Standard 59** Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.

**Standard 60** Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

**Core Competencies: Interprofessional Practice and Interprofessional Education**

**Standard 61** Practice in collaboration with other health care and wellness professionals.

**Core Competencies: Evidence-Based Practice**

**Standard 62** Provide athletic training services in a manner that uses evidence to inform practice.

*Annotation: Evidence-based practice includes using best research evidence, clinical expertise, and patient values and circumstances to connect didactic content taught in the classroom to clinical decision making.*

**Core Competencies: Quality Improvement**

**Standard 63** Use systems of quality assurance and quality improvement to enhance client/patient care.

**Core Competencies: Health Care Informatics**

**Standard 64** Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:

- Use data to drive informed decisions
- Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
- Maintain data privacy, protection, and data security
- Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)
- Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.

**Core Competencies: Professionalism**

**Standard 65** Practice in a manner that is congruent with the ethical standards of the profession.

**Standard 66** Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogen Standards
- Regulations pertaining to over-the-counter and prescription medications

**Standard 67** Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.

**Standard 68** Advocate for the profession.

*Annotation: Advocacy for the profession takes many shapes. Examples include educating the general public, public sector, and private sector; participating in the legislative process; and promoting the need for athletic trainers.*

**Patient/Client Care**

## Care Plan

**Standard 69** Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- Assessment of the patient on an ongoing basis and adjustment of care accordingly
- Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
- Consideration of the patient's goals and level of function in treatment decisions
- Discharge of the patient when goals are met or the patient is no longer making progress
- Referral when warranted

## Examination, Diagnosis, and Intervention

**Standard 70** Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
- Drug overdose (including administration of rescue medications such as naloxone)
- Wounds (including care and closure)
- Testicular injury
- Other musculoskeletal injuries

**Standard 71** Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
  - Cardiovascular system (including auscultation)
  - Endocrine system
  - Eyes, ears, nose, throat, mouth, and teeth
  - Gastrointestinal system
  - Genitourinary system
  - Integumentary system
  - Mental status
  - Musculoskeletal system
  - Neurological system
  - Pain level
  - Reproductive system
  - Respiratory system (including auscultation)
  - Specific functional tasks
  - Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

**Standard 72** Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

**Standard 73** Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

**Standard 74** Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.

**Standard 75** Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

**Standard 76** Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:

- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
- Re-examination of the patient on an ongoing basis
- Recognition of an atypical response to brain injury
- Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
- Return of the patient to activity/participation
- Referral to the appropriate provider when indicated

**Standard 77** Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate.

*Annotation: These behavioral health conditions include (but are not limited to) suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders.*

**Standard 78** Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- Durable medical equipment
- Orthotic devices
- Taping, splinting, protective padding, and casting

### **Prevention, Health Promotion, and Wellness**

**Standard 79** Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:

- Adrenal diseases
- Cardiovascular disease
- Diabetes
- Neurocognitive disease
- Obesity
- Osteoarthritis

**Standard 80** Develop, implement, and assess the effectiveness of programs to reduce injury risk.

**Standard 81** Plan and implement a comprehensive preparticipation examination process to affect health outcomes.



**Standard 82** Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.

**Standard 83** Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.

**Standard 84** Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.

**Standard 85** Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.

**Standard 86** Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.

**Standard 87** Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.

### **Health Care Administration**

**Standard 88** Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:

- Strategic planning and assessment
- Managing a physical facility that is compliant with current standards and regulations
- Managing budgetary and fiscal processes
- Identifying and mitigating sources of risk to the individual, the organization, and the community
- Navigating multipayor insurance systems and classifications
- Implementing a model of delivery (for example, value-based care model)

**Standard 89** Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

**Standard 90** Establish a working relationship with a directing or collaborating physician.

*Annotation: This standard is specific to preparing an athletic trainer to fulfill the Board of Certification Standards of Professional Practice, specifically Standard 1, "The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations."*<sup>1</sup>

**Standard 91** Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

*Annotation: Examples of daily operation policies include pharmaceutical management, physician referrals, and inventory management.*

**Standard 92** Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

**Standard 93** Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- Education of all stakeholders
- Recognition, appraisal, and mitigation of risk factors
- Selection and interpretation of baseline testing
- Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation

**Standard 94** Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.

## Glossary

- **Academic year:** Customary annual period of sessions at an institution. The academic year is defined by the institution.
- **Action plan** for correction of BOC examination pass-rate deficiency:
  - A. A review and analysis of the program's previously submitted action plans. This should include
    1. any assessment data used to evaluate the previous action plan,
    2. a discussion of strategies that have and have not worked, and
    3. any revisions that have been made to the previous action plan based on subsequent assessment data.
  - B. Analysis of the program's current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
    1. the number of students enrolled in the program in each of the past three years,
    2. the number of students who have attempted the exam in each of the past three years,
    3. the cohort-by-cohort first-time pass rate for each of the past three exam cohorts, and
    4. the three-year aggregate first-time pass rate for each of the past three years.
  - C. Projection for the program's anticipated exam outcomes for next year.

This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first-time pass rate in the next year. The analysis must include

    1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
    2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
    3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
    4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.
  - D. The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include
    1. developing targeted goals and action plans to achieve the desired outcomes,
    2. stating the time lines for reaching the outcomes, and
    3. identifying the person or persons responsible for each element of the action plan.
    4. updating the elements of the action plan as they are met or as circumstances change.
- **Adjunct faculty:** Individuals contracted to provide course instruction on a full-course or partial-course basis but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.
- **Affiliation agreement:** A formal agreement between the program's institution and a facility where the program wants to send its students for course-related and required off-campus clinical education. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. *See also* Memorandum of understanding.
- **Assessment plan:** A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of clinical education, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the framework.
- **Associated faculty:** Individuals with a split appointment between the program and another institutional entity (for example, athletics, another program, or another institutional department). These faculty members may be evaluated and assigned responsibilities by multiple supervisors.
- **Athletic trainers:** Health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.

- Athletic training clinical experiences: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. *See also* Clinical education.
- Biometrics: Measurement and analysis of physical characteristics and activity.
- Clinical education: A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences.
- Clinical site: A facility where a student is engaged in clinical education.
- Contemporary expertise: Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.
- Core faculty: Faculty with full faculty status, rights, responsibilities, privileges, and college voting rights as defined by the institution and who have primary responsibility to the program. These faculty members are appointed to teach athletic training courses, advise, and mentor students in the athletic training program. Core, full-time faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed.
- Durable medical equipment: Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.
- Electronic health record: A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.
- Evidence-based practice: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.<sup>3</sup>
- Faculty: *See* Adjunct faculty; Associated faculty; Core faculty.
- First-time pass rate on the Board of Certification examination: The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.
- Foundational knowledge: Content that serves as the basis for applied learning in an athletic training curriculum.
- Framework: A description of essential program elements and how they're connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan (including goals and outcome measures).
- Goals: Specific statements of educational intention that describe what must be achieved for a program to meet its mission.
- Graduate placement rate: Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.
- Health care providers: Individuals who hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of athletic training. These individuals may or may not hold formal appointments to the instructional faculty.

- Health care informatics: The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.<sup>4</sup>
- Health literacy: The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.<sup>5</sup>
- Immersive clinical experience: A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.
- International Classification of Functioning, Disability, and Health (ICF): A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.<sup>6</sup>
- Interprofessional education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.<sup>7</sup>
- Interprofessional practice: The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.
- Medical director: Currently licensed allopathic or osteopathic physician who is certified by an ABMS- or AOA-approved specialty board and who serves as a resource regarding the program's medical content.
- Memorandum of understanding: Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.
- Mission: A formal summary of the aims and values of an institution or organization, college/division, department, or program.
- Outcomes: Indicators of achievement that may be quantitative or qualitative.
- Patient-centered care: Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.<sup>8</sup>
- Physician: Health care provider licensed to practice allopathic or osteopathic medicine.
- Physiological monitoring systems: Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.
- Preceptor: Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be athletic trainers or physicians.
- Professionalism: Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through delivery of patient-centered care, participation as a member of an interdisciplinary team, commitment to continuous quality improvement, ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.<sup>9</sup>
- Professional preparation: The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.
- Professional program: The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two academic years.
- Professional socialization: Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.<sup>10</sup>
- Program graduation rate: Measures the progress of students who began their studies as full-time degree-seeking students by showing the percentage of these students who complete their degree within 150% of "normal time" for completing the program in which they are enrolled. Programs must post the following data for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.
- Program personnel: All faculty (core, affiliated, and adjunct) and support staff involved with the professional program.

- Program retention rate: Measures the percentage of students who have enrolled in the professional program who return to the institution to continue their studies in the program the following academic year. Programs must post the following data for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.
- Quality assurance: Systematic process of assessment to ensure that a service is meeting a desired level.
- Quality improvement: Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups.<sup>11</sup> Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and
- simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.<sup>12</sup>
- Scholarship: Scholarly contributions that are broadly defined in four categories.<sup>13</sup>
- *Scholarship of discovery* contributes to the development or creation of new knowledge.
- *Scholarship of integration* contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
- *Scholarship of application/practice* applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
- *Scholarship of teaching* contributes to the development of critically reflective knowledge associated with teaching and learning.
- Simulation: An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.<sup>14</sup> *See also* Clinical education.
- Social determinants of health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.<sup>15</sup>
- Socioeconomic status: The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.<sup>16</sup>
- Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.
- Supplemental clinical experiences: Learning opportunities supervised by health care providers other than athletic trainers or physicians. *See also* Clinical education.
- Technical standards: The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.
- Value-based care models: Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach.<sup>17</sup> CAATE 2020 Professional Standards 22

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## **Appendix E**

### **Application for Admission**

Athletic Training Education Program  
Department of Health, Exercise Science, and Secondary Education  
Lee University  
Application for Admission

Regardless of if you're entering into a January or June cohort and meet all of the following criteria, you may apply for regular admission to the Athletic Training Education Program and will be considered equitably. In the event a student is denied admission into the program for the June or January admission cycle, they are free to re-apply for the next admission cycle and will be considered equitably with all applicants.

All applicants need the following when applying within the ATCAS (Athletic Training Centralized Application Service). All application materials will be submitted online at: <http://atcas.liasoncas.org/>

In order to be considered as a candidate for the Master of Science in Athletic Training, each student must meet the following requirements:

- Complete basic application on ATCAS
- Hold a bachelor's degree from a regionally-accredited college or university with a cumulative GPA close to 3.0.
- Report scores for GRE if GPA is under 3.6 (suggested 300 for verbal and quantitative). Lee University GRE code: RA1401
- Hold a certification in appropriate Health Care Provider education (e.g. American Red Cross, American Heart Association, etc.).
- Accumulate approximately 50 hours with 1 or more Athletic Trainers with appropriate state and national licensures.
- Meet required prerequisites course work. (see application policy on page 15)
- Submit official transcripts
- Three letters of recommendation
- Complete graduate essay (instructions in "documents" section of ATCAS)

Application Process:

- Complete the application on ATCAS
- Have three professionals (at least one ATC) complete a Recommendation for Admission form and attach both forms.\*
- Submit GRE score directly to Lee University
- Submit official copies of your transcripts from all colleges attended or ensure all transcripts are verified through ATCAS.
- Compose a typewritten essay regarding your interest in athletic training as a career. Feel free to include things such as your reasons for pursuing athletic training, why you chose the athletic training program at Lee University, or where you want go with your chosen career.

## Appendix F

### **FINGERPRINTING AND BACKGROUND CHECK Athletic Training Education Program**

Prior to beginning their clinical rotation, Tennessee law requires that all students must first be fingerprinted and have a background check. This must be completed before admittance to the Athletic Training Education Program. Additionally, students are responsible for the cost of the background check and fingerprinting.

Here is the procedure:

Call the following number to register to be finger printed: 1-855-226-2937 or go to [www.L1enrollment.com](http://www.L1enrollment.com). Click on the Tennessee map – click on state fingerprinting – select non-DCS childcare/adoption provider – select Childcare-Related Worker (private) - provide the ORI number below-and go from there.

You will be asked for your ORI number – this is a code that will insure that your report will be sent to Lee University. **The Lee University ORI number is: TNCC06012.**

If you are asked for a Transaction Type or Transaction Number, use the code “DP” which indicates you are a university student.

When you are asked for the agency, indicate “Applicant Pay” since you are responsible for the cost. Applicants may pay for the transaction by debit or credit card by calling 1-855-226-2937 OR at [www.L1enrollment.com](http://www.L1enrollment.com).

**The cost of a background check is between \$50-75.**

Typically, the results should be received by Lee University in 10 business days. Please complete the procedure at least two weeks before you wish to be admitted to the Athletic Training Education Program. This time frame will allow sufficient time for the Athletic Training Education Office to process your complete application.

To find places to have your electronic fingerprints taken click on [www.L1enrollment.com](http://www.L1enrollment.com) and enter your zip code below "Find the nearest Identogo center" this will bring up a list of centers closest to your location.



## Appendix G

### STUDENT ATHLETIC TRAINER CONFIDENTIALITY AGREEMENT

Whereas, \_\_\_\_\_, hereinafter referred to as “**Student Athletic Trainer**” is enrolled in the Athletic Training Education Program at Lee University in the Department of Athletics; and

Whereas, because of the Athletic Training Student’s position in the above mentioned department, the Student Athletic Trainer is exposed to certain confidential information and/or other information regarding the Patients Medical Records and/or regarding the overall operations of the department that are of a highly confidential nature; and

Whereas, the Athletic Training Student’s has either been given this information in his or her position as an Employee and/or will be given certain information in his or her position as a Student Athletic Trainer of Lee University; and

Whereas, as an additional condition to this Athletic Training Student’s continued employment and as a part of the consideration for being an employee of Lee University and receiving compensation of various sorts from Lee University, the Student Athletic Trainer agrees that upon termination of his or her association with Lee University that the he/she shall deliver to Lee University any and all notes, records, memoranda, and/or other papers relative to Lee University’s operations and/or the specific departments operations that are of a confidential nature; and

Whereas, the Athletic Training Student further agrees not to divulge or pass on any of this confidential information to any other school, university, and/or other individual or entity for any reason without the prior written consent of Lee University; this being for the purpose of maintaining the confidentiality of information and

Whereas, the Athletic Training Student understands and agrees that to divulge any confidential information that this Athletic Training Student has and/or is aware of may result in a formal reprimand being placed in the Athletic Training Student’s file and/or may result in employment termination depending upon the specific fact circumstances and specific case; and

Whereas, all parties understand and agree that this document is executed for the purpose of furthering the educational goals and/or objectives and/or the spiritual goals and/or objectives of Lee University, its employees and/or students.

---

Signature

Date

## **Appendix H**

### **Technical Standards for Admission**

The Athletic Training Educational Program at Lee University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. These technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer as well as meet the expectations of the program's accrediting agency, CAATE.]).

All students admitted to the Athletic Training Educational Program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. **Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.**

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

1. Mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;

A combination of strength, dexterity, mobility, and coordination, sufficient postural and neuromuscular control, sensory function, and coordination to provide safe, quality care in performing standard tasks and perform appropriate physical examinations using accepted techniques and administering necessary medical treatments, accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients and respond rapidly to meet patient and situational needs;

Ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;

Ability to record the physical examination results and a treatment plan clearly and accurately;

Capacity to maintain composure and continue to function well during periods of high stress;

Perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced;

Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;

Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. The Disability Services Program will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

## Technical Standards Signature Page

Please read and sign **one** of the following certifications.

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

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

2. I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards **with certain accommodations**. I will contact the Disability Services Program to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Appendix I

### POLICY AND PROCEDURE AGREEMENT FORM

Please read the following carefully in the Lee University Athletic Training Student Handbook and check the appropriate column:

By stating “Yes” you are agreeing with and willing to abide by the stated requirements, policies and procedures found within each section of the handbook.

	Yes	No
Student Received access to Handbook on-line		
Competitive Admission policies		
Conduct & Dress policies		
Retention, continuation, completion policies		
Suspension & Grievance policies		
Communicable disease policy		
Completion/Endorsement policy		

Student should be aware that he/she shall abide by the course outline as indicated for timely graduation. Any aberrance to follow the course outline due to extracurricular involvements or lack of proper time management may yield in extension of the time for graduation or probation from the program. I understand my clinical rotations may exceed into my traditional “break” sessions. I understand my clinical rotations must be a priority above my extracurricular and employment opportunities.

I am aware that travel to my clinical sites is my financial responsibility (e.g. gas, vehicle maintenance etc).

I have read and understood thoroughly the Policy and Procedure Agreement Form and I agree to abide by the rules and regulation hence set forth.

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

\_\_\_\_\_  
Date

## Appendix J

### HEPATITIS A & B IMMUNIZATION

Athletic training students are, through specified course work and clinical experiences, are preparing for their profession. As with any health care professional preparation, there comes with patient contact during clinical education a risk of coming in contact with blood and other body fluids that may or may not be contaminated. Athletic trainers adhere to OSHA Universal Precautions which are designed to minimize the risk of contamination. Athletic Training Students will learn the risks and hazards of contamination with Hepatitis. There is, however, a risk of exposure to blood and body fluid borne pathogens and all athletic training students are required to complete the Hepatitis B series or sign a waiver declining the immunization and encouraged to receive the Hepatitis A immunization. These are available all students at Lee University through the university's Health Services.

The decision to be immunized against Hepatitis A is entirely up to each Athletic Training Student. All applicants to the MSAT at Lee University are required to complete and submit the Hepatitis A and B Immunization Form with the application for admittance to the program.

I, (print name) \_\_\_\_\_,  
have completed / will complete (circle one) the Hepatitis B series by (date) \_\_\_\_\_.

I, (print name) \_\_\_\_\_  
accept / decline (circle one) the Hepatitis A immunization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider of Hepatitis A Immunization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider of Hepatitis B Immunization

\_\_\_\_\_  
Date

## **Appendix K**

### **Primary, Affiliated, and Allied Site Policy and Procedures**

Lee University Athletics  
Lee University Health Clinic  
Alliance Physical Therapy  
Center for Sports Medicine and Orthopedics  
McCallie High School  
Ooltewah High School  
Grace High School  
Cleveland High School  
Walker Valley High School  
Bradley Central High School  
Boyd Buchanan School

# ATHLETIC TRAINING POLICY AND PROCEDURES

## OBJECTIVE

The goal of Lee University Athletic Training Staff is to insure that proper and legal medical care is provided to all student athletes. In order to accomplish this goal, the cooperation of the student athlete is needed.

## STAFF

The sports medicine staff is composed of certified athletic trainers as well as our team physicians.

Head Certified Athletic Trainer .....Jeff Mullins, ATC  
Certified Athletic Trainers .....Alex Grell, ATC  
.....Kathleen Kerecman, ATC  
Primary Care Team Physician.....Dewayne Knight, ATC, MD  
Orthopedic Surgeon Team Physician .....J.A. Dorizas, MD

In addition, the certified athletic trainers who serve as faculty members in the undergraduate athletic training program, Kelly Lumpkin PhD, ATC, and Taz Kicklighter, ATC will assist with medical coverage. Other local physicians are also associated with our staff and used on a referral basis.

## FACILITIES

The main athletic training room is located in the McKenzie Athletic Training Facility. A second athletic training room is located in Walker Arena.

Walker Arena Athletic Training Room will be used primarily during event coverage for men's and women's basketball and volleyball. Special arrangements may be made for additional use based on specific needs, i.e. early morning practice sessions.

## ATHLETIC TRAINING ROOM HOURS:

McKenzie athletic training room will be open 10:00am - 5:00pm Monday-Friday.

Treatment outside the regular hours will be arranged with the athlete. Also, practice and game schedules may also alter training room hours. These changes in hours will be posted and coaches notified.

## ATHLETIC TRAINING ROOM PHONE NUMBERS

Jeff Mullins, ATC: 423-614-8462  
McKenzie Training Room: 423-614-8527  
Dr. DeWayne Knight: 423-614-8437 (O)  
423-421-8881 (C)  
Ortho South: 423-624-6584  
Dr. Dorizas: 423-741-3376 (C)

## COORDINATION OF CARE OF INJURED OR ILL STUDENT-ATHLETES

- All student athletes who are injured or ill are required to report to an athletic trainer to receive and arrange appropriate medical attention. Lee University will not be responsible for medical expenses that were not approved and pre-arranged.
- Lee University is only financially responsible for injuries and illness that are a **direct result of athletic competition.**



## **PAYMENT OF MEDICAL EXPENSES/INSURANCE**

- Any medical or dental expenses that occur outside of athletics participation cannot be covered by the University. Illnesses that occur cannot be covered if not related to athletic participation.
- Lee University cannot be financially responsible for injuries or illnesses that occur during campus summer conditioning programs.
- Lee will only be financially responsible for treatment of injuries or illnesses by our listed team physicians. If a student athlete chooses to see a physician who is not associated with Lee, the student athlete must be pre-approved by their primary insurance policy and Lee University will only be responsible for what an in-network provider would pay.
- All medical and dental expenses from an athletic related injury or illness must have prior approval, including a written authorization slip, from an athletic trainer.
- All student-athletes are required to have personal health insurance. The University has secondary insurance on all student-athletes to cover any charges for injuries/illnesses directly related to athletic participation that the athlete's personal insurance does not pay.
- If the student-athlete's insurance is not effective or has been dropped at the time of a medical procedure, the student-athlete will be responsible for the payment.
- All student athletes' personal health insurance will be used as the first or primary insurance coverage for approved medical expenses. The University will pay secondarily any balances left after the primary insurance pays so that the parents or athletes bear no out of pocket expense for any athletic related medical procedures.

## **CONTACT LENSES AND PRESCRIBED MEDICATION:**

The athletic department will not pay for contact lenses and prescribed medication for non-athletic related medical conditions. However, if a student-athlete qualifies for the Needy Student Fund, they may apply, through the compliance office, for reimbursement.

- If it is an emergency situation and you live on campus, call Campus Safety by calling 8390. If you live off campus, call 911.
- Remember, Lee University is only responsible for injuries or illnesses that are a direct result of participation in athletics.

## **ATHLETIC TRAINING ROOM POLICIES AND PROCEDURES**

1. The Lee University athletic training room is for LU student-athletes only. It is not for the use of the general student body, family, or friends. Non-athletes should not be brought into athletic training room for injury evaluations or treatment.
2. No athlete will compete or practice without pre-participation clearance from the team physician. Also, no athlete will compete or practice without all the required forms filled out completely.
3. No cleats or dirty gear is to be worn in the athletic training room.
4. Please shower before coming in for treatment.
5. Come to the athletic training room properly dressed for treatment. If the injury is to the lower body, shorts must be worn. If it is an upper body injury, a T-shirt will be needed. Proper dress is required for treatment.
6. Come to the athletic training room in plenty of time to receive treatment or get taped. We will not be rushed because you are. Being in the Athletic Training room is no excuse to be late or miss practice and/or game.
7. Report every injury – no matter how small it may seem. **DO NOT HELP YOURSELF.** Wait until an athletic trainer can help you.
8. Any injuries/problems suffered by the athlete must be communicated to an ATC in a sufficient amount of time prior to next practice or competition. Delaying treatment could cause more damage
9. Instructions given by ATC(s) regarding participation during an injury must be followed. **NO EXCEPTIONS!!!**
10. Injuries not sustained as a result of team functions **will not** be the responsibility of the LU Athletic Department.
11. In order for LU's secondary insurance policy to be valid, you must be referred to a physician by a staff ATC.
12. Wait your turn. Not everyone can be helped at once.
13. The training room is not a players' lounge. You should only be in the training room to receive treatment or first aid.
14. Taking something from the training room without the permission of an athletic trainer is grounds for disciplinary action.
15. Absolutely no unauthorized use of rehab, therapy, athletic training equipment, tools, or supplies. Utilize equipment with care and return to its proper place when no longer in use.
16. No food or drink of any kind allowed in the treatment/rehab area.
17. Athletic Training Students shall be treated as a staff member.

***THANK YOU FOR YOUR ASSISTANCE AND EFFORT IN FOLLOWING THESE RULES***

## **CONFIDENTIALITY**

Athletic Training is an Allied Health Care profession. Therefore, whenever student-athlete medical records are retained or initiated, confidentiality must be maintained according to the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Medical records shall not be left unattended, removed from the athletic training room, or copied without the Student-Athlete's written permission. At no time should there be discussion about an injury or injured Student-Athlete with anyone other than the medical staff. This includes parents, roommates, professors, media, other coaches, and community members. All Athletic Training Staff must always be aware of their surroundings and other persons present before discussing any confidential information.

## **SUBSTANCE ABUSE POLICY AND GUIDELINES**

Lee University is committed to providing a healthy and safe environment for its student-athletes, coaches and staff. The abuse of alcohol or drugs by L.U. student-athletes, coaches and staff will not be condoned or tolerated. It is the responsibility of the athletic staff and coaches to see alcohol abuse and drug use does not occur and if it does, to see those involved are identified and referred for counseling to prevent further use or abuse.

Alcohol and illicit drugs can have a detrimental effect on the student-athlete's health and performance. Anabolic steroids, considered to be a performance enhancer, have been proven to be detrimental to the student-athlete's health. The NCAA, and all sports federations ban steroids. The use of anabolic steroids by Lee student-athletes is prohibited. The health and welfare of the student-athletes, coaches and staff is of paramount concern to the Lee University Athletic

Department. It is the association's commitment to provide an alcohol and drug-free environment. In order to meet this commitment, this comprehensive alcohol and drug usage policy and program has been developed and implemented.

### **OBJECTIVES**

1. Provide an alcohol and drug free environment.
2. Educate student-athletes, coaches and staff members about the physical, social, psychological, financial and legal problems associated with alcohol abuse and drug use.
3. Identify student-athletes, coaches or staff members who are abusing alcohol or drugs and assure prompt counseling and treatment.
4. Provide a program to assist individuals who use or abuse drugs or alcohol to recognize their problem and be referred for counseling and rehabilitation.

## SITE SPECIFIC EMERGENCY CARE PLANS

### BASEBALL FIELD

Initiate 911 first, then dial 4444 (Campus Safety) for on-campus emergencies  
McKenzie Athletic Training Center 614-8462 or 8462 on-campus

#### Procedures for Activating Emergency Plan

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
2. If a certified first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The student athletic trainer and first-aider may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait third base line on 23<sup>rd</sup> St. to flag down and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

#### Directions to Baseball Field

The Baseball field is located across from American Uniform Factory and behind Ocoee Middle School off of Ocoee St. and on 23<sup>rd</sup> St. Direct ambulance to third base line and make sure the gate is unlocked and opened.

When an **EMERGENCY** has been declared at the **BASEBALL FIELD** and an ambulance is needed during an athletic event the following protocol should be followed as closely as possible.

1. **On Field Evaluation:** Certified Athletic Trainer: assisted by Student Athletic Trainer (SAT)  
Retrieval of splints, ice bags, etc.
2. **Call 911** Head Coach: Mark Brew
  - Use athletic trainer's cell phone or office phone in home locker room
  - Location: across from American Uniform on the southwest corner of 23<sup>rd</sup> and Parker Street
  - Ambulance access through double gates by visitor's dugout on 3<sup>rd</sup> base line
  - Provide pertinent information to dispatcher
3. **Team Control** Assistant Coach:  
Direct athletes away from injured player
4. **Crowd Control** Campus Safety: Keep crowd off field  
Athletic Director: Keep relatives off field, but aware of situation
5. **Contact Parents** AD/Head Coach: Larry Carpenter or Mark Brew
  - In life threatening situation call parents (home numbers in medical kit)

- In non-life-threatening situation let the athlete call home

**6. Contact Team Physician**

Supervising Athletic Trainer: Jeff Mullins

- DeWayne Knight 423-421-8881

**7. Direct Paramedics**

Campus Safety:

Stand at 23<sup>rd</sup> St. to flag down EMTs and make sure 3<sup>rd</sup> base gate is open

**8. Hospital**

GA/SAT and/or Parents:

- Call on duty ATC ASAP with medical status
- Provide necessary medical insurance information (in medical kit)

*If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP*

**SOFTBALL FIELD**

Initiate 911 first, then dial 4444 (Campus Safety) for on-campus emergencies  
McKenzie Athletic Training Center 614-8462 or 8462 on-campus

**Procedures for Activating Emergency Plan**

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
2. If a certified first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The student athletic trainer and first-aider may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait at 13<sup>th</sup> St. to flag down EMTs and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

**Directions to Softball Field**

The softball field is located on the southwest corner of 18<sup>th</sup> St. and Parker St. Make sure the gate on first base line off of 18<sup>th</sup> St. is unlocked and opened.

When an **EMERGENCY** has been declared at the **SOFTBALL FIELD** and an ambulance is needed during an athletic event the following protocol should be followed as closely as possible.

**1. On Field Evaluation**

Certified Athletic Trainer: assisted by SAT

Retrieval of splints, ice bags, etc.

**2. Call 911**

Head Coach: Emily Russell

- Use Athletic Trainer’s cell phone or O’Bannon Hall phone
- Location – corner of 18<sup>th</sup> St. and Parker St.

- Give information of situation to operator (airway, breathing, circulation, deformities, etc.)

3. **Team Control** Assistant Coach:  
Direct athletes away from injured player
4. **Crowd Control** Campus Safety: Keep crowd off field  
Athletic Director: Keep relatives off field, but aware of the situation
5. **Contact Parents** AD or Head Coach: Larry Carpenter or Emily Russell
  - In life threatening situation call parents (home numbers in medical kit)
  - In non-life-threatening situation let the athlete call home
6. **Contact Team Physician** Supervising Athletic Trainer: Alex Grell
  - Dr. DeWayne Knight 423-421-8881
7. **Direct Paramedics** Campus Safety:
  - Make sure 1st base gate is open
  - Stand at 18<sup>th</sup> St. to flag down ambulance
8. **Hospital** GA/SAT and/or Parents:
  - Call on duty ATC ASAP with medical status
  - Provide necessary medical insurance information (in medical kit)

*If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP*

## **SOCCER FIELD**

Initiate 911 first, then dial 4444 (Campus Safety) for on-campus emergencies  
McKenzie Athletic Training Building 614-8462 or 8462 on-campus

### **Procedures for Activating Emergency Plan**

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
2. If a first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The first-aider and student athletic trainer may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait by the corner of 8<sup>th</sup> and Parker to flag down EMTs and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

### **Directions to the Soccer Field**

The field is located on the northwest corner of 8<sup>th</sup> St. and Parker St. There are no gates and ambulance accessibility is optimal of all sides.

When an **EMERGENCY** has been declared at the **SOCCER FIELD** and an ambulance is needed during an athletic event the following protocol should be followed as closely as possible.

1. **On Field Evaluation**                      Certified Athletic Trainer: assisted by SAT  
Retrieval of splints, ice bags, etc.
  
2. **Call 911**                                      Head Coach: Matthew Yelton or Paul Furey
  - Use Athletic Trainer’s cell phone or Livingston Hall
  - Location – Corner of 8<sup>th</sup> and Parker
  - Give information of situation to operator (airway, breathing, circulation, deformities, etc.)
  
3. **Team Control**                              Assistant Coach:  
Direct athletes away from injured              player
  
4. **Crowd Control**                              Campus Safety: Keep crowd off field  
Athletic Director: Keep relatives off field, but aware of situation
  
5. **Contact Parents**                              AD or Head Coach: Larry Carpenter, Matthew Yelton  
or Paul Furey
  - In life threatening situation call parents (home numbers in medical kit)
  - In non-life-threatening situation let the athlete call home
  
6. **Contact Team Physician**                      Supervising Athletic Trainer: Jeff Mullins or Kathleen Kerecman
  - Dr. DeWayne Knight              423-421-8881
  
7. **Direct Paramedics**                              Campus Safety: Standing at corner of 8<sup>th</sup> and Parker to flag down ambulance
  
8. **Hospital**    GA/SAT and/or Parents:
  - Call on duty ATC ASAP with medical status
  - Provide necessary medical insurance information (in medical kit)

*If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP*

## TENNIS COURTS

Initiate 911 first, then dial 4444(Campus Safety) for on-campus emergencies  
McKenzie Athletic Training Building 614-8462 or 8462 on-campus

### Procedures for Activating Emergency Plan

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
2. If a first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The first-aider and student athletic trainer may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait at 15<sup>th</sup> St. to flag down and instruct EMTs where to go. Make sure that the area is clear and the ambulance will have plenty of space.
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

### Directions to Tennis Courts

The Tennis Courts are located west of Parker St. on 15<sup>th</sup> St.

When an **EMERGENCY** has been declared at the **TENNIS COURTS** and an ambulance is needed during an athletic event the following protocol should be followed as closely as possible.

1. **On Field Evaluation**                      Certified Athletic Trainer: assisted by SAT  
Retrieval of splints, ice bags, etc.
2. **Call 911**                                      Head Coach: Patric Hynes
  - Use Athletic Trainer's cell phone or Recreation Center phone
  - Location – on 15<sup>th</sup> St. off Parker St.
  - Give information of situation to operator (airway, breathing, circulation, deformities, etc.)
3. **Team Control**                              Assistant Coach:  
Direct athletes away from injured            player
4. **Crowd Control**                              Campus Safety: Keep crowd off playing field  
Athletic Director: Keep relatives off field, but aware of situation
5. **Contact Parents**                              AD or Head Coach: Larry Carpenter or Patric Hynes
  - In life threatening situation call parents (home numbers in medical kit)
  - In non-life-threatening situation let the athlete call home
6. **Contact Team Physician**                      Supervising Athletic Trainer: Kathleen Kerecman
  - Dr. DeWayne Knight 423-421-8881
7. **Direct Paramedics**                              Campus Safety: Stand in parking lot entrance of recreation center off 15<sup>th</sup> St.



## 8. Hospital

### GA/SAT and/or Parents:

- Call on duty ATC ASAP with medical status
- Provide necessary medical insurance information (in medical kit)

*If no ambulance is needed: SAT/GA or parent to drive. Call field on duty ATC ASAP*

## WALKER ARENA

Initiate 911 first, then dial 4444 (Campus Safety) for on-campus emergencies  
McKenzie Athletic Training Building 614-8462 or 8462 on-campus

### Procedures for Activating Emergency Plan

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and **do not move athlete** until responsiveness and degree of injury are assessed.
2. If a first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The first-aider and student athletic trainer may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait in gym parking lot across from the Humanities Center on Parker St. to flag down the EMTs and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

### Direction to Walker Arena

The Arena is located across from the Humanities Center, which is located on 13<sup>th</sup> St. and Parker St.

When an **EMERGENCY** has been declared at **WALKER ARENA** and an ambulance is needed during an athletic event the following protocol should be followed as closely as possible.

#### 1. On Field Evaluation

Certified Athletic Trainer: assisted by SAT  
Retrieval of splints, ice bags, etc.

#### 2. Call 911

Head Coach: Andrea Hudson, Tommy Brown or Marty Rowe

- Use Athletic Trainer's cell phone or hall phone by athletic offices
- Location – Parking lot across from Humanities Center near 13<sup>th</sup> St. and Parker St.
- Give information of situation to operator (airway) breathing, circulation, deformities, etc.)

#### 3. Team Control

Assistant Coach:  
Direct athletes away from injured player



When an **EMERGENCY** has been declared at the **CARROLL COURTS** and an ambulance is needed during an athletic event the following protocol should be followed as closely as possible.

- 1. On Field Evaluation**                      Certified Athletic Trainer: assisted by SAT  
Retrieval of splints, ice bags, etc.
  
- 2. Call 911**                                      Head Coach: Matthew Yelton or Paul Furey
  - Use Athletic Trainer’s cell phone or Carroll Courts lobby phone
  - Location – corner of 18<sup>th</sup> St. and Parker St.
  - Give information of situation to operator (airway, breathing, circulation, deformities, etc.)
  
- 3. Team Control**                                Assistant Coach:  
Direct athletes away from injured            player
  
- 4. Crowd Control**                              Campus Safety: Keep crowd off field  
Athletic Director: Keep relatives off field, but aware of the situation
  
- 5. Contact Parents**                            AD or Head Coach: Larry Carpenter or Matthew Yelton  
or Paul Furey
  - In life threatening situation call parents (home numbers in medical kit)
  - In non-life-threatening situation let the athlete call home
  
- 6. Contact Team Physician**                Supervising Athletic Trainer: Jeff Mullins or Kathleen Kerecman
  - Dr. DeWayne Knight      423-421-8881
  
- 7. Direct Paramedics**                        Campus Safety:
  - Stand off Cherry St. to flag down EMTs
  
- 8. Hospital**                                      GA/SAT and/or Parents:
  - Call on duty ATC ASAP with medical status
  - Provide necessary medical insurance information (in medical kit)

*If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP*

## **EMERGENCY PLAN WHILE TRAVELING**

### **Hotel Emergencies**

- In the event of an emergency while at your hotel, please assist student-athlete to the best of your ability in the absence of medical staff. Notify medical staff immediately to assist in emergency if available.
- Inform front desk of your hotel that you have an emergency and you need EMS
- All coaches/ATC should have each student-athletes insurance information and emergency information with them during travel.
- If the hospital visit requires the student-athlete to stay longer than the trip was planned, a member of the coaching staff must stay with the student-athlete.
- Call the ATC/Head Coach in charge of that team, if not available, to tell them what happened and what is going to be done with the athlete. Also, contact the Director of Athletics (Larry Carpenter) to notify them of the situation. If AD cannot be reached, contact Assistant AD Andrea Hudson, or Compliance Director Paul Cretton.

### **Bus Travel Emergencies**

- In the event of an accident involving bus transportation of the team, i.e. a wreck. Please assist the student-athletes to the best of your ability as long as it is safe to do so.
- Triage injured student-athletes, dealing with the most serious injuries first.
- Notify EMS through 911 and let them know what happened including types of injuries, how many injured, and what is currently being done for the injured.
- A member of the coaching or medical staff, if possible, must go to the hospital with injured, and stay with athlete until parents or guardians arrive.
- Coaches and medical staff should have each student-athletes insurance information and emergency information with them during travel.
- After EMS has been notified a member of staff should notify the Athletic Director Larry Carpenter immediately to notify him of the situation. The AD can then notify the appropriate people on campus, including media. If AD is unavailable, then the chain of contact will consist of the Assistant AD Andrea Hudson, or Compliance Director.

## LIGHTING SAFETY POLICY

Lightening is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The Athletic Training staff has developed a lightning safety policy to minimize the risk of injury from a lightning strike to Lee University athletes, coaches, support staff and fans. To monitor lightning the Athletic Training Staff will utilize both the Flash-to-Bang Method and a portable weather radar device. They will also make use of weather.com by phone or Wi-Fi transmission. Our policy is in accordance with the *2012-2013 NCAA Sports Medicine Handbooks* and the *2012 NATA Position Statement for Lightening Safety*.

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

Two subsequent readings on the radar device (DTN weather radar) in the 8-20 mile range regardless of the presence of visible lightning. (This device is portable and will be in the possession of the athletic training staff member or supervising coach) and/or

Utilization of the **Flash-to-Bang Method** (Count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away, in miles, the lightning is occurring.) (*2011-2012 NCAA Sports Medicine Handbook*). If it reveals lightning to be within 6 miles (a 30 second count between the flash of lightning and the bang of thunder) activity is to be suspended and everyone should seek shelter immediately.

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

**Announcement Of Suspension Of Activity:** Once it is determined that there is danger of a lightning strike, the Athletic Training staff member will notify the head coach and/or official and subsequently immediately remove all athletes, coaches, and support staff from the playing field or practice area/facility. PA announcement to fans

**Evacuation Of The Playing Field:** Immediately following the announcement of suspension of activity all athletes, coaches, officials and support personnel are to evacuate to the nearest enclosed grounded structure.

**Outdoor Instructions:** If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees, a dry ditch without water, or seek a flat area (do not chose an open area where you will be the highest object.) When there, crouch down wrapping your arms around your knees and lower your head to minimize contact with the ground and wait for the storm to pass. (*2011-2012 NCAA Sports Medicine Handbook*).

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

### At Lee University

#### Soccer Game Field Lee University

- Athletes: Evacuate to their locker room (in front of Squires Library)
- Soccer visiting athletes: Evacuate to the dormitories across the street from their bench (Livingston Hall East). This includes Athletic Training staff, coaches, and officials
- Fans: evacuate to Squires Library or their vehicles

#### Soccer Practice Field

- All: Evacuate to shelter at the Lee U Married Students Dormitory or vehicles

#### Softball Practice/Game

- All athletes: Evacuate to Lee Athletics GA House and announcers tower
- Fans: Evacuate to adjacent O'Bannon-Bowdle Dormitory/Hall or their vehicles

### **Baseball Practice/Game**

- Lee University athletes: Evacuate to their locker room. This includes all Athletic Training Staff, coaches, and officials.
- Baseball visiting athletes: Evacuate to the refreshment booth building
- Fans: Evacuate to adjacent school building (Ocoee Middle School) or their vehicles

### **Tennis Practice/Game**

- All athletes, coaches and officials: Evacuate to the DeVos Recreation Facility adjacent to the tennis courts and sand volleyball court.
- Fans: As needed remaining staff, fans may also overflow to the DeVos Recreation Facility across from the tennis complex or to their vehicles

### **Cross Country Race or Practice:**

- Nearest suitable structure. (see above for outdoor instructions)

### **Golf venues:**

- Nearest suitable structures. (see above for outdoor instructions)

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

**Evacuation Of The Stands:** During a competition, once the decision to suspend activity has been made, a representative of the athletic department will announce via the PA system:

Fans are advised to immediately seek shelter in the nearest enclosed, grounded shelter. (Soccer-Squires Library/vehicles, Softball-O'Bannon/Bowdle Hall/vehicles, Baseball-Ocoee Middle School/vehicles, Tennis-DeVos Recreation Facility/vehicles)

REMEMBER: An automobile, golf cart, or open-sided shelter may not protect you from a lightning strike so these are not adequate shelters.

**Resumption of Activity:** during practice, activity may resume under the following conditions. This decision will be based on:

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

### **Other Lightning Safety Tips:** (2012-2013 NCAA Sports Medicine Handbooks)

1. There should be no contact with metal objects (bleachers, fences, golf clubs, bats)
2. Avoid single or tall trees, tall objects and standing in a group.

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

### **Directions For Using The DTN Radar & Lightning Detector**

1. Prior to practice or competition, monitor weather forecast via the Internet or by calling local agencies for up to date information.
2. Check for any National Weather Service-issued thunderstorm “watches” and “warnings”.
3. Monitor the weather for the following: sudden decrease in temperature, increase in air movement, sudden increase in humidity, visible dark clouds (though these do not have to be present for a lightning strike to occur).
4. Communicate with officials and/or coach prior to activity about potential for bad weather and our monitoring system.
5. Locate the DTN Lightning/Storm Detector in an area removed from other electronic devices or machinery, which could cause a false triggering.
6. When lightning is within 20 miles, the game officials will be notified. If appropriate the tarp should be placed at that time.
7. Activity will be suspended when:
  - o DTN weather radar or other portable device registers 2 strikes within 8-20 mile range
  - o The Flash-to-Bang Method reveals lightning within a 6 mile range (30 second or less count between the flash of lightning and the bang of thunder.
8. Once you have determined that there is imminent danger of a lightning strike, communicate to the head coach and/or head official.
9. Evacuate the field and stands in an enclosed-grounded building. REMEMBER, a golf cart, automobile, or open shelter does not provide protection from a lightning strike. If there is no available shelter i.e. cross-country, each individual should seek an area that is flat and in the open. Crouch down wrapping your arms around your knees and remain in that position until the danger of lightning is passed.
10. Activity may be resumed only IF the danger of a lightning strike is no longer present and no lightning strikes have occurred within the 20 mile range in 30 minutes. This decision to resume activity is to be made by a member of the Athletic Training Staff, athletic Director or Head Official.

### **FLASH – to – BANG Lightning Detection Method**

This method of lightning detection should be used in conjunction with the DTN or other radar system.

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

6. Activity is resumed with the permission of a member of the Athletic Training Staff 30 minutes after the last lightning detected at or within 6 miles.

### **Script For Conversation With Official**

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

### **Chain of Action for Lightning Emergencies Athletic Training Staff Member Monitors Weather**

#### LIGHTNING STRIKE

Imminent Danger Detected

Signal to Players to suspend activity      PA Announcement to Fans → Appropriate shelter

Evacuate Players, Coaches, Officials      Evacuate Fans and Support Staff

### **Athletic Training Staff Monitor Lightning**

If safe resume activity

If danger remains cancel activity

### **Pa Announcement During Inclement Weather**

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

#### **At Lee University**

- Soccer Game Lee University athletes: Evacuate to their locker room (in front of Squires Library)  
Soccer visiting athletes: Evacuate to the dormitories across the street from their bench (Livingston Hall East). This includes Athletic Training staff, coaches, and officials.
- Soccer fans at the soccer game site should evacuate to Squires Library or their vehicles
- Soccer Practice: Evacuate to shelter at the Lee U Married Students Dormitory
- Softball Practice/Game all athletes: Evacuate to Lee Athletics GA House and announcers tower
- Softball fans at game site should evacuate to adjacent O'Bannon-Bowdle Dormitory/Hall
- Baseball Practice/Game Lee University athletes: Evacuate to their locker room. This includes all Athletic training staff, coaches, and officials.
- Baseball visiting athletes: Evacuate to the refreshment booth
- Baseball fans at baseball site should evacuate to adjacent school building (Ocoee Middle School) or their vehicles
- Tennis Practice/Games all athletes: Evacuate to the DeVos Recreation Facility. This includes all Athletic Training staff, coaches and officials. If needed remaining staff, visitors may overflow to the DeVos Recreation Facility across from the tennis complex.
- Cross Country Race or Practice: Nearest suitable structure. (see above for outdoor instructions)
- Golf venues: Nearest suitable structures as above see outdoor instructions)

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

Thank you for your cooperation.

### **COMPLIANCE STATEMENT FOR ALL ATHLETIC DEPARTMENT PERSONNEL**



As a member of the Lee University Athletic Department, I attest that I have read, understand, and will adhere to the Lee University Athletic Department Lightning safety Policy.

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
Date: \_\_\_\_\_

## Lee University Athletic Department Policies & Procedures

### Lighting Safety Policy

Lightening is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The Athletic Training staff has developed a lightning safety policy to minimize the risk of injury from a lightning strike to Lee University athletes, coaches, support staff and fans. To monitor lightning the Athletic Training Staff will utilize both the Flash-to-Bang Method and a portable weather radar device. They will also make use of weather.com by phone or Wi-Fi transmission. Our policy is in accordance with the *2012-2013 NCAA Sports Medicine Handbooks* and the *2012 NATA Position Statement for Lightening Safety*.

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

- Two subsequent readings on the radar device (DTN weather radar) in the 8-20 mile range regardless of the presence of visible lightning. (This device is portable and will be in the possession of the athletic training staff member or supervising coach) and/or
- Utilization of the **Flash-to-Bang Method** (Count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away, in miles, the lightning is occurring.) (*2011-2012 NCAA Sports Medicine Handbook*). If it reveals lightning to be within 6 miles (a 30 second count between the flash of lightning and the bang of thunder) activity is to be suspended and everyone should seek shelter immediately.

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

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

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

**OUTDOOR INSTRUCTIONS:** If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees, a dry ditch without water, or seek a flat area (do not chose an open area where you will be the highest object.) When there, crouch down wrapping your arms around your knees and lower your head to minimize contact with the ground and wait for the storm to pass. (*2011-2012 NCAA Sports Medicine Handbook*).

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

At Lee University

- Soccer Game Field Lee University athletes: Evacuate to their locker room (in front of Squires Library)  
Soccer visiting athletes: Evacuate to the dormitories across the street from their bench (Livingston Hall East). This includes Athletic Training staff, coaches, and officials.
- Soccer fans at the soccer game site should evacuate to Squires Library or their vehicles
- Soccer Practice Field: Evacuate to shelter at the Lee U Married Students Dormitory or vehicles
- Softball Practice/Game all athletes: Evacuate to Lee Athletics GA House and announcers tower
- Softball fans at game site should evacuate to adjacent O'Bannon-Bowdle Dormitory/Hall or their vehicles
- Baseball Practice/Game Lee University athletes: Evacuate to their locker room. This includes all Athletic Training Staff, coaches, and officials.
- Baseball visiting athletes: Evacuate to the refreshment booth building
- Baseball fans at baseball site should evacuate to adjacent school building (Ocoee Middle School) or their vehicles
- Tennis Practice/Game all athletes, coaches and officials evacuate to the DeVos Recreation Facility adjacent to the tennis courts and sand volleyball court.
- Tennis fans: As needed remaining staff, fans may also overflow to the DeVos Recreation Facility across from the tennis complex or to their vehicles
- Cross Country Race or Practice: Nearest suitable structure. (see above for outdoor instructions)
- Golf venues: Nearest suitable structures as above see outdoor instructions)

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

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

1. Fans are advised to immediately seek shelter in the nearest enclosed, grounded shelter.  
(Soccer-Squires Library/vehicles, Softball-O'Bannon/Bowdle Hall/vehicles, Baseball-Ocoee Middle School/vehicles, Tennis-DeVos Recreation Facility/vehicles)
2. REMEMBER: An automobile, golf cart, or open-sided shelter may not protect you from a lightning strike so these are not adequate shelters.

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

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

**OTHER LIGHTNING SAFETY TIPS:** (2012-2013 NCAA Sports Medicine Handbooks)

1. There should be no contact with metal objects (bleachers, fences, golf clubs, bats)
2. Avoid single or tall trees, tall objects and standing in a group.
3. If there is no other shelter you may seek refuge in a hardtop vehicle. It is not the rubber tires that protect from lightning; it is the hard top metal roof that dissipates the lightning around the vehicle. Roll up the windows. Do not touch the sides of the vehicle.

4. The existence of blue skies and/or absence of rain are not protection from lightning. Lightning can strike 10 miles from the rain shaft.
5. DONOT LE FLAT ON THE BROUND
6. Avoid using a land line telephone. Cell phones are a safe alternative if in a safe structure
7. Avoid standing water and open fields
8. If in a forest, seek shelter in a low area under a thick grove of small trees.
9. **If you feel your skin tingling immediately crouch and grab your legs and tuck your head as described above to minimize your body's surface area.**
10. **Persons who have been struck by lightning do not carry an electrical charge. Therefore, enact the EMS system and provide emergency care. CPR with and AED is what is most often required.** If possible, move the victim to a safe location.
11. **For additional information see National Lightning Safety Institute at [www.lightningsafety.com](http://www.lightningsafety.com)**

#### DIRECTIONS FOR USING THE DTN RADAR & LIGHTNING DETECTOR

1. Prior to practice or competition, monitor weather forecast via the Internet or by calling local agencies for up to date information.
2. Check for any National Weather Service-issued thunderstorm "watches" and "warnings".
3. Monitor the weather for the following: sudden decrease in temperature, increase in air movement, sudden increase in humidity, visible dark clouds (though these do not have to be present for a lightning strike to occur).
4. Communicate with officials and/or coach prior to activity about potential for bad weather and our monitoring system.
5. Locate the DTN Lightning/Storm Detector in an area removed from other electronic devices or machinery, which could cause a false triggering.
6. When lightning is within 20 miles, the game officials will be notified. If appropriate the tarp should be placed at that time.
7. Activity will be suspended when:
  - o DTN weather radar or other portable device registers 2 strikes within 8-20 mile range
  - o The Flash-to-Bang Method reveals lightning within a 6 mile range (30 second or less count between the flash of lightning and the bang of thunder.
8. Once you have determined that there is imminent danger of a lightning strike, communicate to the head coach and/or head official.
9. Evacuate the field and stands in an enclosed-grounded building. REMEMBER, a golf cart, automobile, or open shelter does not provide protection from a lightning strike. If there is no available shelter i.e. cross-country, each individual should seek an area that is flat and in the open. Crouch down wrapping your arms around your knees and remain in that position until the danger of lightning is passed.
10. Activity may be resumed only IF the danger of a lightning strike is no longer present and no lightning strikes have occurred within the 20 mile range in 30 minutes. This decision to resume activity is to be made by a member of the Athletic Training Staff, athletic Director or Head Official.

#### FLASH – to – BANG Lightning Detection Method

This method of lightning detection should be used in conjunction with the DTN or other radar system.

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

6. Activity is resumed with the permission of a member of the Athletic Training Staff 30 minutes after the last lightning detected at or within 6 miles.

### SCRIPT FOR CONVERSATION WITH OFFICIAL

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

### **Chain of Action for Lightning Emergencies**

Athletic Training Staff Member Monitors Weather

#### LIGHTNING STRIKE

Imminent Danger Detected

Signal to Players to suspend activity

PA Announcement to Fans → Appropriate shelter

Evacuate Players, Coaches, Officials,

Evacuate Fans and Support Staff

Athletic Training Staff Monitor Lightning

If safe resume activity

If danger remains cancel activity

### PA ANNOUNCEMENT DURING INCLEMENT WEATHER

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

At Lee University

- Soccer Game Lee University athletes: Evacuate to their locker room (in front of Squires Library)  
Soccer visiting athletes: Evacuate to the dormitories across the street from their bench (Livingston Hall East). This includes Athletic Training staff, coaches, and officials.
- Soccer fans at the soccer game site should evacuate to Squires Library or their vehicles
- Soccer Practice: Evacuate to shelter at the Lee U Married Students Dormitory
- Softball Practice/Game all athletes: Evacuate to Lee Athletics GA House and announcers tower
- Softball fans at game site should evacuate to adjacent O'Bannon-Bowdle Dormitory/Hall
- Baseball Practice/Game Lee University athletes: Evacuate to their locker room. This includes all Athletic training staff, coaches, and officials.
- Baseball visiting athletes: Evacuate to the refreshment booth
- Baseball fans at baseball site should evacuate to adjacent school building (Ocoee Middle School) or their vehicles

- Tennis Practice/Games all athletes: Evacuate to the DeVos Recreation Facility. This includes all Athletic Training staff, coaches and officials. If needed remaining staff, visitors may overflow to the DeVos Recreation Facility across from the tennis complex.
- Cross Country Race or Practice: Nearest suitable structure. (see above for outdoor instructions)
- Golf venues: Nearest suitable structures as above see outdoor instructions)

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

Thank you for your cooperation.

COMPLIANCE STATEMENT FOR ALL ATHLETIC DEPARTMENT PERSONNEL

As a member of the Lee University Athletic Department, I attest that I have read, understand, and will adhere to the Lee University Athletic Department Lightning safety Policy.

Signature  
of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## ASTHMA POLICY AND PROCEDURE

### Asthma Introduction

Asthma is described as a reversible obstruction, or a temporary blockage or inflammation of the bronchial airways. Although the exact causes of asthma are unknown, several factors, including exercise, may induce an attack. An episode of asthma may exhibit difficulty in the exhalation of the lungs typically due to allergic reactions from pollution, climate, and air particles. The majority of patients will have exercised-induced bronchospasm (EIB) which usually occurs during or minutes after vigorous activity and reaches its peak 5 - 10 minutes post-activity. It typically resolves in another 20 – 30 minutes.

### Asthmatic Assessment:

#### History:

- Current Symptoms
  - Cough, wheezing, sputum production, shortness of breath, chest tightness
- Symptom Pattern
  - Perennial or Seasonal
  - Continuous or Episodic
  - Onset, Duration, Frequency
  - Diurnal Variation, Nocturnal Symptoms
  - Relation to Exercise
- Triggers
  - Viral Respiratory Infections
  - Exposure to known allergens (e.g. pollen, dust mites, animal dander)
  - Exposure to Irritants (e.g. cigarette smoke, perfume)
  - Medications (aspirin, beta-blockers)
  - Foods
  - Changes in Weather
  - Exercise
- Present Management
  - Current Medications
  - Response to Medications
- Disease Development
  - Age at onset, age at diagnosis
  - Past frequency of symptoms, exacerbations
  - History of hospital visits and admissions
  - Previous treatment and response
- Disease Impact
  - Time away from school or work
  - Effect of work, school, play
  - Limitation of physical activity
  - Associate Disorders (allergic rhinitis, sinusitis, nasal polyps, eczema)

### Physical Examination

- Pulmonary Function Testing
  - Protocol consists of 5 to 8 minutes of steady-state exercise at high intensity (75% to 80% of maximum predicted heart rate).
  - Spirometry measurements are taken every 3 minutes post-exercise (2,5,8,11,14,17,20)
    - Forced Expiratory Volume in 1 Second (FEV1)
  - A 15% decrease in FEV1 is considered a positive test.
  - Mild EIA = 15% -20% drop in FEV1
  - Moderate EIA = 20% - 30% drop in FEV1
  - Severe EIA = 30+% drop in FEV1

### Asthma Medications

Depending on the severity of asthma, medication can be taken on an as-needed basis (prn) or regularly to prevent or decrease breathing difficulty. Most of the medications fall into two major groups: quick relief medications and long-term control medications.

*Quick relief medications* are used to treat asthma symptoms or an asthma episode. The most common quick relief medications are the short-acting beta-agonists that relieve asthma symptoms by relaxing the smooth muscles around the airways. Common beta-agonists include Proventil and Ventolin (albuterol), Maxair (pirbuterol), and Alupent (metaproterenol). Atrovent (ipratropium), and anticholinergic, is a quick relief medication that opens the airways by blocking reflexes through nerves that control the smooth muscle around the airways. Steroid pills and syrups, such as Deltasone and mucus production in the airways; however, these medications take 48-72 hours to take effect.

*Long-term control medications* are used daily to maintain control of asthma and prevent asthma symptoms. Intal (cromolyn sodium) and Tilade (nedocromil) are long-term control medications, which help prevent swelling in the airways. Inhaled steroids are also long-term control medications. In addition to preventing swelling, they also reduce swelling inside the airways and may decrease mucus production. Common inhaled steroids include Vanceryl, Vanceryl DS, Beclovent and Beclovent DS (beclomethasone), Asmacort (triamcinolone), Aerobid (flunisolide), Flovent (fluticasone) and Pulmicort (budesonide). Leukotriene modifiers are new long-term control medications. They may reduce swelling inside the airways and relax smooth muscles around the airways. Common leukotriene modifiers include Accolate (zafirlukast), Ayflo (zileuton) and Singulair (montelukast). Another long-term control medication, Theophylline, relaxes the smooth muscle around the airways. Common theophyllines in oral form include Theo-Dur, Slo-Bid, Uniphyll and UniDur. Serevent (salmeterol), in inhaler form, is also a long-term control medication. As a long-acting beta-antagonist, it opens the airways in the lungs by relaxing smooth muscle around the airways.

*Inhaled medications* are delivered directly to the airways, which is useful for lung disease. Aerosol devices for inhaled medications may include the metered-dose inhaler (MDI), MDI with spacer, breath activated MDI, dry powder inhaler or nebulizer. The most commonly used inhaled medications are delivered by the MDI, with or without the spacer. There are few side-effects because the medicine goes right to the lungs and not to other parts of the body.

It is critical that the patient use the prescribed MDI correctly to get the full dosage and benefit from the medication. Unless the inhaler is used in the right manner much of the medicine may end up on the patient's tongue, the back of their throat, or in the air. Use of a spacer or holding chamber helps significantly with this problem and their use is strongly recommended. A spacer is a device that attaches to a MDI and holds the medication in its chamber long enough for the patient to inhale it in one or two slow deep breaths. This eliminates the possibility of inadequate medicine delivery from poor patient techniques.

### **Equipment:**

- **Using the Metered Dose Inhaler (MDI):**

The Lee University sports medicine staff may assist a student-athlete in the use of a prescribed MDI as follows:

- Remove the cap and hold the inhaler upright
- Shake the inhaler
- Tilt head back slightly and breathe out
- Hold the inhaler 1-2" away from mouth
- If spacer is available, place directly in mouth (Note: Spacers are useful for all patients and especially helpful for young children and older adults as well as when using inhaled steroid medicines)
- Press down on the inhaler to release the medicine as you begin to breathe in slowly
- Breathe in slowly for 3 to 5 seconds
- Hold your breath for 10 seconds to allow medicine to go deeply into lungs
- Repeat puffs as directed. Wait one minute between puffs to allow the second puff to get into the lungs
  - *Information provided by the American Academy of Family Physicians*

- **Using a Peak Flow Meter:**

1. Before each use, make sure the sliding marker or arrow on the Peak Flow Meter is at the bottom of the numbered scale (zero or the lowest number on the scale).
2. Stand up straight. Take a deep breath. Place the mouthpiece of the Peak Flow Meter into mouth, securing lips tightly around the mouthpiece., keeping the tongue away. In one breath blow out as hard and as quickly as possible. Fast hard breath vs. a slowly blowing breath until emptying out all of the air from your lungs.
3. Note the number on the scale and repeat the routine three times. (Note: if done correctly the numbers should be close together.) Record the highest and not the average.
4. Suggested measurements are to take a reading between 7:00AM – 9:00AM and between 6:00PM – 8:00PM. Record measures twice daily. Chart reading.

### **Basic Life Support Treatment for Severe Asthma:**

Patients who have progressed to severe asthma experience a combination of the following: shortness of breath (>30 respirations/min.), mental status changes (anxious, confused, combative, and drowsy), inability to speak in sentences, sweaty and unable to lie down. If the patient is not responding to or is unable to properly use their MDI, the sports medicine staff should:

- Call for EMS
- Maintain a patient airway
- Suction any secretions
- Administer oxygen therapy at 15 liters/minute with non-rebreather device
- Be prepared to assist ventilation with positive pressure ventilation with bag-valve-mask
- Administer epinephrine by a prescribed auto-injector
- Initiate early emergency transport

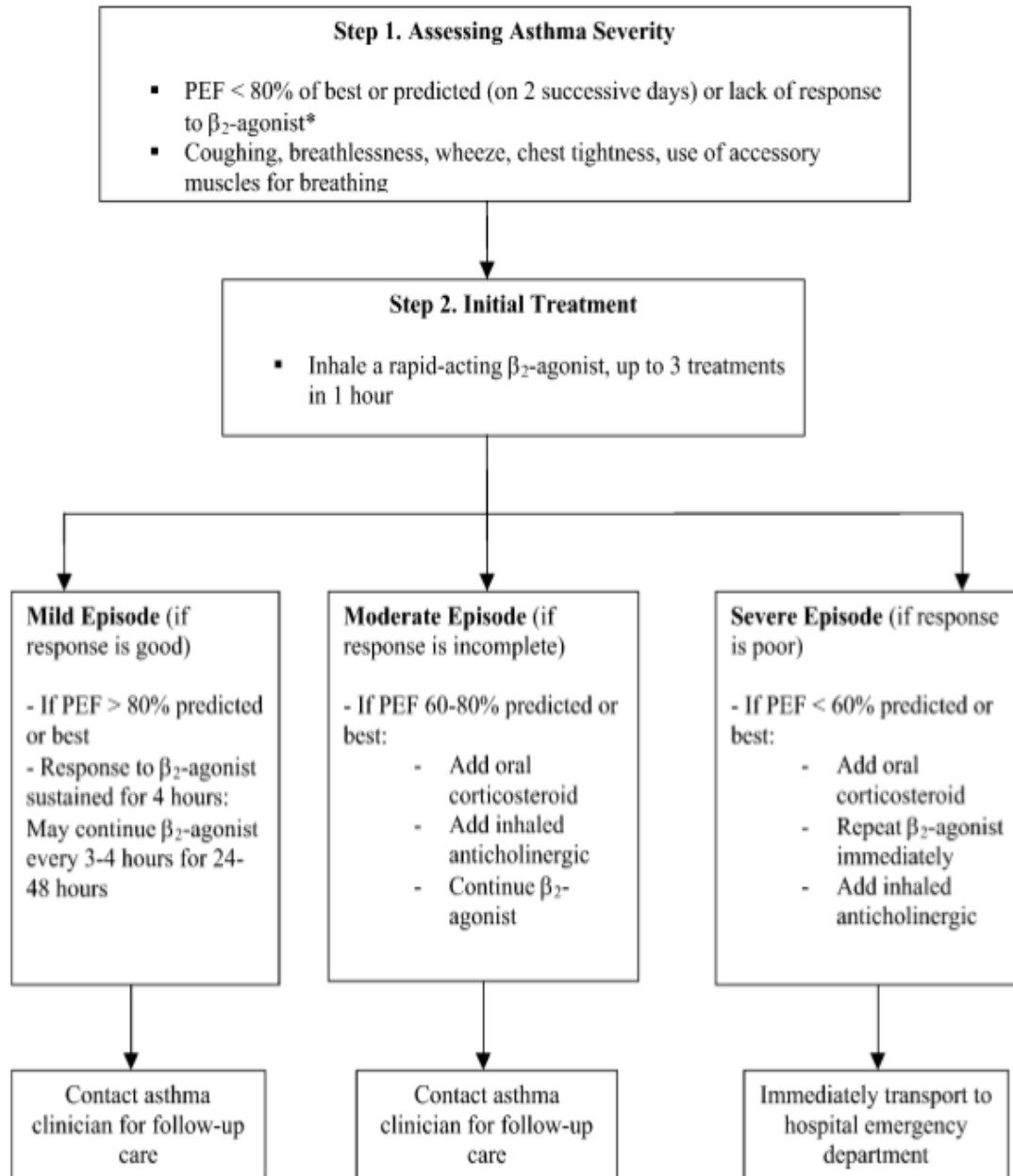
### **Procedures for Training and Testing in Use of MDI and BLS**

Personnel must complete a training session each year with review of signs and symptoms of asthma and instruction in the proper use of MDI with and without a spacer.

**Approved by:** \_\_\_\_\_, **Medical Director**    **Date:** \_\_\_\_\_



## Asthma Protocol



## EPI-PEN POLICY AND PROCEDURE

### Epinephrine Auto-Injector Introduction

Epinephrine is the drug of choice for the emergency treatment of severe allergic reactions to insect stings or bites, foods, drugs or other allergens and for basic life support treatment for severe asthma. Epinephrine mimics the responses of the sympathetic nervous system. It quickly constricts blood vessels to improve blood pressure, reduces the leakage from the blood vessels, relaxes smooth muscle in the bronchioles to improve breathing through Broncho dilation and alleviate the wheezing and dyspnea, stimulates the heartbeat, and works to reverse the swelling and hives. *The drug takes effect within seconds, but the duration of its effectiveness is short (about 10-20 minutes).*

The Lee University sports medicine staff utilizes the Epi-Pen Auto-Injector, a disposable delivery system for self-administration. The Epi-Pen has a spring activated needle that is designed to deliver a single precise dose (0.3 mg of 1:1000 solution) of epinephrine to adults when activated. The Epi-Pen Jr. has a spring activated needle that is designed to deliver a single precise dose (0.15 mg. of 1:1000 solution) of epinephrine to infants/children under 8 years old when activated. It may be necessary in very severe reactions to administer a second dose after five minutes if initial response is inadequate.

### Emergency Care for Anaphylaxis and/or Severe Asthma with Epi-Pen

The sports medicine staff should:

- Call for EMS (if not on-site or in-route)
- Maintain a patent airway
- Suction any secretions
- Administer oxygen therapy at 15 liters/minute with non-rebreather device
- Be prepared to assist ventilation with positive pressure ventilation with bag-valve-mask
- Administer epinephrine by a prescribed auto-injector
- Initiate early emergency transport

### Indications/Contraindications for Epinephrine Administration

Epinephrine should be administered if the patient exhibits signs and symptoms of a severe allergic reaction (anaphylaxis), including respiratory distress and/or shock (hypo perfusion) or severe asthma. Patients who have progressed to severe asthma experience a combination of the following: shortness of breath (>30 respirations/min.), mental status changes (anxious, confused, combative, and drowsy), inability to speak in sentences, sweaty and unable to lie down. There are no contraindications for the administration of epinephrine in a life-threatening allergic reaction or severe asthma; however, precautions should be taken with elderly patients or patients with heart disease or hypertension.

### Administration of Epinephrine

- Check the Epi-Pen to ensure the medication has not expired, has not become discolored, and does not contain particulates or sediments.
- Prep skin site with alcohol
- Remove the gray safety cap from the auto-injector
- Place the tip of the auto-injector against the lateral aspect of the patient's thigh midway between the waist and knee
- Push the injector firmly against the thigh until the spring-loaded needle is deployed and the medication is injected (at least 10 seconds)
- Dispose of the auto-injector in a biohazard container designed for sharp objects. Be careful not to prick yourself since the needle will now be protruding from the end of the injector
- Record that epinephrine was administered, the dose, and the time of administration

### Side Effects

The patient may complain of side effects following the administration of epinephrine. Possible side effects include increased heart rate, pale skin (pallor), dizziness, chest pain, headache, nausea, vomiting, excitability and anxiousness.

### **Reassessment**

Following the administration of epinephrine, it is necessary to reassess the patient. Reassessment should include continued evaluation of airway, breathing and circulatory status. Decreasing mental status, decreasing blood pressure and increasing difficulty in breathing indicate the allergic reaction or severe asthma is worsening. If the condition is worsening, consider the following interventions: injection of second dose of epinephrine if second auto-injector is available, provide emergency care for shock, be prepared to administer positive pressure ventilation with supplemental oxygen if breathing becomes inadequate, and be prepared to initiate CPR and apply AED if patient becomes pulseless.

If the patient's condition improves following administration of epinephrine, continue to perform ongoing assessments. Be aware patient may complain of side effects from the epinephrine. Conscious patients may also be administered 50 mg. diphenhydramine orally or sublingually for antihistamine effects. Continue oxygen therapy with a nonrebreather device and treat for shock if necessary.

*Any patient requiring epinephrine administration should be transported to the closest available medical facility for follow-up evaluation and treatment as soon as possible. Remember that epinephrine is short-acting (10-20 minutes) and signs and symptoms may return as drug wears off.*

### **Procedures for Training and Testing in Use of Epi-Pen Auto-Injector**

Personnel should complete a training session each year with review of signs and symptoms and emergency medical care for allergic reaction, anaphylaxis, anaphylactic shock, and severe asthma. Personnel should complete a training session each year with instruction in the proper use and maintenance of the Epi-Pen and practice with the Epi-Pen Trainer.

**Approved by:** \_\_\_\_\_, **Medical Director**    **Date:** \_\_\_\_\_

## CONCUSSION MANAGEMENT GUIDELINES

1. Lee University (LU) will require student-athletes to sign a statement in which student-athletes accept the responsibility for reporting their injuries and illnesses to the sports medicine staff, including signs and symptoms of concussions. During the review and signing process student-athletes will watch a NCAA video on concussions and be provided with educational material<sup>1</sup> on concussions.
2. LU will have on file and annually update an emergency action plan<sup>2,3,4</sup> for each athletics venue to respond to student-athlete catastrophic injuries and illnesses, including but not limited to concussions, heat illness, spine injury, cardiac arrest, respiratory distress (e.g. asthma), and sickle cell trait collapses. All athletics healthcare providers and coaches shall review and practice the plan annually. These sessions will be conducted prior to the start of the sport season. Staff will sign up with Jeff Mullins, ATC, Head Athletic Trainer. The LU compliance office will maintain a list of staff that has completed the requirements on file.
3. LU sports medicine staff members shall be empowered to determine management and return-to-play of any ill or injured student athlete, as he or she deems appropriate. Conflicts or concerns will be forwarded to Jeff Mullins, Head ATC and DeWayne Knight, MD, ATC (head team physician) for remediation.
4. LU shall have on file a written team physician-directed concussion management plan<sup>2,6</sup> that specifically outlines the roles of athletics healthcare staff (e.g., physician, certified athletic trainer, nurse practitioner, physician assistant, neuropsychologist). In addition, the following components have been specifically identified for the collegiate environment:
  - a. LU coaches will receive a copy of the concussion management plan, a fact sheet on concussions in sport, and view a video on concussions annually. The LU compliance office will maintain a list of staff that has completed the requirement on file.
  - b. LU sports medicine staff members and other athletics healthcare providers will practice within the standards as established for their professional practice (e.g., team physician<sup>7</sup>, certified athletic trainer<sup>8</sup>, physical therapist, nurse practitioner, physician assistant, neurologist<sup>9</sup>, neuropsychologist<sup>10</sup>)
  - c. LU shall record a baseline assessment<sup>6,10,11,12</sup> for each student-athlete in the sports of baseball, basketball, cheerleading, soccer, and softball, at a minimum. In addition, a baseline assessment will be recorded for student-athletes with a known history of concussion. The same baseline assessment tools should be used post-injury at appropriate time intervals. The baseline assessment should consist of the use of : 1) symptoms checklist, 2) standardized balance assessment (SAC-2) and 3) neuropsychological testing (computerized IMPACT test). Neuropsychological testing has been shown to be effective in the evaluation and management of concussion. The neuropsychological testing program should be performed in consultation with a neuropsychologist. Neuropsychological testing has proven to be an effective tool in assessing neurocognitive changes following concussion and can serve as an important component of an institution's concussion management plan. However, neuropsychological tests should not be used as a standalone measure to diagnose the presence or absence of a concussion as LU uses a comprehensive assessment by its sports medicine staff.
  - d. When a student-athlete shows any signs, symptoms, or behaviors consistent with a concussion, the athlete will be removed from practice or competition, by either a member of the coaching staff or sports medicine staff. If removed by a coaching staff member, the coach will refer the student-athlete for evaluation by a member of the sports medicine staff. During competitions, on the field of play injuries will be under the purview of the official and playing rules of the sports. LU staff will follow such rules and attend to medical situations as they arise. Visiting sport team members evaluated by LU sports medicine staff will be managed in the same manner as LU student-athletes.
  - e. A student-athlete diagnosed with a concussion will be withheld from the competition or practice and not return to activity for the remainder of that day. Student-athletes that sustain a concussion outside of their sport will be managed in the same manner as those sustained during sport activity.
  - f. The student-athlete will receive serial monitoring for deterioration. Athletes will be provided with written home instructions upon discharge; preferably with a roommate, guardian, or someone that can follow the instructions.
  - g. The student-athlete will be monitored for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, watching film, athletic meetings, working on a computer, classroom work, or taking a test. Academic advisors and



## Lee University Athletic Training and Sports Medicine

### Concussion Awareness Letter

The Lee University Athletic /Academic Counseling Departments would like to inform you that \_\_\_\_\_ sustained a concussion on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_. He/she was evaluated by C. DeWayne Knight, MD, team physician. \_\_\_\_\_ will undergo additional concussion testing today. A concussion or mild traumatic brain injury can cause a variety of physical, cognitive, and emotional symptoms. Concussions range in significance from minor to major, but they all share one common factor in that they temporarily interfere with the way your brain works. We would like to inform you that during the next few weeks this athlete may experience one or more of these signs and symptoms.

Headache	Nausea
Balance Problems	Dizziness
Diplopia-Double Vision	Confusion
Photophobia- Light Sensitivity	Difficulty Sleeping
Misophonia- Noise Sensitivity	Blurred Vision
Feeling Sluggish or Groggy	Memory Problems
Difficulty Concentrating	

As a department, we wanted to make you aware of this injury and the related symptoms that the student athlete may experience. Although the student is attending class, please be aware that the side effects of the concussion may adversely impact his/her academic performance. Any consideration you may provide academically during this time would be greatly appreciated. We will continue to monitor the progress of this athlete and anticipate a full recovery. Should you have any questions or require further information, please do not hesitate to contact us.

Thank you in advance for your time and understanding with this circumstance.

Jeff Mullins, ATC  
Head Athletic Trainer  
(423) 614-8462  
[jmullins@leeuniversity.edu](mailto:jmullins@leeuniversity.edu)

Lee University Athletic Training and Sports Medicine

Concussion Information: Home Instruction Sheet

Name \_\_\_\_\_

Date: \_\_\_\_\_

You have had a head injury or concussion and need to be watched closely for the next 24-48 hours.

<b>It is OK to:</b>	<b>There is no need to:</b>	<b>DO NOT:</b>
Use Tylenol (acetaminophen) Use an ice pack to head/neck for comfort Eat a light meal Go to sleep	Check eyes with light Wake up every hour Stay in bed	<b>Drink Alcohol</b> <b>Eat spicy foods</b> <b>Drive a car</b> <b>Use aspirin, Aleve, Advil or other NSAID products</b>

Special Recommendations: \_\_\_\_\_

**WATCH FOR ANY OF THE FOLLOWING PROBLEMS:**

Worsening Headache	Stumbling/loss of balance
Vomiting	Weakness in one arm/leg
Decreased level of Consciousness	Blurred Vision
Dilated Pupils	Increased irritability
Increased Confusion	

If any of these problems develop, call your athletic trainer or physician immediately.

Athletic Trainer \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

You need to be seen for a follow-up examination at \_\_\_\_\_ AM/PM at: \_\_\_\_\_

Recommendations provided to \_\_\_\_\_

Recommendation provided by \_\_\_\_\_

**Lee University Concussion Management Plan**

**Obtain Baseline Testing:** Symptom checklist, SCAT2, and IMPACT testing data obtained for athletes in high-risk sports for concussion (baseball, basketball, cheerleading, soccer, and softball) or with pertinent medical history of concussion.



**Concussion Identified and Assessed:** Physical examination and assessment of concussion symptoms by medical staff (athletic trainer, physician assistant and/or physician: if physician not immediately available, athlete should be referred to physician for

## Exertional Testing Protocol Following Concussion

Symptom Checklist, SCAT2, and IMPACT testing WNL



### Exertional Testing Protocol

1. 10 min on stationary bike; exercise intensity <70% maximum predicted heart rate
2. 10 min continuous jogging on treadmill; exercise intensity <70% maximum predicted heart rate
3. Strength training: (i.e. push-ups, sit-ups, squat thrusts)
4. Advanced cardiovascular training: sprint activities
5. Advanced strength training: weight lifting exercises
6. Sport specific agility drills (no risk of contact)

**If no change or increase in symptoms, move to next step.**



Non-contact practice following completion of exertional protocol

**If no change or increase in symptoms, move to next step.**



Limited to full contact practice

**If no change or increase in symptoms, final return to play decision made by medical staff.**



## Federal Medical Regulations Manual

### FIRE PREVENTION

It is essential that we at this facility have a well-coordinated plan in case of a fire or other extreme emergencies.

What is included?

#### Administration

- Make a list of the major workplace fire hazards and their proper handling and storage procedures.
- Make a list of potential ignition sources, such as welding and smoking, and the type of fire fighting equipment used to extinguish such fires.
- Make a list of the facility personnel responsible for equipment and system maintenance used in fire prevention and emergency incidents.
- Make a list of the facility personnel responsible for control of fuel source hazards (such as oxygen).
- Make quarterly inspections of the facility to eliminate and control accumulations of flammable and combustible waste materials.
- Regularly test all alarms and public address systems to see if they are operating properly and can be heard in all areas of your facility.
- Inspect fire doors and emergency exists to ensure that they are passable.
- Post evacuation plan diagrams throughout your facility.
- Place emergency phone numbers where all employees can see them.

#### Training

Every employee must be taught the fire hazards of the materials and processes to which they are exposed, covering those parts of the Fire Prevention Plan, which they need to know in the event of an emergency.

Every employee must be taught to use fire extinguishers or hose outlets and operate manual pull alarms.

The written plan must be kept in the workplace and made available for employee review.

*It must be noted that an employee is not obligated to use a fire extinguisher or hose and that only those who have been trained to use them may choose to use them if they deem the situation is safe enough to do so.*

### Equipment and Potential Hazards and How to Handle Them

The employers must check and maintain safety controls on furnaces and other heat-producing equipment, fire extinguishers, sprinklers, smoke alarm systems and other fire prevention devices. These fire prevention maintenance procedures must be included in the written fire prevention plan.

The first aspect of such a program is obviously actions taken to prevent one. Though not much can be done to prevent an earthquake, there are things that can be done to minimize the damages caused by one. Thus, a few things should be followed closely with these disasters.

- 1) Always ensure that your work area is clean. If large stacks of paper, catalogs, files, and other combustible materials are allowed to build up near possible sources of ignition, such as electrical sources, they could pose a serious fire hazard.
- 2) Always make sure that any flammable or combustible materials, cleaning and paper products, for example, are kept several feet away from heat sources, such as coffee makers, space heaters, and office equipment and machinery.
- 3) If you ever need to work with cleaning solutions or other liquids that are flammable, ensure that they are stored in the proper containers and kept in well-ventilated areas that are well away from any heat source. And again, when you need to work with these liquids, ensure that you're wearing the proper protective clothing, such as gloves and a smock. (NOTE: If you have any questions about the proper handling of flammable liquids, again, read all labels, read Material Safety Data Sheets (MSDSs) provided by the products' manufacturers, ask your supervisor if you don't know where the MSDSs are kept, and speak to him or her about any precautions you should take).
- 4) If the owner/doctor requires that employees refrain from smoking in certain, or all, areas of the office, always obey this policy.
- 5) If you're allowed to smoke at this facility, always put cigarettes out in an ashtray. And never empty an ashtray into a wastebasket or garbage can until you're absolutely sure that all cigarettes and matches in the ashtray are extinguished.
- 6) If you spot a potential fire hazard that you can't correct easily and safely yourself, immediately report the problem to the safety coordinator. Also report any fire or other safety hazard you have been able to correct so that he or she will be aware of the situation.
- 7) Make sure that you know the location of all the fire extinguishers and alarms in your office. And ensure that you remember the steps you're supposed to take to set off an

- alarm and to use a fire extinguisher, if you've been trained to use this equipment. Don't wait until a fire occurs. If you're unclear about any steps or procedures you need to follow, check with the safety coordinator now.
- 8) Never block your office fire exits, extinguishers, sprinklers, and alarms. If you and your fellow employees can't make your way through a fire exit or reach or find an extinguisher or alarm during a fire, the result can obviously be disastrous. And if part of your office's sprinkler system is blocked, it may be rendered ineffective. If you notice that any of these areas are blocked, report the problem immediately to the safety coordinator.
  - 9) Understand the steps you're supposed to take to report a fire. Ask the safety coordinator if you have any questions about the procedure you need to follow.
  - 10) Beware of flammable liquids such as alcohol, petroleum distillates, methyl methacrylate, etc. are a common fire hazard that from time to time may be found in this facility. The single most important concern is that vapors become flammable when they mix with air and come into contact with an ignition source. Flammable vapors spread quickly. Also, mixing incompatible chemicals may cause a fire or an explosion or be toxic when inhaled. Make sure there is adequate ventilation, and that they are stored in tight metal containers away from ignition sources. They should not be near heat or fire sources. You should clean up spills immediately and remove any clothing that has absorbed a flammable liquid.
  - 11) Know your office's evacuation procedures. Know which exit you're supposed to use. You're supposed to meet with others in your department. Again, if you have any questions, ask the safety coordinator.
  - 12) All heavy items and objects on desks and tables and wall cabinets should be well secured on it so as not to "walk" and fall in case of a quake. Tables and chairs themselves should not have weak or broken legs and parts. No one should be stationed sitting under something heavy which could fall on his/her head in case of an earth quake; if you are, notify the safety coordinator immediately so the situation is corrected ASAP.
  - 13) Oxygen tanks should be securely fastened to a stand AT ALL TIMES. Here you are dealing with something like a bomb. If it falls it may explode just like a bomb.
  - 14) 14) It is always easier and safer to stow things under a table, or in a storage area other than your work area.
  - 15) Fire extinguisher, smoke detectors, sprinkler systems, in-house alarm systems, etc., should be periodically checked to make sure that they are in operation and will not malfunction in an emergency situation. These actions are generally done by outside

vendors or contractors, or those who initially installed the systems, so we don't have to worry about doing anything ourselves, other than making sure it gets done.

- 16) Stockrooms and/or Vault Areas should be maintained in an uncluttered condition.

In an effort to prevent fires from occurring, the following should be observed:

- 17) Do not block aisles and/or exits.
- 18) Maintain supplies/files in a neat and orderly manner. Periodically inspect areas for fire safety.
- 19) In an area, which is protected by a sprinkler system - Do not store materials any closer than 18 inches from the sprinkler heads.
- 20) Do not smoke in storage areas.
- 21) Smoking is not permitted at any site.

However, the following are some general rules:

- 22) Observe NO SMOKING signs where posted. Remember... cigarettes that were accidentally forgotten cause most fires.
- 23) If you, your colleagues or guests are smokers, be sure to provide plenty of safety ashtrays, which automatically extinguish a cigarette, if it burns too close to the edge. Do not leave a cigarette unattended in an ashtray where it may fall out. Scorched surfaces show how hazardous it can be to lay cigarettes on the edge of shelves, counters, or tables.
- 24) While we should never empty ashtrays into a wastebasket, if neatness demands it, be sure that the ashes are completely cold before emptying.
- 25) Overloaded electrical outlets cause many building fires. Do not create an "octopus" by inserting a series of 2-way or 3-way plugs into the same outlet. Connect only one cord to each receptacle socket. Use of extension cords is prohibited. If you are in need of additional outlets, contact your supervisor.
- 26) When plugging or unplugging electrical equipment, be sure it is turned off, avoid touching metal or standing on a wet surface when doing so. Remember, for your safety, unplug electrical equipment by holding the plug itself while removing it from the socket. Do not unplug it by pulling on the cord.

## FIRE DRILL

In case of a serious emergency such as fire or serious earthquake, or other disasters, the following are the steps to be taken to ensure maximum safety for all staff and patients:

1. Remain calm.
2. Set off the alarm and announce over the internal office intercom that there is a fire, etc., in the building, stating the exact location of the emergency.
3. Call the fire department. The telephone number is placed in a place for all employees to see. If not available, call emergency, 911. The person in charge of calling the fire department is the Office Manager.
4. The backup person in charge of calling the fire department is any staff member.
5. Do not use the elevator.
6. If there is smoke in the corridor, look for your alternate escape route. If you must escape through the smoke, stay as low as possible. Get down and crawl to the exit. By staying low, you can breathe the cleaner air near the floor.
7. Be aware of all the exits of the building.
8. Everyone is to take the shortest route outside the building through one of these exits.
9. We all meet at Schimmel Park.
10. Charge Nurse is responsible for a head count of all the employees. If you know somebody is missing or possibly trapped, notify this person immediately.
11. The owner/doctor is then responsible to attend the victims and deliver any help they can.
12. The owner/doctor is then responsible to make sure all the patients are safe.

Other suggestions to remember:

1. Do not panic; keep calm. This is the most important.
2. Smoke is lighter than air and travels in higher altitudes. If you run against too much smoke, continue progress by crawling.
3. In case of earthquake or other physically destroying catastrophes, get under sturdy objects, like desks or door frames.
4. If you are trapped in a room and you are near a bathroom, make sure you try to restrict the fire from infiltrating by clogging the openings around the door.
5. Feel closed doors. If it appears very hot do not open the door.
6. If you become trapped – call the fire department and building manager for assistance.
7. If possible, seek refuge in an office/room. Stuff cracks around the door with whatever cloth you can find. Even clothing. If possible, wet the cloth with whatever is available (from a flower vase, drinking fountain, or even a coffee pot).
8. If you are in a room with a window (which can be opened), open it slightly at the top and bottom. The space at the top will exhaust smoke and the space at the bottom will admit outside air.
9. If the room starts to fill up with smoke and there are no windows which can be opened, wait until you absolutely must (to stay conscious) to break a window. Once a window is broken it can no longer prevent smoke and gases from entering the room from the outside.
10. *If your clothes catch fire. Stop...drop to the ground...and roll.*

## FIRE EXTINGUISHERS

You should never attempt to fight even a small office fire until people have been evacuated from the area and the fire department has been called.

Do not fight the fire if you are unsure about the type of extinguisher or how to use it, or if the fire is spreading or blocking your escape.

Normally, the fire extinguisher will be the first defense against a fire (in an occupied area) and it has maximum effectiveness when used during the early stages of fire by properly trained individuals. Call your local Fire department for fire extinguisher training.

Fire extinguishers are provided to attack a fire in the period between discovery and the arrival of trained fire department personnel.

Fire extinguishers were designed to permit the discharge of a contained amount of fire extinguishing agent at the will of a human operator.

The extinguisher must fit the fire. There are different types to fit different materials:

- A Type - Ordinary combustibles/wood, cloth, paper, rubber, many plastics and other ordinary materials that burn easily.
- B Type - Flammable liquids/gasoline, oil, grease, tar, oil-based paint, lacquer, and flammable gas.
- C Type - Electrical equipment/energized electrical equipment, wiring, fuse boxes, circuit breakers, machinery, and appliances.

Operating instructions can usually be found on the fire extinguisher. These instructions will enable you to put it in service with minimum delay. However, familiarizing yourself with the proper operation of the equipment (and its limitations) prior to having to use it, could save lives and property.

As per operating procedures, all fire extinguishers are to be inspected annually to ensure their effectiveness should a fire occur. This function is coordinated through the Purchasing Department. However, in high-rise buildings, the Building Engineer will be responsible for maintenance.

Each extinguisher should be mounted in a position, which is easily accessible and visible. If an extinguisher is mounted behind closed doors (i.e., Janitor's Rooms, Stockrooms, etc.), a sticker

indicating its presence should be placed on the exterior of the door.

Extinguishers should be placed to ensure that no person would have to travel more than seventy-five (75) feet to have access to it.

#### Method of Operation

All employees should learn how to use them in case it is necessary.

Knowledge of the types of extinguishers does not ensure maximum effective usage. The same extinguisher in the hands of different operators can provide widely different results on the same fire depending on the skills used in the application of the available quantity of extinguishing agent.

Selecting the proper extinguisher to fight a given fire is obviously going to affect the outcome. The wrong type of extinguisher may fail not only to extinguish the fire, but also may cause great personal hazard from electrical shock, poisonous fumes, spreading of fire, or explosion.

In order to operate an extinguisher properly, the operator must know:

- The correct position for operation
- How to remove any restraining or locking device
- How to activate (or start) agent discharge
- How to direct the extinguishing agent on the fire

#### The Correct Position for Operation

Most extinguishers deliver their entire quantity of extinguishing agent in a matter of seconds. There is no time for experimentation or using trial and error methods when a fire threatens destruction of life and property. Most extinguishers must be held in an upright position to achieve maximum effectiveness.

#### How to Remove Restraining and/or Locking Devices

Generally, the restraining and/or locking device found on an extinguisher is referred to as the "PIN." This pin must be removed prior to squeezing the trigger or lever. Simply twist the pin as you pull it out. Do not squeeze the lever or trigger as you attempt to do this, or the pin will not come free.



### How to Activate Agent Discharge

The extinguisher is activated by simply squeezing the lever or trigger together with the carrying handle.

### How to Direct the Extinguishing Agent at the Fire

The nozzle or hose of the extinguisher should be directed first at the base of the flames. Next you should sweep the flames off the burning surface. This is accomplished by directing the discharge to the near edge of the fire, gradually progressing forward, moving the discharge from side to side. The application should be continued even after the flames appear to be extinguished (if agent quantities are adequate) to allow added time for cooling and to prevent, as far as possible, a reflash from adjacent hot surfaces or open flames.

### Operators' Distance from Fire

Normal operation should be attempted from approximately five to seven feet from the fire (if possible). However, when dealing with flammable liquids, to prevent splashing, initial attacks should be made no closer than eight to ten feet.

NOTE: Prior to beginning the extinguishment process, the operator should locate an escape route. Should the extinguishment efforts fail and the fire begins to spread rapidly, the operator should know in advance where she/he intends to retreat to. In other words, stand with your back to an exit (whenever possible) before attempting to extinguish the fire. This way, if the fire suddenly gets out of control, you can get to an exit and move to safety.

## FIRE HOSES

Hoses that may be located in hallways throughout your building are attached to high-volume ... high-pressure water pipes. These hoses provide an effective means of first-aid fire fighting. However, hoses should not be used by anyone except those thoroughly trained in their operation. In an incident such as earthquake, where the Fire Department response will be delayed, common sense will prevail.

If you are not trapped and the fire is large enough to require the use of the hose...it is time for you to retreat!!! In this case, the fire should be left for trained fire department personnel to fight. Close all doors behind you and leave.

### Important Reminder

The most important thing to remember when accessing the fire (prior to attempting to extinguish it) is never attempt to fight a fire if you are alone.

### Method of Operation

In the event you become trapped and/or it is necessary for you to use this equipment, there are a few simple steps to remember:

1. The hoses must be completely out of the cabinet prior to turning on the water.
2. All of the kinks must be out of the hose prior to turning on the water.
3. Brace your feet! Place one foot behind the other prior to turning on the water.

NOTE: Whenever possible, it is recommended that at least two persons man the nozzle end of the hose.

The nozzle of the hose should be directed first at the base of the fire. Next you should sweep the flames off the burning surface. This is accomplished by directing the water to the near edge of the fire, gradually progressing forward, directing the stream of water from side to side.

NOTE: The application should be continued even after the flames appear to be extinguished to allow added time for cooling and to prevent re-ignition.

## FIRE EMERGENCY ACTION PLAN

This facility has established Fire and Disaster Procedures in writing and how to escape the building for this or any other emergency. These procedures should be part of our new employee's orientation. A record should be kept which logs training of the staff and indicates understanding of the procedures. Written procedures should be given to each employee, and they should sign a permanent file copy indicating they have read and understand these procedures. This facility will make a practice of auditing the staff on fire and disaster procedures to assure compliance.

### IN AREA OF FIRE

1. Remove person(s) in any immediate danger.
2. Close door to room of fire to confine it to the area where it started.
3. Activate nearest alarm clock.
4. Call 911. Give exact fire location; floor, area and room.
5. Follow the procedure for evacuation.

### STAFF

1. Upon the announcement of "code red", evacuation procedures must begin.
2. Charge Nurse will supervise evacuation teams.
3. Charge Nurse will designate someone to meet the fireman at the front entrance.
4. Charge Nurse will see that all persons are safely evacuated and accounted for and that no one is injured.

These people can be contacted for more information or explanation of these duties under this plan

### Remember

1. Remain Calm
2. Remove person(s) in immediate danger
3. Close door to fire area
4. Activate nearest alarm
5. Notify fire department and/or paramedic

## EVACUATION

In case of fire or other emergency in this facility, all personnel shall evacuate the work area by the exits designated by arrows, exit signs or escape plan route maps. Act calmly.

### **Assigned Employee Responsibility**

In event of an emergency evacuation, certain individuals have the responsibility to ensure that patients are evacuated from patient areas. These responsibilities have been previously stated under Fire Drill and would apply to all emergency situations.

A head count will be conducted and this person responsible will notify the fire authorities of any missing employees.

### **Rescue and Medical Duties**

The responding fire/rescue service will be solely responsible for any and all rescue and medical duties. Employees are not expected to perform rescue and medical duties.

### **Reporting**

Fire and other emergencies are reported to personnel in the facility using the alarm system for this practice. The alarm system is by voice.

For further information or explanation of this plan contact the safety coordinator.

## EARTHQUAKE PROCEDURES

1. After trembling has stopped:
  - a) The safety coordinator will supervise employees in the evacuation of patients and other personnel to the parking lot.
  - b) Qualified trained personnel will administer first aid and CPR as needed.
2. At the safety meetings, a constant topic of discussion will be the assignment of office staff to fulfill certain duties in an emergency situation.

These duties shall include but not be limited to:

- a) Communications – telephone responsible for appropriate emergency response.
- b) Emergency medical equipment.

The actual movement of the ground in an earthquake is seldom the direct cause of death or injury. Most causality result from falling objects and debris because the shocks can shake, damage, or demolish buildings and other structures. Earthquakes may also trigger landslides and generate huge ocean waves (seismic waves), each of which can cause great damage.

Injuries are commonly caused by:

1. Partial building collapses, such as toppling of chimneys, falling brick from wall facings and roof parapets, collapsing walls, falling ceiling plaster, light fixtures, and pictures.
2. Flying glass from broken windows.
3. Overturned bookcases, fixtures, and other furniture and appliances.
4. Fires from broken chimneys, broken gas lines, and similar causes. The danger may be aggravated by the lack of water due to broken water mains.
5. Fallen power lines.
6. Drastic human actions resulting from panic.

**Before the Next Earthquake**

Be prepared. Take the time NOW to read the following checklist and take the necessary actions to minimize risks to yourself and your office.

## EMERGENCY SUPPLIES

Be sure you have these basic supplies on hand near your office in an accessible location:

1. Portable radio and extra batteries.
2. Flashlights and extra batteries.
3. First aid kit and handbook.
4. Bottled water in your desk drawer. Enough drinkable water for each employee for at least three days. Keep a canteen of water in the car too.
5. Food (canned foods, mechanical can opener, and powdered milk for at least one week's meals).
6. Required medications, glasses.
7. Pipe or crescent wrenches to turn off gas and water supplies.
8. Small bottle of chlorine bleach to purify drinking water.
9. Blankets, warm clothes, and sturdy shoes.

Check work areas and other areas for earthquake hazards:

1. Brace or anchor high or top heavy shelves, machinery or other equipment which would fall during a tremor.
2. Bolt down or provide other strong support for water heaters and other gas appliances that could result from broken lines or connections.

If building is windowless, consider alternate means of ventilation and lighting if the power is off. Consider other possibilities should destruction occur (e.g., what if persons on upper floors cannot descend to the ground floor?).

Plan assistance for physically handicapped employees. Designate areas in the building, which may be suitable, as shelter areas should employees, be required to stay after the earthquake.

During an earthquake

1. If you are indoors, DUCK or drop down to the floor. Take cover under a sturdy desk, table or other furniture. HOLD on to it and be prepared to move with it. Hold the position until the ground stops shaking and it is safe to move. Stay clear of windows,

fireplaces and heavy furniture or appliances. Don't rush outside. Falling glass or building parts may injure you. DO NOT try using the stairs or elevators while the building is shaking or while there is danger of being hit by falling glass or debris.

2. If you are outside, get into the OPEN, away from buildings and power lines.
3. If you are driving - STOP if it is safe, but stay inside. DO NOT stop on or under a bridge, overpass or tunnel. Move your car as far out of the normal traffic pattern as possible. DO NOT stop under trees, light posts, electrical power lines or signs.
4. If you are in a mountainous area, be alert for falling rock and other debris that could be loosened by the quake.
5. In a crowded public place, DO NOT rush for the exits. Stay calm and encourage others to do so.

#### After the earthquake

1. Check for injuries:
  - a. If a person is not breathing or is bleeding, seek medical assistance from a nurse or doctor.
  - b. DO NOT attempt to move seriously injured persons UNLESS they are in immediate danger of further injury.
  - c. Cover injured persons with blankets to keep them warm.
  - d. Wear sturdy shoes and gloves to avoid injury from broken glass and debris.
  - e. If damage is extensive, wear a dust mask, wet handkerchief, or other cover for the nose and mouth to reduce inhalation of dust.
2. Safety checks. Check for the following potential risks:
  - a. Fire or fire hazards.
  - b. Gas leaks. Shut off the main gas valve if a leak is suspected or identified by the odor of natural gas. Wait for the Gas Company to check it and turn it back on.
  - c. Damaged electric wiring. Shut off power at the control box if there is any damage to your house wiring.
  - d. Downed or damaged utility lines, DO NOT touch downed power lines or objects of any kind touching them.
  - e. Fallen items in closets and cabinets. Beware of items tumbling off shelves when you open the door.
  - f. Check that each telephone is on its receiver. Phones that are off-hook tie up the telephone network unnecessarily.

<i>Clear Water</i>		<i>Cloudy Water</i>	
One Quart	- 2 drops	One Quart	- 4 drops
One Gallon	- 8 drops	One Gallon	- 16 drops
5 Gallons	- 1/2 teaspoon	5 Gallons	- 1 teaspoon

3. Mix water and hypochlorite thoroughly before stirring or shaking in a container. Let stand for 30 minutes before using. A slight chlorine odor should be detectable in the water. If not, repeat the dosage and let stand for an additional 15 minutes.

Note: Bringing it to a rapid boil may also purify water. However, due to its chemical content, swimming pool or spa water should not be used as a primary source of drinking water.

#### Emergency calls only

After a disaster, especially earthquakes, there is usually a high volume of telephone calls. It is important you limit phone calls to emergencies only. Do not call 9-1-1 or the police for confirmation of an earthquake. Listen to your local radio or television station for information.

#### Blocking

In cases of extreme congestion of the telephone network, your local phone company and/or long distance carriers may institute blocking. Blocking prevents overloading the system by diverting some calls to recordings, allowing other calls to complete.

If you need to place an emergency call:

1. Make sure receivers of all extension phones are on the switch hook.
2. Stay on the line. You may not hear dial tone immediately; the delay could be as long as a minute or more.
3. Do not repeatedly depress the switch hook, as this will further delay your call.
4. If you receive a "fast busy" or "all circuits are busy" recording, hang up and try again.
5. If physical damage occurs in our equipment or facilities or your wiring, it may not be possible to complete your call.



### DISASTER TRAUMA KIT

<u>QUANTITY</u>	<u>DESCRIPTION</u>
6	saline, normal sterile, 500c
5	compress, multi trauma, sterile 10" x 30"
8	blanket, thermal rescue
1	bandage, triangular, 12/bag
12	bandage, kerlix sterile, 4 ½" x 4 ½ yds.
1	gauze pads, 4" x 4", 100 box
6	splint cardboard, 32"
6	splint cardboard, 18"
10	ice packs
12	light, cyalume
1	scissors, emergency
2	tape, 1" x 10 yds., spool
2	tape, 2" x 5 yds., 3-cut spool
1	antiseptic swabs, 150/box
1	burn towel dressing, 20" x 30"
1	burn towel dressing, 15" x 20"
1	burn towel dressing, 12" x 12"
1	burn mask dressing
1	disaster trauma kit, empty

## EARTHQUAKE EMERGENCY ACTION PLAN

### Preparation

- Before an earthquake hits, secure top-heavy objects to structural elements of the building.
- Remove heavy objects, liquids and chemicals from high shelves.
- Prepare at least one first aid kit for each designated safety area; check and maintain them quarterly.
- Provide a 72-hour supply of water. Have a transistor radio and batteries available.
- Have heavy utility gloves available.

### Evacuation

- It is usually safer to remain in the building in case of an earthquake.
- Stay away from windows, bookcases, filing cabinets and any objects that may fall or shatter.
- Brace yourself in the core of the building. Protect your head.

### After and Earthquake

- Check utilities for gas and water leaks, and electrical shorts.
- Look for injured persons and assist as possible.
- Open doors carefully; watch for falling objects.

For further information or explanation of this plan contact the safety coordinator.

*This form should be copied and given to all employees upon completion of training.*

## TORNADO and HURRICANE PROCEDURES

### Before a Tornado and Hurricane

1. Review the "Escape Plan" diagram to learn the route and location of the closest tornado shelter or hurricane evacuation area. It is posted in strategic locations throughout the facility.
2. When a tornado or hurricane warning is issued in which there is immediate danger, the following steps must be taken:
  - Each supervisor will instruct their personnel and any other in their work areas to move quickly to the designated shelter area.
  - Each supervisor will check all rooms in their area before taking shelter, unless there is imminent danger.
  - All employees will assist in moving patients in their areas to the designated area.
  - Pay special attention to patients who are in need of assistance and require the elevator to reach the shelter area. Reserve the elevator for those individuals who cannot use the stairs.
  - All employees must act calmly to prevent panic.
  - All electrical equipment should be turned off.

### During a Tornado or Hurricane

The following safety requirements must be followed:

- Stay away from open areas and windows in case of flying glass.
- Do not leave the building unless told to do so. It is generally safer to be inside a building than outside.
- If you are unable to reach the shelter area, take refuge under a desk or something sturdy.
- If you are unable to evacuate or find a sturdy object for protection, lie on the floor with your hands covering the back of your head.

### After a Tornado or Hurricane

When the danger has passed the supervisor will notify all employees and other when the all-clear signal has been given.

## TORNADO or HURRICANE EMERGENCY ACTION PLAN

### Evacuation

If a tornado or hurricane is imminent, all personnel shall evacuate the work area. Patients shall be directed to the designated shelter area (usually the basement). Turn off electrical equipment, check all rooms quickly and assist patients to safe areas. Remain calm.

### Safety Requirements

- Stay away from open areas and windows in case of flying glass.
- Stay in the building unless told to leave.
- Go to the designated shelter area.
- If unable to reach the shelter area, take refuge under a desk or something sturdy. Avoid bookcases.
- If unable to do this, lie on the floor with your hand covering the back of your head.

For further information or explanation of this plan contact the safety coordinator.

This form should be copied and given to all employees upon completion of training.

# **Alliance Physical Therapy**

## **Maintenance**

All electrical equipment will be checked by the therapist for frayed, broken, or damaged cords or plugs prior to each use.

All electrical equipment will be checked by the therapist for correct on/off, malfunctioning LED lights, and damage to the unit's outer casings prior to each use. Hot packs will be inspected monthly for leaks.

Maintenance for specific units will be as follows:

1. Hydrocollator Unit - Temperature will be monitored to maintain an operating temperature of 160-166 degrees. The unit will be cleaned and water changed every 4 weeks. The operating manual is kept on file in the department.
2. Paraffin Bath - Temperature will be monitored to maintain an operating temperature of 120-126 degrees. Paraffin mixture will be replaced on an as needed basis.
3. Exercise Bike/Stairstepper - Maintenance and service will be provided by the local bike dealer. Maintenance will be performed as needed.
4. Exercise Equipment - (Total Power, Uppercycle, Nautilus Abdominal/Extension, Treadmill, and all other equipment) will be checked monthly for integrity of springs, cylinders and knobs. Service will be provided by the individual manufacturing companies.

All electrical equipment/modality equipment will be checked and recalibrated (when appropriate) at least on an annual basis. This testing will be performed by qualified personnel and records will be kept.

Any equipment and/or supplies found to be faulty will be removed from inventory/use immediately and will not be returned to inventory/use until repairs have been completed and confirmed by re-inspection.

## **Preventative Maintenance Program for Equipment and Building**

Routine checks of the MENS, Hydroculator, Electrical Stimulation, Ultrasound, Traction, equipment will be performed on not less than an annual basis by: *(Company Name and Address)*

Routine checks of TENS units will be performed by: *(Company that owns equipment)*

Electrical, plumbing, equipment, and general maintenance will be done bi-monthly or as needed by the tenant.

Housekeeping to be done daily by PT Aides and weekly by: *Building Owners*

All outside lawn care and snow removal done by: *Building Owners*

Fire extinguisher maintenance will be done annually by: *Local Fire Department*

Heating and Air Conditioning System will be maintained by: *Building Owners*

A file will be kept documenting all routine checks and maintenance on the MENS, Hydroculator, Electrical Stimulation, Ultrasound, Traction equipment, electrical and plumbing systems, and fire extinguishers.

It is the policy of Alliance Physical Therapy that:

1. Equipment will be checked monthly for any current leak or malfunction.
2. Any malfunction in daily use will be checked and fixed as soon as possible.
3. If there is any equipment failure, the machine will be posted out-of-order and will not be used on patients until repaired.
4. Ultrasound machines will be calibrated not less than annually.
5. In case of emergency on a malfunction, the servicing company will be called.
6. Sponges in the low voltage machines will be washed weekly to prevent any molding.
7. Paper towels are used over the sponges to keep sanitary conditions between patient uses.

## **Electrical Maintenance**

All electrical machinery will be checked no less than annually. It will be seen that all electrical machinery is properly calibrated, etc., and that at no time will there be any voltage leakage. A file will be kept documenting all routine checks and maintenance of electrical equipment.

It will be up to the therapists to make sure that the equipment is in proper working order in between regular yearly checks by the electrical maintenance service. A file will be kept documenting all routine checks and maintenance of exercise and therapeutic equipment.

## **Incident/Accident Reports**

**If an incident occurs at Alliance Physical Therapy an Unusual Occurrence Report (UOR) will be completed and the UOR policy and procedures will be followed.**

If an accident occurs at *Alliance Physical Therapy* an UOR will be completed and the UOR policy and procedures will be followed.

**The report includes the following:**

1. Date and time of the accident
2. Name of the victim
3. Age of the victim
4. Description of accident and injuries acquired
5. First aid treatment given
6. Medical authorities contacted

## **Chemical Spill**

In the event of a local hazardous chemical spill, the building and all occupants will be evacuated from the building per the instruction of the proper government officials. The building will not be reoccupied until the proper government officials give their approval to return to the area.

Staff members should make sure that all patients leave the building and have transportation away from the contaminated area.

No staff member should stay in the building if government officials have given the order for evacuation. Prior to leaving the building, staff members should lock and secure the building per normal operating procedure.

### **Tornado Policy**

*Tornado Watch:* weather conditions are such that a tornado is expected to develop.

*Tornado Warning:* a tornado has been sighted in the area.

If the National Weather Bureau issues a *Tornado Warning* to take cover, the clinic employees will take the patients to the center of the building. If patients can't walk, the therapist will carry the patients.

The assignment of personnel will be the same for tornadoes as stated in the Fire Policy.

If time does not permit evacuation of patients to the designated area, especially those who are immobile, the therapists will cover them with pillows, blankets, and/or mats as available.

A tornado drill will be conducted at least on an annual basis.

### **Bomb Threat**

The secretary/receptionist will call the fire and police departments - Dial 911.

The assignment of personnel will be the same for a bomb threat as stated in the Fire Policy.

All available staff are to assist patients out of and away from the building.

If patients can't walk, a wheelchair will be used.

A bomb threat drill will be conducted at least on an annual basis.



### **Hostage Policy**

Alliance Physical Therapy will follow the following procedures in case of a hostage situation:

Call the Police Department - Dial 911. They have procedures they follow in these situations. They do not make these procedures available to the public.

Isolate the situation as much as possible. Remove as many people out of the building as possible. Do not attempt to disarm or contain the individual(s).

Remain calm and wait for the police department.

### **Natural Disaster**

It is the policy of Alliance Physical Therapy that in the event of a natural disaster (flood, earthquake, etc.) the staff of Alliance Physical Therapy use their best judgment to ensure their own and the safety of the patients.

Should evacuation of Alliance Physical Therapy be prudent, the staff shall assist patients from the building, assure that they have proper transportation or are safely moved away from the building and to a safe area.

Evacuation of the building shall be conducted according to the evacuation plan.

## **Bloodborne Pathogens Exposure Control Plan**

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFT 1910.1030, the following exposure control plan has been developed:

### 1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this clinic the following job classifications are in this category: Physical Therapist: Occupational Therapist: Speech Therapist; Physical Therapist Assistant: Occupational Therapist Assistant: Physical Therapy Aide.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows: None

### 2. Implementation Schedule and Methodology

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

#### **Compliance Methods**

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

Work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

# Center of Sports Medicine and Orthopedics

## Emergency Procedures

Center of Sports Medicine and Orthopedics

### CODE BLUE PROTOCOL

When a patient is found unresponsive or in obvious distress, announce on McCallie overhead page "CODE BLUE". Other locations:

The AED (Automated Electronic Defibrillator), Oxygen & supplies will be maintained in the clinic area at the satellite locations & in the MRI department at the McCallie office. A staff member in the area maintaining the AED will immediately take the AED to the area of the emergency.

If the Emergency is in the Clinic Area, the doctor, PA, nurse or Physical Therapist/Athletic Trainer will assess the patient and determine if further assistance is needed. The above personnel will directly contact or delegate someone to call 911 "CODE BLUE".

If the Emergency is in the MRI department, the employee(s) in the MRI department will call "CODE BLUE". **The MRI staff will immediately undock the MRI gurney and move the patient and table outside of magnet room.**

To call "CODE BLUE"

- **At McCallie Avenue office**, Dial 2999 on the nearest phone and announce CODE BLUE and the location three (3) times clearly and calmly
- **At Hixson/Atrium Clinics**, announce loudly (verbally) CODE BLUE and location
- **At Hixson/Atrium Physical Therapy**, announce in the physical therapy area and call respective doctor's line that a CODE BLUE is in progress – send a staff member immediately to retrieve AED
- Assign someone to call 911 immediately
  - Indicate your location
  - Provide information as requested
  - The person assigned to call 911 should go directly to the entrance after notifying emergency personnel, and await the arrival of EMS and direct them quickly to the code in process
  - Document events appropriately (treatment record) and attach in patients records.
- Clear area of unnecessary personnel including family members
- Other interventions as deemed necessary

If patient is unresponsive and no pulse or respirations are identified the trained health care provider in closest proximity will follow BLS/ACLS protocol until ambulance arrives to transport to emergency room.

The designated trained staff member appointed will be responsible for communicating with the appropriate members of the local authority. This should be documented and recorded.

## CODE YELLOW PROTOCOL

When a patient is found engaging in behavior that is threatening, intimidating or coercing to another employee, patient or member of the practice, **announce on the overhead page "CODE YELLOW" and their location**. Other locations: Go into hallway and announce loudly "CODE YELLOW". This prohibition includes all acts of harassment, including both indirect and direct threats of violence. A member of the management staff or physician/ lead team member will report to your area to address the occurrence.

All suspicious individuals or activities should be reported as soon as possible to a member of the management team. Do not place yourself in peril. If you see or hear a commotion or disturbance near your workstation, do not try to intercede or see what is happening. The goal of the Center is to maintain workplace safety and integrity. Contact your supervisor before the situation escalates into potential violence.

The management team member or person leading in the situation will determine the appropriate course of action to take.

To call "CODE YELLOW"

- **McCallie**: Dial 2999 on the nearest phone and announce **CODE YELLOW and the location** three (3) times clearly and calmly; **Gunbarrel**: Dial 3999 on the nearest phone and announce **CODE YELLOW and the location** three (3) times clearly and calmly; **Hixson**: go into the hallway and announce loudly CODE YELLOW
- If determined necessary by management staff, they will assign someone to call 911
- Indicate your location
- Provide information as requested, be as specific and detailed as possible
- Document events appropriately (incident report) and attach in patient's records.
- Other interventions as deemed necessary

All appropriate management staff will respond to the CODE YELLOW. When it is apparent that sufficient staff is present, the excess personnel will be directed to return to their workstations.



## **Emergency Action Plan for McCallie Athletics**

### **Personnel:**

The personnel involved in the coverage of athletic events and practices include, but are not limited to the following: Head ATC, Assistant ATC, Athletic Training Students (ATS), Attending Physicians, and Emergency Medical Support Teams.

All ATCs will have NATABOC certification and hold licensure within the State of Tennessee. All ATCs and ATSS will have certification and proficiency in the areas of basic or advanced first aid, cardiopulmonary resuscitation, and be able to operate an automated external defibrillator. Physicians, if present, will take charge of emergency care situations and be familiar with the school's emergency action plan.

Emergency Medical Support Teams will be required for all emergency injuries and illnesses which require medical transport in an ambulance and in all cases that require spine-boarding or immobilization. The aforementioned staff will be required to assist the Emergency Team in whatever role is necessary (Spine-boarding, crowd control, etc.).

### **Event and practice coverage:**

An attending physician will be present at all varsity football games.

Priority for coverage by an ATC first goes to home competitions and those that have the highest risk of injury (i.e. Football, lacrosse, soccer, wrestling, baseball, and basketball). An ATC will be present at all football competitions and all varsity and junior varsity practices. Home competitions including these events: cross country, track, crew, swimming, tennis, golf, water polo, and teams below the varsity level of competition (with the exception of football) usually are not provided with direct coverage by an ATC.

Coverage for away competitions will depend on home events and availability of staff, however coverage may be arranged with local trainers for trips to Knoxville, Nashville, or Memphis.

### **Equipment:**

Training kits are available for home and away competitions and are stored in the training room and are to be returned as soon as possible after the event.

Training kits are to be on-site with an ATC during practice and games and will have emergency equipment that includes, but is not limited to first aid supplies, glucose syrup or tablets, and other taping, bracing, medications, personal protective equipment and bio-hazard bags and an epi-pen. The epi-pen should be inspected for expiration by the ATC before the kit is available to be taken out again. Within each kit there should be a concussion screening card in the instance that an athlete should suffer a head injury and the coach should follow the guidelines on the screening card to determine what actions need to be taken in the event a certified athletic trainer is not present.

Durable emergency equipment such as splints, crutches, and spine boards are also located in the athletic training room, but are brought to the field of play of the event being covered (in most instances football) An Automated External Defibrillator (AED) will be present at all games being covered by the head ATC or the event with the highest number of people (athletes, bystanders, and other individuals) It is the responsibility of the ATC to bring the AED to the field of play and to check the batteries before each event. The AED is stored within the athletic training room.

In case of an emergency in a location that lacks ATC coverage it is the responsibility of the coach to contact the Head ATC, who will either delegate or visit the site himself with the appropriate emergency equipment using whatever means is quickest.

### **Communication:**

All emergency calls will be initiated through the office of school security. The security officer on duty will call 911, campus security (667-6045). If the injury warrants, the ATC will call the student's parents, and if applicable, the student's dorm advisor. As well as Sumner McCallie (667-4649), Kenny Sholl (413-4439), or Kirk Walker (240-9551). The athletic trainer will call and instruct the ER staff to any pertinent medical history.

All ATCs should be reachable by cell phone during events and practices. ATCs will also be able to communicate by way of walkie-talkies in order to orchestrate logistics.

All coaches will have the Head ATCs phone number as well as the number to the infirmary, and 911. If a coach does not have a cell phone, cell phones are provided.

If the ATC determines that medical treatment is needed in the case of a day student the parents will be contacted, and in a boarding student the infirmary will be contacted. The team physician will be consulted and the athlete transported to the appropriate medical clinic or emergency room.

For non-emergency referrals of boarding students the infirmary will be responsible for making general medical appointments. The ATC's will provide an injury report in case a referral is made for an orthopedic injury by the ATC. The ATC may assist in securing an orthopedic physician appointment.

Parents will be contacted if a referral is needed for a non-emergency appointment in the case of a day student and the decision is then the parent's to make. The infirmary will also be notified. The infirmary or the ATC can set up the appropriate appointment at the parent's request.

In case of an emergency the infirmary or ATC will notify the parents and the Executive Director of Operations will notify the School's Insurance Policy. No student should be taken or sent to the emergency room without having their insurance information and release to treat forms either with them on the way to the hospital or faxed to the hospital



by the infirmary. Forms are located in the infirmary and copies are available in the Athletic Training Center.

### **Transportation:**

If the decision to transport or send an injured or ill athlete to the emergency room is made it is required that a member of the sports medicine staff accompany that athlete to the emergency room. A company vehicle should be used in these instances, however, if a personal vehicle is used than the school will cover any costs from damages or soiling of the vehicle.

In case any student requires transport to the emergency room at any time, a faculty or staff member will be required to accompany the student.

### **Venues:**

For football games and practices at least one ATC will be present. During games emergency medical professionals should be present for immediate emergency care and emergency transport. For football practices the covering ATC will first respond to the emergency, then determine if emergency response is required. If required the ATC will initiate the call through the office of security where the security officer will instruct the ambulance service to respond to the area and enter the School through its main entrance on Dodds Avenue across from Bailey Avenue and, once on campus, security officers will direct the ambulance to the injured athlete. Security officers and the Athletic Training staff will stay in communication through two-way radios or cellular phone contact. Then proceed to the football field where the gate will have been opened to the upper field, if the emergency has taken place on the game field.

This following procedure will be followed for emergencies that take place on the soccer field, but the ambulance would then be instructed to drive to the soccer field to meet the emergency. For emergencies that occur in the Sports and Activities Center (i.e swimming, basketball, weightlifting, and all other activities) EMS should arrive through the main entrance and follow the road through campus, taking a left on Kyle St. which leads to the rear entrance to the Sports and Activities Center.

For emergencies that take place at the varsity baseball field EMS would enter the campus through Kirby Avenue and meet the sports medicine staff at the varsity baseball field. The same entrance will be used to access the practice baseball fields and tennis courts. Again, Campus Security will aid the EMS service to the injured athlete.

### **Procedures for Common Situations:**

Lighting activity: The Athletic Trainer will be responsible for making the decision to suspend activities due to lighting activity. Suspension of activities includes all practices or competitions that take place outside will be delayed or paused and moved inside. Each field

of play will have a designated safe shelter that will be used in case a lightning storm arrives during the course of a competition or practice. The decision to postpone all outside activities will be called when the mobile lightning detector indicates danger, or if the lightning detector is not available, the flash to bang method should be used. If a peal of thunder is heard 30 seconds or less after a flash of lighting the risk is great enough to bring an event inside.

If the decision to evacuate the fields of play is made then the lines of communication will follow as such. The ATC that discovers the risk for lightning should contact the Head ATC who will then contact coaches and any other ATC on staff that all individuals should be moved inside. Lines of communication will include cell phones and walkie talkies, if these lines of communication are unavailable or the coach does not respond it is imperative that the ATC delivers the message that all athletes and personnel need to go inside. All athletes will report to the Sports and Activities Complex.

**Lightning Strike:** If an athlete, coach or official is struck by lightning the following procedures should be conducted: The ATC will instruct a coach to call 911. The first step is to evaluate for airway, breathing, and circulation. Also, evaluate the scene to assess personal safety for further action. The athlete should be moved to a safer location only if a head or neck injury is not suspected, if a head or neck injury is suspected care must be delivered on the field. Begin CPR if it is necessary. The athlete should also be treated for hypothermia and shock. Any evaluation of burns or injury should do so after the patient is stabilized and in the care of the emergency responders.

**Excessive Heat:** McCallie School as a member of the TSSAA must comply with the minimum standards of adjustment to prevent heat illness and potential death in association with high heat indexes. The conditions provided for under the new TSSAA guidelines call for optional water breaks of ten minutes every half hour with ample water and ice towels provided when the heat index is below 95 degrees. Athletes should still be monitored for the signs of heat illness. When the heat index is between 95 and 99 degrees call for mandatory water breaks every half hour, again ample water and ice-down towels should be provided. Excess equipment should be removed when not in use and the duration of exposure should be limited. Consideration of postponing practice until later in the day may be needed and the heat index should be reestablished every 30 minutes to account for any increase. When the heat index rises to 100-104 degrees all prior efforts should be made and a strong consideration to move practice inside, or limit practice time should be taken. Uniform and equipment alteration is required, if padding or helmets are required for safety then that activity should be cancelled. When the heat index is above 105 degrees all outside activities must be cancelled and inside activities as well, when no air conditioning is available.

		Temperature (°F)															
		80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
Relative Humidity (%)	40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
	45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
	50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
	55	81	84	86	89	93	97	101	106	112	117	124	130	137			
	60	82	84	88	91	95	100	105	110	116	123	129	137				
	65	82	85	89	93	98	103	108	114	121	128	136					
	70	83	86	90	95	100	105	112	119	126	134						
	75	84	88	92	97	103	109	116	124	132							
	80	84	89	94	100	106	113	121	129								
	85	85	90	96	102	110	117	126	135								
	90	86	91	98	105	113	122	131									
	95	86	93	100	108	117	127										
	100	87	95	103	112	121	132										

**Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity**

Caution
  Extreme Caution
  Danger
  Extreme Danger

The heat index will be taken on the field of play by the ATC using a sling psychrometer. This information will be provided to the coaches to discuss a strategy if alterations must be made. More details about the TSSAA position on heat illness can be found at <http://www.tssaa.org/handbook/heatpolicy.htm>.

**Heat Illness:** All athletes should be monitored during excessive heat. If an athlete appears confused, lethargic, dizzy, or lightheaded then send that athlete to the ATC for further evaluation. The suspected athlete should be removed from the session if they are suffering these symptoms, moderate means of body heat reduction should be used (i.e. fluids, cooling towels, shade, and a fan or mister). If that athlete begins to report an increase of symptoms, pale skin, rapid and shallow breathing or a weak pulse then heat exhaustion should be suspected. The athlete should be treated with similar procedures, but the ATC should alert or transfer the athlete to local emergency care facilities. If a rectal temperature is obtained and is above 104 degrees Fahrenheit then heat stroke is present. The athlete may also have hot and possibly dry skin, red skin, a strong and rapid pulse, lethargy and nausea, an altered mental status, or the athlete loses consciousness. In this case 911 should be called and the athlete removed from the situation, assess cognitive function, remove all excess clothing, and submerge the athlete in cool water. During this time the airway should be maintained if the athlete is unconscious. The athlete should be transported to the emergency room as quickly as possible.

**Tornado or Other Storms:** The course of action for tornadoes and other forms of serious wind storms is similar to the plan followed by the lighting protocol. If a severe weather advisory is released for the Hamilton County area then all outside practices and all inside practices that occur in close proximity to windows will also be cancelled. Athletes should all report to the hallway and corridor between the weight room and equipment managers office.

**Fire:** In case of a fire emergency the fire alarm should be pulled by a member of the staff if the alarm has not already been activated. All posted evacuation routes should be followed and all athletes, staff, officials, and bystanders should evacuate through the indicated route quickly and safely and stand clear of the building without impeding fire lanes. 911 should be called by a member of the athletic training staff to prevent numerous calls to the fire department.

**Unconscious person:** The ATC should not attempt to move the athlete unless head or neck injury is completely ruled out. The ATC should monitor airway, breathing, and circulation and perform CPR if needed at this time 911 should be called to send for help. If the AED is needed then a member of staff should be delegated with retrieving the AED. If the person is breathing maintain observation of vitals until help arrives to transport or the athlete regains consciousness.

**Seizure Victim:** If the ATC is on the scene he should clear space around the victim if they are convulsing to prevent injury and possibly pad any potential dangerous objects that could not be moved, the head could be supported as well. After the seizure keep the victim quiet and comfortable until help arrives. Do not put any object in the victim's mouth at any time.

**Excessive Bleeding:** The ATC should apply direct pressure with clean cloth or gauze until bleeding stops or the athlete has been transported to the emergency room. If the wound does not require stitches (<1 in. length and <.25 inches wide) then it should be cleaned, bandaged and monitored for infection. Do not apply excessive pressure if you suspect a fractured bone at the injury site.

**Diabetic Coma or Shock:** Know the athlete's history, they might not have an identification bracelet or necklace. The ATC should monitor breathing and circulation. If the victim stops breathing administer rescue breathing or CPR. In this instance 911 should be called. Monitor the condition until help arrives.

**Anaphylactic Shock:** Know the history of the athlete and ask for a history if the athlete is able to provide it, if not, try to obtain the history from a witness. The ATC should confirm that the athlete's airway is being compromised or reactions on the skin are forming before using the athlete's epi-pen. The epi-pen should not be administered by an individual other than the ATC or the athlete themselves. The athlete should be transported to emergency care facilities even if their condition appears to be stabilized.

**Head injury:** The ATC should be aware of an athlete that is acting abnormally and attempt to get a history from that athlete even if they do not seek out the ATC for themselves. The head injury can be screened using a screening card or another appropriate series of tests that cover anterograde and retrograde amnesia, as well as short term memory, and a qualitative cognitive question (count backwards from 100 by 6's). Balance and other symptoms such as nausea and headache should be accounted for. If the athlete loses consciousness during any point then they should be transported to the emergency room. The grade of the concussion will be used to determine further treatment.

In any instance where the AED or other emergency equipment is required a member of the athletic training staff should be present or able to retrieve that item.

### **Implementation:**

All coaches and other staff (Equipment manager, Strength and conditioning coaches, etc.) should be aware of their responsibilities and roles during an emergency situation and expect to follow any orders given by an Emergency Responder, Physician, or ATC. Also, compliance with all coaches on implementation of adjustments that must be made in accordance to the TSSAA position statement on heat illness is necessary in order to protect the athletes of the institution.

In services to discuss and practice emergency procedures are to be held before each sport season and written copies of the specific expectations are to be provided to coaches and other staff. In-service for all staff will be provided so concerns that face all students and staff (Fire, storms etc.) can be properly handled and each member of staff is aware of evacuation routes and designated areas which are safe in times of emergency. The institution is responsible for holding regular planned fire drills and tornado drills.

Contact lists will also be shared and kept in the training kits and posted in coaches' offices and in the athletic training room. A copy of the emergency action plan will be posted next to the phone in the athletic training room.

### **McCallie Medical Phone List:**

Head ATC	Jersey DeMarco, ATC	423-667-5556
Asst. ATC	Bryan Beasley, ATC	423-242-8839
Asst. ATC	David Sewell, ATC	423-240-1586
Team Physician	Dr. David Bruce	423-893-9020
Team Physician	Dr. Kurt Chambless	423-893-9020
McCallie Infirmary	Lisa Hobbs, RN	423-493-5640
McCallie Security	Burt Gould	423-667-6045
Athletics Director	C.R. Bubba Simmons	423-493-5530
Parkridge Emergency Room		423-493-1493
Ambulance Service		911

# **Ooltewah High School**

## **Athletic Emergency Action Plans**

# **Ooltewah High School Athletic Department**

6123 Mountain View Road

Ooltewah, TN 37363

## **EVACUATION ROUTES**

- Evacuation Routes have been posted in each area of all athletic facilities. The following information is marked on each evacuation map:
  - Emergency exits
  - Primary and secondary evacuation routes
  - Locations of fire extinguishers
  - Fire alarm pull stations' locations
  - Assembly points
- Site Personnel should know at least two evacuation routes

## **EMERGENCY PHONE NUMBERS**

Emergency: 911

Fire Department: (423) 894-5231

Paramedics: (423) 892-2120

Ambulance: (423) 499-9500

Police: (423) 396-3135

Federal Protective Service: (423) 634-6624

## **UTILITY COMPANY EMERGENCY CONTACTS**

Electric: EPB Electric Company  
(423) 238-6550

Water: Tennessee America Water  
(423) 892-1308

Gas: East Tennessee Natural Gas Company  
(423) 344-1103

Telephone Company: AT&T  
(423) 238-1674

## EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

- MEDICAL
  - FIRE
  - SEVERE WEATHER
  - EXTENDED POWER LOSS
- MEDICAL EMERGENCY**

### **Basic Components of the Medical Emergency Plan:**

- In any athletic association competition or practice, the first responder usually is a member of the sports medicine team. This includes a certified athletic trainer (Randy Wilkes), a doctor, or a school nurse. The athletic trainer will give priority to practices and games based on the risk level of each in-season sport. After 3pm, the athletic trainer is the only medical responder on site.
- Each football game (fall) has a fully-stocked athletic training bag, an Automatic External Defibrillator (AED), and a spine board is not on site. The ATC is also required to carry a cellular phone at all times in case of an emergency.
- However, in the event there is not a member of the sports medicine team readily available for first response, it may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. Copies of training certificates and/or cards are maintained in the athletic director's office.
- These steps should be followed in the event of any emergency:
  - Call necessary medical personnel and 911 protocol if needed (located above):
    - Paramedics
    - Ambulance
    - Fire Department
  - Provide the following information:
    - Nature of medical emergency
    - Location of the emergency (address, building, room number)
    - Your name and phone number from which you are calling.
  - Do not move victim unless absolutely necessary.
  - Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:
    - Randy Wilkes (Athletic Trainer): (423)298-4643
  - If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:
    - Stop the bleeding with firm pressure on the wounds unless bleeding is occurring at site of protruded fracture (note: avoid contact with blood or other bodily fluids).



- Clear the air passages using abdominal thrusts in case of choking.
  - Attempt first aid **ONLY** if trained and qualified.
- All emergency patients will be directed to the hospital based on the location of the venue (Home/Away), insurance type, recommendation of the Emergency Medical Technicians and the severity of injuries.

## **FIRE EMERGENCY**

*When fire is discovered:*

- Activate the nearest fire alarm
- Notify the local Fire Department by calling (numbers located above)
- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means:
  - Voice Communication
  - Phone
  - Radio

*Fight the fire ONLY if:*

- The Fire Department has been notified.
- The fire is small and is not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.

*Upon being notified about the fire emergency, all occupants must:*

- Leave the building using the designated escape routes.
- Assemble in the 4 designated areas: Parking Lots farthest away from school building; Baseball Parking Lot, Football Parking Lot, Teachers Parking Lot, and Green Parking Lot.
- Remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter.

*Designated Official, Emergency Coordinator or supervisors must:*

- Principle, Vice Principle and Office Personnel divide radio units and identify the initiation, carrying out, and completion of all fire evacuations.
- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
- Coordinate an orderly evacuation of personnel.
- Perform an accurate head count of personnel reported to the designated area.
- Determine a rescue method to locate missing personnel.
- Provide the Fire Department personnel with the necessary information about the facility.
- Perform assessment and coordinate weather forecast office emergency closing procedures

*Area/Floor Monitors must:*

- Ensure that all employees have evacuated the area/floor.
- Report any problems to the Emergency Coordinator at the assembly area.

*Assistants to Physically Challenged should:*

- Assist all physically challenged employees in emergency evacuation.

## SEVERE WEATHER AND NATURAL DISASTERS

### ***Lightening:***

- If lightening and/or thunder can be seen or heard, stop activity and seek protective shelter immediately and:
  - An indoor shelter is recommended; however, if indoor shelter is not available, an automobile is a relatively safe alternative.
  - All athletes and coaches will be instructed under the athletic trainer to follow procedure to the nearest predetermined location depending on the sport, while all spectators are encouraged to return to their vehicles or inside the school building when appropriate.
  - If none of these options are available, avoid standing under large trees or telephone poles.
  - If the only alternative is a tree, choose a small tree in a wooded area that is not on a hill.
  - As a last alternative, find a ravine or valley.
  - In all instances outdoors, assume the crouched position using arms to protect head and neck.

### ***Tornado:***

- When a warning is issued by sirens or other means, seek inside shelter. Consider the following:
  - Small interior rooms on the lowest floor and without windows
  - Hallways on the lowest floor away from doors and windows
  - Rooms constructed with reinforced concrete, brick, or block with no windows
- Stay away from outside walls and windows.
- Use arms to protect head and neck.
- Remain sheltered until the tornado threat is announced to be over.

### ***Earthquake:***

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
- Assist people with disabilities in finding a safe place.
- Evacuate as instructed by the Emergency Coordinator and/or the designated official.

### ***Flood:***

#### ***If indoors:***

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.

#### ***If outdoors:***

- Climb to high ground and stay there.
- Avoid walking or driving through flood water.

### ***Hurricane:***

- The nature of a hurricane provides for more warning than other natural and weather disasters. A hurricane watch is issued when a hurricane becomes a threat to a coastal area. A hurricane warning is issued when hurricane winds of 74 mph or higher, or a combination of dangerously high water and rough seas, are expected in the area within 24 hours.
- If threat has been identified, all sporting activities will be cancelled and students and faculty will be sent home.

*Once a hurricane watch has been issued:*

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Continue to monitor local TV and radio stations for instructions.
- Move early out of low-lying areas at the request of officials.
- If you are on high ground and plan to stay, secure the building, moving all loose items indoors and boarding up windows and openings.
- Collect drinking water in appropriate containers.

*Once a hurricane warning has been issued:*

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Leave areas that might be affected by storm tide or stream flooding.

*During a hurricane:*

- Remain indoors and consider the following:
  - Small interior rooms on the lowest floor and without windows
  - Hallways on the lowest floor away from doors and windows
  - Rooms constructed with reinforced concrete, brick, or block with no windows.

## **EXTENDED POWER LOSS**

In the event of extended power loss to a facility certain precautionary measures should be taken depending on the geographical location and environment of the facility:

- Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment.
- Facilities with freezing temperatures should turn off and drain the following lines in the event of a long term power loss.
  - Fire sprinkler system
  - Standpipes
  - Potable water lines
  - Toilets
- Add propylene-glycol to drains to prevent traps from freezing
- Equipment that contain fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.

### Upon Restoration of heat and power:

- Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
- Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

When an **EMERGENCY** has been declared at the **BASEBALL FIELD** and an ambulance is needed during an athletic event, the following protocol should be followed as closely as possible.

1. **On Field Evaluation:**     Certified Athletic Trainer: Randy Wilkes  
Assisted by Student Athletic Trainer (SAT)  
Retrieval of splints, ice bags, etc.
  
2. **Call 911**                     Head Coach:
  - Use athletic trainer's cell phone
  - Location: The baseball field is located to the left of the front of the school building.
  - Ambulance Directions: The ambulance will enter the main entrance to the school and turn right on the frontage road that goes in front of the school. This road will take them all the way to the baseball field.
  - Provide pertinent information to dispatcher
  
3. **Team Control**               Assistant Coach:  
Direct athletes away from injured player
  
4. **Crowd Control**             Assistant Coach: Keep crowd off field
  
5. **Contact Parents**           Athletic Trainer/Head Coach:
  - In life threatening situation, call parents (phone numbers with the head coach)
  - In non life-threatening situation, let the athlete call home
  
6. **Contact Team Physician** Certified Athletic Trainer: Randy Wilkes
  - Call to inform the physician of the situation
  
7. **Direct Paramedics**       Assistant Coach:  
Stand outside of the field on the road to flag down EMTs.
  
8. **Hospital**                    GA/SAT and/or Parents:
  - Call on duty ATC ASAP with medical status

***If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP***

## **EMERGENCY CARE PLAN Baseball Field**

### Procedures for Activating Emergency Plan

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
  
2. If a certified first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The student athletic trainer and first-aider may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
  
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should stand outside of the field on the road to flag down EMTs and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
  
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

### **Directions to the Baseball Field**

The baseball field is located to the left of the front of the school building. Direct the ambulance to enter the main entrance to the school and turn right on the frontage road that goes in front of the school.

When an **EMERGENCY** has been declared at the **SOFTBALL FIELD** and an ambulance is needed during an athletic event, the following protocol should be followed as closely as possible.

- 1. On Field Evaluation:**      Certified Athletic Trainer: Randy Wilkes  
Assisted by Student Athletic Trainer (SAT)  
Retrieval of splints, ice bags, etc.
  
- 2. Call 911**                      Head Coach:
  - Use athletic trainer's cell phone
  - Location: The softball field is located directly in front of the front of the school building, past the football field. It is on Mountain View Road one street northeast of the main entrance to the school.
  - Ambulance Directions: The ambulance will pull into the parking lot entrance on Mountain View Road, which is just past the main entrance to the school. This parking lot provides access to the softball field.
  - Provide pertinent information to dispatcher
  
- 3. Team Control**                Assistant Coach:  
Direct athletes away from injured player
  
- 4. Crowd Control**              Assistant Coach: Keep crowd off field
  
- 5. Contact Parents**            Athletic Trainer/Head Coach:
  - In life threatening situation, call parents (phone numbers with the head coach)
  - In non life-threatening situation, let the athlete call home
  
- 6. Contact Team Physician** Certified Athletic Trainer: Randy Wilkes
  - Call to inform the physician of the situation
  
- 7. Direct Paramedics**        Assistant Coach:  
Stand in the parking lot to flag down EMTs.
  
- 8. Hospital**                      GA/SAT and/or Parents:
  - Call on duty ATC ASAP with medical status

***If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP***

## **EMERGENCY CARE PLAN Softball Field**

### Procedures for Activating Emergency Plan

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
2. If a certified first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The student athletic trainer and first-aider may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait in the parking lot to flag down and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

### **Directions to the Softball Field**

The softball field is located in front of the front of the school building past the football field. It is on Mountain View Road one street northeast of the main entrance to the school. Direct the ambulance to the correct parking lot.



When an **EMERGENCY** has been declared at the **FOOTBALL GAME FIELD** and an ambulance is needed during an athletic event, the following protocol should be followed as closely as possible.

- 1. On Field Evaluation:**      Certified Athletic Trainer: Randy Wilkes  
Assisted by Student Athletic Trainer (SAT)  
Retrieval of splints, ice bags, etc.
  
- 2. Call 911**                      Head Coach:
  - Use athletic trainer's cell phone
  - Location: The football game field is located directly in front of the front of the school building.
  - Ambulance Directions: The ambulance will enter through the main entrance (Mountain View Road entrance) and immediately turn right in to the field access gate. This will allow them to pull all the way up to the field.
  - Provide pertinent information to dispatcher
  
- 3. Team Control**                Assistant Coach:  
Direct athletes away from injured player
  
- 4. Crowd Control**              Police: Keep crowd off field
  
- 5. Contact Parents**            Athletic Trainer/Head Coach:
  - In life threatening situation, call parents (phone numbers in medical kit)
  - In non life-threatening situation, let the athlete call home
  
- 6. Contact Team Physician** Certified Athletic Trainer: Randy Wilkes
  - Call to inform the physician of the situation
  
- 7. Direct Paramedics**        Police:  
Stand at the field access gate to flag down EMTs and make sure the gate is open.
  
- 8. Hospital**                      GA/SAT and/or Parents:
  - Call on duty ATC ASAP with medical status

***If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP***

## **EMERGENCY CARE PLAN**

### **Football Game Field**

#### Procedures for Activating Emergency Plan

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
  
2. If a certified first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The student athletic trainer and first-aider may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
  
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait at the field access gate to flag down and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
  
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

#### **Directions to the Football Game Field**

The football game field is located directly in front of the front of the school building. Direct the ambulance to the field access gate and make sure the gate is unlocked and opened.

When an **EMERGENCY** has been declared at the **FOOTBALL PRACTICE FIELD** and an ambulance is needed during an athletic event, the following protocol should be followed as closely as possible.

- 1. On Field Evaluation:**      Certified Athletic Trainer: Randy Wilkes  
Assisted by Student Athletic Trainer (SAT)  
Retrieval of splints, ice bags, etc.
  
- 2. Call 911**                      Head Coach:
  - Use athletic trainer's cell phone
  - Location: The football practice field is located on the corner of County Highway 1145 and Amos Road. This is in front and slightly to the left of the front of the school building.
  - Ambulance Directions: The ambulance will pull into the parking lot entrance on Mountain View Road, which is just past the main entrance to the school. There is access to the practice field from this parking lot.
  - Provide pertinent information to dispatcher
  
- 3. Team Control**                Assistant Coach:  
Direct athletes away from injured player
  
- 4. Crowd Control**              Assistant Coach: Keep crowd off field
  
- 5. Contact Parents**            Athletic Trainer/Head Coach:
  - In life threatening situation, call parents (phone numbers with the head coach)
  - In non life-threatening situation, let the athlete call home
  
- 6. Contact Team Physician** Certified Athletic Trainer: Randy Wilkes
  - Call to inform the physician of the situation
  
- 7. Direct Paramedics**        Assistant Coach:  
Stand in the parking lot to flag down EMTs.
  
- 8. Hospital**                      GA/SAT and/or Parents:
  - Call on duty ATC ASAP with medical status

***If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP***

## **EMERGENCY CARE PLAN**

### **Football Practice Field**

#### Procedures for Activating Emergency Plan

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
  
2. If a certified first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The student athletic trainer and first-aider may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
  
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait in the parking lot to flag down and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
  
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

#### **Directions to the Football Practice Field**

The football practice field is located on the corner of County Highway 1145 and Amos Road. This is in front and slightly to the left of the front of the school building. Direct the ambulance to the parking lot entrance on Mountain View Road, which is just past the main entrance to the school.

When an **EMERGENCY** has been declared at the **GYMNASIUM** and an ambulance is needed during an athletic event, the following protocol should be followed as closely as possible.

- 1. On Field Evaluation:**      Certified Athletic Trainer: Randy Wilkes  
Assisted by Student Athletic Trainer (SAT)  
Retrieval of splints, ice bags, etc.
  
- 2. Call 911**                      Head Coach:
  - Use athletic trainer's cell phone
  - Location: The gymnasium is attached to the left side of the school building.
  - Ambulance Directions: The ambulance should enter through the main entrance to the school and proceed around to the back of the school. There is ramp access between the two gyms where the ambulance can pull in between the two buildings.
  - Provide pertinent information to dispatcher
  
- 3. Team Control**                Assistant Coach:  
Direct athletes away from injured player
  
- 4. Crowd Control**              Police: Keep crowd off court
  
- 5. Contact Parents**            Athletic Trainer/Head Coach:
  - In life threatening situation, call parents (phone numbers with the head coach)
  - In non life-threatening situation, let the athlete call home
  
- 6. Contact Team Physician** Certified Athletic Trainer: Randy Wilkes
  - Call to inform the physician of the situation
  
- 7. Direct Paramedics**        Police:  
Stand at the ramp access between the two gyms to flag down EMTs and make sure gym doors are open.
  
- 8. Hospital**                      GA/SAT and/or Parents:
  - Call on duty ATC ASAP with medical status

***If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP***

## **EMERGENCY CARE PLAN Gymnasium**

### Procedures for Activating Emergency Plan

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
2. If a certified first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The student athletic trainer and first-aider may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait at the ramp access between the two gyms to flag down and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.

### **Directions to the Gymnasium**

The gymnasium is attached to the left side of the school building. Direct the ambulance to the ramp access between the two gyms and make sure the gym doors are unlocked and opened.

When an **EMERGENCY** has been declared at the **TENNIS COURTS** and an ambulance is needed during an athletic event, the following protocol should be followed as closely as possible.

- 9. On Field Evaluation:**      Certified Athletic Trainer: Randy Wilkes  
Assisted by Student Athletic Trainer (SAT)  
Retrieval of splints, ice bags, etc.
- 10. Call 911**                      Head Coach:
- Use athletic trainer's cell phone
  - Location: The tennis courts are located in front of the front of the school building. From the entrance of the school building, the tennis courts are located immediately on the right.
  - Ambulance Directions: The ambulance will pull into the tennis court parking lot on the right as they turn into the main entrance before they go through the gates.
  - Provide pertinent information to dispatcher
- 11. Team Control**                Assistant Coach:  
Direct athletes away from injured player
- 12. Crowd Control**              Police: Keep crowd off court
- 13. Contact Parents**            Athletic Trainer/Head Coach:
- In life threatening situation, call parents (phone numbers with the head coach)
  - In non life-threatening situation, let the athlete call home
- 14. Contact Team Physician** Certified Athletic Trainer: Randy Wilkes
- Call to inform the physician of the situation
- 15. Direct Paramedics**        Police:  
Stand in the parking lot to flag down EMTs.
- 16. Hospital**                      GA/SAT and/or Parents:
- Call on duty ATC ASAP with medical status

***If no ambulance is needed: SAT/GA or parent to drive. Call on duty ATC ASAP***

## **EMERGENCY CARE PLAN Tennis Courts**

### Procedures for Activating Emergency Plan

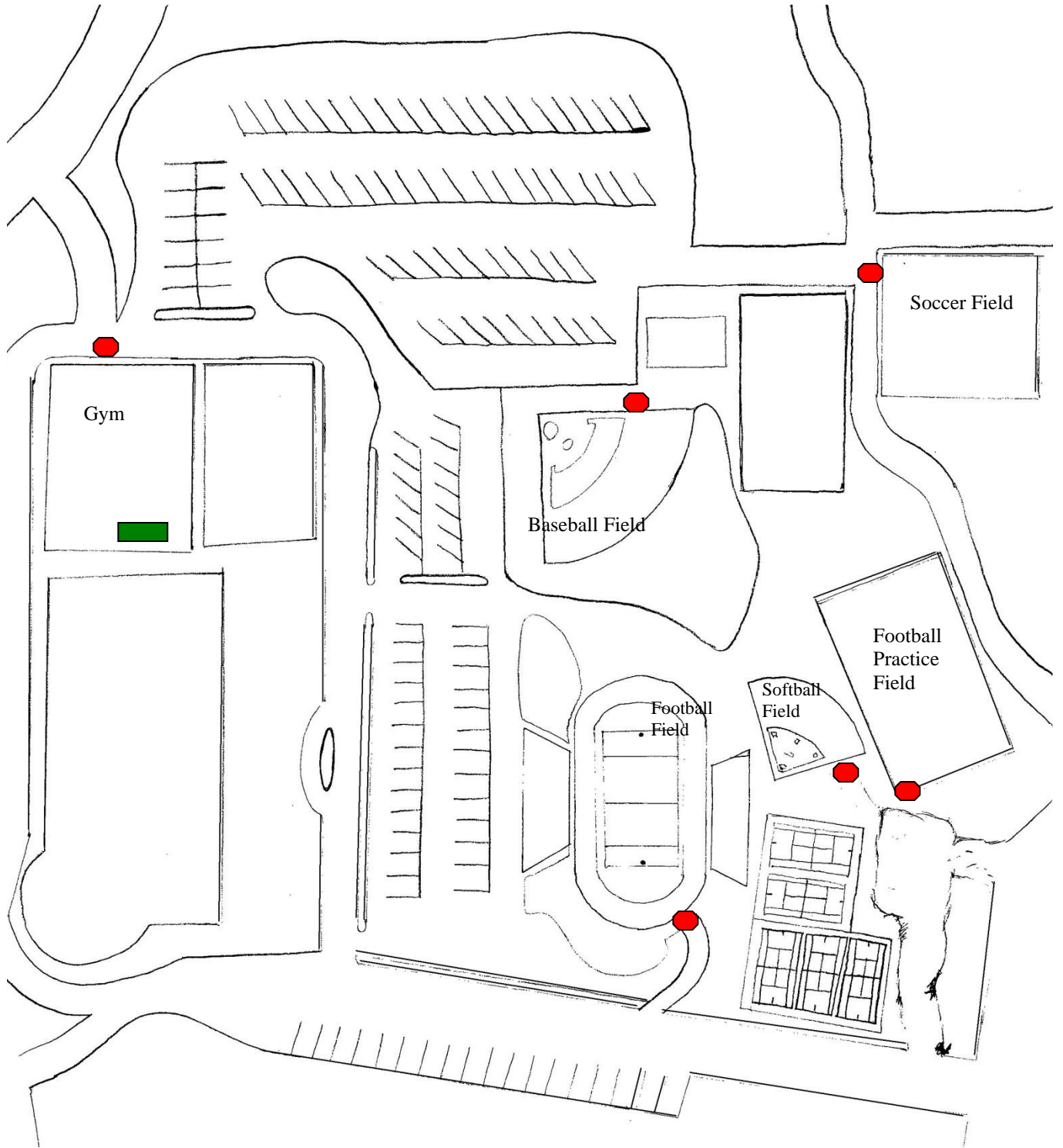
5. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game and do not move athlete until responsiveness and degree of injury are assessed.
  
6. If a certified first-aider feels the need for assistance they should contact the Certified Athletic Trainer if he/she is not present. The student athletic trainer and first-aider may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
  
7. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by the phone. The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait in the parking lot to flag down and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
  
8. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary an athletic trainer or designated person should go to the hospital to provide necessary information.


### **Directions to the Tennis Courts**


The tennis courts are located in front of the front of the school building. From the entrance of the school building, the tennis courts are located immediately on the right. Direct the ambulance to the tennis court parking lot.

Ootlewah's campus diagram is provided on the following page concerning these athletic sites.





 - Green Rectangle indicates the athletic training room location.

 - Red dots indicate the location of the ambulance entrance to each athletic facility and in the event of an emergency, paramedics should be directed to these specific locations for optimal efficiency

# Grace Academy

## Athletic Training Policies & Procedures



Grace Baptist Academy

## **Mission Statement**

The Certified Athletic Trainer (AT) seeks to provide a safe environment for the student-athletes, not only physically, but also mentally, emotionally, and spiritually. The AT will provide quality medical care in the fields of injury prevention, recognition, management, evaluation, treatment and rehabilitation for athletic injuries sustained by Grace Baptist Academy student-athletes.

Working in conjunction with the Sports Medicine Team, the Certified Athletic Trainer will return student-athletes to play as safely and quickly as possible.

## **Standards of Ethical Conduct**

The goal of the Athletic Trainer is to create an atmosphere in which the athlete feels safe physically, mentally, emotionally, and spiritually. Adherence to the National Athletic Trainers' Association Code of Ethics promotes these ideals and helps the athletic trainer maintain the level of professionalism necessary to deliver quality medical care.

Principle 1 : The athletic trainer shall respect the rights, dignity and welfare of all.

Principle 2: The athletic trainer shall comply with the laws and regulations governing the practice of athletic training.

Principle 3: The athletic trainer shall maintain and promote high standards in their provision of services

Principle 4: The athletic trainer shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

## **Sports Medicine Team**

The Sports Medicine Team includes health care professionals and allied healthcare professionals, as well as the student-athlete, school administrators, coaches, parents, participants, and bystanders. These health care professionals could include, but are not limited to: certified athletic trainers, team physicians, consulting physicians, school nurses, physical therapists, emergency medical services personnel, dentists and other allied health care professionals. Of these, the athlete will have the most contact with the athletic trainer, school nurse, team physician, and coach.

## **Sports Medicine Team Defined**

**Certified Athletic Trainer (CAT)**: An allied health professional that has completed an accredited postsecondary curriculum, obtained certification from the National Athletic Trainers' Association Board of Certification (NATABOC), and is currently licensed in good standing with the state of Tennessee. He/she has specialized training in prevention, recognition, management, evaluation, treatment and rehabilitation of athletic injuries. The AT must also maintain certification in CPR, First Aid, and Blood Borne pathogens. (T.C.A. 63-24-101)

**Team Physician**: A medical doctor (M.D.) or doctor of osteopathy (D.O.) who has an unrestricted medical license in good standing with the state of Tennessee.

He/she preferably is an orthopedic surgeon or has completed a Sports Medicine Fellowship and has a working knowledge of trauma, musculoskeletal injuries, as well as other various medical conditions that affect athletes. The team physician should integrate medical expertise from other health care providers, including ATs, medical specialists, or other allied health professionals. He/she must ultimately assume responsibility for medical decisions made by the defined Sports Medicine Team surrounding an athlete's medical condition.

Consulting Physician: A licensed physician currently in good standing with the Medical Board of Tennessee. The consulting physician may use in lieu of the team physician in the case of a scheduling conflict on behalf of the team physician. In addition, the team physician may refer an athlete to physician with a specialty if he/she feels the consulting physician has more expertise with that injury. Lastly, a consulting physician may be a physician acting out of good faith during an athletic event.

## **Job Descriptions**

### **Athletic Trainer:**

- Attempt to prevent injuries through
  - Use of Pre-Participation Examinations (PPE)
  - Monitoring field/court/track conditions
  - Monitoring equipment conditions
  - Monitoring weather conditions
- Evaluation of injuries according to physician protocol
- Management of injuries according to physician protocol, including:
  - Basic first aid for all injuries
  - Basic life support (CPR, AED, etc.) for life threatening situations
  - Taping, wrapping, bandaging, padding, splinting athletic injuries
- Referral of athletic injuries as needed
- Administration of treatments according to physician protocol
- Development of rehabilitation programs based on physician protocol
- Coverage of home athletic events
- Supervising upkeep of medical records
- Communicate with coaches/nurses/parents/teachers about injured players
- Establish athletic training room procedures
- Monitor Athletic Training budget - appropriations and expenditures
  - Inventory athletic training supplies
  - Purchase athletic training room supplies

- Place bid in the spring for supplies needed for the following year
- Purchase and maintain athletic training equipment
- Maintain cleanliness of athletic training facility

### **Team Physician/Consulting Physician**

- Be available through appointment for student-athletes at Grace Baptist Academy
- Be present or available for as many home games as possible to oversee any emergency situation that requires a physician
- Make return to play decisions for student-athletes under the direct care of the team physician

### **Coach**

- Assist AT during an emergency situation
- Inform AT of any injury/illness incurred while the AT was not present

### **Medical Eligibility**

**Any student-athlete that does not have the appropriate paperwork will not be allowed to participate. He/she will be considered medically ineligible as per Tennessee Secondary School Athletic Association (TSSAA) regulations. All coaches should submit a full roster to the athletic trainer prior to the start of the athletic season.**

Pre-Participation Examination: In accordance with the TSSAA Constitution, Article II, Section 10, student-athletes must have a pre-participation physical not prior to April 15th for the following school year. Such a physical must be performed by a D.O., M.D., physician's assistant or certified nurse practitioner and state that the student is physically fit to participate in interscholastic athletics. No student-athlete will be allowed to participate in athletics, including practices, until either a physical form, or a letter signed by the parents stating such a physical is against practices or beliefs, is turned in to the athletic trainer.

Medical History Form: Each student-athlete will be required to fill out a medical history form. The information on this form will be used in the case of emergency (i.e. allergic reactions to certain medications), or to help during the evaluation of an injury and/ or condition. It will not be used for any other purpose and will be seen only by the necessary medical personnel as per the Health Information Portability and Accountability Act regulations. This may be included with the PPE form.

Emergency Contact Information: All student-athletes will be required to turn in an emergency contact information form to the athletic trainer prior to the involvement in any athletic event. Such information will include the phone numbers (cell, work, and home) of the primary person to contact in the event of an emergency, as well as a secondary person to contact in case the primary cannot be reached.

Consent to Treat and Assumption of Risk: Each student-athlete will be required to turn a form, signed by both the student-athlete and his/her parents/legal guardians, that gives the athletic trainer, team physicians, and emergency personnel the right to treat the student-athlete in the absence of the parents/legal guardians. This gives the athletic trainer the right to evaluate, treat, and make the appropriate medical decisions the student-athlete during practices and/or games. Student-athletes and their parents/guardians must also sign an assumption of risk form. This form acknowledges that sports participation can be dangerous,

and in the most extreme circumstances, deadly, and releases Grace Baptist Academy and the medical staff from liability due to athletic participation.

Health Information Portability and Accountability Act (HIPAA): Part of HIPAA is designed to protect personal medical information from being released without the consent of the patient. Thus, it is the responsibility of the athletic trainer to maintain the integrity of each student-athlete's medical information. However, to ensure that student-athlete receives the best medical care possible, it is occasionally necessary to share medical information with other doctors, EMS personnel, etc. In accordance with HIPAA, the athletic trainer "must make a reasonable effort to disclose only the minimum necessary information required" to make appropriate medical decisions. A letter explaining the importance of HIPAA will be given to the student-athletes for them and their parents/guardians, as well as a form that must be signed by the student-athlete and the parents/guardians allowing the athletic trainer to share pertinent medical information with the appropriate medical personnel.

### **Athletic Training Services**

**Location:** The Athletic Training Room (ATR) is located in the high school building. It is across from the gym in the coaches' office.

**Hours:** During the regular school year the athletic training room will be open weekdays after school until the end of practices or games. In addition, the ATR is open on the weekends for games and practices on an as needed basis. Hours are posted on the athletic training room door. Hours are as follows:

Monday - Friday: 3:00 PM to 15 minutes after the last practice during games (based on sport/season priority)

The athletic trainer will be in the athletic training room from 3:00 pm until 4:15 pm (roughly the start of practice). Once practice starts the athletic training room will be locked and the athletic trainer will be at the practice that receives highest priority or in a centralized and visible location.

Priority Coverage of Athletic Events: Priority coverage of sporting events is based on a number of different factors. As a rule of thumb, priority will be as follows:

In-Season has priority over Out-of-Season Sports Home events have priority over away events

Games have priority over scrimmages; Scrimmages over practices

When multiple sporting events are at the same time, priority is based on type of sport and injury rate. Sport priorities are ranked highest to lowest as follows:

Contact Sports:

Contact/Collision Sports: Football, Soccer

Limited Contact/Impact: Baseball, Basketball, Softball, Volleyball Non-Contact Sports:

Strenuous: Cross Country/Track Moderately Strenuous: Tennis Non-Strenuous: Golf

When multiple sports in the same category are practicing or have games at the same time, determination of priority is based on the likelihood of injury according a study conducted by the Center of Disease Control (See Table). The sport with the highest rate of injury will receive priority coverage.

TABLE.Sport-specific Injury rates\*In practice, competition, and overall -High School Sports-Related Injury Surveillance Study, United States, 2005-06 school year

Sport	Rate		
	Practice	Competition	overall
Boys' football	2.54	12.09	4.36
Boys' wrestling	2.04	3.93	2.50
Boys' soccer	1.58	4.22	2.43
Girls' soccer	1.10	5.21	2.36
Girls' basketball	1.37	3.60	2.01
Boys' basketball	1.46	2.98	1.89
Girls' volleyball	1.48	1.92	1.64
Boys' baseball	0.87	1.77	1.10
Girls' softball	0.70	1.78	1.13
Total	1.69	4.63	2.44

\* Per 1,000 athlete exposures O.e., practices or competitions).

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5538ai.htm#tab>)

Athletic Training Room Rules:

1. Supplies are for medical use only
2. No shoes in the ATR
3. No bags/equipment allowed in ATR
4. No food or drinks allowed in ATR (water bottles permitted)
5. If you get something out, put it back!
6. No Loitering
7. Do not put anything on the table

Protocol for Injury Evaluation Cat practice/game): If an athlete is injured, the athletic trainer will be summoned if he/she is not already present. At that time the evaluation will proceed as follows:

1. Assess for life threatening injuries in the following order
  - a. Breathing
  - b. Pulse
  - c. Excessive bleeding/Exposed bones
  - d. Spinal column/cord trauma
  - e. Concussion assessment
2. Assess for injuries requiring emergency care
  - a. Dislocated joints
  - b. Broken bones
  - c. Extremity neurovascular trauma
  - d. Gaping wounds
  - e. Eye trauma
  - f. Oral trauma
  - g. Abdominal Injuries
3. Assess for injuries requiring immediate care
  - a. Muscle cramping (due to dehydration, this may escalate to an emergency situation depending on severity and duration)
  - b. Muscle strains/tears
  - c. Ligament sprains/tears
  - d. Contusions
  - e. Minor wounds
4. At the end of the evaluation, the AT will begin initial treatment/management of injury (see Initial Treatment Protocol)
  - a. Document on injury evaluation form and file with the athlete's medical records.

If the injury happens on the field (court/track/course) during a game (match/meet), the athlete will be removed from the field once it has been established by the medical personnel that the athlete can be moved without causing further injury. Although done as quickly as possible, the athletic trainer will take the time necessary to ensure that the athlete incurs no further injury.

Under no circumstances should anyone move the athlete without the athletic trainer's or a doctor's consent.

Primacy Injury Assessment (Life Threatening):

Upon arrival at the scene, the athletic trainer will conduct a primary assessment:

1. Check athlete for consciousness
  - a. If the athlete is conscious, the AT will begin secondary assessment
  - b. If the athlete is unconscious, the AT will continue primary assessment



2. Check athlete's ABCs (airway, breathing, circulation)
  - a. Log roll the athlete\*
  - b. If the athlete is not breathing, the AT will begin mouth-to-mouth resuscitation\*\*, check pulse, and instruct the coach to retrieve AED and signal to Game Administrator to call 911
    - i. If the athlete has a pulse, the AT will continue mouth-to-mouth until EMS arrives
    - n. If the athlete doesn't have a pulse, the AT will begin CPR as the coach prepares the athlete for the AED/CPR
      1. The AED will assess for a shockable rhythm.
        - a. If no such rhythm exists, the AT will start/continue CPR until EMS arrives
        - b. If there is a shockable rhythm, the AT will follow the instructions provided by the AED
  - m. If the athlete regains a rhythm and starts to breathe on his/her own, the AT will continue to monitor the athlete until EMS arrives
    - c. If the athlete is breathing, the AT will begin secondary assessment

Secondary Assessment (possible life threatening injuries): Upon arrival the athlete is conscious and breathing:

1. Check athlete for excessive bleeding (Follow Universal Precautions)
  - a. Look for any exposed bones
  - b. Apply direct pressure if the AT doesn't suspect a fracture/break, or apply pressure to nearest artery pulse point in the event of exposed bones and instruct coach to call 911
  - c. Elevate injured area (if no fracture/break/exposed bones)
  - d. Apply tourniquet if bleeding doesn't stop
2. Check athlete for cervical spine injury (at any point there is a positive sign for cervical spine injury the evaluation stops, the AT will stabilize and instruct the coach to call 911)
  - a. Look for neck deformities, strange head positions
  - b. Ask athlete about sensations (pain, pins and needles, any snaps/pops/cracks heard)
  - c. Palpate cervical area (looking for crepitus, point tenderness, increase in symptoms, bilateral neck musculature spasm)
  - d. Test sensations bilaterally in upper and lower extremities (have athlete wiggle fingers/toes, squeeze legs/arms)
  - e. Perform neurological tests
3. Check the athlete for a concussion
  - a. Determine level of consciousness
  - b. Determine cause of injury (i.e. blow to head)
  - c. Look for any bumps, cuts, wounds
  - d. Perform cranial nerve tests
  - e. Perform cognition tests
  - f. Refer if necessary

- g. If not immediately referred, repeat tests every 5 minutes
- h. The AT will call 911 if symptoms worsen
- I. If symptoms are stable and the athlete is deemed safe to go home, the AT will send a Head Injury Care Form home with athlete. Form outlines necessary steps for parents to take to ensure proper care for the athlete.
- n. AT will record evaluation on the Injury Evaluation form
  - i. If symptoms do not worsen and the athlete remains stable, the AT will perform a follow-up evaluation the following day.
    - 1. Follow-up evaluations are recorded on the Concussion Follow-up Form
- 11. The athlete will not be released for activity until one or both of the following conditions are met
  - 1. A medical doctor releases the athlete after evaluating the athlete for a concussion
  - 2. The athlete successfully completes the return to play protocol for concussions under supervision of the AT

\* The AT will only perform a log roll under the following conditions:

- 1. The athlete is prone and not breathing
- 2. The athlete is prone and the AT can't determine if he/she is breathing
  - 3. The athlete is a football player. Athlete will be log rolled if prone and face mask removed should the athlete go into shock
- 4. EMS has arrived and the athlete needs to be spine boarded

\*\*In the case of sports with a helmet and facemask, the facemask will be removed to allow AT to perform mouth-to-mouth resuscitation. For football, the helmet WILL NOT be removed unless the facemask cannot be removed in a timely manner. Football helmets and shoulder pads should not be removed until a cervical spine injury has been ruled out unless absolutely necessary to administer mouth-to-mouth and/or CPR.

General Injury Protocol (injuries requiring emergency or immediate care) upon arrival (either the athlete to the training room or the AT to the field), the AT rules out life threatening conditions:

- 1. If entering the Athletic Training Room, the athlete must sign in at front desk
- 2. Obtain history: determine mechanism of injury (MOI), location of pain, abnormal sensations, associated sounds, and previous history of injury to that area. If the athlete is unable to provide history, witnesses can be questioned at the appropriate time.
  - 3. Observation: AT will look for visible deformities, bleeding, swelling, and discoloration.
    - a. If a cervical spine injury is suspected, appropriate tests will be conducted. AT will call EMS if cervical spine cannot be cleared.

- b. If a deformity is present, the AT will splint the area and refer for emergency care.
- 4. Palpation: AT will palpate injured area and surrounding area for indentations, crepitus, deformities, atrophy, pulse, pain location, sensation, and temperature.
  - c. If crepitus exists, the AT will conduct fracture tests. If tests are positive, the AT will splint the injured area and refer for radiographs.
  - d. Lack of pulse indicates neurovascular compromise. The athlete will be referred for emergency care.
- 5. Range of Motion (ROM-only tested if fracture/ dislocation has been ruled out): AT will have athlete actively move injured area to determine pain free ROM. Passive and resisted ROM will also be tested if not contraindicated.
- 6. Special Tests: AT will use special tests to determine severity of injury. Tests will be conducted so that the most severe injury will be ruled out first for that area.
  - a. Neurovascular compromise
  - b. Fracture/Dislocation
  - c. Muscle Strain
  - d. Ligament Sprain

#### Protocol for Physician Referral/Appointments

If the injury warrants a physician examination, student-athletes may either see their own physician or the team physician. In the fall, student-athletes also have the option of going to the Saturday Morning clinics sponsored by the Center of Sports Medicine and Orthopedics. These clinics take place at Center of Sports Medicine and Orthopedics office on McCallie Avenue. Athletes must report Saturday morning at 9 am to be seen at the clinic.

#### Protocol for Treatment & Rehabilitation

The goal for treatment and rehabilitation is to decrease pain and to return the athlete to pre-injury status. Strength and Range of Motion should be nearly equal bilaterally by the completion of the rehabilitation program.

#### Initial Treatment

- 1. Ice: to help prevent secondary cell death and decrease pain
  - a. AT must determine if there are any contraindications prior to the application of ice
    - i. Allergies (Cold Urticaria): Hives over treatment area
- ii. Raynaud's Phenomenon: blue/grayish skin; intense burning and tingling over treatment area
- m. Cold Induced Hemoglobinuria: dark urine & back pain
- iv. Cryoglobulinemia: Skin discoloration & dyspnea
- 2. Compression: Limit swelling and secondary cell death
  - a. AT must rule out fracture & compartment syndrome before applying compression

- b. Continuous Compression (i.e. ACE © wrap around ankle)
- c. Focal Compression (i.e. Horseshoe around lateral malleolus)
- 3. Elevation: Limit swelling and secondary cell death
  - a. Keep limb elevated above the heart to limit the accumulation of swelling in injured area
- 4. Prohibit heat for the first 72 hours: heat will increase the amount of swelling in the injured area
- 5. Send recommended care form home with student-athlete to provide parents/guardians with care guidelines and contact source.

#### Continued Treatment

- 1. Reduce pain: AT may use the following to decrease athlete's pain
  - a. Cryotherapy (Cold Therapy): Includes, but not limited to:
    - i. Ice Packs: ice in plastic bag wrapped to injured area. Treatment time is 20-30 minutes. Over smaller areas or over superficial nerves, treatment time is reduced.
    - n. Commercial Cold Packs: Acceptable if ice is not available. Put barrier (i.e. towel) between athlete and cold pack. Treatment time is same as ice pack.
    - m. Ice Cups: Water frozen in paper cup. To use, tear paper cup away to expose ice and rub vigorously over injured area. Most commonly used with trigger points and muscle contusions. Treatment time is 5-10 minutes depending on injury area size.
      - iv. Slush buckets (submerge injury in ice/water mix): Prevent frostbite by using coverings for the fingers/toes. Have student-athlete move area to break thermopane.

Treatment time is 15-20 minutes

- v. Cold Water Circulating Units: Apply sleeve over treatment area. Wear for 20-30 minutes.
- vi. Vapocoolant Spray: Determine if student-athlete is allergic to any chemicals before use. Hold spray 1-1112 feet away from injury site and spray in strips. Use no more than 2x a day
- vii. Cold Whirlpool: Never leave student-athlete unattended while in the whirlpool. Student-athletes with skin infections are not allowed in whirlpool. Pool should be between 50-60 °F. Position student-athlete comfortable and fully submerge injury area. Turn jets on to break thermopane. Treatment time is 20-30 minutes.
- b. Electrotherapy: Contraindications include: infection, malignancies, muscle stimulation over fracture, pregnancy, electrode placement over carotid artery. Electrotherapy includes, but is not limited to:
  - 1. Unipolar Alternating Current: uses electricity to stimulate pain relief. AT should set machine at appropriate settings depending on desired pain model. Treatment time is 15-

30 minutes, or as long as the student-athlete can tolerate for pain model III.

n. Bipolar (Premodulation): See Unipolar

ni. Quadripolar (Interferential): See Unipolar

2. Increase ROM/Prepare student-athlete for rehabilitation exercises:

- a. Thermotherapy (Heat Therapy): Contraindicated within the first 72 hours of an acute injury. Other contraindications include peripheral vascular disease, sensory loss, or over areas of impaired circulation. Thermotherapy includes, but is not

limited to:

- i. Moist Heat Pack (Hydrocollator): Pad soaked in 170°F water and wrapped in terry cloth covers. The pad is then put over the injury site. Treatment time is 10-20 minutes

IL Paraffin Bath: Used for small irregular areas and decreased ROM. Should not be used over areas that have open wounds. Injury area should be dipped in paraffin 6-12 times and allowed to dry. Treatment time is 15-20 minutes.

iii. Warm Whirlpool: See Cold Whirlpool for guidelines. Pool should be kept at 98-110°F. Treatment time is 20- 30 minutes.

iv. Ultrasound: Uses acoustic (sound) waves to produce heat in the treatment area. Ultrasound can be used with contusions and other soft tissue injuries. Should not be used over fracture sites, the spinal column, epiphyses, or metal implants. Acoustic waves cannot travel through the air so a coupling agent must be used. Intensity is dependent on depth of treatment area. Duration of treatment is dependent on size, but usually between 5-10 minutes.

- b. Passive Exercise: Student-athlete remains relaxed as the AT passively moves the joint through its normal ROM. This technique is used to increase ROM at a specific joint.

3. Increase/Regain Strength:

- a. Active Exercise: Student-athlete actively moves the joint through its full ROM by contracting and controlling the muscles that move the joint.
- b. Active Assistive Exercise: Student-athlete actively moves joint through full ROM with AT assistance during points of weakness. The goal is for the student-athlete to regain enough strength to move joint through the full ROM without assistance.
- c. Resisted Exercise: Once student-athlete can complete full ROM without assistance, resistance may be added. Resistance can be manual (provided by AT), resistive tubing, hand-held or ankle weights.

- d. Isometric Exercise: Used to strengthen muscles at a specific point in the ROM, most commonly post-surgical when full ROM is contraindicated. Resistance is applied at a specific point and no movement occurs at the targeted joint.
  - e. Isotonic Exercise: Used to gain strength in the muscles through a full ROM. Resistance can be applied through the use of hand- held weights, resistive tubing, gravity, etc.
  - f. Isokinetic Exercise: Usually used with an isokinetic machine. Maintains weight and speed through the full ROM. Can be used for strength building and measurements for baseline testing, return to play decisions, etc.
4. Protect the Injury
- a. Taping: Various taping techniques may be used to provide additional support to the injured area.
  - b. Padding: Some injuries may require additional padding to prevent further injury.
  - c. Bracing: Some injuries may require a brace. Braces can either be obtained through the student-athlete's physician, team physician, or through a catalogue. Braces are at a cost to the student-athlete.
  - d. Splinting: Various injuries may need to stay splinted during activity. This will be done at the discretion of the AT.
  - e. Modify Participation: Some injuries require the AT to modify activity for the student-athlete. This will be done at the discretion of the AT and/or the team physician.
  - f. Remove from participation: Some injuries may require removal of the student-athlete from participation to prevent further injury. This will be done at the discretion of the AT and/or team physician.

#### Protocol for Over-the-Counter (OTC) & Prescription Drugs

The AT must have parental consent before administering any drugs to a minor. AT must establish if the student- athlete has any allergies before giving any drugs. In addition, according to the Rule of the Tennessee Board of Athletic Trainers (0150-1), Athletic Trainers may not administer prescription drugs without the order and under the supervision of the attending physician. Such drugs must be dispensed by a licensed pharmacist or licensed physician. OTC drugs are dispensed in one dose amounts and in individual labeled packets. Protocol is as follows (with parental consent):

1. Pain Relievers/Non-Steroidal Anti-Inflammatories (NSAID): These drugs may be given for an acute injury to help prevent further swelling and to relieve pain. They are not to be given before or during a practice/game or in the event the student-athlete should sustain a head injury.
2. Pain Relievers excluding NSAIDs (i.e. Acetaminophen): These drugs may be given prior to practice/ game to help relieve pain.

3. Antihistamines (i.e. Benedryl): These drugs may be given under two conditions. The athlete is suffering from an allergic reaction (i.e. bee sting) or the athlete is suffering from seasonal allergies. Antihistamines are not recommended prior to practice/ game due to the nature of the drug to cause drowsiness.
4. Antacids: Given only in the event of heartburn and in the dosage written on the bottle. Care will be taken to ensure that heartburn is not a sign of another worse situation (i.e. heart attack).
5. Anti-diarrheals: Given only in the event of diarrhea and in the dosage written on the bottle. AT will recommend physician intervention.

#### Protocol for Return to Play Decisions (RTP):

For student-athletes that obtained an injury that required physician's care, they must bring a signed note from the physician to the AT clearing them to play. For student-athletes with an injury that didn't require physician care, the athlete will undergo functional testing supervised by the AT. Once the athlete can complete functional testing without compromise, he/she will be cleared to return to play. Until the student-athlete is cleared by either the AT or a physician, he/she is not allowed to participate in practice/scrimmages/games. The AT will communicate with the coaches by a Return to Play form, as well as talking to the coaches directly as time allows.

#### Return to Play Against Medical Advice:

If the student-athlete and his/her parents/guardians wish the student- athlete to play against medical advice, the parents, student-athlete, and AT and team physician will have a meeting. At that time the injury and possible consequences of early return to play will be fully explained to the student-athlete and the parents. At the end of the meeting, all parties must sign a form releasing the AT and team physician from liability. The form will not be signed by any party until the student-athlete and parents fully understand the situation and possible consequences.

#### **Policies**

Lightening/Bad Weather Policy: The AT is responsible for monitoring weather conditions prior to the start of practices. In addition, the AT will carry a lightening detector at all times while supervising outdoor sports.

#### **PRIOR TO THE START OF PRACTICES/GAMES**

The AT will monitor weather conditions by checking weather.com, newschannel9.com, and by listening to the radio. Procedures will be as follows:

Tornado Warning: All outdoor activities are prohibited and all students and staff should go to the designated Tornado shelter (the athletics hallway in HS building).

Tornado Watch: All afterschool activities are cancelled for the day and athletes must go home. If the tornado watch expires before the end of the school day, extracurricular activities may take place.

Lightening: If radar shows lightening in the area, the AT will use the lightening detector and/or flash-to-bang method to determine the distance from the strikes. If either method indicates that lightening is within 10 miles, all outdoor activities will be postponed.

Activities may resume if the lightening ceases and there is not another strike within 10 miles for 30 minutes.

#### DURING PRACTICE:

In the event that inclement weather approaches, the AT will monitor the weather and direct the coaches appropriately.

Tornado Warning: : All outdoor activities are prohibited and all students and staff should go to the designated Tornado shelter (the athletics hallway in HS building).

Tornado Watch: All outdoor activities are cancelled and athletes are to go home.

Lightening: The AT will carry a lightening detector and will watch the sky for lightning strike. At the first sign of lightening the AT will:

1. Determine the distance from the lightning strike using the lightening detector and/or the Flash to Bang Method.
  - a. If the distance is greater than or equal to 11 miles, the AT will notify the coaches of lightening and the *possibility* of having to postpone practice by going indoors.
  - b. If the distance is less than or equal to 10 miles the AT will notify the coaches that the conditions are dangerous and everyone must go either to the locker room or in the gym.
    - i. Activities may resume if the lightening ceases and there is not another strike within 10 miles for 30 minutes
2. Monitor the storm and determine whether the lightening is getting closer or farther away by both monitoring the lightening detector and using the flash-to-bang method.

#### GAME/SCRIMMAGE:

Prior to the start of the game, the AT and referees will establish who will make the decision about dangerous weather conditions. Should the AT and referees agree that the AT will make the call the AT will follow the lightening/bad weather protocol:

1. Inform the game announcer that the AT will make the call and give the announcer instructions to give the spectators regarding their safety. (The AT may take the place of an announcer if no announcer is present)
2. At the first sign of lightening the AT will determine the distance from the lightning strike.
  - a. If the distance is greater than or equal to 11 miles, the AT will notify the coaches/referees of lightening and the possibility of having to postpone practice by going indoors.



b. If the distance is less than or equal to 10 miles the AT will notify the coaches/referees that the conditions are dangerous and everyone must go to their appropriate location.\*

3. The referees will call the game and the game announcer/AT will give the spectators information about where to seek shelter.\*
4. The AT will continue to monitor the storm and determine whether the lightening is getting closer or farther away using both the lightening detector and the flash-to-bang method.

In the event that the athletic event has been postponed, the AT will:

1. Continue to monitor the storm. The event may resume if 30 minutes passes without another strike within 10 miles. If there is another strike within the 30 minute limit, the 30 minute limit starts over.

Cancellation of any athletic event is at the discretion of the Athletic Director, coaches, and/or referees.

\*Appropriate Locations:

1. Spectators: The game announcer will direct spectators to the Middle School gym. They also have the option of going to their respective cars. No one is permitted to remain on the field, they must seek shelter.
2. Referees: The AD will escort them to their designated locker room.
3. Home Team: Their respective locker room during a game situation. During a practice they may go to the middle school gym to continue indoor practice.
4. Visiting Team: Their locker room or the middle school gym.

### Heat Policy

In an effort to help protect the health and safety of the student-athletes, the Athletic Trainer, in conjunction with the TSSAA, is implementing these procedures pertaining to heat and participation in physical activity. These procedures should serve as guidelines to conduct outdoor practices and other activities during such times as the ambient temperature and/or heat index exceeds 95 degrees.

1. This procedure calls for the determination of the ambient temperature, relative, humidity, and heat index.
2. These measurements of temperature and heat index will be taken by the following device:
  - a. **Digital psychrometer:** stored and monitored by the certified athletic trainer
3. When there is a heat index and or an ambient temperature reading that exceeds 95 extreme cautions will be taken and practices will be incrementally modified based upon repeated measurements.

4. When the ambient temperature or heat index exceeds 104 degrees all outside practices will cease and be directed to go inside to a climate controlled facility.
5. Once heat procedures have been enacted the temperature and heat index will be monitored and recorded every thirty minutes until the end of activity.

**Procedure for Testing**

One hour prior to the start of activity, the AT will begin to take temperature and heat index measurements. The AT will record this information on the Heat Index form.

**Electronic Psychrometer:** Psychrometer should be placed in an open area as close to the location of activity as possible. The psychrometer should be placed out of direct sunlight and approximately five to six feet from the ground.

Allow the psychrometer to set in the on position for at least five minutes before recording readings.

<p align="center"><b>Highest Recorded Temperature (HRT) Under 95</b></p>	<ul style="list-style-type: none"> <li>• Practice is not limited, within reason.</li> <li>• Allow for adequate water breaks and rest periods.</li> <li>• Continue to monitor athletes for signs of heat illness</li> <li>• Those athletes exhibiting these signs should be removed from practice and monitored in a cool shaded area, until qualified personnel clears them to go back to practice.</li> <li>• Continue to monitor heat index every 30 minutes</li> </ul>
<p align="center"><b>HRT 95-99</b></p>	<ul style="list-style-type: none"> <li>• Provide ample amounts of water</li> <li>• Water should be provided so that athletes can drink as they feel it is needed</li> <li>• Water breaks should be every 30 minutes lasting 10 minutes in duration, preferably in shaded area.</li> <li>• Allow athletes to remove any excess pads during water breaks to allow for adequate cooling</li> <li>• Monitor athletes carefully for signs of heat illness</li> <li>• Those athletes exhibiting these signs should be removed from practice and monitored in a cool shaded area, until qualified personnel clears them to go back to practice.</li> <li>• Continue to monitor heat index every 30 minutes</li> </ul>
<p align="center"><b>HRT 100-104</b></p>	<ul style="list-style-type: none"> <li>• Provide ample amounts of water</li> <li>• Water should be provided so that athletes can drink as they feel it is needed</li> <li>• Water breaks should be every thirty minutes lasting 5-10 minutes in duration, preferably in shaded area.</li> <li>• Equipment such as shoulder pads and helmets should be removed as long as the temperature and or heat index stays in this range.</li> <li>• Those athletes exhibiting these signs should be removed from practice and monitored in a cool shaded area, until qualified personnel clears them to go back to practice.</li> <li>• Continue to monitor heat index every 30 minutes</li> </ul>
<p><b>HRT 105 or above</b></p>	<ul style="list-style-type: none"> <li>• All outdoor activities should be stopped, or moved to a climate controlled facility.</li> <li>• Continue to provide ample amount of water even while practicing inside.</li> <li>• Monitor athletes carefully for signs of heat illness. Those athletes exhibiting these signs should be removed from practice and taken to cool area until qualified personnel clears them to go back to practice.</li> <li>• Continue to monitor heat index every 30 minutes</li> <li>• If the heat index drops below 105 practice may be moved back outside.</li> </ul>

# Cleveland High School Emergency Action Plan Football Field

Initiate 911 first, then dial Certified Athletic Trainer (Rebecca Parker: 423-435-1679), if not already present at the event or practice. Other people involved in the EAP are Dr. Voytik, Eric Phillips (Athletic Director), and Coach Ron Crawford (Head Football Coach)

## Procedures for Activating Emergency Plan

1. In the event of an injury to a student-athlete, the athletic trainer or certified first-aider should assess the extent of the injury. Always remember to wait until the official stops the game, or the head coach stops the practice and **do not move athlete** until responsiveness and degree of injury are assessed.
2. If a certified first-aider feels the need for assistance they should contact the Certified Athletic Trainer if she is not already present. The student athletic trainer and first-aider may assist in minor wound bandaging, ice bagging, and simple First Aid procedures; they can also make the necessary communications for other needed services.
3. When a situation is deemed **life threatening** (head, neck, or back injury or cardiac pathology) or serious in nature, one person should immediately activate EMS by phone. If the AED is needed, it is located inside the school right outside the door to the gymnasium (aka the Dome). The same person will instruct an assistant to clear the area located closest to the road in which the injured athlete is lying. Someone should wait on Raider Drive by the entrance to Cleveland High School, as well as the gate entrance for the road to the field house and instruct the ambulance where to go. Make sure that the area is clear and the ambulance will have plenty of space.
4. Once the ambulance arrives, EMTs will have complete control of the scene and the situation. If transporting a student-athlete is necessary, an athletic trainer or designated person should go to the hospital to provide necessary information.

## Directions to Football Field

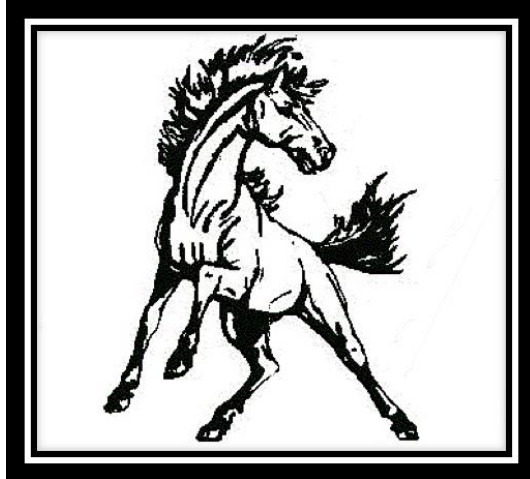
The football field is located on Raider Drive behind the Jones Wrestling Center and the baseball field. EMTs can access field by driving behind the field house and entering the field through the double gates beside the field house.

## Emergency Phone Numbers

Emergency: 911  
Fire Department: (423) 472-2181  
Ambulance: (423) 728-7015

## **Lightning Emergency Action Plan Football Field**

1. If inclement weather is forecasted at game time, Rebecca (Athletic Trainer) will keep a close watch on the weather radar for Cleveland up until the competition begins. Watching [www.weather.com](http://www.weather.com) will give her the information she needs. Prior to the beginning of the game, Rebecca will talk with both the officials and the head coaches (Coach Ron Crawford) about the upcoming storm, where the safe location is (the Field House and the Jones Wrestling Center), and that she will keep track of the distance the storm is from the field.
2. Since Cleveland High School does not own a lightning detector, the “Flash Bang” method will be used to determine the distance of the storm. To use the Flash Bang method, count the seconds from the time lightning/flash is sighted to when the clap/bang of thunder is heard. Divide this number by 5 and equals how far away (in miles) the lightning is occurring. Activities will be terminated at the 40 seconds or 8 miles mark.
3. If lightning is in the immediate area, Rebecca will notify Coach Crawford (Head Football Coach) and the referees about the inclement weather and that everyone needs to take shelter. Teams may return to the field, with Rebecca’s permission only, 30 minutes after the last sight of lightning. Both teams may use the Football Field House or the Jones Wrestling Center as shelter from the lightning storm. Fans will also be warned about the upcoming storm and be advised to take shelter throughout the duration of the storm. Unsafe shelter areas include open fields, metal objects (bleachers, fences, etc.), individual tall trees, and light poles.
4. If unable to reach safe shelter or if a person feels that his or her hair is standing on end, assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground, because lightning current often enters the victim through the ground rather than by a direct overhead strike. Do not lie flat! If safe shelter is only a short distance away, it’s been suggested to run for shelter rather than stay in middle of field.
5. Avoid using the telephone except in emergency situations. People have been struck by lightning while using a land-line phone. A cellular phone or a portable phone is a safe alternative to land-line phones, if the person and the antenna are located within a safe structure, and if all other precautions are followed.
6. In case of an emergency situation in which someone is injured due to lightning, the phone numbers used in the Football EAP will help get the proper authorities to the football field.



## **Walker Valley High School**

### **Emergency Action Plan and Athletic Training Room Policies and Procedures**

Prepared by:

Jessica Covert ATC  
Certified Athletic Trainer  
December 2013

#### General Emergency Information

In the event of an emergency: Dial 911

School's Address:  
750 Lauderdale Memorial Hwy,  
Cleveland, TN 37312

The closest intersection to the school is I-75 and Lauderdale Memorial Hwy.

#### Landline Locations:

- Main Office (423) 336-1383

#### Emergency Contact Information:

- Cleveland Police Non-Emergency Number (423) 476-7511

- Bradley County Ambulance Service (423) 728-7010
- Bradley County Fire and Rescue (423) 728-7293
- Police Department (423) 476-1121
- Bradley County Sheriff (423) 476-0680
- Hospital: Sky Ridge Medical Center:  
Main: (423) 559-6000 Westside: (423) 339-4100
- Poison Control US (800) 222-1222
- Athletic Department  
Athletic Director: Mike Turner (423) 595-2640
- Athletic Trainer: Jessica Covert (865) 228-3521
- Attendance Office: 336-1383 x3431
- School Nurse Stephanie 336-1383 x3409

AED Locations:

- o Arena – North side (Main entrance to arena)
- o Field House AED – Outside (main entrance)

A. INTRODUCTION:

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care during the emergency situation. The development and implementation of an emergency plan will help ensure that the best and quickest care will be provided.

Athletic departments have a duty to develop an emergency plan that will be implemented when necessary, therefore providing appropriate standards of emergency care. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each; emergency situation to be managed appropriately.

Walker Valley High School has a written emergency plan that should be followed in the event of a medical emergency. All coaches should be familiar with this document and their role and responsibility in an emergency. Any questions should be directed to the head athletic trainer (or school administrator, in the absence of an athletic trainer).

An emergency is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.

Situations when 911 should be called are:

- An athlete is not breathing
- An athlete has lost consciousness
- It is suspected that an athlete may have a neck or back injury
- An athlete has an open fracture (bone has punctured through the skin)
- Severe heat exhaustion or suspected heat stroke
- Severe bleeding that cannot be stopped
- Any other type of life threatening injury

**B. EMERGENCY PERSONNEL - Chain of Command**

1. Team Physician
2. Certified Athletic Trainer
3. Athletic Director
4. Administrator
5. Head Coach
6. Assistant Coach
7. School Resource Officer
8. Sports Medicine Student Assistant
9. Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives. However at any point in time if someone feels the need due to a life threatening situation, they can call 911 it isn't solely the responsibility of the emergency personnel.



Once it has been decided that EMS should be called, the following protocol should be followed:

### C. EMERGENCY ACTION PLAN STEPS:

1. The highest person on the chain of command will be deemed the leader, they will first establish the scene as safe once this has been achieved they will stay with the athlete and monitor their condition while administering necessary first aid. If possible, someone else on the chain of command should also stay and assist. The front office or an administrator should be notified that there is an emergency situation on campus.

2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call.

3. EMS/911 can be called from a cell phone or land line located in the main office, wellness office.

#### • Providing Information:

- - Name, address, telephone number of the caller
- - Nature of emergency (medical or non---medical\*)
- - Number of athletes
- - Condition of athlete(s)
- - First Aid treatment initiated by the first responder
- - Specific directions as needed to locate the emergency scene
- DO NOT HANG UP UNTIL EMS HANGS UP FIRST.

Walker Valley High School is located at: 750 Lauderdale Memorial Hwy  
Cleveland, TN 37312

- The closest intersection to the school is I-75 and Lauderdale Memorial Hwy.

4. Another person will be in charge of retrieving the emergency equipment from its designated location and returning to the leader as soon as possible. This can be a good job for a student trainer or coach.

5. The leader will send runners to all intersections between where the athlete is located and the School/venue-specific location to direct the ambulance to the athlete. The runners should stay in their positions and wave the ambulance through the proper turns to get to the athlete.

6. The leader will designate another person to attempt contact with the athlete's parents. Emergency contact information can be found in the athletes physical form which coaches and athletic trainers should have with them at all times. If a parent is present they are to be located and brought to the area to be transported with EMS.

7. If transport is deemed necessary by EMS, the athlete will be taken Sky Ridge Medical Center: 2305 Chambliss Ave NW, Cleveland TN unless the parent requests otherwise.

#### D. ROLES OF THE EMERGENCY TEAM MEMBERS

##### First Responder Responsibilities

1. Assess athlete, if a student has collapsed and is not responsive, assume CPR
2. Identify person to activate Emergency Medical System (call 911 or notify EMS if present).
3. Identify person to retrieve emergency equipment such as an AED or other first aid supplies if needed.
4. Lead/coordinate CPR efforts if appropriate until EMS personnel are present to assume care.
5. Identify person to direct EMS to the scene.
6. Identify person to do crowd control. Only persons involved in the care of the athlete should be present.
7. Identify person to contact parents. This person should retrieve student's emergency information that all coaches are required to have on hand. They should also share this information with the person designated to call EMS.

##### Person activating Emergency Medical System responsibilities

1. Call 911 immediately.
2. Be prepared to give as much information as possible including:
  - a. Your name, address, telephone number of caller
  - b. Why you are calling (student collapsed while practicing football)
  - c. Condition of athlete (breathing, pulse, level of consciousness, etc)
  - d. Any treatment initiated by first responder
  - e. Location of athlete
  - f. Directions if needed.
  - g. Other information requested by dispatcher
3. After ending call, report back to FIRST RESPONDER that EMS has been called and is on the way.

##### Person retrieving Emergency Equipment responsibilities

1. Retrieve AED first and return to scene. Notify FIRST RESPONDER that the AED is present.
2. All teams have a first aid kit but additional supplies such as splints, slings can be obtained from the sidelines where the Athletic Trainers kit is located.

##### Person directing EMS to scene responsibilities: (Assistant Coach, Administrator, Athletic Director)

1. If more than one person is needed, request additional help.
2. Go to entrance of area. Be sure gates are open. If area is not easy to locate, you may want to have several people to get into strategic areas to "flag down" EMS personnel and direct them to the scene.

Person doing crowd control responsibilities: (SRO, Assistant Coach, Administrator, and Athletic Director)

1. Limit scene to necessary people. Move bystanders away from area.
2. If CPR is in progress, there will need to be several people available to do chest compressions, etc. Determine a couple of people trained in CPR that can assist with this. Have them stand to the side a few feet behind the person doing chest compressions.
3. If the parents/family are present, have someone stand with them for support. Do not try to remove the family but try to prevent them from hindering care.

Person that will contact the parent responsibilities: (Assistant Coach, Administrator, Athletic Director)

1. Obtain information to relay to parents. Emergency contact information and emergency treatment forms are kept in the training kit or head coaches bag.
2. Information needed to share may include:
  - a. Your name
  - b. Brief description of event leading to student' emergency. (John collapsed during football practice)
  - c. Current condition (he is awake and talking)
  - d. Any treatment received
  - e. Other pertinent information. (EMS is here and has started an IV)
  - f. Which hospital the student will be transported to.
3. Be prepared to give parents directions to hospital if needed.

During home games, the home team ATC and the visiting ATC are responsible for their own teams but may assist the other ATC if needed. Since there is only one ATC on campus, all coaches are responsible for emergencies during practice and games until ATC, EMS, or doctor arrives on scene. The Head coach is in charge of contacting the Athletic Director, Athletic Trainer, and any other school administrator when an emergency situation has occurred. Each Coach should have a current CPR/AED and first aid certification and should be aware of how to perform the EAP when it is needed.

#### Documentation

Medical records such as physicals and emergency contact information for an athlete is located in a locked filing cabinet in the Athletic Training Room. The head coach is responsible for having a copy of their athlete's medical records with them at all times. In the absences of a parent a copy of the athletes medical records should accompany them to the hospital.

## E. EMERGENCY EQUIPMENT

- Emergency equipment could include: spine boards and straps, automated external defibrillators (AEDs), AED pads, AED batteries, splinting equipment, helmet removal equipment (trainers angle, electrical screw driver) and their batteries, etc.
- Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.
  - o EMT Present: signal to the EMT that assistants is needed, they will have the needed emergency equipment (spine board, cervical collar, AED, splints, etc.)
  - o ATC Present: AED, trainers angle, smaller splints, bandages and dressings will be on the sidelines of the field (no spine board, cervical collar, large splints)
  - o ATC NOT Present: AED (locate nearest AED) and whatever medical supplies each sport has in their possession

### Location of AED's

1. Arena: Located on the Wall of the main entrance to the arena.
  2. Portable AED: Is located with the ATC, it is kept in the training room.
- \*Coaches should take note of the closest AED to their practice and game locations.

## F. MEDICAL EMERGENCY TRANSPORTATION

Emphasis is placed on having an ambulance on site at high risk sporting events, such as football, gymnastics, track and field meets, etc. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and cleared route for entering/exiting the venue. In the event that an ambulance is not on site, the medical personnel should be aware of average EMS response time for the athletic venue and distance from the venue to local hospitals. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site.

- Any emergency situation where there is impairment in loss of consciousness (LOC), airway, breathing, or circulation (ABCs) or there is a neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment, and proper transportation.

In order to provide the best possible care for Bradley Central athletes it is highly encouraged to send athletes to Sky Ridge Medical Center. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany student to hospital. If parents are not around, assistant coach will accompany athlete to hospital along with their

physical and consent form. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles.

#### G. VENUE DIRECTIONS (CORRESPONDS TO NUMBERS ON THE MAP)

##### 1. Soccer Field:

- Directions from the front entrance of the school: enter the school through the main entrance on Lauderdale Memorial Hwy. As you approach the school, turn right going toward the back part of the school and enter through the gate. The soccer field is located on the left hand side directly in front of the softball field.

##### 2. Arena (Basketball/Volleyball/wrestling):

- Directions from the front entrance of the school: enter the school through the main entrance on Lauderdale Memorial Hwy. Turn Right before you reach the school main entrance. Follow the road around to the back of the school. Just past the garden area, there is a parking lot for the gymnasium. The gymnasium is just through the double doors.

##### 3. Walker Valley Stadium Field:

- Directions from the front entrance of the school: enter the school through the main entrance on Lauderdale Memorial Hwy. Turn Left going in front of the school. Go straight through the stop sign and follow the road till the end. Turn Left go through the gate and just right of that road is the gate to the football field.

##### 1. Football practice Field:

- Directions from the front entrance of the school: enter the school through the main entrance on Lauderdale Memorial Hwy. As you approach the school, turn Right going toward the back part of the school and enter through the gate. Just past the soccer field is a gravel drive. Turn Left onto the gravel drive, go up the hill and the practice field is on the right hand side just across the backside of the field house.

##### Baseball Field:

- Directions from the front entrance of the school: enter the school through the main entrance on Lauderdale Memorial Hwy. Turn Left going in front of the school. Go straight through the stop sign and follow the road till the end. Turn Left and go through the gate past the football field. Just before the end of the road, the baseball field will be on your Right.

- 

##### 6. Softball Field:

- Directions from the front entrance of the school: enter the school through the main entrance on Lauderdale Memorial Hwy. As you approach the school, turn Right going toward the back part of the school and enter through the gate on your right. Just past the soccer field before you reach the end of the road, there is a gravel parking lot where the softball field is located.

7. Track:

- Directions from the front entrance of the school: enter the school through the main entrance on Lauderdale Memorial Hwy. Turn Left going in front of the school. Go straight through the stop sign and follow the road till the end. Turn Left go through the gate and just right of that road is the gate to the football/track field.

Heat Policy for TSSAA

TSSAA guidelines for Heat Index readings are as follows:

Under 95 degrees = Provide ample water. Water is always available and athletes have unrestricted access. Optional water breaks every 30 minutes for 10 minute time frames. Ice-down towels are available. Athletes should be monitored carefully. Re-check heat index every 30 minutes.

95-99 degrees = Provide ample water. Water is always available and athletes have unrestricted access. Mandatory water breaks every 30 minutes for 10 minute time frames. Ice-down towels are available. Reduce time outside or move indoors to air conditioning if possible. Postpone practice to later in the day if possible. Contact sports should remove helmets or extra equipment when in non-contact practice. Re-check heat index every 30 minutes.

100-104 degrees = Provide ample water. Water is always available and athletes have unrestricted access. Mandatory water breaks every 30 minutes for 10 minute time frames. Ice-down towels are available. Alter uniforms by removing items/layers if possible. Allow changes to dry shirts and shorts if possible. Reduce time outside or move indoors to air conditioning if possible. Postpone practice to later in the day if possible. Contact sports should remove helmets or extra equipment when in non-contact practice. Re-check heat index every 30 minutes.

105 and Above = Stop all outside activity including practice or play. Stop all indoor activity if air conditioning is not available and the heat index indoors is 105° or greater.

<http://tssaa.org/wp-content/uploads/heatpolicy.pdf>



***Bradley Central High School***  
***Athletic Department***

Emergency Action Plan  
And  
Athletic Training Room Policies and  
Procedures

Prepared by:

Keresa Steichen MS ATC/LAT  
Certified Athletic Trainer  
Updated April 2015

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## General Emergency Information

**In the event of an emergency:** *Dial 911*

**School's Address:**

1000 South Lee Hwy  
Cleveland, TN 37311

The closest intersection to the school is Keith St SW and Grove Ave SW.

**Landline Locations:**

- Main Office (423) 476-0650
- Arena: Wellness Office (423) 476-0645

**Emergency Contact Information:**

- Cleveland Police Non-Emergency Number (423) 476-7511
- Bradley County Ambulance Service (423) 728-7010
- Bradley County Fire and Rescue (423) 728-7293
- Police Department (423) 476-1121
- Bradley County Sheriff (423) 476-0680
- Hospital: Sky Ridge Medical Center:
  - Main: (423) 559-6000 Westside: (423) 339-4100
- Poison Control US (800) 222-1222
- Athletic Department
  - Athletic Director: Turner Jackson (423) 595-4017
  - Athletic Trainer: Keresa Steichen (206) 755-5830
  - School Resource Officer: Julie Quinn (423) 593-5480

**AED Locations:**

- Arena – South side (Main entrance)
- Portable AED (athletic trainer)

#### **A. INTRODUCTION:**

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care during the emergency situation. The development and implementation of an emergency plan will help ensure that the best and quickest care will be provided.

Athletic departments have a duty to develop an emergency plan that will be implemented when necessary, therefore providing appropriate standards of emergency care. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Bradley Central High School has a written emergency plan that should be followed in the event of a medical emergency. All coaches should be familiar with this document and their role and responsibility in an emergency. Any questions should be directed to the head athletic trainer (or school administrator, in the absence of an athletic trainer).

An *emergency* is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.

*Situations when 911 should be called are:*

- An athlete is not breathing
- An athlete has lost consciousness
- It is suspected that an athlete may have a neck or back injury
- An athlete has an open fracture (bone has punctured through the skin)
- Severe heat exhaustion or suspected heat stroke
- Severe bleeding that cannot be stopped
- Any other type of life threatening injury

**B. EMERGENCY PERSONNEL - Chain of Command**

1. Team Physician
2. Certified Athletic Trainer
3. Athletic Director
4. Administrator
5. Head Coach
6. Assistant Coach
7. School Resource Officer
8. Sports Medicine Student Assistant
9. Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives. However at any point in time if someone feels the need due to a life threatening situation, they can call 911 it isn't solely the responsibility of the emergency personnel.

Once it has been decided that EMS should be called, the following protocol should be followed:

**C. EMERGENCY ACTION PLAN STEPS:**

1. The highest person on the chain of command will be deemed the leader, they will first establish the scene as safe once this has been achieved they will stay with the athlete and monitor their condition while administering necessary first aid. If possible, someone else on the chain of command should also stay and assist. The front office or an administrator should be notified that there is an emergency situation on campus.
2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call.
3. EMS/911 can be called from a cell phone or land line located in the main office, wellness office.

• Providing Information:

- Name, address, telephone number of the caller
  - Nature of emergency (medical or non---medical\*)
  - Number of athletes
  - Condition of athlete(s)
  - First Aid treatment initiated by the first responder
  - Specific directions as needed to locate the emergency scene
- \* DO NOT HANG UP UNTIL EMS HANGS UP FIRST.*

Bradley Central High School is located at:

1000 South Lee Hwy  
Cleveland, TN 37311

- The closest intersection to the school is Keith St SW and Grove Ave SW.
4. Another person will be in charge of retrieving the emergency equipment from its designated location and returning to the leader as soon as possible. This can be a good job for a student trainer or coach.
  5. The leader will send runners to all intersections between where the athlete is located and the School/venue-specific location to direct the ambulance to the athlete. The runners should stay in their positions and wave the ambulance through the proper turns to get to the athlete.
  6. The leader will designate another person to attempt contact with the athlete's parents. *Emergency contact information can be found in the athlete's physical form which coaches and athletic trainers should have with them at all times.* If a parent is present they are to be located and brought to the area to be transported with EMS.
  7. If transport is deemed necessary by EMS, the athlete will be taken Sky Ridge Medical Center: 2305 Chambliss Ave Nw, Cleveland TN unless the parent requests otherwise.

#### **D. ROLES OF THE EMERGENCY TEAM MEMBERS**

##### **First Responder Responsibilities**

1. Assess athlete, if a student has collapsed and is not responsive, assume CPR
2. Identify person to activate Emergency Medical System (call 911 or notify EMS if present).
3. Identify person to retrieve emergency equipment such as an AED or other first aid supplies if needed.
4. Lead/coordinate CPR efforts if appropriate until EMS personnel are present to assume care.
5. Identify person to direct EMS to the scene.
6. Identify person to do crowd control. Only persons involved in the care of the athlete should be present.
7. Identify person to contact parents. This person should retrieve students emergency information that all coaches are required to have on hand. They should also share this information with the person designated to call EMS.

##### **Person activating Emergency Medical System responsibilities**

1. Call 911 immediately.
2. Be prepared to give as much information as possible including:
  - a. Your name, address, telephone number of caller
  - b. Why you are calling (student collapsed while practicing football)

- c. Condition of athlete (breathing, pulse, level of consciousness, etc)
  - d. Any treatment initiated by first responder
  - e. Location of athlete
  - f. Directions if needed.
  - g. Other information requested by dispatcher
3. After ending call, report back to FIRST RESPONDER that EMS has been called and is on the way.

**Person retrieving Emergency Equipment responsibilities**

- 1. Retrieve AED first and return to scene. Notify FIRST RESPONDER that the AED is present.
- 2. All teams have a first aid kit but additional supplies such as splints, slings can be obtained from the sidelines where the Athletic Trainers kit is located.

**Person directing EMS to scene responsibilities:** (Assistant Coach, Administrator, Athletic Director)

- 1. If more than one person is needed, request additional help.
- 2. Go to entrance of area. Be sure gates are open. If area is not easy to locate, you may want to have several people to get into strategic areas to "flag down" EMS personnel and direct them to the scene.

**Person doing crowd control responsibilities:** (SRO, Assistant Coach, Administrator, and Athletic Director)

- 1. Limit scene to necessary people. Move bystanders away from area.
- 2. If CPR is in progress, there will need to be several people available to do chest compressions, etc. Determine a couple of people trained in CPR that can assist with this. Have them stand to the side a few feet behind the person doing chest compressions.
- 3. If the parents/family are present, have someone stand with them for support. Do not try to remove the family but try to prevent them from hindering care.

**Person that will contact the parent responsibilities:** (Assistant Coach, Administrator, Athletic Director)

- 1. Obtain information to relay to parents. Emergency contact information and emergency treatment forms are kept in the training kit or head coaches bag.
- 2. Information needed to share may include:
  - a. Your name
  - b. Brief description of event leading to student' emergency. (John collapsed during football practice)
  - c. Current condition (he is awake and talking)
  - d. Any treatment received
  - e. Other pertinent information. (EMS is here and has started an IV)
  - f. Which hospital the student will be transported to.
- 3. Be prepared to give parents directions to hospital if needed.

During home games, the home team ATC and the visiting ATC are responsible for their own teams but may assist the other ATC if needed. Since there is only one ATC on campus, all coaches are responsible for emergencies during practice and games until ATC, EMS, or doctor arrives on scene. The Head coach is in charge of contacting the Athletic Director, Athletic Trainer, and any other school administrator when an emergency situation has occurred. Each Coach should have a current CPR/AED and first aid certification and should be aware of how to perform the EAP when it is needed.

#### **Documentation**

Medical records such as physicals and emergency contact information for an athlete is located in a locked filing cabinet in the Athletic Training Room. The head coach is responsible for having a copy of their athlete's medical records with them at all times. In the absences of a parent a copy of the athletes medical records should accompany them to the hospital.

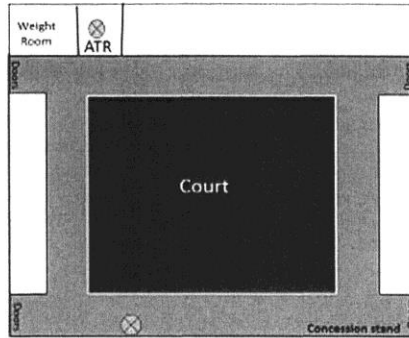
#### **E. EMERGENCY EQUIPMENT**

- Emergency equipment could include: spine boards and straps, automated external defibrillators (AEDs), AED pads, AED batteries, splinting equipment, helmet removal equipment (trainers angle, electrical screw driver) and their batteries, etc.
- Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.
  - EMT Present: signal to the EMT that assistants is needed, they will have the needed emergency equipment (spine board, cervical collar, AED, splints, etc.)
  - ATC Present: AED, trainers angle, smaller splints, bandages and dressings will be on the sidelines of the field (no spine board, cervical collar, large splints)
  - ATC NOT Present: AED (locate nearest AED) and whatever medical supplies each sport has in their possession

#### **Location of AED's**

1. Arena: Located on the Wall of the main entrance to the arena.
  2. Portable AED: Is located with the ATC, it is kept in the training room.
- \*Coaches should take note of the closest AED to their practice and game locations.*

## Jim Smiddy Arena



⊗ AED Location

### **F. MEDICAL EMERGENCY TRANSPORTATION**

Emphasis is placed on having an ambulance on site at high risk sporting events, such as football, gymnastics, track and field meets, etc. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and cleared route for entering/exiting the venue. In the event that an ambulance is not on site, the medical personnel should be aware of average EMS response time for the athletic venue and distance from the venue to local hospitals. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site.

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In order to provide the best possible care for Bradley Central athletes it is highly encouraged to send athletes to Sky Ridge Medical Center. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany student to hospital. If parents are not around, assistant coach will accompany athlete to hospital along with their physical and consent form. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles.

### **G. VENUE DIRECTIONS (CORRESPONDS TO NUMBERS ON THE MAP)**

1. Soccer Field:

- Directions from the front entrance of the school: enter the school through the main entrance on S Lee Hwy. As you approach the security gate the soccer field is located on the left hand side directly in front of the main office.
2. Jim Smiddy Arena (Basketball/Volleyball/wrestling):
    - Directions from the front entrance of the school: enter the school through the main entrance on S Lee Hwy. Follow the road past the soccer field on the left and the security gate, you will see a large building straight in front, this is the main entrance of the gymnasium. You can continue on this road to reach the east entrance of the gym.
  3. Wrestling Building:
    - Directions from the front entrance of the school: enter the school through the main entrance on S Lee Hwy. Follow the road straight passing the security gate on your right, and the main office on your left. You will follow the road to the right passing the gym. The wrestling building is located behind the gym. You will turn left into the parking lot and the entrance to the wrestling room is located at the west side of the building.
  4. Bear Stadium Jimmy Lovell Field:
    - Directions from the front entrance of the school: enter the school through the main entrance on S Lee Hwy. Follow the road straight passing the security gate on your right, and the main office on your left. You will follow the road to the right passing the gym. Take the first available right, into a parking lot located in front of the football stadium. Following the road passed a gate, you will veer to the left, continue until you see a gate entrance to the football field on the left, pull through the gate.
  5. Football practice Field:
    - Directions from the front entrance of the school: enter the school through the main entrance on S Lee Hwy. Follow the road straight passing the security gate, on your right and the main office on your left. You will follow the road to the right passing the gym. You will pass the gymnasium as well as the wrestling building on your left. You will veer to your left and will see the entrance to the baseball stadium which is located to the west of the football stadium. Turn right in to the entrance of the baseball stadium, where you will see the football practice field on your right. It is located behind the football stadium.
  6. Baseball Field:
    - Directions from the front entrance of the school: enter the school through the main entrance on S Lee Hwy. Follow the road straight passing the security gate, on your right and the main office on your left. You will follow the road to the right passing the gym. You will pass the gymnasium as well as the wrestling



building on your left. You will veer to your left and will see the entrance to the baseball stadium which is located to the west of the football stadium.

7. Tennis Courts:

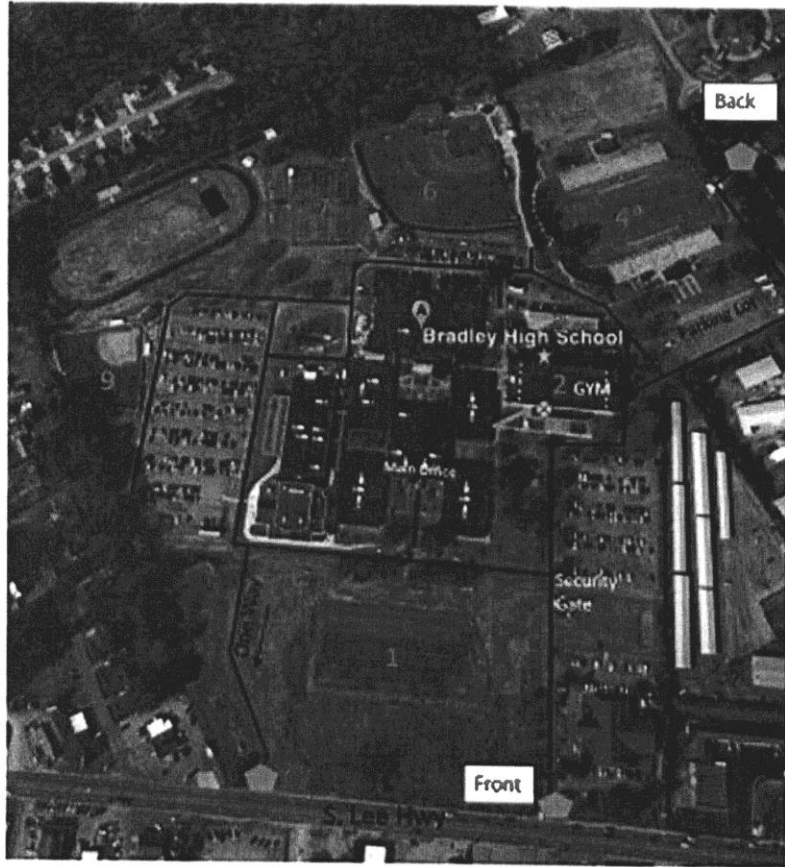
- Directions from the front entrance of the school: enter the school through the main entrance on S Lee Hwy. Go straight till you pass the security gate on your right, turn immediately left passing the main office, and at the stop sign turn right. Soon after the right the road will "T" again take a left and you will see the tennis courts on your left.



8. Softball Field:

- Directions from the front entrance of the school: enter the school through the main entrance on S Lee Hwy. Go straight till you pass the security gate on your right, turn immediately left passing the front of the school. At the stop sign turn right, there will be a large parking lot on you left continue straight until the road T's. Turn left and you will see the softball field located straight in front of you.

9. Track:

- Directions from the front entrance of the school: enter the school through the main entrance on S Lee Hwy. Once you pass the security gate on your right turn left this will take you passed the front of the school. At the stop sign turn right, there will be a large parking lot on you left continue straight until the road T's. Turn left and you will see the track on your right on a slight hill.



-  Entrance and or Exit
-  Location of AED

Key

-  Training Room
-  Road

### Other Related Emergency Situations

- For other emergencies (poisoning, fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan checklist and follow instructions.
- In the event of someone suffering from Poisoning:
  1. Check scene to make sure it is safe
  2. Remove victim from source of Poison
  3. Check for life threatening situation
  4. If victim is conscious, ask questions to get more information.
  5. Look for poison container and take it with you to telephone
  6. Call Poison Control Center or 911
  7. Give care according to directions of PCC or 911.
  8. Find out what type of poison did the victim ingest
  9. How much poison did victim ingest?
  10. When did the poisoning take place?
- In the event of a FIRE:
  1. Evacuate building immediately by following nearest exit sign.
  2. Exit in a calm and orderly fashion through nearest fire exit.
  3. Call 911
  4. If smoke is present, crawl low to escape.
  5. If you cannot escape, stay in room, stuff door cracks and vents with wet towels or clothes.
  6. Call 911 and let dispatcher know your location

#### **In the event of another emergency situation:**

- In the case of a bomb threat:
  - Don't touch any suspicious objects—report them to the police. Depending on the instructions given by authorities, leave the building with your belongings or immediately take cover. Leave the doors and windows open, and don't touch the light switches.
  - When leaving the building, don't use the elevators—only use the stairs. Upon reaching the exit, get as far away from the building as possible and obey the police or other authorities who have responded to the call.
- In the case of a shooter:
  - You have three options: 1. flee the scene if it is safe, 2. go into a lock down, or 3. take action against the shooter.
  - Run away from the threat if you can, as fast as you can and never run in a straight line.
  - If you are in a classroom/studio/shop the senior employee/faculty member should immediately lock students and themselves in the room (if possible),

and cover any windows or openings that have a direct line of sight into adjacent hallways. Keep everyone together.

- If you are in the hallway seek shelter in the nearest securable room, lock the room and cover the windows.
- If you are at an outdoor unsecured area, seek shelter in the nearest building, locate a securable room, lock yourself in the room and close off the windows.
- Never arbitrarily activate a building alarm to evacuate a building unless directed to do so by Campus Safety, as this may alert the intruder of pending response activities, and worsen the situation

### Environmental Conditions

The designated weather watcher is the athletic trainer, athletic director, school administrator.

- Heat issues are not usually a problem in this area except during summer pre-season practice and spring football, especially during football.
- Cold conditions can also become an issue. If the situation does arise where weather conditions might affect athletes, ATC will keep track of weather conditions via psychomotor or if one is not available ATC will refer to weather conditions by use of internet websites such as weather.com or local news website. ATC will follow the NATA Position Statement: Exertional Heat Illnesses as a reference for determining attire, extent of practices, signs and symptoms, prevention, and treatment of heat injuries and illnesses.
- In case of a tornado:
  - Advise everyone to leave the area. DO NOT advise them to return to their cars. Advise them to report to the hallways in the school which is the assigned area of the school used for severe weather drills. Taking cover in the doorways and away from windows, or objects. If it is after school hours have them report to the gymnasium.
- In case of an earthquake:
  - Everyone inside the school will immediately drop, cover, and hold on. If necessary, move only a few steps to a nearby safe place avoiding windows. Stay indoors until the shaking stops and you're sure it's safe to exit. If inside the school, expect the fire alarms and maybe sprinklers to go off during a quake. If you are outdoors, find a clear spot away from buildings, trees, and power lines and drop to the ground. Once the shaking stops check yourself and others for injuries. Expect aftershocks and each time you feel one, drop, cover, and hold on. Get everyone out if your home is unsafe. Someone should also call 911 to inform them of situation.

### **LIGHTNING GUIDELINES**

- Over the past century, lightning has consistently been 1 of the top 3 causes of weather-related deaths in this country. It kills approximately 100 people and injures hundreds more each year. Lightning is an enormous and widespread danger to the physically active population, due in part to the prevalence of thunderstorms in the afternoon to early evening during the late spring to early fall.
- The National Athletic Trainers' Association recommends a proactive approach to lightning safety, including the implementation of a lightning-safety policy that identifies safe locations for shelter from the lightning hazard. Further components of this policy are monitoring local weather forecasts, designating a weather watcher and establishing a chain of command.
- Additionally, a flash-to-bang count of 30 seconds or more should be used as a minimal determinant of when to suspend activities. Waiting 30 minutes or more after the last flash of lightning or sound of thunder is recommended before athletic or recreational activities are resumed.
- Lightning safety strategies include avoiding shelter under trees, shelter made from metal avoiding open fields and spaces, and suspending the use of landline telephones during thunderstorms.

### **GUIDELINES FOR BCHS**

- The game official, athletic trainer, athletic director, principal or assistant principal will make the official call to remove individuals from the game field.
- The athletic trainer, athletic director, principal or assistant principal will make the call to remove individuals from practice fields.
- Spectators will also be instructed to leave the area and seek shelter until the danger has passed.
- At least thirty minutes time will be given for the storm to pass.
- The athletic trainer, athletic director, coach or an assistant coach will be the designated weather watcher, actively looking for signs of threatening weather.
- The athletic trainer, athletic director or coach will monitor weather through the use of a Sky Scan, local forecast, or [www.weather.com](http://www.weather.com).

### **CRITERIA FOR SUSPENDING ACTIVITIES**

The criteria for postponement and resumption of activities will be the thirty second flash-to-bang method. After the first flash (lightning) seen, a count will commence. Counting is ceased when the associated thunder (bang) is heard. If the count is less than or equal to 30, activity should be stopped and individuals should be moved to a safe shelter. When this count is divided by 5, the resulting number will determine the distance in miles from the venue.

### **SAFE SHELTERS AT BCHS**

- Outdoor venues:

- Advise everyone to leave the area. Ask those who can to return to their vehicles. If they do not have a vehicle, the arena is the assigned area in the school they can report too.
- The athletes can return to their locker rooms. As a last resort the team can return to the bus making sure all windows and doors are closed.
- Avoid objects made of metal (bleachers, fences, etc.)

**CARE FOR LIGHTNING VICTIMS**

- Survey scene for safety
- Activate EMS (call 911)
- Only move victim if necessary. (May need to move to safe shelter)
- Refer to Emergency Action Plan (EAP) for further guidance

## **HEAT, HUMIDITY AND HYDRATION GUIDELINES**

During summer, early fall and late spring high temperatures and high humidity can be present. It is important that we are aware of the dangers of this situation to prevent heat illness. Many cases of exertional heat illness are preventable and can be successfully treated if such conditions are properly recognized and appropriate care is given in a timely manner.

Bradley Central High School will follow both the recommendations made by TSSAA and the National Athletic Trainers Association. Athletic Trainer and Coaching staff(s) have the authority to alter work/rest ratios, practice schedules, amounts of equipment and withdrawal of individuals from participation in sports, based on heat conditions and/or athletes' medical conditions as long as they exceed these recommendations and guidelines listed.

### **GUIDELINES FOR HYDRATION**

Appropriate hydration before, during and after exercise is important for all athletes. Dehydration can compromise the athlete's performance and increase the risk of heat illness. The *American College of Sports Medicine* recommends the following guidelines for hydration:

- Drink 16 ounces of fluid at least an hour before exercise
- Drink another 8-16 ounces 15 minutes before exercise
- During exercise, drink 4-16 ounces of fluid every 15-20 minutes
- After exercise, drink 24 ounces of fluid for every pound lost during exercise to achieve normal fluid status within 6 hours.
- All fluids should try and be served cold to promote gastric emptying.

### **WHAT TO DRINK DURING EXERCISES**

**Water**-For most exercising athletes, the ideal fluid for pre-hydration and re-hydration is water. Water is quickly absorbed, well tolerated, an excellent thirst quencher and cost effective.

**Traditional Sports Drinks**-with appropriate carbohydrates and sodium may prove beneficial in some situations and for some individuals.

- **Situations that may benefit**
  - Prolonged continuous activity of greater than 45 minutes
  - Extremely intense exercise with risk of heat injury
  - Extremely hot and humid conditions
- **Individuals that may benefit**
  - Poor hydration prior to participation
  - Increased sweat rate
  - Poor caloric intake prior to participation



- o Poor acclimation to heat and humidity

#### **GUIDELINES FOR PRACTICES**

1. Outdoor practice- The TSSAA Heat policy will prohibit schools from practicing or competing when the heat index at the location of the activity is in excess of 104 degrees Fahrenheit this includes all athletic teams and extracurricular organizations (band, ROTC, etc.).

##### **TSSAA Heat Policy - Modifications for Golf Competitions and Practice 95°-104°**

Players should have immediate access to water regardless of their location on the course. Water bottles should be kept with players at all times. Pace of play should be so that players are resting at least one minute for every three minutes that they are walking. The time taken between shots and the transition time on the tee-box between holes can be considered resting time.

##### **TSSAA Heat Policy - Modifications for Soccer Competition when the Heat Index is 95°-104°**

The referee shall stop the game for a heat time-out lasting no less than five minutes during the first and second half. The time-out will be called at the first logical time to stop play after the 20 minute mark of each half.

##### **TSSAA Heat Policy - Modifications for Football Competition when the Heat Index is 95°-104°**

Officials shall stop the game for a heat time-out at the first dead ball after the halfway point of each quarter. If either team has possession of the ball inside the other team's twenty yard line, officials may delay this time out until either the offensive team scores or the ball is turned over.

##### **TSSAA Heat Policy - Modifications for Cross Country Competition when the Heat Index is 95°-104°**

Athletes should have access to unlimited water before and after competition. Athletes should be monitored closely for signs of heat illness following the conclusion of the competition. Athletes should be encouraged to re-hydrate and seek shade as soon as the competition is complete.

##### **TSSAA Heat Policy - Modifications for Track and Field Competition when the Heat Index is 95°-104°**

Athletes should have access to unlimited water before, during and after competition. Athletes should be monitored closely for signs of heat illness during the competition. No mandatory stoppage of play required unless the heat index exceeds 104°. Athletes should re-hydrate and seek shade at each available opportunity during the competition.

##### **TSSAA Heat Policy - Modifications for Baseball Competition when the Heat Index is 95° - 104°**

Athletes should have access to unlimited water before, during and after competition in the dugout area. No mandatory stoppage of play required unless the heat index exceeds 104°.

**TSSAA Heat Policy - Modifications for Softball Competition when the Heat Index is 95° - 104°**

Athletes should have access to unlimited water before, during and after competition in the dugout area. No mandatory stoppage of play required unless the heat index exceeds 104°.

**TSSAA Heat Policy - Modifications for Tennis Competition when the Heat Index is 95° - 104°**

Athletes should have access to unlimited water before, during and after competition. No mandatory stoppage of play required unless the heat index exceeds 104°. Regular periods of rest between games and/or sets should be long enough to maintain a ratio of 1 minute of rest for every 3 minutes played.

2. Indoor practice- All athletic teams and extracurricular organizations (band, ROTC, etc.) may practice indoor at any time as long as the practice area is air conditioned or practice area is equipped with fans to keep the temperature below 95-104 degrees during the practice session.
3. Games/Scrimmages- The Bradley Central Office, school principals, and school athletic directors, athletic trainer will use the TSSAA heat and humidity guidelines as well as temperature and weather forecasts and predictions to make decisions on all games and scrimmages.
4. TSSAA Heat and Humidity Guidelines- Coaches should observe these guidelines at all times.
5. Scheduling practice- factors such as time of day, intensity of practice, equipment worn and environmental conditions should be considered.
6. Water should be made available in unlimited amounts and at any time during practice.
7. Designated breaks should be scheduled during practice.

## **Symptoms and Treatment Strategies for Exertional Heat Illnesses**

### **A. DEHYDRATION**

When athletes do not replenish lost fluids, they become dehydrated. Dehydration occurs when your body loses too much fluid. This can happen when you stop drinking water or lose large amounts of fluid through diarrhea, vomiting, sweating, or exercise.

#### **Signs and Symptoms:**

- Thirst
- Being irritable or cranky
- Headache
- Seeming bored or disinterested
- Dizziness
- Cramps
- Excessive fatigue
- Not able to run as fast or play as well as usual

#### **Treatment:**

- Move athlete to a cool environment and rehydrate.
- Maintain normal hydration (as indicated by baseline body weight).
- Begin exercise sessions properly hydrated. Any fluid deficits should be replaced within 1 to 2 hours after exercise is complete.
- Hydrate with a sports drink like Gatorade, which contains carbohydrates and electrolytes (sodium and potassium) before and during exercise is optimal to replace losses and provide energy.
- Hydrate throughout sports practice to minimize dehydration and maximize performance.
- Seek medical attention to replace fluids via an intravenous line if athlete is nauseated or vomiting.

#### **Return-to-Play Considerations:**

- If degree of dehydration is minor and the athlete is symptom free, continued participation is acceptable with appropriate re-hydration.

### **B. HEAT EXHAUSTION**

Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress.

#### **Signs and Symptoms:**

- Athlete finds it hard or impossible to keep playing
- Loss of coordination, dizziness or fainting
- Dehydration
- Profuse sweating or pale skin
- Headache, nausea, vomiting or diarrhea
- Stomach/intestinal cramps or persistent muscle cramps

**Treatment:**

- Remove athlete from play and immediately move to shaded or air-conditioned area.
- Remove excess clothing and equipment.
- Cool athlete until rectal temperature is approximately 101°F (38.3°C)
- Have athlete lie comfortably with legs propped above heart level.
- If athlete is not nauseated, vomiting or experiencing any CNS dysfunction, rehydrate orally with chilled water or sports drink. If athlete is unable to take oral fluids, seek medical attention to implement intravenous infusion of normal saline.
- Monitor heart rate, blood pressure, respiratory rate, core temperature and CNS status.
- Transport to an emergency facility if rapid improvement is not noted with prescribed treatment.

**Return-to-Play Considerations:**

- Athlete should be symptom free and fully hydrated; recommend physician clearance; rule out underlying condition that predisposed him/her for continue problems; and avoid intense practice in heat until at least the next day.

### **C. HEAT CRAMPS**

Muscle cramps are not well understood. Heat cramps are often present in athletes who perform strenuous exercise in the heat. Conversely, cramps also occur in the absence of warm or hot conditions, which is common in ice hockey players.

**Signs and Symptoms:**

- Intense pain (not associated with pulling or straining a muscle)
- Persistent muscle contractions that continue during and after exercise

**Treatment:**

- Reestablish normal hydration status and replace some sodium losses with a sports drink or water
- Some additional sodium may be needed (especially in those with a history of heat cramps) earlier in the activity.
- Light stretching, relaxation and massage of the involved muscle may help acute pain of a muscle cramp.

**Return-to-Play Considerations:**

- Athletes should be assessed to determine if they can perform at the level needed for successful participation.

**D. EXERTIONAL HEAT STROKE**

A severe illness characterized by central nervous system (CNS) abnormalities and potentially tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.

**Signs and Symptoms:**

- Increase in core body temperature, usually above 104°F/40°C (rectal temperature) when athlete falls ill
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity
- Nausea, vomiting or diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness

**Treatment:**

- Activate Emergency Medical System (call 911)
- Aggressive and immediate whole-body cooling is the key to optimizing treatment. The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiological changes resulting in fatal consequences may occur within vital organ systems (muscle, heart, brain, etc.). Due to superior cooling rates, immediate whole-body cooling (cold water immersion), is the best treatment for EHS and should be initiated within minutes post-incident. It is recommended to cool first and transport second if onsite rapid cooling and adequate medical supervision are available.

**Return-to-Play Considerations:**

The athlete's physician should devise a careful return-to-play strategy that can be implemented with the assistance of a qualified ATC.

### **Job Description of a Certified Athletic Trainer (ATC)**

The ATC works for Benchmark Physical Therapy and reports to the Athletic Director (AD). The ATC attends scheduled practices and interscholastic athletic contests as assigned by the AD. The responsibilities of the ATC shall include, but may not be limited to the following:

- 1) Possess Board of Certification (BOC) certification and fulfill the requirements to hold a current TN state license.
- 2) Provide on-site injury care and evaluation as well as appropriate acute care treatments, follow-up treatment and rehabilitation as necessary for all injuries sustained by student athletes.
- 3) Coordinate with team physician to provide:
  - a) Coverage for Home Varsity Football games
  - b) On site visits to evaluate and treat athletes from all sports when needed
  - c) Follow-up injury care in physician's office as needed
  - d) Referral to Physical Therapy
  - e) Assistance on all matters pertaining to the health and well-being of student athletes
- 4) Defined rolls when Emergency Medical Services (EMS) is called EAP
- 5) Determine when an athlete may safely return to full participation after an injury (following a physician's authorization when needed)
- 6) Maintain complete and accurate records of all athletic injuries and treatments rendered
- 7) Notify parents or legal guardians and recommend appropriate medical care when the ATC deems a significant injury has occurred
- 8) Supervise the selection, fitting and maintenance of protective equipment
- 9) Provide assistance to the coaching staff in the development and implementation of conditioning programs
- 10) Supervise the Athletic Training Room (ATR) and inspect the playing facilities along with the coaching staff
- 11) Select and maintain athletic training equipment and supplies
- 12) Assist in maintenance of record of Athletic Physical and Medical Permission to Treat (Consent) for all participating athletes. These forms are filed in the Athletic training Room (ATR)
- 13) Obtain current athlete emergency information from athletic office data base, or the school student medical data base
- 14) Attend clinics and symposiums as a source of continuing education

## Athletic Training Room Policies and Procedures

### Purpose of the Athletic Training Room

The ATR is a facility where student athletes receive treatments and preventative care. The ATC is responsible for providing services in an attempt to maintain the student athletes' highest level of competition safely. All other sports' athletes are welcome to utilize athletic training services at the School during posted training room hours. If any athlete is injured *during* athletic participation, he/she needs to be evaluated by the athletic trainer. Services in the training room are rendered on a first-come-first-serve basis. Athletes are responsible for signing in daily before getting treatment.

### Training Room Hours

On most school days, the athletic trainer will be available M-F from 2:00 p.m. until 6:00pm. On game days, training room hours may vary. Other times may be scheduled if needed, just contact the ATC to make an appointment. If coaches schedule practice times other than during these times, it is up to those coaches to alert the ATCs and arrange for the training room to be available to athletes. Please do not let athletes/others into the training room without consent from the ATC or AD. Also anything that is in the training room stays in the training room unless permission is given by the athletic trainer/AD.

### Athletic Trainer Priorities

At Bradley Central High School, there is one certified athletic trainer on staff. The athletic trainer will prioritize his/her time based on NATA classifications of high risk sports. Because of limitations, there may or may not be an athletic trainer available for all practices or contests. The ATC will be at as many home athletic practices and games as possible.

Event coverage adheres to NATA injury surveillance studies and will be prioritized as follows:

- *Fall*: A game for any sport takes precedent over a practice for another sport. Coverage for sport is as follows: Football, Girls Soccer, Volleyball, Cross Country, etc.
- *Winter*: Wrestling, Boys Basketball, Girls Basketball
- *Spring*: Spring Football, Boys soccer, Softball, Baseball, Track and Field, Tennis, etc.

It is the head coach's responsibility to inform the ATC of changes to practice/game times, dates, and/or location. If schedules changes occur and the ATC is not notified do not expect your game/practice to be covered at last minute. Coaches should remember that the athletic trainer will not be at Bradley Central during the morning however, you are always able to contact that trainer during the day.

### Physical Forms and Consent

These forms are given to each athlete at the beginning of their first sport season of the year and must be returned before the athlete will be allowed to practice. Before any treatment can be provided, the athlete must have his/her parent sign and return the Physical packet includes: background information, physical form, concussion form and the consent form which authorizes the Certified Athletic Trainers to render care. The form also authorizes emergency consent and emergency contact to treat in the event a parent or guardian cannot be reached. The forms need to be completely filled out, with signatures from both the parent and athlete. Once complete a copy will be given to the Head coach to keep and travel with while the original will be kept in the training room. If there is question on whether or not an athlete has a physical please contact the ATC.

#### Transfer Students

If you have an athlete that transfers during the season you need to obtain a copy of their physical before they start participation. The fastest way to achieve this is having the student/parent contact the school and request the physical be picked up or faxed. If this is not feasible contact the athletic director and inform them that you need the athlete's physical faxed, keep in mind this can take a couple of days.

It is not the ATC's responsibility to get ahold of the athlete's physical that is the athlete's/parents responsibility. The ATC can help in the process as a last resort and all other options have been sought out.

#### Injury Management

If an athlete is injured on the field, no matter what type, he/she should never be moved if a head or neck injury is suspected. If the injured athlete has a head or spinal injury and is moved, the vertebrae can shift and sever the spinal cord. A severed spinal cord can mean permanent paralysis for that athlete. Thus, you should never move an injured athlete. All athletes should be aware of this also, if a teammate is down they are to not touch or move him/her. In the case of football, wrestling, and home basketball games, -an athletic trainer will always be present at other sporting events, however, it will be necessary for the coach to evaluate the injury and use a "common sense" approach to whether or not it will be necessary to call for an ambulance. When in doubt, dial 9-1-1. In the event that an athlete sustains an injury, it is his/her responsibility to contact an athletic trainer immediately after that injury is sustained. The athletic trainer will then evaluate the injury and give treatment instructions to the athlete.

If the athlete is injured and he/she cannot participate in practice or games, the athletic trainers will let the coaches know. In most cases, please note that the coaches still want the injured athletes to attend practice as an observer. If the athletic trainers are treating an athlete for an injury, it is that athlete's responsibility to show up at the designated time daily to receive those treatments. If an athlete is injured, the athlete or his/her parents should contact one of the athletic trainers or a Coach.

#### Reporting Injuries to the Athletic Trainer after Hours



If an athlete is injured and an ATC is not available at the time, the coach should have the injured athlete report to the training room the next day before practice/game to be evaluated. The coach should also inform the ATC of the situation via phone call, text, or email. Coaches also need to let the athletes know that if they have an injury they should see the athletic trainer before they see the doctor, this can help with the referral process. The coach AD/or athlete should also call/text the athletic trailer to alert them to the injury. If the injury is serious, coaches should send the athlete immediately to the ER. All physician release forms must go to athletic trainer before that athlete is allowed back to participation. Athletes and subsequent evaluations and treatments rendered by Bradley Centrals athletic trainer must be documented.

#### Physician Referrals

Should an injury or illness warrant additional treatment and care, the ATC can assist in the referral process. In most cases, when the ATC calls the orthopedic physician directly, the athlete will be seen by that doctor within one to three days. If an athlete/parent makes a doctor's appointment on their own, the athletic trainer still needs to be advised of the injury and the outcome of the appointment. The coach needs to inform the athlete they need to be seen by the ATC and have open communication about the injury. If a physician referral is necessary, the ATC will then follow that physician's instructions for treatment and rehabilitation.

Any athlete who sees a physician for an injury sustained while participating in a school sport or activity must present a signed physicians release form to the athletic trainer before returning to competition. Any athlete who does not present a physician release to the athletic trainer will not be allowed to resume to practice or participate in games.

If an athlete goes to see the doctor they also need to fill out a Tennessee Risk Management Athletic & Student Accident Notification of Injury form. ***This form needs to be completely filled out and returned to the ATC no more than 3 days after the form is received/Doctor visit. If the form is not completed/returned by the 3 days the athlete will have some form of conditioning as punishment for not returning their form within the 3 day grace period. Obtaining a form is the responsibility of the athlete/parent it is not the responsibility of the athletic trainer to track down the athlete to give him/her a form or to receive a completed form.*** It is also the coach's responsibility to assist in this process of distributing the forms to athletes and receiving completed forms and returning them to the ATC.

#### Taping & Treatments: Services Available:

Taping is for preventative measures and medical use only it is not for appearance, swag or anything related to this topic. ***If an athlete needs to be taped it will be because the athletic trainer has first assessed the athlete and has recognized an orthopedic issue. Unless it is medically necessary taping will not be performed by the athletic trainer and school supplies will not be used.*** Sore ankles are not necessarily unstable ankles. Please don't just send athletes in to get taped because they are sore. Many times the better option for the athlete is physical

therapy to help strengthen the muscles that support the joint. There is always an underline reason for an injury, the ATC's job is to help figure out why the issue has come about and how to solve it.

Preventative taping will be performed as long as they come every day. The athletic trainer will not tape athletes just for game days. The feeling is that athletes don't- and shouldn't- play harder in games than they do in practice. If there is a need there can be a tape list made for games. All practice and pregame taping will be done in the athletic training room unless otherwise scheduled. Athletes are responsible for allotting enough time to be taped before their activity; the athletic trainer is not responsible for miss management of time. Spatting will be done in the locker room, due to the fact that cleats are not allowed in the school.

Other treatment services available in the training room include cold therapy [Ice, cold packs), thermotherapy (heat packs), electronic stimulation, ultrasound, these two are only performed on special occasions. Assisted stretching, wound care, and some forms of assistance with rehabilitation. These treatments are given under the discretion of the medial team (athletic trainer, physical therapist, doctor).

#### Medications

ATC are not allowed to dispense any type of medication and should strongly discourage athletes from carrying their own. NO over the Counter medications are available in the training room, these include Ibuprofen, Tylenol, and/or Advil. Due to the fact that the student athletes are under the age of 18 and without parent consent, the athletic trainer cannot dispense medication. Athletic trainers are able to dispense medication prescribed by a doctor if need be. If an athlete has some sort of medical condition in which they need medication the athletic trainer needs to be informed of the situation. It is the athlete's reasonability to inform the needed personal (coach, athletic trainer) of the situation and distribute the needed medication.

#### Strength and Conditioning

The ATC is willing to help design a strength and conditioning plan for your team. With the knowledge of the body and the mechanics of the sport the ATC can create a program to help reduce injuries.

#### First Aid & CPR Training for Coaches

In accordance with the National Athletic Trainers Association's rules and recommendations, all coaches, both head and assistant at Bradley Central must be trained in first aid and CPR. They must also watch an educational video on concussions.

#### Supplies and Traveling Kits

Supplies are limited to what each sport purchases, beyond the very basic needs. You are required to buy your own tape for your sport and any other special supplies you may need. This means the head coach is responsible for purchasing the supplies for their team before the season starts. The athletic trainer can help the head coach with a

supply list and with purchasing but it is not the athletic trainer's responsibility, beyond basic items (band aids, wound care, ice bags, etc.). Along the same lines travel kits can be made for any sport that wants one for away games again it is the coach's responsibility to let the trainer know they want/need one and it is their responsibility to purchase the needed supplies. The supplies will be kept in the athletic training room in locked cabinets labeled for each team. Before you use any supplies in the training room you need to confirm it is from your teams supplies. Taking of others supplies will result in some sort of compensation/punishment this goes for coaches, athletes, and anyone else.

#### Injury Privacy and the Law

The Health Insurance Portability and Accountability Act (HIPM) prohibits any dissemination of medical information to non-authorized parties. Administrators, coaches, and sports medicine personal should never release any information about an athlete's injury or condition to any person without expressed consent from the athlete/parent.

#### Documentation

There will be situations in which the athletic trainer will not be present at the time of an injury (away game). It is the coach's responsibility to inform the athletic trainer of the injury/event that occurred, it is also the coach's job to document the injury/event. The coach should keep a copy of the report as well as giving a copy to the athletic trainer for his/her records.

#### Responsibilities of the Coaches:

- Respectful attitude: Coach's shall respect the rules and decisions of the ATC. Coaches are not to disrespect/slander or overrule the ATC for any reason especially in front of athletes. If a disagreement occurs please be professional and have a conversation with the ATC about the situation. ATC's are medical professionals and are expected to be treated as such. The same respect will be reciprocated toward the coaches.
- Rosters: Coaches should have a roster to the medical staff prior to their first practice session.
- Diagnose and Treat: Please do not try and diagnose or treat an athlete's condition.
- Prevent Injuries: Use your best discretion with Heat illnesses, practice surfaces, environment, equipment, and strength/conditioning training to prevent any injuries.
- Practice or Game Change: Please inform the Athletic Training Staff of any changes in your schedule. Time, equipment and manpower from the athletic training room go into preparation for practices and events. It is greatly appreciated and the responsibility of the coach.
- Injured Athlete: If one of your athletes sustains an injury they should report that injury immediately to the Athletic Training Staff.

### **Athletic Training Room Rules**

- 1) Treat everyone with RESPECT, everyone and every sport is treated equal.
- 2) No loitering in the athletic training room. It is not the place to hangout, if you have someone waiting for you they need to wait in the hall.
- 3) Sign in to the daily treatment "Log" before utilizing any training room service (including getting ice). Be careful when signing in to be sure the correct information is given.
- 4) The use of curse words or use degrading language in the athletic training room is prohibited.
- 5) No food or drink is allowed in the athletic training room.
- 6) The use of cell phones in a disturbing manner is not allowed in the training room.
- 7) You are in charge of clean up after yourself and leaving the training room as it was found. This also means if you are given something from the training room you are responsible for either bringing it back or throwing it in the trash.
- 8) Practice good hygiene if want to be treated, this means showering before you come into the training room
- 9) Shoes will be kept off the treatment tables and or by the door, and outside if dirty. NO CLEATS ANYWHERE INSIDE THE SCHOOL!!
- 10) You cannot miss class to be seen by the athletic trainer, unless it is acceptable and approved by all parties involved.
- 11) If you are not taped regularly for practice you cannot be taped just for a game. There needs to be a solid reason for you to be taped. Taping is done for preventative measure and medical use only, not for appearance.
- 12) You are required to show up to injury treatments when they are scheduled (this includes ice). If you do not show up, you will risk losing all future training room services for that injury and/or conditioning will apply. This also includes wearing and brining braces/equipment that is required/recommended by the doctor or ATC.
- 13) Please wait until all in season athletes are taken care of before receiving treatments for out of season athletes.

- 14) School dress code applies in the training room wear appropriate and modest dress when in the athletic training room. Underwear shall not be seen and cleats shall not be worn when inside the building.
- 15) Athletes shall not loiter near the athletic trainers' desks nor disturb any of the athletic trainers' belongings, unless told to by the athletic trainer.
- 16) No one should enter the athletic training room unless a Certified Athletic Trainer has first unlocked the room and are present or nearby. (This goes for Coaches as well).
- 17) Treatments cannot be rendered unless a Certified Athletic Trainer is present in the athletic training room (ice does not count).
- 18) Nothing should be taken from the athletic training room (kits, coolers, equipment, physicals~ etc.) without the consent of the Certified Athletic Trainer.
- 19) Thou shalt not lie to the Athletic Trainer for any reason, especially relating to injury honesty is the best policy.
- 20) Any injury needs to be reported to the athletic trainer first before you go see a doctor, if it isn't before it needs to be before you return to practice (the next day).
- 21) If you go to the Doctor for a school related injury you need to fill out a Tennessee Risk Management Athletic & Student Accident Notification of Injury form. The form needs to be returned within 3 days without penalty. If it is returned after the 3 days there will be some sort of conditioning punishment.

## Spinal Cord Injury Treatment Guidelines

### **General Guidelines**

- Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.
- The athlete's airway, breathing, circulation, neurological status and level of consciousness should be assessed.
- The athlete should not be moved unless absolutely essential to maintain airway, breathing and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization. This should only be done by personnel trained to care for the athlete with a spinal cord injury.
- Do not allow other players or other unauthorized persons to move a teammate who is lying immobile on the field.
- Activate the Emergency Medical Services system. Follow the EAP.

### **Football Specific Guidelines**

- **Face Mask Removal:** the face mask should be removed prior to transportation regardless of current respiratory status (leave helmet in place)
  - Have tools for face mask removal readily available (they are located in athletic trainers pack).
- **Football Helmet Removal:** The athletic helmet and chin strap should only be removed:
  - if the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head
  - if the design of the helmet and chin strap is such that, even after removal of the face mask, the airway cannot be controlled nor ventilation provided,
  - if the face mask cannot be removed after a reasonable period of time o if the helmet prevents immobilization for transportation in an appropriate position o Spinal immobilization must be maintained while removing the helmet.

The helmet and the shoulder pads elevate the athlete's trunk when in supine position.

Should either the helmet or shoulder pads be removed-or if only one of these are present-appropriate spinal alignment must be maintained.

The front of the shoulder pads can be opened to allow for CPR and defibrillation.

### **Return to play considerations**

- Any student removed from practice/play with a suspected spinal cord injury will not be allowed to return to practice/play until cleared by a physician.

- If the doctor places limitations on the return (such as no contact) the note must specify length of time that the limitation is in effect.
- If the physician does not specify length of time for restrictions/limitations, the restrictions/limitations must be followed until another note is received extending the restrictions or clearing the athlete to return to practice/play.
- If the restrictions/limitations prohibit the athlete from participating, then the athlete will not be allowed to return to play/practice until cleared by the physician for practice/play.

## Concussion Protocol

The goal of this concussion policy is to ensure that any student/athlete who sustains a concussion at school or non-school-sponsored event, is properly diagnosed, given adequate time to heal, and is fully supported until he/she is symptom free and eligible to return to the playground, the athletic field and the classroom

As cited in the *Athletic Concussion Protection Act of 2011* a concussion is defined as "a traumatic injury to the brain causing a change in mental status at the time of the injury, such as feeling dazed, disoriented or confused, which may or may not involve in a loss of consciousness resulting from:

- o A fall
- o A blow or jolt to the head or body
- o The shaking or spinning of the head or body
- o The acceleration and deceleration of the head"

It is well known that adolescents and teenagers will often underreport symptoms of injuries, and concussions are no different. Student/athlete with the signs and symptoms of a concussion will be removed from play immediately.

Concussions can occur in *any* sport or recreation activity. Most concussions occur without loss of consciousness, however all are serious. All coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs. Concussion symptoms can last anywhere from a week to a year. Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

### **Signs:**

- Appears dazed or stunned
- Is confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Loses consciousness (even temporarily)
- Any change in typical behavior/personality
- Forgets events prior to hit
- Forgets events after hit
- Changes in emotion (anger, sadness, etc.)

### **Symptoms:**

- headache
- Nausea or vomiting
- Dizziness or Balance Problems
- Blurred or Double Vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling "foggy"
- Change in sleep pattern
- Concentration or memory problems

### **Required Training**



Education is the key to identifying and treating student-athletes that show signs of a concussion during athletic participation. It is very important that every administrator, coach, parent, official, athlete, and health-care provider know the symptoms and steps to take when dealing with student-athletes that display signs of a possible concussion. Concussion can be a serious health issue and should be treated as such.

TSSAA is enforcing the administration of every TSSAA/TMSAA member school to meet with their coaching staff and review this policy prior to the beginning of every sports season. The state office will distribute this information to as many officials, athletic trainers, and health-care providers as possible. We ask that school personnel do the same in their area. This information should also be given to all parents and student-athletes.

The NFHS has also developed a free 20-minute course online entitled "Concussion in Sport – What you Need to Know". The TSSAA is requiring every coach (head, assistant and volunteer) at Bradley Central to complete this course. You can access the course at [NFHS/Learn.org](http://NFHS/Learn.org) click on concussions and the course will appear. You will have to create an account to access the video this is simple and free. The video is also available to parents and athletes.

#### **ImPACT and Baseline Testing**

ImPACT is a 20-minute computerized neurocognitive battery of tests that has been scientifically validated to measure the effects of concussions. ImPACT is not just a software program; ImPACT provides a comprehensive and medically validated model for concussion management based on currently accepted international guidelines and practices. ImPACT has undergone rigorous and independent scientific validations over a 15 year period (no other neurocognitive test has undergone this process).

While traditional neurological and radiological procedures such as computed tomography (CT) and magnetic resonance imaging (MRI) are helpful in identifying serious brain injuries (like skull fractures and hematomas), they are not effective at identifying the functional effects of concussions. Accordingly, clinicians must often rely on subjective observations or patient self-reports to diagnose and track a concussion. Alleviating this problem is the area where ImPACT can help the most. ImPACT measures subtle changes in cognitive functioning that cannot be accurately measured by relying on an athlete to report symptoms. It can be difficult to communicate symptoms of concussions and athletes are notorious for hiding or obscuring various concussive symptoms so they can return to play which is very dangerous and can lead to death.

Before the start of each high risk, contact sport season (football, soccer, etc.), each athlete will be given a baseline test. If a concussion is suspected, a follow-up test (post-injury) is administered to see if or how the results have

changed from the baseline. This comparison helps to identify and manage the concussion.

**Initial Evaluation and Diagnosis**

A student who is suspected by his/her teacher, coach, athletic trainer, school nurse, or team physician of sustaining a concussion during a School-sponsored practice or game shall be removed from the activity at that time. A student, who has been removed from play, must be immediately evaluated by the Athletic Trainer using the Concussion Signs and Symptoms Checklist and/or the Sport Concussion Assessment Tool (SCAT 3) tool. This sideline assessment tool tests short and long term memory, balance, and concentration. Objective/subjective signs and symptoms are also assessed along with exertion maneuvers (when appropriate).

If a concussion is suspected, the athletic trainer will determine when a post-injury ImPACT test needs to be taken by the athlete, this is usually done 24-72 hours after the concussion was sustained. Once the post-injury test is taken the athlete will then be scheduled to be seen by a Credentialed ImPACT Consultant (CIC) physician. By taking the post-injury ImPACT prior to the physicians visit we are providing needed information to the physician ahead of time which can assist in the diagnoses and management of a concussion. An athlete suspected of a concussion has to be cleared by an ImPACT certified physician a CIC. Dr. Voytik is the only doctor with in the Cleveland area that is a CIC.

<p><b>TENNESSEE STATE PROTOCOL FOR SCHOOLS WHEN PLAYERS EXHIBIT SIGNS, SYMPTOMS, OR BEHAVIORS CONSISTENT WITH A CONCUSSION DURING PRACTICE OR COMPETITION</b></p> <ol style="list-style-type: none"><li>1. Continue to monitor players for possible signs of injury as usual.</li><li>2. Remove any player that shows signs, symptoms, or behaviors consistent with a concussion from the activity or competition.</li><li>3. The school shall have the player examined by the school's designated health care provider. If the designated health care provider determines that the student has not sustained a concussion, the player may return to the activity or competition.</li><li>4. The head coach shall be responsible for obtaining clearance from the school's designated health care provider.</li><li>5. If the school does not have access to a designated health care provider, or if the school's designated health care provider suspects that the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is for the student to be evaluated and cleared by a licensed medical doctor (M.D.), Osteopathic Physician (D.O.) or a Clinical Neuropsychologist with Concussion Training. The person clearing the student must complete and sign the "TSSAA Concussion Return to Play" form. Schools must keep this form on file.</li></ol>
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Designated Health Care Providers – Certified Athletic Trainer, Certified Nurse Practitioner, Physicians Assistant, Doctor of Medicine, Osteopathic Physician
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**Student and Parent Responsibility**

If injury/incident occurred during a non-school sponsored event, parents are expected to immediately follow-up with a physician to diagnose a concussion. Once diagnosed with a concussion by a physician, parents/student will need to communicate any instructions given by the physician to the Athletic Trainer.

Students are then expected to limit their use of a computer, cell phone, texting, video games, television, thus avoiding things that stimulate the brain. For the first couple days avoid taking any medication (Tylenol) and adhere to all other restrictions set forth by the physician. Students and/or parents also need to communicate with the school Athletic Trainer about their progress and challenges. The student needs to be patient, concussion recovery may be slow.

**Return to Play**

Before a student may return to physical activity, PE, practice, games or other activities all aspects of the *Bradley Central Concussion Management Requirements for Return to Play* and the *Bradley Central Friends Concussion Management Requirements for Return to Academia* policies must be met.

# SCAT3™

## Sport Concussion Assessment Tool – 3rd edition

For use by medical professionals only

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively.

The Sport Concussion Library will maintain the SCAT2 ([Link to SCAT2](#)) site, however it is suggested that SCAT3 be utilized, as it is the tool approved and published in the recent November 2012 Consensus statement on concussion in sport from the 4th International Conference on Concussion in Sport.

The SCAT3 is a screening evaluation tool designed for use only by qualified first responders or medical professionals. The SCAT3 score does not independently determine the diagnosis of a concussion, nor does it independently determine the injured athlete's recovery or return to play status. Such determination can only be made by a medical professional who has experience in the treatment of sport concussion.

### **SCAT 3 Consists of:**

1. Glasgow coma scale (gCS)
2. Maddocks Score3
3. Background
4. Symptom Evaluation
5. Cognitive Assessment (SAC)
6. Neck Exam
7. Balance Exam
8. Coordination Exam
9. Sac Delayed Recall

## Bradley Central High School Post-Concussion Instructions

Dear Parent/Guardian, this letter is to inform you that your student athlete has sustained or is suffering from symptoms of a concussion. A careful medical examination has been carried out and no sign of serious complications has been found. A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

### When to seek care urgently:

**Seek care quickly if symptoms worsen or if there are any behavioral changes.  
Also, watch for any of the following Danger Signs:**

Headaches that worsen	Very drowsy, can't be awakened	Can't recognize people or places
Seizures	Repeated vomiting	Increasing confusion
Neck pain	Slurred speech	Weakness/numbness in arms/legs
Unusual behavior change	Significant irritability	Less responsive than usual

**If you observe any of the above Danger Signs, call your doctor or return to the emergency department *immediately*.**

### Common Signs & Symptoms:

**It is common to have one or many concussion symptoms. There are four types of symptoms: physical, cognitive, emotional and sleep. Keep track of them and record them.**

	Physical	Cognitive	Emotional	Sleep
Headache	Visual Problems	Feeling mentally foggy	Irritability	Drowsiness
Nausea/Vomiting	Fatigue/ Feeling tired	Feeling slowed down	Sadness	Sleeping less than usual
Dizziness	Sensitivity to light or noise	Difficulty remembering	More emotional	Sleeping more than usual
Balance Problems	Numbness/Tingling	Difficulty concentrating	Nervousness	Trouble falling asleep

**Returning to Daily Activities:**  
**The key to recovery is sleeping, resting physically and mentally, and avoiding activities that *might* cause another head injury.**

- **Avoid:**  
Physical activities that produce concussion symptoms, as this might increase recovery time.  
Lengthy mental activities requiring concentration (ie. Homework, schoolwork, job-related work, and extended video game playing) as these activities worsen symptoms and prolong recovery.
- **Sleep:**  
 Get good sleep and take naps if tired. No late nights or sleepovers.  
 It is NOT necessary to wake up periodically.
- The injured person should not participate in **ANY** high risk activities that might result in head injury until examined and cleared by a qualified health care professional. High risk activities include sports, physical education (PE), climbing, or riding a bike.
- It is hard to change from the normal routine. The injured person will need help from parents, teachers, coaches, and athletic trainers to help manage their activity level.

**Do's and Do Not's**  
**You don't need to wake up every hour.**  
**Don't play sports or exercise!**

It is OK to:	There is NO need to:	Do NOT
To take acetaminophen the next day Use ice pack on head + neck for comfort Go to sleep Rest	Stay in bed Wake up every hour	Take Ibuprofen and aspirin Use a computer/lpad/TV/cell phone Drive while you have symptoms Participate in sports / high-risk activities

**Returning to School:**

**If symptoms are severe (cannot concentrate for more than 30-45 minutes without symptoms worsening), staying home and resting may be indicated until symptoms improve.**  
**If symptoms are less severe, rest breaks during school can help recovery.**

- Inform the teacher(s), school nurse, and administrator(s) about your child/teenager's injury and symptoms. Accommodations should be put in place immediately.
- Students who experience symptoms of concussion need periodic rest breaks and extra help to perform school activities. They may not perform at their best on classroom or standardized tests.
- As symptoms decrease, the extra supports (rest breaks during school) can be removed slowly.

**School Personnel:**  
**School personnel should watch for indications of worsening symptoms, specifically:**

- Worsening headaches and increased fatigue
- Increased problems paying attention, concentrating, remembering or learning new information
- Needing longer time to complete a task
- Increased irritability or less of an ability to cope with stress

**These are important signs that the brain is doing too much for the current state of recovery. The student should only do school tasks that do not worsen their symptoms.**

**NO PE class, physical activity at recess, or sports practices or games.**

- Tell the Physical Education teacher and all coaches of the injury and symptoms.
- When appropriate, have the student check in with a qualified health care professional on the first day he/she returns.
- It is normal for the child/teenager to feel frustrated, sad, and even angry because they cannot return to sports or recreation right away. With an injury, a full recovery will lower the chances of getting hurt again. ***It is better to miss one game than the whole season.***

#### **Return to Play - Clearance:**

**\* An appointment with a physician is required before returning to any activities.  
\*TSSAA requires a Concussion Return to Play form be completed before the RTP plan can begin.**

- If the injured person is an athlete, has had significant or recurrent head injuries, or the symptoms above persist beyond 5-7 days, evaluation by a concussion specialist is recommended.
- Neuropsychological testing can be helpful to assist with return to academic and physical activity.

**Questions or comments can be directed to:**

**Bradley Centrals Athletic Trainer  
Keresa Steichen MS ATC/LAT ITAT  
(206)755-5830  
Ksteichen@benchmarkpt.com**

### **Return to Play Concussion Management**

It is important to note that after a student receives a concussion, that he/she will not return to activity until cleared by a CIC physician and the Certified Athletic Trainer. Even with written clearance from a licensed health care provider, the Certified Athletic Trainer or Health Care Coordinator may withhold the student-athlete from returning to play if it is deemed a risk to their overall health.

#### **RTP Requirements:**

1. The student-athlete is symptom free for at least a full day; the student no longer exhibits concussion-related signs, symptoms or behaviors at rest or with physical exertion.
2. The student-athlete has been cleared by a Physician and has a complete TSSAA Concussion Return to Play Form and the Athletic Trainer has a copy.
3. After all the above have been accomplished, the student-athlete may gradually return to play following these specific Guidelines for Return to Play which is monitored by the Athletic Trainer.

These guidelines must be followed in order and under the observation of the Certified Athletic Trainer or the Physician. If the student is able to clear a stage with no sign or symptoms returning, they progress to the next stage. If at any time signs or symptoms that are consistent with a concussion return, the student returns to no activity (Stage 1) until they become symptom-free and return to the previous stage.

Day 1 – Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2 – Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduce weight from typical routine).

Day 3 – Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement)

Day 4 – Sports Specific Practice

Day 5 – Full contact in controlled drill or practice

Day 6 – Return to competition



**Conclusion**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on the training and preparation of athletic healthcare providers. It is prudent to invest athletic department "ownership" in the emergency action plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency action plan should be reviewed at least once a year with all athletic personnel and local emergency response teams. Through development and implementation of the emergency plan *Bradley Central High School* helps ensure that the athlete will have the best care provided when an emergency situation does arise.

**Approval and acceptance of the Bradley Central High School Emergency Plan for Athletics.**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
School Principal

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Assistant Principal

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
School Athletic Director

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Head Athletic Trainer



**ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_ have read the Bradley Central High School Athletic Department Emergency Action Plan and Athletic Training Policies and Procedures and understand the procedures in handling athletic injuries, illnesses or other emergencies covered within this plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Boyd Buchanan Policies and Procedures

## EMERGENCY ACTION PLAN

### Boyd Buchanan School

In the event of an emergency at Boyd Buchanan School football, or any other athletic event the following procedures should be followed.

**Emergency Personnel:** Athletic Training Students, Certified Athletic Trainers, Emergency Service Personnel, Coaching Staff, Physicians, Student-Athletes and Other Personnel will either be on-site, accessible or available by emergency transport for all practices and competitions.

**Communication:** All EAP Affiliates should have cellular telephones with the following numbers in the event of an emergency.

- a) (911)-Rotational Hamilton County Dispatch
  - (1) Information provided to EMS
    - (a) Name, address, phone number of telephone caller
    - (b) Number of victims; condition of victims
    - (c) First-aid treatment initiated
    - (d) Specific directions as needed to locate scene (below)
    - (e) Other information as requested by dispatcher

### Rules

- a) All affiliated, trained and oriented personnel should assist in the emergency action plan
- b) Sports medicine staff/student member should accompany student-athlete to hospital
- c) Notify other sports medicine staff immediately
  - i) The Head Athletic Trainer will be the hierarchy of injury notification
- d) Parents should be contacted by sports medicine staff
  - i) Contact names and numbers are located in the permanent folder
- e) Inform coach(s) and administration (Crisis Management Team) in the event that this becomes a catastrophic injury
- f) Obtain medical history and insurance information
- g) Appropriate injury reports should be completed following the incident and placed in the permanent folder

### Emergency Equipment & Locations

- a) **EMS:** During all football games an EMS unit will be stationed on home team sideline. In the event the EMS unit is not at the game follow the procedures for a team practice, in which EMS should be activated and sent to the location of the event.
- b) **Airway Adjuncts:** CPR Masks will be available for use either on the person of the athletic training staff or in the medical kit located on the sideline
- c) **Spine Board:** One Spine Board will be located on the home sideline of each practice/game
  - (1) Spine Boards will include securing body straps, towels for head positioning or spine boards standardized head immobilization methods
- d) **Communication Devices:** Cellular telephones will be used to communicate emergency situations. Land-line telephones are inside the facility and it is easier to access
- e) **Transportation Devices:** Crutches should be available on site for each practice/competition. Motorized carts on "sports chairs" are not available.
- f) **Facemask Removal Tools:** 1 battery operated screwdriver will be on person of the director of sports medicine.
- g) **Diagnostic Tools:** Stethoscopes, penlights, thermometer and a BP cuff will be available in the kit on the sideline (no pulse oximeter will be available)
- h) **OSHA Supplies:** Standard OSHA blood borne pathogen protection devices will be located on the home sideline
- i) **Lifesaving Medications:** Metered Dose Inhalers and Epi-Pens will be available in the head Athletic Trainer's kit

### Roles of First Responders

- a) 1<sup>st</sup> person-Immediate care of injured or ill athlete
- b) 2<sup>nd</sup> person -retrieve emergency equipment
- c) 3<sup>rd</sup> person-Activation of emergency medical system (EMS)-3<sup>rd</sup> person
  - i) Provide dispatcher with your name and role, address, telephone number, number of individuals injured, condition of injured, any treatment given, specific directions, other info requested.
- d) Direction of EMS to scene (4<sup>th</sup> Person)-Will meet at the top of the South End Zone Ramp
  - (a) open appropriate gates
  - (b) designate individual to "flag down" EMS and direct to scene
  - (c) limit scene to first aid providers and move bystanders away from area (5<sup>th</sup> Persons/s)

**Transport Instructions:** All student-athletes involved in an emergency situation should be transported by professional ground transportation to the closest hospital. Any alternate plan should be decided by the providing physician. An alternate transport such as airlift, car, van should be the decision of the care providing individuals and coordinated for the circumstances.

**Venue Directions**

**1) From I-24**

Take I-24 to the Moore Road exit  
Turn left at the top of the exit ramp  
Continue straight in the right hand lane  
Turn right into the main entrance of Boyd Buchanan School

**2) From Amnicola**

Take Amnicola Highway to 153  
Take 153 to the Shallowford Road exit  
Turn right at the top of the exit ramp  
Take a left onto Moore Road  
Turn left into the main entrance of Boyd Buchanan School

## OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

### Exposure Control Plan

The Hamilton County Department of Education (HCDE) Exposure Control Plan for Bloodborne Pathogens is designed to prevent occupational exposure to bloodborne pathogens such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). The Director of School Health Program will serve as the Plan Coordinator charged with the overall responsibility for the Bloodborne Pathogen Exposure Control Plan. The plan will be reviewed and updated annually and as necessary to reflect new or modified tasks, procedures, and/or employee positions.

#### I. EXPOSURE DETERMINATION

A. All employees in the following job classifications have occupational exposure:

1. Nurses
2. Teachers and assistants who must perform the tasks listed in C2.
3. Designated first aid responders
4. Coaches of contact sports

B. Some employees in the following job classifications have occupational exposure:

1. Custodians
2. Teachers of classes using hazardous equipment
3. Special Education bus drivers

C. The following tasks and procedures are determined to be those in which occupational exposure may occur and are performed by employees in job classifications listed in I-A and I-B.

1. Rendering first aid
2. Performing personal care and hygiene for students (suctioning, catheterization, personal cleansing of students after using the toilet, changing diapers, changing bed linens, handling used sanitary napkins, and cleaning up vomit, blood or other body secretions).
3. Cleaning up and/or disposal of blood or other potentially infectious materials.
4. Cleaning contaminated equipment.

D. Students enrolled in the Health Science and Technology vocational programs which require clinical experience are included in this plan.

## II. METHODS OF COMPLIANCE

### A. Compliance

1. Universal precautions will be explained annually to all employees and particularly to those in job classifications listed in IA and IB and students covered by the plan.
2. Engineering and work practice controls, personal protective equipment, and housekeeping procedures will be explained to employees and students covered by the plan.
3. Hepatitis B vaccination will be made available to employees and students covered by the plan.
4. All employees will receive information regarding the procedure to follow if they are exposed to infectious materials. The exposure should be reported immediately to the supervisor.
5. All employees will receive information regarding signs and labels for hazardous waste that may contain blood or blood pathogens.
6. This school system will establish a record keeping procedure in compliance with the law.

### B. Universal Precautions

1. Universal precautions are intended to prevent transmission of infection, as well as decrease the risk of exposure for school personnel and students. It is not currently possible to identify all infected individuals, so precautions must be used with every individual.
2. All human blood and other potentially infectious bodily fluids are to be treated as if known to be infectious for HIV, HBV, and HCV.
3. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, saliva, urine, or vomitus unless they contain visible blood.
4. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
5. Assume **all** human blood, plasma, serum, body fluids (semen, saliva in dental procedures, cerebrospinal and amniotic fluid, breast milk and cervical secretions) and any body fluid or tissue contaminated with blood to be contaminated with Human Immunodeficiency Virus (HIV) and/or Hepatitis Viruses (e.g., HBV, HCV). Handle them with appropriate care.
6. All employees with occupational exposure to blood and other potentially infectious body fluids are to be offered Hepatitis B Vaccine at no cost to the employee.
7. **Remember:** The most susceptible route of laboratory infection for HIV, HBV, and HCV is by accidental needle sticks, contamination of the mucous membranes, or through broken, abraded or irritated skin. Use appropriate caution and maximum protection to prevent such contact.

8. Avoid spilling, splashing or open aerosolization of human blood or body fluids. Wear latex gloves when handling blood or other potentially infectious materials. If danger of splash or spills exists, use protective garments, mask and protective eye wear.
9. Understand the principles of good microbiological practice **before** working with biohazardous materials. Examples include use of aseptic technique, proper decontamination procedure, biohazard spill management and proper use of biosafety equipment. Develop proficiency **before** beginning work.
10. Use aseptic technique. Thorough handwashing is essential after handling blood and body fluids and after wearing gloves. Handwashing facilities must be readily accessible to employees.
11. All waste contaminated with blood or other potentially infectious material is disposed of in a regulated color-coded, labeled waste container.
12. Spills of blood or other potentially infectious materials are cleaned according to the approved procedure using a bleach solution.
13. Clean all work areas and equipment used in handling human biohazardous materials with proven disinfectant (e.g., 1:10 dilution of bleach) when contaminated.
14. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are not permitted in work areas where there is a reasonable likelihood of occupational exposure.
15. All personal protective equipment must be removed before leaving the work area.
16. Report all accidents, untoward occurrences and unexplained illnesses to your supervisor.
17. Caution must be exercised to prevent used, contaminated gloves from cross-contaminating door knobs, wall switches, or phones. Remove contaminated gloves after each operation and dispose of them as biohazardous waste before exiting the work area.
18. Understand the department's post exposure follow-up program and be familiar with the appropriate standard operating procedures for accidental exposure to human materials.

#### C. Engineering and Work Practice Controls

1. Controls shall be used to eliminate or minimize employee exposure. Where occupational exposure risk remains after institution of controls, personal protective equipment (PPE) shall be used.
2. Engineering controls will be examined, maintained and/or replaced to ensure their effectiveness.
3. Proper handwashing is the single most effective procedure to prevent the spread of infection. Remove jewelry and push watch and sleeves above the wrist. Wet the hands, apply soap, and wash vigorously using plenty of lather and friction to clean all of the hand surfaces. Rinse well with running water and dry hands with paper towels.

- a. Employees will wash their hands and other skin surfaces with soap and water, or flush mucous membranes with water as soon as feasible following contact of body areas with blood or other potentially infectious materials.
  - b. Employees will wash their hands after contact with any used equipment.
  - c. Employees will wash their hands immediately or as soon as possible after removal of gloves or other PPE.
4. If handwashing facilities are not readily available, employees will utilize appropriate antiseptic hand cleaners in conjunction with clean cloth/paper towel or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
  5. Eating, drinking, smoking applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
  6. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
  7. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and droplet generation of these substances.
  8. Regulated waste shall be placed and transported in bags or containers labeled Biohazard and/or color coded. If the bag or container presents a reasonable likelihood of soak-through or leakage, it shall be placed and transported in a secondary bag or container which prevents soak through and/or leakage of fluids to the exterior. When full, the bags shall be sealed and removed to the disposable receptacle until picked up by the designated handling company. Contaminated sharps shall be placed in appropriate containers which are puncture resistant, labeled or color coded, and closable.

#### D. Personal Protective Equipment

1. Provision – When there is potential of an occupational exposure, HCDE will provide, at no cost to the employee, appropriate personal protective equipment (PPE) such as, but not limited to, gloves, gowns, face shields or masks and eye protection. PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, under garments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
2. Use – The school system ensures that the employee uses appropriate PPE unless there are rare and extraordinary circumstances, and it was the employee’s professional judgment that in the specific instance its use would have prevented the delivery of health care or would have posed an increased hazard to the safety of the employee or co-worker or student. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether



changes can be instituted to prevent such occurrences in the future.

3. Accessibility – HCDE shall ensure that appropriate PPE in correct sizes are issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. For employees or workers allergic to standard PPE (latex, powder, etc.), see Appendix NIOSH Latex Allergy Alert.
4. Cleaning, laundering and disposal – HCDE shall provide laundering services for washable PPE in accordance with OSHA's Bloodborne Pathogen Standard at no cost to the employee.
5. Repair and replacement – HCDE shall repair or replace PPE as needed to maintain its effectiveness at no cost to the employee.
6. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
7. All PPE shall be removed before leaving the work area.
8. When PPE is removed, it shall be placed in an appropriately designed area or container for storage, washing, decontamination or disposal.
9. Gloves – Gloves shall be worn when it can be reasonable anticipated that the employee may have contact with blood, or other potentially infectious materials and when handling or touching contaminated items.
  - a. Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
  - b. Disposable (single use) gloves shall not be washed or decontaminated for reuse.
  - c. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

#### E. Housekeeping

1. General – HCDE shall ensure that the worksite is maintained in a clean and sanitary condition. There will be an appropriately implemented written schedule for cleaning. Cleaning and method of decontamination will be based upon the location within the building, type of surface to be cleaned, and tasks or procedures being performed in the area.
2. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
3. Contaminated surfaces shall be decontaminated with an appropriate disinfectant immediately or as soon as feasible when surfaces are contaminated. Use a solution of one part household bleach to ten parts of water (1:10), or other EPA approved

disinfectant.

4. Protective coverings such as plastic wrap, aluminum foil or imperviously backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when contaminated.
5. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for being contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.
6. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means.

#### F. Laundry

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation. It shall be bagged or contained at the location where it was used, and shall not be sorted or rinsed in the location of use.
2. Contaminated laundry shall be placed and transported in bags or containers labeled Biohazard or color-coded.
3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior.
4. Employees who have contact with contaminated laundry shall wear gloves and other appropriate PPE.
5. When HCDE ships contaminated laundry off site, the laundry shall be placed in bags or containers which are labeled Biohazard or color-coded. The cleaning establishment will follow OSHA guidelines.

### III. HEPATITIS B VACCINATION

#### A. General

1. The school system provides the Hepatitis B vaccine and vaccination series for all employees who are designated in the occupational exposure list, and post-exposure evaluation and follow-up for all employees who have an exposure incident.
2. The school system ensures that the Hepatitis B vaccination, post-exposure evaluation and follow-up are:
  - a. Made available at no cost to the employee;
  - b. Made available to the employee at a reasonable time and place;

- c. Performed by or under the supervision of licensed physician or by or under the supervision of another licensed health care professional, and
- d. Provided according to the recommendations of the U. S. Public Health Service current at the time these evaluations and procedures take place.

#### B. Vaccination Procedure

1. Hepatitis B vaccination is available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, the vaccine is contraindicated for medical reasons, or the employee declines and signs the declination form (Attachment 3).
2. The school system will not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.
3. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the plan decides to accept the vaccination, the school system provides the Hepatitis B vaccination at that time.
4. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U. S. Public Health Service at a future date, such booster dose(s) will be made available.

#### IV. EXPOSURE INCIDENT – POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. An exposure incident means "a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties".
- B. Reporting of all exposure incidents is the responsibility of the employee affected by the exposure.
  1. As soon as possible after the incident, the employee will notify his/her immediate supervisor and complete an Exposure Incident Report. The HCDE's Risk Manager shall be notified.
- C. When indicated, consent shall be obtained from the employee and the source individual (if known) for blood tests to determine HBV, HCV, and HIV infectivity. Source participation is, however, voluntary.
  1. These specimens may be obtained from a recommended medical provider, or if convenient, the employee and source patient may be referred to a recommended medical provider.
  2. Results of the source patient's testing will be made available to the employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source patient.

3. If the employee consents to baseline blood collection, but does not consent at that time for HIV testing, the sample shall be preserved for 90 days. If within 90 days of the exposure incident the employee elects to have the baseline sample tested, such testing will be done at that time.
  4. If the source patient refuses testing, the employee will be managed as an exposure to an unknown source.
- D. The employee will receive a copy of the Health Care Professional's Written Opinion within 15 days of the completion of the evaluation. This evaluation is based according to current protocol and limited to the following.
1. Whether Hepatitis B vaccination or Hepatitis B immune globulin is indicated, dependent on the employee's history of vaccination and current immunity.
  2. A statement indicating that the employee has been informed of the results of the evaluation and that the employee has been told about any medical conditions resulting from exposure which require further evaluation or treatment.
  3. Following initial testing, HIV testing is recommended again at 6 weeks, 3 months and 6 months for HIV negative employees.

E. Post Exposure Management

1. If the source individual is known or found to be Hepatitis B, Hepatitis C, or HIV positive, immediate follow-up will be initiated.
  - a. Information on the source patient should be obtained (if available), including the current clinical status.
  - b. Counseling, evaluation of reported illnesses, and postexposure prophylaxis according to U. S. Public Health Services recommendations are to be made available. The employee is to be given counseling and education regarding the likelihood of transmission of disease.
  - c. In the event of an exposure where postexposure prophylaxis (PEP) for Hepatitis B or HIV is likely to be indicated, any recommendation related to the use of PEP would be sought through a medical provider designated by Hamilton County Department of Education for said therapy.
  - d. The employee is also to be counseled regarding ways to reduce the risk of transmission and the need for appropriate medical follow-up.
2. All actions taken following percutaneous, mucous membrane, and/or skin exposure to blood and infectious body fluids will be done in a confidential manner.

V. **COMMUNICATION OF HAZARDS TO EMPLOYEES**

A. Labels and Signs

1. Labels – Warning labels shall be affixed to containers of regulated waste containing blood or other potentially infectious materials.
2. Labels required including the following legend:



**BIOHAZARD**

3. These labels shall be a fluorescent orange or orange/red or predominately so, with lettering or symbols in a contrasting color.
4. Labels are required to be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.
5. Red bags or red containers may be substituted for labels.

**B. Information and Education**

1. The HCDE shall ensure that all employees listed in Section I-A and I-B participate in an educational program which must be provided at no cost to the employees and during work hours.
  - a. Education shall be provided:
    - (1) At the time of initial assignment to tasks where occupational exposure may take place.
    - (2) At least annually thereafter.
  - b. The HCDE shall provide additional education when changes in modifications or procedures affect the employee's occupational exposure.
  - c. Only material that is appropriate in content, vocabulary, literacy and language level of employees shall be used.
2. The educational program shall contain a minimum of the following elements.
  - a. An accessible copy of the Regulatory Text of the Standard and an explanation of the contents.

- b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- c. An explanation of the modes of bloodborne pathogens.
- d. An explanation of the employee's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- f. An explanation of the use and limitations of methods that prevent or reduce exposure including appropriate engineering controls, work practices, and PPE.
- g. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.
- h. An explanation of the basis for selection of PPE.
- i. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up.
- l. Information on the post-exposure evaluation and follow-up for the employee following an exposure incident.
- m. An explanation of the signs, labels, and/or color-coding required.
- n. An opportunity for interactive questions and answers with the person conducting the educational session.
- o. The person conducting the educational session shall be knowledgeable in the subject matter covered by the elements contained in the educational program as it relates to the school.

**VI. RECORD KEEPING**

- A. Medical Records – The Hamilton County Risk Management shall establish and maintain an accurate record for each employee with occupational exposure. The record shall include:
  - 1. Name and social security number of the employee.

2. A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations and other pertinent medical information.
  3. A copy of all results of examinations, medical testing, and follow-up procedures related to all occupational exposure incidents.
  4. A copy of the health care professional's written opinion.
  5. The HCDE and Hamilton County Risk Management shall ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this policy, or as may be required by law.
  6. Hamilton County Risk Management shall maintain the medical record for at least the duration of employment, plus 30 years.
- B. Educational records shall contain the following information:
1. Dates of the educational sessions.
  2. The contents or a summary of the training session.
  3. Names and qualifications of persons conducting the education.
  4. Names and job titles of all persons attending the educational session.
  5. Education records shall be maintained for 3 years from the date on which the education occurred.
- C. Medical and Educational Records shall be available to employees or their designated representatives with properly signed releases, the Director of the National Institute for Occupational Safety and Health (NIOSH), or the Assistant Secretary of Labor.