

UI ATEP Student Handbook

Effective August 08

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INTRODUCTION

INTRODUCTION

PURPOSE

The purpose of this handbook is to give the athletic training student general information concerning the athletic training facility, as well as provide a direction for the educational advancements that will be made over the next few years. This handbook will coincide with the three general purposes or philosophies of the athletic training program:

1. The education of the athletic training student
2. Prevention, care and rehabilitation of athletic injuries
3. Maintain and increase a better public image of the Athletic Training profession.

Prevention, care, rehabilitation procedures, forms, and knowledge levels that will be expected of the student are presented in this handbook. All admissions and retention criteria are also presented in this handbook

The second purpose is related to the first; the education of the athletic training student. This handbook is comprehensive and should provide a broad knowledge base in conjunction with the students' regular academic classes. Again, it will provide the student with a guide to the level of understanding that will be required of them.

The third purpose is important because of the close relationships that are developed with the community, coaches, patients, parents, physicians and other health care professionals. By excelling in the first two categories, the athletic trainer will have taken great strides in meeting the third. It is important that the athletic trainers uphold and better the image of athletic trainers as health care professionals. This manual covers the UI ATEP's Rules of Professional Conduct.

This handbook is for you, the athletic training student. It is a tool that must be used like any other to benefit from what it can do. By becoming an athletic training student, you have become part of a system with the above as its purpose. The ultimate goal concerning the students is to meet their need for professional advancement. Use this manual, the athletic training staff, and your peers to help you meet that goal. In doing so, you will be helping to meet the goals of the athletic training education program.

INTRODUCTION

THE NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA)

The National Athletic Trainers' Association (NATA) is the certified athletic trainers' main governing body. It has been in existence since 1950 and is dedicated to the advancement of the Athletic Training profession. Representing the entire United States and Canada, the NATA serves as the control for education, legislation and relationships with other health care professionals.

Becoming involved with the organization is important to the athletic trainer. Decision-making that will affect the future of the athletic training profession is done through the NATA. In addition, the NATA has developed a certification process that produces a certified athletic trainer that is recognized as a health care professional by other health care professionals. The connections and support that is developed through membership is vital to the advancement and continuing education of each member.

As an athletic training student, membership in the NATA provides opportunities for educational advancement, at a reduced cost. Also, the contacts made through the clinical symposiums and newsletters are essential for advancement and placement as a professional.

It is strongly recommended that all athletic training students join the NATA. Membership forms can be obtained on the association's website at www.nata.org by writing to the NATA at the following address:

National Athletic Trainers' Association
2952 Stemmons Freeway
Dallas, TX 75427
1-800-TRY-NATA

INTRODUCTION

EXPECTATIONS

As an athletic training student, you will be exposed to duties that directly relate to prevention, emergency care, evaluation, treatment, and rehabilitation of athletic injuries, as well as administrative duties of the athletic training facility. You will be performing these duties as a representative of the University of Idaho Athletic Training education program. In return, you will receive the educational experience that you seek. Therefore, your expectations are as follows:

Education: The reason for you being an athletic training student is to prepare you for the professional athletic training setting or a related professional field. You will be expected to take responsibility for your own education.

Professionalism: To achieve any amount of credibility as an athletic trainer, you must dress appropriately, present yourself in a professional manner, and develop proper relationships with your peers, staff certified athletic trainers, patients, physicians, coaches, and administrators.

Clinical Experience: The prevention, emergency care, evaluation, treatment, and rehabilitation of injuries are the main purposes of the athletic training student. You will only be asked to participate at your current level of understanding. This level of understanding will develop with your current education level. This education will include, but will not be limited to, an understanding of the cognitive domain, psychomotor domain, affective domain, and clinical proficiencies in the areas of: risk management and injury prevention, pathology of injuries and illnesses, assessment and evaluation, acute care of injury and illness, pharmacology, therapeutic modalities, therapeutic exercise, general medical conditions and disabilities, nutritional aspects of injury and illness, psychological intervention and referral, health care administration, and professional development and responsibilities.

Your advancement as an athletic training student will be dependent upon your performance in the athletic training facility, your level of comprehension or understanding, and your academic achievements. It will be required that you maintain a 2.75 cumulative GPA. Dropping below this GPA will place you on probation, possible suspension for one semester, or a combination of both (see probation/dismissal policies). Your education is the most important part of being an athletic training student. The amount of time you spend in the athletic training facility may have to be adjusted to fit the needs of your academic schedule.

The program at the University of Idaho is a Commission on accreditation of athletic training education (CAATE) programs.

To complete the Athletic Training major and educational program from the University of Idaho, you must:

1. Complete the Bachelor of Science degree with an Athletic Training major as set forth by the Department of Health, Physical Education, Recreation and Dance.

ADMISSION TO THE UI ATEP

PRE-PROFESSIONAL PHASE

The following courses are prerequisites for application into the Athletic Training education program that involves the coursework and clinical experiences. These courses are required for the completion of the Athletic Training major. All Athletic Training courses must have no grade lower than a "C".

H&S 245 Introduction to Athletic Injuries (3 credits)

H&S 288 First Aid/Emergency Response (2 credits) or current certification

- PEP 101 Introduction to Athletic Training (1 credit)
- PEP 171 Athletic Training Clinical Experience: Observation (1 credit)
- BIOL 120 Human Anatomy (4 credits)
- BIOL 121 Human Physiology (4 credits)

Students desiring admission into the Athletic Training must submit a formal application to the Director of Athletic Training Education (ATEP Director). This application must be submitted to the ATEP Director by March 1st for the following Fall Semester admission into the Athletic Training education program.

An Athletic Training Board consisting of the Director of Athletic Training Education, the Director of Athletic Training Service and one AT faculty at the University of Idaho, will evaluate and select each student applying for admission into the Athletic Training program. Formal notification of admission to the program will be made in writing and sent to the candidate prior to the period of pre-registration for the fall semester. Candidates who are **not** admitted to the program will also receive written notification.

ENTRY INTO THE CLINICAL (PROFESSIONAL) PHASE OF THE UI ATEP:

Student selection is based on the following criteria:

1. Admission to the University of Idaho;
2. Academics: 2.5 cumulative GPA. All pre-professional course requirements must have no grade lower than a "C".
3. The student will have completed or will be completing the pre-professional phase;
4. Completed Application Form.
5. Philosophy Statement of Athletic Training, including:
 - a. Reason for applying
 - b. Perception of the profession of Athletic Training
 - c. Future goals and expectations upon completion of the Athletic Training program
 - d. Strengths
 - e. Any other areas/comments that you may deem appropriate.
6. Written Athletic Injury Case Study;
7. Two letters of recommendation;
8. Proof of polio, measles, mumps, and rubella vaccination or immune titer;
9. Proof of tetanus vaccination within the last ten years;
10. Complete 20 hours of observation in the clinical setting (Athletic training facility);
11. Completed Physical Examination by the UI ATEP Medical Director
12. Completed Technical Standards Form
13. Personal interview with Athletic Training Board.

NOTE: Should you be accepted into the clinical portion of the Athletic Training education program, you must enter your clinical experience the following fall semester. If you choose to not return the following semester, your clinical position will not be held for you and you must reapply for admission into the program. If you are unable to return due to extreme circumstances (ex. major medical issue) your clinical position may be held until your return for the spring semester. You will need to provide information stating your intentions if you plan on returning.

The clinical portion of the Athletic Training Education Program must take place in no less than 3 academic years. The UI ATEP program's clinical portion is designed as a three-year sequence. Upon admission into the Athletic Training education program, the following requirements must be met to maintain an athletic training education and clinical position:

UI ATEP'S TRANSFER STUDENT POLICY

The following policy defines the UI Athletic Training Educational Program’s (ATEP) position regarding transfer students. Transfer students wishing to apply to the ATEP must follow this process to be considered for application to the ATEP.

1. All students must contact the UI Registrar to discuss University requirements for completion of the Athletic Training degree.
2. All students wishing to transfer in any athletic training related classes (PEP 101, H&S 288, H&S 245), must submit a copy of the course syllabus for review by the ATEP Director. The Director may or may not except this course as requirements courses in ATEP’s vary greatly. The Director will evaluate the material provided by the student (i.e. course syllabi) to ensure that the necessary course material was covered. The student will be informed in writing of the final decision regarding acceptance of Athletic Training related course content.
3. All students must complete three years of the ATEP’s clinical sequencing.
4. All students must complete the entire ATEP curriculum.
5. See requirements for Application to the Clinical Portion of the ATEP for any additional application procedures.

AFFILIATED SITES AND ROTATION SCHEDULE:

Students will gain clinical experiences in the traditional athletic training facility setting and a variety of clinical settings outside the University of Idaho. These sites may include:

1. Moscow High School/Junior High School, Moscow, ID
2. Genesee High School, Genesee, ID
3. Lewiston High School, Lewiston, ID
4. Pullman Sports Therapy Clinic, Pullman, WA
5. Gritman Therapy Solutions, Moscow, ID
6. Inland Orthopaedic Clinics, Moscow, ID & Pullman, WA
7. Moscow Mountain Sport and Physical Therapy, Moscow, Idaho

The traditional athletic training facility will provide the athletic training student with experiences of 15 Division I-A men’s and women’s intercollegiate athletic teams. Students will be assigned sport duty according to where they are located within the program and the practical skills acquired at the time of assignment. A ten-week rotational schedule will be set up in the high school, sports therapy clinic, and orthopaedic clinic to allow exposure to diverse experiences within each setting. Following is a rotation schedule the athletic training student will follow throughout their academic career at the University of Idaho:

Freshman	Athletic training facility	Observation
Sophomore	Fall - Athletic training facility (ATR)*	Spring – ATR*
Junior	Fall – High School & ATR*	Spring – Clinic & ATR*
Senior	Fall – Orthopaedic Clinic & ATR*	Spring – ATR*

All are subject to change based on individual and program needs*

*POLICIES AND
PROCEDURES*

**UNIVERSITY OF IDAHO
ATHLETIC TRAINING FACILITY
POLICIES AND PROCEDURES**

PHILOSOPHY

The purpose of the athletic training facility and staff is the prevention, care, and rehabilitation of athletic injuries. All patients have equal access to the athletic training facility and the services provided therein.

Individuals who have exhausted their term of athletic eligibility will be treated the same as the general student population and allowed only first aid care unless the injury was sustained or results from an injury sustained when eligible.

PURPOSE

The fundamental purpose of the athletic training program at the University of Idaho is the prevention, care, and rehabilitation of athletic injuries. The education and development of the athletic training students and the advancement of athletic training through professionalism are also very important.

There are also numerous other duties for which the athletic trainer takes responsibility. These may or may not be under the job description of the athletic trainer, but it is important to remember to look at things from a larger perspective. Our part as athletic trainers is part of a team effort to produce a successful outcome on the playing surface. Therefore, it is important to take on all tasks with equal diligence and enthusiasm. Remember, it is the patient's best interest the athletic trainer is most concerned with, not his/her own.

**ATHLETIC TRAINING EDUCATION PROGRAM
MISSION STATEMENT, GOALS, AND OBJECTIVES**

The mission of the University of Idaho athletic training education program is to prepare qualified students to enter the professional field of athletic training. As a major in the Department of Health, Physical Education, Recreation, and Dance, the athletic training education program disseminates knowledge, puts theory into practice, and encourages athletic training students in excellence, diversity, innovation, and service to the community.

Athletic training students will gain knowledge in the prevention, acute care, evaluation, treatment, and rehabilitation of injuries and illnesses to the physically active individual. Students will also acquire an understanding of athletic training administration and professional development. This knowledge and understanding is obtained in both the classroom and clinical setting. UI's program places emphasis on the clinical experience, which enables the athletic training student to practice the knowledge and skills gained in the classroom. It is one of the beliefs of UI's athletic training education program that the clinical experience is essential in the development of the student for the professional role as athletic trainer on a medical care team.

The University of Idaho's athletic training education program will assist the student in preparing to work in a multi-faceted medical environment that provides care to the physically active individual. The program also will educate the student about the variety of medical health care specialists that exist. This list may include, but is not limited to, physicians, medical specialists, physical therapists, occupational therapists, physician's assistants, emergency medical technicians, and nurse practitioners.

The University of Idaho and the athletic training education program offers an excellent quality education so that the student may develop into a responsible individual prepared for a lifetime of learning, and equipped with the professional and technical skills needed to be a certified athletic trainer.

HOURS OF OPERATION

The athletic training facility is open Monday through Friday approximately 6 am – 7 pm depending on the practice and conditioning schedules of each sport.

OPERATING PROCEDURES AND RULES

Loitering, horseplay, profanity, use of tobacco, food, and drinks are NOT permitted in the athletic training facility. The athletic training facility is not an extension of the locker room or a lounge.

The athletic training facility is a co-educational facility. Appropriate clothing must be worn at all times. Post-practice treatments, taping, and evaluations will be given *ONLY AFTER SHOWERING*. You are an extension of the staff, enforce all athletic training rules at all times. The staff will always support this. Remember to remain courteous and professional.

In-competition season, injured patients will have priority in receiving treatments. The Athletic Training Staff reserves the right to schedule treatment times for individuals as needed.

All book bags and excessive bags will be kept in lockers that can be checked out from the Kibbie Dome. Also, all athletic equipment (football pads, cleats, spikes, bags, etc) is to be kept outside the athletic training facility.

The athletic training facility towels are to remain in the athletic training facility.

All areas of the ATR are to be cleaned after every use. This includes the treatment tables and counters. Every patient, every time.

All students are required to perform treatments as indicated (e.g. if you are applying a hot pack you must use a towel as a barrier between the patient and hot pack cover). Students may not apply a modality without checking for contraindications.

Supplies/equipment are to be dispensed/operated by the athletic training staff *ONLY*.

Headphones are **NOT** allowed while using the whirlpool.

Telephones in the athletic training facility offices are for business only. No patient is allowed to use the phone unless it is an emergency. **NO CELL PHONES ARE PERMITTED IN THE ATHLETIC TRAINING FACILITY.**

Give respect to earn respect.

Remember: A reputation is what you have when people are watching and character is what you are left with when no one's around!

PERSONNEL

The athletic training staff consists of staff athletic trainers, graduate athletic trainers, physicians, and consulting medical specialists. Primarily the team physicians, consulting specialists, and staff athletic trainers coordinate the care and rehabilitation for any patient.

DEFINITIONS:

Approved Clinical Instructor (ACI): An ACI is an BOC Certified Athletic Trainer with a minimum of one year of work experience as a certified athletic trainer, and who has completed the approved clinical instructor training. An ACI provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students.

Clinical Instructor (CI): A CI is a BOC certified athletic trainer or other qualified health care professional with a minimum of one year of work experience in their respective academic or clinical

area. Clinical instructors teach, evaluate, and supervise athletic training students in the field experiences. A clinical instructor is not charged with the final formal evaluation of athletic training students' integration of the athletic training competencies and clinical proficiencies.

Athletic Training Student (ATS): A student enrolled in the athletic training education program who is completing clinical education in the University of Idaho's athletic training facility and other approved clinical sites.

Team Physicians

The team physician provides the ultimate diagnostic, supervisory, and prescriptive medical care. The team physician(s) and the staff athletic trainers will determine the treatment and rehabilitation for all University of Idaho intercollegiate patients. The team physician has absolute authority in determining the physical fitness of a patient who wishes to participate in UI athletic programs. He/she also has the sole responsibility of determining whether a patient can participate because of a physical disability, injury, or illness. The physician also acts as medical supervisor with the prevention, care and rehabilitation of athletic injuries.

Consulting Medical Specialists

A specialist will be utilized in areas from orthopedic surgeon to nutritionist. These specialists are utilized only under the approval of team physicians and/or staff athletic trainers.

Staff Certified Athletic Trainers

Staff athletic trainers are responsible and accountable for the daily operation of the athletic training facility. These individuals are ACIs. They work with and under the supervision of team physicians, and have the following duties and responsibilities:

1. Direct the injury prevention efforts of the athletic training program.
2. Direct and administer first aid procedures.
3. Direct and administer rehabilitation procedures under the direction of the team physician(s).
4. Provide coverage for athletic events and practices.
5. Supervise the education of athletic training students.
6. Organize the athletic training facility budget and administration.
7. Direct and supervise the daily operation of the athletic training facility.

Graduate Athletic Trainers

Graduate athletic trainers are responsible for performing the duties as described by the staff athletic trainers while taking steps to obtain a graduate level degree. These individuals may be an ACI or CI.

Athletic Training Students

Athletic training students at the University of Idaho have varying responsibilities (outlined later) depending on their skill level and progression through the Educational Competency Elements. The athletic training student is one who is concerned with taking the necessary steps toward certification by the National Athletic Trainers' Association Board of Certification.

ATHLETIC TRAINING STUDENT RESPONSIBILITIES

Levels of Responsibility

Your level of responsibility will vary depending on your academic progression, your performance in the clinical settings, and the completion of the competency and proficiency system. The staff athletic trainers will provide you with guided responsibilities. Make sure you do not perform tasks beyond your level of education and responsibility. At the same time, be aggressive and challenge yourself.

Education

The responsibility to learn is yours. Staff athletic trainers will do their best to teach you and provide you with learning opportunities for your benefit. Athletic training knowledge is gained through study and structured experience. Make sure you do not let learning situations go unused. Take advantage of these situations, your peers, and certified staff athletic trainers to enhance your learning process.

Athletic training facility Duties

It is important the athletic training facility be run and organized in such a way that the patients receiving treatment have a clean, professional environment they can feel comfortable in. The following duties and responsibilities are a minimum of what should be done.

Treatment Records:

All treatment records are to be completed every time, every day.

Treatments:

Treatment will be prescribed by the team physician and/or certified athletic trainer with input from the athletic training student. Before you begin treating patients, you must be cleared to perform this task by program director. If you have not been formally taught AND evaluated you may not practice on a patient. This is part of the CAATE Standards. Patients will not prescribe or administer their own treatments (including hot packs). It is your responsibility to have a competent understanding of all treatments.

Taping and Protective Strapping:

Before you begin taping patients, you must be cleared to perform this task by the staff athletic trainers. Once you begin taping do not be discouraged by a bad tape job or that you may have given a patient a "tape cut". You will only get better at taping if you continue to do it.

Clean-up and Maintenance:

To maintain a professional atmosphere, the athletic training facility must be kept clean. At the end of the day the following must be done:

1. Whirlpools
 - Drain and scrub insides, bottom, and jet with Ajax.
 - Rinse, and then spray with LPH. Leave on for 3 minutes.
 - Rinse, and then spray with alcohol.
 - Wipe dry.
2. Taping tables, treatment tables, counter tops, and ice machine door
 - Spray & clean taping and treatment tables with Sanizide.
 - Spray & clean counter tops and ice machine door with alcohol.
3. Floors
 - Should be swept/vacuumed nightly.
4. Exam Room (Doc's office)
 - Spray & clean table and counter top.
 - File all folders, exam notes, and other materials used during the day.
5. Treatments recorded and tallied
6. On a weekly basis
 - Hydrocollators drained and cleaned.
 - Store rooms organized.
 - Bikes, Versaclimber, and Cybex cleaned.

In addition to the above, modalities should be cleaned and organized, refrigerator and ice machine wiped down, taping tables/trays restocked, ice cups filled, bike area organized, and athletic training student area cleaned and organized.

At times, it will not be necessary to perform some or all of these duties periodically during the day. For example, when a patient uses a table, clean it immediately to promote a safe healthy environment for all other patients. You are an extension of the staff enforce all athletic training facility rules. Students are to report to the head athletic trainer and the program director if there are any concerns.

Practice and Event Coverage:

During practices and events, it is essential that medical personnel be present. This includes set-up, event coverage, and clean up. These are also some of the best learning opportunities for you as an athletic training student. At all times you will be assisting a certified athletic trainer at an event or practice. It is important, however, while covering events and practices the following be kept in mind:

1. Emergency Medical Procedures
 - Where is the nearest phone or contact with an ambulance?
 - Where is the emergency taking place?
 - What is the best route for the ambulance to take to get to you?
 - What will be your responsibility in the event of an emergency?
2. Be attentive so in the event of an injury, you will have some idea of what happened and how.
3. Be aware of situations or things that may predispose the patient to injury.
4. Only a certified athletic trainer or physician may take someone out of practice or game. If a patient tells you they can no longer participate, the head or assistant athletic trainer must know immediately so they can notify the coaching staff of the patient's condition and status
5. Be aware of indications that may suggest a patient should not participate. (For example, signs of heat illness, concussion).

Prescribing Treatment:

Prescribing treatment is the ultimately the responsibility of the team physician and certified athletic trainer. All students must clear every treatment through their ACI or CI. We encourage you to develop a plan on your own, but you must seek approval before it is implemented. Don't ask your ACI what you should do, come to your ACI with a plan of what YOU think you should do. Discuss the plan and implement the treatment as appropriate. Remember to work within your limits. If you do not know or are unsure, please ask. Be assertive, but professional.

PROFESSIONAL RELATIONSHIPS

It is important to build a working and professional relationship with the following people:

Team Physicians

The team physicians are highly qualified consultants that deserve your utmost respect. Feel free to ask questions, but never second guess or question their decisions. You may assist them whenever possible. Do not seek personal medical advice from them while they are in the athletic training facility to see patients.

Staff Certified Athletic Trainers

The staff athletic trainer is your immediate supervisor. You are responsible to this person at all times. They are your first backup and resource when you have questions regarding anything or anyone in the athletic training facility or athletic training education program. Feel free to talk with them about anything at anytime.

Graduate Athletic Trainers

The graduate athletic trainer is here for your benefit. They are certified athletic trainers and can help you in preparation for the certification examination. They can answer questions you may have. Treat them more as a knowledge base than a boss.

Athletic Training Students

Your peers are the individuals you will need to depend on. They along with the faculty and staff will constitute your first professional network. Those with more experience can provide additional guidance for

those with less experience. Due to the nature of the design of the clinical education program some students will have more responsibilities than others. The program is designed for increasing levels of responsibility. There may be times when a peer is asked to develop a leadership role. It is everyone's responsibility to work as a team. Everyone will do every task until it is finished. More experienced students are expected to be a professional role model for less experienced students. Take care of each other!

Patients

1. Maintain a degree of separation from the patients. This will enable you to maintain a level of professionalism.
2. Socializing with patients will not be restricted; however, you are expected to perform high quality professional work regardless of personal opinions or feelings you may have formed about someone. Therefore, it is **strongly recommended** you not date the patients. If your personal relationships affect your ability to as an athletic trainer, it will be discussed with you and/or corrective steps taken.
3. Gossip is spread in the locker room and athletic training facility extensively. Stories about your personal life whether true or not will affect your professionalism as an athletic trainer. Make sure you do not allow yourself to become the subject of gossip.
4. Do not repeat medical information about players to their teammates, coaches, scouts, reporters, or other athletic personnel. The patients are trusting what is discussed with you will remain confidential. All information is confidential.
5. The athletic training staff at the University of Idaho **will not** tolerate any prejudice for any reason. All patients will be treated as equals regardless of race, ability, gender, sport, or any other reason.

Coaching Staff

Develop a professional relationship with the coaching staff regardless of personal opinion. As an athletic trainer you must be a "Team Player". When things get tough, as they will, maintain your respect, courtesy, cooperation, and loyalty to the coaching staff. Make every effort to communicate with the head coach and not the assistant coach. When informing coaches of the condition of his/her patient:

1. Seek approval from your ACI/CI regarding the plan that you have developed.
2. Tell only what you know. Do not guess, offer opinions or speculate.
3. Be firm in your opinion. Do not be intimidated into compromising.
4. Develop discretion. Know when you have said enough.
5. If you feel you are being pressured or intimidated, ask for assistance from a staff athletic trainer.

DRESS CODE

The following policies are to be followed as specified with no exceptions. Remember, you have a professional image to uphold. Failure to comply will result in immediate removal from the clinical setting. All instances of infraction will be reported to the Program Director.

1. Athletic training students should be dressed neat and act professionally at all times when on duty.
2. Athletic training polo shirts are required when working in the athletic training facility, at practice, and at games/events. Shirt and tie are also appropriate if you so desire.
3. All students must wear khaki style pants/shorts or dress pants. Professional looking cargo pants/shorts are acceptable.
4. Shoes must be functional and appropriate. No open-toed or heeled shoes (thongs, sandals, Birkenstocks, slip-ons, etc) will be tolerated.
5. Game day shirts (as described by the head athletic trainer) and matching shorts/pants (either khaki or black) are to be worn at all home and away contests unless formal attire is appropriate.
6. Name tags must be worn at all times when representing the UI ATEP.
7. When traveling, formal attire is required. A coat and tie for men and corresponding attire for women (dress, skirt, pantsuit, slacks and blouse, etc). During meals appropriate athletic training attire may be worn.
8. Dress for practices on the road the same way you would for home games and events.

9. UI hats may be worn outside, but they will not be allowed inside.

Rules of Professional Conduct, Probation, and Disciplinary Measures

Athletic Training is health profession and as such, the student should prepare for entry into athletic training with professional commitment and conduct. Therefore, it is necessary to institute rules for conduct and the consequences of inappropriate acts and behaviors. The athletic training student will abide by the rules of professional conduct or they will be suspended from the ATEP.

NOTE: Should you be accepted into the clinical portion of the Athletic Training education program, you must enter your clinical experience the following fall semester. If you choose to not return the following semester, your clinical position will not be held for you and you must reapply for admission into the program. If you are unable to return due to extreme circumstances (ex. major medical issue) your clinical position may be held until your return for the spring semester. You will need to provide information stating your intentions if you plan on returning.

The clinical portion of the Athletic Training Education Program must take place in no less than 3 academic years. The UI ATEP program's clinical portion is designed as a three-year sequence. Upon admission into the Athletic Training education program, the following requirements must be met to maintain an athletic training education and clinical position:

Rules of Professional Conduct*

- Demonstrate progressive improvement as an athletic training student during the three-year academic period through the completion of clinical educational elements, clinical testing and demonstration of proper skill techniques during clinical and field experiences within the Athletic Training Facility.
- Completion of the required curriculum, with the grade of "C" or better.
- Completion of Athletic Training Clinical Education Clinical Companions (proficiency manuals)
- Maintain current First Aid and CPR certification.
- Maintain a 2.75 cumulative GPA or higher and receive no lower than a "C" in any professional course. If the cumulative GPA falls below 2.75, the student will be placed on academic probation status and will NOT be allowed to participate in the clinical setting. A written and verbal warning will be given to the student, which will include the cause of the probation, disciplinary action being taken, and the disciplinary action that will be taken should the academic cause not be corrected. If the cumulative GPA remains below 2.75 for more than one semester of probation, the student shall be dismissed from the Athletic Training education program (See Dismissal Policy).
- Attendance or excused absence at all ATEP educational meetings.
- Accumulation of clinical and field experiences, with differing genders, risk levels, equipment requirements, and general medical injuries and illness within the three-year academic period.
- Fulfill duties and expectations relating to athletic training education as assigned by your ACI/CI, including satisfactory evaluations.
- Practice proper grooming habits and hygiene.
- Apply him/herself to all academic work as conscientiously as in the athletic training courses. Be prompt in attendance at all classes. Classroom and clinical education are equally important. A complete content knowledge level is necessary to competent entry-level practice. Use your time away from the clinical education portion to study and achieve balance. Let the program director know if you are having trouble managing the assigned load.
- Follow the clinical education schedule unless otherwise approved by the ATEP Director/Clinical Coordinator.
- Remember he/she will be judged by the patients under his/her care and by his/her actions at all times. Inappropriate behavior outside of the athletic training environment can and will affect the athletic training student's professional relationship with some patients. If his/her professional effectiveness is

hindered by other behavior and it compromises his/her performance in his/her duties, action must be taken by the ATEP Director.

- No cell phones are allowed in the ATR or in the clinical setting. No exceptions.
- Enforce all athletic training facility rules without discrimination.
- Not slander another athletic trainer, coach, or patient.
- Not use vulgar or inappropriate language. Any violation will result in immediate removal.
- Be prompt in attention to the tasks of athletic training and the performance of athletic training facility responsibilities:
 - a. Reporting for scheduled clinical education hours
 - b. Keeping all appropriate medical documentation
 - c. Fulfilling assignments
 - d. Abiding by the NATA Code of Conduct.
- Wear appropriate clothing (including nametags) when participating as a member of the athletic training program (both home and away).
- Not use tobacco or smokeless tobacco while working, either home or away.
- Not wear University of Idaho Athletic Training apparel in any bar or tavern.

*Failure to comply with the rules of professional conduct will result in probationary or dismissal actions.

UI ATEP Probation Policy

Any student who fails to adhere to the “Rules of Professional Conduct” as defined in the ATEP Student Handbook, are subject to a probation period, the purpose of which is to remediate any existing deficiencies. Failure to follow any of the “Rules of Professional Conduct” will result in an immediate removal from the ATEP’s Clinical Education Experiences. Serious infractions of the “Rules of Professional Conduct” may result in immediate dismissal from the ATEP. The student may make an appeal to the AT Board following the “Appeals Process”

All terms and conditions of the probation will be provided in a written document and will be signed by the ATEP Director and the student. Failure to meet the conditions of the probation will result in removal from the ATEP. Any student who does not meet the terms of the probationary agreement will be dismissed from the ATEP. Students may reapply to the ATEP no sooner than one year from the date of the dismissal from the ATEP.

Any student, who fails to adhere to the “Rules of Professional Conduct” for a second time will not be allowed to continue on in the program and will be immediately dismissed. Students will receive written confirmation of all communications.

Any student, who wishes to appeal the decision, may follow the “Appeals Process in the ATEP Student Handbook”. Failure to follow the sequential steps of the “Appeals Process” will result in the appeal not being heard.

DISMISSAL POLICIES FOR ATHLETIC TRAINING EDUCATIONAL AND CLINICAL EXPERIENCE

All terms and conditions of the probation will be provided in a written document and will be signed by the ATEP Director and the student. Failure to meet the conditions of the probation will result in removal from the

ATEP. Any student who does not meet the terms of the probationary agreement will be dismissed from the ATEP. Students may reapply to the ATEP no sooner than one year from the date of the dismissal from the ATEP.

Any student, who fails to adhere to the “Rules of Professional Conduct” for a second time will not be allowed to continue on in the program and will be immediately dismissed. Students will receive written confirmation of all communications.

Dismissal from the Clinical Experience is based on any of the following criteria:

- Two consecutive poor semester evaluations (immediate dismissal)
- Failure to meet probationary standards(immediate dismissal)
 - If a student is placed on probationary status, a written contract will be developed between the student and the ATEP Faculty.
- Violation of Confidentiality Agreement (immediate probation or dismissal)
- Falsification/Misrepresentation of clinical hours, educational competencies completion, or professional/ethical standards as defined by the NATA or (immediate probation or dismissal)
- Three unexcused absences from clinical or habitual tardiness (immediate probation or dismissal)
- Failure to demonstrate other professional practices including communications with or about, faculty, staff, students, the ATEP, coaches, or patients (immediate probation or dismissal).
- Any serious infraction of the “Rules of Professional Conduct” (immediate dismissal).

APPEAL PROCESS

Appeal process for dismissal is as follows:

- The student has 48 hours to submit a written statement of appeal containing reasons, justifications for actions, and outline proposed actions to remedy the situation to the Program Director, ATEP Faculty, and Head Athletic Trainer.
- The written statement will be reviewed and reconsidered by the Athletic Training Board.
- A meeting will be held with the student and Athletic Training Board to discuss the decision.
- If the student wishes to further pursue the matter, the following steps should be followed:
 - take grievance before the Chair of the Department of HPERD
 - then the Dean of Education
 - and finally the Vice Provost of Student Affairs.
 - The progression of grievance shall follow normal policy and procedure without the omission of any of the aforementioned steps. **Any Appeal that does not follow this procedure will not be heard for any reason.**

TEAM PROCEDURES

Pre-practice Procedures

The staff athletic trainers responsible for the team practicing should arrive at the athletic training facility at least one hour before practice is scheduled to start or at the time the athletic training facility opens for afternoon practices. The practice area should be set up (water, cups, etc) before practice begins. Both the athletic training student and staff athletic trainer covering the practice are responsible for all athletic training facility equipment taken to/from practice (e.g. coolers, towels, kits, etc).

Initial evaluations of new injuries and treatments should be kept to a minimum during pre-practice time. It is suggested that these treatments be done during the morning athletic training facility times. This gives the athletic training staff and the patient ample time to follow-up with any further medical appointments and treatments that may need to be arranged and completed.

Post-practice Procedures

The patient's care is the primary concern after practice. Make all attempts to be prepared (athletic training facility and equipment put away, ice bags made, whirlpools filled, etc) before the patients come in after their showers. After the patients have received treatment, then daily clean up and maintenance can begin. Do not miss educational experiences because you are doing menial tasks. You can do them later. All medical paperwork must be completed before you leave.

Home Events

An athletic trainer who is responsible for the team competition has several responsibilities:

1. Pre-game preparation of patients,
2. Pre-game preparation of sideline set-up,
3. Visiting team field and locker room accommodations (water, coolers, towels, etc),
4. Referee locker room accommodations (water, coolers, towels, etc),
5. Coverage of game/meet,
6. Post-game activities, including care of patients, checking with visiting team for special needs, and clean up of all accommodations and sideline equipment.

CONFIDENTIALITY

In the preceding sections, it has been made clear the athletic trainer is a health care professional. In this position, medical information becomes available to you. This information is the personal business of the patient. It is not to be repeated to the coaches, other patients, scouts, reporters, or friends. All of these people can be referred to the head and assistant athletic trainers for information. The proper response to questions about height, weight, personality, or ability is that you may not comment due to patient confidentiality. The wrong phrase presented in the wrong manner or out of context can ruin a patient's career or reputation. Don't abuse the trust you have been given.

This also applies to the patient's medical file. Use discretion when placing information in the file. This information is confidential and is not to be discussed with anyone. If you have questions about information in the file, refer to either the head or assistant athletic trainers or the team physician. **DO NOT DISCUSS ANY INFORMATION YOU SEE IN A MEDICAL FILE WITH ANYONE OTHER THAN THE ATHLETIC TRAINING STAFF OR TEAM PHYSICIANS.**

RECORD KEEPING

The athletic training facility at the University of Idaho has many different forms at its disposal. Although it may be apparent at first, each form has a specific purpose and fulfills a vital function. The following forms may be found in Appendix B.

Awareness of Risk: Fulfills the University of Idaho's legal obligation to inform the patient of the possible dangers associated with participation in intercollegiate athletics.

Medical History: Provides a detailed medical history and current information to assure the patient is free of health considerations, which would prohibit them from participation in intercollegiate athletics.

Medical Services: Provides the patient with information about what services they can expect and who is financially responsible for those services in specific situations.

Medical Considerations: Football: Gives the patient participating in intercollegiate football at UI specific information about injury reporting, helmet warnings and care, and general procedures for taping and treatments.

Emergency Information and Consent: Contains the names and numbers of people to contact in the event of an emergency concerning the patient. It also provides the athletic training staff consent for treatment and is signed by the patient.

Daily Treatment Record: Provides information regarding treatments received by the patients.

Preliminary Injury Evaluation: To be completed by the athletic training student when performing an initial evaluation of an injury. This form is eventually placed in the patient's medical file after reviewed and signed by a staff athletic trainer.

Rehabilitation Forms: A form used to design and record individual rehabilitation protocols for the patient.

Physician Visit Report: Patients, who need to see a physician, as determined by a staff athletic trainer, are recorded with his/her sport and reason for need of medical attention. During his/her examination, notes are taken in the spaces provided. At the end of the day one copy is given to the physician and one copy is filed with the past reports.

**UNIVERSITY OF IDAHO
ATHLETIC TRAINING EDUCATION PROGRAM
SUPERVISION POLICY**

Clinical Experience:

Clinical Experience – An experience that provides an opportunity for integration of psychomotor, cognitive, and affective skills, and clinical proficiencies within the context of direct patient care. An Approved Clinical Instructor (ACI) directly supervises this formal clinical education experience. The formal instruction and evaluation of clinical proficiencies occur in this setting.

The primary settings include the athletic training facility, athletic practices, competitive events, and educational meetings.

Field Experience:

Field experience is defined as an experience that provides an opportunity for an athletic training student to practice applying the skills/proficiencies in a clinical environment under the direct supervision of an ACI or clinical instructor (CI). The application of skills/proficiencies occurs in this setting.

The primary settings include the athletic training facility, athletic practices, competitive events, Moscow High School, Pullman Sports Physical Therapy Clinic, and Inland Orthopedic Surgery and Sports Medicine.

DEFINITIONS:

Direct Supervision: Direct Supervision is defined as constant visual and auditory interaction between the student and the ACI (you may hear this discussed as “eyesight and earshot”). The ACI shall be physically present at all times so that they may intervene as necessary to protect the athletic training students and patients. Students are to notify the program director immediately if there are any exceptions to this practice. If for some reason an ACI/CI is not present the athletic training student may not practice ANY athletic training related skills.

Approved Clinical Instructor (ACI): An ACI is an BOC Certified Athletic Trainer with a minimum of one year of work experience as an athletic trainer, and who has completed clinical instructor training. An ACI provides formal instruction and evaluation of competencies and clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students.

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

Approved Clinical Instructors: (full-time staff & faculty)

Alan Nasypany Jr, EdD, ATC (UI)
 Barrie Steele, MS, LAT, ATC (UI)
 Megan Borchert, MS, LAT, ATC (UI)
 Nick Refvem, MS, LAT, ATC (UI)
 Angela Sanchez, LAT, ATC (UI)
 Jeffrey Seegmiller, EdD, LAT, ATC(UI)
 Debby Carscallen, MS, LAT, ATC Moscow High School

Clinical Instructors:

Dr. Dave Rych, Team Physician	Moscow Family Medicine
Dr. Steve Pennington, Team Physician	Inland Orthopedic Surgery and Sports Medicine
Dr. Ed Tingstad, Team Physician	Inland Orthopedic Surgery and Sports Medicine
Mark Cleven, ATC, PT	Pullman Sports Physical Therapy Clinic

**University of Idaho - Athletic Training Services
Policy and Procedures for Patients
Identified with a Potential Eating Disorder**

Coaches, strength coaches, athletic trainers, and supervising physicians must be watchful for the patient who may be prone to eating disorders, particularly in sports in which appearance or body weight is a factor in performance. Decisions regarding weight loss should be based on the following recommendations to reduce the potential of an eating disorder:

1. Weight loss should be agreed upon by both the coach and the patient with consultation with appropriate medical and nutritional personnel;
2. A responsible and realistic plan should be developed by all individuals involved;
3. Weight loss plans should be developed on an individual basis;
4. Avoid “weigh-ins” and/or participation status being contingent on weight goals.

In recognition of *bulimia* and *anorexia nervosa*, these are the following symptoms:

Bulimia

Excessive concern about weight

Bathroom visits after meals

Depressive moods

Strict dieting followed by eating binges

Increasing criticism of one's body

Anorexia Nervosa

Drastic loss in weight

Preoccupation with food, calories, and weight

Wearing baggy or layered clothes

Relentless

Excessive exercise

Mood Swings

Avoiding food related to social activities

Procedures

Step 1. Patient recognized as possibly suffering from some type of eating disorder will be referred directly to the team physician for evaluation. This may be done through the Athletic training facility or directly to his/her office.

Step 2. After examination/evaluation by the Team Physician referrals to other health care professionals (Counselor, Psychologist, Psychiatrist, Nutritionist) will be done as deemed appropriate.

Step 3. The Coach and Athletic Trainers will play a supportive role in the treatment of the patients and contribute specifically only as requested by the Team Physician.

Note: Coaches are to respect confidentiality. At no time should position on team or playing time become contingent on weight or treatment goals, unless directed by the team physician.

Step 4. The Team Physician has the final authority to determine athletic participation status. The considering factors include, but are not limited to, patient compliance with established treatment protocols, mutually agreed upon goals for recovery, and general health/well being of the patient.

Revised 10/25/99

DSM-IV Criteria for Anorexia Nervosa (1994)

Refusal to Maintain Body Weight

- Refusal to maintain body weight at or above a minimal normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of expected).

Fear of Gaining Weight

- Intense fear of gaining weight or becoming fat, even though underweight.

Disturbed Body Image

- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

Amenorrhea

- In female past puberty, amenorrhea, e.g., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen administration.)

Two Types:

Restricting type: During the episode of anorexia nervosa, the person does not regularly engage in binge eating or purging behavior (e.g., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Bulimic anorexic Binge eating/purging type: During this episode of anorexia nervosa, the person regularly engages in binge eating or purging behavior (e.g., self-induced vomiting, or the misuse of laxatives, diuretics, or enemas). Poorer long-term prognosis and engage in impulsive behavior.

DSM-IV Criteria for Bulimia Nervosa

- A. Recurring episodes of binge eating. An episode of binge eating is characterized by both of the following:
 1. Eating, in a discrete period of time (e.g., within any two-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- C. Binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months.
- D. Self-evaluation unduly influenced by body shape and weight.
- E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

Two Types:

Purging type: The person regularly engages in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Non-purging type: The person uses other inappropriate compensatory behaviors, such as fasting or excessive exercise, but does not regularly engage in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

**University of Idaho - Athletic Training Services
Policy and Procedure for Patients
Identified with a potential Alcohol or Drug Abuse Problem**

Identification

A patient may be identified as having a potential problem with alcohol, controlled substances, or over-the-counter medications by members of the coaching staff, medical staff (e.g., athletic training staff, team physician), or athletic department support staff. Initial referrals shall be made to the team physician.

Decisions regarding treatment procedures should be based on the following:

1. Treatment plans should be developed on an individual basis;
2. A responsible and realistic treatment plan should be developed by the individuals involved;
3. Treatment plans should be agreed upon by the patient and appropriate medical personnel, and
4. Treatment plans should be consistent with University of Idaho/Dean of Students office guidelines and recommendations
5. Confidentiality is required.

In recognition of alcohol or drug use/abuse, these are possible observable symptoms:

Sudden Behavior Change, Sudden Mood Swings
Legal Encounters, Decreased Academic Performance
Deteriorating Interpersonal Relationships
(see attached list)

Procedures

Step 1. Upon initial identification, the patient will meet with the Director of Athletic Training Services, and will be referred to the Team Physician for evaluation.

Step 2. After examination by the Team Physician, and the diagnosis that a problem exists, the team physician may refer the patient to a number of campus and / or community resources equipped to assist the patient in overcoming the problem including, but not limited to;

- a. Dean of Students Office, Alcohol Aversion program
- b. Student Counseling Services
- c. Vandal Sports Psychology Services
- d. Alcoholics Anonymous
- e. Narcotics Anonymous
- f. Abstemious Substance Abuse Center (Pullman, WA)
- g. Recovery Resources
- h. Others: See attached list

Step 3. The Coach and Athletic Trainer will play a supportive role in the treatment of the patient and contribute only as requested by the team physician, Dean of Students, and/or counselors.

Step 4. The Team Physician and/or Dean of Students have the final authority to determine athletic participation status. The considering factors include, but are not limited to, patient compliance with established treatment protocols, mutually agreed upon goals for recovery, and general health/well-being of the patient.

Revised 10/25/99

**University of Idaho – Athletic Training Services
Policy and Procedure for
Prescription and Over-The-Counter (OTC) Medications in the Athletic training facility**

1. Definitions

Administering drugs and dispensing drugs are two separate functions. Administration generally refers to the direct application of a single dose of a drug. Dispensing is generally defined as preparing, packaging, and labeling a prescription drug or device for subsequent use by a patient.

2. General Role of Physicians and Athletic Trainers

Physicians cannot delegate to athletic trainers the authority for dispensing prescription medications under current medication-dispensing laws, since athletic trainers are not authorized by law to dispense. The improper delegation of authority by the physician or the dispensing of prescription medications by the athletic trainer (even with permission of the physician), places both parties at risk for legal liability.

3. Compliance with Applicable Law

Drug-dispensing practices are subject to and shall be in compliance with all state and federal law, including but not limited to the regulations of the Drug Enforcement Agency (DEA), the Idaho Uniform Controlled Substances Act, and the regulations of the Idaho Board of Pharmacy. Drug-distribution records should be created and maintained where dispensing occurs in accordance with appropriate legal guidelines. The record should be current and easily accessible by appropriate medical personnel.

4. Storage, Monitoring, and Administration of Prescription Medication

Prescription medications will be stored in the locked cabinet located in the Physician's Exam Room. Only those prescription medications authorized by the Team Physicians will be stored. Typically, only enough medication for starter doses will be available. Only Team Physicians will have access to the cabinet.

All drug stocks should be examined at regular intervals for removal of any outdated, deteriorated or recalled medications. All emergency and travel kits containing prescription medications should be routinely inspected for drug quality and security.

Team Physicians are responsible for ordering medications to replenish the supply kept in the Physician's Exam Room. All medications, except for samples provided by pharmaceutical representatives, shall be purchased and tracked through the Student Health Pharmacy.

Any prescription medication dispensed or administered will be noted in the patient's chart by the Team Physician and also logged in the Prescription Medication Log Book, kept in the medication cabinet located in the Physician's Exam Room. The Prescription Medication Log Book should be audited on a regular basis.

Prescription pads shall be stored in the locked medication cabinet located in the Physician's Exam Room.

5. Storage, Monitoring, and Administration of Over-The-Counter Medications

OTC medications will be stored in the Physician's Exam Room and in Staff Athletic Trainers' athletic training kits.

All drug stocks should be examined at regular intervals for removal of any outdated, deteriorated or recalled medications. All emergency and travel kits containing OTC medications should be routinely inspected for drug quality and security.

Staff Athletic Trainers are responsible for ordering OTC medications to replenish the supply. All medications, except for samples provided by pharmaceutical representatives, shall be purchased and tracked through the University's Purchasing Services Office.

Staff Athletic Trainers may administer over-the-counter (OTC) medications to patients as needed and advisable, including at practices, at home and away competitions, and during official team travel.

Except as authorized by a Team Physician, the amount of OTC medication dispensed at one time shall not exceed 1 standard OTC dose.

Staff Athletic Trainers shall document all OTC medication administration and recommended dosage instructions in the OTC medication logbook.

Except as provided below, Athletic Training Students shall not administer OTC medications without the express permission of a Staff Athletic Trainer. The Staff Athletic Trainer shall be responsible for ensuring proper documentation in the OTC medication logbook and the patient's chart.

Athletic Training Students traveling without a Staff Athletic Trainer will be responsible for administration of OTC medications as follows:

The supervising Staff Athletic Trainer shall conduct an inventory of the amount and type of OTC medications to be taken on the trip;

The Athletic Training Student shall make entries in a logbook as OTC medications are administered;

The supervising Staff Athletic Trainer and the Athletic Training Student will jointly complete a logbook upon return from the trip;

Athletic Training Students shall travel with only those OTC medications authorized;

Administration of OTC medications by coaches shall be done in accordance with this policy and the following requirements:

Head coaches traveling to official competitions without either a Staff Athletic Trainer or Athletic Training Student may check out a supply of OTC medications by contacting a Staff Athletic Trainer.

Each head shall document all OTC medications administered in an OTC log sheet, and turn in the log sheet and unused OTC medications to a Staff Athletic Trainer upon their return from each trip.

If a head coach fails to comply with this policy, he or she may not be permitted to check out OTC medications.

6. Transport of Medications

Medications may be taken to away football games when a Team Physician is present, as well as to other event venues when a Team Physician is present. Medications will remain in the custody of the Team Physician, unless the Team Physician specifically assigns a staff athletic trainer to maintain custody of the medications.

7. Visiting Patients

Team Physicians may dispense and administer medications and write prescriptions for visiting patients when medically advisable.

8. Prescription Medications Usually Maintained

The prescription medications usually maintained by the Team Physicians in conjunction with Athletic Training Services include the following:

Antibiotics	Penicillin, Amoxicillin, Erythromycin, Cephalexin, Septra DS
Anticholinergics	Reglan (oral and injectable), Tigan, Compazine
Antihistamines/ Decongestants	Entex LA, Benadryl (oral and injectable), Epinepharine (injectable)
Inhalers	Albuterol, Becolomethasone, Turbutaline Sulfate
NSAIDs	Ibuprofen (Motrin), Flurbiprofen (Ansaid), Nabumetone (Relafen)
Anesthetics	Marcaine (injectable), Lidocaine (injectable)
Steroidals	Celestone (injectable), Toradol (injectable)

9. Over-The-Counter Medications Usually Maintained

The OTC medications maintained by the Team Physicians in conjunction with Athletic Training Services shall be in unit-dispensed factory packaging including printed instructions and warnings. The OTC medications usually include the following:

Acetaminophen (Tylenol)	250mg x 2
Diphenhydramine HCL (Benadryl)	25mg x 1
Ibuprofen (Motrin, Advil)	200mg x 2
Loperamide HCL (Imodium AD, Diamode)	2 mg x 1
Pseudophedrine (Sudafed)	30 mg x 2

**University of Idaho – Athletic Training Services
Policy and Guidelines for Patients
Who Have a Physical or Emotional Condition
Requiring the Attention of a Physician**

Risk of bodily injury is inherent in athletic endeavors. Each patient is required to sign an Awareness of Risk form each year prior to participation in athletic activities.

If a patient is experiencing a physical or emotional condition, which requires the attention of a physician, the University will require a certification from the physician that the student is physically and/or emotionally able to continue and/or resume participation in athletic activities. The patient may seek such a certification from the team physician or any other licensed medical doctor (MD) of the patient's choice.

The University of Idaho, through its athletic training staff, including the team physician, will attempt to advise a patient experiencing a physical or emotional condition, of which the athletic training staff becomes aware, of the risks associated with the condition and continued participation in athletic activities.

Pregnancy presents unique risks with respect to participation in athletics. These risks include:

1. Risks to the mother and fetus associated with abdominal trauma;
2. Risks to the mother and fetus associated with increased core temperature resulting from strenuous activity;
3. Risks to the fetus associated with redistribution of blood flow away from the fetus;
4. Risks associated with miscarriage; and
5. Other complications.

A pregnant patient, in consultation with her physician, should carefully consider whether continued participation in athletic activities is advisable.

University of Idaho – Athletic Training Services Policy and Procedure for Ergogenic Aids

By the very nature of competitive athletics, patients seek ways to improve performance, decrease recovery time, and increase their strength. Many patients have and will continue the use of nutritional and other ergogenic aids despite mixed empirical research data, expense, potential positive drug tests resulting in loss of eligibility, and potential harmful side effects.

Many of these compounds are “naturally occurring” in foods or the body. Substances such as protein and amino acid powders, vitamins (antioxidants), minerals (chromium, magnesium, etc), herbal extracts, and creatine are commonly cited as having positive effects. However, the safety of these supplements has not been verified, nor has any positive effect on performance.

Another area of concern is that many of the compounds being sold by “nutrition” stores and mail-order businesses may not be subject to United States Food and Drug Administration guidelines. Therefore, some contents may not be accurately listed and the compounds may lead to health problems and positive drug tests.

As a result, we strongly discourage the use of any “nutritional supplement” or ergogenic aid by patients, unless the University of Idaho Athletic Department Medical Services Group expressly approves use. The University of Idaho Athletic Department, or any of its employees, will not purchase, distribute, or assist with the acquisition of any unapproved supplements for its patients.

Approval will be based on the following criteria:

1. Empirical research as to efficacy and safety of the substance;
2. Documented deficiency of the substance through nutritional assessment;
3. Whether the potential benefits outweigh any risks;
4. Production in US government inspected lab/facility;
5. Accurate product labeling in accordance with FDA regulations;
6. Compliance with NCAA and IOC rules and regulations;
7. Consistent with Code of Ethics of Group members (AMA, NSCA, NATA, ADA);
8. Any other factors deemed relevant.

Approved Substances (12/99):

Sport Electrolyte Drinks: Gatorade, All Sport, Power Aid
Nutritional Beverages: Gatorlode, Gatorpro, Nutrament, Ensure
“Energy Gels”: Relode, Power Gel
Energy Bars: Power Bars, BioX

APPENDIX A

VALUES, CHARACTERISTICS, AND SUGGESTIONS FOR HEALTH CARE PROFESSIONALS

VALUES

Be a **GOOD PERSON**. Always seek the way of truth, human dignity, and faith.

Activity with **INTEGRITY**. Be who you are and do what you say. Another's trust in you is important and honesty is the key.

Exemplify the **CONSCIENTIOUS** person. Every task can be completed to varying degrees of quality and quantity. Your commitment to completion is one important factor, but a higher achievement is the continued effort to display your best quality, many times for the benefit of the patients in the tasks of follow-up care. Know what is expected and improve on it.

Be **LOYAL**. You have a number of relationships to develop. Once they develop, loyalty in good times and in bad must be strong. Be mindful of conflicting loyalties because there is no recourse and they are always damaging. We must live with this prospect.

Seek **EMPATHY**. Know your peers, staff, and patients. Live their feelings and try to deal with them whether through your own significant experiences or through gaining an understanding and listening.

Be **COURTEOUS**. Respect the rights of others. Put another's needs above or before your own. Taking a humble stance helps to put a perspective on a life's accomplishments, and acting positively on even the most minor accomplishments is a courtesy, which reaps great rewards.

GROOM. Make the best appearance, head to toe, and clothes to car. Cleanliness is a value especially important to health care professionals. Show your understanding in your own appearance and actions.

LIVE BY YOUR CODE. Set your standards. Always seek the highest goals, but don't despair if you can't always reach or abide by them. The value is in attempting, not necessarily in doing.

CHARACTERISTICS

ALWAYS DO YOUR BEST. Seek out your best physical, mental, social, and psychological skills. Everything. Everybody you touch is evidence of you having been on this earth. Seek quality in the least and the most significant tasks you perform.

SHOW FAIR PLAY AND SPORTSMANSHIP. Always treat the least as you would the best. The problems are the same and so are the personal rewards of accomplishment the same. You will always be a member of a team therefore loyalties will develop. Other teams have similar goals and objectives. Allow them to have this right and benefit from participation.

Use **COMMON SENSE**. When the answer is not easy or does not appear obvious, resort to the simple, basic, cautious decision.

STAY PHYSICALLY FIT. The ability to do your work and the quality of your life depends on your health and a major factor in health is fitness. Fitness allows you to do that little extra without fatigue.

MAKE A COMMITMENT. Stick to your work, your aspirations, your relationships; always adjusting, always modifying, but never wavering because of difficulty of problems.

PREPARE YOURSELF WITH CONFIDENCE. Don't be afraid to share your knowledge with your peers, but do not overstep your current level of skill.

SUGGESTIONS

DO NO HARM. This is a moral code that has guided health care professionals for centuries. It still applies.

MAINTAIN CONFIDENTIALITY. This is a critical component of athletics, but also protects a patient's rights.

TREAT THE WHOLE PERSON. Be a gardener in delivering your services. Take care and cultivate. The human body and person are not machines and they should not be handled so coldly and heavily. Help athletes discover new values and reclaim old ones.

COMMUNICATE. Communicate to clarify; communicate to inform; communicate to receive feedback; communicate to persuade. Above all else, your job is to communicate. Make it an effective and regular part of your life.

MAINTAIN PERSONAL DISTANCE. Distance yourself from those you treat, supervise or work with. Your professional decisions will become critical at times. Don't allow them to become biased by concerns of friendship. Your professional competence will be judged by those you serve, not so much by skill, but by the behavior in and out of the professional setting. You cannot serve two masters – this is the essence of ethical and public behavior.

SET GOALS. Take time to write down your athletic training goals, class goals, clinical experience goals, social goals, and life long goals. Make goal setting part of your life. Make prioritizing your goals consistent with your life's philosophy.

DEVELOP A PHILOSOPHY. Examine yourself regularly to know what you believe. Those beliefs will guide your actions. Understand them, as they will always be changing, modified by your experiences. Keep your philosophy alive and know it.

USE YOUR TIME EFFECTIVELY. Always look to complete the task, and when completed, look for another, and when completed, look for any active process, which will enhance your professional and personal life. Never waste your time or that of others. Take the time to schedule your day.

BE PREPARED. Your whole program should be a learning experience. Be ready for processing and correlating new facts and experiences. Learn at least one new thing each day.

TAKE AN ACTIVE RESPONSIBILITY FOR YOUR LEARNING. Actively pursue opportunities: know where you have been and where you are going. Learning is a never-ending process and requires only motivation. Take advantage of those who can facilitate learning for you. They will also benefit.

EVERYTHING DONE IS O.K. You did it. It is now something you cannot change. Right or wrong, remember it, learn from it. Strength of character is in the doing and trying, and the redoing and retrying.

PRACTICE. Throughout your life practice your skills: taping, evaluation, reading, problem solving, dancing, talking, speaking, etc. You will never achieve the essence of great skills and the feeling of supreme confidence, self-pride, and accomplishment without the attempt. Practice all areas of your life. This makes you well rounded. It separates you from the ordinary and adds to the quality of your life.

KEEP AN OPEN MIND. Realize that your way is your way. When it becomes our way, we all participate, perhaps in accepting an alternative way of doing things. Life is full of accepting episodes. Evaluate everything knowing we are from different backgrounds and everyone will have a different point of view.

ENGAGE IN PROBLEM SOLVING ISSUES. By virtue of your education and now by your responsibilities to patients, coaches, and parents everywhere, you owe it to yourself to constantly seek the essence of problems that exist and attempt to use the knowledge and skills you possess to solve those problems.

WORK TOGETHER. Life is impossible today without society. Learn to use and be used by peers. Work toward common goals with the attitude that my fair share is whatever I can do without concern for another's fair share. Always assume fair treatment, fair shares, and don't keep track of your neighbor's work as compared to yours. Take pleasure in the fact that you are accomplishing higher goals.

LEARN TO RELAX. Decide what you need in order to stay productive both socially and vocationally. Remember, the quality of your life has direct relationship to the happiness you derive from it. Make an effort to play and enjoy.

PROMOTE YOURSELF. Promote your job, your staff, your University. This extends to all of your affiliations. If you cannot promote these things to others, be honest with yourself and the people affected; re-evaluate your continued participation.

WOUND CARE**TYPES OF WOUNDS:**

In athletics it is possible to see a wide variety of wounds. The many mechanical forces at work on the body can cause these injuries. It is one of the responsibilities of the athletic trainer to correctly identify the type of wound and determine the most appropriate method of caring for this injury. The table below lists the most common types of wounds and their characteristics.

TYPE OF WOUND	CAUSES	CHARACTERISTICS
Abrasion	Mechanical rubbing (e.g. turf, mat and floor burns)	Does not bleed excessively; Important to remove all debris from the wound
Laceration	Usually an irregular cut. This can be the result of tissues “bursting” at high tension areas or from other objects such as cleats.	Usually bleeds profusely.
Incision	A well defined “clean” cut. Usually from a sharp object or splitting of the skin at high tension areas.	Usually bleeds profusely.
Puncture	Not extremely common in athletics. Most likely to be something like a spike wound.	Does not bleed well. High susceptibility to infection. Important to watch for signs of infection.
Avulsion	Tearing away of tissue either completely or partially.	Usually bleeds profusely. It is important to keep tissue that is avulsed cool and transport with the athlete.

CARE OBJECTIVES:

The athletic trainer has three main objectives when dealing with open wounds:

1. Control bleeding
2. Control & minimize pain
3. Prevent infection

By taking care of these objectives, the athletic trainer will also prevent transmission of blood borne pathogens to other individuals.

Glove use & removal:

1. Avoid touching any item other than the wound when wearing contaminated gloves.
2. Remove first glove and turn inside out, beginning at wrist to peel off without touch skin.
3. Remove second glove, making sure not to touch ungloved hand to soiled surfaces.
4. Discard gloves that have been used, discolored, torn, or punctured in the appropriate receptacle.
5. Wash hands immediately after glove removal.

IMMEDIATE CARE:

Immediate care of a wound during physical activity should focus on stopping the bleeding and preventing infection and contamination of other participants. The athletic trainer must utilize universal precautions in administering aid to the injured athlete. In most situations, traditional gauze and band-aid methods are employed. Knowledge of the advantages and disadvantages of each type of dressing will help the athletic trainer make the best decision.

Incisions and lacerations may sometimes require sutures. The athletic trainer is called upon to decide whether or not the wound needs this medical treatment. An open wound should be seen by a physician for suturing decisions within eight hours of an injury. If a wound may need to be sutured, be careful when closing the wound with Steri-strips or any other types of materials as the physician may decide the wound cannot be sutured or may result in an increased risk of infection if it is closed.

Proper steps in caring for a bleeding wound is:

1. Control bleeding
2. If necessary, clean the wound with soap & water or a betadine/povidone-iodine scrub solution
3. Always clean the wound from the inner portion outward
4. Prepare the wound area for dressing application:
 - a. Shave the area if necessary
 - b. Use DermaPrep or other adhesive
5. Apply appropriate dressing
6. Securely hold dressing in place

Traditional ideas regarding the best methods for wound cleansing may have been changed recently with new innovations on wound care. The use of alcohol, hydrogen peroxide, methiolates and other products is not recommended because they cause tissue death. It is permissible to use Betadine or Povidone-Iodine solutions or scrubs. These will kill all unwanted bacteria while preserving the wound environment. Whenever possible, the wound itself should be untouched or unabraded; don't scrub. The use of a saline wash is preferred. If there is debris imbedded in the wound itself then, of course, the wound should be "scrubbed" selectively to remove debris.

TYPES OF DRESSINGS

Athletic trainers have an ever-increasing number of dressing choices. It is important to understand the advantages, disadvantages, and indications for use for each of the different dressings.

Traditional gauze type dressings include gauze pads, band-aids, and coverlets are commonly used by all of us. They are often inexpensive when compared to other types of dressings. Whenever possible, these types of dressings should be utilized first. If there is a large amount of wound exudate, other decisions may change the type of dressing chosen. To assure that the dressing stays in place and helps prevent infection, it is important that tape adherent be used and that the proper choice of tape be made.

Telfa pads are known for their ability to **not** stick to the wound, exudate, or new epithelial cells. They should be used when exudate is minimal.

DuoDerm is an example of a hydrocolloid dressing. These types of dressings are unique, as they were originally developed to care for decubitus ulcers, or wounds that were slow to heal. The idea of the hydrocolloid is that it can absorb a huge amount of exudate, provide an environment that increases the circulation to the injured tissue, and prevents contamination into and out of the wound environment. Once applied, DuoDerm is left in place unless or until there is a breach in the dressing, and leaking of the hydrocolloid.

To properly apply DuoDerm, follow these steps:

1. Shave the area surrounding the wound margin leaving 1-3" of clean-shaven skin.
2. Cut the DuoDerm to fit the area. Remember to cut the bottom slightly larger than the top to allow for gravity pushing the wound exudate down.
3. If the individual will be competing/working out and you feel sweating will cause the DuoDerm to slip, use a liberal amount of DermaPrep.
4. Cover the DuoDerm with pre-wrap and tape for practices and competitions to assure that the dressing margins do not pull up.
5. Remove the tape after practice, but before showering.

6. If it is necessary to remove the dressing, remember that hydrocolloid will be left on the wound margin. DO NOT wipe the yellow hydrocolloid off the wound. It may smell different and look like pus, but this is the material that protects the wound and speeds healing.

Tegaderm is an occlusive dressing. It is not a viral barrier, but a dressing designed to keep water out. These are more expensive than gauze, and about the same as DuoDerm. Some people use them as a second skin in areas of abrasions or pressure. Once applied, the dressing dulls the irritation of the free nerve endings. They should be used sparingly.

TYPES OF WOUNDS AND THE PREFERRED TREATMENT

TYPE OF WOUND	PREFERRED TREATMENT	RATIONALE
Abrasion	If the area is large and has a lot of exudate, use of DuoDerm (hydrocolloid) is indicated.	DuoDerm will absorb the exudate and limit the possible transmission of blood borne pathogens.
Turf-Burn	DuoDerm (hydrocolloid)	DuoDerm will absorb the exudate and limit the possible transmission of blood borne pathogens
Blister – unopened	Gauze, Band-aid, donut pad	Unopened blisters should be protected against trauma and the intact skin left in place as long as possible.
Blister – open	Gauze, Telfa pad, Band-aid, or DuoDerm if the blister is not in a high stress point such as the ball of the foot.	Depending upon the exudate, blood or not, gauze or band-aids are preferred. DuoDerm can be used with deep blisters that are very painful or in an athlete who is not compliant in dressing changes.
Incision/ Laceration	Gauze, Telfa pad, Transparent dressings (e.g. Bioclusive) or DuoDerm	Gauze or Telfa pad are preferred. DuoDerm is used only in extreme situations where contamination is a concern. Transparent dressings are most helpful in protecting sutures of Steri-strips.
Burn	Gauze, Telfa pad, or DuoDerm	If the amount of exudate is great, DuoDerm is the best choice. For smaller areas, Telfa pads are preferred and gauze second.

SIGNS OF INFECTION:

The athletic trainer must constantly monitor the wound for signs of infection or cellulites. An infected wound is one that presents a larger than normal red (erythematous) base with a collection of white blood cells over the wound (pus). It is possible to find enlarged lymph nodes adjacent to the injured area.

Cellulitis is characterized by increased redness around an area, increased skin temperature and pain. Lymph nodes adjacent to the area may be enlarged. This type of infection requires a physician's evaluation.

In localized wounds, such as folliculitis, boils, etc., the application of heat is sometimes used to increase blood flow to the area bringing more white blood cells to help localize the swelling. Since the area is infected, it is important that the towels placed over the wound are placed in a biohazard bag for cleaning.

SUMMARY:

There are many occasions through athletic participation when wounds are likely to occur. It is important that the athletic trainers understand the types of wounds, recognize the mechanics that cause them, identify the signs of infection, and treat appropriately.

In treating the wound, the athletic trainer has three main objectives: to control bleeding, limit pain, and prevent infection. To most appropriately accomplish these objectives, the athletic trainer must have a clear understanding of the types of dressing and bandaging materials available to them. It is also important that the athletic trainer apply the principles of universal precautions when treating the open wound. If despite all best efforts, a wound becomes infected the athletic trainer must refer the athlete to a physician and treat appropriately.

*****NOTE: It is very strongly recommended for all athletic trainers to have the Hepatitis B vaccine series of shots. These are available from the Student Health Center at no cost to the athletic training student. The expenses are covered by the Athletic Department if you go through the proper procedures.

AMERICAN ACADEMY OF NEUROLOGY

MANAGEMENT OF CONCUSSION IN SPORTS

GRADES OF CONCUSSION

GRADE 1	GRADE 2	GRADE 3
1. Transient confusion (inattention, inability to maintain a coherent stream of thought and carry out goal-oriented movements) 2. No loss of consciousness 3. Concussion symptoms or mental status abnormalities on examination resolve in less than 15 minutes	1. Transient confusion 2. No loss of consciousness 3. Concussion symptoms or mental status abnormalities (including amnesia) on examination resolve in less than 15 minutes	1. Any loss of consciousness A. Brief (seconds) B. Prolonged (minutes)

MANAGEMENT RECOMMENDATIONS

GRADE 1	GRADE 2	GRADE 3
1. Remove from contest 2. Examine immediately and at 5-minute intervals for the development of mental status abnormalities or post-concussive symptoms at rest and with exertion 3. May return to contest if mental status abnormalities or post-concussive symptoms clear within 15 minutes	1. Remove from contest and disallow return that day 2. Examine on-site frequently for signs of evolving intracranial pathology 3. A trained person should reexamine the patient the following day 4. A physician should perform a neurological examination to clear the patient for return to play after 1 full asymptomatic week at rest and with exertion	1. Transport the patient to the nearest emergency department by ambulance if still unconscious or if worrisome signs are detected with cervical spine immobilization, if indicated) 2. A thorough neurological evaluation should be performed immediately, including appropriate neuroimaging procedures when indicated 3. Hospital admission is indicated if any signs of pathology are detected, or if the mental status of the patient remains abnormal

WHEN TO RETURN TO PLAY

GRADE OF CONCUSSION:	RETURN TO PLAY ONLY AFTER BEING ASYMPTOMATIC WITH NORMAL NEUROLOGICAL ASSESSMENT AT REST & WITH EXERCISE:
Grade 1 Concussion	15 minutes or less
Multiple Grade 1 Concussions	1 week
Grade 2 Concussion	1 week
Multiple Grade 2 Concussions	2 weeks
Grade 3 – Brief Loss of Consciousness (seconds)	1 week
Grade 3 – Prolonged Loss of Consciousness (minutes)	2 weeks
Multiple Grade 3 Concussions	1 month or longer, based on decision of evaluating physician

***American Academy of Neurology Criteria

FEATURES OF CONCUSSION FREQUENTLY OBSERVED

1. Vacant stare (befuddled facial expression)
2. Delayed verbal and motor responses (slow to answer questions or follow instructions)
3. Confusion & inability to focus attention (easily distracted & unable to follow through with normal activities)
4. Disorientation (walking in wrong direction; unaware of time, date & place)
5. Slurred or incoherent speech (making disjointed or incomprehensible statements)
6. Gross observable coordination deficits (stumbling, inability to walk tandem/straight line)
7. Emotions out of proportion to circumstances (distraught, crying for no apparent reason)
8. Memory deficits (exhibited by the patient repeatedly asking the same question that has already been answered, or inability to memorize & recall 3 words or 3 objects in 5 minutes)
9. Any period of loss of consciousness (paralytic coma, unresponsiveness to arousal)

Sideline EvaluationMental Status Testing:

Orientation: Time, place, person, & situation (circumstances of injury)

Concentration: Digits backward (100 minus 7's)
Months of the year in reverse order
Math skills

Memory: What quarter is it? What team are we playing? What was the last situation/play you were involved with? Details of the contest (strategies, moves, etc.) Recall 3 words or 3 objects at 0 & 5 minutes. Recent newsworthy events.

Exertional Provocative Tests:

40 yard sprint
5 push-ups
5 sit-ups
5 knee bends

Neurological Tests:

Strength: Manual muscle testing
Coordination & Agility: Finger to nose (eyes open/eyes closed)
Romberg's
Sensation
Pupils: symmetry & reaction

Any appearance of associated symptoms is abnormal (headaches, dizziness, nausea, unsteadiness, photophobia, blurred or double vision, emotional stability, or mental status changes).

APPENDIX B

GAME SET-UPS**MEN'S & WOMEN'S TRACK & FIELD**

Treatment Area:

- 2 taping tables
- 3 treatment tables
- Gritman Cart, stocked w/ taping supplies, wound care supplies, sanizide, crutches, & vacuum splints
- 1 case cups
- Garbage cans
- Ice Chest with ice bags, flexi-wrap, elastic wraps
- 1 table for gloves, flex-all, theragesic
- Flex-all/Theragesic
- 1 box of Large Gloves/1 box Medium Gloves
- Pro-stretch
- Biohazard container/Sharps container, Spill clean-up kit
- 1 table for visiting athletic trainers' bags
- 5 – 10 gal water on black stands placed strategically around the track with cup holders at each
- 1 – 10 gal Gatorade
- 1 – H₂O, 1 – Gatorade on table in first aid area

Outdoor: May bring out Ultrasound, Electrical stimulation, and Hydrocollator units

MEN'S & WOMEN'S TENNIS

Court Set-up:

This should be at each court:

- Black stands
- 10 gal water
- 1 sleeve cups
- 2 towels
- 1 – 10 gal Gatorade, 1 – 10 gal H₂O on table under tent for outdoor match/tourney

Sideline:

Indoor:

- Athletic Training Kit
- Chest w/ ice bags, flexi-wrap, elastic wraps
- Crutches
- Vacuum splints
- Sanizide
- Spill clean up kit
- Biohazard bags
- Rubber gloves (Lg/Med)
- Rolling black treatment cart (Dome)

Outdoor:

- Athletic Training Kit
- Chest w/ ice bags, flexi-wrap, elastic wraps
- Crutches
- Vacuum splints
- Sanizide
- Spill clean up kit
- Biohazard bags
- Rubber gloves (Lg/Med)

MEN'S & WOMEN'S BASKETBALL

Home Locker Room:

3 gal water
 Chest w/ ice bags, flexi-wrap
 1 sleeve cups
 7 gal w/ post-game beverages
 20 towels (Mem. Gym)
 Wound/blood care & taping supplies (Mem. Gym)
 Gum
 3 gal Gatorade

Visitors Locker Room:

3 or 7 gal water
 Chest w/ ice bags, flexi-wrap,
 1 sleeve cups
 7 gal w/ post-game beverages
 20 towels
 Wound/blood care & taping supplies
 Gum
 Taping table
 US/Hydrocollator unit w/ moist heat
 pack covers

Home Bench:

Rolling black treatment cart
 Black cart w/ the following:
 7 or 10 gal water
 Cup holders
 1 sleeve cups
 Wound/Blood care
 Sanizide
 Spill clean up kit
 Rubber gloves
 Biohazard bags
 Taping supplies
 Tissue (Kleenex)
 3 gal ice bags w/ flexi-wrap
 16-24 towels (8-12/half)
 Vacuum splints
 Crutches (2 sizes)
 Extra sleeve of cups
 Blood jersey
 Athletic Training kit
 Water Bottles
 Gurney/Spineboard (Dome)

Visitors Bench:

Black treatment table
 Black cart w/ the following:
 7 or 10 gal water
 Cup holders
 1 sleeve cups
 Wound/Blood care
 Sanizide
 Spill clean up kit
 Rubber gloves
 Biohazard bags
 Taping supplies
 Tissue (Kleenex)
 3 gal ice bags 2/ flexi-wrap
 16-24 towels (8-12/half)

Media: Ice chest with beverages

Referee's Locker Room:

3 gal water
 ½ sleeve cups
 6 beverages on ice
 6 towels
 Ref's supplies: OTC's, bandaids, tape, flex-all, etc.

Memorial gym athletic training facility for games:

Small hydrocollator with moist heat pack covers plugged in
 Case of cups

SOCCER:

Home Locker Room:

Beverages

Visitors Locker Room:

20 towels

3 gal water

1 sleeve cups

Taping table

US/Hydrocollator unit w/ moist heat
pack covers

Home Bench:

6 foot banquet table

2 -10 gal water

3 gal Gatorade

Cup holders

2 sleeves cups

Chest w/ ice bags, flexi-wrap

10 towels

Sanizide & Biohazard kit

Rubber gloves

Tissue (Kleenex)

Biohazard bags

Vacuum splints

Crutches (2 sizes)

Extra sleeves of cups

Portable taping table

3 gal ice towels in hot weather

Rickshaw/Sports Chair

Athletic Training kit

Visitors Bench:

2 - 6 foot banquet tables

2 - 10 gal water

3 gal Gatorade

Cup holders

2 sleeves cups

Chest w/ ice bags, flexi-wrap

10 towels

Sanizide & Biohazard kit

Tissue (Kleenex)

3 gal ice towels in hot weather

Beverages

FOOTBALL:

UNIVERSITY OF IDAHO
ATHLETIC TRAINING FACILITY
FOOTBALL GAME OPERATIONS

I. **Host Athletic Trainers** will be responsible for the following duties.

- A. Be present **Friday** to meet visiting team for 2:30 practice and assist as requested.
 1. 2 - Taping tables in hallway across from vending machines
 2. Two treatment tables and one banquet table along wall
 3. 2 - Black stands and garbage cans
- B. Set-up visitors locker room on **Saturday** at **10** am-done by 10:40.
 4. Hydrocollator/US cart in same area, near plug in, with pads and gel.
 5. Banquet table in hallway, (close to elevator)
 6. Two ten-gallon cooler (Gatorade) of water and cups on banquet table
 7. One ten-gallon cooler (Gatorade) of Gatorade on banquet table.(1)
 8. Gold Garbage can with: Beverage as per break-down sheet, oranges and Gum.
 9. Gatorade Chest with ice bags, ice cups, and wraps in hallway
 10. Assist as requested; provide help on sidelines as needed.

II. **GENERAL SET-UP BY EVERYONE**

1. **Friday night**, pull ice from machine(s) and place into coolers.
2. Home locker room: 1-10 gallon, 2-5 gallon (Green) coolers w/water & cups,
1 ten gallon (Green) cooler w/ Gatorade on Allsport carts

3. Sodas: per breakdown sheet. 24 cans asst. beverages and sliced oranges in refrigerator
Locker Room C Officials- per breakdown sheet. (Gatorade Chest)
 1- 3 Gal Gatorade cooler with Gatorade and 1-3 Gallon Gatorade cooler w/water & cups
Locker Room D Chain crew- per breakdown sheet (Gatorade Chest)
 1- 3 gal Gatorade cooler w/water & cups
Interview Room- per breakdown sheet (Gatorade Chest) Hold in TR for SID to pick up.

III. All **field equipment** should be taken out and set-up when the team goes to clap sessions.

If you are going to eat, **BRING IT** and eat now, quickly. Don't go outside and stand around, we will still be taping. Somebody needs to remain inside to help.

OFF/DEF BENCH: **Visitors:** 4 - 10 gallon coolers (2-Gatorade, 2 Aquafina) (One table behind each bench)
 1 cs paper cups
 1 Gatorade chest with ice bags, ice cups, and wraps
 2 - 5 gallon Gatorade coolers with ice towels (5 each)
 2 small fans (if appropriate)
 Gritman Cart Rolling Black cart 12 towels/half

Home: Field trunk, Stretcher (unfolded), trauma kit, rickshaw, Gator w/ med bed, soft field kit. "Timmy". Two big fans (if appropriate). **Same water and supplies as above.**

SPECIAL INSTRUCTIONS: Set up **telephone**
 Aquafina 10 gallon/cups for band

IV. **Field Injury.** This person will carry # 1 radio and go onto the field with Barrie in the event of an injury.
DO NOT GO UNTIL BARRIE KNOWS.

V. **SIGNALS:** Crossed arms- Ambulance Fist-Trauma Kit
 Touchdown- Stretcher Roll-Sports Chair Driving - Gator
 Face Mask- Tool Kit "Come here" - Need Doctor

VI. **Runner.** This person will be responsible to take someone to hospital, run errands, retrieve materials from TR, help physicians with procedures, etc.

VII. **Time-outs:** Two students will take water bottles **and** towels out to players in huddle/sideline.
 Go ONLY when Barrie sends you (team/TV time-outs, change of quarters, some injuries) but be ready. Also water players going in-and-out of game and help with benches.

VIII. **BE PROFESSIONAL, DRESS APPROPRIATELY – HAVE PRIDE.**

Gray shirts and Khaki shorts/pants on field. Get things done without having to be asked.