

# *Student Handbook*

**LSSU**



**ATHLETIC  
TRAINING**

*Revised: April 2008*

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# ***I. INTRODUCTION***

This manual was written with the specific intent to enable each athletic training student to understand the expectations and the responsibilities that come with being a part of the LSSU Athletic Training Education Program. This manual provides the guidelines and criteria concerning the athletic training student and his/her responsibilities. This manual provides the necessary information to assist you in understanding the functional operation of the athletic training clinic and insure quality athletic training services. It should be understood that the faculty and staff supervise the policies and procedures listed in this manual. We expect you to thoroughly review the material contained in this manual and to ask questions if there are misunderstandings concerning any of the guidelines, policies and/or procedures.

## **Policies and Procedures Rationale**

In order to serve the athletic training education program in an efficient manner, uniformity in athletic training clinic operation is necessary. This means that each athletic training student must be thoroughly familiar with routine policies and procedures so that the athletic training education program can be operated in an appropriate and uniform manner. Your cooperation to these details will help us to better facilitate the responsibilities between all of us working in the athletic training room. If each athletic trainer were to operate the athletic training room in a different manner, discipline problems, confusion, and misunderstanding on the part of the athletes and coaches would most likely result.

Policies are implemented for many reasons. They reveal the goals of the organization and bring attention to the philosophy of the program. They also establish ground rules for action in a specific situation but allow flexibility in the solution. Acting according to the guidelines prevents inconsistency in the solution. They also provide a basis for decision making as it pertains to everyone, thus eliminating decisions made on a personal basis or bias.

Procedures that deal with such specifics as practice duties, uniforms, records and forms, and meetings are noted in each different area of the manual for convenience. Each procedure is designed to give an overview of the subject that follows. This should aid in giving a general idea in the purpose of each area. While specific duties and responsibilities will vary with each athletic training student according to his/her experience and capabilities, certain general responsibilities of all athletic trainers are outlined. You will be held responsible for knowing your duties and for performing them to the best of your ability.

## **Athletic Training Student Qualities - General Information**

### Personal Characteristics

1. **DEPENDABILITY.** When given an assignment, you can be depended upon to fulfill that assignment without being continually reminded.
2. **COMMUNICATION.** You must be able to effectively communicate with medical personnel, patients, coaches, officials, and program administrators in both verbal and written mediums.
3. **DEDICATION.** You must be dedicated to your development as an athletic trainer. Sometimes as an athletic trainer you spend many extra hours working and get little credit for doing so. Don't let this affect your work, take pride in what you do.
4. **SKILL.** Athletic training involves skill and you should continually be trying to improve your taping, injury evaluation, rehabilitation, and communication skills.
5. **PROFESSIONALISM.** This quality encompasses all those listed previously. A professional dresses appropriately in the training room, at practices, and at games. A professional is available and on time. A professional is constantly striving to improve all of his/her skills. A professional respects the confidentiality of all student-athletes, coaches, athletic trainers, and peers.

While you are supervised by faculty/staff certified athletic trainers and clinical instructors, you are also working with coaches, equipment room personnel, and athletic department administrators. Respect, courtesy, and cooperation should be foremost in your relationship with all department personnel. You are not a coach nor are you an athlete. Do not concern yourself with "coaching" and "second guessing." This is the quickest way to lose respect of the coaches and athletes alike.

Should a coach or administrator ask something of you which is inconsistent with what you have been taught or told by the athletic training staff, cooperate with the individual, and discuss the incident with your clinical instructor at a later time.

Treat all athletes with integrity, respect, and courtesy. Combine friendliness with professionalism in your interactions. You should make a sincere attempt to gain the respect and confidence of all athletes. Respect can be gained most readily by exhibiting proficiency in athletic training skills and a basic knowledge of athletic injury. Expression of a sincere interest in the athlete's welfare will also help you to gain the athlete's respect and cooperation. In time, you will gradually learn the attitudes, temperaments, and peculiarities of the individual athletes. Use this insight to enhance your relationship with them.

**NATA CODE OF ETHICS**  
September 28, 2005

**Preamble**

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

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

**PRINCIPLE 1:**

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

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

**PRINCIPLE 2:**

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

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

**PRINCIPLE 3:**

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

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

**PRINCIPLE 4:**

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

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

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**Reporting of Ethics Violations**

Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA's Executive Director or Chair of the Ethics Committee. Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee.

An individual may report information on the condition that the individual's name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

*Ethics Investigations*

*National Athletic Trainers' Association*

*2952 Stemmons Freeway #200*

*Dallas, TX 75247-6196*

## **Regulation of Athletic Training in Michigan**

### Primary Document:

Michigan Law: Public Act 368 of 1978 (as known as the Public Health Code)

### Document Location:

Public and Local Acts of the Legislature of the State of Michigan. Regular session of 1978. As compiled by the Legislative Services Bureau and published by the Department of Management and Budget. Pages 865-1165.

### May also be located through:

Michigan Department of Licensing and Regulation. Occupational Sections of the Michigan Public Health Code. (articles 1 and 15 of Act 368 of 1978) For Non-prescribing Professions: Does not include Article 7 on Controlled Substances.

Mailing Address:  
PO Box 30018  
Lansing, MI 48909

Bldg. Address:  
611 W. Ottawa Street  
Ottawa Bldg. N  
Lansing, MI

## ***II. ACADEMIC PROGRAM:***

### **ATEP Mission Statement**

The Lake Superior State University Athletic Training Education Program (LSSU ATEP) recognizes its mission of offering a challenging undergraduate academic program to students preparing for a career as Certified Athletic Trainers. The LSSU ATEP accomplishes this mission by offering an academic program consistent with the National Athletic Trainers' Association "Athletic Training Education Competencies" with a commitment to an integrated relationship between the athletic training students' didactic and clinical experiences. This relationship fosters the development of athletic training students as contributing, caring, and viable professionals to the field of athletic training.

### **Athletic Training Educational Programs Objectives**

The objectives of the Athletic Training Education Program at Lake Superior State University are as follows:

- 1) Provide formal instruction and experiences in the educational competencies and proficiencies that are identified by the National Athletic Trainers' Association for effective functioning as a Certified Athletic Trainer
- 2) Assist each athletic training student in graduating from the university
- 3) Assist each student athletic trainer in becoming eligible to sit for the BOC examination.
- 4) Help foster each student's individuality and develop pride in themselves, the university, and the athletic training education program by:
  - a. displaying a positive attitude toward their work, their peers, the staff, the coaches, and athletes.
  - b. maintaining a professional attitude at all times

## **LSSU - Bachelor of Science in Athletic Training**

### **ACCREDITATION:**

The Athletic Training Education Program (ATEP) is a Bachelor of Science degree within the Department of Recreation Studies and Exercise Science at Lake Superior State University. The ATEP at Lake Superior State University was granted accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in October of 2003. On July 1, 2006 the Commission on Accreditation of Athletic Training Education (CAATE) replaced CAAHEP as the accrediting agency for athletic training education. The primary clinical affiliation for the ATEP is with Lake Superior State University's Intercollegiate Athletic Department. Other clinical affiliations include: the LSSU Health Care Center, War Memorial Hospital Physical Therapy Department, Riverside Medical Associates, International Orthopedic and Sports Medicine, Greater Peninsula Orthopedics, and the Soo Greyhounds.

### **PRE-PROGRAM PHASE:**

This component of the ATEP is designed to give the student interested in athletic training a taste of athletic training. Many students are interested in the field, but lack a true appreciation of what a Certified Athletic Trainer must do on a daily basis. Students will take the athletic training curriculum core classes that are prerequisites for admittance into the Athletic Training Education Program. This initiation time consists of two years. In addition, the student interested in athletic training must accrue a minimum of 150 observation hours of clinical and sports exposure. This experience will be gained via the university's intercollegiate athletic department. At the end of the two-year Pre-Program Phase (which should be the spring term of the student's sophomore year), students will make formal application to the ATEP. An admissions committee will review the formal application and a decision will be made as to acceptance or non-acceptance. The number of CAATE accredited programs within the state and across the country is limited and so admissions will be competitive.

### **ADMISSIONS STANDARDS:**

Admission to the ATEP at Lake Superior State University is very competitive. Therefore only the most prepared students will be accepted. In order to be considered for admission, the criteria listed below will be evaluated.

### **PRE-PROGRAM REQUIREMENTS:**

1. Enrolled as a full-time student at Lake Superior State University
2. Sophomore standing- Transfer students must have completed the first two terms of their Sophomore year at LSSU.
3. 2.5 cumulative G.P.A.
4. A formal application packet is to be submitted to the program director during the spring of their sophomore year. Application is to include:
  - A. Completed LSSU ATEP Application for Admission.
  - B. Copy of current First Aid & CPR card from the American Red Cross or American Heart Association
  - C. Proof of Hepatitis B vaccination or waiver of declination
  - D. Proof of vaccinations to include: MMR, Tetanus, and Chicken Pox vaccination.
  - E. Proof of an negative TB test annually
  - F. Proof of attendance of Blood Borne Pathogen seminar
  - G. Proof of liability insurance (which can be obtained through the university)
  - H. Proof of personal medical health care insurance
  - I. Signed statement of confidentiality
  - J. Signed acknowledgement of technical standards
  - K. Completion of Level one and two in Knight's, "Assessing Clinical Proficiencies in Athletic Training."(2001).

- L. Completion of forms stating the student has (or will have by the end of their sophomore year) completed a minimum of 150 clinical observation hours within the LSSU Athletic Training setting.
  - M. Completion of two comprehensive essays. 1) The subject of the first, will vary from year to year and will focus on timely activities that affect the field of athletic training. 2) The subject of the second on why you have selected athletic training as a career path.
  - N. Letter of application and resume.
5. Upon submitting the application packet, the student will then complete a formal interview process with the Athletic Training Admissions Committee.

**CRITERIA FOR ACCEPTANCE:**

The Athletic Training Admissions Committee will review all applications and will select candidates who have proven to be the most qualified for admittance to the Athletic Training Education Program at Lake Superior State University. The pre-program requirements identified above are recognized as the minimal standards required for admittance to the ATEP. The student to Clinical Instructor ratio needs to be considered when admitting students to the ATEP as well. We will strive to have a ratio of 8 students to every one Clinical Instructor.

After the interview, each candidate will receive notification from the program director regarding admission status. Students that are officially accepted will be required to schedule an appointment with their academic advisor and register for the required courses. Matriculation for students accepted will begin the fall semester of the following academic year and will continue for a minimum of four semesters. Candidates not accepted to the LSSU ATEP can appeal the decision by submission of a formal response to the program director within thirty days of notification of non-acceptance.

**PROGRAM REQUIREMENTS:**

The ATEP consists of didactic and clinical courses taken in a prescribed sequence during the final two years of the students' academic career. During the first year in the ATEP, students will be placed in clinical sites and will be given the opportunity to explore different settings in the athletic training and health care profession. Students will be rotated every five weeks and will gain exposure with upper body injuries, lower body injuries, equipment intensive sports and general medical conditions. These clinical experiences will take place within the Department of Intercollegiate Athletics at LSSU, the university's health care center, a local hospital's physical therapy clinic, and in local physicians' offices. Students will be assigned to a Clinical Instructor for each rotation.

Upon successful completion of the first year in the ATEP, students will be assigned to a Clinical Instructor for their second year. The Clinical Instructor will mentor the athletic training student and foster their development as a young professional. Graduation from the ATEP is consistent with university standards with the following exceptions:

- 1. A 2.5 G.P.A.
- 2. Completion of the following coursework with a minimum grade of "C".
 

EXER 262	Exercise Physiology I	3 credits
EXER 268	Fitness Evaluation I	2 credits
EXER 275	Nutrition for Sport and Exercise	2 credits
EXER 301	Athletic Training Clinical Experience I	2 credits
EXER 302	Athletic Training Clinical Experience II	2 credits
EXER 346	Therapeutic Exercise in Athletic Training	3 credits
EXER 349	Orthopedic Assessment	3 credits
EXER 358	Research Methods	3 credits
EXER 401	Athletic Training Clinical Experience III	2 credits
EXER 402	Athletic Training Clinical Experience IV	2 credits
EXER 428	Psy. Aspects of Exercise and Rehabilitation	3 credits

EXER 452	Athletic Training Administration	3 credits
EXER 492	Exercise Science Internship	6 credits
HLTH 209	Pharmacology	3 credits
HLTH 232	Pathophysiology	3 credits
MATH 207	Statistics	3 credits
NURS 212	Health Appraisal	4 credits

Students can repeat a course only once in order to obtain the minimum of a “C” grade. If the student fails to satisfactorily pass the course again, they will be dropped from the program. Students who wish to continue in the program must notify the program director in writing. Students whose cumulative grade point average falls below 2.5 will also be placed on probation and removed from the program until their GPA returns above 2.5. The return to the program is contingent upon availability of space in the ATEP. Students who return to the program must comply with all requirements in effect at that time. Students can appeal decisions by submission of a formal response to the program director within thirty days of the notification of the formal action.

## **Athletic Training Student Retention Policy**

Once admitted into the athletic training education program, athletic training students (A.T.S.) must maintain specific standards in order to stay in good standing. The standards are as follows:

- 1) A.T.S. must maintain at least a 2.5 cumulative G.P.A.
- 2) A.T.S. must maintain at least a 3.0 G.P.A. in ATEP (major) courses with no grade lower than a "C".
- 3) Junior level A.T.S. must be evaluated a minimum of one time during each of the assigned clinical experiences by an Approved Clinical Instructor.
- 4) Senior level A.T.S. must be evaluated a minimum of one time per semester during the assigned field experiences by an Approved Clinical Instructor.
- 5) A.T.S. must be in attendance and maintain the appropriate dress code and code of conduct for all clinical and field experiences as assigned by the Clinical Instructor(s).
- 6) A.T.S. must maintain confidentiality of all medical records and information.
- 7) A.T.S. must not be found guilty of any form of academic dishonesty. Violation of this criterion will place the A.T.S. under immediate review by the Athletic Training Education Program faculty.
- 8) A.T.S. must not be found guilty of any civil or criminal misdemeanors. Violation of this criterion will place the A.T.S. under immediate review by the Athletic Training Education Program faculty.

### **Retention Policy Sanctions**

- 1st Offense: Written explanation to ATEP faculty describing reason the ATS failed to adhere to the retention policy and then personal interview with program director. Clinical experience hours may be docked.
- 2nd Offense: Personal interview with ATEP faculty and A.T.S. must provide written justification of continuance in the athletic training education program. A.T.S. will be placed on probationary status with the Athletic Training Education Program.
- 3rd Offense: Personal interview with ES/RS Department Chair and Athletic Training Education Program Director. Suspension from ATEP will result.

The sequence of offenses is cumulative with respect to the individual retention criteria over the student's four semesters as an A.T.S.

## **Athletic Training Student Health Requirements**

All students enrolled in the Athletic Training Clinical Experience courses (ES 301/302/401/402) must have a complete Athletic Training Student Compliance Certificate on file with the ATEP Program Director. A copy of this certificate may be found in the Appendix. In order to complete the student health portion of the certificate you must have the following:

1. Completed physical examination on the LSSU ATEP Physical Form.
2. Proof of Hepatitis B vaccination or waiver of declination
3. Proof of vaccinations to include: MMR, Tetanus, and Chicken Pox vaccination.
4. Proof of TB vaccinations and documentation of negative tests (yearly)
4. Proof of attendance of Blood Borne Pathogen seminar (yearly)
5. Proof of liability insurance (which can be obtained through the university yearly)
6. Proof of personal medical health care insurance

# **Lake Superior State University**

## **Athletic Training Education Program**

### **Technical Standards**

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

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

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

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgements and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;
4. the ability to record the physical examination results and a treatment plan clearly and accurately;
5. the capacity to maintain composure and continue to function well during periods of high stress;
6. the perseverance, diligence and commitment to complete the ATEP as outlined and sequenced;
7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
8. affective skills and appropriate demeanor and rapport that are related to professional education and quality patient care.

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

The Resource Center for Students with Disabilities (RCSD) located in the Kenneth J. Shouldice Library room 147 will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

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

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

### Alternative statement for students requesting accommodations

*I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Resource Center for Students with Disabilities (RCSD) to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.*

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

**Sequence of Courses for Athletic Training Students**

Freshman Year Pre-Professional Phase LSSU Athletic Training Education Program					
Fall			Spring		
BIOL 121	Human Anatomy and Physiology I	4	BIOL 122	Human Anatomy and Physiology II	4
ENGL 110	First-Year Composition I	3	ENGL 111	First Year Composition II	3
EXER 141	Introduction to Movement	3	EXER 230	Athletic Injury/Illness Prevention	3
<i>PSYC 101</i>	Social Science Elective <i>Introduction to Psychology</i>	4	HUMN 251	Humanities I	4
			<i>SOCY 101</i>	Social Science Elective <i>Introduction to Sociology</i>	3
		14			17

Sophomore Year Pre-Professional Phase LSSU Athletic Training Education Program					
Fall			Spring		
CHEM 104	Life Chemistry	3	CHEM 105	Life Chemistry II	4
EXER 232	Athletic Injury/Illness Recognition	3	EXER 234	Preventative Taping Techniques	1
EXER 262	Exercise Physiology I	3	EXER 268	Fitness Evaluation I	2
HLTH 189	Medical First Responder	3	EXER 275	Nutrition for Sport and Exercise	2
COMM 101	Fundamentals of Speech	3	EXER 340	Therapeutic Modalities in Athletic Training	3
			EXER 344	Kinesiology	3
		15			15

Junior Year Professional Phase LSSU Athletic Training Education Program					
Fall			Spring		
EXER 301	Athletic Training Clinical Experience I	2	EXER 302	Athletic Training Clinical Experience II	2
EXER 346	Therapeutic Exercise in Athletic Training	3	EXER 349	Orthopedic Assessment	3
HLTH 232	Pathophysiology	3	EXER 358	Research Methods	3
NURS 212	Health Appraisal	4	MATH 207	Statistics	3
<i>HLTH 328</i>	Social Science Elective (Diversity) <i>Multicultural Approach to Healthcare</i>	3	HLTH 209	Pharmacology	3
		15			14

Summer Semester (Between Junior and Senior Year)		
EXER 492	Exercise Science Internship	6

Senior Year Professional Phase LSSU Athletic Training Education Program					
Fall			Spring		
EXER 401	Athletic Training Clinical Experience III	2	EXER 402	Athletic Training Clinical Experience IV	2
EXER 452	Allied Health Administration	3	EXER 362	Exercise Physiology II	3
EXER 428	Psychological Aspects of Exercise and Rehab	3	<i>EXER 248</i>	Support Elective <i>Psychology of Sport Performance/Coaching</i>	3
<i>EXER 265</i>	Support Elective <i>Essentials of Strength and Conditioning</i>	3		<i>Humanities Elective</i>	4
	<i>Math, Social Science or Natural Sciences Elective</i>	4		<i>Math, Social Science or Natural Sciences Elective</i>	4
		15			16

## **Athletic Training Student Clinical Education and Field Experiences**

### **Sophomores**

Sophomores (A.T.S candidates) must accumulate 75 clinical observation hours per semester in order to accrue the 150 clinical observation hours needed to apply to the Athletic Training Education Program. During the clinical observation hours the students will demonstrate their mastery of the skills from the selected Level One Modules in Knight's "Assessing Clinical Proficiencies in Athletic Training: A Modular Approach" to their assigned Clinical Instructor. The sophomore students will be scheduled for 7-8 hours of clinical observation per week and assigned to the clinical instructors that are teaching ES 232 - Athletic Injury/illness Recognition and ES 234 - Preventative Taping and Bracing.

### **Juniors**

Upon successful admission to the Athletic Training Education Program application, junior athletic training students will enroll in ES 301 - Athletic Training Clinical Experiences I for the fall semester. After completing ES 301 in the fall, the junior athletic training students will enroll in ES 302 - Athletic Training Clinical Experiences II for the spring semester. As required by the ES 301 and ES 302 clinical experiences, each Clinical Instructor will supervise a maximum of eight student athletic trainers that will have field experiences with three clinical rotations each semester. During the clinical education the athletic training students are required to demonstrate mastery of the skills in Level Two and Level Three of Knight's "Assessing Clinical Proficiencies in Athletic Training: A Modular Approach" to the Approved Clinical Instructors. At the end of each field experience, the athletic training student is evaluated by the clinical instructor and the ATS evaluates their field clinical experience (evaluation forms can be found in the appendix). At the end of each semester an oral practical examination will be given by the Approved Clinical Instructors to assess the progress of the junior athletic training students. The exams will consist of the material from the levels previously covered in their module books.

### **Seniors**

Senior athletic training students will enroll in ES 401 - Athletic Training Clinical Experiences III during the fall semester once they have successfully completed ES 302. In the spring semester senior athletic training students will enroll in ES 402 - Athletic Training Clinical Experiences IV. As required by the ES 401 and ES 402 clinical experiences, each Clinical Instructor will supervise a maximum of eight athletic training students that will have field experiences with one clinical site/athletic team and one administrative experience during each semester. During both clinical education courses, the athletic training students are required to demonstrate mastery of the skills in Level Three and Level Four of Knight's "Assessing Clinical Proficiencies in Athletic Training: A Modular Approach" to the Approved Clinical Instructor. Senior athletic training students must complete the book by the end of ES 402 - Athletic Training Clinical Experiences IV. At the end of each field experience, the athletic training student is evaluated by the Clinical Instructor and the ATS evaluates their field experience (evaluation forms can be found in the appendix). At the end of each semester an oral practical examination will be given by the Approved Clinical Instructors to assess the progress of the senior athletic training students. The exams will consist of the material from the levels previously covered in their module books.

*Bachelor of Science in Athletic Training*  
**DEPARTMENT OF RECREATION STUDIES AND EXERCISE SCIENCE**  
**Degree Audit Worksheet – Fall 2006**

Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Advisor: \_\_\_\_\_

Intended month of Graduation: \_\_\_\_\_ Dept. Chair Approval: \_\_\_\_\_

Semester Entered: \_\_\_\_\_

*The following coursework must be completed in order to fulfill the graduation requirements for a Bachelor of Science degree in Athletic Training.*

<b>Degree Requirements</b>			
<u>Departmental Requirements (52 cr)</u>	Cr.	Grd.	Yr.
EXER 141 Intro to Movement	3	___	___
EXER 230 Athletic Injury Prevention	3	___	___
EXER 232 Athletic Injury Recognition	3	___	___
EXER 234 Prevent. Taping Tech.	1	___	___
EXER 262 Exercise Physiology I	3	___	___
EXER 268 Fitness Evaluation I	2	___	___
EXER 275 Nutrition for Sport	2	___	___
EXER 301 A.T. Clinical Experience I	2	___	___
EXER 302 A.T. Clinical Experience II	2	___	___
EXER 340 Therapeutic Modalities	3	___	___
EXER 344 Kinesiology	3	___	___
EXER 346 Therapeutic Exercise	3	___	___
EXER 349 Orthopedic Assessment	3	___	___
EXER 358 Research Methods	3	___	___
EXER 401 A.T. Clinical Exp. III	2	___	___
EXER 402 A.T. Clinical Exp. IV	2	___	___
EXER 428 Psy. Asp. of Ex. & Rehab	3	___	___
EXER 452 A.T. Administration	3	___	___
EXER 492 Internship	6	___	___

<u>Cognate Requirements (31 credits)</u>			
HLTH 189 Medical 1 <sup>st</sup> Responder	3	___	___
BIOL 121 Anat. & Phys. I	4	___	___
*BIOL 122 Anat. & Phys II	4	___	___
*MATH 207 Statistics	3	___	___
*CHEM104 Life Chemistry I	3	___	___
CHEM 105 Life Chemistry II	4	___	___
HLTH 209 Pharmacology	3	___	___
HLTH 232 Pathophysiology	3	___	___
NURS 212 Health Appraisal	4	___	___

<u>Support Electives (9 credits)</u>			
EXER 140 Health & Fitness	3	___	___
EXER 248 Psy. Sprt. Prfrm/Coach	3	___	___
EXER 265 Ess Strength Trng/Cond	3	___	___
EXER 348 Fitness Evaluation II	3	___	___
EXER 362 Exercise Physiology II	3	___	___
EXER 442 Electrocardiology	2	___	___
EXER 444 Exercise Prescription	2	___	___
EXER 450 Phil. Human Performance	3	___	___
*PHYS 221 Elements of Physics I	4	___	___
HLTH 328 Multicult. Healthcare	3	___	___

<b>General Education Requirements</b>			
<u>Communication Skills</u>	Cr.	Grd.	Yr.
ENGL 110 First year Comp. I	3	___	___
ENGL 111 First year Comp. II	3	___	___
COMM 101 Fund. of Speech	3	___	___

Mathematics/Statistics (3-5 credits)  
 MATH 110 or higher or PHIL 205  
 \_\_\_\_\_

Humanities (7-8 credits)  
 HUMN 251 Humanities I 4 \_\_\_\_\_  
 One class from ARTS 250, ARTS 251, HUMN 240, HUMN 255, MUSC 220, MUSC 221, NATV 240, PHIL 301 or 8 credits from second year of foreign language  
 \_\_\_\_\_

Natural Science (8 credits)  
 Complete two courses from: BIOL105, BIOL109, BIOL 122, BIOL 204, CHEM 105, CHEM 108 & CHEM 109, CHEM 115, CHEM 116, GEOL 115, GEOL 121, GEOL 122, GEOG 106, GEOG 108, NSCI 101, NSCI 102, NSCI 103 & NSCI 104, NSCI 110, NSCI 116, NSCI 119, PHYS 221, PHYS 231  
 \_\_\_\_\_

Social Science  
 Complete two courses (6-8 credits) from different disciplines.  
 ECON 201, ECON 202, ECON 208, ECON 209, ECON 302, GEOG 201, GEOG 302, HIST 101, HIST 102, HIST 131, HIST 132, POLI 110, POLI 160, POLI 241, PSYC 101, SOCY 101, SOCY 102, SOCY 113  
 \_\_\_\_\_

One class (3-4 credits) from: BUSN 308, GEOG 306, HLTH 328, POLI 333, SOCY 103, SOCY 213, SOCY 225, SOCY 226, SOCY 321, EDUC 250, NATV 225  
 \_\_\_\_\_

General Electives  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Credit Hours earned are at 124 \_\_\_\_\_

I certify that all departmental requirements are Complete and the departmental GPA is 2.5 or higher

\_\_\_\_\_  
 Department Chair

\* May count for various General Education Requirements. If a course that appears on the left column is written to satisfy a General Ed. competency on the right column, THE CREDITS MAY NOT BE COUNTED TWICE .

### ***III. A. T. STUDENT POLICIES AND PROCEDURES:***

#### **Code of Conduct**

1. **Stealing:** Stealing will not be tolerated from the athletic training room, equipment room, or anywhere else. If you need something, ask for it. If you are caught stealing from the athletic training room or equipment room, you will automatically be dismissed from the athletic training program.
2. **Alcohol and Drugs:** Athletic training students who show up to games and practices under the influence of alcohol and/or drugs will automatically be suspended pending review for termination. Alcohol and drug use is not permitted by any athletic trainer while representing Lake Superior State University.
3. **Tobacco:** Use of any form of tobacco is a NCAA rules violation for coaches, players, and athletic trainers. Tobacco use is prohibited while representing Lake Superior State University.
4. **Road Trips:** Remember, on road trips, you represent the University, the Athletic Department, and Athletic Training Education Program. When traveling with teams conduct yourself in a professional manner. Dress code for road trips is governed by the head coach of the team with which you will be traveling.
5. **Maintenance of the Athletic Training Rooms:** Have pride in the athletic training rooms; keep them clean, organized, and well-stock with supplies. Always clean up after yourself following taping, treatments, rehabilitation and workouts with athletes.

## **Athletic Training Dress Code**

The rationale for the dress code is as threefold. The dress code establishes a uniform professional appearance for the athletic training program, it instills a sense of pride and respect for the athletic training program, and it better identifies you as a part of the athletic training program. Adhering to the dress code contributes to maintaining asepsis, promotes patient safety, and complies with agencies' policies. Complying with standards of personal care also contributes to positive interpersonal relationships between clients and agency staff. This dress code is to be followed as specified with no exceptions.

The dress code policy is as follows:

- All athletic training students will wear LSSU Athletic Training shirts, plain collared shirts or sweat shirts during clinical experiences that cover the midsection. (no shirts with professional team or college logos (other than LSSU), profanity, nudity, or alcohol/tobacco references)
- All athletic training students will wear dress slacks; casual pants (such as Dockers Khakis, etc.); athletic pants (such as nylon windbreaker style, etc.); or mid-length casual shorts. Denim jeans, sweat pants and athletic shorts are prohibited.
- Hair will be neat, clean and controlled so that asepsis is maintained when providing client care. Below shoulder length will be pulled back and secured so that it does not fall below the shoulders and remains motion free.
- Jewelry will be limited to wedding rings, watches, and pierced earrings which are small, post-type and worn only in the ears. Dangly and loop earrings are to be avoided for the students and patients safety. Based on asepsis issues, instructors reserve the right to have students remove all jewelry.
- No hats or sunglasses will be worn indoors. LSSU hats may be worn while working outdoor events.
- Footwear will have closed toes, be clean and not in a state of disrepair. No sandals or dress high heels.
- Perfume or cologne is not to be worn in the clinical area due to possible allergies of patients, staff, agency staff, peers, etc.
- Fingernails are to be short, clean and polish-free, to ensure patient and student safety. No acrylic, nail decorations or artificial nails.

Athletic training students that fail to adhere to the dress code will be dismissed from the athletic training room until they meet the dress code. Frequent lack of compliance to the dress code will lead to disciplinary actions and even dismissal from the Athletic Training Education Program.

## **Liability Insurance for Athletic Training Students**

Athletic training students attending observation hours, clinical experiences, field experiences and clinical internships both on and off campus are required to purchase liability insurance. Liability insurance can be purchased through the cashiers office in the Fletcher Center at a cost \$25.00 per calendar year. A copy of your receipt must be kept on file in your student portfolio in the Athletic Training Office. Be sure to keep your receipts because affiliate clinical sites may require a proof of purchase. Also, an explanation and breakdown of coverage can be provided to you from the Risk Management office on campus.

## **Health Insurance for Athletic Training Students**

Athletic training students attending observation hours, clinical experiences, field experiences and clinical internships both on and off campus are required to have personal healthcare or medical insurance. Proof of insurance must be on file in the Athletic Training office in the athletic training student's portfolio. Failure to have personal healthcare or medical insurance will disqualify athletic training students from attending clinical experiences at the following affiliate sites: Dr Ganzhorn's office, the LSSU Healthcare Center, and War Memorial Hospital Physical Therapy Clinic.

## CLINICAL AND FIELD EXPERIENCE RESPONSIBILITIES

### Athletic Training Student Job Description

Certain behaviors and attitudes will be expected of all athletic training students even though specific duties and responsibilities will vary with each student according to his/her experience, capabilities and clinical assignment. You will be working primarily with a Certified Athletic Trainer and fellow athletic training students, however, you will also have contact with other health care professionals, students (high school/college), athletes (high school/college), coaches, athletic personnel, administrators, parents and the general public. Respect, courtesy and cooperation should be foremost in your relationship. Treat people honestly and consistently. Do not argue; instead discuss problems calmly and professionally. Be careful not to use the athletic training clinic or health-care facility as a social lounge-keep your relationship to a patient-health care provider (athletic training student). You are not a coach, administrator, Certified Athletic Trainer, nurse, physical therapist or physician. Do not concern yourself with "second guessing". Ask questions in a professional manner. Should an individual ask something of you, which is inconsistent with what you have been taught or shown, cooperate as best as possible, then discuss the event with your supervisor in the appropriate time and place, or a member of the athletic training faculty.

You are responsible for knowing your duties and for performing them to the best of your ability.

1. Learn and adhere to the Standard of Care and Exposure Control Plan established by the clinical site to which you are assigned.
2. Learn the necessary paperwork and report procedures for the clinical services rendered at your specific clinical site.
3. Familiarize yourself with daily duties and contribute your fair share. A clean and organized facility is the responsibility of ALL personnel.
4. Familiarize yourself with all the appropriate preparation (practice, competition, travel, and/or rehabilitation) procedures and carryout your duties efficiently.
5. Learn proper first aid and emergency care procedures.
6. Learn the correct and effective application of all taping, padding, bandaging and wrapping techniques.
7. Learn the correct and appropriate techniques for injury evaluation and recognition.
8. Learn the correct use and application of all physical agents and exercise equipment.
9. Learn the basic components of a comprehensive rehabilitation and reconditioning program.
10. Be professional.

*When traveling with an athletic team and not under the direct supervision of an LSSU Certified Athletic Trainer, you are functioning as a medical first responder. This means you may not use therapeutic modalities (other than ice for first aid), prescribe therapeutic exercises, and you may not perform injury evaluations for the purpose of return to play decisions. You may provide prophylactic taping, wound care and provide assistance in passive and active stretching.*

REMEMBER, you are creating the image of the athletic trainer, and representing the facility to which you are affiliated, and the Lake Superior State University Athletic Training Education Program. You will be judged initially on your appearance and actions, so put your best foot forward. First impressions are only made once.

## **LEVEL OF COMPETENCY**

Professional Phase (ES 301/302/401/402) Athletic Training Student

Athletic training students are held to the level of their competency as outlined in the Athletic Training Education Program course and clinical sequence. During the student's clinical field experiences, students are expected to maintain current First Aid and CPR certification. They are expected to know the Emergency Plan as set forth at the health care facility where they are assigned, and to respond, minimally, as a first aid provider in injury/illness situations.

Policies and Procedures, Standard Operating Procedures (SOP), and Exposure Control Plans are specific to each clinical site. Plans and procedures are available to the student, if applicable. Students are encouraged to follow all plans, procedures and policies to the best of their ability. It is understood that athletic training students are in an educational experience and are not Certified Athletic Trainers. It is the responsibility of each clinical instructor to provide the necessary supervision and guidance to ensure appropriate conduct.

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## **FIRST AID/CPR CERTIFICATION**

ALL professional phase (ES 301/302/401/402) athletic training students are required to maintain current first aid and CPR certification. The program faculty will monitor this policy. Students not maintaining current certification may be removed from their clinical assignment until the proper certification is obtained.

## BLOODBORNE PATHOGENS CONTROL PLAN

It is the desire of the Athletic Training Education Program (ATEP) faculty to limit or prevent student exposure to blood and other potentially infectious materials, and to provide information regarding such exposure to those students in the ATEP. This document serves to clarify the process for education, prevention, post-exposure medical treatment and follow-up care provided for athletic training students regarding bloodborne pathogens and the potential exposure, which may be part of their clinical field experience.

### I. DEFINITIONS

- A. Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- B. Student Exposure means skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the student's performance during their clinical field experience.
- C. Athletic Training Student means students identified as an advanced athletic training student (ATS) or a directed observation athletic training student (ES 232) performing duties at specific clinical sites as assigned by a member of the ATEP faculty.
- D. Clinical Field Experience (Programmed Activity) means activities that are related to the clinical requirements of the ATEP.
- E. Other Potentially Infectious Materials means:
  - 1. the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - 2. any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
  - 3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- F. Universal Precautions means a standardized approach to infection control where you treat all human blood and certain body fluids as if they are known to contain HIV, HBV, or other bloodborne pathogens.
- G. Exposure Incident means a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of their duty as an athletic training student during their assigned clinical field experience.

## Communicable Disease Policy

The purpose of the Lake Superior State University Athletic Training Education Program (LSSU ATEP) Communicable Disease Policy is to protect the health and safety of the students enrolled in the LSSU ATEP and the student-athletes and clinical instructors that the athletic training student may come in contact with. The LSSU ATEP recognizes the importance of minimizing the exposure of athletes or patients in a clinical setting to communicable diseases. Therefore, it is recommended that athletic training students not report to their clinical site if they have active signs or symptoms of a communicable disease.

This policy is designed to provide Athletic Training Students (ATS), Approved Clinical Instructors (ACI), and athletic training faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers ([www.cdc.gov](http://www.cdc.gov)).

In situations where the ATS is ill, he/she should immediately notify the ACI/CI they are currently assigned to and either the LSSU ATEP Program Director or Clinical Coordinator of their status. ATS with illnesses are required to see a physician or nurse practitioner to determine if the illness is actively communicable or their illness has caused them to miss one day of class and/or clinical responsibilities. ATS may use their own personal physician. If the student does not have access to their own physician they may also utilize the LSSU Health Care Center or LSSU team physicians if available. (The ATS is responsible for his/her health insurance and are responsible for all related charges). The ATS is to follow the recommendations and guidelines of that physician.

In the event that an ATS will be missing an inordinate amount of time due to adherence to the communicable disease policy, a decision of the student's clinical status will be decided by the Clinical Coordinator and the ATEP Program Director. This may result in a reassignment of clinical responsibilities, a grade of incomplete due to medical reasons, and/or opportunities to make up lost experiences.

What are Communicable Diseases?

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

Communicable Diseases Cited by the CDC:

Bloodborne Pathogens	Influenza	Rabies
Conjunctivitis	Measles	Retroviral Infections
Cytomegalovirus Infections	Meningococcal Infections	Rubella
Diarrhea Diseases	Mononucleosis	Scabies
Diphtheria	Mumps	Staphylococcus Aureus Infection
Gastrointestinal Infections (acute)	Parovirus	Streptococcal Infection
Herpes Simplex	Pediculosis	Tuberculosis
Hepatitis Viruses	Pertussus	Varicella
Human Immuno-Deficiency Virus (HIV)	Poliomyelitis	Viral Respiratory Infections

Guidelines for Prevention of Exposure and Infection

1. ATS must successfully complete annual Bloodborne pathogens training.
2. ATS are required to use proper hand washing techniques and practice good hygiene.
3. ATS are required to use Universal Precautions at all times when functioning as an ATS in the ATEP. This applies to all on and off-campus clinical sites.
4. ATS are not to provide patient care if they have active signs or symptoms of a communicable disease.

Communicable Disease Signature Declaration

By signing below, you indicate you understand and will abide by the Lake Superior State University Athletic Training Education Program Communicable Disease Policy. Any breach of the Communicable Disease Policy will result in disciplinary action determined by the LSSU ATEP Program Director and Clinical Coordinator.

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

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

Date\_\_\_\_\_

Clinical Coordinator (Print)\_\_\_\_\_

Clinical Coordinator Signature\_\_\_\_\_

## POLICY IMPLEMENTATION

The ATEP faculty shall provide education and prophylactic guidelines to athletic training students who may be exposed to bloodborne pathogens. Athletic training students will have access to appropriate evaluation and treatment of exposures through health care centers. Athletic training students in the ATEP are not covered by OSHA standards or Worker's compensation therefore, evaluation and treatment is at the student's or student's health insurer's expense.

### HBV IMMUNIZATION AND PREVENTATIVE TRAINING

Before engaging in a clinical field experience where exposure to blood and/or other potentially infectious materials is possible, students will undergo training as it relates to their duties as an athletic training student (ATS and ES 232 student). Students are informed regarding risks of exposure, methods to prevent or minimize exposure, the reasons for considering the HBV vaccine, and procedures to follow if an exposure incident occurs. The hepatitis-B vaccination is not a condition of acceptance or continuance in the clinical field experience (programmed activity) portion of the ATEP. Students must sign a declaration indicating their understanding of the risks involved with their clinical experience and their status regarding hepatitis-B immunization. Students should check with their health insurers about coverage of, or reimbursement for, HBV immunization.

### EXPOSURE INCIDENT PROCEDURE

Any athletic training student who believes that he or she may have had an exposure to blood, body fluids, or other potentially infectious materials should:

- A. Wash the area immediately.\*  
*\*If can be done simultaneously, it is most beneficial.*
- B. Inform your clinical supervisor.\*
- C. Report promptly to a health-care center as directed by your clinical supervisor for evaluation.
- D. Complete appropriate accident report if required at your clinical field experience site.
- E. Inform LSSU ATEP program director of incident within 48 hours to complete an Exposure Incident Report form.
- F. Recommendations regarding treatment and follow-up are provided by the health-care center, and are at the student's or student's health insurer's expense.

## UNIVERSAL PRECAUTIONS

These precautions represent prudent practices that apply to preventing transmission of the AIDS virus (HIV), Hepatitis-B (HBV) and other bloodborne infections and should be used routinely.

1. When the possibility of exposure to blood or other fluids exists, appropriate barrier precautions to prevent skin and mucous membrane exposure should be followed. GLOVES should be worn for touching blood and body fluids, mucous membranes or non-intact skin of all patients, and for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each patient and disposed of in a proper waste container.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. Sharp items should be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries. After they are used syringes, needles, scalpel blades and other sharp items should be placed in a puncture-resistant container for disposal. The puncture-resistant container (Sharp's box) should be located as close as practical to the use area. Needles or blades should not be purposefully bent, broken, removed or otherwise manipulated by hand.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use in which the need for resuscitation is predictable.
5. Staff who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
6. Pregnant staff should be especially familiar with the precautions to minimize the possible transmission of infectious pathogens to the fetus.

**UNIVERSAL PRECAUTIONS CHECKLIST**  
Bloodborne Pathogens Control Plan

*Treat all patients as potential sources of infection.  
Use protective barriers based on task.*

➤ ATHLETIC TRAINING FACILITY

- ❖ During Evaluation/Treatment
  - Use appropriate protective barrier per task exposure risk. Are GLOVES needed?
  - Handle sharp instruments carefully.
  - Use proper task technique.
- ❖ After Evaluation/Treatment
  - Dispose sharp instrument in Sharp's Box. DO NOT RECAP.
  - Discard gloves and potentially infectious waste in appropriate container.
  - Clean reusable instruments properly and store accordingly.
  - Clean surfaces with appropriate germicide.
  - WASH HANDS

➤ PRACTICE/COMPETITION: ON-FIELD

- ❖ Carry protective barriers i.e., in pockets, fanny pack, glove caddy
  - Gloves
  - Mouth shield
  - Gauze
- ❖ Use kit for additional supplies and/or instruments
  - Instruments and supplies clean and readily available
  - Extra gloves
  - Gauze
  - Two-way valve mouth barrier
  - Handle sharp instruments carefully
- ❖ Use temporary containers to dispose of materials; DISPOSE PROPERLY ON RETURN TO ATHLETIC TRAINING FACILITY
- ❖ If you DO NOT have protective barriers immediately available
  - Use any material, i.e. towel, plastic bag, multiple gauze layers, to protect yourself from direct fluid contact.
  - If patient is conscious (and if possible), instruct patient to perform task until protective barrier is obtained.
- ❖ Clean hands as soon as possible
  - Use antiseptic towelette
  - Upon return to athletic training facility, WASH HANDS WITH SOAP AND WATER.

➤ END OF DAY BEFORE LEAVING FACILITY

- ❖ Re-stock necessary supplies and instruments.
- ❖ Clean surfaces.
- ❖ WASH HANDS.

## HEPATITIS B INFORMATION

### I. What is Hepatitis?

Hepatitis is an inflammation of the liver often caused by viruses. Most cases of hepatitis occur without visible signs or symptoms, and usually clear completely without any lasting effects. Specific blood tests can show whether an individual has had viral hepatitis.

There are two major types of hepatitis, each caused by a different virus:

Hepatitis A: Sometimes called "Infectious hepatitis", is usually acquired by eating food contaminated by feces, by drinking contaminated water, or by close intimate contact with an infected person.

Hepatitis B: Sometimes known as "serum hepatitis", is the kind of hepatitis we are concerned with. Some of the symptoms of the acute illness are loss of appetite, nausea and vomiting, fatigue and headache, followed by jaundice. The hepatitis B virus is found in blood, as well as, other body fluids, such as saliva and semen of infected individuals. The most frequent means of transmitting the virus is through direct inoculation by needle of contaminated blood or serum.

### II. Possible Means of Contracting Hepatitis B

In order of potential risk are:

- A. Direct injection of contaminated blood or serum by needle; e.g. blood transfusion, tattooing, ear piercing, illicit drug use.
- B. Transfer of infective serum or plasma through small, often unrecognized breaks in the surface of the skin as well as through larger skin lesions such as burns or scratches.
- C. Introduction of the infective serum or plasma onto inner (mucosal) surfaces of the mouth or eyes.
- D. Introduction of saliva containing blood or semen containing the virus onto mucosal surfaces of the mouth, eyes, vagina, or rectum. Mouth-to-mouth or mouth-to-body contact, sexual activity and kissing may be potential routes for transmission of hepatitis B.
- E. Indirect transfer of infective serum or plasma from obviously soiled surfaces or environmental objects.

Current thinking is that hepatitis B is NOT spread in the following ways:

- A. Through the air, or by coughs or sneezes
- B. Contact with feces of infected persons
- C. Use of drinking fountains in good working order, musical instruments, swimming pools, and toilet seats.
- D. Social contact in schools, workshops and similar social settings.

### III. Precautions for Reducing Risk of Spread of Hepatitis B and other Infectious Diseases

- A. Good personal hygiene is the basis for protection against hepatitis B infection, as well as other contagious conditions. The purpose of maintaining good personal hygiene is to reduce the chance that bits of infected blood, serum, saliva and other body secretions from an infected person will enter a susceptible person's blood stream through a break in the skin or by absorption through mucous membranes. Hand-washing is the single most important personal hygiene practice. Careful, thorough, frequent hand-washing must be followed at all times.
- B. Obviously soiled surfaces (e.g. floors, doorknobs, countertops, desks, etc.) should be cleaned and disinfected with appropriate solutions.
- C. Carriers should be prevented from placing their fingers in the mouths of others and from having another individual's fingers in their mouths. Activities such as kissing, in which a carrier's mouth directly contacts the mouth, face or skin of another person should be

strongly discouraged. Mouth-to-mouth sharing of food and other objects, such as pencils, is unhygienic in general, and especially so in hepatitis B and therefore should be prevented.

- D. Personal toilet articles should not be shared, especially with hepatitis B positive individuals. Specifically, this includes razors, towels, toothbrushes, clippers or scissors used for cutting fingernails and toenails. Tools, which may potentially cause cutting injuries, should not be shared.
- E. Breaks in skin are potential entry points for infection, susceptible persons with broken skin should be especially careful about personal hygiene.
- F. Bleeding or oozing cuts or abrasions (in either a susceptible person or a hepatitis B carrier) are hazardous and should be covered with band-aids or gauze where possible.
- G. Items soiled by a carrier's blood or saliva should not be used by others, those items should be discarded or thoroughly cleaned before reuse.
- H. Susceptible personnel should avoid direct skin contact while caring for a carrier's nose bleeds, bleeding or oozing wounds or menstrual blood accidents.
- I. There is presently no evidence that hepatitis B has been transmitted by food or utensils. Customary hygienic practices, which prevent the spread of any infectious disease, should be all that are necessary.

### The Disease

Hepatitis B is a viral infection caused by Hepatitis B Virus (HBV). Most people with hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute hepatitis and reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

### The Vaccine

Possible Side Effects: (Incidence of side effects is generally low)

- 1. Injection site soreness is the most common adverse reaction.
- 2. Less common local reactions are redness, swelling, and warmth of an area of hardness, which usually subsides in 48 hours.
- 3. Low-grade fever occurs occasionally during the 48-hour period after vaccination.
- 4. Fatigue, headache, nausea, dizziness, muscle or joint pains are uncommon.
- 5. Rash is rare.

Contraindications:

- 1. Hypersensitivity to any component of the vaccine.
- 2. The vaccine is not given to pregnant women.
- 3. Presence of any serious active infection.

**Note:** Because of the long incubation period of Hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given. The vaccine may not prevent Hepatitis B in such people.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please ask the practitioner before having the infection.

**Lake Superior State University**  
**Emergency and Non-Emergency Procedures**

The Athletic Training Clinic to facilitate care of student athletes outside of normal business and practice times, has established the following protocol. In the case of an emergency or non-emergency situation, please follow the protocol below:

**Non-emergency Illness and Injury:**

Leave message at Athletic Training Clinic (635-2035) outside of normal business hours. Seek medical treatment at the LSSU HealthCARE Center (635-2110) or War Memorial Hospital Community Care Clinic (635-4460).

**Emergency Situations**

**1. CALL 911**

2. When Paramedics arrive, have them identify where they will be transporting patient.
3. Notify: Team Certified Athletic Trainer & Head Coach
4. Team Certified Athletic Trainer will handle all insurance matters and notify team physician.

**Give destination information to the athletic trainer in the clinic and whoever appropriate.**

War Memorial Hospital 906-635-4460 500 Osborn Blvd.

## SEXUAL HARASSMENT POLICY

### What is Sexual Harassment?

Lake Superior State University's Affirmative Action Policy expressly prohibits any faculty, staff, or student body member to engage in sexual harassment. Sexual Harassment is defined as follows:

1. "... unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature when:
  - A. Submission to such conduct or communication is made a term or condition to either explicitly or implicitly to obtain employment, public accommodations or public services, education, or housing.
  - B. Submission to or rejection of such conduct or communication by an individual is used as a factor in decisions affecting such individual's employment, public accommodations or public services, education or housing.
  - C. Such conduct or communication has the purpose or effect of substantially interfering with an individual's employment, public accommodations or public services, education, or housing, or creating an intimidation, hostile, or offensive employment, public accommodations, public services, educational or housing environment."
2. Those covered and protected by this policy may need guidance in interpreting the statute. The University defines the following terms in this manner:
  - A. Unwelcome. Conduct or communication not solicited or incited, and which a reasonable person in a similar circumstance would consider undesirable or offensive, or which continues after a person has clearly indicated that the conduct or communication is unwelcome.
  - B. Sexual. Sexual refers to all sexuality-heterosexuality and homosexuality.
3. The University defines the following in this manner:
  - A. Relationships Which Impair Choice. The University will give special scrutiny to situations where a charge of sexual harassment is made in which freedom of choice is impaired because one person has the authority to make decisions or affect recommendations which may have an impact over the employment, education or housing of the person complaining.
  - B. Peer and Similar Relationships. This policy applies to the relationship between employees, between students and similar relationships.

### How to Recognize Sexual Harassment

Briefly, sexual harassment is any conduct or communication of a sexual nature that is unwelcome, and

...you are told that you must "go along with it" or else you will get into trouble, lose your sports medicine assignment, jeopardize your selection into the program, or otherwise suffer some consequences.

...makes you feel uncomfortable, offended or intimidated to the extent that it interferes with your ability to work and learn in any Athletic Training/Sports Medicine setting.

### What to Do About Sexual Harassment

Administrative Officers and supervisory personnel have a duty and responsibility to establish and maintain an educational and work environment free of sexual harassment. This includes but is not limited to:

...taking seriously all incidents or complaints of sexual harassment.

...reporting and referring all incidents or complaints of sexual harassment to the appropriate university department and superiors.

All athletic training students are encouraged to respond clearly and directly to any incident of sexual harassment as soon as it begins. Depending on the particular circumstances of the incident this may include:

...telling the harasser to stop.

...telling your supervising ATC, advisor, the Athletic Training/Sports Medicine Program Director or Clinical Coordinator, or the facility administrator.

...confidentially discussing the incident with a representative of the University's Affirmative Action office, Dean of Student's office, or Office of Student Life.

...filing a grievance with the Affirmative Action Office. Students may alternatively choose to file a grievance through the Office of Student Life or the appropriate Dean.

#### Athletic Training/Sports Medicine Response to Sexual Harassment

The faculty in the Athletic Training Education Program takes seriously all incidents or complaints of sexual harassment. Faculty and clinical instructors shall take appropriate administrative, educational and disciplinary actions to assure a sexual harassment free educational environment. This shall include the following actions:

- a) proactively intervene to prevent or stop incidents of sexual harassment,
- b) promptly investigate and resolve all reported sexual harassment incidents in the program,
- c) initiate appropriate disciplinary actions towards the individual engaging in sexually harassing behavior. Disciplinary action may include verbal warning, education, and denial of access to facilities and services, or legal action, depending upon the nature or the offense.
- d) In cases where the sexually harassing behavior is of a grievous nature and/or the LSSU student engaging in the sexually harassing behavior has received at least one written warning, the athletic training education faculty will refer the student to the Office of Student Life for disciplinary action.

#### Where Students May Go for Help

Your clinical supervisor  
Athletic Training Education Program Faculty  
Athletic Training Education Program Director  
Facility Administrator (Site specific)  
EEO / Affirmative Action Officer (Beverly White)

## **Clinical and Field Experience Attendance Policy**

The faculty/staff athletic trainers and clinical instructors expect each athletic training student to report to the clinical experience at the required time. Absence or tardiness causes many difficulties for your fellow athletic training students and clinical instructors. Being prompt is a necessity as an athletic trainer. If, for any reason, you cannot meet your obligations (i.e. illness, school, etc.) you must call the athletic training room as soon as possible and report your situation to the faculty/staff athletic trainers. As an athletic training student, you may be asked to attend some weekend clinical experiences. Always consult your schedule and the staff member in charge of scheduling before finalizing weekend plans. We will try to accommodate your plans as much as possible, but situations may arise where we cannot. Please be advised, you did indicate that you would be willing to do this upon application to the program.

If you know in advance that you will need time off, please inform the faculty/staff athletic trainer responsible for scheduling. Your supervisor will make the decision to approve or not approve the request.

As an athletic training student, you may be asked to attend games, practices, or contests as a secondary assignment. The clinical experiences are learning opportunities and you should participate in the experiences with as much enthusiasm as you would classroom discussion or laboratory session.

## **Documentation of Clinical and Field Experience Procedure**

The athletic training education program at LSSU requires athletic training students to perform a minimum of 800 clock hours of clinical experience under the direct supervision of a BOC certified athletic trainer. To insure accurate reporting of clinical hours and experiences, the following procedure shall be used:

- 1) Each athletic training student is to record on a daily basis the date, clinical experience, time in and time out, and the total hours of their clinical experiences the WEEKLY DOCUMENTATION REPORT FORM.
- 2) At the completion of the each week, the athletic training student will sign the form and present it to the supervising certified athletic trainer for his/her verification and signature.
- 3) Each form contains four weeks of clinical hour documentation. Once the form is completed and signed, it will be filed in the student's academic folder.
- 4) The athletic training student is encouraged to photocopy each report form or to record the information in a notebook for personal records.
- 5) Please refer to the Appendix for an example of the OBSERVATION HOURS DOCUMENTATION REPORT form.

## Daily Procedures for Athletic Trainers

The following is a list of general procedures that should be followed daily, however this in no way reflects all duties that may need to be performed.

- Perform duties listed on the daily and weekly cleaning schedules. (See next page)
- Provide a daily injury report to supervising faculty/staff trainer.
- Always have first-aid supplies, ice and water at the practice/game site with you.
- Always carry scissors, gauze, gloves, tape, a penlight, and notebook/pen with you. Always carry a bio-hazard bag and extra gloves in your kit. Follow the universal precaution for blood-borne pathogens.
- Always have important phone numbers with you and know emergency procedures specific to clinical experience you are attending.
- When traveling, meet the host athletic trainer and ask about emergency procedures. When hosting a visiting team, meet the visiting athletic trainer as soon as possible; offer your assistance; have ice, water, bio-hazard bags and other supplies (if needed) available to the visiting team. If you are the courtesy athletic trainer for a visiting team, simply follow the directions of their head athletic trainer. You may end up working hard or just watching the game.
- If the visiting team is working out prior to the game, make sure you meet them and offer your assistance. During their practice, but do not remain on the playing area. Let the visiting athletic trainer know where you will be if they need anything.
- If you have a courtesy cart for the visiting team, make sure that you have this prepared prior to the team's arrival.
- When dealing with visiting teams and athletic trainers be friendly, courteous and professional.
- Make sure all treatments are properly recorded in the daily treatment log.
- Make sure all SOAP notes are completed, signed and put in the appropriate notebook.
- Any athlete sustaining an injury must have an injury report completed following evaluation.
- Date and sign discharge notes on any athlete who has fully recovered from their injury and is not receiving further treatment or rehabilitation. It is then put into the athlete's personal medical file.
- Communicate to the supervising faculty/staff athletic trainer any problems that may arise during the year.
- Assist with any additional experiences as assigned by the faculty/staff athletic trainers.
- Assist with Athletic Training Room Operations, Scheduling and Physicals as assigned by the staff.
- If the athletic team for your clinical experience is out of town, junior athletic training students should report to the athletic training room.

## Sanitation Procedures for Athletic Trainers

The following duties must be performed on a daily basis to insure the athletic training clinic remains hygienic. Each person is expected to help maintain the athletic training clinic. Be sure to take an active roll. These duties include:

- retrieve and fold clean towels and elastic wraps from the laundry
- stock taping trays and cabinets
- check and make ice cups
- stock water carts with cups, towels, and biohazard clean-up materials
- check and fill hydrocollators
- clean muscle stimulation pads after each treatment
- clean treatment tables after each person has finished his/her treatment
- clean rehabilitation equipment after each use
- clean counter tops and refill containers
- check and refill ultrasound gel
- check and refill heel and lace pad container
- empty garbage cans when needed
- take soiled towels and elastic wraps to be laundered
- clean bikes, UBE, Fitter, Nordictrack, Cybex

The following duties must be performed on a weekly basis. Afternoon's (generally Fridays) when the athletic training room is not being used is the best time to perform the weekly duties. The duties include:

- clean windows
- clean legs on treatment and taping tables
- clean modalities and carts
- clean ice machine and refrigerator (inside & outside)
- clean whirlpool
- take hydrocollator covers to the laundry
- unplug & empty hydrocollators and clean (inside and outside)
- clean walls, counter tops, cabinets, bookshelves, and file cabinets
- clean water carts (inside and outside)

Familiarize yourself with both duty schedules and contribute your share. The appearance of the athletic training room is scrutinized by all whom enter the facility. An unkept, unsightly, and unsanitary athletic training room will not be tolerated. It reflects poorly on the university, the athletic department, the athletic training staff and the athletic training profession.

## **Preseason Procedures for an Athletic Trainer**

Before the start of the season:

- Make sure all athletes who have graduated or who have left the team are purged from current files and placed in an inactive file folder for that sport and year.
- Make sure all current files are in proper order. This will also give you a chance to familiarize yourself with each athlete and history of past injuries/illnesses.
- Make up new files for new athletes.
- Review all Medical History Questionnaire forms for your sport. Make note of any "yes" answers. Also, write any significant injuries/illnesses that need to be followed up by physicians at the time of the physical exam.
- Participate in and help schedule physicals for your sport.
- Notify faculty/staff athletic trainers supervising that sport of any missed or walk-on athletes.
- Review all completed physical forms and make note of any significant findings. Follow-up on any suggestions made by physicians/trainers for additional tests, rehab, etc.
- Place completed physical forms in the appropriate order in the athlete's medical file.
- Student athlete medical files are confidential and are not to be discussed with anyone and are not to leave the office.
- Send a letter to all visiting teams describing the facilities and services that will be available to them on their visit to Lake Superior State University. Example letters are on file in the office. All letters must be approved by the faculty/staff athletic trainers prior to being sent.
- Place insurance sheets with all necessary medical information in a notebook to keep with you or make up individual note cards. Include all pertinent information: emergency contact, insurance information, allergies, and brief medical history. These cards should be kept in the kit for all practices and games.

### **Pre-season Team meeting:**

The following items need to be discussed with the team verbally before the first practice session:

- Physicals, Insurance and Medical Questionnaire forms must be completed and turned in to faculty/staff athletic trainers before the athlete can practice.
- All athletes must have a physical before they can practice. Walk-ons may sign a waiver to cover them for a short period of time.
- Report all injuries to the athletic trainer(s) -in-charge or supervising faculty/staff athletic trainer immediately, even if the athlete considers the injury insignificant. It may result in a medical bill later. Unless the injury is evaluated by the athletic trainer and an injury report is filed, payment of the bill could be denied by the Athletic Department. There is also a time limitation when medical services related to a specific injury can be obtained.
- If there is an emergency resulting from athletic participation and the athlete must go to the hospital, tell the athlete to call the athletic trainer(s) in charge of that sport, faculty/staff athletic trainer, or coach as soon as possible so that they can be assisted with their problem.
- If the athlete is sick (Non-Emergency Situations) and needs to go to the Health Center during the season, come to the training room first for a medical referral form.
- If the athlete is injured and cannot practice, they are required to report to the athletic training clinic for treatment at least twice a day.
- The Lake Superior State Athletic Department will not be responsible for any bills incurred related to injuries sustained in their sport if the athlete goes off campus for medical attention without first being evaluated and referred by a staff athletic trainer.

After having explained each of these points, obtain each athlete's signature to document their attendance.

## DOCUMENTATION

One of the most important administrative functions in any athletic training-sports medicine program is record keeping. The development and implementation of a comprehensive record-keeping system serves to enhance the effectiveness of organizational communication while, at the same time, helping to minimize the ever-present threat of litigation resulting from the failure to adequately document the nature and extent of care provided to an injured athlete or program participant. While record keeping in and of itself cannot shield one from litigation, carefully written documentation of care rendered can be a powerful weapon for refuting claims of negligent behavior. This is assuming, of course, that such documentation reflects a pattern of reasonable and prudent care.

The development and implementation of an effective record-keeping system is a highly personalized process in that the finished product must accurately reflect the specific needs and functions of the organization. Likewise, the number and types of record-keeping forms utilized will vary significantly from one organization to another.

One of the most important concepts in the process is that of maintaining records in more than one location. The basic information concerning the athlete or program participant should be maintained in the participant's personal medical file, with additional copies in a central file of all injury reports and a computer data file, if the record-keeping system is computerized. The purpose of this procedure, of cross-file duplication, is to minimize the danger of losing important data, and second, it is one way of establishing an image of prudent and conscientious behavior for the organization and its staff.

Thorough record keeping must be stressed to all personnel. Every member of the organization should be instructed to document communications, recommendations and procedures concerning his/her function as an agent of that organization. Making written documentation a regular part of day-to-day staff duties will go a long way toward establishing record-keeping as an integral and vital part of the injury care process, and will minimize the likelihood that inappropriate or inadequate care will result from poor communication.

### Primary Reasons for Record-Keeping

1. COMMUNICATION
2. PROVIDES A COMPLETE, SPECIFIC AND ACCURATE RECORD

### Secondary Reasons

1. Research
2. Documentation for reimbursement
3. Establishes daily, weekly, monthly and yearly volume of work handled by staff and facility.

Items to remember when writing in a medical record:

1. Accuracy
2. Brevity
3. Clarity
4. Correct errors by drawing ONE line through error, date it and initial it
5. Sign notes
6. Do not leave blank lines
7. Use proper medical terminology and abbreviations

Suggested Readings:

- Arrigo, Chris in Clinical Athletic Training, Jeff Konin, ed. Thorofare, NJ: SLACK, Inc., 1997.
- Kettenbach, Ginge. Writing SOAP Notes, 2<sup>nd</sup> ed. Philadelphia: F.A. Davis, 1995.
- Rankin, James & Christopher Ingersoll. Athletic Training Management. Concepts and Applications. St. Louis: Mosby, 1995.

## Lake Superior State University Athletic Training - Progress Notes

### DATE (MONTH/DAY/YEAR)

For all notes, please use as much space as you need. Use standard abbreviations where appropriate. A well written note should allow another trainer to duplicate your treatment exactly. Always use the S.O.A.P note format on the LSSU Injury Report Progress Notes. These need to be completed each time an athlete receives treatment.

### SUBJECTIVE (use PQRST)

- What the athlete tells you in an initial evaluation (history).
- Ask the athlete how he/she feels (i.e. better, worse, the same) before and after treatment.
- Ask the athlete how he/she feels regarding athletic performance if appropriate.
- Encourage the athlete to be as specific as possible then document as specifically as possible.
- Quotation marks ("I feel great.") are appropriate to document an athlete's specific comments concerning treatment.

### OBJECTIVE

- What you observe.
- Based on your observation and physical examination skills.
- In an initial evaluation, all the findings of the physical examination.
- In a treatment note, whatever physical exam findings noted on that particular day (i.e., goniometer measurements, manual muscle testing, observation of gait, observation of changes in swelling or ecchymosis, etc).
- Daily re-evaluation is strongly encouraged because it enhances the quality of the athlete's treatment and of the student trainer's learning experience.
- Treatment is always determined according to the subjective and objective findings, therefore, the more thorough and frequent those findings, the better the treatment.
- What treatment was rendered, what instructions you have given to the athlete (i.e., athlete was instructed to report to health services ASAP).
- Be specific regarding all modality parameters:

Examples include:

- 1) Ultrasound type, dosage, time and specific location of application. No more than \_\_\_ consecutive treatments may be administered. Therefore, number all treatments as you record them to make it easier for all staff to keep track.
  - 2) Electric stimulation type, all parameters, # of channels, # of electrodes, specific location of treatment.
  - 3) Aerobic equipment: seat height, RPM's, tension (load), exercise time, etc.
  - 4) Therapeutic exercise: To be recorded on a rehabilitation (yellow) card. Include a description of the exercises with weight, reps, sets, location of hand placement for manual resistance, concentric vs. eccentric contractions, specific positioning (i.e. prone, supine, side-lying, sitting, etc.).
- Note objective findings post treatment (i.e., changes in swelling, range of motion).
  - Post treatment changes in pain or any other subjective report should be included under "subjective".

### ASSESSMENT

- What the trainer thinks about the subjective and objective findings.
- This will sometimes be a restatement of subjective findings.
- This will sometimes be a restatement of objective findings.
- Can include what you think the athlete's problems are and how those problems relate to decreased function for athletic activity (i.e., athlete's bilateral patellar tendon pain and swelling is secondary to overuse and improper technique performing squats in the weight room. Squatting is not advised at this time. Athlete will require instruction in modified squat technique when pain and swelling resolve).
- Short term and long term goals

### PLAN

- What you want to do next.
- This can be short term, relating to the next several treatments.
- This can be more general or long term (i.e., progress to closed chain lower extremity strengthening as tolerated).
- Based on subjective and objective findings and assessment.
- Be specific, even if you know that you will be the only trainer to treat the athlete.
- If another trainer will be giving the next treatment, this will greatly enhance the continuity of care and progression of care.

### SIGN YOUR FULL NAME AND CREDENTIALS

- At the completion of the treatment note, sign and date.

- 

## **Policy & Procedure for Distribution of Medications**

Under no circumstances shall a Certified Athletic Trainer or an athletic training student be administering prescription medications. Prescribed medication is under the jurisdiction of the team physicians and strictly controlled by them.

Do not dispense over-the-counter (OTC) medication to an athlete without the direct supervision of the Clinical Instructor (ATC). Be sure the athlete does not have any allergies to that or any similar medication. If they are allergic, do not give the medication to the athlete. If there is any doubt, refer them to the faculty/ staff athletic trainer or LSSU Health Center.

Record the OTC medicine given, the date, the reason given and to whom it was given in the medication book. This book is kept in the medication drawer in the office. Do not give more tablets than indicated on the package. Do not give any more than three dosages unless ordered by the team physician. This is not a drug store, if they feel they need more, ask them to go and purchase their own.

Any medication that is passed its expiration date, no longer being used by the athlete, or unknown should be properly disposed. Proper disposal involves flushing down the toilet. Make sure that you see the medication disappear from view before leaving the rest room.

## **Policy on Evaluation and Treatment of Non-Varsity Athletes**

All non-LSSU Varsity athletes, as well as faculty or any other person, must be cleared by a faculty/staff trainer prior to evaluation and treatment. Only exception is if you are working intramural sports, etc, for John Coles. Then you may evaluate and fill out the appropriate form and administer first aid and ice only. Make sure to always protect yourself by instructing the individual to go to the emergency room if pain persists during evening hours or to go to the LSSU Health Center the following morning if the problem continues.

If you are assigned to a local high school, do not send the athletes to the athletic training room for evaluations or treatment without prior approval. If the athlete is approved to be seen, the ATC working with the sport must accompany the injured athlete.

## **Policy & Procedure on Athletic Training Supplies**

In accordance with the athletic department policy, which requires strict accountability for all capital equipment, supplies, and pharmaceuticals, all items will be strictly controlled. All supplies are purchased by the athletic training budget. Supplies taken without permission are a detriment to the entire athletic training program.

Only athletic training program personnel are authorized to be in the storage areas at any time. Do not let athletes into the storage cabinets, drawers and room. Supplies will be issued on an "as needed" basis. No supplies will be taken out for high school or personal use.

All supplies taken must be recorded on the check-out sheet located on the clipboard in the storage room. You must list quantities, size of the item, amount, what sport and/or training room and your name.

## **Policy & Procedure on Athletic Training Room Security**

Athletic Training Room security: As you are aware, if some things are not "nailed down" they will disappear. Please keep your eyes open and look for athletes taking things. If you see someone stealing, let the faculty/ staff athletic trainers know. He/she will handle the situation. By practicing the following rules, hopefully we can prevent such problems from occurring:

1. There should always be someone in the athletic training room.
2. When not in use, keep the storage cabinets and drawers locked at all times.
3. Keep the players out of the office area. If you are getting them something, have them wait outside the office.
4. Keep the office door closed when you are out of the athletic training room.
5. Put away all coolers after using them. DO NOT leave them where they can be easily taken.
6. Make sure if you loan out equipment to sign it out on the appropriate form.

## ***IV. APPENDIX***

APPLICATION FOR ADMISSION  
**Athletic Training Education Program**  
**Lake Superior State University**

**GENERAL INFORMATION (MUST BE TYPED)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS (SCHOOL): \_\_\_\_\_ PHONE: \_\_\_\_\_  
(street/hall)

(HOME): \_\_\_\_\_ PHONE: \_\_\_\_\_  
(street / apt. number)

\_\_\_\_\_ (city) (state) (zip code)

BIRTHDATE: \_\_\_\_\_ STUDENT I.D. \_\_\_\_\_

**ACADEMIC INFORMATION**

CREDIT HOURS EARNED: \_\_\_\_\_ CUMUALTIVE GPA: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MAJOR GPA: \_\_\_\_\_

Please list the grades you have earned in the following courses:

- \_\_\_\_\_ BL 121 - Human Anatomy and Physiology I
- \_\_\_\_\_ BL 122 - Human Anatomy and Physiology II
- \_\_\_\_\_ HE 189 - Medical First Responder
- \_\_\_\_\_ ES 141 - Introduction to Movement
- \_\_\_\_\_ ES 230 - Athletic Injury/Illness Prevention
- \_\_\_\_\_ ES 232 - Athletic Injury/Illness Recognition
- \_\_\_\_\_ ES 234 - Preventative Taping and Bracing Techniques
- \_\_\_\_\_ ES 340 - Therapeutic Modalities in Athletic Training
- \_\_\_\_\_ NU212 - Health Appraisal

**CLINICAL HOURS**

Please note that the Athletic Training Education Program requires 800 hours of clinical and field experience for graduation. These clinical and field experience hours will be accrued while the student is enrolled in ES 301, ES 302, ES 401, and ES 402 under the supervision of a clinical instructor.

How many observation hours have you accumulated to date here at LSSU. Remember you need a minimum of 200 observation hours before you will be accepted into the LSSU ATEP. At least half of the observation hours must accumulated at an LSSU Athletic Training Clinic. To count observation hours accumulated elsewhere, you must include a "Verification of Supervision" form from each Certified Athletic Trainer with which you have worked. These forms must be signed by the ATC and notarized. You may acquire these forms at [www.nataboc.org](http://www.nataboc.org). or from the LSSU Athletic Training Education Program Director.

OBSERVATION HOURS ACCRUED: \_\_\_\_\_

The beginning and ending dates of the above hours earned were: \_\_\_\_\_ to \_\_\_\_\_

**CERTIFICATIONS**

Please list any current certifications that you hold and their expiration date.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**ATHLETIC TRAINING / SPORTS MEDICINE EXPERIENCE**

Please list any field related experience not obtained at LSSU (ex. high school, volunteer at a hospital or sports medicine clinic, etc.). Please list the most recent first, include dates, supervisor's names, and if possible supervisors phone number.

\_\_\_\_\_  
\_\_\_\_\_

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**WORKSHOPS AND CONFERENCES**

Please list any workshops and conferences you have attended related to the field of athletic training.

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I have read all the information contained in this document and have answered the questions truthfully and to the best of my ability. I understand this is an application to the LSU Athletic Training Education Program and that filling out this document does not indicate that I have been accepted into the program.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Athletic Training Education Program Agreement

Being Lake Superior State University is an institution of higher learning and this university supports the Athletic Training Education Program there is a responsibility of the individuals of the program to provide the student with learning opportunities. Therefore, the athletic training faculty agrees to the following responsibilities:

1. Conduct an orientation program and provide pertinent information deemed to be necessary for the advanced phase athletic training student.
2. Provide academic advisement to facilitate the student's educational experience.
3. Ensure appropriate supervision and guidance is available that will enable the student to apply the theory in the clinical setting.
4. Provide practical experience in realistic situations.
5. Disseminate the knowledge necessary for the entry-level athletic trainer and allow for adjustments and redirection.
6. Maintain an open line of communication.
7. Provide the student the opportunity for leadership.
8. Accept the student as a professional, and allow and encourage the fulfillment of personal and professional goals, to the best of our capabilities.

ATHLETIC TRAINING EDUCATION PROGRAM FACULTY AND STAFF

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*Joseph D. Susi II MS, ATC, Program Director*

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*Clinical Coordinator*

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*Rick Mick, ATC*

## Athletic Training Student Agreement

I, \_\_\_\_\_, have been selected into the advanced phase of the Athletic Training Education Program at Lake Superior State University. The term of this affiliation shall begin \_\_\_\_\_ and will not conclude before \_\_\_\_\_. During this period I agree to fulfill all the required educational competencies and clinical proficiencies, and to accumulate a minimum of 800 hours in a variety of clinical experiences, as assigned by the athletic training faculty.

By affixing my signature upon this agreement I agree to:

1. Abide by the policies, procedures and regulations governing the Athletic Training Education Program, as state in the Program Policies and Procedures Manual.
2. Perform the responsibilities of an athletic training student as outlined in the Student Responsibilities/Job Description.
3. Act and dress professionally.
4. Maintain an open line of communication with fellow students, athletes/patients, supervisors, medical staff and other individuals as required by my clinical rotation.

The student confirms the above agreement has been discussed, that he/she understands the commitment involved with the Athletic Training Education Program and agrees to fulfill all aspects to the best of their ability.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
ATEP Program Director

\_\_\_\_\_  
Date

# LAKE SUPERIOR STATE UNIVERSITY

## Athletic Training Education Program

### ATHLETIC TRAINING STUDENT COMPLIANCE CERTIFICATE

Student Name \_\_\_\_\_

Student Number \_\_\_\_\_

All students must have the following information in prior to their clinical experiences within the LSSU ATEP.

	<i>Date Verified</i>	<i>Date Verified</i>
1. Completed Physical Examination Form	_____	
2. Signed Notification of Confidentiality Form	_____	
3. Proof of Current Health Insurance Coverage	_____	_____
4. Proof of Student Malpractice Insurance	_____	_____
5. Current CPR Card	_____	_____
6. Current First-Aid Card	_____	
7. Attended Blood-Borne Pathogen Training Session	_____	_____
8. TB Skin Test	_____	_____
9. Signed Technical Standards Form	_____	
10. Signed Communicable Disease Form	_____	
10. Documented Immunization Record		
a. Tetnus	_____	
b. Rubeola (Measles)	_____	
c. German Measles (Rubella)	_____	
d. Hepatitis B	_____	
Refusal	_____	

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

\_\_\_\_\_  
LSSU ATEP Clinical Coordinator    Date

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of LSSU Clinical Coordinator



**Lake Superior State University**  
650 W. Easterday Ave., Sault Ste. Marie, MI 49783

## Athletic Training Education Physical Examination Form

Student Name _____		Soc. Sec. Number _____	
<input type="checkbox"/> M	<input type="checkbox"/> F	Age: ____	D.O.B. ____/____/____
		Hgt ____ Ft. ____	In. Wgt. _____
Address: _____		City: _____	
State/Prov: _____		Zip: _____	Home Phone: _____
Alternate phone: _____		Emergency Contact: _____	

### Student – Complete this portion of the form

1. List all medical or chronic health problems: \_\_\_\_\_  
\_\_\_\_\_
2. List all Current Medications used and the reasons(s) for the prescription:  
\_\_\_\_\_  
\_\_\_\_\_
3. List all known or suspected allergies: \_\_\_\_\_  
\_\_\_\_\_
4. List any physical disabilities which may restrict movement or activity:  
\_\_\_\_\_

### ***Immunization Records – To be completed by Health Care Provider***

1. Documentation of two (2)MMR vaccinations:  Yes  No **OR** Positive titer for Measles/Mumps/Rubella:
2. Physician documented case of varicella (Chicken Pox):  Yes  No **OR** Positive titer for varicella:  Yes
3. Documentation of TB skin test within last 6 months:  Yes  No **OR** Negative chest radiograph:  Yes  
(Two step TB test required for first test)
4. Documentation of Hepatitis B vaccination series:  Yes  No **OR** Positive titer for Hepatitis B:  Yes  
\*\*\*Currently receiving Hepatitis B vaccination series:  Yes
5. Current CPR certification (for Professional Rescuer)
6. Annual Flu shot  Yes  No

*All of the above vaccinations must be adequately documented. If the vaccination is not documented and cannot be verified with a blood titer, then it will need to be obtained by the student and documented by the Health CARE staff unless a reasonable contraindication for the vaccination is noted .*

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

Athletic Training Education Physical Examination Form

Student Name \_\_\_\_\_

Date of Exam \_\_\_\_\_

Height	Weight	Ideal Wt. range	Pulse	Resp	Temp.	BP	Age
--------	--------	-----------------	-------	------	-------	----	-----

Physical Exam	Normal	Abnormal	Deferred
Skin			
Eyes			
Ears			
Nose			
Throat			
Heart			
Lungs			
Orthopedic			
Muscular			
Neurologic			
Reflexes			
Mental			

\* Deferred means exam was considered but postponed

Communicable Diseases:  Yes  No

Explanation of Abnormalities and Treatment Ordered \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Review of Systems \_\_\_\_\_

\_\_\_\_\_

Psychological History \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Surgeries \_\_\_\_\_

Family History \_\_\_\_\_

Physical Requirements: An athletic training student must be able to perform the following functions:

1. Lift transfer and transport clients (lifting up to 50 pounds)
2. Stand and walk during most of an 8-12 hour clinical experience.
3. Stoop, bend, squat, kneel, grasp, handle, push, and pull.
4. Visual acuity and depth perception.
5. Manual dexterity to handle medication administration and manipulate equipment
6. Have emotional stability and problem solving capabilities
7. Adequate auditory, visual, touch, and smell sensory perceptions to assess changes in clients' conditions or in the environment.

Based on this physical examination, I find this student capable of performing all of the listed functions.

Yes  No (If no, please explain) \_\_\_\_\_

\_\_\_\_\_

Health Care Practitioner Name \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

## A.T.S. CLINICAL EXPERIENCE HOURS REPORT

**WEEK OF:**

Date	Day	Clinical Experience	Time In/Out	Total time
	<i>Sunday</i>			
	<i>Monday</i>			
	<i>Tuesday</i>			
	<i>Wednesday</i>			
	<i>Thursday</i>			
	<i>Friday</i>			
	<i>Saturday</i>			

**TOTAL WEEKLY HOURS = \_\_\_\_\_**

*Student's Signature:* \_\_\_\_\_

*Clinical Instructor's (ATC) Signature:* \_\_\_\_\_

**WEEK OF:**

Date	Day	Clinical Experience	Time In/Out	Total time
	<i>Sunday</i>			
	<i>Monday</i>			
	<i>Tuesday</i>			
	<i>Wednesday</i>			
	<i>Thursday</i>			
	<i>Friday</i>			
	<i>Saturday</i>			

**TOTAL WEEKLY HOURS = \_\_\_\_\_**

*Student's Signature:* \_\_\_\_\_

*Clinical Instructor's (ATC) Signature:* \_\_\_\_\_

**WEEK OF:**

Date	Day	Clinical Experience	Time In/Out	Total time
	<i>Sunday</i>			
	<i>Monday</i>			
	<i>Tuesday</i>			
	<i>Wednesday</i>			
	<i>Thursday</i>			
	<i>Friday</i>			
	<i>Saturday</i>			

**TOTAL WEEKLY HOURS = \_\_\_\_\_**

**CUMULATIVE HOURS = \_\_\_\_\_**

*Student's Signature:* \_\_\_\_\_

*Clinical Instructor's (ATC) Signature:* \_\_\_\_\_

Lake Superior State University Athletic Training Education Program  
Athletic Training Student Clinical Evaluation Form  
End of Field Experience

**Students Name:**

**Date of Evaluation:**

**Clinical Setting:**

**Date of Rotation:**

**Evaluation Completed By:**

**Form Reviewed By Student:**

**Directions:** Please respond to the following items with respect to the Athletic Training Student's performance under your supervision. For each of these items indicate your assessment from poor to excellent. Please use the following scale:

0	No basis for judgement
1 poor	Little or no skill
2 fair	Skills observed are less than student at this level
3 average	Student demonstrates skills consistent with those at this level
4 good	Demonstrates high quality skill better than most at this level
5 excellent	Demonstrates skill above those at this level

**PROFESSIONAL EVALUATION:**

1. Student is punctual in reporting for daily assignment	0 1 2 3 4 5
2. Student has fulfilled time requirements of clinical assignment	0 1 2 3 4 5
3. Student has reported for morning clinical hours	0 1 2 3 4 5
4. Student dresses appropriate for clinical assignment (professional attire, name badge)	0 1 2 3 4 5
5. Student dresses appropriate for event/competition	0 1 2 3 4 5
6. Student follows directions	0 1 2 3 4 5
7. Student demonstrates initiative to learn	0 1 2 3 4 5
8. Student completes tasks as assigned	0 1 2 3 4 5
9. Student follows policies and procedures of the clinical setting	0 1 2 3 4 5
10. Student demonstrates ability to accept criticism	0 1 2 3 4 5
11. Student demonstrates knowledge & use of clinical setting supplies at competence level	0 1 2 3 4 5
12. Student demonstrates knowledge & use of clinical setting equipment at competence level	0 1 2 3 4 5
13. Student is an effective resource person for other students	0 1 2 3 4 5
14. Student demonstrates a positive clinical setting attitude	0 1 2 3 4 5
15. Student performs tasks without being told	0 1 2 3 4 5
16. Student displays effective communication with ACI, ATC, staff, coaches, patients	0 1 2 3 4 5

**STUDENT DEMONSTRATES THE FOLLOWING BASED ON COMPETENCY LEVEL:**

17. Taping applications	0 1 2 3 4 5
18. Compressive and supportive ace wrapping techniques	0 1 2 3 4 5
19. Knee bracing	0 1 2 3 4 5
20. Ankle bracing	0 1 2 3 4 5
21. Application of splints	0 1 2 3 4 5
22. Emergency procedures	0 1 2 3 4 5
23. Measuring vital signs	0 1 2 3 4 5
24. Rehabilitation techniques	0 1 2 3 4 5
25. Knowledge & use of therapeutic modalities	0 1 2 3 4 5

26. Identify the **STRENGTHS** of the student. (Characteristics which will enhance their ability as an athletic trainer. Include behavior qualities as well as work knowledge).

27. Identify areas the student has improved in from the beginning of their clinical assignment.

28. Additional recommendations for the student to improve. (Suggestions for improvement will enhance the student's ability as an athletic trainer. Include behavior qualities as well as knowledge).

29. Please list areas of weakness for this student. (It would be helpful if you could identify at least two areas).

**SUMMARY OF EVALUATION:**

Student has made progress and improved athletic training skills and professional demeanor in clinical setting.	<b>YES</b>	<b>NO</b>
Student has met clinical setting expectations:	<b>YES</b>	<b>NO</b>
The student has demonstrated competence at their respective level	<b>YES</b>	<b>NO</b>
The student was well prepared academically for this clinical	<b>YES</b>	<b>NO</b>
The student was well prepared clinically for this clinical	<b>YES</b>	<b>NO</b>

In comparison to Athletic Training Students that have been to this clinical site, this student rates as (use the scale below to indicate the students rating 10 is the best Athletic Training Student you have had, 1 is the worst Athletic Training Student you have had. Either circle a number or put an X where you feel this student would fall)

**1    2    3    4    5    6    7    8    9    10**

In comparison to any professional student that has been to this clinical site, this student rates as : (use the scale below to indicate the students rating. 10 is the best professional student that you have had, 1 is the worst professional student you have had. Either circle a number or put an X where you feel this student would fall).

**1    2    3    4    5    6    7    8    9    10**

General Comments:

This evaluation is :                      ACCEPTABLE                      UNACCEPTABLE

If you were to assign a letter grade for this clinical, what would it be?

Grade:

Lake Superior State University  
Athletic Training Education Program  
STUDENT EVALUATION OF ACI or CI/CLINICAL SETTING

It is very important to the Lake Superior State University Athletic Training Education Program that we receive your input on each of your clinical practicum experiences and each of the clinical settings in which you have been placed. Your information will remain anonymous; general comments will be shared, at the end of the year, with the Approved Clinical Instructors (ACI) and Clinical Instructors (CI) to help them improve their clinical setting and their teaching methods while educating the students within the Athletic Training Education Program.

ACI or CI: \_\_\_\_\_ CLINICAL SITE: \_\_\_\_\_

SPORT ASSIGNMENT: \_\_\_\_\_ DATE OF ROTATION: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

**APPROVED CLINICAL INSTRUCTOR/CLINICAL INSTRUCTOR EVALUATION**

Please circle the number corresponding with your feelings, beliefs, and behaviors about your Approved Clinical Instructor (ACI) or Clinical Instructor (CI).

1= SELDOM 2= OCCASIONALLY 3= FAIRLY OFTEN 4=ALMOST ALWAYS 5= ALWAYS

**PROFESSIONAL ATTITUDES AND ACTIONS**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. My ACI/CI is well respected by the team physician and AD                   | 1 | 2 | 3 | 4 | 5 |
| 2. My ACI/CI demonstrates self-respect  | 1 | 2 | 3 | 4 | 5 |
| 3. My ACI/CI anticipates respect from others                                  | 1 | 2 | 3 | 4 | 5 |
| 4. My ACI/CI is a positive professional role model for students               | 1 | 2 | 3 | 4 | 5 |
| 5. My ACI/CI demonstrates self-confidence as a professional                   | 1 | 2 | 3 | 4 | 5 |
| 6. My ACI/CI cares about student learning in the clinical setting             | 1 | 2 | 3 | 4 | 5 |
| 7. My ACI/CI verbally and actively promotes the athletic training profession  | 1 | 2 | 3 | 4 | 5 |
| 8. My ACI/CI assists students in understand their professional responsibility | 1 | 2 | 3 | 4 | 5 |

**CHARACTERISTICS OF EFFECTIVE LEADERS**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 9. My ACI/CI seeks out challenging opportunities that test his/her own skills       | 1 | 2 | 3 | 4 | 5 |
| 10. My ACI/CI is in control of athletic training situations                         | 1 | 2 | 3 | 4 | 5 |
| 11. My ACI/CI had made his/her employment position (environment) better each year   | 1 | 2 | 3 | 4 | 5 |
| 12. My ACI/CI has a vision or goal for his/her own professional growth              | 1 | 2 | 3 | 4 | 5 |
| 13. My ACI/CI puts others' (patients, ATSS, coaches) needs before his/her own needs | 1 | 2 | 3 | 4 | 5 |

**COMMUNICATION SKILLS**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 14. My ACI/CI provides feedback to students in a timely manner                 | 1 | 2 | 3 | 4 | 5 |
| 15. My ACI/CI actively promotes clinical discussion with students              | 1 | 2 | 3 | 4 | 5 |
| 16. My ACI/CI corrects students tactfully in an appropriate location/place     | 1 | 2 | 3 | 4 | 5 |
| 17. My ACI/CI deals with conflict in a mature/professional manner              | 1 | 2 | 3 | 4 | 5 |
| 18. My ACI/CI provides a clear orientation during the first day(s) of rotation | 1 | 2 | 3 | 4 | 5 |
| 19. My ACI/CI provides on-going communication for student expectations         | 1 | 2 | 3 | 4 | 5 |
| 20. My ACI/CI encourages students to ask questions                             | 1 | 2 | 3 | 4 | 5 |
| 21. My ACI/CI is an active listener  | 1 | 2 | 3 | 4 | 5 |

1= SELDOM 2= OCCASIONALLY 3= FAIRLY OFTEN 4= ALMOST ALWAYS 5= ALWAYS

**TEACHING ABILITIES AND ATTITUDES**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 22. My ACI/CI provides stimulating real scenarios for students to learn | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 23. My ACI/CI promotes critical thinking skills in his/her teaching to foster learning   | 1 | 2 | 3 | 4 | 5 |
| 24. My ACI/CI combines academic knowledge with clinical practice   | 1 | 2 | 3 | 4 | 5 |
| 25. My ACI/CI admits to students when he/she does not know the correct answer to a question.   | 1 | 2 | 3 | 4 | 5 |
| 26. My ACI/CI follows up on his/her lack of knowledge and seeks out the correct information.   | 1 | 2 | 3 | 4 | 5 |
| 27. My ACI/CI keeps up with current information within Athletic Training   | 1 | 2 | 3 | 4 | 5 |
| 28. My ACI/CI takes time to learn to know athletic training students personally  | 1 | 2 | 3 | 4 | 5 |
| 29. My ACI/CI is organized in his/her teaching methods   | 1 | 2 | 3 | 4 | 5 |
| 30. When teaching an inexperienced student, my ACI/CI demonstrates a clinical skill first, then allows the student to practice it.   | 1 | 2 | 3 | 4 | 5 |
| 31. My ACI/CI asks students for feedback regarding his/her teaching  | 1 | 2 | 3 | 4 | 5 |
| 32. My ACI/CI prepares (mental/write down) a learning experience/discussion prior to the students coming to his/her clinical setting | 1 | 2 | 3 | 4 | 5 |

PERSONAL ATTRIBUTES

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 33. My ACI/CI's behaviors reflect his/her beliefs  | 1 | 2 | 3 | 4 | 5 |
| 34. My ACI/CI is an honest person  | 1 | 2 | 3 | 4 | 5 |
| 35. My ACI/CI acts accordingly to his/her professional code of ethics and standards                            | 1 | 2 | 3 | 4 | 5 |
| 36. My ACI/CI is a trust worthy person   | 1 | 2 | 3 | 4 | 5 |
| 37. My ACI/CI dresses professionally during event coverage   | 1 | 2 | 3 | 4 | 5 |
| 38. My ACI/CI encourages athletic training students to dress professionally                                    | 1 | 2 | 3 | 4 | 5 |
| 39. My ACI/CI encourages athletic training students to project a positive professional demeanor to the public. | 1 | 2 | 3 | 4 | 5 |
| 40. My ACI/CI is innovative in creating an optimal athletic training position for him/herself.                 | 1 | 2 | 3 | 4 | 5 |
| 41. My ACI/CI is open to new opportunities   | 1 | 2 | 3 | 4 | 5 |
| 42. My ACI/CI continually asks him/herself if there is a better way to accomplish his/her goal                 | 1 | 2 | 3 | 4 | 5 |
| 43. My ACI/CI is excited about the direction profession of Athletic Training is headed.                        | 1 | 2 | 3 | 4 | 5 |
| 44. My ACI/CI demonstrates passion for his/her work to athletic training students                              | 1 | 2 | 3 | 4 | 5 |
| 45. My ACI/CI assists students in the day-to-day "clean-up" activities   | 1 | 2 | 3 | 4 | 5 |
| 46. My ACI/CI uses different motivational techniques for different situations                                  | 1 | 2 | 3 | 4 | 5 |
| 47. My ACI/CI challenges athletic training students clinically   | 1 | 2 | 3 | 4 | 5 |
| 48. My ACI/CI keeps him/herself motivated  | 1 | 2 | 3 | 4 | 5 |
| 49. My ACI/CI keeps athletic training students motivated   | 1 | 2 | 3 | 4 | 5 |
| 50. My ACI/CI respects athletic training students  | 1 | 2 | 3 | 4 | 5 |



12. On the average, how many contact hours did your clinical instructor spend with you for **educational instruction (formal/informal) per day** \_\_\_\_\_ **or per week** \_\_\_\_\_ (Contact hours mean discussing information, informal teaching, conversing, interacting. . . mentoring!).

Signature of Student (optional)\_\_\_\_\_

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

Signature of ACI/CI\_\_\_\_\_

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



## CATASTROPHIC PLAN FOR LSSU ATHLETICS IN THE NORRIS CENTER (ATC PRESENT)

Follow the protocol listed below if a potential catastrophic injury occurs:

1. The **Certified Athletic Trainer (ATC)** will evaluate the injury situation and tend to the immediate care of the injured athlete.
2. **Athletic Training Student (A.T.S.)** will be responsible for retrieving emergency equipment (splints, crutches, etc.) as directed.
3. If Emergency Medical System (EMS) 911 must be activated:
  - A. **ATC** will remain with the injured athlete (stabilize the neck and head, evaluation, CPR rescue breathing) until the EMS personnel arrive.
  - B. **Assistant Coach** will be given the general extent of the injury by **ATC**.
  - C. **Assistant Coach** will then be responsible for dialing **9-911** from the phone located in the Norris Center Athletic Training Room (635-2035) saying:  
“This is name at Lake Superior State University and there has been an accident during our athletic practice and give general extent of injury & first aid provided. I will be waiting for you at the North-East Entrance to the Norris Center to take you to the injured person. Give phone number (635-2035).” Allow the 911 operator to hang up first.
4. The **Assistant Coach** will be responsible for proceeding to the North-East Entrance to meet ambulance and direct them to the floor.
5. The **ATC** will then instruct the **Head Coach** to keep the area clear of other athletes/spectators and make a pathway for EMS to reach the injured athlete.





## CATASTROPHIC PLAN FOR LSSU ATHLETICS IN THE NORRIS CENTER (NO ATC PRESENT)

Follow the protocol listed below if a potential catastrophic injury occurs:

1. The **CPR/F.A. Trained Staff Member (along with Athletic Training Student (A.T.S.) if present)** will evaluate the injury situation and tend to the immediate care of the injured athlete.
2. If Emergency Medical System (EMS) 911 must be activated:
  - A. **CPR/F.A. Trained Staff Member & A.T.S.** will remain with the injured athlete (stabilize the neck and head, evaluation, CPR rescue breathing) until the EMS personnel arrive.
  - B. **Team Manager/Coaches Designee** will be given the general extent of the injury by **CPR/F.A. Trained Staff Member**.
  - C. **Team Manager/Coaches Designee** will then be responsible for dialing **9-911** from the phone located in the Norris Center Athletic Training Room (635-2035) saying:

“This is name with Lake Superior State University and there has been an accident during our athletic practice and give general extent of injury & first aid provided. I will be waiting for you at the North-East Entrance to the Norris Center to take you to the injured person. Give phone number (635-2035).” Allow the 911 operator to hang up first.
3. The **Team Manager/Coaches Designee** will be responsible for proceeding to the North-East Entrance to meet ambulance and direct them to the injured party.
4. The **CPR/F.A. Trained Staff Member** will then instruct a **Responsible Adult** to keep the area clear of other athletes/spectators and make a pathway for EMS to reach the injured athlete.
5. Upon the transfer of patient care to the E.M.S. the **CPR/F.A. Trained Staff Member** will notify the **Certified Athletic Trainer**.





**CATASTROPHIC PLAN FOR LSSU ATHLETICS**  
**OUTDOORS/OFF CAMPUS**  
(ATC PRESENT)

Follow the protocol listed below if a potential catastrophic injury occurs:

1. The **Certified Athletic Trainer (ATC)** will evaluate the injury situation and tend to the immediate care of the injured athlete.
2. **Athletic Training Student (A.T.S.)** will be responsible for retrieving emergency equipment (splints, crutches, etc.) as directed.
3. If Emergency Medical System (EMS) 911 must be activated:
  - A. **ATC** will remain with the injured athlete (stabilize the neck and head, evaluation, CPR rescue breathing) until the EMS personnel arrive.
  - B. **Assistant Coach** will be given the general extent of the injury by **ATC**.
  - C. **Assistant Coach** will then be responsible for dialing **911** from the pre-determined nearest phone/cell phone saying:

“This is name with Lake Superior State University and there has been an accident during our athletic practice and give general extent of injury & first aid provided. I will be waiting for you at give location & general directions to take you to the injured person. Give phone number where you have called from.” Allow the 911 operator to hang up first.
4. The **Assistant Coach** will be responsible for proceeding to the nearest entrance to meet ambulance and direct them to the injured party.
5. The **ATC** will then instruct the **Head Coach** to keep the area clear of other athletes/spectators and make a pathway for EMS to reach the injured athlete.



**CATASTROPHIC PLAN FOR LSSU ATHLETICS**  
**OUTDOORS/OFF CAMPUS**  
(NO ATC PRESENT)

Follow the protocol listed below if a potential catastrophic injury occurs:

**\*\*UPON ARRIVAL AT SITE, COACH IS RESPONSIBLE FOR LOCATING NEAREST PHONE, WHICH CAN BE USED TO ACTIVATE EMERGENCY SYSTEM IF NECESSARY\*\***

1. The **CPR/F.A. Trained Staff Member (along with Athletic Training Student if present)** will evaluate the injury situation and tend to the immediate care of the injured athlete.
2. If Emergency Medical System (EMS) 911 must be activated:
  - A. **CPR/F.A. Trained Staff Member & A.T.S.** will remain with the injured athlete (stabilize the neck and head, evaluation, CPR rescue breathing) until the EMS personnel arrive.
  - B. **Team Manager/Coaches Designee** will be given the general extent of the injury by **CPR/F.A. Trained Staff Member**.
  - C. **Team Manager/Coaches Designee** will then be responsible for dialing **911** from the pre-determined nearest phone/cell phone saying:  
“This is name with Lake Superior State University and there has been an accident during our athletic practice and give general extent of injury & first aid provided. I will be waiting for you at give location and general directions to take you to the injured person. Give phone number where you have called from.” Allow the 911 operator to hang up first.
3. The **Team Manager/Coaches Designee** will be responsible for proceeding to the nearest entrance to meet ambulance and direct them to the injured party.
4. The **CPR/F.A. Trained Staff Member** will then instruct a **Responsible Adult** to keep the area clear of other athletes/spectators and make a pathway for EMS to reach the injured athlete.
5. Upon the transfer of patient care to the E.M.S. the **CPR/F.A. Trained Staff Member** will notify the **Certified Athletic Trainer**.



## CATASTROPHIC PLAN FOR LSSU ATHLETICS IN THE STUDENT ACTIVITY CENTER (ATC PRESENT)

Follow the protocol listed below if a potential catastrophic injury occurs:

1. The **Certified Athletic Trainer (ATC)** will evaluate the injury situation and tend to the immediate care of the injured athlete.
2. **Athletic Training Student (A.T.S.)** will be responsible for retrieving emergency equipment (splints, crutches, etc.) as directed.
3. If Emergency Medical System (EMS) 911 must be activated:
  - A. **ATC** will remain with the injured athlete (stabilize the neck and head, evaluation, CPR rescue breathing) until the EMS personnel arrive.
  - B. **Assistant Coach** will be given the general extent of the injury by **ATC**.
  - C. **Assistant Coach** will then be responsible for dialing **9-911** from the phone located in the east main entrance (635-2029) saying:

“This is name at Lake Superior State University and there has been an accident during our athletic practice and give general extent of injury & first aid provided. I will be waiting for you at the North Entrance to the Student Activity Center to take you to the injured person. Give phone number (635-2029).” Allow the 911 operator to hang up first.
4. The **Assistant Coach** will be responsible for proceeding to the North Entrance to meet ambulance and direct them to the floor.
5. The **ATC** will then instruct the **Head Coach** to keep the area clear of other athletes/spectators and make a pathway for EMS to reach the injured athlete.

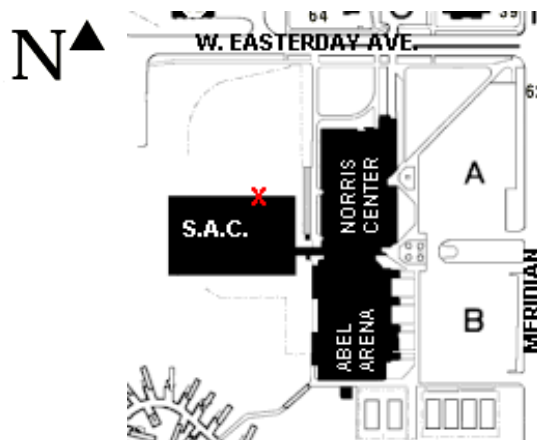




**CATASTROPHIC PLAN FOR LSSU ATHLETICS IN  
THE STUDENT ACTIVITY CENTER**  
(NO ATC PRESENT)

Follow the protocol listed below if a potential catastrophic injury occurs:

1. The **CPR/F.A. Trained Staff Member (along with Athletic Training Student(A.T.S.) if present)** will evaluate the injury situation and tend to the immediate care of the injured athlete.
2. If Emergency Medical System (EMS) 911 must be activated:
  - A. **CPR/F.A. Trained Staff Member & A.T.S.** will remain with the injured athlete (stabilize the neck and head, evaluation, CPR rescue breathing) until the EMS personnel arrive.
  - B. **Team Manager/Coaches Designee** will be given the general extent of the injury by **CPR/F.A. Trained Staff Member**.
  - C. **Team Manager/Coaches Designee** will then be responsible for dialing **9-911** from the phone located in the east main entrance (635-2029) saying:  
“This is *name* at Lake Superior State University and there has been an accident during our athletic practice and *give general extent of injury & first aid provided.* I will be waiting for you at the North Entrance to the Student Activity Center to take you to the injured person. Give phone number (635-2029).” Allow the 911 operator to hang up first.
3. The **Team Manager/Coaches Designee** will be responsible for proceeding to the North Entrance to meet ambulance and direct them to the floor.
4. The **CPR/F.A. Trained Staff Member** will then instruct a **Responsible Adult** to keep the area clear of other athletes/spectators and make a pathway for E.M.S. to reach the injured athlete.
5. Upon the transfer of patient care to the E.M.S. the **CPR/F.A. Trained Staff Member** will notify the **Certified Athletic Trainer**.





## CATASTROPHIC PLAN FOR LSSU ATHLETICS IN THE TAFFY ABEL ARENA (ATC PRESENT)

Follow the protocol listed below if a potential catastrophic injury occurs:

1. The **Certified Athletic Trainer (ATC)** will evaluate the injury situation and tend to the immediate care of the injured athlete.
2. **Athletic Training Student (A.T.S.)** will be responsible for retrieving emergency equipment (splints, crutches, etc.) as directed.
3. If Emergency Medical System (EMS) 911 must be activated:
  - A. **ATC** will remain with the injured athlete (stabilize the neck and head, evaluation, CPR rescue breathing) until the EMS personnel arrive.
  - B. **Assistant Coach** will be given the general extent of the injury by **ATC**.
  - C. **Assistant Coach** will then be responsible for dialing **9-911** from the phone located in the Hockey Athletic Training Room (635-2847) saying:

“This is name at Lake Superior State University and there has been an accident during our athletic practice and give general extent of injury & first aid provided. I will be waiting for you at the South Entrance to the Taffy Abel Arena to take you to the injured person. Give phone number (635-2847).” Allow the 911 operator to hang up first.
4. The **Assistant Coach** will be responsible for proceeding to the South Entrance to meet ambulance and direct them to the floor.
5. The **ATC** will then instruct the **Head Coach** to keep the area clear of other athletes/spectators and make a pathway for E.M.S. to reach the injured athlete.





## CATASTROPHIC PLAN FOR LSSU ATHLETICS IN THE TAFFY ABEL ARENA (NO ATC PRESENT)

Follow the protocol listed below if a potential catastrophic injury occurs:

1. The **CPR/F.A. Trained Staff Member (along with Athletic Training Student(A.T.S.) if present)** will evaluate the injury situation and tend to the immediate care of the injured athlete.
2. If Emergency Medical System (EMS) 911 must be activated:
  - A. **CPR/F.A. Trained Staff Member & A.T.S.** will remain with the injured athlete (stabilize the neck and head, evaluation, CPR rescue breathing) until the EMS personnel arrive.
  - B. **Team Manager/Coaches Designee** will be given the general extent of the injury by **CPR/F.A. Trained Staff Member**.
  - C. **Team Manager/Coaches Designee** will then be responsible for dialing **9-911** from the phone located in the Hockey Athletic Training Room (635-2847) saying:

“This is name at Lake Superior State University and there has been an accident during our athletic practice and give general extent of injury & first aid provided. I will be waiting for you at the South Entrance to the Taffy Abel Arena to take you to the injured person. Give phone number (635-2847).” Allow the 911 operator to hang up first.
3. The **Team Manager/Coaches Designee** will be responsible for proceeding to the South Entrance to meet ambulance and direct them to the floor.
4. The **CPR/F.A. Trained Staff Member** will then instruct a **Responsible Adult** to keep the area clear of other athletes/spectators and make a pathway for E.M.S. to reach the injured athlete.
5. Upon the transfer of patient care to the E.M.S. the **CPR/F.A. Trained Staff Member** will notify the **Certified Athletic Trainer**.

