



**PENNSYLVANIA STATE
UNIVERSITY**

**DEPARTMENT OF
KINESIOLOGY**

**Athletic Training Education
Program Handbook**

2008-2009

ATHLETIC TRAINING STUDENT HANDBOOK

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I. WELCOME TO PENN STATE ATHLETIC TRAINING

It is our pleasure to welcome you to The Penn State Athletic Training Education Program. The faculty and staff are looking forward to working with quality students like you for professional preparation in the field of athletic training. As you know, entry into this program is both selective and competitive. It is imperative that you work with the same diligence throughout this program as you did for admission. To aid you as a PSU athletic training student (ATS), this handbook is intended to answer some questions you may have and also serve as a guide to Penn State's policies and procedures. **It is very important that you familiarize yourself with the contents of the *Penn State University ATEP Handbook*.** These policies have been prepared to insure that the quality of the Athletic Training Curriculum is at its highest. This handbook is revised annually and more frequently if deemed necessary. Each updated edition supersedes all previous editions.

As an athletic training student, you will be expected to aid in the prevention, evaluation, assessment, and rehabilitation of athletic injuries while working and learning under the supervision of your clinical supervisor. In order for our program to operate at maximal efficiency, athletic training students must work diligently, and assume all responsibility that is delegated to them in a mature and responsible fashion. You must demonstrate a strong and genuine professional commitment and sense of personal responsibility.

Athletic training is a profession that takes a great deal of dedication and work. The best method of learning is to combine classroom learning with clinical experience. The chance to apply classroom knowledge in your practicums will greatly enhance the learning process. This curriculum requires many hours of both classroom and clinical time. Both are equally important in the professional preparation for athletic training students. Students must constantly work to both improve their understanding and refine their skills. One must learn to budget their time properly to be able to excel in both areas, as well as set aside time for outside activities.

Becoming a Certified Athletic Trainer (ATC) should be the primary goal of every student in the program. It is the objective of every classroom and clinical instructor to prepare each athletic training student for a successful career in the profession. To accomplish this objective, the instructors will provide numerous opportunities for experiences and growth, as well as encourage students to apply and reach beyond what is presented in the classroom. An athletic training student is encouraged to ask questions when in doubt, reassess the situation, and to apply what he or she has learned from that situation. The goals of the program will be accomplished by providing this type of an environment, one that allows a mixing of both classroom and practical learning. **Again, congratulations on becoming an athletic training student at Penn State University.**

II. MISSION STATEMENTS

PENNSYLVANIA STATE UNIVERSITY MISSION

Penn State is a multi-campus public land-grant university that improves the lives of people in Pennsylvania, the nation, and the world through integrated, high-quality programs in teaching research, and service.

Our instructional mission includes undergraduate, graduate, and continuing and distance education informed by scholarship and research. Our research, scholarship, and creative activities promote human and economic development through the expansion of knowledge and its applications in the natural and applied sciences, social sciences, arts, humanities, and professions.

As a land-grant university, we also hold a unique responsibility for outreach and public service to support the citizens of Pennsylvania. We engage in collaborative activities with industrial, educational, and agricultural partners here and abroad to disseminate and apply knowledge.

Penn State shares three traditional responsibilities with other major universities:

-Education. Penn State strives to create new dimensions in the lives of its students by introducing them to the collective knowledge, wisdom, and experience of human society, by encouraging them to acquire the skills and intellectual discipline to comprehend the complexities of our times, and by motivating them to consider the values and aspirations that will guide their future.

-Research. Penn State strives to broaden human horizons by promoting scholarship, creativity, and the advancement of knowledge, thus enhancing our understanding of ourselves and the many worlds around us.

-Service. Penn State strives to contribute to economic and societal vitality by offering informed views on critical and recurring issues, by providing opportunities for cultural and intellectual enrichment, and by contributing new ideas and new techniques to advance both private and public endeavors.

The University encourages the interplay of individual creativity and intellectual diversity as the source of true understanding: it cultivates appreciation of human capabilities and human diversity as the pathway to individual and societal achievement and self-esteem. Penn State is thus committed to creating and maintaining an intellectual and an educational environment that reflects diverse values and needs; it fosters appreciation of a multicultural human society, and seeks greater involvement with our increasingly interdependent world.

*Penn State 2004-2006 Baccalaureate Degree Programs Bulletin P. 12-13.

COLLEGE OF HEALTH AND HUMAN DEVELOPMENT

The College of Health and Human Development is the first in the country to take a combined approach to the health, development, and well being of individuals and families. Created in 1987, it combines strong programs previously based in other Penn State colleges. The college seeks to improve the quality of human life through all three of its missions: conducting research, providing education for students who are planning professional careers in the field, and offering outreach programs for health-service professionals as well as the general public.

The field of health and human development encompasses a wide range of professions. Programs in the college prepare students for careers in health care, nursing, nutrition and dietetics athletic training, rehabilitation and therapy, sports medicine, childcare, human services, gerontology, speech pathology and audiology, health promotion, fitness and sports, health care management, hospitality, tourism, recreation and parks management and many others. Many students go on to medical or dental school or other graduate study.

Although the College of Health and Human Development itself is relatively new, Penn State has a strong tradition in these areas. Many of the college's programs are among the oldest in the nation, and many of the college's faculty is internationally respected.

*Penn State 2004-2006 Baccalaureate Degree Programs Bulletin P. 83.

THE PENN STATE PRINCIPLES

The Penn State Principles include four key statements:

- 1) I will respect the dignity of all individuals within the Penn State community;
- 2) I will practice academic integrity;
- 3) I will demonstrate social and personal responsibility;
- 4) I will be responsible for my own academic progress and agree to comply with all University policies.

*Full text of principles can be found online: <http://www.psu.edu/ur/principles.pdf>

III. Athletic Training Curriculum Program

Mission Statement

The primary mission of the Penn State Undergraduate Athletic Training Education Program (ATEP) is to promote optimal health and well-being in the physically active population by providing educational opportunities to prepare qualified undergraduate students for a career as entry-level certified athletic trainers. The ATEP is structured according to competencies and proficiencies provided by the National Athletic Trainers' Association's Education Council in accordance with the National Athletic Trainers' Association (NATA) 5th Edition Role Delineation Study.

Penn State is committed to providing quality classroom and clinical education as well as rewarding field experiences. We will use current technology and promote the development of the profession through research, publications, and professional lectures. The purpose of this program is to prepare well-rounded students for eligibility to sit for the Board of Certification (BOC) examination and pursue careers as certified athletic trainers. In addition this program aims to produce students who are committed to academic and clinical excellence, are socially responsible, and have demonstrated cultural sensitivity.

The Athletic Training Education Program seeks to enhance student learning through a variety of interactive and problem solving experiences that mandates that students demonstrate cognitive understanding of the health sciences, work with diverse individuals and populations, and perform specific athletic training skills and techniques. The development of competent athletic trainers is based on a program of curricular experiences that require students to demonstrate and apply their knowledge, skills, and attributes in the clinical setting.

We are committed to an ongoing evaluation of our Athletic Training Education Program to ensure our students are receiving the highest quality education possible. Furthermore, we are committed to staying abreast to the ongoing changes in our profession in order to keep our students current in our evolving field. Penn State aspires to be a program of recognized excellence. It is our intentions to establish this program as a leader in undergraduate athletic training education.

Goals and Objectives

GOAL #1 (Risk Management)

Prepare the individual in the knowledge, skills, values, and decision making related to risk management and injury prevention required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Explain the risk factors associated with physical activity.
2. Identify and explain the risk factors associated with common congenital and acquired abnormalities, disabilities, and diseases.
3. Identify and explain the epidemiology data related to the risk of injury and illness related to participation in physical activity.
4. Identify and explain the recommended or required components of a preparticipation examination based on appropriate authorities' rules, guidelines, and/or recommendations.
5. Describe the basic concepts and practice of wellness screening.
6. Describe the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.
7. Explain the importance for all personnel to maintain current certification in CPR, automated external defibrillator (AED), and first aid.
8. Explain the principles of effective heat loss and heat illness prevention programs. Principles include, but are not limited to, knowledge of the body's thermoregulatory mechanisms, acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, and weight loss.
9. Explain the accepted guidelines, recommendations, and policy and position statements of applicable governing agencies related to activity during extreme weather conditions.
10. Interpret data obtained from a wet bulb globe temperature (WBGT) or other similar device that measures heat and humidity to determine the scheduling, type, and duration of activity.
11. Explain the importance and use of standard tests, test equipment, and testing protocol for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility, muscular strength, power, and endurance.
12. Explain the components and purpose of periodization within a physical conditioning program.
13. Identify and explain the various types of flexibility, strength training, and cardiovascular conditioning programs. This should include the expected effects (the body's anatomical and physiological adaptation), safety precautions, hazards, and contraindications of each.
14. Explain the precautions and risks associated with exercise in special populations.
15. Describe the components for self-identification of the warning signs of cancer.
16. Explain the basic principles associated with the use of protective equipment, including standards for the design, construction, fit, maintenance and reconditioning of protective equipment; and rules and regulations established by the associations that govern the use of protective equipment; and material composition.

17. Explain the principles and concepts related to prophylactic taping, wrapping, bracing, and protective pad fabrication.
18. Explain the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints. This includes, but is not limited to, evaluating or identifying the need, selecting the appropriate manufacturing material, manufacturing the orthosis or splint, and fitting the orthosis or splint.
19. Explain the basic principles and concepts of home, school, and workplace ergonomics and their relationship to the prevention of illness and injury.
20. Recognize the clinical signs and symptoms of environmental stress.
21. Instruct the patient how to properly perform fitness tests to assess his or her physical status and readiness for physical activity. Interpret the results of these tests according to requirements established by appropriate governing agencies and/or a physician. These tests should assess:
 - a. Flexibility
 - b. Strength
 - c. Power
 - d. Muscular Endurance
 - e. Agility
 - f. Cardiovascular Endurance
 - g. Speed
22. Develop a fitness program appropriate to the patient's needs and selected activity or activities that meet the requirements established by the appropriate governing agency and/or physician for enhancing:
 - a. Flexibility
 - b. Strength
 - c. Power
 - d. Muscular Endurance
 - e. Agility
 - f. Cardiovascular Endurance
 - g. Speed
23. Instruct a patient regarding fitness exercises and the use of weight training equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
24. Select and fit appropriate standard protective equipment on the patient for safe participation in sport and/or physical activity. This includes but is not limited to:
 - a. Shoulder pads
 - b. Helmet/headgear
 - c. Footwear
 - d. Mouth guard
 - e. Prophylactic knee brace
 - f. Prophylactic ankle brace
25. Select, fabricate, and apply appropriate preventive taping and wrapping procedures, splints, braces, and other special protective devices. Procedures and devices should be consistent with sound anatomical and biomechanical principles.

26. Obtain, interpret, and make decisions regarding environmental data. This includes, but is not limited to the ability to:
 - a. Operate a sling psychrometer and/or wet bulb globe index
 - b. Formulate and implement a comprehensive, proactive emergency action plan specific to lightening safety
 - c. Access local weather/environmental information
 - d. Assess hydration status using weight charts, urine color charts, or specific gravity measurements
27. Plan, implement, evaluate, and modify a fitness program specific to the physical status of the patient. This will include instructing the patient in proper performance of the activities and the warning signs and symptoms of potential injury that may be sustained. Effective lines of communication shall be established to elicit and convey information about the patient's status and the prescribed program. While maintaining patient confidentiality, all aspects of the fitness program shall be documented using standardized record-keeping methods.
28. Select, apply, evaluate, and modify appropriate standard protective equipment and other custom devices for the patient in order to prevent and/or minimize the risk of injury to the head, torso, spine and extremities for safe participation in sport and/or physical activity. Effective lines of communication shall be established to elicit and convey information about the patient's situation and the importance of protective devices to prevent and/or minimize injury.
29. Demonstrate the ability to develop, implement, and communicate effective policies and procedures to allow safe and efficient physical activity in a variety of environmental conditions. This will include obtaining, interpreting, and recognizing potentially hazardous environmental conditions and making the appropriate recommendations for the patient and/or activity. Effective lines of communication shall be established with the patient, coaches and/or appropriate officials to elicit and convey information about the potential hazard of the environmental condition and the importance of implementing appropriate strategies to prevent injury.

GOAL #2 (Pathology)

Prepare the individual in the knowledge and values related to the pathology of injuries and illnesses required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Describe the essential components of a typical human cell. Include the normal structure and the function of each component and explain the abnormal symptoms associated with injury, illness, and disease.
2. Explain gross cellular adaptations in response to stress, injury, or disease (e.g., atrophy, hypertrophy, differentiation, hyperplasia, metaplasia, and tumors).
3. Explain normal and abnormal circulation and the physiology of fluid homeostasis.
4. Identify the normal acute and chronic physiological and pathological responses (e.g., inflammation, immune response, and healing process) of the human body to trauma, hypoxia, microbiologic agents, genetic derangements, nutritional deficiencies, chemicals,

- drugs, and aging affecting the musculoskeletal and other organ systems, and musculoskeletal system adaptations to disuse.
5. Describe the etiology, pathogenesis, pathomechanics, signs, symptoms, and epidemiology of common orthopedic injuries, illnesses and diseases to the body's systems.
 6. Describe the body's responses to physical exercise during common diseases, illnesses, and the injury.

GOAL #3 (Diagnosis)

Prepare the individual in the knowledge, skills, values, and decision making related to assessment and evaluation required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Demonstrate knowledge of the systems of the human body.
2. Describe the anatomical and physiological growth and development characteristics as well as gender differences across the lifespan.
3. Describe the physiological and psychological effects of physical activity and their impact on performance.
4. Explain directional terms and cardinal planes used to describe the body and the relationship of its parts.
5. Describe the principles and concepts of body movement including functional classification of joints, arthrokinematics, normal ranges of joint motion, joint action terminology, and muscle groups responsible for joint actions (prime movers, synergists), skeletal muscle contraction, and kinesthesia/proprioception.
6. Describe common techniques and procedures for evaluating common injuries including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques, and neurological and circulatory tests.
7. Explain the relationship of injury assessment to the systematic observation of the person as a whole.
8. Describe the nature of diagnostic tests of the neurological function of cranial nerves, spinal nerves, and peripheral nerves using myotomes, dermatomes, and reflexes.
9. Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
10. Explain the roles of special tests in injury assessment.
11. Explain the role of postural examination in injury assessment including gait analysis.
12. Describe strength assessment using resistive range of motion, break tests, and manual muscle testing.
13. Describe the use of diagnostic tests and imaging techniques based on their applicability in the assessment of an injury when prescribed by a physician.
14. Describe the clinical signs and symptoms of environmental stress.
15. Describe and identify postural deformities.
16. Explain medical terminology and abbreviations necessary to communicate with physicians and other health professionals.
17. Describe the components of medical documentation (e.g. SOAP, HIPS and HOPS).

18. Obtain a medical history of the patient that includes a previous history and a history of the present injury.
19. Perform inspection/observation of the clinical signs associated with common injuries including deformity, posturing and guarding, edema/swelling, hemarthrosis, and discoloration.
20. Perform inspection/observation of postural, structural, and biomechanical abnormalities.
21. Palpate the bones and soft tissues to determine normal or pathological characteristics.
22. Measure the active and passive joint range of motion using commonly accepted techniques, including the use of a goniometer and inclinometer.
23. Grade the resisted joint range of motion/manual muscle testing and break tests.
24. Apply appropriate stress tests for ligamentous or capsular stability, soft tissue and muscle, and fractures.
25. Apply appropriate special tests for injuries to the specific areas of the body as listed above.
26. Assess neurological status, including cranial nerve function, myotomes, dermatomes and reflexes, and circulatory status.
27. Document the results of the assessment including the diagnosis.
28. Demonstrate a musculoskeletal assessment of upper extremity, lower extremity, head/face, and spine (including the ribs) for the purpose of identifying (a) common acquired or congenital risk factors that would predispose the patient to injury and (b) a musculoskeletal injury. This will include identification and recommendations for the correction of acquired or congenital risk factors for injury. At the conclusion of the assessment, the student will diagnose the patient's condition and determine and apply immediate treatment and/or referral in the management of the condition. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the assessment should be documented using standardized record-keeping methods.
 - a. Foot and toes
 - b. Ankle
 - c. Lower leg
 - d. Knee
 - e. Thigh
 - f. Hip/Pelvis/Sacroiliac Joint
 - g. Lumbar Spine
 - h. Thoracic Spine
 - i. Ribs
 - j. Cervical Spine
 - k. Shoulder Girdle
 - l. Upper Arm
 - m. Elbow
 - n. Forearm
 - o. Wrist
 - p. Hand. Fingers, Thumb
 - q. Temporomandibular Joint

GOAL #4 (Medical Conditions)

Prepare the individual in the knowledge, skills, values, and decision making related to understanding medical conditions and disabilities associated with physically active individuals required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Describe and know when to refer common congenital or acquired abnormalities, physical disabilities, and diseases affecting people who engage in physical activity throughout their life span (e.g., arthritis, diabetes).
2. Understand the effects of common illnesses and diseases in physical activity.
3. Describe common techniques and procedures for evaluating common medical conditions and disabilities including taking a history, inspection/observation, palpation, functional testing, special evaluation techniques (e.g., assessing heart, lung and bowel sounds), and neurological and circulatory tests.
4. Describe and know when to refer common eye pathologies from trauma and/or localized infection (e.g., conjunctivitis, hyphema, corneal injury, stye, scleral trauma).
5. Describe and know when refer common ear pathologies from trauma and/or localized infection (e.g., otitis, ruptured tympanic membrane, impacted cerumen).
6. Describe and know when to refer common pathologies of the mouth, sinus, oropharynx, and nasopharynx from trauma and/or localized infection (e.g., gingivitis, sinusitis, laryngitis, tonsillitis, pharyngitis).
7. Describe and know when to refer common and significant respiratory infections, thoracic trauma, and lung disorders. (e.g., influenza, pneumonia, bronchitis, rhinitis, sinusitis, upper-respiratory infection (URI), pneumothorax, hemothorax, pneumomediastinum, exercise-induced bronchospasm, exercise-induced anaphylaxis, asthma).
8. Explain the importance and proper use of a peak flowmeter or similar device in the evaluation and management of respiratory conditions.
9. Describe strategies for reducing the frequency and severity of asthma attacks.
10. Explain the possible causes of sudden death syndrome.
11. Describe and know when to refer common cardiovascular and hematological medical conditions from trauma, deformity, acquired disease, conduction disorder, and drug abuse (e.g., coronary artery disease, hypertrophic cardiomyopathy, heart murmur, mitral valve prolapse, commotio cordis, Marfan's syndrome, peripheral embolism, hypertension, arrhythmogenic right ventricular dysplasia, Wolf-Parkinson-White syndrome, anemias, sickle cell anemia and sickle cell trait [including rhabdomyolysis], hemophilia, deep vein thrombosis, migraine headache, syncope).
12. Describe and know when to refer common medical conditions that affect the gastrointestinal and hepatic-biliary systems from trauma, chemical and drug irritation, local and systemic infections, psychological stress, and anatomic defects (e.g., hepatitis, pancreatitis, dyspepsia, gastroesophageal reflux, peptic ulcer, gastritis and gastroenteritis, inflammatory bowel disease, irritable bowel syndrome, appendicitis, sports hernia, hemorrhoids, splenomegaly, liver trauma).
13. Describe and know when to refer common medical conditions of the endocrine and metabolic systems from acquired disease and acute and chronic nutritional disorders

- (e.g., diabetes mellitus and insipidus, hypothyroidism, Cushing's syndrome, thermoregulatory disorders, gout, osteoporosis).
14. Describe and know when to refer common medical conditions of the renal and urogenital systems from trauma, local infection, congenital and acquired disease, nutritional imbalance, and hormone disorder (e.g., kidney stones, genital trauma, gynecomastia, monorchidism, scrotum and testicular trauma, ovarian and testicular cancer, breast cancer, testicular torsion, varicoceles, endometriosis, pregnancy and ectopic pregnancy, female athlete triad, primary amenorrhea, oligomenorrhea, dysmenorrhea, kidney laceration or contusion, cryptorchidism).
 15. Describe and know when to refer common and/or contagious skin lesions from trauma, infection, stress, drug reaction, and immune responses (e.g., wounds, bacteria lesions, fungal lesions, viral lesions, bites, acne, eczema dermatitis, ringworm).
 16. Describe and know when to refer common medical conditions of the immune system from infection, congenital and acquired disease, and unhealthy lifestyle. (e.g., arthritis, gout, upper respiratory tract infection [URTI], influenza, pneumonia, myocarditis, gastrointestinal infection, urinary tract infection [UTI], sexually transmitted diseases [STDs], pelvic inflammatory disease, meningitis, osteomyelitis, septic arthritis, chronic fatigue and overtraining, infectious mononucleosis, human immunodeficiency virus (HIV) infection and AIDS, hepatitis B virus infection, allergic reaction and anaphylaxis, childhood infectious diseases [measles, mumps, chickenpox]).
 17. Describe and know when to refer common neurological medical disorders from trauma, anoxia, drug toxicity, infection, and congenital malformation (e.g., concussion, postconcussion syndrome, second-impact syndrome, subdural and epidural hematoma, epilepsy, seizure, convulsion disorder, meningitis, spina bifida, cerebral palsy, chronic regional pain syndrome [CRPS], cerebral aneurysm).
 18. Describe and know when to refer common psychological medical disorders from drug toxicity, physical and emotional stress, and acquired disorders (e.g., substance abuse, eating disorders/disordered eating, depression, bipolar disorder, seasonal affective disorder, anxiety disorders, somatoform disorders, personality disorders, abusive disorders, and addiction).
 19. Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.
 20. Describe and know when to refer common cancers (e.g., testicular, breast).
 21. Describe and know when to refer common injuries or conditions of the teeth (e.g., fractures, dislocations, caries).
 22. Explain the importance and proper procedures for measuring body temperature (e.g., oral, axillary, rectal).
 23. Obtain a medical history of the patient that includes a previous history and a history of the present condition.
 24. Perform a visual observation of the clinical signs associated with common injuries and/or illnesses including deformity, edema/swelling, discoloration, and skin abnormalities.
 25. Palpate the bones and soft tissues, including the abdomen, to determine normal or pathological characteristics.

26. Apply commonly used special tests and instruments (e.g., otoscope, stethoscope, ophthalmoscope, peak flowmeter, chemical “dipsticks” [or similar devices]) and document the results for the assessment of:
 - a. Vital signs including respiration (including asthma), pulse and circulation, and blood pressure
 - b. Heart, lung, and bowel sounds
 - c. Pupil response, size and shape, and ocular motor function
 - d. Body temperature
 - e. Ear, nose, throat and teeth
 - f. Urinalysis
27. Demonstrate a general and specific (e.g., head, torso and abdomen) assessment for the purpose of (a) screening and referral of common medical conditions, (b) treating those conditions as appropriate, and (c) when appropriate, determining a patient’s readiness for physical activity. Effective lines of communication should be established to elicit and convey information about the patient’s status and the treatment program. While maintaining confidentiality, all aspects of the assessment, treatment, and determination for activity should be documented using standardized record-keeping methods.
 - a. Derma
 - b. Head, including the brain
 - c. Face, including the maxillofacial region
 - d. Abdomen, including the abdominal organs, the renal and urogenital systems
 - e. Eyes
 - f. Ear, nose and throat

GOAL #5 (Acute Care)

Prepare the individual in the knowledge, skills, values, and decision making related to recognition, assessment and patient treatment for acute injuries and illnesses and provide appropriate medical referral required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer.
2. Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.
3. Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder.
4. Know and be able to use appropriately standard nomenclature of injuries and illnesses.
5. Describe the principles and rationale of the initial assessment including the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.

6. Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.
7. Identify the normal ranges for vital signs.
8. Describe pathological signs of acute/traumatic injury and illness including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.
9. Describe the current standards of first aid, emergency care, rescue breathing, and cardiopulmonary resuscitation for the professional rescuer.
10. Describe the role and function of an automated external defibrillator in the emergency management of acute heart failure and abnormal heart rhythms.
11. Describe the role and function of supplemental oxygen administration as an adjunct to cardiopulmonary resuscitation techniques.
12. Describe the characteristics of common life-threatening conditions that can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions.
13. Describe the proper management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.
14. Identify the signs and symptoms associated with internal hemorrhaging.
15. Describe the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.
16. Describe the injuries and illnesses that require medical referral.
17. Explain the application principles of rest, cold application, elevation, and compression in the treatment of acute injuries.
18. Describe the signs, symptoms, and pathology of acute inflammation.
19. Identify the signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.
20. Explain the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.
21. Define cerebral concussion, list the signs and symptoms of concussions, identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.
22. Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.
23. Describe cervical stabilization devices that are appropriate to the circumstances of an injury.
24. Describe the indications, guidelines, proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.
25. Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury.
26. Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.

27. Identify the signs, symptoms, possible causes, and proper management of the following:
 - a. Different types of shock
 - b. Diabetic coma
 - c. Seizures
 - d. Toxic drug overdose
 - e. Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)
28. Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission. Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission.
29. Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions.
30. Identify information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention.
31. Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
32. Describe the proper ambulatory aid and technique for the injury and patient.
33. Describe home care and self-treatment plans of acute injuries and illnesses.
34. Survey the scene to determine whether the area is safe and determine what may have happened.
35. Perform an initial assessment to assess the following, but not limited to:
 - a. Airway
 - b. Breathing
 - c. Circulation
 - d. Level of consciousness
 - e. Other life-threatening conditions
36. Implement appropriate emergency treatment strategies, including but not limited to:
 - a. Activate an emergency action plan
 - b. Establish and maintain an airway in an infant, child, and adult
 - c. Establish and maintain an airway in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury
 - d. Perform one – a two-person CPR on an infant, child, and adult
 - e. Utilize a bag-valve mask on an infant, child, and adult
 - f. Utilize an automated external defibrillator (AED) according to current accepted practice protocols
 - g. Normalize body temperature in situations of severe/life-threatening heat or cold stress
 - h. Control bleeding using universal precautions
 - i. Administer an EpiPen for anaphylactic shock
37. Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:
 - a. Open and closed wounds (using universal precautions)
 - b. Closed-head trauma (using standard neurological tests and tests for cranial nerve function)

- c. Environmental illness
 - d. Seizures
 - e. Acute asthma attack
 - f. Different types of shock
 - g. Thoracic, respiratory, and internal abdominal injury or illness
 - h. Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations)
 - i. Spinal cord and peripheral nerve injuries
 - j. Diabetic coma
 - k. Toxic drug overdose
 - l. Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)
38. Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.

GOAL #6 (Therapeutic Modalities)

Prepare the individual in the knowledge, skills, values, and decision making related to therapeutic modalities required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program.
2. Explain the principles of physics, including basic concepts associated with the electromagnetic and acoustic spectra (e.g., frequency, wavelength) associated with therapeutic modalities.
3. Explain the terminology, principles, basic concepts, and properties of electric currents as they relate to therapeutic modalities.
4. Describe contemporary pain-control theories.
5. Describe the role and function of the common pharmacological agents that are used in conjunction with therapeutic modalities.
6. Explain the body's physiological responses during and following the application of therapeutic modalities.
7. Describe the electrophysics, physical properties, biophysics, patient preparation and modality set-up (parameters), indications, contraindications, and specific physiological effects associated with commonly used therapeutic modalities.
8. Identify appropriate therapeutic modalities for the treatment and rehabilitation of injuries and illness.
9. Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies to determine appropriate

- treatment and rehabilitation and to evaluate readiness to return to the appropriate level of activity. This includes the ability to:
- a. Describe and interpret appropriate measurement and assessment procedures as they relate to the selection and application of therapeutic modalities.
 - b. Interpret objective measurement results as a basis for developing individualized therapeutic modality application and set-up (parameters).
 - c. Interpret the results of injury assessment and determine an appropriate therapeutic modality program to return the patient to physical activity.
 - d. Determine the appropriate therapeutic modality program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
 - e. Determine the criteria for progression and return to activity based on the level of functional outcomes.
 - f. Describe appropriate methods of assessing progress when using therapeutic modalities and interpret the results.
 - g. Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a treatment plan.
 - h. Describe appropriate medical documentation for recording progress in a therapeutic modality program.
10. Identify manufacturer's, institutional, state, and federal standards for the operation and safe application of therapeutic modalities.
 11. Identify manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic modalities.
 12. Assess patient to identify indications, contraindications, and precautions applicable to the application of therapeutic modalities.
 13. Obtain and interpret baseline and post treatment objective physical measurements to evaluate and interpret results.
 14. Inspect the therapeutic modalities and treatment environment for potential safety hazards.
 15. Position and prepare the patient for the application of therapeutic modalities.
 16. Select and apply appropriate therapeutic modalities according to evidence-based guidelines.
 17. Document treatment goals, expectations, and treatment outcomes.
 18. Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.
 - a. Infrared modalities
 - b. Electrical stimulation modalities
 - c. Therapeutic modalities
 - d. Mechanical modalities
 - e. Massage and other manual techniques

GOAL #7 (Therapeutic Exercise)

Prepare the individual in the knowledge, skills, values, and decision making related to therapeutic exercise required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the development, progression and implementation of a therapeutic exercise program.
2. Describe the mechanical principles applied to the design and use of therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).
3. Describe common surgical techniques, pathology, and any subsequent anatomical alterations that may affect the implementation of a therapeutic exercise program.
4. Describe the appropriate selection and application of therapeutic exercises taking the following into consideration:
 - a. The physiological responses of the human body to trauma
 - b. The physiological effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body
 - c. The anatomical and/or biomechanical alterations resulting from acute and chronic injury and improper mechanics
 - d. The physiological adaptations induced by the various forms of therapeutic exercise, such as fast- versus slow-twitch muscle fibers
 - e. The physiological responses of additional factors, such as age and disease
5. Describe the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercise equipment and techniques, including aquatic therapy, manual therapy and mobilization.
6. Define the basic components of activity-specific rehabilitation goals, functional progressions, and functional outcomes in a therapeutic exercise program.
7. Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies in order to determine appropriate treatment and rehabilitation plans and to evaluate the readiness to return to the appropriate level of activity. This includes the ability to:
 - a. Describe and interpret appropriate measurement and functional testing procedures as they relate to the selection and application of therapeutic exercise.
 - b. Interpret objective measurement results (muscular strength/endurance, range of motion) as a basis for developing an individualized therapeutic exercise program.
 - c. Interpret the results of a physical assessment and determine an appropriate therapeutic exercise program to return the patient to physical activity.
 - d. Determine the appropriate therapeutic exercise program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.

- e. Determine the criteria for progression and return to activity based on the level of functional outcomes.
 - f. Describe appropriate methods of assessing progress in a therapeutic exercise program and interpret the results.
 - g. Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a therapeutic exercise program.
 - h. Describe appropriate medical documentation for recording progress in a therapeutic exercise program.
8. Explain the effectiveness of taping, wrapping, bracing, and other supportive/protective methods for facilitation of safe progression to advanced therapeutic exercises and functional activities.
 9. Describe manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic exercise equipment.
 10. Assess a patient to determine specific therapeutic exercise indications, contraindications, and precautions.
 11. Obtain and interpret baseline and post exercise objective physical measurements to evaluate therapeutic exercise progression and interpret results.
 12. Inspect therapeutic exercise equipment to ensure safe operating condition.
 13. Demonstrate the appropriate application of contemporary therapeutic exercises and techniques according to evidence-based guidelines.
 14. Instruct the patient in proper techniques of commonly prescribed therapeutic exercises.
 15. Document rehabilitation goals, progression and functional outcomes.
 16. Perform a functional assessment for safe return to physical activity.
 17. Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
 18. Program for injuries to the upper and lower extremity, trunk and spine
 - a. Exercises and Techniques to Improve Joint Range of Motion
 - b. Exercises to Improve Muscular Strength
 - c. Exercises to Improve Muscular Endurance
 - d. Exercises to Improve Muscular Speed
 - e. Exercises to Improve Muscular Power
 - f. Exercises to Improve Balance, Neuromuscular Control, and Coordination
 - g. Exercises to Improve Agility
 - h. Exercises to Improve Cardiorespiratory Endurance
 - i. Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening

GOAL #8 (Pharmacology)

Prepare the individual in the knowledge, skills, values, and decision making related to pharmacology required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).
2. Identify appropriate pharmaceutical terminology and abbreviations used in the prescription, administration, and dispensing of medications.
3. Identify information about the indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources.
4. Explain the concepts of pharmacokinetics (absorption, distribution, metabolism, and elimination) and the suspected influence that exercise might have on these processes.
5. Explain the concepts related to bioavailability, half-life, and bioequivalence.
6. Explain the general pharmacodynamic principles as they relate to the mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).
7. Describe the common routes used to administer medications (e.g., oral, inhalation, and injection) and their advantages and disadvantages.
8. Explain the relationship between generic or brand name pharmaceuticals.
9. Identify medications that might cause possible poisoning, and describe how to activate and follow the locally established poison control protocols.
10. Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used performance-enhancing substances.
11. Identify which therapeutic drugs and non therapeutic substances are banned by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.
12. Obtain and communicate patient education materials regarding physician-prescribed medications, over-the-counter drugs, and performance-enhancing substances using appropriate references.
13. Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.
14. Activate and effectively follow locally established poison control protocols.

GOAL #9 (Psychosocial)

Prepare the individual in the knowledge, skills, values, and decision making related to psychosocial intervention and referral required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.
2. Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.
3. Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.
4. Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques.
5. Describe the basic principles of general personality traits, associated trait anxiety, locus of control, and patient and social environment interactions.
6. Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient.
7. Describe the roles and function of various community-based health care providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.
8. Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.
9. Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.
10. Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.
11. Identify and describe the sociological, biological and psychological influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual's health and physical performance.
12. Describe the basic signs and symptoms of mental disorders (psychoses), emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services that treat these conditions and the appropriate referral procedures for accessing these health service agencies.

13. Describe the acceptance and grieving processes that follow a catastrophic event and the need for a psychological intervention and referral plan for all parties affected by the event.
14. Explain the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability).
15. Describe the psychosocial factors that affect persistent pain perception (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain.
16. Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.
17. Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.

GOAL #10 (Nutrition)

Prepare the individual in the knowledge, skills, values, and decision making related to nutritional aspects of injuries and illnesses required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Describe personal health habits and their role in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.
2. Describe the USDA's "My Pyramid" and explain how this can be used in performing a basic dietary analysis and creating a dietary plan for a patient.
3. Identify and describe primary national organizations responsible for public and professional nutritional information.
4. Identify nutritional considerations in rehabilitation, including nutrients involved in healing and nutritional risk factors (e.g., reduced activity with the same dietary regimen and others).
5. Describe common illnesses and injuries that are attributed to poor nutrition (e.g., effects of poor dietary habits on bone loss, on injury, on long-term health, and on other factors).
6. Explain energy and nutritional demands of specific activities and the nutritional demands placed on the patient.

7. Explain principles of nutrition as they relate to the dietary and nutritional needs of the patient (e.g., role of fluids, electrolytes, vitamins, minerals, carbohydrates, protein, fat, and others).
8. Explain the physiological processes and time factors involved in the digestion, absorption, and assimilation of food, fluids, and nutritional supplements. Further, relate these processes and time factors to the design and planning of pre activity and post activity meals, menu content, scheduling, and the effect of other non exercise stresses before activity.
9. Describe the principles, advantages, and disadvantages of ergogenic aids and dietary supplements used in an effort to improve physical performance.
10. Explain implications of FDA regulation of nutritional products.
11. Identify and interpret pertinent scientific nutritional comments or position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).
12. Explain principles of weight control for safe weight loss and weight gain, and explain common misconceptions regarding the use of food, fluids, and nutritional supplements in weight control.
13. Explain consequences of improper fluid replacement.
14. Describe disordered eating and eating disorders (i.e., signs, symptoms, physical and psychological consequences, referral systems).
15. Identify effects of macronutrients (e.g., saturated fats, incomplete proteins, and complex carbohydrates) on performance, health, and disease.
16. Describe signs, symptoms, and physiological effects of mineral deficiency (e.g., iron, and calcium), and identify foods high in specific mineral content.
17. Identify and explain food label Daily Value recommendations and common food sources of essential vitamins and minerals in using current USDA Dietary Guidelines.
18. Describe the principles and methods of body composition assessment (e.g., skinfold calipers, bioelectric impedance, body mass index [BMI]) to assess a patient's health status and to monitor progress in a weight loss or weight gain program for patients of all ages and in a variety of settings.
19. Explain the relationship between basal metabolic rate, caloric intake, and energy expenditure in the use of the Food Pyramid Guidelines.
20. Identify the nutritional benefits and costs of popular dietary regimen for weight gain, weight loss, and performance enhancement.
21. Assess body composition by validated technique (e.g., skinfold calipers, bioelectric impedance, BMI, etc.) to assess a patient's health status and to monitor progress during a weight loss or weight gain program.
22. Calculate energy expenditure, caloric intake, and BMR.
23. Provide educational information about basic nutritional concepts, facts, needs, and food labels for settings associated with physically active individuals of a wide range of ages and needs.
24. Demonstrate the ability to counsel a patient in proper nutrition. This may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to

- develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.
25. Demonstrate the ability to recognize disordered eating and eating disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.

GOAL #11 (Administration)

Prepare the individual in the knowledge, skills, values, and decision making related to health care administration required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Describe organization and administration of preparticipation physical examinations and screening including, but not limited to, developing assessment and record-keeping forms that include the minimum recommendations from recognized health and medical organizations, scheduling of appropriate health and medical personnel, and efficient site use.
2. Identify components of a medical record (e.g., emergency information, treatment documentation, epidemiology, release of medical information, etc.), common medical record-keeping techniques and strategies, and strengths and weaknesses of each approach and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]).
3. Identify current injury/illness surveillance and reporting systems.
4. Identify common human resource policy and federal legislation regarding employment (e.g., The Americans with Disabilities Act, Family Medical Leave Act, FERPA, Fair Labor Standards Act, Affirmative Action, Equal Employment Opportunity Commission).
5. Describe duties of personnel management, including (1) recruitment and selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, (4) employment performance evaluation, 5) compliance with nondiscriminatory and unbiased employment practices.
6. Identify principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of health care services.
7. Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.
8. Identify key accrediting agencies for health care facilities (e.g., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], Commission on Accreditation of Rehabilitation Facilities [CARF] and allied health education programs (e.g.,

- Commission on Accreditation of Athletic Training Education [CAATE]) and describe their function in the preparation of health care professionals and the overall delivery of health care.
9. Identify and describe technological needs of an effective athletic training service and the commercial software and hardware that are available to meet these needs.
 10. Describe the various types of health insurance models (e.g., health maintenance organization [HMO], preferred provider organization [PPO], fee-for-service, cash, and Medicare) and the common benefits and exclusions identified within these models.
 11. Describe the concepts and procedures for third-party insurance reimbursement including the use of diagnostic (ICD-9-CM) and procedural (CPT) coding.
 12. Explain components of the budgeting process, including purchasing, requisition, bidding, and inventory.
 13. Describe basic architectural considerations that relate to the design of safe and efficient clinical practice settings and environments.
 14. Describe vision and mission statements to focus service or program aspirations and strategic planning (e.g., “weaknesses, opportunities, threats and strengths underlying planning” [WOTS UP], “strengths, weaknesses, opportunities and threats” [SWOT]) to critically bring out organizational improvement.
 15. Explain typical administrative policies and procedures that govern first aid and emergency care (e.g., informed consent and incident reports).
 16. Identify and describe basic components of a comprehensive emergency plan for the care of acutely injured or ill patients, which include (1) emergency action plans for each setting or venue; (2) personnel education and rehearsal; (2) emergency care supplies and equipment appropriate for each venue; (3) availability of emergency care facilities; (4) communication with onsite personnel and notification of EMS; (5) the availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems; (6) transportation; (7) location of exit and evacuation routes; (8) activity or event coverage; and (9) record keeping.
 17. Explain basic legal concepts as they apply to a medical or allied health care practitioner’s responsibilities (e.g., standard of care, scope of practice, liability, negligence, informed consent and confidentiality, and others).
 18. Identify components of a comprehensive risk management plan that addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
 19. Describe strategic processes and effective methods for promoting the profession of athletic training and those services that athletic trainers perform in a variety of practice settings (e.g., high schools and colleges, professional and industrial settings, hospitals and community-based health care facilities, etc.).
 20. Differentiate the roles and responsibilities of the athletic trainer from those of other medical and allied health personnel who provide care to patients involved in physical activity and describe the necessary communication skills for effectively interacting with these professionals.
 21. Describe role and functions of various community-based medical, paramedical, and other health care providers and protocols that govern the referral of patients to these professionals.

22. Describe basic components of organizing and coordinating a drug testing and screening program, and identify the sources of current banned-drug lists published by various associations.
23. Develop risk management plans, including facility design, for safe and efficient health care facilities.
24. Develop a risk management plan that addresses issues of liability reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.
25. Develop policy and write procedures to guide the intended operation of athletic training services within a health care facility.
26. Demonstrate the ability to access medical and health care information through electronic media.
27. Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).
28. Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.
29. Use a comprehensive patient-file management system that incorporates both paper and electronic media for purposes of insurance records, billing, and risk management.
30. Develop operational and capital budgets based on a supply inventory and needs assessment.

GOAL #12 (Professional Development)

Prepare the individual in the knowledge, skills, values, and decision making related to professional development and responsibilities required of the entry-level athletic trainer.

Objectives

Upon completion of the athletic training education program the individual will be able to:

1. Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
2. Describe the process of attaining and maintaining national and state athletic training professional credentials.
3. Describe the current professional development requirements for the continuing education of athletic trainers and how to locate available, approved continuing education opportunities.
4. Describe the role and function of the governing structures of the National Athletic Trainers' Association.
5. Differentiate the essential documents of the national governing, certifying, and accrediting bodies, including, but not limited to, the Athletic Training Educational Competencies, Standards of Practice, Code of Ethics, Role Delineation Study, and the Standards for the Accreditation of Entry-Level Athletic Training Education Programs.
6. Summarize the position statements regarding the practice of athletic training.

7. Describe the role and function of the professional organizations and credentialing agencies that impact the athletic training profession.
8. Summarize the current requirements for the professional preparation of the athletic trainer.
9. Identify the objectives, scope of practice and professional activities of other health and medical organizations and professions and the roles and responsibilities of these professionals in providing services to patients.
10. Identify the issues and concerns regarding the health care of patients (e.g., public relations, third-party payment, and managed care).
11. Identify and access available educational materials and programs in health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).
12. Summarize the principles of planning and organizing workshops, seminars, and clinics in athletic training and sports medicine for health care personnel, administrators, other appropriate personnel, and the general public.
13. Describe and differentiate the types of quantitative and qualitative research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research.
14. Interpret the current research in athletic training and other related medical and health areas and apply the results to the daily practice of athletic training.
15. Identify the components of, and the techniques for constructing, a professional resume.
16. Summarize the history and development of the athletic training profession.
17. Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.
18. Collect and disseminate injury prevention and health care information to health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents' nights, parent/teacher organization [PTO] meetings, booster club meetings, workshops, and seminars).
19. Access by various methods the public information policy-making and governing bodies used in the guidance and regulation of the profession of athletic training (including but not limited to state regulatory boards, NATA, BOC).
20. Develop and present material (oral, pamphlet/handout, written article, or other media type) for an athletic training-related topic.
21. Develop a research project (to include but not limited to case study, clinical research project, literature review) for an athletic training-related topic.

Developed: 7/01 (CRD)

Revised: 7/08 (LCK)

B. ATHLETIC TRAINING OPTION - DEPARTMENT OF KINESIOLOGY

ORGANIZATIONAL CHART



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Dan Eck, MS, ATC	East Area Locker Athletic Training Room (Swimming and Diving, Drug Testing) 865-8296 dce4@psu.edu
Sumie Ichizaki, MS, ATC	East Area Locker Athletic Training Room (Rugby, Drug Testing) 865-8296 sxi10@psu.edu

Penn State Graduate Assistant Certified Athletic Trainers

John Flagg, ATC	Rec Hall Athletic Training Room 867-0478 jff141@psu.edu
Ryan Neal, ATC	Bryce Jordan Center Athletic Training Room 863-3358 rwn119@psu.edu
Jenna Ashton, ATC	East Area Locker Athletic Training Room 865-8296 jma359@psu.edu
Sara Kersteter, ATC	Bryce Jordan Center Athletic Training Room 865-8296 skk158@psu.edu
Katelynn Thomas, ATC	Recreation Building Athletic Training Room 865-8296 ket148@psu.edu
Andy Kukla, ATC	LASCH Football Athletic Training Room 863-0773 amk398@psu.edu
Ben Infantolino, MS, ATC	146 Recreation Building (IM'S) bwi100@psu.edu
John Vairo, MEd, ATC	146 Recreation Building (PhD candidate) 865-2725 glv103@psu.edu
Ashleigh Clark, ATC	146 Recreation Building (Per Diem ATC with IM's) alc289@psu.edu

C. AFFILIATED SITE CLINICAL INSTRUCTORS

Penns Valley High School

Daniel Chase, MS, ATC 574-3204
chaseatc1@aol.com

Bald Eagle High School

Scott DeVore, MS, ATC 574-1583
scottdevo@hotmail.com

State College Area High School

Adam Day, MEd, ATC 231-4159, 404-1954
aday@uoc.com

Alison Krajewski, MS, ATC 231-4159, 404-1983
ark615@hotmail.com

Jackie Stanley, MS, ATC 231-4159, 404-1981
jackieskok@hotmail.com

Andrew Cawthern, ATC 231-4159, 574-2043
acawthern@yahoo.com

Lewistown High School

Donna Kellogg, ATC 574-7809
donnayarros@yahoo.com

Indian Valley High School

Kristen Hesketh, ATC 717-250-4930
almeida1612@hotmail.com

Penn State Altoona

Sue Barkman, ATC 777-7928
msb24@psu.edu

D. GENERAL POLICIES AND PROCEDURES

LIABILITY INSURANCE

All students in the program **must** purchase liability insurance in the form of the ATEP's blanket liability insurance policy (cost \$10-\$15 per student). This policy provides liability coverage for **ALL ASSIGNED** clinical experiences, both on and off-campus. You will be removed from your clinical experience if you do not provide proof of insurance. This policy **DOES NOT** provide coverage for any non-assigned events that you may choose to work as a first aid provider (e.g. wrestling clubs, personal training, etc.).

SEXUAL HARASSMENT

"Sexual harassment of faculty, staff, or students is prohibited and will not be tolerated at The Pennsylvania State University. It is the policy of the University to maintain an academic and work environment free of sexual harassment. Sexual harassment violates the dignity of individuals and impedes the realization of the University's educational mission. The University is committed to preventing and eliminating sexual harassment of faculty, staff, and students through educating and encouraging faculty, staff, and students to report any concerns or complaints about sexual harassment. Prompt corrective measures will be taken to stop sexual harassment whenever and wherever it occurs." (Policy AD41 Sexual Harassment)

As an athletic training student, if you feel you are being sexually harassed by anyone at the university, please set up a meeting with your program director as soon as possible.

If you are found guilty of sexual harassment, this may be grounds for removal from the AT Program.

ACADEMIC INTEGRITY

All students are expected to act with civility, personal integrity; respect other students' dignity, rights and property; and help create and maintain an environment in which all can succeed through the fruits of their own efforts. An environment of academic integrity is requisite to respect for self and others and a civil community.

Academic integrity includes a commitment to not engage in or tolerate acts of falsification, misrepresentation or deception. Such acts of dishonesty include cheating or copying, plagiarizing, submitting another persons' work as one's own, using Internet sources without citation, fabricating field data or citations, "ghosting" (taking or having another student take an exam), stealing examinations, tampering with the academic work of another student, facilitating other students' acts of academic dishonesty, etc.

Students charged with a breach of academic integrity will receive due process and, if the charge is found valid, academic sanctions may range, depending on the severity of the offense, from F for the assignment to F for the course. **If you are found guilty of an academic integrity violation, this may be grounds for removal from the AT Program.**

PERSONAL QUALITIES

The athletic training student is expected to act appropriately during all of their on campus and off campus clinical rotations. The athletic training student should carry out their clinical duties within the scope prescribed by the practice act of the state in which they work and adhere to the Code of Ethics of the National Athletic Trainers' Association. In addition to following the rules and regulations, the athletic training student is also expected to exhibit the following personal qualities.

1. Good health, vitality, and physical fitness.
2. Sense of fair play and justice.
3. Professional appearance and personal cleanliness.
4. Dynamic leadership and self-confidence.
5. Sense of humor, enthusiasm, and optimism.
6. Understanding, empathy, and tact.
7. Emotional stability and maturity.
8. Initiative and industriousness.
9. Scholarship and intellectual curiosity.
10. Common sense and good judgment.

The athletic training student should possess a sound philosophy regarding athletics, athletic training, and the education of students.

DRESS CODE:

Athletic training students are expected to present themselves in correct uniform and be neatly groomed with a professional appearance. Athletic training students are health care professionals, and thus are expected to present themselves as such. The following guidelines should be strictly adhered to in order to promote a professional atmosphere. A student will be sent home to change if the supervising athletic trainer feels the athletic training student is not properly dressed. Each clinical supervisor has the right to give further details about the rules below.

1. White, blue, or gray polo shirt with a collar or t-shirt approved by the ACI.
2. White, blue, or khaki shorts/pants (shorts must be of appropriate length: no more than 4 inches above the knee). Waist bands should be high enough that undergarments are not visible. Warm-ups with a hemmed bottom may also be worn.
3. All clothing should fit so that anatomy is not excessively revealed!
4. Clean, closed toe shoes
5. No cut-offs, gym shorts, or jeans allowed.
6. Sweatshirts should be blue, white, or gray.
7. Hats may be permissible for outside activities, but should not be worn indoors.
8. Socks (of appropriate color) must be worn.
9. Students should be neatly groomed. Excess facial hair, facial piercing, and exposed tattoos may compromise professional presentation and may be asked to be removed or covered.

Dress code for events and off campus rotations may differ slightly and should be discussed with your ACI in advance.

As an athletic training student you should not have to be reminded about dress and appearance. Working in the athletic training profession is a privilege, not a right. Your appearance is a direct reflection on you as an individual and the Penn State University Athletic Training Education Program.

PUNCTUALITY AND ABSENTEEISM

Students are expected to be punctual for all classes, meetings and clinical assignments. Tardiness and unexcused absenteeism is not acceptable. Known situations requiring absences or tardiness for a class or clinical assignment should be discussed with the ACI or instructor in advance. Repeated episodes of tardiness or absenteeism are grounds for removal from a clinical assignment or dismissal from the athletic training option.

CLASS SCHEDULING

All classes should be scheduled before 2:15 PM. Since athletic training students have priority registration this should not be problematic. Most general education requirements can be taken in several semesters. If there is a conflict see the clinical coordinator or undergraduate program director as quickly as possible. Every effort will be made to have clinical assignments finished before registration begins in order to alleviate course-scheduling problems.

Students are responsible for completing all required AT coursework and clinical experiences. This may pose conflicts with taking elective courses outside those required for the Athletic Training Major. Because clinical education is equally important with classroom education, elective courses (i.e. courses not specifically required toward your AT degree) shall not interfere with your scheduled clinical experience times. In order to avoid conflicts, students are required to contact their assigned ACI for the upcoming semester to discuss your clinical education schedule.

SPORTS PARTICIPATION / EXTRACURRICULAR ACTIVITIES

Completion of the athletic training option requires many hours in the classroom and the clinical setting. Many of these hours occur during early mornings, afternoons, evenings and weekends. Because of the dynamic nature, these clinical experiences will likely interfere with a student's ability to participate on a sports team. Varsity athletes and club sport athletes interested in the athletic training option should consult with their coach and the director of the undergraduate athletic training curriculum as early as possible to determine if and how they will be able to complete the program requirements. There are very few sports that would enable you to do both. If you choose to participate on a varsity or club sports team it is imperative that you understand that academics and your clinical assignments come first. If a full time commitment cannot be made to the AT Program, there are other options available that may better suit academic goals. Similarly, if you are a member of an extracurricular activity (fraternity, sorority, etc) that conflicts with the AT time requirement, the AT Faculty expect that academics must come first.

OUTSIDE EMPLOYMENT

The time required to fulfill the clinical responsibilities of an athletic training student and succeed academically leaves little free time. Athletic training students often find outside employment compromises their clinical and academic performance. An athletic training student is expected to make their clinical assignment and class work their first priority. Therefore, outside employment which affects a student's ability to fulfill their athletic training responsibilities or classroom performance is discouraged. If outside employment is necessary and interferes with performance in the AT Option, students will be asked to terminate employment or choose to switch majors.

E. CLINICAL EDUCATION POLICIES AND PROCEDURES

PRESEASON/HOLIDAY/POSTSEASON CLINICAL REQUIREMENTS

Fall Preseason

Students may be asked to return before the start of fall classes. Students returning early must be provided room and board. Dates for return must be provided to students before the end of the preceding spring semester. All students will sign a semester contract and meet with their ACI in the semester prior to their assignment to be given dates and practicum expectations.

Fall Study Days/Thanksgiving Break

Students with in-season teams with scheduled competitive events during fall study days or Thanksgiving break may have responsibilities during these times. Students must have room and board provided, and must be notified of these responsibilities at the start of the fall semester. All students will sign a semester contract and meet with their ACI in the semester prior to their assignment to be given dates and practicum expectations.

Semester Break

Students assigned to fall sports end their practicums on the last day of regularly scheduled classes (no obligations during finals week). Students will not partake in any practicum activities between the last day of regularly scheduled classes and January 2nd. Students returning early must have room and board provided. Dates for early return must be provided to students before Nov 15th of the preceding fall semester. All students will sign a semester contract and meet with their ACI in the semester prior to their assignment to be given dates and practicum expectations.

Spring Break

Students with in-season teams who have scheduled competitive events during spring break may have obligations with teams during this time. Students must have room and board provided. All students will sign a semester contract and meet with their ACI in the semester prior to their assignment to be given dates and practicum expectations.

After Spring Semester

All students assigned to spring sports end their practicum no later than the last day of regularly scheduled classes. There are no obligations during finals week or after the spring semester ends.

University Closure

If the university is closed for inclement weather or any other unforeseen event, students have no practicum obligations.

*****The Clinical Education Coordinator has the right to cancel student clinical obligations to off-campus sites in the event of inclement weather. Students are encouraged to communicate with their ACI or Clinical Education Coordinator in the event of concerning weather.***

PROFESSIONAL CONDUCT

As a student in a professional preparation major, you are required to demonstrate personal responsibility on a daily basis. You should assume personal responsibility for your reputation and the reputation of this program by NEVER compromising on your professionalism and work ethic. This can be done by being personally responsible for your conduct in your classes, your clinical assignments, and in your personal life. You should realize that all are inter-related and will equally influence people's impression and respect for you. It is necessary to demonstrate both personal responsibility and sound judgment if you wish to receive favorable recommendations from the faculty or ACI's, or earn the respect of your peers, patients, and supervisors. Your actions in your personal or private life will significantly influence your professional life here at Penn State and beyond graduation. Lapses in judgment related to alcohol or drug use, poor conduct both in and out of the classroom, inappropriate voicemail or email messages, posting embarrassing photos or information that reflects poorly on your personal or professional image (as on Myspace or Facebook), etc will result in your judgment being questioned by your peers, faculty, clinical supervisors, athletes, coaches, and potential employers.

REMOVAL FROM A CLINICAL ASSIGNMENT

The primary responsibility of the clinical supervisors is to provide the necessary medical care to their athletes. If at any time they feel that a student's conduct compromises that care or distracts from the normal atmosphere in the training room a student may be removed from their clinical assignment. This conduct may include but is not limited to confidentiality breaches, harassment, absenteeism or tardiness, negligence, inappropriate contact or communication with an athlete, or failure to fulfill your responsibilities. Removal from a clinical assignment may be temporary or permanent depending on the severity of the actions and their impact on the daily operations in the training room. Removal from a clinical site will definitely impact the grade for this practicum assignment, possibly to the extent that it requires repeating of the course or merits removal from the program.

HIPAA

Patient confidentiality is of the utmost importance. All students must comply with the provisions of the Healthcare Information Portability and Accountability Act of 1996 (HIPAA). Students are required to complete HIPAA compliance training when they enter the program. For details regarding the HIPAA privacy rule, see www.hhs.gov/ocr/hipaa/. Confidentiality breaches are grounds for removal from a clinical assignment and possibly from the program.

COMMUNICATION

Email & Electronic – Email and text messaging are a primary means of communication. Email should be checked daily for messages from the program or from their ACI. Keep in mind that using accounts other than your PSU account, in particular selecting usernames that may depict you in a less than professional manner is discouraged. Text messaging is NOT PERMITTED during class and may result in being excused or removed from the class if this is violated.

Facebook, MySpace, etc. - Posting information on these websites are a reflection of you. These postings may adversely affect your clinical and professional placements. **In addition, communicating with or “friending” athletes on these sites or via email, text messaging, voicemail or telephone is NOT permitted. This includes athletes that you are currently working with or are in a training room with, have previously worked with or may work with in the future!** Discussion of an athletes’ injury or status in these means of communication may be a violation of HIPAA. Discussions with an athlete not pertaining to their injury or status are considered unprofessional or improper socialization with the athletes. If you are contacted by an athlete you should decline to comment or respond and inform your ACI of this contact. Contact with minors may result in legal implications.

Cell Phone – Cell phones are to be TURNED OFF during classes, NOT on silence or vibrate! Cell phone usage in the training room or during a clinical assignment should be limited to contact with an ACI. Other usage is discouraged and left to the discretion of the ACI.

DATING & SOCIALIZATION

Certified Athletic Trainers and other health care professionals at Penn State University are forbidden from dating or fraternizing with any athletes they treat or are in contact with. This also holds true of athletic training students. Dating and socialization can disrupt the function of teams and athletic training room operations. If an athletic training student is previously in a relationship with an athlete prior to assignment to an athletic training room, it is the responsibility of the athletic training student to disclose this information to the clinical coordinator immediately for reassignment. If you date or socialize with athletes that are in the same athletic training room you are working in and there is *no disclosure*, then this will have an impact on the athletic training student’s grade. **This situation also warrants removal from a clinical assignment and possibly failure of that particular practicum.**

MEDICATION POLICY

Prescription medications can only be administered by team physicians or pharmacists. Athletic training students may not prescribe or dispense prescription medication. Athletic training students also may not dispense over-the-counter (OTC) medications to student athletes unless directed by the clinical supervisor under the guidance of the team physician. It is unlawful for an athletic trainer to dispense more than a single dose of any OTC drug at any given time. Athletic training students may transport a student athlete’s medications to a practice or game for the athletes provided the medication is not a registered class drug such as a narcotic, psychotropic, or hypnotic drug.

PRACTICE FIELD CONDUCT

Always ask your supervising athletic trainer where to stand and what to watch for during practice. This should be an advantageous position in which the athletic training student is close to the action but not disrupting the flow of practice. Be attentive and watch the field to identify mechanisms of injury. Prior to practice, it is in part the athletic training student’s responsibility

to make sure the proper equipment is present and in good working order. An athletic training student should carry on their person supplies to administer first aid as needed. Items such as gloves, gauze, scissors, athletic tape, band-aids etc should be available in ‘fanny packs’ carried by the athletic training student. Ask the supervising athletic trainer about additional or specialty items recommended for athletic setting and/or equipment removal tools.

GAME CONDUCT (Home Contests):

Be on time and in uniform. Meet with the supervising athletic trainer for contest preparation instructions. Athletic training students should know the established emergency action plan for the appropriate facility where the event is taking place. Once event preparations have been made the supervising athletic trainer may introduce you to the visiting team athletic trainer or traveling athletic training student. Emergency action plans and available services should be discussed. Any additional questions should be answered regarding logistical decisions. **Make sure you and your ACI discuss in advance your role if someone gets injured. For example, will hand signals be used to bring emergency equipment on the field? KNOW THE EAP.**

During the competition is it important not to get ‘wrapped up’ in the action. Excessive involvement in the competition can affect decisions made on the field and put athlete’s health in jeopardy.

If a visiting athlete is injured while on the campus of Penn State University while participating in Intercollegiate Athletics, they will be accorded the same medical care as the University’s athletes. If the visiting team has a team physician and/or certified athletic trainer and athletic training student, they will be allowed to handle the injury according to their own policies. Athletic training staff may be called upon to help facilitate / coordinate any secondary care needed for these athletes. The facilities of the University will be placed at their disposal. Please afford the visiting team any hospitality you would expect to receive as a guest on their campus.

GAME CONDUCT (Away Contests – Traveling Athletic Training Students)

Prior to travel, the ACI should contact the host ATC for contact numbers and information regarding practice and event coverage. When at an away contest the student should locate the training room and introduce themselves to the ATC. At this time please review the emergency action plan for the particular setting. At away competitions athletic training students are considered first-aid responders. Any decision making with regard to return to play must be reviewed by an ATC or physician. Always report any incidence of injury or players’ status to your supervising athletic trainer as soon as the contest ends and instruct the athlete regarding treatment times and appointments upon returning to campus as dictated by the ATC. If there are questions regarding immediate care for non-emergent situations the student should call the ATC sooner (i.e. sutures or x-ray referral on road or upon arrival home).

An athletic training student may engage in social activities with peers (team dinners, team activities, etc) but may not consume alcohol while traveling with a team regardless of age. Failure to act accordingly will affect your grade and may be cause for reassignment pending severity of the conduct. Remember that while you are away you are a representative of Penn State University, act professionally.

ALCOHOL AND DRUG USE BY ATHLETIC TRAINING STUDENTS

Athletic training students are expected to positively represent the athletic training profession and the University. The AT Program abides by all federal and state laws regarding alcohol consumption. The legal consumption of alcohol by athletic training students is acceptable within the following guidelines.

1. The athletic training student is responsible for abiding by all federal, state and university laws and guidelines pertaining to alcohol and drug use. **IF YOU ARE UNDER 21, LEGALLY YOU CANNOT DRINK ALCOHOL.**
2. Use of alcohol or drugs that interferes with academic success, performance as an athletic training student, professional relationships, or results in conviction on an alcohol or drug related offense is unacceptable.
3. Irresponsible use of alcohol and/or intoxication in public (i.e. downtown State College, hotels, and restaurants, travel venues, etc) is unacceptable.

Publicly drinking alcohol in apparel that identifies you as a Penn State athletic training student, a member of the sports medicine staff, a part of a University athletic team or a team of an affiliated clinical setting is unacceptable.

CPR and AED CERTIFICATION

All students are required to maintain current certification in CPR/AED for the Professional Rescuer. Initial certification is provided in Kines 233. Recertification courses are generally offered annually by the AT faculty at a cost of \$20 per person. Costs associated with recertification are the responsibility of the student. If you cannot attend the offered course you are responsible for recertification through the American Red Cross. Any lapse in certification will result in immediate removal from your clinical experience until proof of certification is provided.

BLOOD BORNE PATHOGENS

Due to the potential of exposure of athletic trainers and athletic training students to blood and other potentially infectious materials in the performance of their responsibilities, there is a risk of acquiring Hepatitis B Virus (HBV) and Human Immuno-deficiency Virus (HIV) infection. HBV is a serious, and potentially life threatening disease. Athletic training students are strongly encouraged to be vaccinated against HBV. Vaccination requires a series of three injections over a six month period. As with all procedures there is a cost. The vaccination series is available through the University Health Services for approximately \$20.00 for students under 19 year old and \$35.00 for students twenty and above. Some insurance carriers are covering HBV vaccination, and the series is also available through county health departments, often at a reduced cost. Because maximum protection requires all three injections, students should start injections upon acceptance into the athletic training option if they wish to be vaccinated.

There is no vaccination against HIV at this time. Universal precautions have been developed to protect health care workers from the HIV virus. You will receive training in these procedures. The physicians and athletic training staff have also received training in universal precautions and are available to assist you. The necessary supplies are available in all athletic training facilities and should be taken to all practice and competition venues.

If you have questions regarding HBV, the HBV vaccine, HIV or universal precautions; please contact your family physician, one of the physicians at Penn State Orthopedics, a member of the athletic training staff or the athletic training faculty.

The director of the athletic training option will inquire as to whether you have received HBV vaccinations and to ask you to acknowledge receipt of this information and sign a statement indicating your intent to not receive HBV vaccination if that is your desire.

All athletic training students will undergo Bloodborne Pathogen Training annually as part of their CPR for the Professional Rescuer recertification.

PENN STATE ATHLETIC TRAINING CLUB

Although the athletic training club is not mandatory, students should take advantage of the opportunity to learn more about the field of athletic training. The AT Club will be used as an additional opportunity to learn, therefore attendance is important. If you join the club, you should be at all club meetings. It is not acceptable to list Club membership on your resume if you do not attend and participate in its meetings. Valid excuses for not attending a scheduled AT Club meeting are as follows:

1. Death in the family.
2. Illness.
3. Educational: exam, review session, meeting with a TA or professor, scheduled class
4. Scheduled practice or game as part of clinical rotation

KEYS

Not all athletic training students will receive keys for the athletic training room they are assigned to. Athletic training students will be provided keys as necessary to ensure that you will be able to perform their duties efficiently. Keys are not to be used to gain access to a facility for any personal function. Abuse of administered keys will result in loss of the privilege and may potentially affect an athletic training student's evaluation. Loss of keys will result in a fine and possible expenses incurred as a result of replacing the locks. All keys must be returned by the end of the semester.

UNIVERSITY VAN USE

University vehicles are issued to individual athletic training staff members for use during an athletic season. The van may be needed to move equipment to and from practice or competition venues. The NCAA guidelines state that "... staff members may provide reasonable local transportation to student-athletes on an occasional basis". Thus, transportation to and from medical appointments may be provided by athletic training staff.

Athletic training students may operate a university vehicle only if they are transporting an ill or injured student athlete from the practice or competition site when the illness or injury is emergent.

The van is the property of Penn State University. Never use the van without permission from the certified athletic trainer to which the van is assigned. The athletic training student must report any accidents or malfunctions with the van. Athletic training students must obey all traffic laws. If you do not have a valid driver's license, notify your clinical supervisor at the beginning of your rotation.

Penn State ATEP Clinical Supervision Policy

SPORTS ASSIGNMENTS:

Prior to officially being admitted into the program, students in Kines 231 are assigned two seven week rotations in two training rooms on campus where they are exposed to a variety of sports and settings to ensure that they fully understand the obligations of the program and the student commitment. Upon entrance to the program, clinical rotations in the Athletic Training Education Program are semester long assignments. Students will complete five fifteen-week rotations in their clinical instruction. Each student will be assigned to a variety of sports that will expose them to a multitude of situations. Each student will be required to complete sport assignments that will fulfill requirements to take the NATABOC certification exam. Students will be assigned rotations that meet each of the following requirements:

- Equipment Intensive
- Upper Extremity Intensive
- Lower Extremity Intensive
- General Medical

Students are required to complete an average of 20 hours per week in the clinical setting.

OFF CAMPUS ASSIGNMENTS:

Additionally, students will be assigned to an off-campus rotation with a high school or college in the central Pennsylvania area for one semester during their junior or senior year. Affiliation contracts for the high schools are made with University Orthopedics Center, a local orthopedic/sports medicine group. Students assigned to a high school are given the opportunity to visit University Orthopedics Center to shadow their ACI in the clinical setting if they wish. All students are required to complete a PA Request for Criminal Record Check, a Pennsylvania Child Abuse History Clearance Check, and an FBI Criminal Record Check **PRIOR** to participation in an off campus high school rotation.

COURSES:

The following practicum courses provide clinical experiences within the ATEP:

Kines 231- taken as part of the admission process, generally during sophomore year

Kines 232 – second semester sophomore year upon admission to program

Kines 395F – first semester junior year

Kines 395G- second semester junior year

Kines 395I – first semester senior year

Kines 495F – second semester senior year

EXPECTATIONS BY LEVEL:

231: This is a clinical observation rotation that is intended to increase the student's awareness of the role of the certified athletic trainer as an allied health professional. The student will also become familiar with the daily operating procedures of an athletic training facility while being exposed to the culture of the profession. Each student will be expected to complete a minimum of 45 hours in a fifteen-week semester with an estimated 4 hours per week at two on-campus clinical rotation sites. The student is also expected to take part in 4 home events in this semester.

232: This is the first chance for the athletic training student to become an active learner by participating in learning and practicing basic psychomotor athletic training skills under the direct supervision of an approved clinical instructor. The student is expected to attend his/her sport team clinical rotation no more than 4 days per week while accruing 12 hours per week, accruing a maximum of 180 hours in a semester. During the intramural rotation the student is expected to attend intramurals no more than 3 days a week while accruing 12 hours per week. A student should not exceed a maximum of 180 hours in their clinical rotation in this semester. As part of team assignments, students may be asked to travel with their teams. This is a privilege and should not be taken lightly. When traveling with teams, the student is to act as a first responder and there must be an ATC or team MD at the visiting site.

395F/395G: This is a participatory portion of the student's clinical education. A student will be expected to provide assessment and treatment under the supervision of an ACI. It is expected that the student will be present for both practice and game coverage on a regular basis. A student is expected to accrue a maximum of 300 semester hours in these clinical rotations, but should not exceed more than 20 hours per week. The 300-hour requirement does not include hours accrued during pre-season, post-season and holidays. As part of team assignments, students may be asked to travel with their teams. This is a privilege and should not be taken lightly. When traveling with teams, the student is to act as a first responder and there must be an ATC or team MD at the visiting site.

395I/495F: Students at the level will continue to provide assessment and treatment under the supervision of an ACI and will begin to assist with administrative duties. Administrative duties that would be expected of an athletic training student in these rotations includes: communication with coaches and physicians, traveling with teams as assigned, and practice and game coverage. A student is expected to accrue a maximum of 300 semester hours in these clinical rotations, but should not exceed more than 20 hours per week. The 300-hour requirement does not include hours accrued during pre-season, post-season and holidays. As part of team assignments, students may be asked to travel with their assigned team. This is a privilege and should not be taken lightly. When traveling with teams, the student is to act as a first responder and there must be an ATC or team MD at the visiting site.

DIRECT SUPERVISION:

Each student must be directly supervised by their approved clinical instructor (ACI) or clinical instructor (CI) while in the clinical setting. Direct supervision is defined as constant visual and auditory interaction between the student and clinical instructor. The instructor shall be physically present for proficiency instruction and evaluation and to intervene on behalf of the athlete/patient. At no clinical site will there be more than 8 students assigned to an ACI or CI to ensure an effective education. The goal of our program is to have direct supervision 75% of the time.

INSTRUCTION AND EVALUATION OF CLINICAL PROFICIENCIES AND PSYCHOMOTOR COMPETENCIES:

Clinical proficiencies and psychomotor competencies are instructed and evaluated in the classroom, in lab settings, and at clinical sites. ACI's evaluate students on previously instructed and evaluated skills. Record of these competencies is kept each semester in a student laboratory manual. These manuals are reviewed periodically by the Program Director and Clinical Coordinator and are collected at the end of each semester to be kept in the Program Director's office in each students file.

EVALUATION:

The final grade of each of the practicum courses is based on a midterm and final evaluation performed by the student's supervising ACI, practical evaluations, written evaluations and additional assignments from each course instructor.

Students are asked to submit monthly a copy of their clinical hour log to the Clinical Coordinator. Upon review of these logs if students are repeatedly exceeding the 20 hour limit the ACI is contacted to be informed and a solution sought. Clinical hours are recorded during the normal academic semester. Clinical hours outside of the academic semester are not required. Additionally, when school is not in session (holidays, breaks, school cancellations) students are not required to attend their clinical rotation. Additionally, all students must have at minimum one day off per week. A copy of the student hour logs is maintained in each student's laboratory manual and again this manual is collected and stored in the student's record in the Program Director's office.

ATTENDANCE:

Students are expected to be punctual for all classes, meetings and clinical assignments. Tardiness and unexcused absenteeism is not acceptable. Known situations requiring absences or tardiness for a class or clinical assignment should be discussed with the ACI or instructor in advance. Repeated episodes of tardiness or absenteeism are grounds for removal from a clinical assignment or dismissal from the athletic training option.

IV. KINESIOLOGY/ATHLETIC TRAINING COURSEWORK (120 Credits)

A. AT OPTION PRESCRIBED COURSES (64 credits)

PSU 14	(1)	First Year Seminar
CHEM 110/111	(4)	Chemical Principles/Experimental Chemistry
MATH 022	(3)	College Algebra and Analytic Geometry
PHYS 250	(4)	Introductory Physics
PSYCH 100	(3)	Psychology
STAT 200	(4)	Elementary Statistics
KINES 135	(3)	Introduction to Athletic Training
KINES 231	(3)	Clinical Athletic Training I
KINES 232	(3)	Clinical Athletic Training II
KINES 233	(3)	Emergency Care for Athletic Trainers
KINES 334	(3)	Evaluation of Lower Body Athletic Injuries
KINES 335	(3)	Evaluation of Upper Body Athletic Injuries
KINES 336	(3)	Medical Aspects of Athletic Training
KINES 434	(3)	Lower Body Foundations in Therapeutic Exercise
KINES 435	(3)	Upper Body Foundations in Therapeutic Exercise
KINES 436	(3)	Introduction and Application of Therapeutic Modalities
KINES 438W	(3)	Administrative Aspects of Athletic Training
KINES 395F	(3)	Practicum in Athletic Training
KINES 395G	(3)	Practicum in Athletic Training
KINES 395I	(3)	Practicum in Athletic Training
KINES 495F	(3)	Field Practicum in Athletic Training

KINESIOLOGY CORE COURSES (31 credits)

KINES 141	(3)	Physical Activity: Historical and Cultural
KINES 180	(3)	Introduction to Kinesiology
KINES 202	(3)	Functional Human Anatomy
BIO 141	(3)	Physiology
NUTR 251	(3)	Principles of Nutrition
KINES 321	(3)	Psychology of Movement Behavior
KINES 345	(3)	Meaning, Ethics, and Movement
KINES 350	(3)	Exercise Physiology
KINES 360	(3)	Movement Skills
KINES 384	(3)	Biomechanics

GENERAL EDUCATION COURSES (45 credits)

(See individual degree audit or recommended academic plan)

B. Sequencing of Athletic Training Courses

<p>Freshman Year</p> <ul style="list-style-type: none"> Interested students must get on waiting list Students may be enrolled at any campus KINES 202 (suggested now, must be taken by 3rd semester) KINES 135 (suggested now, must be taken by 3rd semester) 	
<p>Semester 1</p> <ul style="list-style-type: none"> Students selected off waiting list Student enrolled at University Park Campus Competitive interview process <p>KINES 231: Clinical Athletic Training I KINES 233: Emergency Care for Athletic Trainers</p>	<p>Semester 2</p> <p>KINES 232: Clinical Athletic Training II KINES 334: Lower Body Evaluation</p>
<p>Semester 3</p> <p>KINES 395F: Practicum in Athletic Training KINES 335: Upper Body Evaluation KINES 434: Lower Body Therapeutic Exercise</p>	<p>Semester 4</p> <p>KINES 395G: Practicum in Athletic Training KINES 336: Medical Aspects of Athletic Training KINES 435: Upper Body Therapeutic KINES 436: Therapeutic Modalities</p>
<p>Semester 5</p> <p>KINES 395I: Practicum in Athletic Training KINES 438w: Administrative Aspects of AT</p>	<p>Semester 6</p> <p>KINES 495F: Practicum in Athletic Training</p>

KINESIOLOGY/ATHLETIC TRAINING
SUGGESTED GRADUATION PLAN
(Minimum of 120 credits required)

FRESHMAN			
FALL	Credits	SPRING	Credits
Engl 015	3	<i>Chem 110/111</i> (old chem. 012/014)(GN)	3+1
<i>Math 022 (GQ)</i>	3	<i>Psych 100</i> (old psy 002) (GS)	3
<i>Biol 141</i> (GN)	3	<i>Stat 200</i> (GQ)	4
GH	3	GH (US or IL)	3
GA	<u>3</u>	1 st year seminar	<u>1</u>
	15		15
SOPHOMORE			
FALL	Credits	SPRING	Credits
Kines 135	3	Kines 232	3
Kines 202	4	Kines 334	3
Kines 231	3	Kines 360	3
Kines 233	3	<i>Nutr 251 (GHA)</i>	3
Kines 180	<u>3</u>	Kines 141 (US or IL)	<u>3</u>
	16		15
JUNIOR			
FALL	Credits	SPRING	Credits
Kines 395F	3	Kines 395G	3
Kines 335	3	Kines 336	3
Kines 434	3	Kines 435	3
<i>Phys 250 (GN)</i>	4	Kines 436	4
Kines 350	<u>3</u>	Cas 100A	<u>3</u>
	16		16
SENIOR			
FALL	Credits	SPRING	Credits
Kines 395I	3	Kines 495F	3
Kines 438W	3	Kines 321	3
Kines 345	3	Engl 202	3
Kines 384	3	GS	<u>3</u>
GA	<u>3</u>		
	15		12

Bold type indicates courses requiring a quality of "C" or better

Bold Italics indicates courses that satisfy both major and General Education requirements

Updated 10/06, 5/06

C. Clinical Education

SPORTS ASSIGNMENTS:

Each student will be assigned to a variety of sports that will expose them to a multitude of situations. Each student will be required to complete sport assignments that will fulfill requirements to take the BOC certification exam. Students will each have the following assignments:

- Equipment Intensive
 - Football (SCAHS, PV, BEA, Bellefonte, Lewistown)
 - Men's/Women's Ice Hockey
 - Men's Lacrosse
- Upper Extremity Intensive
 - Baseball
 - Softball
 - Men's/Women's Swimming
 - Men's/Women's Tennis
 - Women's Lacrosse
- Lower Extremity Intensive
 - Cross Country/Track
 - Men's/Women's Soccer
 - Men's/Women's Rugby
 - Wrestling
 - Men's/Women's Basketball
- General Medical
 - Kinesiology 336 (General Medical Conditions)
 - Surgical Observations (395I or 495F)
 - Physical Therapy Observations (395F)
 - 2 Week rotations with orthopedic physician (395I or 495F)
 - 2 Week rotation with primary care physician (395I or 495F)
- The following sports fall under both Upper and Lower extremity:
 - Men's/Women's Gymnastics
 - Men's/Women's Fencing
 - Men's/Women's Volleyball
 - Women's Field Hockey

Students may request a specific assignment, however student preference is just one factor considered in practicum placement. All requests will be made during beginning of the semester meetings with the clinical coordinator and/or program director. The final practicum decision is made by the AT Faculty.

OFF CAMPUS ASSIGNMENTS:

Students will be assigned to an off-campus rotation with a high school or college in the central Pennsylvania area. **Off-site travel to these rotations will be the students' responsibility.** It is the responsibility of the student to contact the athletic trainer at each of these sites to learn about expectations and responsibilities. Be aware that you will work with minors (under age 18) at a high school rotation and it is imperative that you are informed of limitations that you may have with treatment and evaluation with this age group. Athletic training students will be expected to follow the rules and regulations of the ACI and the school district. It is illegal to have a relationship with someone under the age of 18 and this must be strictly adhered to.

All students are required to complete a PA Request for Criminal Record Check, a Pennsylvania Child Abuse History Clearance Check, and an FBI Criminal Record Check **PRIOR** to participation in an off campus high school rotation. Each will cost \$10.00 and will be paid by the student. Please refer to Appendix F for the appropriate paperwork. **A copy of each background check completed MUST be provided to both the clinical site and the Clinical Education Coordinator.**

V. ATHLETIC TRAINING FIELD EXPERIENCE

PENN STATE UNIVERSITY SPORTS MEDICINE

PHILOSOPHY

The Penn State Center for Sports Medicine provides health care for varsity athletes. Penn State Sports Medicine is also committed to providing a quality clinical education to students enrolled in Athletic Training. The faculty and staff recognize that student athletic participation and the duties of athletic training students must be balanced with academic responsibility to provide for a quality undergraduate education; and athletic involvement is seen as a valuable and worthwhile aspect of an individual's total education.

The Penn State Center for Sports Medicine also provides health care for private patients with orthopedic and primary care problems. The Center serves as a resource for athletic health care and sports medicine information for the community and affords athletic training students the opportunity to gain experience in a unique environment.

PURPOSE

The primary focus of the PSU sports medicine staff is to render care to student athletes through prevention, evaluation, assessment and rehabilitation of injuries. The staff also provides a broad educational experience for athletic training students during their clinical experiences.

Specifically the purposes of the program are:

- To provide an opportunity for each individual to pursue excellence.
- To encourage each student to grow as a person and a scholar.
- To encourage student athletes, coaches and parents to realize the importance of athletic health care.
- To provide the athletic training student with opportunities for leadership and self-assurance in administering aid to athletes.
- To provide opportunities in a variety of sports, which will allow the athletic training student experiences throughout the spectrum of athletic training.

OBJECTIVES

The objectives of the PSU sports medicine staff are:

- To provide an opportunity for each student to strive for excellence through athletic affiliation.
- Provide coverage of a diverse sports program.
- Service the athletic teams throughout the season as well as in pre- and post- season play.
- Follow guidelines set by the NCAA and NATA.
- Subject students to a variety of injury treatment and rehabilitation techniques, including general orthopedic conditions.
- Promote professionalism with in the athletic training profession.

GOALS

The goals of the PSU sports medicine staff are:

- To keep the welfare of the student as the central concern in the development of the program.
 - To educate student athletes, coaches, and parents in athletic injuries.
 - To provide the best possible health care for student athletes.
 - To provide an educational atmosphere which produces quality education for athletic training students.
-

STAFF DIRECTORY

Penn State Hershey, Orthopedics State College
112 Centre Medical Sciences Building
(814) 865-3566
www.psu.edu/dept/sportsmed/

Team Physicians:

Wayne J. Sebastianelli, MD	Director of Athletic Medicine Department of Orthopaedics and Rehabilitation, Team Physician
Douglas Auckerman, MD	Primary Care, Sports Medicine, Team Physician
John R. Deitch, MD	Department of Orthopaedics and Rehabilitation, Team Physician
Bobbi Millard, MD	Primary Care, Sports Medicine, Team Physician
Phillip Bosha, MD	Primary Care, Sports Medicine, Team Physician
Greg Billy, MD	Primary Care, Sports Medicine, Team Physician
Paul Sherbondy, MD	Department of Orthopaedics and Rehabilitation, Team Physician
James Serene, MD	Department of Orthopaedics and Rehabilitation, Team Physician

Physician Assistants:

Mark Maney, PA-C

Physical Therapy:

Dean Plafcan, ATC, PT,	Lead physical therapist
S. John Miller, PhD, ATC, PT	Staff physical therapist
Tom Whipple, MS, PT	Staff physical therapist
Jennifer Frazier, DPT	Staff physical therapist
Brian Schultz, MPT	Staff physical therapist
Susan Fix, MPT	Staff physical therapist
Chris Hurd, MPT	Staff physical therapist
Mitch Henry, MS, PT	Staff physical therapist

Physical Therapy Assistants:

Tanya Confer, PTA
Sally Boucherant, PTA

Nursing:

Ruth Lyons, LPN
Kim Victoriana, LPN
Deb Dubbs, LPN
Angie Shimmel, LPN

ATHLETIC TRAINING STUDENT GENERAL RESPONSIBILITIES

All athletic training student responsibilities are completed under the supervision of an ACI

- Assist in the prevention, care, and rehabilitation of athletic related injuries.
- Athletic Training Students are expected to be punctual in all clinical rotations.
- Athletic Training Students are expected to assist in the on-going, daily and weekly maintenance and cleanliness of the athletic training room.
- All athletic training staff members and athletic training students must work cooperatively to maintain a professional atmosphere.
- Athletic training students are responsible to help maintain and complete all appropriate paperwork for student athletes.
- All student athlete treatments should be approved by an ACI
- Athletic Training Students are to be dressed appropriately at all times.
- Athletic Training Students are expected to act in a professional manner when interacting with physicians, coaches, student athletes, administrators, and peers.
- Athletic Training Students will abide by the travel rules of the sport they are traveling with.
- Athletic Training Students will be expected to maintain the ethical standards of student athletes as set by the NCAA.
- Athletic Training Students will be expected to maintain the ethical standards of the athletic trainers as set by the National Athletic Trainers Association.

PSU ATHLETIC TRAINING ROOM POLICIES & PROCEDURES

In order to ensure top quality care for each athlete at Penn State University, there are certain rules and regulations that must be followed. It is the objective of this manual to make athletic training students aware of *some* of the policies and procedures of the training rooms as well as the vast responsibilities that are involved in being a student athletic trainer. The athletic training students are an integral part of the Athletic Training Program at Penn State University and contribute greatly to its success. Adherence to the policies and procedures as set forth by the PSU staff will ensure the efficiency and level of care that should be expected from a Division I University.

At the same time, students have a professional responsibility to become the best athletic trainer that they can be and should actively seek opportunities to achieve this goal. Students will not learn by simply being exposed to ideas and experiences, but they must purposefully seek to engage in those experiences and opportunities. Students should take responsibility and demonstrate initiative by asking appropriate questions of their ACI's and constantly seeking feedback about improving themselves as an athletic trainer.

Athletic training students are expected to conduct themselves as allied medical professionals and comply with the Code of Ethics of the National Athletic Trainers' Association. **Students who fail to conduct themselves in an appropriate manner will be counseled and repeated offenders may be dismissed from the program. Repeated misconduct may result in suspension or dismissal from the Athletic Training Program. Breaches of HIPAA, patient and athlete confidentiality, unexcused absences from clinical assignments, and failure to comply with the Dating Athletes and Athletic Trainers and Alcohol and Drug Use by Athletic Training Students policies are viewed as serious infractions of the code of conduct and warrant dismissal from the AT Program.**

TRAINING ROOM RULES AND REGULATIONS:

Each clinical site may have its own rules and regulations. Your clinical supervisor will discuss these with you at the start of your rotation. Included are general rules and specific rules and regulations for on-campus Training Rooms.

- The athletic training room is a medical facility; act accordingly.
- Use universal precautions to protect yourself and other from infectious disease
- Be respectful of the physician's and staff athletic trainer's time and efforts to assist you; and they, in turn, will be respectful of you and your needs.
- The athletic training rooms are coeducational facilities; dress appropriately.
- Only athletes receiving treatment or waiting to see a physician or athletic trainer should be in the training room.
- All items (ace wraps, braces, etc.) must be signed out and returned, or you will be billed personally for these items. (See Clinical Coordinator for EQUIPMENT SIGN OUT FORM)

PSU INTERCOLLEGIATE ATHLETICS DRUG EDUCATION, PREVENTION, REHABILITATION, AND SCREENING POLICY

Penn State University recognizes the serious threat that use of illicit drugs presents to the physical, mental, and emotional well-being of student-athletes and to the integrity of intercollegiate athletics. Therefore, Penn State Intercollegiate Athletics has developed the following Drug Education, Prevention, Rehabilitation, and Screening Policy as a means of providing useful information and necessary assistance to its student-athletes and ensuring a clean and equitable competitive environment.

Student athletes consent to drug testing as per NCAA and Penn State University policies. The results of drug screening are confidential and are provided only to those individuals identified in the policy statement. A student athletic trainer should never discuss suspected or alleged drug use by an athlete with anyone other than the ATC or team physician. Questions regarding the policy should be addressed to members of the athletic training staff and/or a team physician.

PENN STATE EATING DISORDER POLICY

The following policy has been developed for assisting athletes, coaches, and athletic trainers. This policy will allow for initial assessment and safe monitoring of body weight and composition, as well as evaluation of appropriate weight goals. This policy creates a foundation to promote healthy weight control behaviors.

- Coaches do not have sole responsibility for monitoring weight control of athletes.
- An athlete should consult the sports nutritionist for an initial assessment as well as on a periodic basis for advice on healthy weight control.
- Body composition assessment should be made early in the athletes first season and weight control should be sought on the basis of percent body fat rather than body weight or a height/weight ratio.
- An athlete's goal for body composition should be made in terms of range values determined by the athlete in consultation with the coach, nutritionist, certified athletic trainer, and team physician.
- If a weight gain or loss goal has been established, a management agreement should be made with the nutritionist, physician, certified athletic trainer, and athlete. Monitoring will be done by the sports medicine unit and the coach will periodically be updated on the methods and progress of the student-athlete, under appropriate confidentiality guidelines.
- Checking weights more frequently than once per week is not useful unless dehydration is an issue or obligatory weight limits are imposed by the sport.
- Current professional recommendations are for no more than 2 pounds of weight loss per week.

If there is a concern regarding a particular athlete's weight gain or loss, this can be assessed by the appropriate sports medicine staff. **Students should NOT discuss any concerns they may have with the athlete, team members, or coaches. All concerns should be voiced to the ATC only.**

WEATHER

The university athletic department employs the use of MxVision WeatherSentry Online® *Turf Edition* from DTN/Meteorlogix, which includes: MxVision WeatherSentry Mobile™, MxVision Weather Information Notification System® (WINS), Lightning Manager®, and Alert Manager™. Found at www.dtnmeteorlogix.com/

These services are a real-time, Internet-delivered weather alert system designed to stay on top of changing weather conditions (within a 30 mile radius) that can impact the safety of athletes, employees and spectators. It provides instant weather alerts, including real time lightning strikes, via e-mail and text message to all pertinent athletic staff including: athletic trainers, administration, grounds crew, coaches, physicians, and staff involved with summer camps, intramurals, club sports, and golf courses.

GAMBLING POLICY

In keeping with the Athletic Department's mission and the University's commitment to integrity in all areas, the Department of Intercollegiate Athletics strongly condemns the influence of sport gambling. The NCAA opposes all forms of legal and illegal sports wagering, and defines gambling as placing a bet on any sports event and/or giving information to anyone who does place bets on college or professional sports. The following are examples of gambling behavior that are prohibited by the NCAA:

- ANY professional or college sports event
- Sports "pools"
- Internet gambling
- The exchange of information about your team with anyone who gambles

The Athletics Department requires its staff members and student-athletes to abide by NCAA, state, and federal laws regarding gambling. Allegations of gambling will be thoroughly investigated and violations will result in disciplinary actions.

Multisport Athletic Training Room Rules and Regulations

- Arrive on time and dressed professionally
 - o A white / blue polo shirt
 - o Clean & presentable white / blue PSU t-shirt is acceptable
 - o Khaki Shorts that are of appropriate length: no more than 4 inches above the knee.
 - o Khaki Pants or appropriate warm-ups are allowed.
 - o Clean sneakers.
 - o Not Allowed: hats, cut-offs, or jeans
 - o Hair and facial hair should be neat and well groomed
- Maintain and stock daily training room supplies
- Prepare and stock medical kits for practice
- Clean and prepare whirlpools and ice baths
- Perform first aid as instructed
- Conduct treatments as instructed by ACI
- Monitor flexibility program
- Know and execute role in Emergency Action Plan
- All communications with coaches and athletes are from ACI only
- Use sound judgment in all decision making in the training room; refer questions to ACI
- Appropriately document all evaluations and treatments
- Practice skills and proficiencies when appropriate
- Do not use phone or computer without permission
- All interaction with ACI, ATS, athletes and coaches must remain professional at all times (inside and outside of the training room)
- All medical and personal information regarding athletes and coaches **MUST** remain confidential. **Absolutely NO information is to be released, discussed or shared with ANYONE outside the training room.**

General Athletic Training Room

- Use universal precautions to protect yourself and others from infectious disease.
- Athletes may not self treat.
- Please keep the athletic training room clean. Please see the ACI for athletic training room cleaning duties.
- Make sure supplies are kept stocked. Report shortages in supplies and make sure supplies are re-stocked and ready every day before practice.
- Athletes are not permitted to use the telephone without permission.
- Make sure to return all supplies and rehabilitation equipment to their respective locations.
- Medical staff must make an effort to keep the athletic training room running efficiently.
 - o Please keep athletes not being treated out of the athletic training room.
 - o Keep athletes on-task during rehabilitation and practice preparation.
- If nothing is going on please feel free to ask questions or practice other clinical proficiencies. Limit these instances to appropriate times when full attention can be paid to the question or skill.
- Please refer to the supervising ACI for other daily duties or responsibilities in the athletic training room.

WHITE BUILDING RULES & REGULATIONS

Athletic Training Students:

- The athletic training room is a medical facility- act accordingly.
- Athlete interaction must be kept professional. Vulgar language or comments offensive to others will not be tolerated. Please respect all people in the room.
- BE ON TIME. Every effort should be made to make it to your assignment on time. If you will not make it on time, some form of communication is the standard response. CALL AHEAD.
- Interaction with the ACI and other athletic training students should be appropriate and not interfere with athletic training room function.
- Conversations about outside social activities will not be permitted.
- At no time will out-side relationships with athletes (in your training room) be tolerated. One incidence will result in removal from the athletic training room and reassignment.
- Athletic Training Students or Athletes should not be eating in the athletic training room.
- AT Students or Athletes should not use cell phones in the athletic training room.
- Athletic Training Students should look presentable. Overall presentation should be that expected of medical professionals: well groomed, neat, facial hair must be kept trimmed and presentable.
- Attire must be appropriate and functional. Athletic Training Students working in the training room must be dressed accordingly.
 - A white / blue polo shirt
 - Clean & presentable white / blue PSU t-shirt is acceptable
 - Khaki Shorts that are of appropriate length: no more than 4 inches above the knee.
 - Khaki Pants or warm-ups with a hemmed bottom.
 - Clean sneakers.
 - Not Allowed: cut-offs, jeans, or corduroy pants.

General Athletic Training Room

- Use universal precautions to protect yourself and others from infectious disease.
- Athletes may not self treat.
- Please keep the athletic training room clean. Please see the ACI for athletic training room cleaning duties.
- Make sure supplies are kept stocked. Report shortages in supplies and make sure supplies are re-stocked and ready every day before practice.
- Athletes are not permitted to use the telephone without permission.
- Make sure to return all supplies and rehabilitation equipment to their respective locations.
- Medical staff must make an effort to keep the athletic training room running efficiently.
 - Please keep athletes not being treated out of the athletic training room.
 - Keep athletes on-task during rehabilitation and practice preparation.
- If nothing is going on please feel free to ask questions or practice other clinical proficiencies. Limit these instances to appropriate times when full attention can be paid to the question or skill.
- Please refer to the supervising ACI for other daily duties or responsibilities in the athletic training room.

Rec Hall Rules and Regulations

Athletic Training Students:

- **BE ON TIME.** Every effort should be made to make it to your assignment on time. If you will not make it on time, some form of communication is the standard response. Please call any of the Rec Hall athletic training room numbers or cell phone numbers of the ACI's in Rec Hall.
- Athlete interaction must be kept professional. Vulgar language or comments offensive to others will not be tolerated. Please respect all people in the room.
- Conversations about outside social activities will not be permitted.
- Interaction with the ACI and other athletic training students should be appropriate and not interfere with athletic training room function. Hold questions on treatments or assessments to an appropriate time before asking.
- At no time will out-side relationships with athletes (in your training room) be tolerated. One incidence will result in removal from the athletic training room and reassignment. Consider this statement as your first warning against such interactions.
- Athletic Training Students should look presentable. Overall presentation should be that expected of medical professionals: well groomed, neat, facial hair must be kept trimmed and presentable.
- Attire must be appropriate and functional. Athletic Training Students working in the training room must be dressed accordingly.
 - A white / blue polo shirt
 - Clean & presentable white / blue PSU t-shirt is acceptable
 - Khaki Shorts that are of appropriate length: no more than 4 inches above the knee.
 - Khaki Pants or warm-ups with a hemmed bottom.
 - Clean sneakers.
 - Not Allowed: jeans or cut-offs
- Any athletic training student not considered professionally presentable can be sent home to make grooming or clothing changes and asked to come back to finish their athletic training room hours.
- **ALL information in the training room is confidential. Absolutely NO information is to be released, discussed or shared with ANYONE outside the training room. Anyone found releasing ANY information will be immediately removed from the training room...NO QUESTIONS ASKED!**

General Athletic Training Room Duties

- Use universal precautions to protect yourself and others from infectious disease. Cleaning and sterilizing treatment surfaces should be done regularly with the appropriate cleaners.
- Please keep the athletic training room clean. Please see the ACI for athletic training room cleaning duties and a list of appropriate cleaning products.

- Make sure supplies are kept stocked. Report shortages in supplies and make sure supplies are re-stocked and ready every day before practice.
- Assist the ACI's in practice preparation for the day.
- Athletes may not self treat. Athletic training students assisting in rehabilitation prescriptions must follow treatment plans as instructed by the supervising ACI.
- Athletes are not permitted to use the office telephones without permission.
- Make sure to return all supplies and rehabilitation equipment to their respective locations. Assist the athletic training staffs in keeping the work environment free of misplaced equipment.
- Medical staff must make an effort to keep the athletic training room running efficiently.
 - Please keep athletes not being treated out of the athletic training room whenever possible.
 - Keep athletes on-task during rehabilitation and practice preparation.
 - Do not engage the athletes in “social” or other “outside” conversations.
- Please refer to the supervising ACI for other daily duties or responsibilities in the athletic training room.
- If the athletic training room is not busy, athletic training students are expected to complete any of the tasks list above before engaging in completion of competencies.

Bryce Jordan Center Rules and Regulations

- The athletic training room is a medical facility- act accordingly.
- Arrive promptly – times designated by supervising athletic trainers
- Prepare and maintain athletic training room and modalities
- Maintain and stock daily athletic training room supplies
- Prepare taping and wrapping stations
- Prepare practice equipment – emergency equipment, ice chests, trunks, kits, etc.
- Proper equipment set up on field
- Conduct treatments as instructed
- Learn and apply therapeutic modalities
- Maintain and clean athletic training room – tables, equipment, etc
- Know and execute role in Emergency Action Plan
- Perform first aid (as instructed)
- Immediate notification to appropriate ACI of injury or illness to an athlete both on field and in athletic training room
- Monitor flexibility program
- Maintain professional attitude
- Athlete interaction must be kept professional. Out-side relationships with athletes (in your athletic training room) will not be tolerated.
- Vulgar language or comments offensive to others will not be tolerated. Please respect all people in the room.
- Follow instruction and pay attention to detail
- Make critical and sound judgment when thinking or acting – always check if not sure
- All communication to coaches and athletes are from staff only
- Receive constructive criticism and act upon it
- Attire must be appropriate and functional. Athletic Training Students working in the training room must be dressed accordingly.
 - o A white / blue polo shirt
 - o Clean & presentable white / blue PSU t-shirt is acceptable
 - o Khaki Shorts that are of appropriate length: no more than 4 inches above the knee.
 - o Khaki Pants or appropriate warm-ups are allowed.
 - o Clean sneakers.
 - o Not Allowed: hats, cut-offs, or jeans.
- Athletic Training Students working basketball games or other events will be dressed in professional attire. ACIs will discuss dress requirements for specific events.
- Athletic Training Students should look presentable. Overall presentation should be that expected of medical professionals: well groomed, neat, facial hair must be kept trimmed and presentable.
- ALL information in the athletic training room is confidential. Absolutely NO information is to be released, discussed or shared with ANYONE outside the athletic training room. Anyone found releasing ANY information will be immediately removed from the athletic training room...NO QUESTIONS ASKED!**

East Area Locker Room **Rules and Regulations**

Shared Student Responsibilities:

1. Arrive promptly at times designated by supervising ATC's
2. Dress and present yourself professionally and appropriately (see ATS Handbook)
3. Prepare and maintain training room and modalities
4. Maintain and stock daily training room supplies
5. Prepare taping and wrapping stations
6. Prepare practice equipment (emergency equipment, ice chests, trunks, kits, etc)
7. Proper equipment must be set up on field
8. Conduct treatments as instructed
9. Learn and apply therapeutic modalities
10. Maintain and clean training room (tables, equipment, etc)
11. Maintain treatment and rehab records, including: treatment log, rehab sheets, computer log
12. Maintain equipment records including: sign out sheets, dry erase board, etc
13. Know and execute role in Emergency Action Plan
14. Perform first aid (as instructed)
15. Proper positioning on field for administration of care and observation
16. Immediate notification to ATC of injury or illness to an athlete both on field and in training room
17. Monitor flexibility program
18. Maintain kits and travel equipment
19. Maintain professional attitude
20. Follow instruction and pay attention to detail
21. Make critical and sound judgment when thinking or acting and ALWAYS check if not sure
22. All communication to coaches and athletes are from ATC only regarding return to play decisions
23. Receive constructive criticism and act upon it

Other Rules

- Do not befriend the athletes. ATS's should not be socializing with athletes outside the training room (i.e. bars, parties: be cordial/polite but excuse yourself).
- Discussing health issues of athletes with your family or friends is not permitted. ABIDE BY HIPAA at all times.
- ATS's are not the authority on supplements, strength training, weight loss/gain etc. If athletes discuss these topics with you, please refer them to your ACI. There are specialists on campus for this and your ACI will refer the athletes to those people.
- It is easiest if there is one voice from athletic training staff. Athletes will have to work when they are injured and they may be asked to do things they don't like. You should not discuss or debate their rehabilitation with them.
- Keep your eyes open when in the room. If you see an athlete doing something incorrectly: CORRECT THEM.

VI. RELATIONSHIP OF ATHLETIC TRAINING STUDENTS TO OTHERS

A. MEDICAL CHAIN OF COMMAND:

In order to maintain a successful program, there must be a chain of command. It must be respected at all times by all members of the PSU Sports Medicine staff. It is as follows:

Team Physicians
Certified Staff Athletic Trainers
Graduate Assistant Athletic Trainers / Intern Athletic Trainers
Athletic Training Students

B. TEAM PHYSICIAN:

Athletic Training Students have the opportunity to work closely with the physicians of Penn State's Sports Medicine staff. The team physicians are ultimately responsible for the medical care of the athletes. The athletic trainer practices under the direction of the team physician(s). Athletic Training Students will respect the medical decisions made by the team physician and certified athletic trainer, and will not discuss the evaluation or medical care prescribed with anyone but the team physician and certified athletic trainer. The medical condition and health care of the athlete is privileged, confidential information. The athletic trainers and athletic training students are expected to maintain patient confidentiality. An athlete's health is to be discussed only with the athlete, the team physician, the supervising athletic trainer, and when appropriate the coach. Breaches of patient confidentiality will not be tolerated, and repeat offenders will be dismissed from the athletic training program.

C. CERTIFIED STAFF ATHLETIC TRAINER:

Staff athletic trainers are responsible for coordinating athletic training services to student athletes and the training room facilities. They will also act as supervisors for graduate assistants, intern athletic trainers and athletic training students. Staff athletic trainers will assign duties and responsibilities of athletic training students. Although graduate assistants and interns are not considered Staff ATC's, they are certified athletic trainers as well as ACI's and are responsible for ATS supervision.

D. FELLOW ATHLETIC TRAINING STUDENTS:

In order for the sports medicine staff to be productive and achieve maximum efficiency, there can be nothing less than excellent rapport between athletic training students. As you will learn, each member of the training staff is depending on you to do your share. The work must be done effectively and efficiently. Disagreements must be dealt with in a responsible and professional manner. The athletic training students at the higher academic levels should take it upon themselves to devote time each day for instruction of the less-experienced students. The greatest tool for learning is experience. Seek out the certified and athletic training students for instruction when time permits. It is your responsibility to take charge of your own education and make yourself better each day.

Romantic relationships with other athletic training students is discouraged and although it is not forbidden, this information should be disclosed to the clinical coordinator to eliminate any clinical assignment conflicts

Conversely, conflicts with other athletic training students shall not interfere with the daily operations within the athletic training rooms or in the classroom. Students are expected to demonstrate professional maturity and the ability to work with others, even those who we may not like. This means working together in the clinical settings, in labs and the classroom, during proficiencies, group projects, etc. Any situation that causes disruption in the training room or classroom will result in removal from the setting and will impact the students' grade if warranted.

E. COACH:

Respect, courtesy, and cooperation should characterize your relationship with all personnel. You are not a coach or referee. Do not concern yourself with the decisions and actions made by coaches and officials, which are not concerned with the medical well being of an athlete. This is the quickest way to lose the respect of coaches and athletes alike. Direct medical responsibility for athletes comes under the physicians and athletic trainers while the athlete is primarily responsible to his or her respective coach. It is imperative that a good coach-athletic trainer relationship is established on the team for which you are assigned. This necessitates frequent meetings and/or conversations with the coaching staff to inform them of the health status of the athletes working under them. It may be appropriate to give a written report to the coach regarding daily activity status of athletes. Remember discuss but never argue with a coach. He/she is a person you must work closely with and that demands a good working relationship. The final decision of whether an athlete participates while injured will be determined by the team physician and/or certified athletic trainer. If the decision of the athletic trainer (certified or student) is not adhered to by the coach, the director of athletic medicine should be notified. Under these circumstances the coach should be informed that he/she will assume all responsibility for the injured athlete. The athletic trainer should also document all interaction with the coach if such a problem should arise. Work to develop a close working relationship between coaches and athletic training students as well as the entire sports medicine team.

F. STUDENT ATHLETE:

Treat all athletes with integrity, respect, and courtesy. Combine friendliness with professionalism. Remember they are patients and should not be referred to as "your" athletes. You should make a sincere effort to gain the respect and confidence of all of the athletes. Respect can be gained most readily by exhibiting proficiency in training room skills and a basic knowledge of athletic injuries. Expression of a sincere interest in the athlete's welfare will also help you to gain respect and cooperation. Show concern but do not overprotect the athlete. In time you will gradually learn the attitudes, temperaments, and peculiarities of individual athletes; use this insight to foster your professional relationship with them. By the same token, the athletes are to adhere to the rules and regulations pertaining to them while in the training room or under the direction of any staff athletic trainer. Violations of these rules are to be handled by the individual certified athletic trainer in a sensible, courteous, but firm manner. There is no room

for temper and sarcasm in the training room. If a situation arises which is untenable, the athletic trainer should seek advice from the next up in the chain of command.

Some good rules to follow when working with athletes are:

1. Do not let the athlete dictate what he/she wants done, or how to do it. You should work closely with athletes when decisions are made regarding the care of an illness or injury. However, all such decisions should be agreed to by the team physicians and/or certified athletic trainer.
2. Do not discuss an athlete's injury with anyone except the athlete, team physician and certified or athletic training students responsible for that athlete's care.
3. The team physician and certified athletic trainers are responsible for estimating when an athlete will return for action following an illness or injury. Be cautious that you do not provide conflicting information when discussing an athlete's injury with the coaching staff.
4. Do not do things for athletes that are against policy.
5. Be careful when discussing an illness or injury with the athlete. Be cautious that you do not provide information or opinions, which may conflict with that given by the team physician or certified athletic trainer. Remember that your role as an ATS is not to diagnose injuries or prescribe treatments or medications. Even if you know that an athlete may have a serious injury, need a surgical treatment or diagnostic test, it is the role of the sports medicine staff to inform the athlete of these decisions.
6. Grant special privileges to no one. All team members are equally important.
7. An athlete may confide in an athletic training student rather than presenting to a certified athletic trainer or team physician. Make athletes aware that you must discuss injuries and illnesses with the sports medicine staff when an athlete's health and well being are concerned. Never withhold information from the sports medicine staff if an athlete's health and well being may be jeopardized by continued athletic participation.
8. Treat all athletes equally, with respect, and without prejudice or bias.
9. Don't become an athlete's "buddy" and bend rules for him or her.
10. Please keep discussions about classes or homework/projects that you may have with student athletes to a minimum. Inform your ACI if you have received a class assignment that requires contact or communication with an athlete outside of the training room so as to prevent any misunderstanding.
11. **DO NOT EVER** provide medical care to an athlete outside of the designated training room setting. An athlete may be inclined to phone you if they get hurt at home or have an accident. Refer them to the ATC or ask them to phone the Center for Sports Medicine to have a physician paged. There is an answering service 24hrs/day, 7days/wk available.
12. **DO NOT DRINK OR SOCIALIZE WITH ATHLETES (past, present, or future) as this reflects poorly on your professional decision making. If they approach you at a bar or establishment, do not ask them to join you, accept an invitation to join them, or accept a drink from them. You are part of a professional preparation program and an allied health career and these are your patients. Violation of this policy may result in removal from a clinical assignment or removal from the program.**

G. EQUIPMENT PERSONNEL:

The equipment personnel have a job to do much in the same way as athletic trainers. Your relationship should be one of a close working nature with the equipment personnel. The equipment people can and must be close partners of the athletic trainer. On the other hand, never let equipment personnel dictate athletic training policy to you. When you need to borrow equipment, always check it out with the proper person. Remember try to establish a good working relationship and one of mutual respect with all employees of the athletic department. You should likewise establish a good working relationship with the student managers and students who are employed in the equipment area.

H. MEDIA:

Be courteous and tactful. **DO NOT DISCUSS** the health status of any athlete with anyone outside the sports medicine team. This not only includes injury information, but also playing status, etc. Do not ever discuss any information with friends, parents, room mates, press, radio, internet, etc. Direct all inquires to the coach or Sports Information Office. Any discussion of an athletes' health or playing status with any person outside of the sports medicine team is a violation of HIPAA. All ATS have gone through HIPAA and FERPA training and violation of these laws may result in dismissal from the athletic training program with possible legal ramifications.

VII. PROCEDURES FOR EMERGENCY CARE

In the event an athlete sustains an injury or becomes ill, the athletic training students should initiate immediate care and follow the emergency action plan below. In the event of a medical emergency or life threatening condition emergency, medical assistance should be sought at once. The athletic training student should render care to the best of their ability. In the event of an injury or illness, which is not a medical emergency, the athletic training student should evaluate the situation in a manner that is consistent with their level of training. If an athlete is unable to continue practice, the athletic training students may render first aid but should refer the athlete for further evaluation by a certified athletic trainer or team physician that day. Athletes who return to practice should be reevaluated. If there is any doubt as to the nature or severity of an injury or illness the athlete should be referred for further evaluation.

Two “rules of the road” for managing illness and injury:

1) DO NO HARM

2) IF YOU ARE NOT SURE, REFER THE ATHLETE TO A CERTIFIED ATHLETIC TRAINER OR TEAM PHYSICIAN.

- Each athletic training room has a printed emergency action plan for their practice and competition sites. Familiarize yourself with these plans when you begin your rotations.**

VIII. ROLE OF NATA & NATA CODE OF ETHICS

A. History and Background:

The National Athletic Trainers' Association (NATA) was formed in 1950 to ensure a secure position for athletic trainers in the athletic program and health care field. Since its inception the NATA has worked to raise professional standards and encourage the ethical conduct of its members, and there has been considerable advancement for the profession of athletic training. Membership to the association is granted to only those individuals who are properly qualified and are prepared to subscribe to the Code of Ethics and uphold its standards. The NATA produces a quarterly journal and holds an annual convention. These tools are used to keep members of the profession informed of new developments in the field of athletic training. The main purpose of the NATA is to improve the quality and status of the athletic training profession.

B. How to Become a Member of the NATA:

In order to become a member of the NATA you should use the following checklist:

1. Go to <http://www.nata.org/membership/documents/NATAAPP2007.pdf>
2. You are joining as a student member, so be sure to follow the appropriate directions.
3. Included with the application should be a listing of dues that you need to pay both Nationally (\$85) and from your District (\$25). Memberships run from January 1st to December 31st of each year, and renewal applications are sent out each year. You must renew your NATA membership by February 15th after you receive a renewal form or you are placed on probation by the NATA.

When should you become a member?

NATA membership is now a requirement of the AT Program. To keep abreast of the AT profession and to obtain information about jobs, scholarships, conferences, ect, you must be a member of the NATA. In addition, you will receive a discount when registering for the NATABOC examination. Here are added membership benefits:

NATA News . As an NATA member, you receive 12 issues of this award-publication each year. It's available in both printed and online editions.

NATA Web site. More and more, members rely on the Web site to keep them up to date with athletic training information. You get exclusive access to the Members-Only section of the site, containing much info that isn't available elsewhere.

NATA Career Center. The state-of-the-art resource for you to find an athletic training job (free access to the Career Center job listings is included with your membership), or post a job.

Journal of Athletic Training. NATA's award-winning scientific publication is published quarterly, and is available in print form to certified members.

Salary Survey information. NATA has released the results of its comprehensive 2005 athletic training salary survey. This data is invaluable for both job seekers and employers.

Brochures. NATA produces a variety of relevant, attractive brochures. Your membership entitles you to up to 25 free brochures per year.

Membership Directory. Offered in both print and online editions, it's your source for contacting fellow athletic trainers nationwide.

Annual Meeting. You get substantial savings at the NATA Annual Meeting (the premier live event for athletic trainers) as well as district meetings.

Affinity programs. You're eligible for discounts on high-quality products and services such as professional liability insurance, financial planning, legal services and education financing.

Networking. The opportunity to interact with thousands of your colleagues about issues that are important to you. Many members say the networking opportunities alone make their NATA membership worthwhile.

C. BOC (Board of Certification):

1. Purpose of certification- The BOC was to provide a certification program for entry-level athletic trainers and continuing education standards for certified athletic trainers. The purpose for this entry level certification program is to establish standards for entry into the profession and all certified athletic trainers must fulfill continuing education credits to maintain their status in the profession.
2. Certification Procedure- In order to become a certified athletic trainer, one must satisfy: the basic requirements of an accredited undergraduate curriculum, the section requirements used to meet eligibility requirements, pass a computerized national certification examination available at all ACT testing centers throughout the country.
3. Students should review the information related to certification and continuing education at the BOC website: www.bocatc.org
4. Student Checklist:
 - a. Register online through REGX at www.bocatc.org
 - b. Make sure you meet **all** of the requirements found online or in the credentialing information packet.
 - c. Choose test date closest to your date of graduation or a date post-graduation.
 - d. Do not delay in getting your application out. The last thing you need to be worrying about is test confirmation.

IX. PRACTICING ATHLETIC TRAINING IN PENNSYLVANIA

The practice of athletic training in Pennsylvania is regulated by the State Board of Medicine and the State Board of Osteopathic Medicine. In March of 2001, Senate Bills 370 and 371 were passed (see Appendix A), however the new rules and regulations have not yet been drafted. Individuals who represent themselves to be Athletic Trainers in the State must be certified by the State of Pennsylvania. Certified Athletic Trainers are expected to practice within the limits of the rules and regulations set forth by the state. Athletic Training Students should familiarize themselves with these rules and regulations. For more information go to: www.gopats.org and look under legislation.

Appendix A
Recent Legislation
(Senate Bill 370)

Legislative Update

Update as of 2/01/01: Senator Tomlinson has introduced SB 370 & SB371 to the State Senate. The bills have been assigned to the Consumer Protection Committee. Action will be taken within the next month or two.

Update as of 4/04/00: Senate Bill 599 has been introduced in the Pennsylvania Senate. The bill will credential athletic trainers via the State Board of Medicine and mandate a certification system for qualified Athletic Trainers in the Commonwealth of Pennsylvania. The Bill, sponsored by Senator Tomlinson and 13 other co-sponsors, has been unanimously reported out of the Senate Consumer Protection & Professional Licensure Committee with a vote of 10-0. The companion bill, Senate Bill 1335, will also credential athletic trainers under the State Board of Osteopathic Medicine. The bills are now on second reading in the Senate. The PATS Board of Directors is working with legal counsel and committee members to continue the push.

Update as of 2/28/00: After many months of patient waiting, the PATS Board of Directors recently received word that the Department of State and Governor's Policy Office have responded (via an Executive Summary) to our Sunrise Report submitted in March, 1999. The Sunrise Report required PATS to justify the need for athletic trainer legislation, specifically addressing healthcare and economic impact on the consumer. The Executive Summary from the Department of State was very favorable and positive. The Department agrees that Athletic Trainers should be credentialed via the State Board of Medicine and even asked that a Certified Athletic Trainer be added as a voting member on the Medical Board. The Department also supported the text and definitions of Senate Bill (SB599) with only one change. The term licensure was not supported in lieu of the present credential Certification. In order to receive full support from the Department of State and the Governor's Policy Office, the PATS Board of Directors voted unanimously to request that any reference to licensure be changed to certification. On first look, this change seems significant, but in reality is a minor adjustment in meeting our goal of a new model practice act for the athletic trainers and physically active consumers of the Commonwealth. The aforementioned Executive Summary is a "shot in the arm" that should aid in moving the bill through the often slow and meticulous legislative process.

SENATE BILL No. 370 Session of 2001

Amending the act of December 20, 1985 (P.L.457, No.112), entitled "An act relating to the right to practice medicine and surgery and the right to practice medically related acts; reestablishing the State Board of Medical Education and Licensure as the State Board of Medicine and providing for its composition, powers and duties; providing for the issuance of licenses and certificates and the suspension and revocation of licenses and certificates; providing penalties; and making repeals," providing for certification of athletic trainers by the State Board of Medicine; and making repeals.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. The definition of "board regulated practitioner in section 2 of the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, is amended and the section is amended by adding definitions to read:

Section 2. Definitions. The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

Athletic training services: The management and provision of care of injuries to a physically active person as defined in this act, with the direction of a licensed physician. The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supporting devices for the physically active person. The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a certified athletic trainer. The term also includes the use of modalities such as; mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, and the use of therapeutic exercises, reconditioning exercise, and fitness programs. Athletic training services shall not include surgery, invasive procedures or prescription of any controlled substance.

Board regulated practitioner: A medical doctor, midwife, physician assistant, respiratory care practitioner, certified athletic trainer or drugless therapist or an applicant for a license or certificate the board may issue.

Certified athletic trainer: A person who is certified to perform athletic training services by the State Board of Medicine or State Board of Osteopathic Medicine.

Direction: Supervision over the actions of a certified athletic trainer via referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, dentist or podiatrist, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunication or via other electronic means.

Physically active person: Individual who participates in organized, individual or team sports, athletic games or recreational sport activity.

Referral: An order from a licensed physician, dentist or podiatrist to a certified athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Written protocol: A written agreement developed in conjunction with one or more supervising physicians which identifies and is signed by the supervising physician and the certified athletic trainer. It describes the manner and frequency in which the certified athletic trainer regularly communicates with the supervising physician. It includes standard operating procedures, developed in agreement with the supervising physician and certified athletic trainer, that the certified athletic trainer follows when not directly supervised on-site by the supervising physician.

Section 3. The act is amended by adding a section to read:

Section 51.1. Athletic trainers.

(a) General rule.--An athletic trainer certified by the board may, under the direction of a physician, podiatrist or dentist, provide athletic training services to a physically active person under the care of a physician, dentist or podiatrist. An athletic trainer certified under this section shall refer a physically active person with conditions outside the scope of athletic training services to a physician, dentist or podiatrist.

(b) Temporary certifications.--Any athletic trainer who holds a valid certificate issued by the State Board of Physical Therapy under the act of October 10, 1975 (P.L.383, No.110), known as the Physical Therapy

Practice Act, relating to the practice of athletic training, prior to the effective date of this act shall, on and after the effective date hereof, be deemed to be certified by the State Board of Medicine or State Board of Osteopathic Medicine as provided for in this act.

(c) Certification, title and limitation on practice. An athletic trainer who meets the requirements of this section shall be certified, may use the title "athletic trainer" or the abbreviation for the title, "A.T.C.," and may perform athletic training services. A person who is not certified under this section may not use the designation of certified athletic trainer, athletic trainer, or any of the listed abbreviations for that title, including "C.A.T.," or "A.T.C.," or any similar designation. This section shall not prohibit any person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

(d) Regulations.--The State Board of Medicine and the State Board of Osteopathic Medicine shall jointly promulgate regulations which:

- 1) establish approved education and training programs for certification; and
- (2) define the circumstances and protocol under which a certified athletic trainer may perform athletic training services. Until such regulations are promulgated by the State Board of Medicine and the State Board of Osteopathic Medicine, the athletic trainer shall be regulated by the regulations, duly promulgated by the State Board of Physical Therapy prior to the enactment of this amendatory act governing the activities of certified athletic trainers, which are not inconsistent with this act.

(e) Doctors of Osteopathic Medicine.--Notwithstanding any provision of the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, to the contrary, doctors of osteopathic medicine may supervise and direct the activities of athletic trainers to the same extent as physicians regulated by this act.

(f) Jurisdiction.--The State Board of Medicine shall be responsible for the certification of athletic trainers. Jurisdiction will be determined by the type of physician who supervises and directs the certified athletic trainer. Certified athletic trainers supervised by physicians regulated by the Medical Practice Act of 1985 shall fall within the jurisdiction of the State Board of Medicine.

Section 4. The practice of athletic training shall not include the practice of physical therapy as defined by the act of October 10, 1975 (P.L.383, No.110), known as the Physical Therapy Practice Act, however, that exclusion shall not operate to prohibit the rendering of athletic training services as defined in the act.

Section 5. The following acts and parts of acts are repealed insofar as they are inconsistent with this act. The act of October 10, 1975 (P.L.383, No.110), known as the Physical Therapy Practice Act. The act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act.

Section 6. This act shall take effect in 60 days.

Appendix B
NATA Education Council
Clinical Education Definitions

**National Athletic Trainers' Association
Education Council
Clinical Education Definitions**

Abbreviations:

- ACI:** Approved Clinical Instructor
CI: Clinical Instructor
CIE: Clinical Instructor Educator
ATS: Athletic Training Student

Definitions:

Clinical Instructor Educator:

A Clinical Instructor Educator (CIE) is a Board of Certification, Inc. (BOC) Certified Athletic Trainer or physician (MD or DO) who attends the NATA CIE Seminar and is subsequently qualified to conduct an ACI training workshop. The CIE is expected to have a minimum of three years of work experience as an athletic trainer or physician. The CIE may or may not be the Director of the Athletic Training Education Program. The CIE assists in developing, implementing, and evaluating the clinical education program at the academic institution. This includes assisting in coordinating clinical experiences in accordance with the clinical education objectives of the Program and facilitating the development of the clinical education setting(s) and the approved clinical instructors.

Synonym: Clinical education coordinator

References: Education Council FAQ Weidner TG, Laurent T. Selection and evaluation guidelines for Clinical education settings in athletic training. JAT. 2001; 36(1):62-67

Approved Clinical Instructor:

An Approved Clinical Instructor (ACI) is a BOC Certified Athletic Trainer with a minimum of one year of work experience as an athletic trainer, and who has completed Approved Clinical Instructor training. BOC certified athletic trainers who wish to be an ACI (e.g., graduate assistant), but who have less than one year of clinical experience, must be supervised by a more experienced ACI. An ACI provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students.

Note that other content experts (e.g., exercise physiologists, nutritionists, mental health counselors, physicians) can be used to teach and evaluate those Clinical Proficiencies that fall within the domain of their professional expertise. However, an ACI must evaluate the students' ability to integrate these skills into professional practice.

Reference: Standard IB1c(1)(a)(b), Education Council FAQ

Clinical Instructor:

A clinical instructor (CI) is a BOC certified athletic trainer or other qualified health care professional with a minimum of one year of work experience in their respective academic or clinical area. Clinical instructors teach, evaluate, and supervise athletic training students in the field experiences. A clinical instructor is not charged with the final formal evaluation of athletic training students' integration of clinical proficiencies. A clinical instructor may also be an ACI.

Reference: Standard IB1c(2)(a)(b)

Athletic Training Student:

An Athletic Training Student (ATS) who is enrolled in a CAAHEP-accredited entry-level athletic training education program.

Synonym: Student

Clinical Education:

Clinical education represents the athletic training students' formal acquisition, practice, and ACI evaluation of the Entry-Level Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of an ACI or a clinical instructor. Formal evaluation of the application and integration of clinical proficiencies are completed by an ACI and may be in conjunction with additional clinical instructors. Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a clinical instructor. Clinical education shall occur in a minimum period of two academic years (4 semesters, 6 quarters, or 6 trimesters) and be associated with course credit. Courses shall include academic syllabi that includes measurable educational objectives and specific clinical proficiency outcomes that can be documented over time.

Synonyms: Supervised clinical practice, clinical education experience

References: Standard IIA1b, f, Education Council Guidelines for Clinical Ed

Direct Supervision:

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

Reference: Education Council Guidelines for Clinical Education, Standard IIA1g

Supervision:

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

Clinical Education Experience:

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

References: Standard IIA1e, Education Council Guidelines of Clinical Education

First Responder:

A first responder has additional, specialized training that qualifies an athletic training student to assist in the evaluation or recognition, stabilization, initial treatment and disposition of an individual who is injured or suddenly takes ill; these tasks are achieved using minimal equipment. First responders are trained in first aid and CPR techniques. A first responder's responsibility includes referral to appropriate medical personnel or facility. An athletic training student who is unsupervised must only function as a first responder. This may include activities such as prophylactic taping, stretching, first aid and referral of injured/ill athletes. Other athletic training functions such as return-to-play decisions, modality or rehabilitation treatments are out of the realm of a first responder.

Reference: Standard IIA1g

Field Experience:

Field experience provides the student with the opportunity for informal learning and to practice and apply the Entry Level Athletic Training Clinical Proficiencies in a clinical environment under the supervision of a clinical instructor or ACI. The primary settings for field experiences must include athletic training facilities, athletic practices, and competitive events. Ample opportunity should be provided for supervised student experience working with athletic practices and competitive events in both men's and women's sports. There shall be exposure to upper extremity, lower extremity, equipment intensive, and general medical experiences of both genders.

References: Standard IIA1f, Education Council Guidelines for Clinical Education

Clinical Education and Field Experience Exposure Requirements:

Upper Extremity: High-risk sport to the upper extremity based upon injury statistics. Traditionally this would include throwing sports, swimming, gymnastics, etc. that require extensive stresses of the upper extremity of both genders.

Lower Extremity: High-risk sport to the lower extremity based upon injury statistics. Traditionally this would include soccer, cross-country running, track, basketball, etc. that require extensive stresses of the lower extremity of both genders.

Equipment Intensive: High-risk sports where all participants are required to wear protective equipment for the head and the shoulders. Traditionally this would include football, ice hockey, and men's lacrosse.

General Medical: General medical experiences of both genders are those associated with physicians, physician assistants, or nurse practitioners.

Clinical Setting:

A clinical setting is a clinical environment where health care services are provided. The clinical setting shall include the athletic training facility, athletic practices, and competitive events. Students must complete clinical experiences in these settings for a minimum of one of the two academic years of clinical education under the supervision of a BOC Certified Athletic Trainer. The athletic training facility is considered to be a designated physical facility located within the sponsoring institution or within an acceptable affiliated clinical setting in which comprehensive athletic 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. Additional clinical settings may be utilized and may include sports medicine clinics, physical therapy sites, and/or rehabilitation clinics, college or university health centers, hospital emergency rooms, physician's offices, or other appropriate health care settings. The student must be supervised by an appropriate clinical instructor in these settings.

References: Standard IIA1f, Education Council Guidelines for Clinical Education

Educational Competencies:

The educational content required of entry-level athletic training programs. These competencies should be used to develop the curriculum and educational experiences of students enrolled in CAATE-accredited entry-level athletic training education programs.

Reference: NATA Athletic Training Educational Competencies 4th Edition

Clinical Proficiencies:

The entry-level athletic training clinical proficiencies define the common set of skills that entry-level athletic trainers should possess and redefine the structure of clinical education from a quantitative approach to an outcomes-based qualitative system.

Synonym: Entry-Level Athletic Training Proficiencies, proficiencies

Reference: NATA Athletic Training Educational Competencies 4th Edition

Learning Over Time:

Learning over time is the documented continuous process of skill acquisition, progression, and student reflection. Learning over time involves the demonstration of systematic progression through the cognitive, psychomotor, and affective taxonomies within different contextual environments (e.g., athletic training room, practice field). 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.

Standards and Guidelines:

The Standards are the minimum standards of quality used to accredit programs that prepare individuals to enter Athletic Training. The Standards constitute the minimum requirements to which an accredited program is held accountable. The Guidelines provide examples to assist in interpreting the Standards.

Reference: 2001 Standards and Guidelines for an Accredited Educational Program for the Athletic Trainer

Appendix C

General Medical Definitions

Skin Conditions:

**Abscess
Carbuncle
Dermatitis
Folliculitis
Furunculosis
Tinea versicolor
Herpes zoster
Impetigo
Ringworm
Sebaceous cyst
Tinea pedis
Tinea Capitis**

**Acne Vulgaris
Molluscum contagiosum
Eczema
Frostbite
Herpes simplex
Pediculosis
Hives
Psoriasis
Scabies
Tinea cruris
Verruca Plantaris**

Ears, Eyes, Nose, Throat:

**Common Cold
Laryngitis
Rhinitis
Tetanus**

**Conjunctivitis
Pharyngitis
Sinusitis
Tonsillitis**

Respiratory System:

**Asthma
Hyperventilation
Influenza
URI**

**Bronchitis
Hay fever
Pneumonia**

Cardiovascular System:

**Hypertension
Hypotension
Shock**

**Hypertrophic cardiomyopathy
Migraine Headache
Syncope**

Endocrine System:

**Diabetes
Hypothyroidism**

**Hyperthyroidism
Pancreatitis**

Gastrointestinal Track:

**Appendicitis
Constipation
Esophageal Reflux
Gastroenteritis
Ulcer**

**Colitis
Diarrhea
Gastritis
Indigestion
Irritable bowl syndrome**

Eating Disorders:

**Anorexia
Obesity**

Bulimia

STD's:

**HIV/AIDS
Chlamydia
Gonorrhea**

**Hepatitis
Genital Warts
Syphilis**

Genitourinary Tract and Organs:

**Kidney Stones
Candidiasis
Urinary tract infection**

**Spermatic cord torsion
Urethritis
Hydrocele/varicocele**

Gynecological Disorders:

**Amenorrhea
Pelvic inflammatory disease**

**Dysmenorrhea
Vaginitis**

Viral Syndromes:

**Infectious Mononucleosis
Mumps**

Measles

Neurological Disorders:

**Epilepsy
Reflex sympathy dystrophy**

**Syncope
Meningitis**

Systemic Diseases:

**Iron-deficiency anemia
Lyme Disease**

Sickle cell anemia

Appendix D

Entry Level Athletic Training Competencies

Competencies

The Competencies provide educational program personnel with the knowledge and skills to be mastered by students in an entry-level athletic training educational program. The National Athletic Trainers' Association has identified the Athletic Training Educational Competencies and Clinical Proficiencies (Competencies) as necessary for effective performance as an entry-level certified athletic trainer (ATC). The Competencies provide the entry-level certified athletic trainer with the essential knowledge and skills needed to provide athletic training services to patients of differing ages and genders and work, and lifestyle circumstances and needs.

The Commission on Accreditation of Athletic Training Education (CAATE), requires that the Competencies be used for curriculum development and education of the student enrolled in an accredited entry-level education program. The Competencies are a companion document to the *Standards for the Accreditation of Entry-Level Educational Programs for the Athletic Trainer (Standards)*. After July 1, 2006, these Competencies will continue to assist the new accrediting agency, the Commission on Accreditation of Athletic Training Education (CAATE), as a companion document. Also, the Competencies serve as a guide for the development of educational programs and learning experiences leading to a student's eligibility to challenge the Board of Certification, Inc. examination.

The Competencies are categorized into Foundational Behaviors of Professional Practice and [twelve content areas](#) (see below) comprising the knowledge and skill set of the entry-level athletic trainer. Further, the Competencies are sub-categorized according to the following behavioral classification:

- (1) Cognitive Domain (knowledge and intellectual skills)
- (2) Psychomotor Domain (manipulative and motor skills)
- (3) Clinical Proficiencies (decision-making and skill application)

The Cognitive and Psychomotor Competencies are behavioral objectives classified predominantly at the recall and application level of Bloom's Taxonomy. As students become competent with this level of knowledge and skill, program personnel are encouraged to challenge students at the highest level of Bloom's Taxonomy; synthesis and evaluation for Cognitive Competencies or adaptation and origination for Psychomotor Competencies. The Clinical Proficiencies integrate decision-making, critical thinking and skill application to provide students with the additional means to demonstrate knowledge and skill at the highest levels of Bloom's Taxonomy.

The Foundational Behaviors of Professional Practice (Behaviors) represent the common values of the profession of athletic training. These Behaviors permeate every aspect of professional practice and should be incorporated in every part of the students' educational program. The competencies previously associated with the Affective Domain have been distilled and synthesized to create the Behaviors.

The Behaviors should be presented and discussed in didactic courses, modeled by classroom and clinical instructors, and emulated by the athletic training student. While educators may be able to measure a student's understanding of behavioral concepts, it is most likely the true measure of a student's emulation of the Behaviors will occur in the clinical setting with a student's patient interactions. Some behaviors will be demonstrated by classroom and clinical educators to expose the students to the desired behavior; however, some behaviors may not be practiced by a professional-in-training (student) because of the nature of a student's limited roles and responsibilities.

Content Areas

0. Foundational Behaviors of Professional Practice
 1. Risk Management and Injury Prevention
 2. Pathology of Injuries and Illnesses
3. Orthopedic Clinical Examination and Diagnosis
 4. Medical Conditions and Disabilities
 5. Acute Care of Injuries and Illnesses
 6. Therapeutic Modalities
7. Conditioning and Rehabilitative Exercise
 8. Pharmacology
9. Psychosocial Intervention and Referral
10. Nutritional Aspects of Injuries and Illnesses
11. Health Care Administration
12. Professional Development and Responsibility

Order Information

National Athletic Trainers' Association

2952 Stemmons Freeway
Suite 200
Dallas, TX 75247
(214) 637-6282 ext 129
(214) 637-2206 FAX

email: competencies@nata.org

\$25 per copy

[\[Order online\]](#)

Matrix

The **5th Edition Matrix** is now available. To download the Matrix, contact the Education Council at (801) 422-3181 or nataec@byu.edu

Appendix E

High School Clearances

THE PENNSYLVANIA STATE UNIVERSITY ATHLETIC TRAINING EDUCATION PROGRAM

A new policy put forth by University Orthopedics will be in effect **starting January 2008**. All students in clinical rotations in the high school setting will be required to show documentation of the following clearances:

- FBI Federal Criminal Record
- PA Child Abuse History Clearance
- PA State Police Criminal Record Check

No student may proceed with a high school clinical experience (KINES 395F, 395G, 395I, 495F) until ONE copy of ALL clearances are presented to the Clinical Education Coordinator. All clearances are good for one year. Failure to present these required clearances before the beginning of a clinical experience may result in your dismissal from a practicum course.

FBI Federal Criminal History Records

Effective immediately, all students participating in high school clinical education assignments must obtain a Federal Criminal History Record that cannot be more than one year old.

Additional information about this new requirement is available by clicking on: "Act 114 Requirements -- Federal Fingerprinting" at the Pennsylvania Department of Education (PDE) website: <http://www.pde.state.pa.us>

[Please click here for directions for obtaining FBI Clearances](#)

PA Child Abuse History Clearance (Act 151)

PA Child Abuse History Clearance forms are available at <http://www.dpw.state.pa.us/child/childabuseneglect/003671038.htm>. Indicate SCHOOL as the "Purpose of Clearance."

PA State Police Criminal Record Check (Act 34)

Criminal history request forms SP-164 are available at <http://www.psp.state.pa.us/psp/cwp/view.asp?A=4&Q=48275>. Indicate EMPLOYMENT as the "Reason for Request."

If you need to have a criminal background check, the following site is very helpful. You can submit your request on-line and will usually have it back within 24 hours. It is the same cost as sending the paper form. <https://epatch.state.pa.us/Home.jsp>

Pennsylvania laws require all employees of public and private schools to acquire child abuse history clearance (Act 151) and criminal history clearance (Act 34) before employment. Many school districts require volunteers and others working directly with children to have these clearances. Accordingly, the College of Education requires all students enrolled in field experiences to have both Act 151 and Act 34 clearances.

Mail completed forms directly to the Harrisburg agencies identified on each form. EACH application must be accompanied by a certified check or money order--no personal checks accepted. As a precaution in case of loss or delay, make copies of completed forms before mailing them. All forms are also available in Chambers building in the College of Education . **Allow 6-8 weeks for processing.**

Once, you have received approval of these clearances, you MUST bring a copy of each to the office of the Penn State Athletic Training Clinical Education Coordinator in 146C Rec Hall so that it may be kept on file.

Appendix F
PSU ATS
Team Travel Policy
And
Clinical Supervision Policy

Penn State Athletic Training Education Program ATS Travel Policy (effective Fall 2009)

As part of the Penn State ATEP, athletic training students may have a voluntary opportunity that allows for team travel only when supervised by a staff athletic trainer/clinical supervisor (ACI/CI). Athletic training students are expected to carry out the duties as outlined in this guideline when traveling in a supervised clinical education experience.

Any travel that is unsupervised by a staff athletic trainer/clinical supervisor (ACI/CI) is NOT part of the Penn State ATEP. First, unsupervised travel MUST be voluntary (without coercion). Second, the hours may NOT be counted towards programmatic clinical education hours. Lastly, duties performed when traveling unsupervised MUST only be those duties of a first responder as outlined in the Pennsylvania State Practice Act. When traveling unsupervised, you are NOT and ATS!

If a student is found to be performing duties beyond those of a first responder, the student will be in violation of CAATE standards, the Penn State ATEP policies and procedures, and the PA State Practice Act. Performing athletic training services without a license is against the law.

CRITERIA for Supervised Travel

Travel related field experiences are **ONLY** available to athletic training students who meet the following criteria:

- Must have completed their second semester in the ATEP
- Must have successfully completed, or be currently enrolled in, the following courses:
 - *KINES 232: Clinical Athletic Training II*
 - *KINES 334: Lower Body Evaluation*
 - *KINES 335: Upper Body Evaluation*
 - *KINES 434: Therapeutic Exercise*
- Must hold a current certification in CPR/AED for the Professional Rescuer
- Must have successfully completed the clinical proficiencies commensurate to their level in the program
- Must have a signed and dated copy of the *ATS Travel Policy Form* in their ATEP file prior to departure.

SPECIFIC DUTIES for Supervised Travel

Preparation for Departure:

- Athletic training students are expected to dress professionally and appropriately as representatives of Penn State University and Intercollegiate Athletics.
- Review with your ACI/CI the list of equipment and supplies needed for the athletic training kit.
- Assist ACI/CI with packing the host school medical information or visiting team letter where it is easily available.
- If no visiting team letter was received, assist the ACI/CI by calling ahead before departure to obtain the necessary contact and site information.

Hotel/Pre-competition:

- Abide by all team rules.
- Attend all team functions.
- Obtain a rooming list after hotel check-in.
- Keep your ACI/CI's cell phone numbers with you at all times.
- Be sure the phone in your room is available (i.e., turned on) during your entire stay.
- Be aware of your personal safety, keep your door locked and bolted, unless you are using your room for competition preparation.
- If you step out of the hotel, leave a written message stating your return time – don't be late, be available.

- Athletic training students may utilize appropriate therapies (i.e. hydrocollator, whirlpool, ultrasound, E-stim, massage), if available, to allow for preventative treatment & warm up of specific tissues when supervised by their ACI/CI.
- Athletic training students may apply therapeutic stretching techniques or other preparatory care agreed upon and supervised by their ACI/CI as part of pre-competition warm-up.

Competition:

- Introduce yourself to the host medical staff.
- Review with the host the local emergency medical procedures.
- Be sure you have the appropriate phone numbers (host ATC, emergency services, etc.)
- ***The athletic training student is not to make any return-to-play decisions.*** Those decisions are the responsibility of the coach in consultation with the host medical staff and supervising ATC.
- Should an emergency situation arise, use the local emergency plan to arrange for emergency room care and transportation.
- Assist ACI/CI in communicating with your head coach regarding the emergency steps that were taken.
- You shall not drive a vehicle to transport an injured or ill athlete or at any other time during the trip.
- In the event that the athlete requires transportation to a medical facility a member of the coaching staff or team representative is responsible for staying with the athlete until they have been discharged.

Care of Injured or Ill Student-Athletes:

Athletic training students may use the first aid and therapeutic techniques outlined above to provide care during their travel experience:

- Provide emergency and first aid care to any newly injured athlete.
- Consult with your ACI/CI and utilize the host medical system if any additional care is necessary for the athlete’s safe return to campus.
- The ACI/CI will direct you toward resolution of specific issues that may arise.

Signature and acknowledgement:

By signing below I acknowledge that I have reviewed the *Travel Policy for Athletic Training Students* with my ACI/CI (for athletic training students) or my athletic training students (for ACI/CI). I have read and understand the responsibilities outlined above.

Athletic Training Student Date

Approved Clinical Instructor/CI Date

Clinical Education Coordinator Date

Penn State ATEP Clinical Supervision Policy

SPORTS ASSIGNMENTS:

Prior to officially being admitted into the program, students in Kines 231 are assigned two seven week rotations in two training rooms on campus where they are exposed to a variety of sports and settings to ensure that they fully understand the obligations of the program and the student commitment. Upon entrance to the program, clinical rotations in the Athletic Training Education Program are semester long assignments. Students will complete five fifteen-week rotations in their clinical instruction. Each student will be assigned to a variety of sports that will expose them to a multitude of situations. Each student will be required to complete sport assignments that will fulfill requirements to take the BOC certification exam. Students will be assigned rotations that meet each of the following requirements:

- Equipment Intensive
- Upper Extremity Intensive
- Lower Extremity Intensive
- General Medical

Students are required to complete a maximum of 20 hours per week in the clinical setting.

OFF CAMPUS ASSIGNMENTS:

Additionally, students will be assigned to an off-campus rotation with a high school or college in the central Pennsylvania area for one semester during their junior or senior year. Affiliation agreements for the high schools are made with University Orthopedics Center, a local orthopedic/sports medicine group. Students assigned to a high school are given the opportunity to visit University Orthopedics Center to shadow their ACI in the clinical setting if they wish. All students are required to complete a PA Request for Criminal Record Check, a Pennsylvania Child Abuse History Clearance Check, and an FBI Criminal Record Check **PRIOR** to participation in an off campus high school rotation. An affiliation agreement with Penn State Altoona has also been created. Penn State Altoona is a commonwealth campus that offers NCAA Division III athletics.

COURSES:

The following practicum courses provide clinical experiences within the ATEP:

Kines 231- taken as part of the admission process, generally during sophomore year

Kines 232 – second semester sophomore year upon admission to program

Kines 395F – first semester junior year

Kines 395G- second semester junior year

Kines 395I – first semester senior year

Kines 495F – second semester senior year

Clinical contact hours per credit hour are based on university guidelines

(http://www.hhdev.psu.edu/nurs/grad/grad_req.html) which state clinical hours are calculated

using a 1:3 ratio. For every semester hour of didactic instruction, you can estimate three hours of clinical time per week of the 15-week semester. Using this rubric, each semester hour of clinical experience yields 45 hours of clinical practice time during that semester (1 SH x 3:1 ratio x 15-week semester). We require a maximum of 300 hours for each practicum course (395F, 395G, 395I, 495F).

EXPECTATIONS BY LEVEL:

231: This is a clinical observation rotation that is intended to increase the student's awareness of the role of the certified athletic trainer as an allied health professional. The student will also become familiar with the daily operating procedures of an athletic training facility while being exposed to the culture of the profession. Each student will be expected to complete a minimum of 45 hours in a fifteen-week semester with an estimated 4 hours per week at two on-campus clinical rotation sites. The student is also expected to take part in 4 home events in this semester.

232: This is the first chance for the athletic training student to become an active learner by participating in learning and practicing basic psychomotor athletic training skills under the direct supervision of an approved clinical instructor. The student is expected to attend his/her sport team clinical rotation no more than 4 days per week while accruing 12 hours per week, accruing a maximum of 180 hours in a semester. During the intramural rotation the student is expected to attend intramurals no more than 3 days a week while accruing 12 hours per week. A student should not exceed a maximum of 180 hours in their clinical rotation in this semester. As part of team assignments, students may be asked to travel with their teams. This is a privilege and should not be taken lightly. When traveling with teams, the student must be supervised by an ATC (CI/ACI) and adhere to the ATS travel policy.

395F/395G: This is a participatory portion of the student's clinical education. A student will be expected to provide assessment and treatment under the supervision of an ACI. It is expected that the student will be present for both practice and game coverage on a regular basis. A student is expected to accrue a maximum of 300 semester hours in these clinical rotations, but should not exceed more than 20 hours per week. The 300-hour requirement does not include hours accrued during pre-season, post-season and holidays. As part of team assignments, students may be asked to travel with their teams. This is a privilege and should not be taken lightly. When traveling with teams, the student must be supervised by an ATC (CI/ACI) and adhere to the ATS travel policy.

395I/495F: Students at the level will continue to provide assessment and treatment under the supervision of an ACI and will begin to assist with administrative duties. Administrative duties that would be expected of an athletic training student in these rotations includes: communication with coaches and physicians, voluntary travel with teams as assigned, and practice and game coverage. A student is expected to accrue a maximum of 300 semester hours in these clinical rotations, but should not exceed more than 20 hours per week. The 300-hour requirement does not include hours accrued during pre-season, post-season and holidays. As part of team assignments, students may be asked to travel with their assigned team. This is a privilege and should not be taken lightly. When traveling with teams, the student must be supervised by an ATC (CI/ACI) and adhere to the ATS travel policy.

DIRECT SUPERVISION:

Each student must be directly supervised by their approved clinical instructor (ACI) or clinical instructor (CI) while in the clinical setting. Direct supervision is defined as constant visual and auditory interaction between the student and clinical instructor. The instructor shall be physically present for proficiency instruction and evaluation and to intervene on behalf of the athlete/patient. At no clinical site will there be more than 8 students assigned to an ACI or CI to ensure an effective education. The supervision policy will adhere to the guidelines as defined by J6 (at least 75% of the student's clinical experience must occur under the direct supervision of an ACI/CI who is an ATC). As stated in the travel policy, team travel as part of the ATEP must be supervised.

INSTRUCTION AND EVALUATION OF CLINICAL PROFICIENCIES AND PSYCHOMOTOR COMPETENCIES:

Clinical proficiencies and psychomotor competencies are instructed and evaluated in the classroom, in lab settings, and at clinical sites. ACI's evaluate students on previously instructed and evaluated skills. Record of these competencies is kept each semester in a student laboratory manual. These manuals are reviewed periodically by the Program Director and Clinical Coordinator and are collected at the end of each semester to be kept in the Program Director's office in each students file.

EVALUATION:

The final grade of each of the practicum courses is based on a midterm and final evaluation performed by the student's supervising ACI, practical evaluations, written evaluations and additional assignments from each course instructor.

Students are asked to monitor clinical hours in their proficiency notebook and have their ACI's sign off their hours WEEKLY. Students must also submit monthly a copy of their clinical hour log to the Clinical Coordinator. Upon review of these logs if students are exceeding the 20 hour limit the ACI is contacted to be informed and a solution sought. Clinical hours are recorded during the normal academic semester. Clinical hours outside of the academic semester are not required. Additionally, when school is not in session (holidays, breaks, school cancellations) students are not required to attend their clinical rotation. Additionally, all students must have at minimum one day off per week. A copy of the student hour logs is maintained in each student's laboratory manual and again this manual is collected and stored in the student's record in the Program Director's office. As stated in the team travel policy, unsupervised travel is not part of the ATEP, must be voluntary, and hours may NOT be recorded.

ATTENDANCE:

Students are expected to be punctual for all classes, meetings and clinical assignments. Tardiness and unexcused absenteeism is not acceptable. Known situations requiring absences or tardiness for a class or clinical assignment should be discussed with the ACI or instructor in

advance. Repeated episodes of tardiness or absenteeism are grounds for removal from a clinical assignment or dismissal from the athletic training option.

Signature and acknowledgement:

By signing below I acknowledge that I have reviewed the *Clinical Supervision Policy for Athletic Training Students* with my ACI/CI (for athletic training students) or my athletic training students (for ACI/CI). I have read and understand the responsibilities outlined above.

Athletic Training Student Date

Approved Clinical Instructor/CI Date

Clinical Education Coordinator Date

Appendix G
PSU ATS
Communicable Disease Policy

PENN STATE UNIVERSITY ATHLETIC TRAINING EDUCATION PROGRAM INFECTIOUS/COMMUNICABLE DISEASE POLICY

Athletic Training students are required to contact their assigned clinical instructor for information regarding the infectious/communicable disease control policy at their assigned clinical site. All students are required to receive annual blood borne pathogen training at the start of each academic year as part of their CPR for the Professional Rescuer recertification. This instruction is provided by ATEP faculty members and a record of this training is maintained in the ATEP offices in 146 Rec Hall.

Athletic Training students are informed that they may be exposed to blood and other potentially infectious materials during the performance of their clinical responsibilities. There is a risk of acquiring Hepatitis B Virus (HBV) and Human Immuno-deficiency Virus (HIV) infection. Athletic training students are strongly encouraged to be vaccinated against HBV upon entrance to the program. There is no vaccination against HIV at this time, although universal precautions have been developed to protect health care workers from the HIV virus.

Students should ensure they follow proper sanitary precautions, and are familiar and have access to appropriate blood borne pathogen barriers and biohazard disposal equipment. The necessary supplies are available in all athletic training facilities and should be taken to all practice and competition venues.

If an exposure is thought to occur, the athletic training student should report the incident to their assigned clinical instructor. Information reported should minimally include how, when and where the exposure occurred and whose blood or bodily fluids were contacted. The student should then be referred to the Student Health Center for further blood testing if desired. Confidentiality will be maintained, except as required by law.

Appendix H

PSU

Environmental Health and Safety Policy

Blood Borne Pathogens

Policy SY01 ENVIRONMENTAL HEALTH AND SAFETY POLICY

PURPOSE:

The Pennsylvania State University is committed to protecting the health and safety of its employees, students, visitors and the environment. The purpose of this document is to establish an organizational structure to ensure the effective implementation of this policy at all University locations.

POLICY:

All employees, students and visitors are expected to comply with the statements that follow. Each department or unit shall supplement this policy document with specific procedures about hazards in their workplace and the precautions necessary to control and prevent these hazards. These supplements, prepared in cooperation with the Office of Environmental Health and Safety, may be in the form of, as examples, written procedures or training programs.

The responsibility for the administration of the University's health and safety program is assigned to the Office of Environmental Health and Safety. Implementation of this Policy is the responsibility of the entire University community - staff, faculty and students.

The University Safety Council, with members representing the University's academic colleges and administrative units, is responsible to identify needs, develop procedures, and assist in the implementation of environmental health and safety programs under the direction of the Office of Environmental Health and Safety. (See E.H.S. Tab for endorsements.)

Applicable federal and state laws and regulations, together with policies and procedures issued by or through the office of Environmental Health and Safety will provide the guidance under which the University will conduct its safety program.

UNIVERSITY SAFETY COUNCIL:

The University Safety Council is comprised of members representing academic colleges and administrative units, as appointed by their respective budget executives. University Safety Council representatives are commonly referred to as "Safety Officers."

The duties of the University Safety Council are to develop and implement, under the guidance of the Office of Environmental Health and Safety, a comprehensive and practical occupational health and safety program, and to maintain an environment that is conducive to the safety, health and well-being of the University community.

RESPONSIBILITIES:

University Safety Council:

1. Each member of the University Safety Council shall attend the regularly scheduled meetings and special meetings of the University Safety Council, and report Council activities to the appropriate budget executive.
2. Establish and maintain, as chairperson, a Safety Committee within the member's area of responsibility. The size and structure of this Committee shall be dictated by the types of activities, the potential hazards inherent to those activities, and the number of persons who may be exposed.
3. Accompany insurance company loss prevention representatives on inspections of areas under the Safety Officer's jurisdiction.
4. Review all Employer's Reports of Occupational Injury or Illness for employee accidents, or the Incident Report for non-employees or employees not engaged in normal employment activities, whichever report is appropriate for the accident/illness, and any other associated accident/illness reports.
5. Assist in the investigation of all serious accidents, and all other accidents when requested by the supervisor.
6. Initiate proper follow-up measures and ensure corrective actions are implemented when unsafe conditions, practices or equipment are reported or observed.

Budget Executives and Budget Administrators:

1. These functions have the primary responsibility to maintain a safe work environment within their jurisdiction, by monitoring and exercising control over their assigned areas.
2. Assign a representative from each academic and administrative unit to the University Safety Council. This representative must be selected to ensure compliance with this policy and other appropriate University safety policies, rules, procedures and practices. This is often the individual designated to act on behalf of the budget executive or budget administrator.
3. Communicate to all faculty, employees and students that health and safety of persons in the workplace and environment are of the highest priority at Penn State University.
4. Ensure that health and safety responsibilities are carried out in the academic departments or administrative units for which they are responsible.
5. Ensure that environmental health and safety obligations established by this program applicable to their areas of jurisdiction are carried out. This includes assuring compliance with applicable state and federal health and safety rules, regulations, standards and procedures. Included, for example, are regulations of the Pennsylvania Department of Environmental Protection (PADEP), and Nuclear Regulatory Commission (NRC), and policies and procedures established by the Office of Environmental Health and Safety.
6. Monitor implementation of programs designed to protect the health and safety of faculty, staff, students and visitors:
 - a. Consult with their University Safety Council representative and/or the Office of Environmental Health and Safety with respect to new, existing or planned facilities or equipment that may present a health or safety hazard to determine specific measures that may need to be implemented to control these hazards *before* exposure to these hazards may occur.

b. Support measures such as training, use of protective devices, and resources to control and prevent hazards.

Supervisors:

1. All supervisors (department chairs, faculty, and other employees with direct oversight of University activities and employees or students) have specific responsibilities to provide for the health and safety of those supervised. They are in a key position in the organizational structure to carry out the department's safety policies and to prevent injuries to their employees.
2. Be thoroughly informed of appropriate University and Departmental safety policies, rules and procedures and how they specifically apply to their responsibilities and authority.
3. Inform all new and current employees and students that safety and health, and concern for the environment, are priorities at Penn State and to inform them about safety and health policies, rules, regulations and procedures, as well as their specific responsibilities (the next Section, below).
4. Ensure that required safety equipment, devices and personal protective equipment and apparel are provided and maintained, and are properly used by individuals working in their operations.
5. Provide employees and students with instruction and assistance in the proper operation of equipment or materials involved in any operation which may be potentially hazardous.
6. Take prompt corrective action when unsafe conditions, practices or equipment are reported or observed.
7. Encourage prompt reporting of health and safety concerns.
8. Promptly conduct a thorough investigation in all work-related injuries, illnesses and accidents, submit appropriate recommendations on all accident reports, including the Employer's Reports of Occupational Injury or Illness or the Incident Report, as appropriate, and follow through to ensure corrective measures have been implemented.
9. Coordinate or conduct inspections to maintain safe and healthful conditions, and address any deficiencies that are identified.
10. Provide for health and safety training.
11. Provide financial support for health and safety improvements, or request assistance from the next higher level of supervision regarding these requests.

Employees and Students:

1. All University employees and students have specific responsibilities to comply with established health and safety policies, standards, rules, procedures and regulations. Compliance with these is essential to create and maintain a healthy and safe environment at all University locations.
2. Comply with applicable environmental health and safety policies, standards, rules, regulations and procedures. These include safety-related signs, posters, warnings and written/oral directions when performing tasks.
3. Do not perform any function or operation which is considered hazardous, or is known to be hazardous without proper instructions and authorization.

4. Only use equipment and materials approved or provided by the supervisor or instructor and for which instruction has been provided by this or other experience.
5. Become thoroughly knowledgeable about potential hazards associated with the work area; knowing where information on these hazards is maintained and how to use this information when needed.
6. Wear or use prescribed protective equipment.
7. Report all unsafe conditions, practices, or equipment to the supervisor, instructor or safety officer whenever deficiencies are observed.
8. Inform the supervisor or instructor immediately of all work-related injuries or accidents and obtain prompt medical attention when necessary.
9. Provide information necessary for the supervisor or safety officer to adequately and thoroughly complete the *Employer's Report of Occupational Injury and Illness* and any other associated accident/illness reports.

CROSS REFERENCES:

Other Policies in this Manual should also be referenced, especially the following:

AD01 - Policies and Procedures for Use of University Auditoriums,

AD02 - Non-University Groups Using University Facilities,

AD21 - Use of the Agricultural Arena and Agricultural Progress Days Facilities,

RA14 - The Use of Human Subjects in Research,

and all of the SY (Safety) Policies.

(New Policy)

Effective Date: July 24, 1998

Date Approved: July 14, 1998

Date Published: August 3, 1998 (editorial changes April 22, 2005)

Most recent changes:

- April 22, 2005 - Editorial changes to eliminate "General Forms Usage Guide" and correct links.

Revision History (and effective dates):

- July 24, 1998 - New policy.

The Pennsylvania State University

**Department of Intercollegiate Athletics
Athletic Training & Sports Medicine**

Emergency Action Plan

INTRODUCTION

Emergency situations in athletics have the potential to occur at any time, whether they are during training or competitive events. Due to inherent risks associated with athletic participation, injuries are likely to occur. With proper preparation through an Emergency Action Plan, the sports medicine staff can manage emergency medical situations effectively and appropriately. In order to provide adequate emergency medical care during such situations, flow of proper communication and emergency medical equipment must be addressed through the Emergency Action Plan.

Hence, the purpose of this Emergency Action Plan is to ensure the proper medical coverage of Intercollegiate Athletics at The Pennsylvania State University (PSU), University Park (UP) Campus, through the correct maintenance of appropriate emergency medical equipment and interventions of sports medicine personnel.

This plan will outline the proper chain of command for on-site sports medicine personnel, location of emergency medical equipment, telephones and means of communication. This document will also list important telephone numbers and appropriate locations for emergency medical services (EMS) ambulance access.

EAP PERSONELL & CHAIN OF COMMAND

Team Physician
Staff Certified Athletic Trainer (ATC)
Intern ATC/Graduate Assistant ATC
Athletic Training Students (ATS) [KINES: 495F, 395I, 395G, 395F, 232]

EMS will work in conjunction with the Team Physician, Certified Athletic Trainer(s) and/or Athletic Training Student(s) when on-site. When not present the Team Physician on-call should be contacted immediately following activation of EMS or when advanced medical attention is required in a non-emergency situation.

ON-SITE EMERGENCY MEDICAL CARE

During training and competition, the first responder to an emergency situation is typically a member of the sports medicine staff. Team Physicians may not always be present at these events and the degree of sports medicine coverage will vary based on such factors as inherent risk of the sport setting and event. Furthermore, in some situations the first responder may be a coach or other Intercollegiate Athletics personnel.

There are three basic roles within an Emergency Action Plan that should be adhered to by Intercollegiate Athletics personnel in emergency situations:

1. *Immediate emergency medical care of the injured student-athlete*

- a. This will be tended to by the most qualified individual on-site within the limits of their educational and clinical training. Usually this will be a Team Physician or staff ATC assigned to the particular sport. In life or limb-threatening scenarios the most qualified individual with the highest level of appropriate training is responsible for stabilizing/sustaining the injured person while EMS is activated immediately. In the event that a qualified health care provider is not on-site, as may be the case with individual training sessions, a coach or immediate supervisor is responsible for properly activating the PSU UP Campus Emergency Action Plan
- b. Only appropriate skills a health care provider is specifically trained to render shall be performed. Refer to Title 42, 8332 “Non-medical Good Samaritan Civil Immunity” as a reference for expectations of an individual responsible in rendering assistance at the scene of a medical emergency. Also refer to Title 42, 8331.2 “Good Samaritan Civil Immunity for use of an AED” (Appendix A).

2. *Emergency medical equipment acquisition*

- a. This will be performed by sports medicine personnel most familiar with the appropriate type and location of specific emergency medical equipment required for specific activities. Usually this will be a staff ATC or ATS. However, in certain circumstances this responsibility may fall upon coordinators of facilities, equipment managers or coaches.

3. *Emergency Medical Services (EMS) activation*

- a. When necessary EMS must be activated in a prompt manner and the injured person should be transported to the nearest appropriate emergency medical facility. Activation of EMS shall be the responsibility of any personnel upon the sports medicine staff, by dialing 911. Personnel performing this task must be familiar with the address and location of the athletic event. In such a circumstance the following information must be provided to EMS (contact should not be delayed to obtain missing information):
 - i. Name, title, site address and telephone number
 - ii. Number of student-athletes involved
 - iii. Type and nature of injury sustained
 - 1. Cardiorespiratory arrest
 - 2. Airway obstruction
 - 3. Unconscious/unresponsive person
 - 4. Risk of shock
 - iv. Condition of the person(s)
 - v. Type of first aid initiated
 - vi. Level of EMS response required
 - 1. Non-emergency
 - 2. Basic Life Support

3. Advanced Life Support

vii. Specific directions to the scene/venue

1. Sports medicine personnel should be familiar with the ambulance access location for each athletic site/venue.

2. Sports medicine personnel with the highest level of medical training should remain with the person at all times until arrival of EMS. An ATS, coach, coordinator of facilities, equipment manager or teammate should be sent to assist in directing EMS to the scene.

b. Please refer to the list of emergency contacts for initiating communication with an appropriate health care facility or provider, in addition to contacting EMS.

PHYSICIAN AND MEDICAL FACILITY PHONE NUMBERS (814 area code):

- Wayne Sebastianelli, MD (O)865-3566 (P)1-888-812-8141 (C)777-7175
- John Deitch, MD (O)865-3566 (P)1-888-812-8206 (C)574-2438
- Paul Sherbondy, MD (O)865-3566 (P)567-7466 (C)883-9405
- Doug Aukerman, MD (O)865-3566 (P)1-888-812-8143 (C)777-4628
- Phil Bosha, MD (O)865-3566 (P)567-7408 (C)777-0793
- Bobbi Millard, MD (O)865-3566 (P)567-0877 (C)883-2897
- Center for Sports Medicine 865-3566 (answering/paging service 24hrs/7days)
- Mount Nittany Medical Center 231-7000, 231-7800
- MNMC Emergency Room 234-6110
- PSU Police/EMS 863-1111
- Centre County Dispatch/EMS 911

ATHLETIC TRAINING ROOMS AND STAFF PHONE NUMBERS:

- Ashenfelter Multi-Sport Facility AT Room 865-8884
- Beaver Stadium Home Athletic Training Room 865-2305, x-ray 865-9079
- Beaver Stadium Visiting Team Room 865-5539
- Bryce Jordan Center Athletic Training Room 863-3358
- East Area Locker Facility Athletic Training Room 865-8295, 865-8296
- Holuba Hall Athletic Training Room 865-0899
- IM Building Athletic Training Room 865-2650
- Lasch Football Building Athletic Training Room 863-0773, 865-4161
- Medlar Field @ Lubrano Park Athletic Training Room 863-2517
- Recreation Hall Athletic Training Room 865-2052
- White Building Athletic Training Room 865-6202
- Staff Contacts (SEE ORGANIZATION CHART IN HANDBOOK)

ATHLETIC SITE PHONE NUMBERS:

- Ashenfelter Multi-Sport Facility 865-8883
- BJC Strength and Conditioning 863-3434
- EALR Strength and Conditioning 865-5438
- Golf Pro Shop 865-4653
- Greenberg Ice Pavilion 865-4102
- IM Building 865-5401
- Jeffrey Field 865-2272
- Lasch Building Strength and Conditioning 863-3121
- Medlar Field (Home Dugout) 865-8617
- Medlar Field Strength and Conditioning 865-8617
- McCoy Natatorium 865-1432(ext.7)
- Penn State Tennis Center 865-1351
- Recreation Hall Strength and Conditioning 863-3937
- Recreation Hall Wrestling Room 865-1094
- Sarni Tennis Center 865-3430
- White Building Fencing Room 863-3576
- White Building Gymnastics Room 865-6634
- Emergency Phones/Campus Police phones are located at various sites on campus and are indicated with a blue light.

COMMUNICATION

A hard-line, preferred, or cellular telephone should be on-site at each specific athletic event. If using a cellular telephone one should be aware that instances of service interruption may occur. As such a hard-line telephone should be available in such an event when managing a medical emergency. In certain circumstances a two-way radio may be used to maintain contact between the Athletic Training Room and ATC. When using two-way radios, sports medicine personnel should be certain that communication devices are set to the corresponding channel. In

certain instances, there may also be an Emergency Campus Telephone (Appendix B) located near the venue that may be used to contact EMS or PSU Police Department. All means of communication should be regularly inspected for working condition and availability.

PROCEDURES FOR PAGING AN INDIVIDUAL

The pager number 814-865-3566 may be dialed at any time to page a team physician on-call. Otherwise, one may dial respective pager numbers as printed in the emergency contact list. If calling from a campus telephone one must press the number “8” to access an outside line before dialing the respective pager number. If dialing from an outside line the local UP Campus area code one must dial area code “814” prior to entering the respective pager number, 1-888 numbers being exempt. At the prompt enter the area code and telephone number from which the call is being placed. One should then hang up and wait near the respective telephone for a return call from the respectively paged Team Physician.

TRANSPORTATION

When possible an ambulance is preferred on-site during high risk athletic events. The PSU UP Campus coordinates on-site ambulances for competitive events surrounding intercollegiate football. Ambulance service may be coordinated on-site for other special events such as major tournaments, Big Ten and NCAA regional or national championships. In a situation in which an ambulance is on-site, a designated location with rapid access for entering and exiting the venue will be determined. If transportation is deemed necessary, the injured person should be transported via ambulance. Proper attention must be given to ensure that athletics areas are properly supervised, per the EAP chain of command, should the health care provider leave the site in transportation.

* All transportation will be to Mount Nittany Medical Center Emergency Room.

** Some emergencies may be sent on to the Penn State Milton S. Hershey Medical Center

Maps to both medical centers can be found in Appendix C

TRAGEDY MANAGEMENT

In the event that there is an injury that is sever or potentially fatal, please refer to the Tragedy Management Plan (Appendix D).

INDIVIDUAL EAP’s FOR EACH SPORT ARE LOCATED IN EACH TRAINING ROOM. It is the ATS’s responsibility to be familiar with the sport you are assigned and all associated emergency procedures with that sport, athletic training room, practice and game facilities.

Weight Room and Fitness Facilities

INTRODUCTION

Emergency situations in athletic activities have the potential to occur at any time, whether they are during organized or recreational training. Due to inherent risks associated with athletic activity, injuries are likely to occur. With proper preparation through an Emergency Action Plan, the strength and conditioning/recreational staff along with the support of the sports medicine staff can manage emergency medical situations effectively and appropriately. In order to provide adequate emergency medical care during such situations, flow of proper communication and emergency medical equipment must be addressed through the Emergency Action Plan.

Hence, the purpose of this Emergency Action Plan is to ensure the proper medical coverage of both intercollegiate athletic strength and conditioning and recreational fitness training at The Pennsylvania State University (PSU), University Park (UP) Campus. This can be accomplished through timely communication with the EMS and sports medicine personnel.

This plan will outline the proper chain of command for on-site weight room and fitness facility staff members and location of telephones and means of communication. This document will also list important telephone numbers and appropriate locations for emergency medical services (EMS) ambulance access.

EAP PERSONNEL & CHAIN OF COMMAND

- Team Physician
- Staff Certified Athletic Trainer (ATC)
- Intern ATC/Graduate Assistant ATC
- Staff Strength and Conditioning Coaches
- Fitness Facility employees

EMS will work in conjunction with the Team Physician, Certified Athletic Trainer(s) and/or Strength and Conditioning Coach(s) when on-site. When not present the Team Physician on-call should be contacted immediately (for varsity athletes) following activation of EMS or when advanced medical attention is required in a non-emergency situation.

ON-SITE EMERGENCY MEDICAL CARE

Emergency Medical Services (EMS) activation:

In the event of an emergency, EMS must be activated in a prompt manner and the injured person should be transported to the nearest appropriate emergency medical facility. Activation of EMS shall be the responsibility of any personnel on the strength and conditioning or fitness facility staffs by dialing 911. Personnel performing this task must be familiar with the address and location of the athletic/recreational facility. In such a circumstance the following information must be provided to EMS (contact should not be delayed to obtain missing information):

- 1) Name, title, site address and telephone number
- 2) Number of persons involved
- 3) Type and nature of injury sustained
 1. Cardiorespiratory arrest
 2. Airway obstruction
 3. Unconscious/unresponsive person
 4. Risk of shock
- 4) Condition of the person(s)
- 5) Type of first aid initiated
- 6) Level of EMS response required
 1. Non-emergency
 2. Basic Life Support
 3. Advanced Life Support
- 7) Specific directions to the scene/venue
 1. All personnel should be familiar with the ambulance access location for each facility
 2. Personnel with the highest level of medical training should remain with the person at all times until arrival of EMS. An individual with less training should be the individual sent to meet the EMS.
- 8) Please refer to the list of emergency contacts for initiating communication with an appropriate health care facility or provider, in addition to contacting EMS.

EMERGENCY PHONE NUMBERS

- Centre County Dispatch/EMS 911
- PSU Police/EMS 863-1111
- Mount Nittany Medical Center 231-7000, 231-7800
- MNMC Emergency Room 234-6110
- Center for Sports Medicine 865-3566
(answering/paging service 24hrs/7days)

STRENGTH AND CONDITIONING ROOMS AND STAFF PHONE NUMBERS:

- Ashenfelter Multi-Sport Facility S&C Room 865-8887
- Bryce Jordan Center S&C Room 863-3434
- EALR Strength and Conditioning Room 865-5438
- Lasch Building Strength and Conditioning Room 863-3121
- Medlar Field Strength and Conditioning Room 865-8617
- Recreation Hall Strength and Conditioning Room 863-3937
- Kirk Adams (O) 863-3937 (C) 880-7396
- Chip Harrison (O) 863-1181 (C) 777-1181
- Brad Pantall (O) 863-3434 (C) 441-9845
- Josh Davis (O) 865-5438 (C) 777-3434

RECREATIONAL FACILITIES AND PHONE NUMBERS:

- IM Building Fitness Center 863-3137
- McCoy Natatorium Fitness Loft 863-7541
- Recreation Hall Fitness Center 867-1222
- White Building Fitness Office 863-1858
- White Building – MBNA Fitness Center 865-3600

COMMUNICATION

A hard-line, preferred, or cellular telephone should be on-site at each specific athletic event. If using a cellular telephone one should be aware that instances of service interruption may occur. As such a hard-line telephone should be available in such an event when managing a medical emergency. In certain circumstances a two-way radio may be used to maintain contact between the Athletic Training Room and ATC. When using two-way radios, sports medicine personnel should be certain that communication devices are set to the corresponding channel. In certain instances, there may also be an Emergency Campus Telephone (Appendix B) located near the venue that may be used to contact EMS or PSU Police Department. All means of communication should be regularly inspected for working condition and availability.

PROCEDURES FOR PAGING AN INDIVIDUAL

The pager number 814-865-3566 may be dialed at any time to page a team physician on-call. Otherwise, one may dial respective pager numbers as printed in the emergency contact list. If calling from a campus telephone one must press the number “8” to access an outside line before dialing the respective pager number. If dialing from an outside line the local UP Campus area code one must dial area code “814” prior to entering the respective pager number, 1-888 numbers being exempt. At the prompt enter the area code and telephone number from which the call is being placed. One should then hang up and wait near the respective telephone for a return call from the respectively paged Team Physician.

TRANSPORTATION

When possible an ambulance is preferred on-site during high risk athletic events. The PSU UP Campus coordinates on-site ambulances for competitive events surrounding intercollegiate football. Ambulance service may be coordinated on-site for other special events such as major tournaments, Big Ten and NCAA regional or national championships. In a situation in which an ambulance is on-site, a designated location with rapid access for entering and exiting the venue will be determined. If transportation is deemed necessary, the injured person should be transported via ambulance. Proper attention must be given to ensure that athletics areas are properly supervised, per the EAP chain of command, should the health care provider leave the site in transportation.

* All transportation will be to Mount Nittany Medical Center Emergency Room.

** Some emergencies may be sent on to the Penn State Milton S. Hershey Medical Center

***Maps to both medical centers can be found in Appendix C

TRAGEDY MANAGEMENT

In the event that there is an injury that is severe or potentially fatal, please refer to the Tragedy Management Plan (Appendix D).

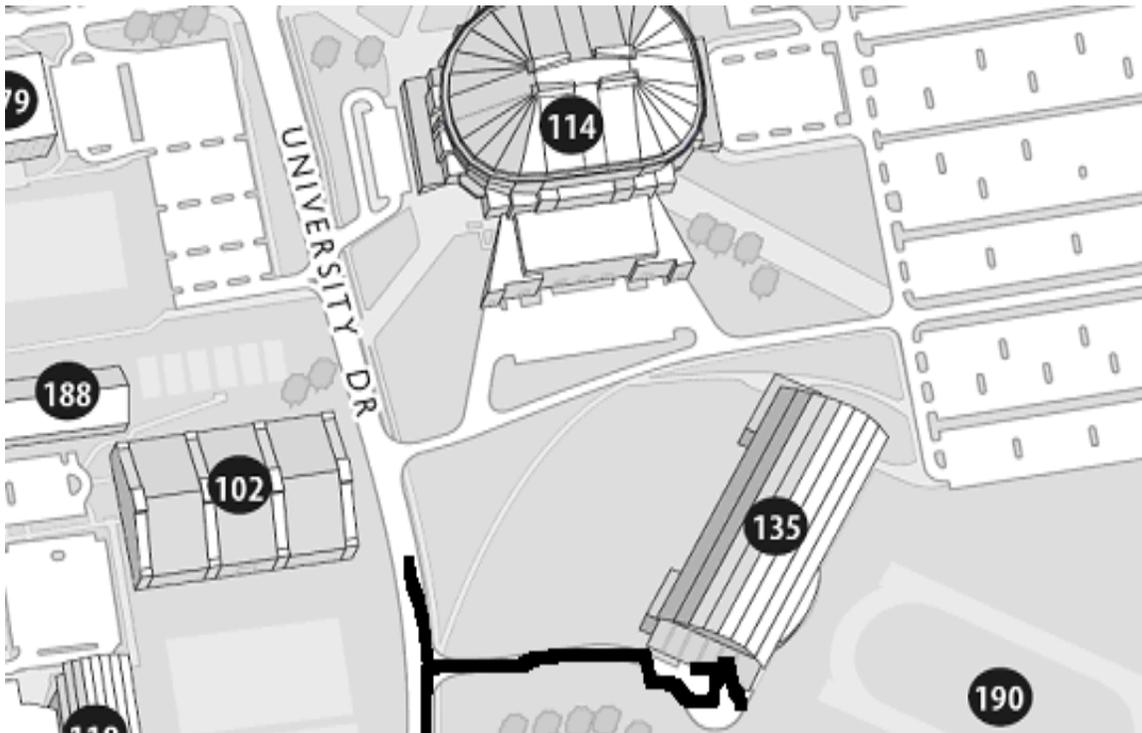
ASHENFELTER MULTI-SPORT BUILDING

PHONE NUMBERS

Strength and Conditioning Room (Staff Member)	865-8887
Front Desk	863-888
Athletic Training Room	863-8884

AMBULANCE ACCESS

Access is via the south entrance of the building located off the access road from University Drive. Entrance is through the garage door located on the southeast corner of the building.



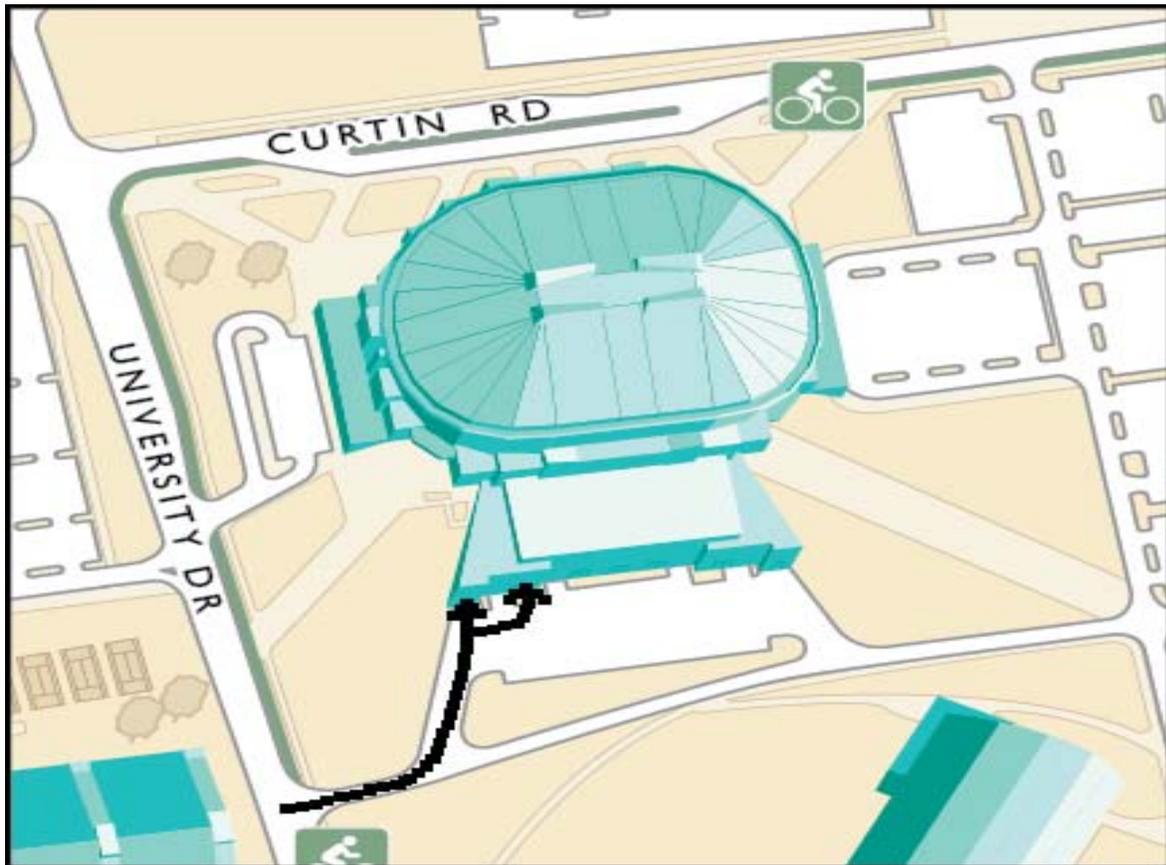
BRYCE JORDAN CENTER

PHONE NUMBERS

Strength and Conditioning Room (Rm. 16)	863-3434
Brad Pantall (cell)	441-9845
Athletic Training Room	863-3358

AMBULANCE ACCESS:

BJC is located off University Drive. Access building through southwest entrance of the rear parking lot. Access Building via elephant doors, left of loading dock or adjacent doors (Show/Media Entrance), right of loading dock.



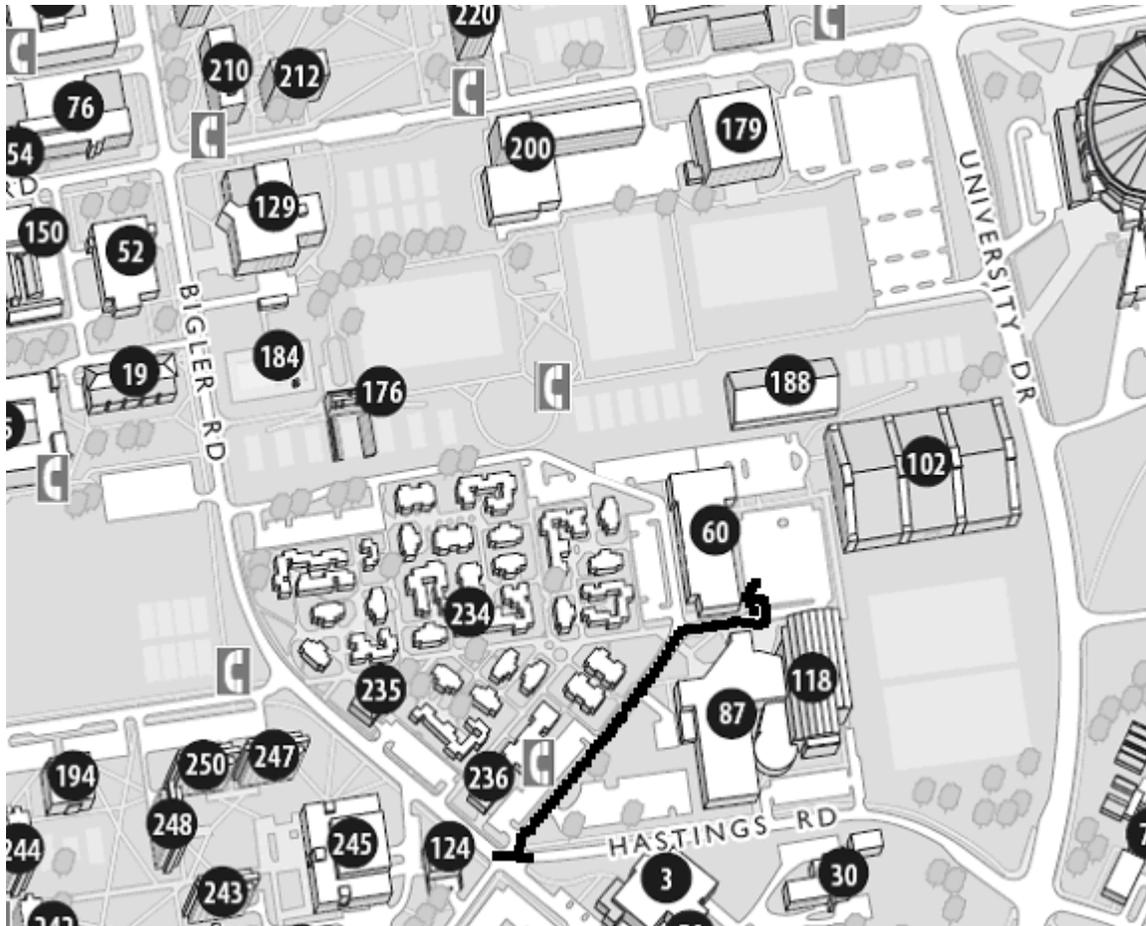
EAST AREA LOCKER ROOM

PHONE NUMBERS

Strength and Conditioning Room	865-5438
Josh Davis (cell)	360-6131
Athletic Training Room	863-3358

AMBULANCE ACCESS

Access from Hastings or Bigler Road, proceed north and turn at East Area Locker Room between there and the Ice Pavilion. Proceed to the rear of the building and enter at the first door on the left.



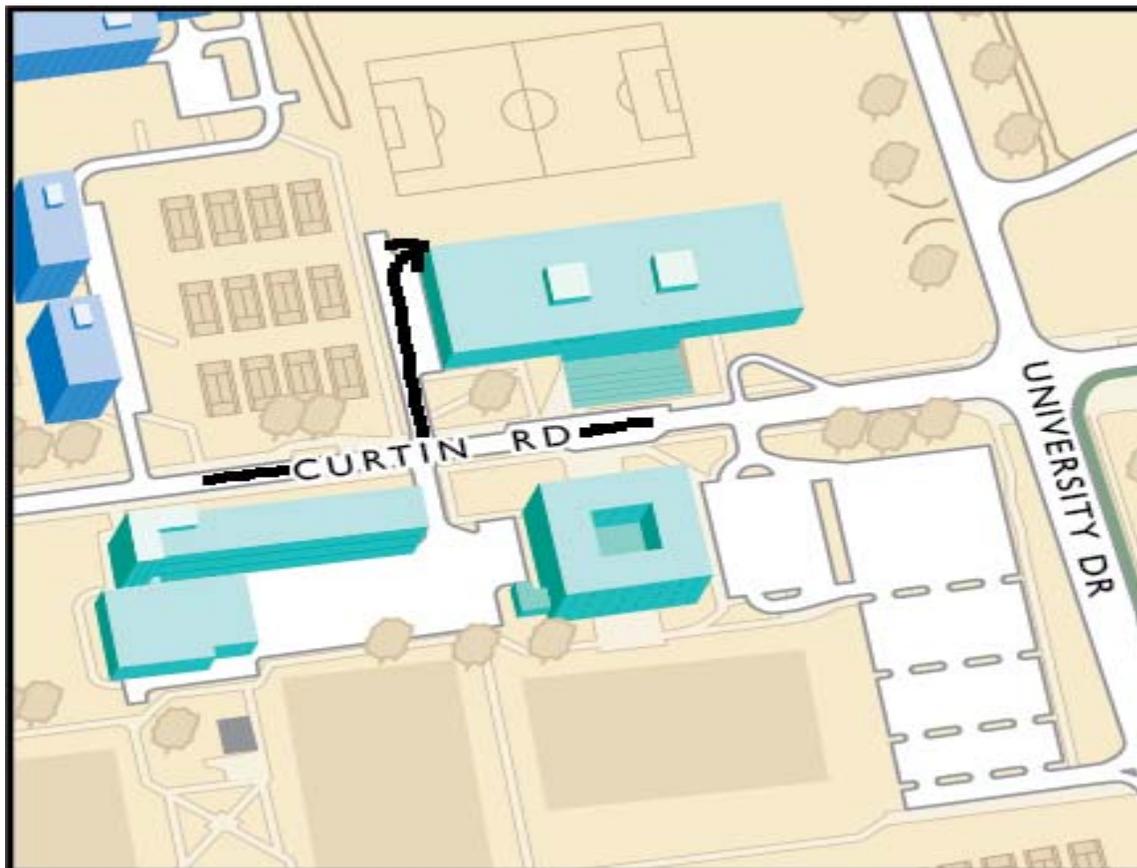
INTRAMURAL BUILDING

PHONE NUMBERS

Fitness Center	863-3137
Front Desk	863-3919

AMBULANCE ACCESS

Access from Curtin Road, turn into parking area on the South side of the building across from East Halls. Proceed to the end of the parking area and access the building through the handicap entrance located in the rear of the building.



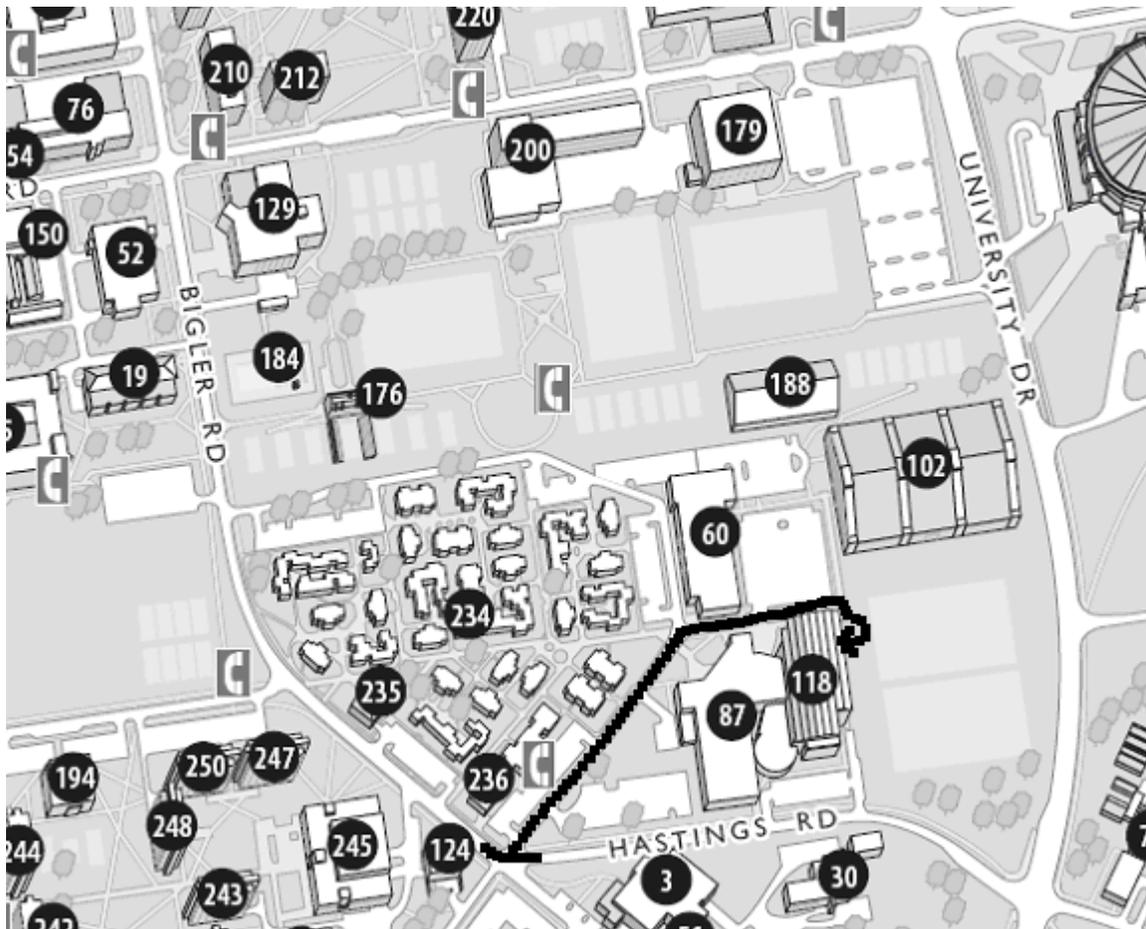
LASCH BUILDING

PHONE NUMBERS

Strength and Conditioning Room	863-3121
John Thomas	863-3121
Jeremy Scott	863-3121
Athletic Training Room	863-0773/865-4164

AMBULANCE ACCESS

Access from Hastings or Bigler Road, proceed north and turn between East Area Locker Room and the Ice Pavilion. Proceed east towards the football practice fields. Take sidewalk to the right when you reach the practice fields. Enter at the first door on the right.



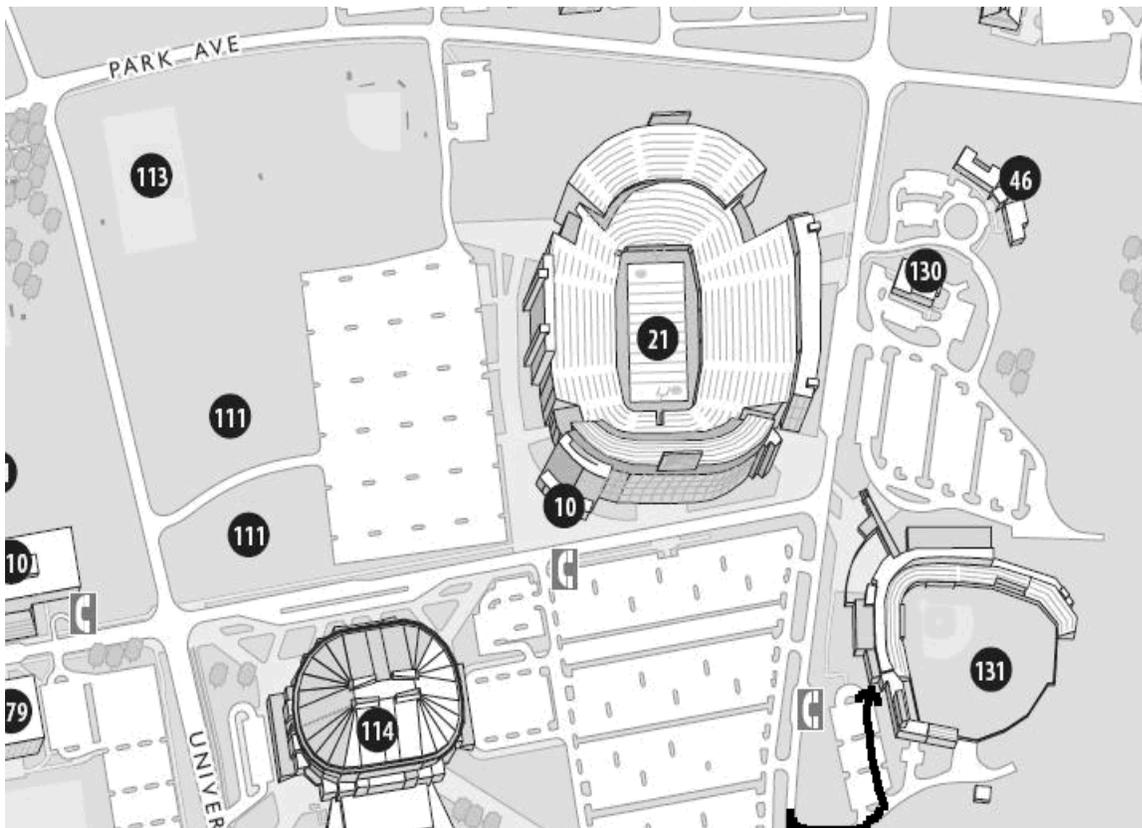
MEDLAR FIELD AT LUBRANO PARK

PHONE NUMBERS

Strength and Conditioning Room (Rm. 19)	865-8612
Josh Davis (cell)	360-6131
Athletic Training Room	863-2517

AMBULANCE ACCESS

Located on the ground floor of Lubrano Park. Enter at the lower access road from the south off Porter Road. Proceed north through Player/Staff parking lot to ground level access door. Coaching or training staff member will meet EMS at the doors.



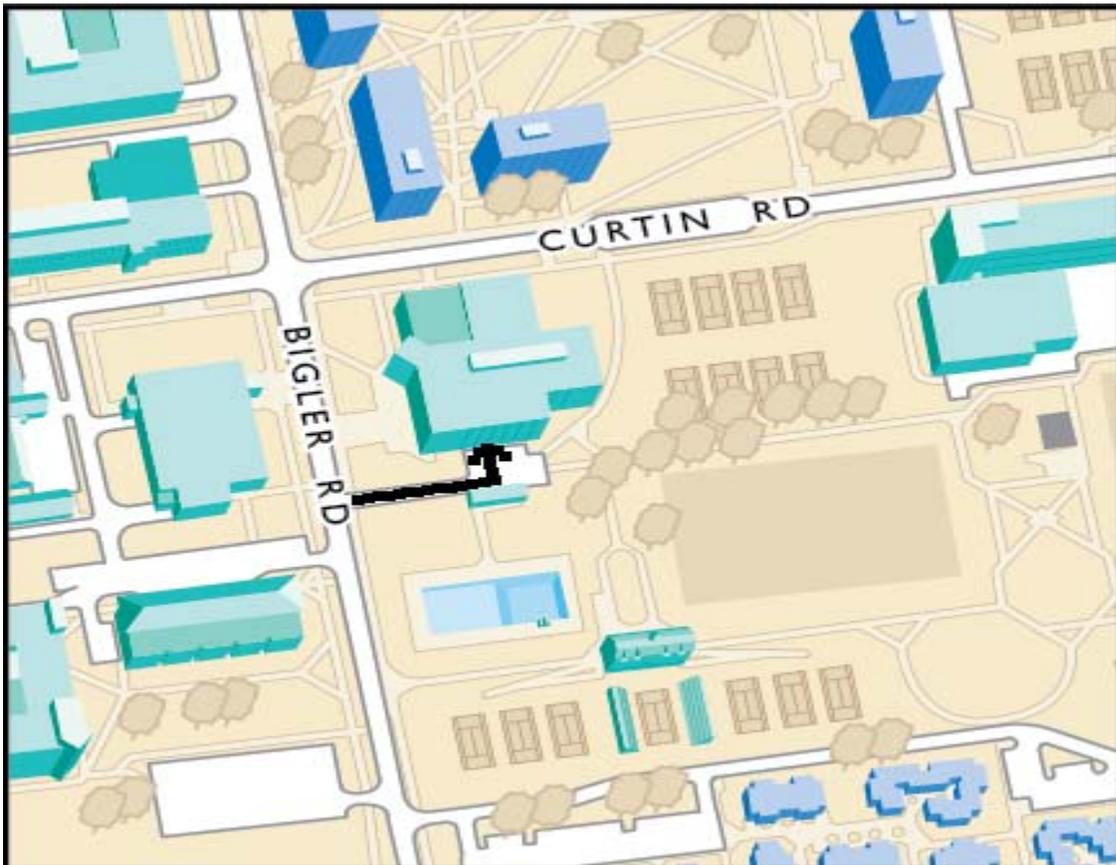
McCOY NATATORIUM

PHONE NUMBERS

Fitness Loft	863-7541
Front Desk	863-4000

AMBULANCE ACCESS

McCoy Natatorium – Access from Bigler road via service road located on the south side of the Natatorium.



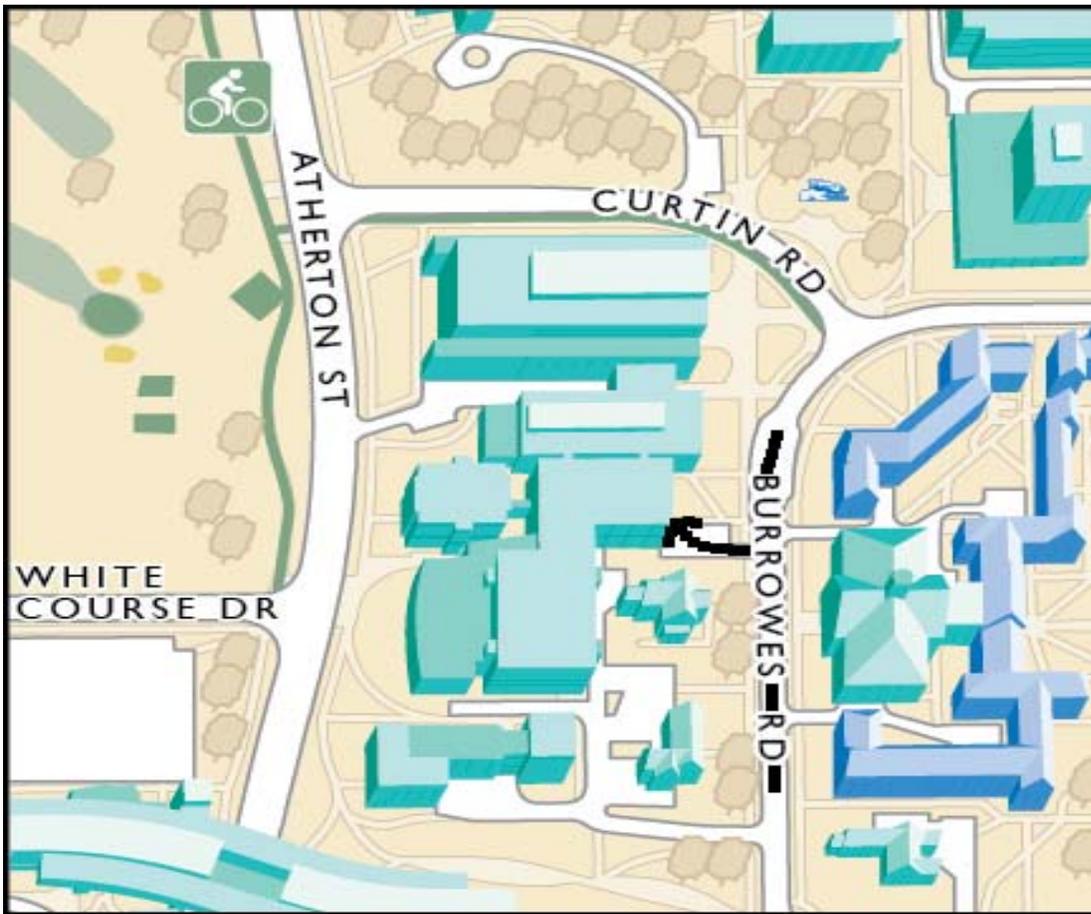
RECREATION HALL

PHONE NUMBERS

Strength and Conditioning Room	863-3937
Kirk Adams (cell)	880-7396
Recreation Hall Fitness Center	867-1222
Athletic Training Room	865-2052

AMBULANCE ACCESS

Access off of Burrows Street, enter the Biomechanics parking lot. Proceed between Recreation Hall and Fraternity House, enter at the Lorenzo Wrestling complex Doors.



WHITE BUILDING

PHONE NUMBERS

MBNA Fitness Center	865-3600
Fitness Office	863-1858
Jill Garrigan	865-4274
Athletic Training Room	865-6202

AMBULANCE ACCESS

Access from Shortlidge Road, enter the building at the north entrance off the sidewalk between the parking garage and the White Building loading dock. A member of the fitness staff will meet the EMS at the building entrance and guide them to the facility being utilized.



NONMEDICAL GOOD SAMARITAN CIVIL IMMUNITY

Section 8332 of Title 42, Act of November 25, 1970 known as the Pennsylvania Consolidated Statutes, as amended in 1978 reads:

General Rule. Any person who renders emergency care, first aid or rescue at the scene of an emergency, or moves the person receiving such care, first aid or rescue to a hospital or other place of medical care, shall not be liable to such person for any civil damages as a result of any acts or omissions in rendering the emergency care, first aid or rescue, or moving the person receiving the same to a hospital or other place of medical care, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the person receiving the emergency care, first aid or rescue or being moved to a hospital or other place of medical care.

EXCEPTIONS;

1. This section shall not relieve a driver of an ambulance or other emergency or rescue vehicle from liability arising from operation or use of such vehicle.
2. In order for any person to receive the benefit of the exemption from civil liability provided for in subsection (a), he shall be, at the time of rendering the emergency care, first aid or rescue to a hospital or other place of medical care, the holder of a current certificate evidencing the successful completion of a course in first aid, advance life saving or basic life support sponsored by the American National Red Cross or the American Heart Association or an equivalent course of instruction approved by the Department of Health in consultation with a technical committee of the Pennsylvania Emergency Health Services Council and must be performing techniques and employing procedures consistent with the nature and level of the training for which the certificate has been issued.

COMMENT;

Persons who perform procedures not specifically covered in the former mentioned training programs would **NOT** be covered by the Good Samaritan Law; and therefore, liable for prosecution.

Some specific skills **NOT** covered would include:

USE OF A BAG MASK RESUSCITATOR, ADMINISTERING OXYGEN, USE OF SUCTION, USE OF ORTHOPEDIC STRETCHERS, RESTRAINING PATIENTS, USE OF HARE TRACTION, PERFORMANCE OF CPR WITHOUT A CURRENT CERTIFICATION IN BASIC LIFE SUPPORT FROM THE AMERICAN HEART ASSOCIATION OR AMERICAN RED CROSS, INSERTION OF ANY EXTERNAL ADJUNCTIVE AIRWAY EQUIPMENT AND USE OF M.A.S.T. PANTS.

§ 8331.2. Good Samaritan civil immunity for use of automated external defibrillator

(A) GENERAL RULE.-- Except as otherwise provided in this section, any individual who is trained to

use an automated external defibrillator in accordance with subsection (c) and who in good faith uses an AED in an emergency shall not be liable for any civil damages as a result of any acts or omissions by such individual in using the AED, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the individual receiving the AED treatment.

(B) REQUIREMENTS.-- Any person who acquires and maintains an AED for use in accordance with this section shall not be liable for civil damages provided that the person:

- (1) Ensures that expected AED users receive training pursuant to subsection (c).
- (2) Maintains and tests the AED according to the manufacturer's operational guidelines.
- (3) Provides instruction requiring the user of the AED to utilize available means to immediately contact and activate the emergency medical services system.
- (4) Assures that any appropriate data or information is made available to emergency medical services personnel or other health care providers as requested.

(C) TRAINING.-- For purposes of this section, expected AED users shall complete training in the use of an AED provided by the American National Red Cross or the American Heart Association or through an equivalent course of instruction approved by the Department of Health in consultation with a technical committee of the Pennsylvania Emergency Health Services Council.

(D) OBSTRUCTION OF EMERGENCY MEDICAL SERVICES PERSONNEL.-- Nothing in this section shall relieve a person who uses an AED from civil damages when that person obstructs or interferes with care and treatment being provided by emergency medical services personnel or a health professional.

(E) EXCEPTION.-- Any individual who lacks the training set forth in subsection (c) but who has access to an AED and in good faith uses an AED in an emergency as an ordinary, reasonably prudent individual would do under the same or similar circumstances shall receive immunity from civil damages as set forth in subsection (a).

(F) DEFINITIONS.-- As used in this section, the following words and phrases shall have the meanings given to them in this subsection:

" AUTOMATED EXTERNAL DEFIBRILLATOR " or " AED ." A portable device that uses electric shock to restore a stable heart rhythm to an individual in cardiac arrest.

" EMERGENCY ." A situation where an individual is believed to be in cardiac arrest and in need of immediate medical attention to prevent death or serious injury.

" GOOD FAITH ." Includes a reasonable opinion that the immediacy of the situation is such that the use of an AED should not be postponed until emergency medical services personnel arrive or the person is hospitalized.

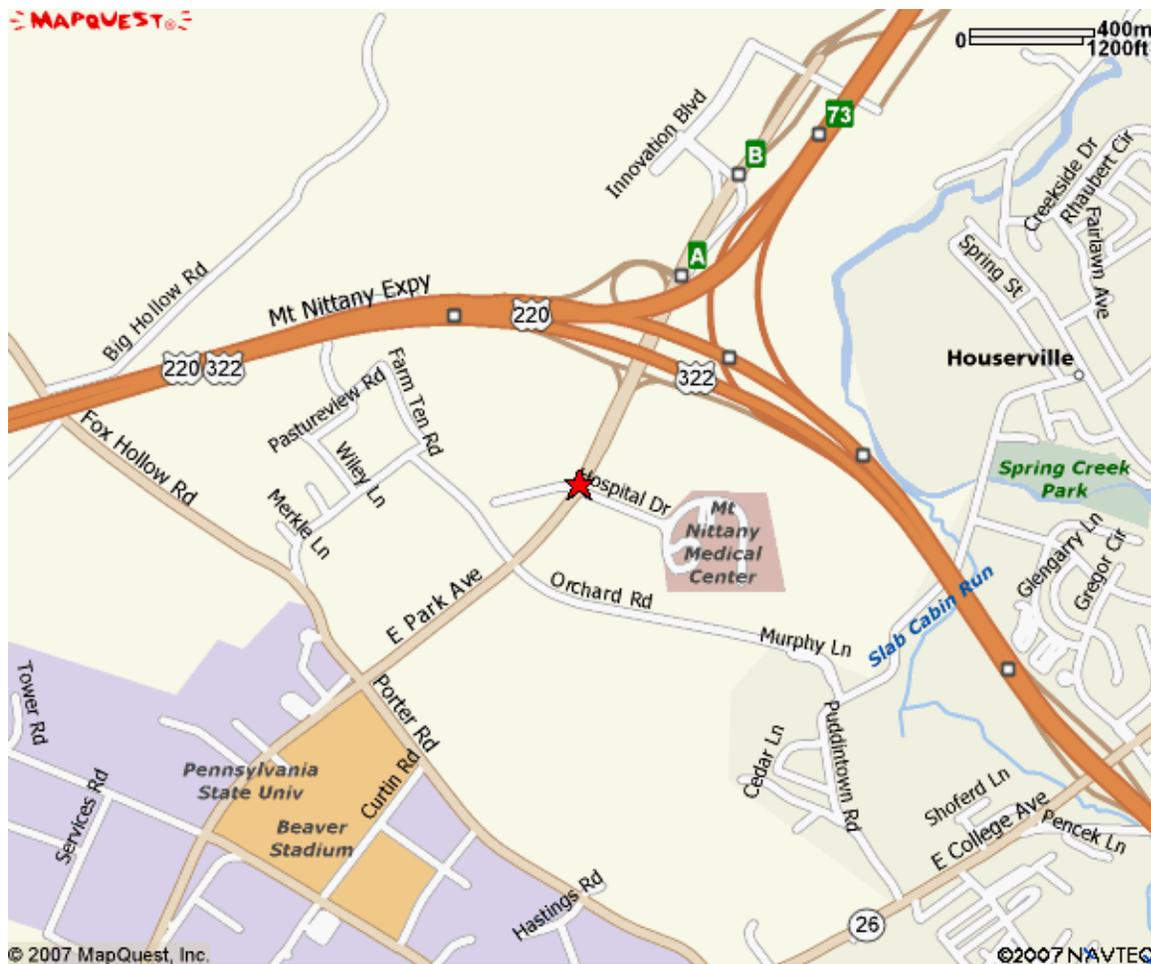
Directions and Maps

MOUNT NITTANY MEDICAL CENTER

**1800 East Park Avenue
State College, PA 16803
814-231-7000**

DIRECTIONS:

Located just east of the Pennsylvania State University campus, proceed on East Park Avenue to Hospital Drive. Turn right onto Hospital Drive and proceed to the Medical Center.



** In some emergency situations persons may be transported to the Penn State Milton S. Hershey Medical Center. In that event directions to the Med Center are included.

PENN STATE MILTON S. HERSHEY MEDICAL CENTER

**500 University Drive
Hershey, PA 17033
717-531-8521**

Directions from Mt. Nittany Medical Center to Penn State Hershey Medical Center:

Directions	Distance
Total Est. Time: 1 hour, 48 minutes Total Est. Distance: 99.15 miles	
 1: Start out going NORTHEAST on E PARK AVE.	0.1 miles
 2: Merge onto US-322 E toward LEWISTOWN.	83.8 miles
 3: Merge onto I-81 N / US-322 E toward I-83 / HERSHEY / HAZELTON.	2.7 miles
 4: Merge onto I-83 S / US-322 E via EXIT 70 toward HERSHEY / YORK / PENNA TURNPIKE.	3.5 miles
 5: Merge onto US-322 E via EXIT 47 toward HERSHEY / DERRY ST / PAXTON ST.	7.7 miles
 6: Merge onto US-422 E.	0.9 miles
 7: Turn LEFT onto UNIVERSITY DR.	<0.1 miles
 8: End at Penn State Hershey Medical Center: 500 University Dr, Hershey, PA 17033, US	

TRAGEDY MANAGEMENT PLAN
Pennsylvania State University
Policy: Serious Injury or Death of a Student-Athlete

With the serious injury or death of any young person comes extremely difficult and emotional times for family and friends. In cases involving the serious injury or death of a student-athlete, it presents similar effects on family, friends, coaches, teammates, administrative support staff, the university and local communities. With any tragic event, it is necessary to have a plan in place that can assist in providing structure for first respondents and can deal with the after-effects of such a tragedy. The following guidelines should be followed with the understanding that any serious injury or loss will present unique situations that will require sensitivity and compassion from everyone involved. **Please have these guidelines available at all times when supervising practices, training sessions or competitions.**

Family Notification

Family and Next of Kin –Notification of the student-athlete’s family in the case of a serious injury or the next of kin in the event of a death, as a result of an incident occurring on a Penn State Campus, is governed generally by university policy SY03.

When the serious injury or death of a student-athlete occurs on campus, the responsibility for notifying the family or next of kin will be determined at the time of the incident by the appropriate parties. This notification may be made by the hospital staff, police, Coroner or, in some cases, a representative of the Athletics Department or other University official.

When the serious injury or death of a student-athlete occurs away from campus, notification should be initiated by the Director of Athletics and/or Head Coach working directly with the authorities involved in responding to the incident.

Notification of University Officials

The University official who is first to arrive on the scene, should accept responsibility for notifying University Police Services if a tragedy occurs on a University campus so they can assist in setting in motion university service personnel and provide security at the scene. In addition, the same University official should communicate information immediately to The Director of Intercollegiate Athletics. The Director of Athletics and/or his designee should assume responsibility for notifying the appropriate individuals listed below:

- **University President** and the **Department of Public Information**.
- **Head Coach** – disseminates information to staff.
- **Vice President for Student Affairs or Associate Vice President for Student Engagement** – notified immediately of all emergencies involving students. Responsible for coordinating the efforts made by the University to assist the student, the student's family and other students affected by the situation.

- **Athletic Team Administrator** – notifies support staff and head coaches from other sports and coordinates university support services (CAPS, Sport Psychologist, Academic Counselor, etc.).
- **Director of Athletic Medicine** – provides support to family members and ensures that they are receiving and understanding medical information communicated by treating physicians.
- **Head Athletic Trainer** – communicates with athletic training staff and assists with medical or psychological issues resulting from the tragedy.
- **CAPS** – provides counseling support.
- **Sport Psychologist** – coordinates with the Director of CAPS and provides additional counseling.
- **Team Academic Counselor** – provides general support to the team.
- **Faculty Athletics Representative** – communicates directly with faculty and handles any academic related issues that arise as a result of the
- **Senior Vice President for Finance & Business/Treasurer** – consults with Director of Athletics.
- **Police Services** – provides security at the scene, investigates the death of any Penn State student and assists the county coroner.

Every effort should be made to have personal contact with every student-athlete and team support staff as quickly as possible. The negative impact and trauma that can result from a team member first hearing of a serious injury or the unexpected death of a teammate through the media is immeasurable. The coaching staff should call an immediate team meeting with the assistance from the Team Physician, Athletic Administrator and Director of Athletics (if possible). A counselor from CAPS and/or a Student Affairs representative should also be included in this meeting if possible.

IMPORTANT: Any Statement made to the media should be directed by the Director of Athletics and channeled through sports information in coordination with the University's Department of Public Information.

After the immediate need for action has passed, the Director of Athletics and/or his designee should notify The University's Office of Risk Management which will provide insight and assistance with University Insurance and the NCAA Catastrophic Program. Risk Management officials can then determine whether the University's Legal Counsel should be consulted to address any legal issues which may arise.

Crisis Support and Family Assistance

Students and staff should be offered counseling support immediately and over an extended period of time to aid with post-traumatic stress caused by the tragedy.

Agencies that have offered support in the past:

- **Affiliated Churches**
- **Counseling and Psychological Services (CAPS)**
- **Sport Psychologist**
- **Sports Medicine**

After all the appropriate students and staff have been notified and counseling has begun, a special administrative team will be assembled by the Director of Athletics to decide how to begin providing assistance to the family. This administrative team will generally include the Director of Athletics, Head Coach, Athletic Team Administrator, University General Counsel, Sports Information, University Public Information and others appointed by the Director of Athletics. When possible, this team should also include the Vice President for Student Affairs or designee.

The circumstances of the event will determine the type of family assistance that can be extended and will vary from case to case. However, every effort will be made to be sensitive and responsive to the needs of the family. Any use of University funds must be approved by the Director of Athletics in compliance with University, Conference and/or NCAA rules/policies.

Applicable NCAA Rule

NCAA BYLAW 16.6.1.3 – Life Threatening Injury or Illness. An institution may pay transportation, housing and meal expenses for parents (or legal guardians) and the spouse of a student-athlete and for the student-athlete's teammates to be present in situations in which a student-athlete suffers from a life-threatening injury or illness, or, in the event of a student-athlete's death, to provide these expenses in conjunction with funeral arrangements.

For additional information, please contact:

Tim Curley
Director of Athletics
814-865-1086
tmc3@psu.edu

Athletic Training Student Handbook Agreement

By signing my name below, I acknowledge that I have read and understand the entire contents of the 2008-2009 Penn State Athletic Training Education Program Handbook.

I understand that I must abide by the rules and guidelines set forth by The Penn State Athletic Training Education Program (ATEP) and The Penn State Department of Intercollegiate Athletics (ICA).

I understand that failure to abide by the rules and guidelines set forth by The Penn State ATEP and ICA may result in dismissal from the athletic training program at the discretion of the Program Director and Clinical Education Coordinator.

I hereby attest that I will abide by all federal regulations under the Health Information Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) of 1974 (aka The Buckley Amendment) in the release of protected health and personal information in and out of the clinical and didactic settings.

Athletic Training Student (Print Name)

Athletic Training Student (Signature)

(Date)

Approved Clinical Instructor (Signature)

(Date)

Clinical Education Coordinator (Signature)

(Date)

Program Director (Signature)

(Date)