



**Department of
Movement Sciences**



2022-2023

MSAT STUDENT HANDBOOK

Master of Science in Athletic Training

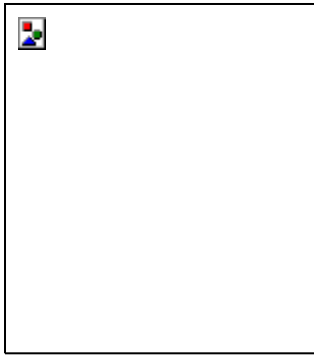
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Athletic Training Student Handbook

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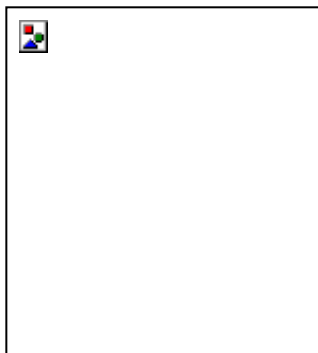
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Chapter 1

Introduction



CHAPTER 1: INTRODUCTION

Preface

The faculty and staff of the Athletic Training (AT) Program would like to welcome you to the University of Idaho (UI). We are pleased that you have chosen to pursue your career goals in Athletic Training with us in this unique program. We are certain that your time in the program will be challenging and rewarding.

This handbook is designed for athletic training students (ATs) working towards the completion of the professional-level Master of Science in Athletic Training (MSAT) degree at the University of Idaho. The handbook contains policies, procedures, guidelines, and relevant professional information to direct and inform the ATs working and learning in the AT Program. These materials are specific to the MSAT Program at UI and some procedures may not be relevant to some affiliate sites. Athletic training students should adhere to the policies and procedures of these affiliate sites under the supervision of the Preceptor without violating the policies in the handbook.

Students, faculty, and staff are encouraged to use appropriate terminology to describe educational experiences associated with the MSAT Program. In addition, the terms “trainer” and “training room” are strongly discouraged and should be replaced with “athletic trainer” and “athletic training clinic.” The phrase Athletic Training Program is used interchangeably to describe the entry-level Master of Science degree in Athletic Training (MSAT). See Appendix A for definitions of terms used throughout this handbook.

The materials in this handbook are not intended to supersede any graduate policies or to duplicate material already in print, but rather to provide clarification of policies and procedures that are specific to the AT Program. It is our intent that this handbook addresses the issues most pertinent to our students’ success. We encourage students to offer any suggestions for deleting, adding or modifying material to aid students in the future. We welcome you to our program and look forward to working with you.

All ATs are responsible to read and understand all information contained in this handbook. If an AT does not understand any of the material provided, the AT should consult with the AT Program Director or Clinical Education Coordinator.

Declaration of Understanding

I have carefully read the UI Athletic Training Student Handbook. By signing below, I affirm that I both understand the policies and procedures described herein, and agree to fully comply with all Program policies and procedures. I further understand that failure to adhere to Program policies and procedures may result in involuntary withdrawal from the AT Program.

Student Signature and Date

Profession of Athletic Training

Athletic Training is recognized by the American Medical Association (AMA) as an allied health (medical) profession, which provides comprehensive care to athletic and/or physically active individuals. An Athletic Trainer (AT) is involved in the assessment, treatment, rehabilitation, and prevention of athletic injuries. The Commission on Accreditation of Athletic Training Education (CAATE) is responsible for accrediting all professional (i.e. entry level) Athletic Training Programs. All students graduating from a CAATE accredited Athletic Training (AT) Program become eligible to sit for the Board of Certification (BOC), Inc. examination.

The athletic trainer, with the consultation and direction of attending and/or consulting physicians, is an integral part of the health care system associated with sports and the physically active population. Through extensive preparation in both academic and clinical education experience, the athletic trainer provides a variety of services including the prevention, recognition, immediate care, treatment, and rehabilitation of injuries. In 1990, the American Medical Association (AMA) recognized athletic training as an allied health profession.

Professional Requirements for Athletic Trainers

The National Athletic Trainers' Association (NATA) is the professional organization for athletic trainers. It is a not-for-profit organization with more than 40,000 members internationally. The NATA is committed to advancing, encouraging, and improving the athletic training profession. After successfully passing the Board of Certification (BOC), Inc. certification exam, individuals then earn the title of "BOC certified athletic trainer" and can place the credentials, "ATC" behind their name. However, many states also require athletic trainers to obtain state regulation, licensure, or certification.

The NATA sets the standards for athletic trainers through its educational programs and the BOC establishes requirements for certification. A candidate must meet these requirements and pass a certifying examination in order to become certified as an athletic trainer. As of January 2004, all students must graduate from an Athletic Training Program that is accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

NATA Membership

All ATs preparing to enter this profession are required to become a student member of the National Athletic Trainers' Association, Inc. (NATA). Membership benefits include a subscription to the Journal of Athletic Training and the NATA News, reduced registration fees for national and district symposia, eligibility for scholarships (i.e., state, district, national), and other direct benefits. Information is available from the Program Director and membership applications are available via the NATA website <http://www.nata.org>.

Program Scholarship Funding

Program specific scholarships are not available. Students may apply for Department of Movement Science scholarships (<https://www.uidaho.edu/ed/mvsc/funding>) or GPSA (<https://www.uidaho.edu/cogs/student-resources/gpsa>) funding opportunities.

Accreditation Status of the Athletic Training Program

The Commission on Accreditation of Athletic Training Education (CAATE) accredits programs for entry-level athletic trainers. The CAATE accreditation process is initiated at the request of the chief executive officer or a delegated representative of the institution sponsoring an athletic training educational program. It provides peer review of the program's educational content and process. A

review is based on recognized national educational standards, which have been adopted by CAATE and are related to entry-level professionals. The Commission on Recognition of Post-secondary Accreditation recognizes CAATE as an accreditation system, *in toto*. The American Academy of Family Physicians, the American Academy of Pediatrics, the American Orthopedic Society for Sports Medicine, the Commission on Accreditation of Allied Health Programs, and the National Athletic Trainers' Association, cooperated to establish, maintain, and promote appropriate standards of quality for educational programs in athletic training and to provide recognition for educational programs that meet or exceed the minimum outlined in these Standards. These Standards can be found at: <http://www.caate.net>.

The faculty and staff of the MSAT Program pledge to provide the best possible program of study and clinical experiences for meeting our mission and vision, along with the CAATE standards. Our success, however, is dependent upon the dedication and determination of our ATs.

The MSAT Program is accredited by the CAATE through 2028-2029.

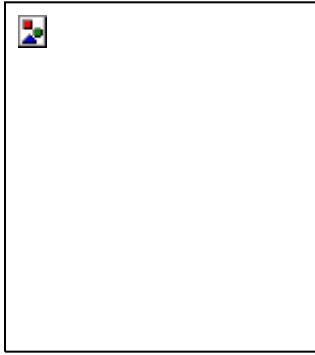
Program BOC Outcomes

BOC Certification Examination Pass Rate Data				
Class of	Number of Graduates	UI MSAT 1 st Attempt Pass Rate	National Average 1 st Attempt Pass Rate	UI MSAT Overall Pass Rate (Regardless of # of Attempts)
2015	12	92% (11/12)	81%	92% (11/12)
2016	11	91% (10/11)	83%	100% (11/11)
2017	7	100% (7/7)	84%	100% (7/7)
2018	14	79% (11/14)	81%	100% (14/14)
2019	28	82% (23/28)	78%	93% (26/28)
2020*	23	(_/23)	TBD	TBD
Most Recent 3-Year Aggregate	49	84% (41/49)	81%	96% (47/49)
MSAT Aggregate	95	86% (62/72)**	80%	98% (64/95)**
*Cohort data incomplete due to COVID-related delayed testing window				
**2020 Cohort excluded due to incomplete results. Update forthcoming when data is available				



Chapter 2

Athletic Training Program



CHAPTER 2: UI ATHLETIC TRAINING PROGRAM

Program Overview

The AT Program is designed to prepare graduates for the BOC examination leading to a career as an AT. We offer a unique hybrid of online and on-campus education. We are leading the way in promoting evidence-based practice, practice-based evidence, and action research in an athletic training profession growing to meet the national demands of the physically active population.

Our program is a six semester, summer intensive, clinical approach to entry-level masters' athletic training education. The academic program is a two-year sequence of didactic and clinical experiences intended for those who meet the prerequisite requirements for admission. Educational courses are offered in a traditional format on the Moscow campus of the University of Idaho (UI) during the summer semester. During the fall and spring semester, we use a hybrid online education model. In this model, students complete synchronous learning opportunities – in which faculty and students meet “face-to-face” using web-based video conferencing technology (i.e., Zoom)) one day per week - and asynchronous learning through more traditional online delivery (e.g., recorded lectures and discussion boards).

Clinical experiences involve hands-on application of skills within a variety of experiences at the UI. Clinical rotations may be completed locally (e.g., University of Idaho intercollegiate AT Clinic, local high schools, etc.) or at a number of our affiliate sites throughout the United States. All students are required to complete a minimum of 900 clinical education hours under the direct supervision of a preceptor. All students will complete clinical rotations categorized by exposure (e.g., varying levels of risk, a variety of different populations including genders, and protective equipment). During the clinical education courses, students are required to complete clinical competencies and clinical integration proficiencies (CIPs) with preceptors. Students must demonstrate all competencies and proficiencies associated with a specific clinical education course during the semester in which enrolled in the course.

Mission

Our program aspires to redefine excellence in patient care by preparing students with the skill set necessary to embark on the path towards advanced clinical practice. Our students will purposefully integrate clinical practice, research, and education to provide excellent patient care and solve relevant problems in clinical practice.

Vision

To be the premier athletic training program for preparing athletic training students who provide excellent patient care, have advanced manual therapy skills, and transform clinical practice in athletic training. Our graduates will utilize progressive skills in manual therapy and rehabilitation, advanced clinical reasoning, and applied research skills to solve complex health care problems and lead the profession of athletic training. In doing so, our students, who successfully graduate from the UI AT Program, will not only meet or exceed the minimum standards set forth by the BOC in regard to exam eligibility, but will be uniquely prepared as leaders in musculoskeletal rehabilitation. The program will provide students with comprehensive and continuous training in the skills and theory needed for successful clinical practice, develop athletic trainers who demonstrate intellectual curiosity and skill in applying an evidence-based approach to patient care, and who generate practice-based evidence using patient outcomes data. Acquiring the knowledge and skills provided in this Program will enhance the graduate's ability to become competitive professionals in the sports medicine market, valuable members of any sports medicine team, and clinicians who have begun to develop advanced athletic training practice.

The Program develops knowledge, skills and professional attitudes/behaviors in the following athletic training educational competency content areas:

1. Evidence-Based Practice
2. Prevention and Health Promotion
3. Clinical Examination and Diagnosis
4. Acute Care of Injury and Illness
5. Therapeutic Interventions
6. Psychosocial Strategies and Referral
7. Healthcare Administration
8. Professional Development and Responsibility

Goals

Upon completion of the Program, students will demonstrate the following:

1. Mastery of the affective, cognitive and psychomotor competencies and clinical integrated proficiencies.
2. Effective communication skills in disseminating information accurately and professionally.
3. The ability to convert didactic knowledge into clinical skills and appropriate clinical decision-making abilities.
4. The ability to work with, and provide care for, a diverse patient population.
5. Professional skills necessary for the athletic training work force.
6. The eligibility to sit for, and pass, the BOC, Inc. exam to become an athletic trainer.
7. The ability to model and facilitate a lifestyle of health and wellness.
8. The ability to incorporate literature evidence and practice-based evidence into their patient care.
9. The ability to collect and incorporate outcomes measures to evaluate and improve clinical practice.
10. The ability to treat patients from multiple clinical paradigms.

Program Faculty, Instructors, and Staff

UI FACULTY

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Dustin Worth, DO	MSAT Program Medical Director
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UI ADMINISTRATORS & ADMINISTRATIVE SUPPORT

Brooke Blevins, EdD	Dean, College of Education
Philip Scruggs, PhD	Chair, Department of Movement Sciences
Tanya Gale	Program Administrative Assistant
Nancy Morrison	College Budget Specialist
TBD	College Financial Technician

Clinical Affiliations

A list of clinical affiliations can be found by following the link provided below. This link is updated in real time, so is changing throughout the year. Please forward any questions or inquiries regarding clinical education and experiences to the Clinical Education Coordinator.

<https://story.mapme.com/vandal-msat-clinical-affiliations-map>

Application and Admission Procedures

Program Prerequisites

The MSAT program is an entry-level program designed to prepare students to become a certified athletic trainer. After successful completion of this program, students will be eligible for the Board of Certification Exam. Currently, students must complete the required prerequisite coursework in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level. The program administrators and admissions committee determines the classes that meets these standards and supports the program's curricular plan. All students must enter through one of the routes discussed below.

MSAT Admission Requirements:

The MSAT is a non-thesis degree with a minimum of 85 credits at the 500-level required. Students may be admitted to the program through two methods: either by admission after completion of a bachelor's degree from a regionally accredited institution or by early admission after the completion of the junior year in the UI Athletic Training track in Exercise Science and Health (B.S.P.E.) or by completion of the junior year in an approved program at an institution with an articulated agreement (i.e., 3+2 program) with UI. Students offered early admission to the graduate program must meet all admissions and prerequisite course work requirements for the Master of Science in Athletic Training degree, as well as all undergraduate requirements excluding the first 30 credits of the graduate program. Upon successful completion of the first 30 graduate credits, students may use these credits in transfer towards their undergraduate degree requirements. There is a professional fee for the MSAT program; consult the program coordinator for details.

- "2019-20 General Catalog Requirements for Master's Degrees and Specific Requirements for Master's Degrees"

MSAT Application:

Students are eligible to apply for admission to the MSAT Program via two distinct routes.

Students who have obtained a bachelor's degree (≥ 3.0 GPA recommended) and the required prerequisite coursework are eligible for consideration of admission to the MSAT.

OR

Students who are enrolled in an academic institution with whom the University of Idaho and the MSAT have a 3+2 transitional program articulation* agreement may apply to the MSAT during their junior year of study for entrance in early summer with Conditional Admittance**. Students must be approved for application to the 3+2 program from their specified undergraduate program director (and have met the criteria within the articulation agreement) before they apply to the MSAT***.

* Note: The University of Idaho's 3+2 program leading to the application to the MSAT is the Bachelor of Science in Physical Education with a major in Exercise Science and Health (3+2 track). Please contact the Athletic Training Program for information regarding other universities with approved MSAT 3+2 articulation agreements.

****Conditional Admittance-** Students may be admitted to the MSAT "Conditionally", without first having had completed a Bachelor's degree. These students will apply the first two semesters of the MSAT curriculum to their undergraduate degree in order to satisfy their Bachelor's degree requirements. Students will apply for graduation during the fall of their first year in the MSAT Program and will have the "Conditional Admittance" removed upon fulfilling all requirements of their Bachelor's degree program.

***** Note:** The 3+2 program will meet all other admission standards set forth by the College of Graduate Studies and the Masters of Science in Athletic Training Program. In addition to the admissions requirements set forth by UI Graduate Admissions, the following prerequisites are required for admission eligibility and consideration and must be verifiable during the application process:

Required Application Materials:

- Current resume documenting all related professional and extracurricular experiences
- A detailed, written statement of their academic and career objectives/goals
- Professional Rescuer CPR Certifications (including Adult, Child, Infant CPR, Two-person CPR, bag-valve mask, and AED)
- Interview with the AT Program Admissions Committee
- 3 Letters of Recommendation
- Official Transcripts

Admission:

Admission into the University of Idaho MSAT is competitive. Final selection is based on many factors, including satisfactory evidence of completed pre-requisites, previous academic performance, prior clinical and allied health experiences, goals statement, and quality of recommendations, MSAT Program Admissions Committee interview, and the number of students already enrolled in the athletic training program. No single admission criterion has a decisive influence on the applicant's acceptability, and exceptions to the requirements can be made on recommendation of the MSAT admissions committee and approval of the College of Graduate Studies

Admission to the MSAT degree is NOT guaranteed simply upon satisfactory completion of all Program pre-requisite requirements. The number of students admitted into the Program varies from year-to-year, with the number of students selected ranging from 20-35 annually.

Post-Admission Requirements

The following documentation / certifications must be current and on file with the AT Program Director prior to beginning clinical rotations in the fall semester:

1. Evidence of current liability insurance coverage. (Athletic Training students can purchase this policy through HPSO for around \$35 per year <http://www.hpso.com/>).
2. NATA Membership - Cost varies by your address (e.g., Idaho is \$70.00, while California is \$105.00).

3. Front and back copies of *current* Professional Rescuer CPR Certifications (including Adult, Child, Infant CPR, Two-person CPR, bag-valve mask and AED). This training will be provided in the MSAT program at no additional cost to you.
4. Signed declaration of understanding and ability to meet AT Program's *Technical Standards for Admission and Retention*.
5. Signed declaration of understanding and acceptance of all Program Policies and Procedures as delineated in the *AT Program Student Policies and Procedures Handbook*.
6. Students may encounter additional costs based on the location or requirements associated with an individual clinical site (e.g., travel, parking, attire, drug testing). The Program makes all clinical assignments, but students are involved in the process. Students are responsible for the costs associated with completing the assigned clinical experience at each site.
7. In addition to the immunizations required by UI, students must also show evidence of (or sign the waiver for) a completed HBV vaccination series test prior to admission to clinical experiences. Students may also be required to provide vaccination records to a clinical site; any additional costs with records or vaccinations will be the responsibility of the student.
8. Background checks are required during the first semester (summer I) of the UI MSAT program. Please see the MSAT Director or Clinical Education Coordinator for full details. Students are responsible for the fee associated with the completion of the background check. Additionally, all students are required to inform the MSAT Director of Clinical Education Coordinator if any changes take place between initial background check and any planned rechecks (all pending legal matters e.g. felony, misdemeanors, etc.). If in doubt, report it and proceed from there.

Students are responsible for all costs associated with their own health care and when obtaining immunizations and health certifications. Students are required to have health insurance by the UI, and to be familiar with its provisions. Students needing health insurance who are actively attending classes may be eligible to participate in UI's Student Health Insurance Plan (SHIP). Students who would like information or wish to enroll on the student insurance offered through UI should contact the Student Services Office.

Anticipated Program Costs

Item	Anticipated Cost	Notes
Tuition, Books, & Fees	\$22,995.00 / year	Tuition is subject to change at the start of each academic year. This expense includes tuition, fees (e.g., web fees), required course textbooks, electronic software (e.g., E*Value, Adobe Connect, etc.), and additional manual therapy courses. Students may choose to “opt-out” of the textbook costs prior to the start of each academic year. If they choose this option, students will receive a credit back to their account each semester, but those students will be responsible for purchasing all of the necessary textbooks.
NATA Membership	≈90/year (AVG)	Dues vary based on address (e.g., ID is \$70.00, AZ is \$125.00). Cost is the responsibility of the student.
CPR Certification	\$0	This cost is included in your tuition.
Professional Liability Insurance	≈\$35/year	We recommend HPSO: http://www.hpso.com/ . Cost is the responsibility of the student.
Criminal Background Check	≈\$38	Completed during program orientation during the first year. Fingerprinting is \$6 and the background check is \$32.00. Cost is the responsibility of the student.
Professional Attire	Variable	Clinical Sites may provide attire at no, or reduced cost, to student. Purchasing professional attire is the responsibility of the student.
Housing	Variable	Housing costs vary based on individual student situation. Housing costs are the responsibility of the student.
Parking	Variable	Parking costs vary based on location of clinical site. Parking costs are the responsibility of the student.
Drug Testing	Variable	Drug testing requirements vary based on clinical site regulations. Drug testing costs are the responsibility of the student.
Immunizations	Variable	Students may incur costs associated with meeting vaccination requirements for individual sites. Cost varies by health insurance and vaccination. Costs are the responsibility of the student.
Technology	Variable	Students need access to a computer/tablet with the ability to participate in online classes (e.g., high-speed internet, camera, microphone, etc.). Costs are the responsibility of the student.
Travel	Variable	Travel costs vary based on location of clinical site and individual student situation. Travel costs are the responsibility of the student.

Technical Standards for Admission and Progression

Master of Science in Athletic Training Program Department of Movement Sciences, University of Idaho Effective: June 2002 (Updated May 2018)

History and Rationale

The landmark Americans with Disabilities Act of 1990, P.L. 101-336 (“ADA” or “the Act”), enacted on July 26, 1990, provides comprehensive civil rights protections to qualified individuals with disabilities. The ADA was modeled after Section 504 of the Rehabilitation Act of 1973, which marked the beginning of equal opportunity for persons with disabilities. As amended, Section 504 “prohibits all programs or activities receiving federal financial assistance from discrimination against individuals with disabilities who are ‘otherwise qualified’ to participate in those programs.” With respect to post-secondary educational services, an “otherwise qualified” individual is a person with a disability “who meets the academic and technical standards requisite to admission or participation in the recipient's education program or activity.”

Under the Americans with Disabilities Act, Title II and Title III are applicable to students with disabilities and their requests for accommodations. Title II covers state colleges and universities. Title III pertains to private educational institutions; it prohibits discrimination based on disability in places of “public accommodation,” including undergraduate and postgraduate schools.

Given the intent of Section 504 and the ADA, the development of standards of practice for a profession, and the establishment of essential requirements to the student's program of study, or directly related to licensing requirements, is allowable under these laws. In applying Section 504 regulations, which require individuals to meet the “academic and technical standards for admission,” the Supreme Court has stated that physical qualifications could lawfully be considered “technical standard(s) for admission.”

Institutions may not, however, exclude an “otherwise qualified” applicant or student merely because of a disability, if the institution can reasonably modify its program or facilities to accommodate the applicant or student with a disability. However, an institution need not provide accommodations or modify its program of study or facilities such that (a) would “fundamentally alter” and/or (b) place an “undue burden on” the educational program or academic requirements and technical standards which are essential to the program of study.

On the following pages, you will find the Technical Standards for Admission for the Athletic Training Program at the University of Idaho.

Technical Standards for Admission
Master of Science in Athletic Training Program
Department of Movement Sciences, University of Idaho
Effective: June 2002 (Updated May 2018)

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

Compliance with the program's technical standards does not guarantee a student's eligibility for the Board of Certification, Inc. certification examination, or imply absolute competency to pass the examination. Candidates for selection to the Athletic Training Program must demonstrate:

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

9. Conduct themselves in a professional and ethical manner with a wide variety of individuals, including but not limited to, faculty, preceptors, colleagues, coaches, athletes and students.

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

The University of Idaho's Center for Disability Access and Resources will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

If you have questions, please contact the ADA Coordinator at the University of Idaho:

Erin Agidius
ADA Coordinator, Office of Civil Rights and Investigations
530 S. Asbury St., #5
Moscow, ID 83843
208-885-4285
ocri@uidaho.edu

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

Signature of Applicant/Student

Date

Alternative statement for students requesting accommodations:

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the University Center for Disability Access and Resources to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into or be able to proceed in the program.

Academic Information

Signature of Applicant/Student

Date

Program content is based on the 5th edition of the Athletic Training Educational Competencies (https://www.nata.org/sites/default/files/competencies_5th_edition.pdf). The UI Athletic Training Program is an 84-credit Master of Science degree in the Department of Movement Science.

Overview of Classroom and Clinical Experiences

A strong emphasis is placed on the knowledge learned in the classroom and laboratory, with emphasis of the transition of this knowledge to clinical skill. Students are expected to utilize newly acquired knowledge to practice and enhance their clinical skills. The clinical education experiences are then designed to challenge the ATS to develop and apply clinical skills/proficiencies. Clinical education experiences are designed to expose students to the following areas: equipment intensive sports; activities with a high risk of upper extremity injuries; activities with a high risk of lower extremity injuries; and experience that expose the student to the full spectrum of daily athletic training practice (e.g., general medical conditions in an AT clinic). Settings for these clinical experiences range from UI and other intercollegiate athletics clinics, sports medicine clinics, and primary care clinics. Athletic training students will accumulate over 900 hours of clinical experience and will complete hundreds of clinical skills/proficiencies (see Appendix C for a listing of educational competencies). The classroom and clinical education experiences are vital in preparing the student for employment in a variety of settings.

Overview of Clinical Competencies and Clinical Integration Proficiency Matrix

Upon admittance into the AT Program, students will receive their AT Program Handbook. This manual should be with the student at all clinical experiences. ATSs will also receive an ATS Notebook and a CIP packet for each Clinical Education course. The ATS Notebook and CIP Packet will be explained in detail in each of those classes.

Students in the UI AT Program must perform hundreds of clinical competencies while in the Program. The clinical skills are first learned in the classroom and laboratory. For example, splinting is taught and evaluated in AT 507 – Prevention and Care of Injuries and Illnesses. This skill will later be evaluated in AT 520 – Clinical Education I either in a lab-based setting or during your clinical experiences. Once the student has practiced and successfully completed these skills in the laboratory, during their clinical experiences the student is to perform splinting again, have a Preceptor watch, and evaluate their performance. The Preceptor will score the competency and provide written feedback in E*Value after the student logs the encounter.

All clinical competencies/proficiencies that are taught in one semester are then to be evaluated and approved in a real time or simulated manner later that semester or during another semester. Once completing all competencies associated with a specific CIP, students will then be able to perform and be evaluated on that specific CIP.

Clinical Experience Expectations and Classroom Responsibilities

Students are expected to complete clinical responsibilities as they would in any professional medical program. They should report on time and be dressed appropriately (see Dress Code). Students are expected to comply with AT Program, Site, and professional behavior/ethical standards at all times. Academics are a priority of this Program and students are expected to practice good time management skills to maintain a strong GPA. This involves balancing academics and clinical experiences. This also includes scheduling clinical experiences during the highest opportunity/volume for learning during approximately 25 hours/week of clinical experiences (which may occur before/after the normal academic semester or during holiday breaks). In the event a student will not be able to report to their clinical experience because of a legitimate excuse, the student should promptly notify and discuss with their Preceptor (complete absence request form). Absence request forms should be submitted 2 weeks in advance for known absences.

Satisfactory Academic Standing

The University of Idaho College of Graduate Studies (COGS) sets the minimum G.P.A (3.0 or greater) requirement to be in good standing with the graduate school and to be eligible for graduation. Academic deficiencies will be handled following programmatic and COGS policy described below and in the University Handbook/Catalog. Students who are on academic probation, or have been academically disqualified and reinstated by COGS, will be required to complete clinical rotations on-campus until the student has raised their cumulative GPA to a 3.0 (or greater).

Satisfactory Academic Progress and Performance

Each program may set more detailed criteria for successful progress through their academic graduate program (see General Graduate Regulations in the University Handbook). In addition to general graduate school requirements, the MSAT has developed the following standards to ensure that its students meet the requirements of satisfactory academic progress for the MSAT as a health profession graduate program. This includes:

- Grade of “C” or better in all coursework
- Cumulative G.P.A of ≥ 3.0
- Successful Satisfactory Academic Progress Form completion. This evaluation must be minimally performed as an Annual Review (initiated by students in spring and due by the second Friday of April). This evaluation may also be initiated at any time by the Program Director/Major Professor or Department Chair (see COGS policy).
- Satisfactory compliance with all policies in the MSAT Handbook

Students who earn a grade below a “C” must retake the course (as long as they are in good or probationary academic standing with the College of Graduate Studies). If in good or probationary academic standing with the College of Graduate Studies and MSAT, the ATS will often be able to continue with their cohort academic sequence and will re-take that course the

next time it is offered in the MSAT. However, earning a grade below a “C” in certain courses will automatically prevent the student from continuing with their cohort. The course will have to be retaken with the next cohort (provided the student is in good or probationary standing, with the College of Graduate Studies and the AT Program). Those courses are:

FIRST YEAR

- AT 506 Clinical Anatomy I
- AT 508 Evaluation and Diagnosis of Injuries and Illnesses I
- AT 509 Principles of Rehabilitation
- AT 510 Therapeutic Modalities I
- All MSAT Clinical Education and Experience Courses (520, 521, 522, and 523)

SECOND YEAR

- AT 531 Clinical Anatomy II
- AT 532 Evaluation and Diagnosis of Injuries and Illnesses II
- AT 533 Applied Rehabilitation
- AT 534 Therapeutic Modalities II
- AT 535 Seminar in AT I
- All MSAT Clinical Education and Experience Courses (550, 551, 552, and 553)

Program Dismissal

Dismissal from the AT Program may be recommended if the student:

1. Fails to register for one semester in the AT program curriculum with failure to file and obtain an official leave of absence.
2. Has an overall GPA less than a “B” average (equivalent to 3.0 on a 4.0 scale). Automatic disqualification will occur if this happens for more two consecutive semesters (see COGS criteria).
3. Has earned a grade lower than a “C” in any course (this must be reported to the Director of Athletic Training Program within one week of the release of course grades). Failure to disclose this information will result in immediate probation from the AT program and possible dismissal.
4. Has a GPA that indicates the inability to meet the 3.0 required for graduation.
5. Does not pass the comprehensive exams in the AT Program.
6. Makes unsatisfactory progress in mastering clinical rotation objectives, competencies, or clinical proficiencies (e.g., does not complete all clinical competencies, fails to make appropriate progress on CIPs, does not pass clinical education course final exams, etc.).
7. Receives unsatisfactory clinical evaluations from assigned preceptors or is unable to complete clinical experience requirements for any reason (e.g., failed background check, etc.).
8. Is dismissed from an affiliated clinical site for inappropriate conduct or failure to fulfill required responsibilities.
9. Shows evidence of unethical or immoral conduct as outlined by the NATA Code of Ethics, BOC Professional Standards of Practice, or UI standards (e.g., Code of Conduct).
10. Engages in conduct which violates the Idaho Athletic Training State Practice Act or the Practice Act of the state in which the student’s clinical assignment takes place.

11. Fails to comply with the AT Programs' Technical Standards.
12. Fails to comply with the UI AT Programs' Student Code of Professional Conduct.
13. Fails to comply with UI Policies/Handbooks (e.g., MSAT, Graduate Student, etc.).

The above requirements for MSAT Program Retention reflect requirements of the U of I Graduate School, and those specific to the MSAT degree program.

Readmission after Dismissal or Withdrawal:

Any student who is dismissed or voluntarily withdraws from the Program must apply for readmission through normal admission procedures after approval from AT Director and Clinical Coordinator. Please review College of Graduate Studies (COGS) policy for additional information ([COGS](#)). University information on the withdrawal process and financial aid are provided in the links below:

- [Late Fees & Refunds](#)
- [Semester Withdrawal](#)
- [Withdrawing](#)
- [Medical Withdrawals](#)

Student Appeals and Grievances

If a student wishes to appeal an admission or withdrawal decision from the AT Program, they should send a letter requesting an appeal to the AT Program Director within two weeks of the postmark of the official notification. The student should also submit at that time all materials that may substantiate the appeal. Students must also submit appropriate documentation to other relevant parties (e.g., COGS Dean) within the required timeframe. More information can be found here:

- [COGS Information](#)
- [Registrar Information](#)

Other Appeals and Grievance Procedures:

1. **Grades:** An appeal of a grade must be made within one year of the date the grade was posted. The process of appeal must adhere to the following prescribed chain of command. The complaint is initiated with the instructor assigning the grade, then with the Program Director, then with the Movement Sciences Department Chair, and finally with the academic dean. If, at any level, the appeal is endorsed, endorsement at the next level is not required, but the endorsement is sent to The Graduate School for final decision. If the appeal is not endorsed at previous levels, a final appeal may be made in writing to the Graduate Studies Committee through the Dean of the Graduate School.
2. **Grievance Procedures for University Students:** If the athletic training student alleges a violation of the student rights in the University setting, they should make an effort to resolve the grievance by following the U of I grievance procedures.

3. **Violation of Academic Dishonesty Policy:** When an athletic training student is charged with a violation of academic integrity policy, these matters will be resolved in accordance with the U of I academic integrity policy. This information can be found by visiting the Office of the Dean of Students website at the U of I ([Dean of Students Office - Academic Dishonesty](#)). The Student Code of Conduct can be found here: [Code of Conduct](#).
4. **Clinical Site Grievances:** In situations where an athletic training student wishes to appeal a disciplinary decision by their affiliated clinical site or alleges any other violation of student rights in the clinical setting, they should request a meeting with their Preceptor. If the problem is not resolved between the Preceptor and the athletic training student, they may request a meeting with the AT Clinical Education Coordinator (CEC), and if appropriate, the clinical site director. The student or CEC may also contact the MSAT Program Director. If this does not resolve the issue, the student may follow the General Appeals process.
5. **COGS Probation, Disqualification, and Reinstatement:** A graduate student is placed on probation after any semester or summer session in which a grade-point average of less than 3.00 is earned in courses placed on the graduate transcript, regardless of the student's cumulative GPA. The student will be disqualified if a GPA of less than 3.00 is earned on courses placed on the graduate transcript during the second, consecutive semester or summer session in which regular grades of A, B, C, D, or F are received. Students on academic probation who attain a semester grade point average of 3.00 or higher during the next or subsequent semester or summer session after being placed on probation, but whose cumulative grade point average is still below a 3.00, will remain on academic probation until the cumulative GPA is a 3.00 or higher. If a graduate student who is on probation receives an Incomplete during a semester, the revert grade listed for the Incomplete will be used to calculate the GPA for that semester. If the calculated semester GPA is 3.00 or higher, the student will be allowed to register for a current or future semester. If the calculated semester GPA is less than a 3.00 GPA, the student will not be allowed to register for current or future semesters or sessions. If the student has perchance registered pending receipt of the revert grade, the student will be disenrolled. Once the work is completed and a final grade is given, the GPA will be automatically recalculated. In all other cases, he or she may be reinstated as a graduate student under the following conditions: The student may not enroll as a graduate student for at least one regular semester (fall or spring), must get the positive recommendation of his or her departmental administrator, must get Graduate College permission, and must receive at least a 3.00 grade-point average the first semester back in the Graduate College. Reinstatement is granted for a specific semester only. If a student does not register for that semester, he or she must again seek Graduate College permission for reinstatement. A student will remain on probation as long as the cumulative GPA is below a 3.00.
- **COGS Grade Requirements.** A candidate for an advanced degree must have a cumulative GPA, based on his or her graduate record, of at least 3.00 (A = 4.00). The relevant GPA is calculated as stated in regulation E (Part 3) except

that it is based only on grades received: in all courses taken at UI while the student was enrolled in the particular program (major) leading to the degree sought whether or not those courses are on the student's study plan; in courses that were taken at UI before the student enrolled in his or her current program and have been included in that program by the student's committee; and, in the case of candidates for the master's degree, in UI courses 500 and 599 for an aggregate of not more than 10 credits or the department's allowance of research credits, whichever is the lesser (grades received in these courses for credits in excess of this limitation are treated as if the courses were graded P or F). Though courses in which grades of D are received may not be counted toward the satisfaction of degree requirements, those grades are included in the GPA.

6. COGS Satisfactory Academic Progress and Performance: Enrollment in the College of Graduate Studies allows students to continue graduate study and research through the University of Idaho only as long as they maintain satisfactory academic standing and are maintaining satisfactory progress and performance toward completion of their graduate degree program. Satisfactory academic standing is defined under the rules of probation and disqualification and provisional admission and may or may not have an effect on the use of this policy. Departments are required to have a written policy distributed to all students that states the standards for satisfactory progress and performance. Examples of graduate college/departmental/program/school requirements that may be used to measure progress or performance toward the degree are, but not limited to, the timely completion of: required course work, filing of appropriate paperwork, failure to complete the annual review process, the departmental/program/school qualifying, preliminary, or other examinations; attendance at seminars or other professional activities; or, using acceptable safety or security standards in performance of duties. **The annual review process is initiated by the student and completed by the major professor (i.e., MSAT Program Director) using the form provided by the College of Graduate Studies.** If a major professor has not been appointed, the department/program/school administrator will conduct the review. **When completed, the reviewer will recommend that the student continue in the program, receive a warning, or be dismissed from the program.**

- **Warning.** Should a warning be given, the student must be informed in writing of the concern, the current program policy, the length of the warning period, and expectations that must be met to be removed from a warning status. The associate dean of the discipline's college and the College of Graduate Studies are notified of this action. An appeal of a recommendation for a warning may be made to the dean of the College of Graduate Studies.
- **Dismissal.** This process may or may not be preceded by a warning period. If dismissal is recommended, the department/program/school chair forwards the recommendation and documentation to the associate dean of the discipline's college and the dean of the College of Graduate Studies. The dean of the College of Graduate Studies will review the recommendation for dismissal and, if appropriate, a review committee will convene. The student, the major professor, and the department/program/school chair will be

allowed to appear before a review committee. The committee will make a recommendation for action to the dean of the College of Graduate Studies who will make the final decision. Dismissal is from the student's degree and program and from the College of Graduate Studies.

- **Appeals.** Students may appeal the dean's decision directly to the Graduate Council. No action will appear on the transcript unless the Council recommends it.

The review process will be conducted minimally once per year (typically in the spring semester). It may also occur at the end of any semester where the major professor or AT Program faculty feel it is warranted (e.g., falling below a 3.0 GPA).

7. General Appeal Process: An appeal of the application of a rule/regulation must be made within one year as determined by the date of the letter/email/form/etc. from the Program or the Graduate School (i.e., COGS) informing the student of the decision in question. Appeals of a clinical site placement must be made within 48 hours of the assignment of a clinical affiliation. The process of appeal must adhere to the following prescribed chain of command. The appeal is first made in writing to the Program Director, then to the Department Chair, and then academic dean. 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.
- The Program Director will provide the pertinent information (e.g., the written statement, Program paperwork, etc.) to the Athletic Training Board for consideration when it is a Programmatic issue. When it is a University issue (e.g., COGS Academic Disqualification, etc.), the Program Director will work with the student to collect the pertinent information and supply it to the appropriate group/person (e.g., COGS).
- For programmatic decision appeals, 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 Movement Sciences, 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.

The AT Board (for student appeals) is comprised of at least 2 MSAT faculty members and at least 1 member of the greater AT-Affiliated Faculty (i.e., DAT Program and/or affiliated faculty).

Educational Requirements

Students in the UI MSAT Program must complete the following courses in accordance with the guidelines described previously under academic information: **Master of Science in AT - Plan of Study.**

Summer Year I

<i>Course</i>	<i>Title</i>	<i>Credits</i>
AT 506	Clinical Anatomy I	3
AT 507	Care and Prevention of Injuries & Illnesses	3
AT 508	Evaluation & Diagnosis of Injuries & Illnesses I	4
AT 509	Principles of Rehabilitation	3
AT 510	Therapeutic Modalities I	2

Fall Year I

<i>Course</i>	<i>Title</i>	<i>Credits</i>
AT 514	Psychology of Injury and Referral	3
AT 512	Research Methods and Statistics	3
AT 520	Clinical Education I	2
AT 521	Clinical Experience II	4
AT 587	Prevention & Health Promotion in Athletic Training	3

Spring Year I

<i>Course</i>	<i>Title</i>	<i>Credits</i>
AT 513	General Medicine for Athletic Trainers	3
AT 511	Ethics and Administration in Athletic Training	3
AT 543	Neuroscience for Athletic Trainers	3
AT 522	Clinical Education II	2
AT 523	Clinical Experience II	4

Summer Year II

<i>Course</i>	<i>Title</i>	<i>Credits</i>
AT 504	Diagnostic Imaging for Athletic Trainers	1
AT 531	Clinical Anatomy II	3
AT 532	Evaluation & Diagnosis of Injuries & Illnesses II	4
AT 533	Applied Rehabilitation	3
AT 534	Therapeutic Modalities II	2
AT 535	Seminar in Athletic Training I	1

Fall Year II

<i>Course</i>	<i>Title</i>	<i>Credits</i>
AT 536	Research Methods and Statistics II	3
AT 547	Critical Issues in Athletic Training Clinical Practice	3
AT 540	Pharmacology for Athletic Trainers	3
AT 550	Clinical Education III	2
AT 551	Clinical Experience III	4

Spring Year II

<i>Course</i>	<i>Title</i>	<i>Credits</i>
AT 541	Seminar in Athletic Training II	2
AT 542	Scientific Inquiry & Research Presentation	3
AT 552	Clinical Education IV	2
AT 553	Clinical Experience IV	4

Course Descriptions

SUMMER I

AT 506: CLINICAL ANATOMY I (3) **SUMMER I**
Theory and practice of clinical anatomy as it pertains to the lower extremity through the thoracic spine.

AT 507: CARE AND PREVENTION OF INJURIES AND ILLNESSES (3) **SUMMER I**
Theory and practice of recognition, treatment, and prevention of injuries and illnesses.

AT 508: EVALUATION AND DIAGNOSIS OF INJURY & ILLNESSES I (4) **SUMMER I**
Theory and practice of musculoskeletal evaluation and diagnosis as it pertains in the lower extremity through the thoracic spine.

AT 509: PRINCIPLES OF REHABILITATION (3) **SUMMER I**
Theory and practice of the scientific foundations of musculoskeletal rehabilitation.

AT 510: THERAPEUTIC MODALITIES I (2) **SUMMER I**
Theory and practice of therapeutic modalities including thermotherapy, cryotherapy, and mechanical modalities.

FALL I

AT 512: RESEARCH METHODS AND STATISTICS IN ATHLETIC TRAINING I (3) **FALL I**
Theory and application of research methods for the health professions including basic statistical analysis.

AT 514: PSYCHOLOGY OF INJURY AND REFERRAL (3) **FALL I**
Theory and practice of the psychology of injury and referral in athletic training.

AT 587: PREVENTION AND HEALTH PROMOTION (3) **FALL I**
This course prepares AT students to develop and implement strategies to prevent the incidence and/or severity of injuries and illnesses and optimize patients overall health quality of life.

AT 520: CLINICAL EDUCATION I (2) **FALL I**
Practice of athletic training clinical skills under the direct supervision of a Preceptor with emphasis on the Level I clinical educational competencies.

AT 521: CLINICAL EXPERIENCE I (4) **FALL I**
Clinical practice in athletic training under the direct supervision of a Preceptor with emphasis on patient care and the safe and appropriate use of skills and techniques.

SPRING I

AT 511: ETHICS AND ADMINISTRATION IN ATHLETIC TRAINING (3) **SPRING I**
Theory and practice of ethics and administration in athletic training.

AT 513: GENERAL MEDICINE FOR ATHLETIC TRAINERS (3) **SPRING I**
Theory and practice of general medical conditions related to athletic training.

AT 543: NEUROSCIENCE FOR ATHLETIC TRAINERS (3) **SPRING I**
This course will provide students foundational knowledge of neuroscience and how its application for common neuromuscular conditions (e.g. acute and chronic pain, somatic dysfunction, and motor neuron disorders) can be utilized in the clinical practice of athletic training to improve therapeutic outcomes. Students will examine and synthesize current research and case studies based on neuroscience principles and applications to ascertain the most appropriate therapeutic interventions to be utilized to improve patient healing and satisfaction.

AT 522: CLINICAL EDUCATION II (2) **SPRING I**
Practice of athletic training clinical skills under the direct supervision of a Preceptor with emphasis on the Level I clinical educational competencies.

AT 523: CLINICAL EXPERIENCE II (4) **SPRING I**
Clinical practice in athletic training under the direct supervision of a Preceptor Instructor with emphasis on patient care and the safe and appropriate use of skills and techniques.

SUMMER II

AT 504: DIAGNOSTIC IMAGING FOR ATHLETIC TRAINERS (3) **SUMMER II**

AT 531: CLINICAL ANATOMY II (3) **SUMMER II**
Theory and practice of clinical anatomy as it pertains to the head, neck and upper extremity through the thoracic spine.

AT 532: EVALUATION AND DIAGNOSIS OF INJURY AND ILLNESS II (4) **SUMMER II**
Theory and practice of musculoskeletal evaluation and diagnosis as it pertains in the upper extremity through the thoracic spine.

AT 533: APPLIED REHABILITATION TECHNIQUES (3) **SUMMER II**
Theory and practice of rehabilitation techniques as applied to individual physical pathologies.

AT 534: THERAPEUTIC MODALITIES II (2) **SUMMER II**
Theory and practice of therapeutic modalities including electrotherapy.

AT 535: SEMINAR IN ATHLETIC TRAINING I (1) **SUMMER II**
Seminar addresses a year one comprehensive exam process. All topics learned in the first year of the program are eligible for testing.

FALL II

AT 536: RESEARCH METHODS AND STATISTICS II (3)

FALL II

This course introduces quantitative research design, methods of measurement, and data analysis skills for health care professionals. Students will develop an understanding of quantitative design, while also developing skills to perform and interpret basic data analysis procedures relevant to athletic training.

AT 540: PHARMACOLOGY FOR ATHLETIC TRAINERS (3)

FALL II

Clinical pharmacology for athletic trainers as it relates to athletic training educational competencies.

AT 547: CRITICAL ISSUES IN ATHLETIC TRAINING CLINICAL PRACTICE (3)

FALL II

This course prepares students to recognize challenges and develop strategies for solving issues common in AT clinical practice.

AT 550: CLINICAL EDUCATION III (2)

FALL II

Practice of athletic training clinical skills under the direct supervision of a Preceptor with emphasis on the Level II clinical educational competencies.

AT 551: CLINICAL EXPERIENCE III (4)

FALL II

Clinical practice in athletic training under the direct supervision of a Preceptor with emphasis on patient care and the safe and appropriate use of skills and techniques.

SPRING II

AT 541: SEMINAR IN ATHLETIC TRAINING (2)

SPRING II

Seminar addresses a year two comprehensive exam process. All topics learned in both years of the program are eligible for testing.

AT 542: SCIENTIFIC INQUIRY AND RESEARCH PRESENTATION (3)

SPRING II

This course will provide students with the foundational knowledge to evaluate scholarship and prepare works for scholarly dissemination. MSAT students will present their research findings to the group of faculty and students. All presentations will be graded by the faculty and be accepted or rejected.

AT 552: CLINICAL EDUCATION IV (2)

SPRING II

Practice of athletic training clinical skills under the direct supervision of a Preceptor with emphasis on the Level II clinical educational competencies.

AT 553: CLINICAL EXPERIENCE IV (4)

SPRING II

Clinical practice in athletic training under the direct supervision of a Preceptor with emphasis on patient care and the safe and appropriate use of skills and techniques.

Student Performance Evaluations

All classroom assessment measures will reflect the individual course goals and objectives. (Overall program goals and objectives are located in Chapter 2.) The specific course goals and objectives will be provided in writing and will be distributed to all students during the first week of each class. The Program Director is responsible for reviewing all individual course goals and objectives to assure that they are consistent with those of the overall program.

Evaluation by written exams, oral/practical exams, presentations, group activities, projects, research papers, and competency testing are among some of the techniques to be used by the faculty. ***In general, examinations (e.g., written exams, oral practical (OP) exams, quizzes, etc.) may not be returned to the students. They will be stored in E*Value, the University-owned learning management system, University-owned course assessment system, or placed in each student's permanent file in the Program Director's office. All faculty are required to give these exams to the Program Director within two weeks following the end of each semester.*** If, at any time, a student wishes to review these documents, they should schedule an appointment with the Program Director.

In the event of poor student performance in classes or clinical experiences, it is the student's responsibility to discuss it with their course's respective instructor(s) immediately. Issues related to a course as a whole must also be addressed immediately by meeting with the course's respective instructor(s). Absences from class and/or clinical rotations are excused for these academic appointments and meetings. Students must notify their preceptors as soon as any scheduling conflicts arise. ***The student, faculty member, and/or preceptor(s) should contact the program director at any time if they feel they should get involved.***

Clinical education performance will be evaluated based on specific objectives determined by each clinical setting and course in the MSAT Program. This will include, but is not limited to, goals set per the completion of MSAT Program paperwork (e.g., ATS self-evaluation), the objectives established at a clinical site, and programmatic expectations.

Written Assignments and Program Documents

All written materials submitted in fulfillment of the MSAT Program's coursework and/or program requirements must meet professional and accreditation standards. Each written document must be clearly legible, complete, and concise. The student must have writing skills that efficiently and effectively communicate critical information needed by the reader. Thus, the professional standard established for the MSAT Program is the most recent edition of the American Medical Association Manual of Style. All written assignments must be **typed** according to this guide, unless otherwise specified by the course instructor. Each student is responsible to proofread all written work for both content and style before submission. Students are expected to produce original work. Proper citations of reference materials must be made at all times. Any student representing another person's work as their own will be subject to disciplinary action for

plagiarism. All suspected cases of plagiarism or academic dishonesty will be immediately reported to the Dean of Students. The student will be notified by the Dean of Students. All written work must be easily readable and meet the course instructor's and/or clinical supervisor's requirements for the assignment. All written assignments and program documents (including clinical education forms and evaluation forms) are due on the day and at the time assigned by the instructor or program administrators. Even if the student is absent, the assignment is still expected on time. Lateness of assignments will result in lowered grading or 0 points. It is always advisable to retain a copy of submitted assignments – especially clinical hours. Instructors are human, too, and the student has the responsibility for their own assignments. (See also University policy.)

Examinations

All examinations, skill/competency evaluations, or course/program assessment must be stated and dated clearly in each course outline at the start of the semester, or announced at least 7 days in advance of its administration. If the course schedule must be revised, the instructor will provide at least one-week' notice – unless otherwise approved by all students in the class. Unless stated in the course outline, there will be no repeat testing for failed student performance on a written exam. However, ***any student who fails (earns less than 70%) on a psychomotor competency or proficiency during an oral/practical exam will receive the initial grade, but must schedule a time to retest the skill with the instructor within 2 weeks.***

Students will only be excused from any performance evaluation, of any type, with a documented reason for the absence. Any student who must be absent from an exam must notify the course instructor in advance and in writing. Documentation for the absence must be given to the course instructor and will be attached to the student's academic file. In the event of an emergency, the student must make every effort to contact the instructor on the day of the exam (i.e., by phone, voicemail, or email) and must provide written documentation immediately upon returning to the University. Refer to Attendance Policy.

Make-up examinations and/or competency evaluations (for excused absences only) will be scheduled at the discretion of the course instructor. The student must collaborate with the instructor with regard to suitable date and conditions of any make-up examination or evaluation. ***Meeting with the instructor and taking the make-up exam(s) takes priority over clinical education responsibilities.***

Requirements To Sit for the Board of Certification Examination

A goal of the UI MAST Program is for all graduating students to sit for the BOC, Inc. examination. This computer examination is comprised of multiple-choice and simulation questions. For more information about the exam, visit <http://www.bocatc.org>. The Program Director, in conjunction with the MSAT Program faculty and staff, will judge whether it is appropriate for a student to take the exam during their final semester in the Program or after graduation. Although the Program Director will provide the endorsement for the vast majority of the students to take the exam during their final semester in the Program, there may be cases where taking the exam before Program completion is not ideal or recommended (e.g., student is not making satisfactory academic progress, etc.). There may also be cases where the student completing the program and possibly entering athletic training employment is not in the best interest of the student or the profession (e.g., behavioral violations, etc.). In these cases, the student would not complete the MSAT program (i.e., would not graduate) and would not be eligible to sit for the BOC, Inc. examination. Students who successfully complete the Program (i.e., graduate) will be endorsed by the MSAT Program Director to sit for the exam.

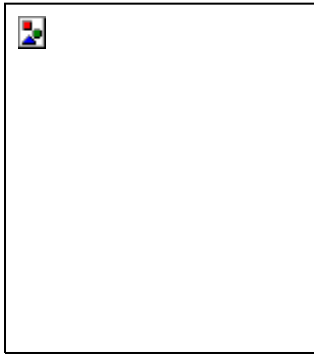
The following requirements must be met to become eligible for the BOC, Inc. examination:

1. Successful completion of the curriculum in the UI MSAT Program, including comprehensive examinations and research requirements.
2. Successful completion of all clinical competencies and proficiencies.
3. Successful completion of all programmatic evaluations.
4. In good standing in the UI Athletic Training Program (e.g., not on probation).
5. In good standing with the UI College of Graduate Studies.
6. Meet UI criteria for graduation with the degree of Master of Science in Athletic Training.



Chapter 3

Clinical Education



CHAPTER 3: CLINICAL EDUCATION

The ATS is encouraged to become an integral part of athlete/patient care in all clinical education settings. Students should become involved in all facets of the health delivery system and become familiar with the complex roles of the athletic trainer. Our goal is to provide clinical education experiences that address the continuum of care in order to prepare a student to function in a variety of settings, with patients engaged in a range of activities or conditions, and provide athletic training services across all of the standards of practice delineated for an athletic trainer in the profession. These roles include functioning in a multi-disciplinary environment with a variety of health professionals. This role does NOT include transporting patients to and from appointments with physicians, transporting equipment or coolers needed for clinical experiences, etc.

The ATS should gain as much knowledge and experience as possible concerning injuries/conditions, athlete/patients, health care providers and administrative tasks in the different athletic training clinical settings while supervised by a Preceptor. A Preceptor is an appropriately state credentialed health care professional. The majority of your clinical education will be supervised by an athletic trainer (certified and in good standing with the BOC) who currently possesses the appropriate state athletic training practice credential. Another appropriately state credentialed health care professional may supervise the remaining clinical education as it fits CAATE standards and student need. **When completing your clinical rotations, you must be supervised by your Preceptor whenever you are delivering athletic training services. Students are not permitted to perform ANY athletic training service without a Preceptor being on-site and available/able to intervene on behalf of the student and/or patient/client. Students are required to report any violation of this policy to the Program Director or Clinical Education Coordinator.**

The goal of clinical education is to take didactic knowledge and apply it so that you develop practical clinical proficiency leading to eventual mastery of the taught competencies and proficiencies. Each experience should provide an opportunity for integration of psychomotor, cognitive, and affective skills, and clinical proficiencies within the context of direct patient care. Your clinical education and clinical field experiences are designed to allow for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The primary purpose of your clinical rotations is to provide you with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer. **At no time should a student replace**

professional athletic training staff or medical personnel as the assigned medical coverage or receive any monetary remuneration for providing athletic training services.

Students must also refrain from applying skills during their clinical experiences that have not first been formally instructed and evaluated in class or by a Preceptor. This is to ensure the safety of the patient and protect the ATS. For example, a student is not to perform an ultrasound treatment on a patient until they have been instructed on this competency and assessed on this skill by a faculty or Preceptor in the UI AT Program. Only after this instruction and assessment may an ATS perform the skill in the clinical setting on a patient/athlete under the direct supervision of a Preceptor.

Students are expected to complete an average of 25 supervised quality hours/week of clinical experience under the direct supervision of their Preceptor. These clinical experiences may be scheduled prior to the start of an academic semester, following the completion of an academic semester, and/or during holiday breaks (e.g., clinical assignment during August, over Thanksgiving break, etc.). Clinical hours may include in-person or telehealth clinical opportunities. Telehealth cannot exceed 20% of a student's total required clinical hours per semester. Students are expected to complete these hours as assigned and their Preceptor and AT Program Faculty (i.e., Director or Clinical Coordinator) must approve any absence during this time. Preceptors will schedule the ATS for these hours each week and are expected to give the ATS an average of two days off per week; however, students must have a minimum one day off in a 7-day period. **ATSs must complete the minimum clinical experience hours, but not exceed the maximum, as outlined in the syllabus for the associated semester of Clinical Experience. Hours requirements vary by semester as student knowledge and abilities change**

Fall I: 225 hours minimum / 500 hours maximum*

Spring I: 225 hours minimum / 500 hours maximum*

Fall II: 225 hours minimum / 800 hours maximum*

Spring II: 225 hours minimum / 800 hours maximum*

Clinical experience hours must be completed under the direct supervision of a Preceptor during each semester. The Preceptor will schedule students for their weekly hours. Student hours logs will be reviewed by the instructor of Clinical Experience at regular intervals throughout the semester. If a student is participating in hours in excess of 60 hours in a 2 week period(excludes dates occurring before or after the semester starts), the instructor will report this to the Clinical Education Coordinator. The course Instructor or the Clinical Coordinator will speak with the student to ensure that excessive clinical hours are not being undertaken. Finally, students will follow the Infectious Illness Policy to ensure the safety of the patients and protect the ATS. Students are to refrain from engaging in clinical experiences when they are ill.

* ** In the wake of the COVID pandemic, temporary changes may be made to the Program's minimum and maximum hour totals for clinical education participation. All changes will be made in accordance with CAATE policy. All students must have adequate patient/client interactions and clinical experiences to prepare them for contemporary clinical practice with patients. As such, students may be required to fulfill the remainder of their clinical experience when governmental, institutional, and clinical site restrictions allow.

Clinical Education and Clinical Experiences

Clinical Education is a broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences. This will usually occur in the classroom, lab, or athletic training setting during competency or proficiency instruction or evaluation. Clinical Education provides for integration of psychomotor, cognitive, and affective skills and clinical proficiencies.

Clinical Experience provides direct patient care guided by a Preceptor who is an athletic trainer or physician. These experiences are used to verify students' abilities to meet curricular content standards and may include practice/game or virtual settings (i.e. telehealth/telemedicine) when direct patient care opportunities are not available. The Preceptor supervises this formal clinical education experience. The formal instruction and evaluation of clinical proficiencies occur in this setting.

Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.

The Preceptor must consistently and physically interact with the ATS during the clinical rotation. CAATE requires both Clinical Education and Clinical Experience. All of your clinical education is contained in individual courses that are completed over two academic years. Clinical experiences may begin prior to or extend beyond the institution's academic calendar.

Students will engage in variety of clinical experiences/assignments with Preceptor during their on-campus and off-campus clinical experiences during their tenure in the UI-AT Program. Assignments to a Preceptor are categorized based on the skill set, site, and availability of the Preceptor and the ATS. This will include, but not be limited to: Individual and team sports; Sports requiring protective equipment (e.g., helmet and shoulder pads); Patients of different sexes; Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military); A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology). The AT Program will distribute these assignments through individual and team sports, in-season/out-of-season sports, contact and non-contact sports, men and women's sports, general medical, and rehabilitation intensive rotations. The clinical education coordinator in consultation with the program director will make athletic training student clinical assignments. Once a student is assigned to a Preceptor, they are to check with the Preceptor about the goals, objectives, responsibilities, policies and procedures that accompany that site and the sport(s) being covered.

Students assigned to complete an off-campus rotation, should anticipate and expect ahead of time to complete immunizations, orientation, etc., for that setting. This information will be amply available ahead of time. Students who have not completed these requirements so that they begin the off-campus rotation on time will be withdrawn from the off-campus rotation and will be re-assigned to complete it in the summer or another semester.

Clinical Site Placement

The Clinical Education Coordinator will assign each student to a clinical site. The student will have the opportunity to recommend potential sites or Preceptors to the Program. The Clinical Education Coordinator will give clinical assignments to the student. These clinical assignments may or may not be in line with the students desires. Students are required to complete their assigned clinical experience. Students may appeal clinical site placement to the Athletic Training Board (see Appeals section of the Handbook). Students who complete the clinical rotations off-campus will need to return to campus during final exam week to complete all necessary labs, review sessions, and testing.

Clinical Experience Documentation

The following documents are essential elements for ensuring a quality clinical education experience.

Prior to beginning the first clinical rotation of the academic year students are responsible for submitting all of the following forms of documentation. Any student failing to submit required documentation will not be permitted to participate in ANY clinical experiences, including preseason activities.

1. Evidence of liability insurance – this will be purchased during the first week of your summer semesters.
2. Evidence of current Professional Rescuer CPR.
3. Completion of University of Idaho blood borne pathogen, OSHA, HIPAA, FERPA, training.
4. Completion of University of Idaho background check requirements.
5. Evidence of completed immunizations.

Student must have provided record of up to date vaccinations for the following:

- Hep B, or waiver
- MMR
- Tdap (within the last 10 years)
- Meningococcal

Students with an incomplete Hepatitis B series will only be allowed to participate in clinical rotations if they have completed the first two shots in the series or have signed the waiver. Failure to provide evidence of the completed series (or a signed waiver) within the appropriate timeframe will result in removal from the clinical setting.

6. Signed MSAT Handbook and appropriate handbook forms.
7. Signed clinical orientation forms. Students are required to complete an “ATS Self-Evaluation” form and review it with their Preceptor prior to starting any new rotation. The student and Preceptor will also complete/sign the “Clinical Experience Contract” form and the “EAP, BBP, & HIPAA/FERPA Policy Review” form. Each student is required to complete these forms with their Preceptor within the first week of their clinical rotation and must then return these forms to the Clinical Education Coordinator. The

purpose of these forms is to ensure that the athletic training student and Preceptor have communicated clear expectations for the clinical experience and to review pertinent policies and procedures.

Clinical Experience Responsibilities

Once admitted into the AT Program, a student will be assigned to a Preceptor prior to the start of their clinical rotations. The purpose of the clinical assignment is to provide the student with opportunities to practice and master clinical skills, while gaining experience in the comprehensive health care of the physically active. Students will assist in tasks concerning injury prevention, evaluation and care of injuries, and design and implement rehabilitation and reconditioning procedures - all under the direct supervision of the Preceptor.

A Preceptor must:

- Supervise students during clinical education;
- Be able to intervene on behalf of the student and patient;
- Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Program or CAATE;
- Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
- Provide assessment of athletic training students' clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
- Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training;
- Demonstrate understanding of and compliance with the Program's policies and procedures;
- Be credentialed by the state in a health care profession (see glossary);
- Not be currently enrolled in the professional athletic training program at the institution;
- Receive planned and ongoing education from the Program designed to promote a constructive learning environment.

The ATS should adhere to the following guidelines when assigned to a Preceptor:

- Follow the AT Program Clinical Supervision and Criteria for Claiming Clinical Education policies at all times.
- Consult with the athletic training staff on the evaluation, treatment, care and rehabilitation of all injuries/illnesses. Be sure to inform and consult with athletic training staff of any injury, illness, or emergencies that an athlete or coach brings to your attention.
- Assist the Preceptor in documentation and keeping all injury records current and complete.
- Never get into a confrontation with a coach or administrator about a patient's status. Inform the athletic training staff about the problem and let them handle the

situation.

- Do not perform any athletic training skill that has not been formally instructed and formally assessed as part of a required course in the UI-AT Program.
- Remain in good standing in the MSAT Program and UI COGS.
- Adhere to the NATA Code of Ethics, BOC Inc. Standards of Professional Practice, the University of Idaho's Campus Policies, the University of Idaho's Athletic Training Student Code of Conduct, and the laws governing the State of Idaho, as well as all Federal Laws. If you are unsure of what to do in a situation, talk to your Preceptor, Clinical Education Coordinator, and/or AT Program Director.
- Demonstrate the ability to meet the Technical Standards for Admission and continued participation in the AT Program.
- Complete the series of Hepatitis B Vaccine shots through the Health Center or other health facility of the ATS's choosing during the first semester in the AT Program (or signed waiver).
- Obtain and maintain current CPR/AED for the Professional Rescuer certification.
- Complete annual OSHA, FERPA, HIPAA, and Blood Borne Pathogen training.
- Progress toward the completion of all clinical education requirements under the direct supervision of a Preceptor.
- Attend mandatory MSAT Program meetings and in-services.

The ATS should adhere to the following guidelines when working with Patients:

- All ATS should be readily identifiable as a student. **This includes wearing your AT student name badge while completing your clinical experiences.**
- Maintain a degree of separation from the patients. This will enable you to maintain a level of professionalism.
- Socializing with adult 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 or enter into romantic relationships with patients. If your personal relationships affect your ability to act as an athletic trainer, it will be discussed with you and/or corrective steps taken.
 - ATS will be expected to follow University of Idaho policy when working with or around minors during clinical experiences.
 - Protecting Minors: <http://www.uidaho.edu/apm/05/12>
 - Code of Behavior; See Handbook Chapter 4 for policy.
- Gossip is spread in the locker room and athletic training clinic 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.
- Do not repeat medical information about players to their teammates, coaches, scouts, reporters, or other athletic personnel. The patients are trusting that the discussion with you will remain confidential. All information is confidential.
- The athletic training program 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.

- Communicate effectively and professionally with Preceptors, other healthcare providers, patients, and program faculty/staff.

Affiliated Site

All clinical education sites must be evaluated by the Program on an annual and planned basis, and the evaluations must serve as part of the Program's comprehensive assessment plan.

An athletic trainer, certified, and in good standing with the BOC, and who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student's clinical education. The remaining clinical education may be supervised by any appropriately state credentialed health care professional.

Criteria for Claiming Clinical Education Hours

1. Students must be supervised (i.e., Preceptor on site) by their Preceptor **at all times** while providing AT services. This supervision allows for interaction, instruction, and correction of inappropriate actions. Only supervised clinical activities, as defined by CAATE standards should be completed and/or counted toward the required clinical experience requirements. At no time shall a student be forced or coerced into violating this policy.
2. Students may only document those clinical hours that have been scheduled by their Preceptor and occur under the supervision of a Preceptor. The Clinical Education Coordinator and/or AT Program Director, who coordinate all clinical experiences, will assign an ATS's Preceptor.
3. Students should focus on quality over quantity of clinical field experience hours. Recording hours is NOT a competition between students as the ultimate goal is the quality of your education and not the amount.
4. While traveling with an athletic team, students should record hours that are spent attending to athletic training duties ONLY. Sitting on a bus or eating does not constitute athletic training duties.
5. Students may NOT obtain any clinical hours:
 - a. During the summer (outside of clinical courses or assignments). For example, summer jobs in sports medicine clinics or sports camps are great experience, but students cannot count any of these hours towards AT Program requirements.
 - b. During athletic training meetings, in-services, or classes.
 - c. During any unsupervised clinical experiences/activities.
 - d. While receiving remuneration, excluding scholarships.

Documentation of Clinical Education Hours

Students are required to document all of the clinical education hours. To aid the students in this recording process, the student must use the time tracking function in E*Value. It is the student's responsibility to record and calculate the clinical education hours, and have them verified by their supervising Preceptor weekly. **Students and Preceptors are equally responsible for verifying these hours.** Preceptors will confirm hours by verifying them in the

E*Value system. If students or Preceptors have any other questions or concerns, they should contact the Program Director or Clinical Director. It is recommended also that students track their own clinical education hours in a daily planner, spreadsheet, or PDA. It should also be noted that students found to be falsifying their clinical hours verification sheet (i.e., claiming hours that were not assigned/supervised) would be subject to disciplinary action within the UI AT Program.

First Responder (Unsupervised Clinical Experience)

First Responder experiences are unsupervised events (no Preceptor present) and are NOT part of the UI AT Program. CAATE and the UI AT Program do not require First Responder Experiences, and as such, they would be voluntary. However, as the UI Clinical Supervision Policy requires direct supervision **at all times** during clinical experience, these experiences are **NOT** permitted. If this situation was to arise, the student would NOT be functioning as an ATS and the ATS and Preceptor would be in direct violation of AT Program policy and CAATE standards. Additionally, no ATS may be forced or coerced into working as a First Responder and these experiences may not be documented toward meeting the required clinical experience requirements. Any violation of the direct supervision policy must be immediately reported to either the AT Program Director or Clinical Education Coordinator.

Terminology

1. **Clinical Supervision**: a clinical experience that involves daily visual and auditory interaction between the athletic training student and a Preceptor (e.g., athletic trainer, physician, physical therapist, EMT, nurse).
2. **Unsupervised**: any clinical experience in which the athletic training student is acting *without* the physical presence of a Preceptor; thus making it impossible to intervene. This situation is in violation of CAATE Standards and AT Program policy. As such, it is NOT permitted.
3. **Ability to Intervene**: The Preceptor is within the immediate physical vicinity and interacts with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions.
4. **Preceptor**: A certified/licensed professional who teaches and/or evaluates students in a clinical setting using an actual patient base.
5. **AT Program**: CAATE accredited professional Athletic Training Program.

Clinical Education/Experience Supervision Policy

Clinical Experience Supervision

Each semester the ATS will be assigned to one or more Preceptors. The Preceptor is typically responsible for the health care of a specific athletic team/school, or of patients at a hospital/clinic. In addition, the Preceptor oversees the clinical progression of the students under their supervision during clinical field experiences. Per CAATE accreditation standards, the MSAT Program ensures ATSS experience a variety of sport and patient care situations, as well as the opportunity to work with a variety of Preceptors. Non-ATs who sometimes supervise and teach students during their clinical education may include team physicians, physical therapists, or other allied health care professionals at affiliated clinical sites.

Supervision of athletic training students **must** take place during all clinical experiences under the direction of a Preceptor. The Preceptor, who plans, directs, advises, and evaluates the students' athletic training clinical experience, must consistently and physically interact with the athletic training student at the site of the clinical experience to provide consistent education. The Preceptor must be physically present to intervene on behalf of the patient and the ATS at all times. An unsupervised student is not considered to be completing clinical experience and may not document those hours. It is a violation of CAATE standards and MSAT Program policy for ATSS to be left without supervision during their clinical experiences. A key component of clinical education is that the student does not take the place of an AT or other credentialed allied health care provider, but will instead assist credentialed professionals during clinical rotations in working to improve and perfect their knowledge, skill-set, and decision-making process.

Clinical Education Supervision

Clinical education applies to the instruction and evaluation of the clinical competencies and proficiencies by a Preceptor/Faculty. A Preceptor must be on site and able to intervene on behalf of the student and/or the patient/client at any time during all clinical experiences. When working in a class/lab (e.g., simulated patient) for clinical education purposes, a faculty/Preceptor shall be physically present to teach and evaluate the skill, while also being able to intervene as necessary. When working with a patient or completing clinical field experiences, the Faculty/Preceptor shall be physically present for psychomotor competency and proficiency instruction and evaluation, while being able to intervene on behalf of the student or patient if necessary. Our goal is to achieve a progression of the autonomous practice of ATSS during their clinical education and field experiences, while Preceptor/Faculty are able to intervene in any situation as needed. Unlike Clinical Experience, Clinical Education may occur in the classroom, in a laboratory, or during clinical field experiences.

Clinical Travel Policy

Supervised travel, when available, is a required component of the AT Program. Supervised travel is not a "right" and is not guaranteed during clinical experiences. Supervised travel opportunities may need to be earned and ATSS are expected to take advantage of the opportunity when it arises. ATSS may document only those hours that meet the previously established criteria for documentation. ATSS are not allowed to travel without a Preceptor, as it

is a direct violation of CAATE standards/AT Program policy. The AT Program does not permit unsupervised travel.

Affiliated Clinical Site Therapeutic Equipment Policy

The MSAT Program, and affiliated clinical sites, will have inspections and/or calibrations conducted on all electrical modalities according to the manufacturer's recommendation or federal, state, or local ordinance regarding specific equipment calibrations and maintenance. The Program and clinical sites will also follow manufacturer recommendations or federal, state, or local ordinances regarding specific equipment calibrations/maintenance for all other therapeutic equipment on site.

Site visits are conducted by Program faculty/staff annually to verify equipment safety. The "initial" site visit for each site will occur based on the date a student will begin a clinical experience. Planned and on-going site visits then occur after that time, and a site remaining in good standing with this policy will be evaluated at the subsequent visits. Further safety/calibration information or actions will occur at subsequent site checks as needed. Sites accredited by the Joint Commission, AAAHC, or other recognized external accrediting agencies are exempt from this specific policy.

Equipment safety/calibration verification is documented by Program faculty/staff using the "Initial Site Visit" form or the "Program Site Visit" form as needed. Students also serve as Program representatives in the process. Students are required to submit modality calibrations and safety check information at the start of each new rotation using the "EAP/BBP/HIPAA/FERPA Policy Review" form. The form will be completed in E*Value, and will be verified by the student's Preceptor and the clinical experience course instructor upon submission. Students are required to report any other equipment safety/calibration concerns to the Program as they arise during a clinical experience. Students will also evaluate each clinical site (e.g., site evaluations, exit interviews) to provide the Program with feedback regarding how access – or lack of access to equipment – influenced the quality of their clinical experience.

The Program will notify affiliated clinical sites with outdated or missing calibrations, or with subsequent reported problems with therapeutic equipment, when the issue/concern has been identified. Once identified, the site will be given notice, and will be provided time to rectify the issue/concern and submit updated information to the Program. Students completing a clinical experience at a site that is "on notice" (e.g., missing calibrations, etc.) are prohibited from using the equipment until calibrations/safety checks are updated, submitted, and verified by the PD/CEC. Preceptors agree to ensure that students do not use therapeutic equipment (e.g., electrical modalities) until the appropriate calibration/safety checks have been completed and verified.

Pathway to Educational Competency and Clinical Proficiency

Clinical Courses

Each ATS must enroll and successfully complete the 4-semester sequence of Clinical Education Courses (AT 520, 522, 550, 552) and Clinical Experience Courses (AT 521, 523, 551, 553). The course syllabi describe content and expectations, but the focus is around Clinical Competencies and Proficiencies. The goal of these courses is that learning and perfecting skills under the direct supervision of a Preceptor enables quality learning over time. All ATSs are expected to attend and actively participate in each class session and during their clinical field experiences.

Educational Competency

Athletic training students (ATS) will be taught, allowed to practice, given time to learn, and assessed on hundreds of Clinical Competencies and Proficiencies. These athletic training skills will be formally instructed and assessed prior to an ATS performing them on an athlete/patient and form the objectives of UI-AT Program courses.

- Objectives of each course correspond to the NATA/CAATE defined educational competencies.
- Course content and lab experiences are driven by these educational competencies.
- Competencies will be systematically evaluated and graded by means of written and lab practical examinations.
- Competencies will be systematically evaluated and graded by means of simulation or patient care evaluation by Preceptors during Clinical Education and Clinical Experience.
- Competencies and proficiencies can be instructed/evaluated prior to that skill being formally taught in a didactic course by a Preceptor as learning moments present. These skills must be formally instructed/evaluated by a Preceptor prior to the ATS performing those skills on a patient.

Clinical Competencies and Clinical Integration Proficiencies (CIP)

Clinical competencies and CIPs will be assessed by:

- ATSs will be introduced to specific clinical skills in content and clinical education courses. They will be given opportunities for specific skill practice in these courses.
- Peer Evaluation – It is recommended that ATSs practice with other ATSs and provide evidence of specific skill practice (another ATS initials) prior to having a Preceptor evaluating that clinical skill.
- Preceptor Evaluation – Preceptors will evaluate the competence of each ATS according to the following criteria:
 - Competencies, CIPs and foundational behaviors of professional practice on mid semester and end of semester ATS evaluation forms in AT 521, 523, 551, and 553.
 - Psychomotor competencies will be evaluated in AT 520, 522, 550, and 552.
 - CIPs are evaluated in the CIP Packet as part of AT 520, 522, 550, and 552.
 - Associated competencies must be completed prior to being assessed on related CIP.

Psychomotor Skill Scoring/Rating Policy:

Competent: Each ATS must score 90% or better to meet the minimal standard for mastery, this ATS will rate as “Competent.” The ATS must also demonstrate **“overall conceptual understanding”** of the skill. If an ATS cannot demonstrate genuine and complete comprehension, they can be scored no higher than “Needs Improvement,” regardless of the points earned for that skill.

Needs Improvement: If the ATS scores between 70% - 90%, the appropriate rating is “Needs Improvement.” In this case, the ATS must return to the Preceptor before finals week to demonstrate mastery (90+%). The initial rating of “Needs Improvement,” earns the ATS 70% (3.5 of 5) of the points for that skill.

Inadequate: If the ATS scores below 70%, they rate as “Inadequate.” For an original rating of “Inadequate” the ATS receives no points for the clinical class, but must still obtain a “Competent” rating (90+%) from the Preceptor before finals week.

If a specific skill can NOT be evaluated at your clinical site, (e.g., Isokinetic Evaluation), that skill will be evaluated by a Preceptor on campus. The ATS will be required to perform, and be evaluated, on that skill when they return to campus for final exams. **Students must notify the course instructor in advance when these skills can NOT be performed at their assigned clinical site.**

To successfully complete the Clinical Education courses, the ATS must rate as “Competent” for all skills taught in the course by the end of the semester. If the ATS does not rate as “Competent” in all psychomotor competencies and proficiencies, the ATS will fail the course regardless of the grade received from all other course elements. Along with this, to successfully complete the course, the ATS must pass (70% or higher) the corresponding oral practical final exam for that course given by the instructor.

Students must also make adequate progress for completing CIPs. CIPs are designed to provide students the opportunity to have their clinical proficiency assessed during real patient care interactions. Students should read the CIP packet frequently to make themselves familiar with the content of each CIP. Completion of all associated competencies with a CIP is mandatory prior to being assessed on related CIP. Students must make progress on completing the CIP packet each semester in order to continue in the program. Progress is considered: the successful completion of a CIP or CIP part (e.g., CIP 4c). A single “Needs Improvement” submission does not meet the requirement of this assignment. Certain CIPs must be completed in a specific semester and the CIP packet must be entirely completed by a student’s final semester in the AT Program. Consistent progress throughout the program is the responsibility of the student and should not be left until the very end of the semester. Reviewing the CIP packet contents with your Preceptor at the start of the clinical rotation can

help students and Preceptors identify CIPs that have the most potential for completion at each clinical site/experience. Please plan accordingly.

Student Clinical Evaluations

ATS Evaluations

Preceptors will evaluate student's clinical performance at the end of every month, the middle of the semester and at the completion of each semester. These evaluations will be based on student performance, progression, and completion of objectives tied to their clinical course. To pass a clinical experience course, students must earn a grade of "C-" or higher on any evaluation. Further evaluations will be based on the student's academic progress and completion of clinical competencies and proficiencies. When necessary, the assigned Preceptor, the student, and the PD/CEC will meet face to face at the end of each semester to discuss the students' evaluation and advancement in the educational program as outlined in the retention procedures.

ATS Self-Evaluations

In addition, the student will self-evaluate each semester, either at the end of that current semester or prior to the start of the next semester. This is time for honest and clear reflection as to the present status and future direction of the ATS. The CEC and PD, to assist the ATS in their clinical progression, will review this evaluation. In addition, the student self-evaluation will be tied to their AT Program clinical experience contract/pre-season goals sheet. The student and their Preceptor complete this form prior to beginning a rotation so that clear objectives can be set for ATS growth under the supervision of that Preceptor.

Preceptor Evaluations

Every semester the ATS will be asked to confidentially evaluate one or more Preceptors. This involves completing an objective form covering various aspects of being a clinical instructor. It is NOT a tool of revenge or negativity, but is instead a method of Preceptor and AT Program improvement. It is crucial that we constantly strive to improve and the hope is that these honest and informative evaluations will aid in that effort. Remember to be honest, but not personal as you are evaluating methods, actions, skills, etc., of the Preceptor in a manner that is not meant to demean the person.

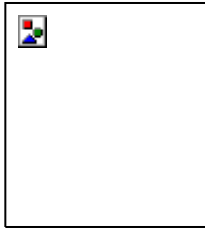
Clinical Site Evaluations

To maintain and improve the AT Program, each ATS will be asked to anonymously assess their clinical site each semester. This allows for an objective review of the clinical site's strengths and weaknesses in allowing students to learn, practice, and master athletic training skills. Please be honest and constructive in your responses as this allows the AT Program to provide the best learning environment.

Semester-End Clinical Competency and Proficiency Evaluations

At the end of each semester, students will complete a clinical competency and proficiency evaluation. The semester-end clinical competency and proficiency evaluations are supportive in nature. The purpose of this evaluation is to determine if students are learning and retaining appropriate skills and knowledge for the student's level in the program. Using each student's UI Clinical Competency and Proficiency Manual, several previously completed competencies/proficiencies will be selected at random within each

domain/course for each student. Students are scored according to the scale on each clinical competency/proficiency. Any failed clinical competency/proficiency must be re-taken. Results of the semester-end clinical competency/proficiency exams, along with mid-semester and semester-end evaluations completed by the student's clinical instructor(s), will be used regarding retention decisions regarding the clinical portion in the UI AT Program. Failure to schedule and complete these exams will result in probation or dismissal. Graduating students who fail to complete this requirement will not be cleared for graduation, receive their CAATE Program completion certificate, or approval regarding the BOC, Inc. exam.



AT Program Clinical Education Policy

To remain in compliance with CAATE (Commission on Accreditation of Athletic Training Education) accreditation standards and to provide the appropriate clinical experiences for UI-Athletic Training Students, every ATS and clinical staff member agrees to read, acknowledge, and follow completely CAATE Standards 52 and 63.

CAATE Standard: Program Delivery

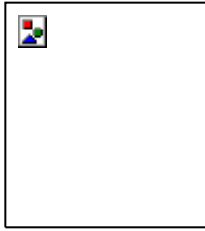
52. An athletic trainer, certified, and in good standing with the BOC, and who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student's clinical education. The remaining clinical education may be supervised by any appropriately state credentialed health care professional.

63. The program must include provision for supervised clinical education with a Preceptor. Students must be directly supervised by a Preceptor during the delivery of athletic training services. The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

I (print full name) _____ have read and understand Chapter 3 of the AT Program ATS Handbook and the AT Program Clinical Education Policy. Furthermore, the AT Program Clinical Supervision Policy has been discussed and clearly explained to me by AT Program faculty. As such, I understand that acting beyond the scope of an ATS or without direct supervision is not permitted by AT Program policy and CAATE standards. I am aware that such an action, or any other violation of AT Program policy discussed in Chapter 3, would leave me open to litigation and/or AT Program sanctions. This record will be kept in my permanent file.

Signature: _____ Date: _____

Witness: _____ Date: _____



AT Program Clinical Practice Policy

To remain in compliance with CAATE (Commission on Accreditation of Athletic Training Education) accreditation standards and to provide a safe environment for the patients at clinical sites utilized by UI-Athletic Training Students, every ATS and clinical staff member agrees to read, acknowledge, and follow completely CAATE Standards 53-55.

CAATE Standard – Program Delivery

53. Athletic training students must be officially enrolled in the program prior to performing skills on patients.

54. Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.

55. All clinical education must be contained in individual courses that are completed over a minimum of two academic years. Clinical education may begin prior to or extend beyond the institution's academic calendar.

I (print full name) _____ have read and understand the UI Athletic Training Program – Clinical Practice Policy. Furthermore, I understand that acting outside the scope of the AT Program Clinical Practice Policy is a violation of AT Program policy and CAATE standards. I am aware that such an action would leave me open to litigation and/or AT Program sanctions. This record will be kept in my permanent file.

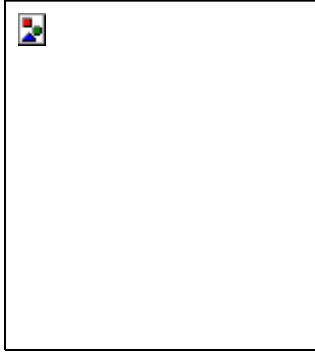
Signature: _____ Date: _____

Witness: _____ Date: _____



Chapter 4

Academic Policies and Procedures



CHAPTER 4: ACADEMIC POLICIES & PROCEDURES

Foundational Behaviors of Professional Practice

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient

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

Team Approach to Practice

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

Legal Practice

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

Ethical Practice

- ♦ Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.

- ♦ Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice*.
- ♦ Comply with other codes of ethics, as applicable.

Advancing Knowledge

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

Cultural Competence

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

Professionalism

- ♦ Advocate for the profession.
- ♦ Demonstrate honesty and integrity.
- ♦ Exhibit compassion and empathy.
- ♦ Demonstrate effective interpersonal communication skills.

Confidentiality

Student File Confidentiality

The AT Program and Office of the Registrar maintain academic and personal records on all students. Except under legal compulsion, information contained in such records, with the exception of name, address, dates of attendance, and degrees obtained, will not be released to agencies outside the University without written consent of the student.

The AT Program will maintain program documents of all ATs in the Program Director's office, in the E*Value online system, the University-owned learning management system, or the University-owned course assessment system. These documents include, but are not limited to, the following: admission materials, academic records, evaluations, course examinations and quizzes, clinical hours, advising reports, infractions, and any/all documentation of a student's academic and clinical progress for a period of five years following graduation.

If, at any time, students wish to review their file, they should schedule an appointment with the Program Director. ATs are protected to have personal and professional information remain confidential. (See NATA Code of Ethics and Family Education Rights and Privacy Act (FERPA): www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

Professional Confidentiality

ATs must respect the confidentiality of all patients, clients, and consumers of the athletic training services. Any use of client data in classroom learning activities should not reveal personally identifiable information of the patient, client, or athlete. ATs are expected to meet the clinical site's standards for confidentiality at all times. ATs are expected to follow professional communication policies (e.g., working with minors) set by the clinical site and MSAT program in all interactions during clinical experiences.

Any information about a patient's medical condition or treatment that an ATs may acquire in locker rooms, athletic training facilities, physician's offices or otherwise is considered confidential. ATs have a unique opportunity to observe and participate in clinical experiences. If this opportunity is mistreated, the ATs will be terminated immediately if they violate this confidentiality. Furthermore, the professional rapport ATs establish with patients, coaches, and physicians is jeopardized by the lack of discretion and violation of this ethical conduct.

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. Do not 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 PATIENT-RELATED INFORMATION YOU SEE WITH ANYONE OTHER THAN THE ATHLETIC TRAINING STAFF AND/OR TEAM PHYSICIANS ON A NEED TO KNOW BASIS.

Behavioral Standards

Standard 1. Be Considerate and Courteous:

1. Actively listen and respond with empathy. Maintain and respect the confidentiality of sensitive information at all times and honor confidentiality of all those they interact with (e.g., patients, athletes, coaches, peers, staff, and faculty) at all times.
2. Participate in solving problems, finding solutions and resolving conflicts.
3. Courteously address faculty, staff, coaches, administration, peers, students, patients, and athletes at all times.

Standard 2. Treat Others with Respect:

1. Anticipate the needs of others (athletes, students, staff and faculty) and respond promptly.
2. Display a positive and caring attitude towards all those they interact with (e.g., patients, athletes, coaches, peers, staff, and faculty).
3. Be positive with words and actions when interacting with others.
4. Demonstrate a personality that promotes a positive work and learning environment.
5. Honor the time commitments of all those they interact with (e.g., patients, athletes, coaches, peers, staff, and faculty).
6. Demonstrate an interpersonal behavior and appearance that reflects well on the University, the AT Program, and yourself
7. Treat everyone the same regardless of race, gender identity, political affiliation, religion, ethnic background, sexual preference, or socioeconomic backgrounds.

Standard 3. Be Supportive and Cooperative with Others:

1. Communicate openly, honestly and directly at all times.
2. Offer encouragement and support others.
3. Recognize and respect others. Learn to value differences.
4. Demonstrate good judgment through consistent application of the behavioral standards.
5. Be flexible and open to new ideas and approaches in handling situations.

Standard 4. Display Pride:

1. Take initiative and be proactive.
2. Take appropriate action when needed and strive for continuous improvement.
3. Report to clinical assignments and rotations on time as assigned by your Preceptor or faculty member.
4. Be knowledgeable, responsible, accountable and involved.
5. Promote and demonstrate teamwork.
6. Treat all facilities and supplies with respect, pride and care.
7. Support the mission, vision, and goals of the AT Program at UI.

Standard 5. Demonstrate Leadership Qualities:

1. Support and uphold the fair and equal treatment of others.
2. Serve as a positive role model and mentor for patient/athletes and fellow students.
3. Offer positive reinforcement to patient/athletes and fellow students.
4. Set and communicate clear, realistic and measurable goals and expectations.
5. Create a learning environment that encourages continuing education and a positive atmosphere that promotes improvement.
6. Serve as a valuable resource by sharing related experiences with others.

General Rules of Professional Conduct:

1. Demonstrate progressive improvement as an athletic training student during the two-year academic period through the completion of clinical educational elements, clinical testing and demonstration of proper skill techniques during clinical and field experiences.
2. Complete the required curriculum, with the grade of “C” or better.
3. Maintain a 3.0 cumulative GPA or higher and receive no lower than a “C” in any course. If the cumulative GPA falls below 3.0, the student will receive notice from the College of Graduate Studies. Two consecutive semesters of < 3.0 will result in a dismissal from the graduate school.
4. Complete the ATS Competency and CIP requirements (e.g., comp./prof. manuals) on-time and as expected
5. Maintain current CPR certification and professional liability insurance.
6. Attend (or have excused absence) all AT Program educational meetings.
7. Complete clinical field experiences, with differing genders, risk levels, equipment requirements, and general medical injuries and illness as assigned within the two-year academic period.
8. Fulfill duties and expectations relating to athletic training education as assigned by your Preceptor, including satisfactory evaluations, or program faculty/staff.
9. Practice proper grooming habits and hygiene.
10. Apply yourself to all academic work. 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.
11. Follow the clinical education schedule unless otherwise approved by the appropriate AT personnel (staff, Program Director or Clinical Coordinator).
12. Remember they will be judged by the patients under their care and by their 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 their professional effectiveness is hindered by other behavior and it compromises their performance in his/her duties, action must be taken by the ATP Administration.

13. Enforce all athletic training clinic rules without discrimination.
14. Do not slander other individuals (e.g., athletic trainers, AT programs, patients, athletes, coaches, peers, staff, and faculty)
15. Do not use vulgar or inappropriate language. Any violation will result in immediate removal.
16. 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 & BOC Standards of Professional Practice.
17. Wear appropriate clothing when participating as a member of the AT Program.
18. Do NOT use tobacco or smokeless tobacco while completing any clinical affiliation experience. Do NOT use other illegal substances or show up to a clinical experience under the influence of drugs or other substances (e.g., alcohol).
19. Do NOT wear University of Idaho Athletic Training apparel in any bar, tavern, or other establishment that may conflict with the mission, vision, and goals of the AT Program.
20. Follow professional expectations as outlined by the MSAT Handbook, University of Idaho, NATA, and BOC.

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

University of Idaho – APM 05.12 Protection of Minors

D-5. Code of Behavior

Our program provides the highest quality services available to minors. Our commitment is to create an environment for minors that is safe, nurturing, empowering, and that promotes growth and success for the minors who participate in our program. Any type of abuse will not be tolerated and will result in immediate dismissal from the program and/or University of Idaho (UI). UI will fully cooperate with authorities if allegations of abuse are made and investigated.

To accomplish this mission together, employees, volunteers, and other adults participating in programs, events and activities involving minors:

1. Will treat minors with respect at all times.
2. Will treat minors fairly regardless of race, sex, age, religion, sexual orientation or gender expression.
3. Will adhere to uniform standards of affection as outlined in any applicable university or program specific policies.
4. Shall not use or be under the influence of alcohol or drugs in the presence of minors or during activities or events involving minors.
5. Shall not discuss their sexual encounters with or around minors or in any way involve minors in their personal problems or issues.
6. Shall not date or become romantically involved with minors.
7. Shall not make pornography in any form available to minors or assist them in any way in gaining access to pornography.
8. Shall not have secrets with minors.
9. Shall not have private displays of affection with minors.
10. Shall not swear or tell off-color jokes.
11. Shall not stare or comment on the minors' bodies.
12. Shall not engage in inappropriate electronic communication with minors, as may be further defined by specific program policies.
13. Shall avoid outside contact with minors, which may be further defined by specific program policies.
14. Shall not shower, bathe, or undress with or in the presence of minors.
15. Will not take any photographs or videos of minors or posting photographs or videos on a digital, electronic, hosted media, web-based service or any other medium without first obtaining a release from the minor's parent or legal guardian.
16. Shall not abuse minors in anyway including the following:
 - a. *Physical abuse*: hitting, corporal punishment, spanking, shaking, slapping, unnecessary restraints
 - b. *Verbal abuse*: degrade, threaten, cursing
 - c. *Sexual abuse*: inappropriate touch, exposing oneself, sexually oriented conversations
 - d. *Mental abuse*: shaming, humiliation, cruelty

- e. *Neglect*: withholding food, water, shelter
 - 17. Shall not allow minors to engage in hazing, bullying, derogatory name-calling, games of “Truth or Dare,” ridicule, or humiliation.
 - 18. Will report concerns or complaints about other adults or minors in accordance with all reporting policies.
-

Professional Dress and Image Policy

The Professional Dress and Image Guidelines have been developed to reflect standards similar to healthcare environments as is appropriate for the roles, responsibilities, duties and individuality of each Athletic Training Student.

Professional appearance is required of all ATs when representing the program (e.g., clinical rotations and conferences). The dress code at each clinical site may vary. However, the AT Program dress code is the minimum expectation. If a clinical site allows for attire that violates the AT Program dress code, students are expected to follow our stricter guidelines. If a clinical site requires attire that goes beyond the AT Program’s minimal requirements, the student must follow the site’s dress code. ***If students are not dressed appropriately, they will be sent home to change into appropriate clothing and report back within a reasonable amount of time set by the Preceptor.*** Students who need accommodation related to this policy due to medical/health, religious or cultural reasons should consult with Program Administrators. Students should abide by the following dress code when representing the program (e.g., clinical rotations and conferences). When attending other programmatic functions (e.g., orientation, classes, and continuing education courses), students should adhere to the guidelines provided by the instructors/facilitators.

General Guidelines

- Students should be neatly groomed and professional at all times.
- Unless otherwise communicated by their instructors or preceptors, students are expected to arrive at their classes (online and in-person) and/or clinical sites dressed appropriately
- Fingernails should be clean, trimmed, and have reasonable length
- Jewelry and other bodily adornments:
 - Should not interfere clinical site performance
 - Should not create increased risk to personal or patient safety at any time
 - Should be kept to a minimum
- Each student’s professional image (e.g., dress, jewelry, tattoos) must exude a professional appearance.
- When working clinically, UI AT Program nametags must be worn at all times above the waist and readily visible. Nametags may not be defaced with stickers, pins, or altered in any way to change the information on the tag. All students must be easily identifiable as a student at ALL clinical affiliation sites at all times.
- Excessive, strong, or distracting fragrances and odors are generally discouraged

Professional Dress

General Expectations When Representing the UI ATPs:

- All clothing should be clean, in good repair, and exude a professional appearance

- Clothing should fit well and allow for comfortable movement throughout all required activities with-out compromising safety or professional image
- No clothes should be worn with another school's name on them, unless it is the name of the school they are assigned in their clinical rotation.
- 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.

Shirts and Tops

- Only solid colored button ups, polo shirts or T-shirts with UI logo or logos of the current clinical site are permitted
 - T-shirts may be worn by ATs if they are site-specific or one of UI's athletic training shirts.
 - Collared shirts must be worn when providing care at games and contests.
 - Only UI or site-specific crew-neck sweatshirts may be worn.
 - Shirt and tie are also appropriate if you so desire.
- Shirts must be tucked in at all times.
- 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.

Shorts, Pants, and Bottoms

- Neutral colored (e.g., tan, blue, black, and grey) pants/shorts are the minimum expectation
- Jeans, jean shorts, or sweatpants are not permitted.

Shoes

- Shoes must be clean, functional, safe, and appropriate for the type and location of work performed
- Athletic/tennis shoes with laces are the minimum expectation. No open toed (e.g., flip flops, sandals, Birkenstocks, slides, slip-ons, Crocs, etc.) or heeled shoes will be tolerated.

Dress for practices on the road the same way you would for home games and events.

Outerwear and Hats

- When providing care in adverse weather conditions, students are permitted to wear appropriate clothing (e.g. coats and rain gear) as is dictated by the conditions
 - Additional layers may be necessary to ensure student comfort and safety. Neutral or site-specific colored warm-ups, coats, and other gear are best practice.
 - Weather-related clothing should not be distracting or place students and patients at increased risk.
- Hats are only allowed at outdoor practices, events, and contests and are not permitted to be worn indoors unless extenuating circumstances dictate otherwise

Aattendance and Participation Policy

To maintain the integrity of each student's learning experience, all students are required to attend every class session throughout the professional curriculum (e.g., formal class meetings, continuing education courses, and other programmatic functions) as well as all assigned clinical experiences. We do realize that students may travel with athletic teams or have unexpected circumstances arise. It is the student's responsibility to communicate these situations with the appropriate faculty/preceptor as soon as the potential scheduling conflict is identified. Class sessions are recorded and are shared within the program via web link. Each class recording is shared to only the cohort members within the class. Students are expected to maintain the privacy of cohort members by refraining from sharing the links.

Attendance, punctuality, and participation are mandatory for all class meetings, lab meetings, clinical rotations, continuing education courses, and other programmatic functions. Excessive tardies and/or unprofessional participation will result in a lowering of the ATS's final grade. Students should make every effort to contact the instructor prior to any absence. If you anticipate missing or being late to class due to extreme circumstances (e.g., bad weather, traffic, car problems, etc.), contact the instructor. All contact with the instructor must be made either through a voice message, text message, or email – do not forget to leave your name, time, date, and reason for calling. More than two (2) absences will require permission from the AT Program Director. The same expectations apply for clinical experiences.

Students must notify all of their course and clinical instructors immediately if they know they will miss or be late to class, meetings, or clinical experiences. This communication should be made prior to the arranged meeting time when possible – in extenuating circumstance, it must be made as soon as possible for the student. This may be done by phone call, voicemail, and/or email – don't forget to leave time and day information. It is recommend that students use more than one method (e.g., phone call and email) for documentation purposes. The same expectations apply for clinical experiences.

Class, Laboratory, and Continuing Education Meetings

Each student may be allowed up to two (2) excused absences per class; students will lose 3% of their final course grade for each additional absence greater than 2. There will be NO make-up exams/assignments for any unexcused absences. All assignment deadlines are final.

“Face to Face” Class Meetings

Students must work with the course instructor to make up appropriate course materials in a timely fashion.

Online Class Meetings

If an absence occurs for an online course meeting, the student must watch the recorded class and send a 1-page summary/reflection to the course

instructor(s) within **48 hours** of the missed class (unless an extension is granted by the course instructor).

Continuing Education Courses

If an absence occurs for a continuing education course, the student must enroll in and complete the course prior to graduation. Students must pay for the make-up course on their own.

Attendance will be taken at the beginning of each class session. Students are expected to be present and prepared to actively participate at the assigned/communicated start time for each class.

- A student who is “present” has arrived (for “face to face” gatherings) or has logged on (for online and hyflex classes) and is ready to engage in learning and class participation. Students should attend class in an environment that facilitates learning (e.g. a quiet room with minimal foot traffic)
- Students who are prepared have completed all assigned readings and coursework prior to the start of each respective class
- Students who are actively participating are:
 - Sitting upright – In online learning, laying down or disappearing for large amounts of time unless you notify the instructor(s) is not approved.
 - Showing your active (Video On) profile/headshot in online and hyflex classes
 - Not engaging in distracting activities which includes but is not limited to talking/texting on phones, using social media, and taking part in extraneous conversations
 - Not taking part in activities that place the student at greater risk (e.g. driving while participating in online classes)

Students not present, prepared, or actively participating in class may be marked as tardy or absent.

Students are required to return to the Moscow campus for the days/times of the University scheduled final exam week in the fall and spring semester. Students are required to attend and participate in all meetings/labs/exams/etc. scheduled for final exam week. Students are required to be in Moscow for the entire summer semester (including program orientation). Failure to attend may result in dismissal from the program.

Procedure

Emergency Absences

- a. Emergency circumstances for which a student may be excused from class/clinical include but are not limited to the following: death of an immediate family member, serious personal illness or injury as documented by a physician, religious observances or natural disasters.
- b. In cases such as those above, the student must make a reasonable effort to inform ALL instructors prior to the absence and provide evidence of the occurrence.
- c. If contact prior to the absence is not possible, the student is responsible for notifying the instructors immediately following the absence.
- d. The student must arrange for making up any missed course work within five days following the absence unless other arrangements have been made with the Program Director.

Other Absences (including travel with athletic teams)

- a. At no time are students excused from class/lab to cover events and practices without approval for course faculty and/or Program Administrators. Students must inform the Program Director/Clinical Coordinator well in advance of travel conflicts.
- b. The student should contact the instructors prior to the absence and this communication should occur as soon as the potential conflict is identified.
- c. The instructor should inform both the student and Program Director immediately after a student has obtained 2 unexcused absences, and every absence thereafter.
- d. If a third absence occurs due to traveling with an athletic team, a student must notify the Program Director for approval 7 days (if possible) prior to departing. Students performing academically well in class will most likely be allowed to travel unless the course instructor prefers the student attend class.
- e. If the third or more absence is unexcused, then the student must meet with the instructor and Program Director to explain his/her absence. Each case will be handled independently. If it is determined that it is an unexcused absence, then the attendance policy will be applied appropriately to the student's final grade.

NOTE: It is the students' responsibility to contact their Instructor/Preceptor in regard to unforeseen or emergency absences PRIOR to the clinical rotation or class meeting time.

Participation Policy:

ATs must attend class, lab, clinical rotations, continuing education, and other programmatic sessions and actively participate in each. Participation includes, but is not limited to:

- Meaningful verbal or written discussion
- Verbal or written questions and comments
- Meaningful contribution to in-class activities
- Demonstrations

Inconsistent attendance, participation, and/or classroom contribution will adversely affect the final grade for each respective course. To intelligently participate, each student MUST complete reading assignments PRIOR to the specified class. Those who are absent, tardy, or come unprepared will not be meeting the expectations of this policy.

Online Class Policy:

Many of the MSAT classes incorporate video conferencing. Students are expected to attend and participate in online classes as if the course meetings were in a traditional "face-to-face" format. Students are expected to be on time, dress appropriately, display professional behaviors (e.g., body language, etc.), and actively participate in each online class meeting. Students are expected to have the appropriate technology (e.g., computer, internet, microphone, webcam, etc.) to actively participate in all online course meetings. Students should sign-in to the online course meetings using their name. All students will have the opportunity to access the learning material in real-time and by watching replay. Students who are unable to make the scheduled class time will need to inform the instructor prior to the class. All students who miss a class meeting will be required to submit a detailed accounting of what was discussed in the online

meeting (thorough enough to demonstrate satisfactory learning) and will be required to email the written summary to the instructor of each course that was missed within 48 hours of the missed class. Classes will be managed at the discretion of the moderating faculty, with an emphasis on creating a positive learning environment.

Electronic Communication Policy:

Students must use their University of Idaho email account to electronically communicate with course instructors, program faculty/staff, and Preceptors. It is the student's responsibility to check UI email and related technology (e.g., E*Value) regularly for updates and course information during the semester. It is your responsibility to submit electronic documentation as expected and to notify involved parties immediately if problems arise. Students are expected to reply to faculty/staff emails promptly (i.e., *within 48 hours*) unless extenuating circumstances are involved. The same courtesy should be provided to students from faculty/staff as well.

Expectations in Written Communication Policy:

Your ability to spell and to write with clarity (e.g., good organization, sentence structure, proper grammar usage, etc.) will be assessed on all tests, quizzes, assignments, and communication with program faculty/staff. It is expected that you will write and conduct yourself professionally in all written course assignments/materials, as well as in all other forms of communication (e.g., emails to faculty/Preceptors, etc.). Remember, you represent yourself, as well as the program, when you communicate with others.

University of Idaho Classroom Learning Civility Clause:

In any environment in which people gather to learn, it is essential that all members feel as free and safe as possible in their participation. To this end, it is expected that everyone in this program will be treated with mutual respect and civility, with an understanding that all of us (students, instructors, professors, guests, and teaching assistants) will be respectful and civil to one another in discussion, in action, in teaching, and in learning.

Should you feel our classroom interactions do not reflect an environment of civility and respect, you are encouraged to meet with your instructor during office hours to discuss your concern. Additional resources for expression of concern or requesting support include the Dean of Students office and staff (5-6757), the UI Counseling & Testing Center's confidential services (5-6716), or the UI Office of Human Rights, Access, & Inclusion (5-4285).

Academic Dishonesty Policy:

Plagiarism is the act of using someone else's words and/or ideas without giving the original thinker/writer credit. This includes, but is not limited to copying and pasting from the Internet or any print text, turning in part or all of another student's work, using a paid paper-generating service, or submitting the same written work to multiple classes without instructor knowledge or consent. Plagiarism is stealing, and it is not just unethical; it is illegal. Plagiarism will be treated seriously regardless of what has

been plagiarized: final papers, drafts, or even homework. Any student who has chosen to plagiarize will receive a failing grade for the course and may be referred to university judiciaries for further action, up to and including expulsion. Thus, if you are at all unsure about what precisely counts as plagiarism and/or how to avoid plagiarism, talk to your instructor.

Any infractions of academic dishonesty (e.g., plagiarism, cheating, etc.), even perceived infractions, will be referred to the judicial office for review and potential punitive measures (read the student handbook - Student Code of Conduct).

Disability Support Services Reasonable Accommodations Statement:

Reasonable accommodations are available for students who have documented temporary or permanent disabilities. All accommodations must be approved through the Center for Disability Access and Resources located in the Bruce M. Pitman Center, Suite 127 in order to notify your instructor(s) as soon as possible regarding accommodation(s) needed for the course. Phone: 208-885-6307. Email: cdar@uidaho.edu. Website: www.uidaho.edu/current-students/cdar.

Probation Policy

Any student who fails to adhere to the “Rules of Professional Conduct” or violates policies and procedures established within the AT Program Student Handbook or other UI student policy (e.g., COGS requirements, etc.), is subject to program dismissal or a probation period. The purpose of probation period is to remediate any existing deficiencies. Failure to follow any of the “Rules of Professional Conduct,” or those of the University of Idaho, may result in an immediate removal from the AT Program’s Clinical Education Experiences. Serious infractions of the “Rules of Professional Conduct,” the AT Program Student Handbook, or other UI student policy may result in immediate dismissal from the AT Program. The student may make appeals following the “Appeals Process.”

All terms and conditions of the probation will be provided in a written document and will be signed by the AT Program Director and the student. Failure to meet the terms or conditions of the probation period will result in either suspension or dismissal from the AT Program. Students who are suspended from the Program may re-enroll at the specified time, assuming the student is in otherwise good standing with the program and the UI. Students who are dismissed from the program may reapply to the AT Program no sooner than one year from the date of the dismissal from the AT Program.

Any student, who fails to adhere to the “Behavioral Standards/Rules of Professional Conduct” or violates policies and procedures established within the AT Program Student Handbook or other UI student policy (e.g., COGS requirements, etc.) for a second time will not be allowed to continue 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 AT Program Student Handbook](#)”. Failure to follow the sequential steps of the “Appeals Process” will result in the appeal not being heard.

Dismissal Policies for Clinical Experiences

Dismissal from the Clinical Experience is based on numerous criteria, which includes:

- A poor (below a C-) evaluation from a Preceptor.
- Two consecutive poor evaluations from a Preceptor (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 AT Program Faculty.
- Violation of Confidentiality Agreement (immediate probation or dismissal) or professional expectations (e.g., HIPAA violation, professional communication, etc.) outlined in the MSAT Student Handbook.
- Falsification/Misrepresentation of clinical hours, educational competencies completion, or professional/ethical standards as defined by the NATA or program/university student handbooks (immediate probation or dismissal).
- Unexcused absences from clinical experiences or habitual tardiness (immediate probation or dismissal). Students are expected to communicate needs for absences (e.g., medical issues) with the appropriate parties in a professional and timely fashion.
- Failure to demonstrate other professional practices including, but not limited to, communications with or about, faculty, staff, students, the AT Program, coaches, or patients (immediate probation or dismissal).
- Any serious infraction of the “Rules of Professional Conduct” or other program/university policies (immediate dismissal).
- Failure to follow behavioral or professional standards as established by the NATA, BOC, or appropriate state practice act.

*Students who do not pass criminal background checks may not be cleared to participate in clinical experiences.

APPEAL PROCESS

Please see [Appeals Process](#) discussed earlier in the AT Program Handbook (starts on Page 24).

Bloodborne Pathogens Policy and Biohazardous Guidelines

Due to risk of potential exposure to blood and other infectious materials, it is the policy of the Athletic Training Staff to give each student enrolled within the UI Athletic Training Program (AT Program) a pocket mask and formal instruction in Universal Precautions, according to the recommendations from the Center for Disease Control. This formal instruction will be provided in the classroom as part of the AT Program, and additionally be provided in a mandatory annual training program by the UI AT Program. Formal instruction in Universal Precautions includes: Disposal of needles, and other sharp instruments; hand washing; cleaning, disinfecting, and sterilizing; cleaning and decontaminating blood spills, laundry; disposal of infective waste; use of disposable gloves, masks, eyewear, gowns, and resuscitation equipment, and the exposure control plan.

Causative Factors and Health Consequences

HIV, HBV, HCV are transmitted through direct contact with infected blood or blood components, direct sexual contact, and prenatal mother to baby contact. High-risk behaviors such as sexual intercourse and sharing needles with persons who are infected have been identified as the most common sources of transmission of the viruses.

These policies are developed to accomplish the following:

1. Minimize contact with blood and body fluids by staff and student
2. Minimize likelihood of transmission of specific organisms, such as: HBV, HIV, TB, Staph, Strep.
3. Practice consistent appropriate sharp disposal procedures
4. Increase confidentiality for patients, i.e. the same precautions for all patients.
5. Practice consistent infection control procedures

Athletic Training Students (ATS), at their own expense, will be required to have had Hepatitis B Vaccinations. The vaccine is given by injection on three separate dates. Usually, the first two are given 1 month apart, and the third dose is administered 5 months after the second. After these three doses, the Hepatitis B vaccine is 85-95% effective in preventing Hepatitis B infection in those whom receive the vaccinations. Those students who are not immunized must sign a Hepatitis B Immunization Waiver (Appendix K) on an annual basis. (Note: UI employees can get the Heb B vaccine and it is paid for by the employee's department. Contact EHS for more information).

BIOHAZARDOUS GUIDELINES

All those in the UI AT Program shall strictly adhere to the guidelines and procedures for disposing of BIOHAZARDOUS waste materials for each clinical setting. BIOHAZARDOUS waste receptacles and sharp's boxes are located in all clinical sites.

Personal Protective Equipment

By order of OSHA and the county health department, all health care personnel must

wear personal protection equipment whenever possible exposure situations present themselves. The following protective equipment is strongly recommended when addressing bodily fluid situations:

- ❑ Latex or vinyl gloves
- ❑ Safety glasses (clear)
- ❑ Mouth and nose mask
- ❑ Disposable gowns (if needed)
- ❑ One-way valve CPR mask

These items (when needed) are mandatory for all ATs. It is further recommended that all ATs engage in proper post-treatment sanitation practices (such as personal protective equipment disposal, and antibacterial hand and forearm scrubbing). The personal protective equipment necessary to prevent occupational exposure is available for ATs use. Training on equipment is available and proper use of and repair/replacement procedures are provided. Students are provided personal protective equipment as outlined in the Bloodborne Pathogens Exposure Control Plan

Universal Precautions

1. Hands should always be washed before and after contact with each client. Hands should be washed after removal of gloves and other protective equipment. Hands should be washed with warm soap and water for a minimum of fifteen seconds or with a bacterio/virocide gel.
2. Gloves are provided to all employees and students. Glove use is indicated for:
 - ❑ All patient care which involves potential exposure to blood or body fluids
 - ❑ Cleaning of obvious or suspected blood/body fluids and decontamination procedures of work areas
 - ❑ When cleaning instruments contaminated with blood or body fluids prior to sterilization and which are capable of causing puncture or cut wounds
 - ❑ If the ATs has cuts, abraded skin, chapped hands, dermatitis, or other non-intact skin
3. Gowns or plastic aprons are indicated if blood and/or body fluid splattering are likely.
4. Masks and protective goggles should be worn if aerosolization or splattering is likely to occur such as in certain dental and surgical procedures, wound irrigations, post mortem examination and bronchoscopy.
5. To minimize the need for mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices are strategically located in the Athletic Training Clinic and in each athletic training kit.
6. All personal protective equipment must be removed and placed in the appropriate disposal site prior to leaving the work area.

7. Approved and labeled sharps disposal containers and hazardous waste containers are to be used for all tainted supplies.
8. All equipment and work surfaces must be cleaned with a 10% bleach solution, or decontaminate approved for such use, after contact with blood or other potentially infectious material and also at the end of the workday.
9. Towels contaminated with blood or body fluid should be placed and sealed in a hazardous waste red bag and taken directly to the laundry room where they are washed separately in a hot cycle. If there is large amount of blood they should be disposed of.
10. Other regulated waste includes liquid or semi-liquid blood or other potentially infectious materials: contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, pathological and microbiological wastes containing blood, or other potentially infectious materials. Such regulated waste must be placed in the hazardous waste container or in a sealed hazardous waste red bag.

Disposal Guidelines

Materials contaminated by blood, body fluids, exudate, or other infectious substances are to be disposed in the covered waste receptacles lined with biohazard bags. These waste receptacles are located in each of the athletic training facilities. The following items should be disposed of in the BIOHAZARDOUS waste receptacles: gauze wound dressings, latex/vinyl gloves or other materials that have been contaminated with body fluids.

Scalpels, blades or other sharp objects contaminated with blood, body fluids, exudates, or other infectious agents should be disposed of in the sharp's box located in each athletic training facility.

Laundry (towels) that have been exposed to blood or body fluids, no matter how minimal, should be placed in a separate laundry bag and taken to the laundry room. Wear latex/vinyl gloves when carrying this bag. Notify the laundry room attendant about the contaminated towels and instruct that they should be washed separately in HOT WATER. If there is large amount of blood they should be disposed of.

Notify the staff athletic trainer immediately when the BIOHAZARDOUS bag or sharp's box are 2/3 full. Staff athletic trainer must notify EHS (safety@uidaho.edu or 885-6524) for pick-up, transport, and disposal of these materials.

Accidental Exposure

Exposure incidents involve contact with blood or other potentially infectious material through a needlestick, broken or scraped skin or the mucous membranes of the eye, mouth or nose.

- Any ATS that feels that exposure occurred, take the following steps immediately:
 - Wash needlestick injuries, cuts and exposed skin with soap and water.
 - Flush splashes of blood or other potentially infectious materials to the mouth and nose with water.
 - Irrigate eyes with clean water, saline, or sterile irrigants.
- Following any exposure incident, the ATS should:
 - Report the possible exposure to the supervising Preceptor immediately.
 - An incident report on what happened must be filled out (Appendix D). The AT Program Director and AT Program Medical Director should be notified. Report forms are on file in A.T. Clinic and Program Director's office.
 - The exposed individual should report to a nearby hospital for confidential medical evaluation and appropriate treatment.
 - If possible, the patient should be tested for hepatitis A, B, and C, tuberculosis, and HIV.

NOTE: The confidentiality rule will be in effect for any cases involving possible exposure situations.

The best advice to all ATSs is safety first. Remember that non-puncture exposures carry the lowest chance contracting diseases.

If Program staff have accidental exposure, please refer to the exposure incident guidelines in the UI BBP program manual. The staff BBP program manual is included in the MSAT Handbook and is available in the ISMaRT Clinic.

INFORMATION

For further information and clarification, speak to the Program Director or Preceptors.

Infectious Illness Policy

ATs have a small but real health risk during their clinical experiences. They frequently come into contact with patients/athletes who are ill with potentially infectious diseases, and they often are required to tape or bandage wounds that present the potential for contact with blood borne pathogens. In addition, athletic training students who are ill with an infectious disease may present a health risk to patients/athletes. The UI Athletic Training Program (AT Program) aspires to prevent disease exposure to staff, athletic training students, and patients/athletes.

Athletic training students must use universal precautions to limit the exposure to blood borne pathogens. OSHA blood borne pathogen training (or other acceptable training) for medical workers will be conducted annually for athletic training students in the summer. Institutional and program infection control policies will also be reviewed at this time. Athletic training students must realize that ill health care workers present some risk to the patients/athletes they treat and with whom they come in contact. To limit this risk, the following steps will be followed:

If an ATS is ill, the student will be examined by a physician (or other licensed health care provider) of their choice. The physician will determine the appropriate treatment and the amount of time the student will be absent (if applicable) from clinical experiences. The Center for Disease Control (CDC) provides specific guidelines for reporting communicable and infectious diseases (<https://www.cdc.gov/infectioncontrol/guidelines/index.html>) These guidelines are designed to provide for the uniform reporting of diseases of public health importance within the community, in order that appropriate control measures may be instituted to interrupt the transmission of disease, and will be followed by the UI Athletic Training Program.

Examples of communicable diseases include but is not limited to:

- Chickenpox
- Conjunctivitis
- Diarrheal Disease
- Diphtheria
- Group A Streptococcal
- Hepatitis A, B, or C
- Herpes Simplex
- HIV
- Impetigo
- Influenza
- Lice (Pediculosis)
- Measles (Rubeola)
- Mumps
- Meningitis
- Pertussis
- Streptococcal Infections
- Rabies
- Rubella
- Scabies
- Tuberculosis
- Varicella
- Viral respiratory infections

If it is determined that the athletic training student may have a potentially infectious disease, he/she will be asked to relate that information to their Preceptor and the AT Program Director before their next scheduled clinical experience time.

The AT Program Director, in consultation with the AT Program Medical Director, will determine if the athletic training student requires further physician (or other related licensed health care provider) consultation/examination before they return to their clinical experiences. The

physician may schedule an examination, bar the athletic training student from reporting to their clinical setting, or permit the athletic training student to report to their clinical setting.

Staff clinical supervisors may require that an athletic training student who appears ill, be examined by a physician (or other licensed health care provider) of the athletic training students choosing.

A physician (or licensed health care provider) must examine athletic training students who miss any clinical experience time due to infectious illness before they are allowed to resume their clinical experiences.

The confidentiality of information regarding individuals afflicted with a Communicable Disease will be respected. All medical records and the patient information contained therein will be handled in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). However, Idaho law requires medical care providers to notify public health officials of any disease on the Idaho Reportable Disease List. Program faculty and staff should not unlawfully discriminate in policy or practice, including admissions and employment policies, against individuals who have, or are considered to be at risk for, Communicable Diseases. Discrimination against and/or harassment of Faculty, Staff, or Students may result in disciplinary action. As long as medical evidence supports, with reasonable medical certainty, that a particular disease is not communicable by the casual contact normally found in the workplace and/or classroom, the workplace and/or classroom will not be considered hazardous as a result of the presence of an afflicted Faculty member, Staff member, or Student.

HEPATITIS B IMMUNIZATION WAIVER

I understand that due to my clinical exposure to blood and other potentially infectious materials, I may be at risk for acquiring Hepatitis B Virus infection. It has been mandated that as a part of the formal athletic training curriculum, I will receive formal instruction on Universal precautions and it is further recommended that I be vaccinated with Hepatitis B vaccine, at my expense, via a private physician. I understand that the Hepatitis B vaccine may not be 100% effective on the prevention of acquiring the virus.

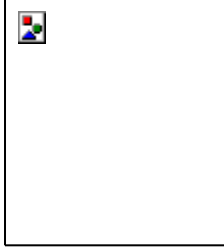
I have received the Hepatitis B vaccination in a 3-shot series, and understand that a potential risk may still exist to acquire Hepatitis B.

I understand that by declining to receive the vaccination, I am at continued risk of acquiring Hepatitis B.

Signature

Date

Printed Name



Infraction Policy

Any ATS who displays inappropriate behavior (e.g., breaking policy), at any time or place, is an act of infraction (violation) against our AT Program requirements and expectations. Students who commit minor violations will receive a verbal warning from the Preceptor/Faculty/Staff, as well as the completion of an infraction form. All program faculty, staff, and affiliate staff (e.g., instructors and preceptors) may complete the infraction form. The infraction form will be stored in the student's academic file. The student and infraction author will review and discuss the infraction. ATSs are strongly encouraged to make any professional comments and/or changes on the document to justify their behavior during this meeting. Any additional comments by the ATS or Preceptor should be written on the infraction form before signing it and sending it to a program administrator (i.e., Prog. Director or CEC). The student and infraction author will then discuss the infraction with the relevant program administrator (i.e., Prog. Director or CEC). After these meetings have occurred, steps for moving forward will be determined, documented, and shared with the involved parties following previous described program procedures. Depending on the nature of the infraction, disciplinary action could involve a warning, probation, programmatic suspension, or programmatic dismissal.

If a second infraction (same behavior) should occur, another form is completed and the ATS will be required to meet with the infraction form author to discuss the infraction and actions taken. At this time, the student risks probation or program dismissal depending on the seriousness of the violation and previous standing (e.g., already on probation). A copy of the infraction and follow-up actions will be placed in the ATS's file and a copy will be given to the ATS. After these meetings have occurred, steps for moving forward will be determined, documented, and shared with the involved parties following previous described program procedures.

If a third infraction (of the same or similar behavior) should occur, another form is completed and the ATS will be required to meet with involved parties (e.g., Preceptor) and the Program Director. At this time, the student risks probation or program dismissal depending on the seriousness of the violation and previous standing (e.g., already on probation). A copy of the infraction and follow-up actions will be placed in the ATS's file and a copy will be given to the ATS. After these meetings have occurred, steps for moving forward will be determined, documented, and shared with the involved parties following previous described program procedures.

If a fourth infraction (same behavior) should occur, the ATS will be dismissed from the Program.

NOTE: There may be some infractions (e.g., drug use, academic dishonesty, etc.) that can lead to immediate dismissal from a clinical site or the AT Program. Additionally, multiple infractions, or new infractions while already under disciplinary sanctions (e.g., probation), may also result in immediate suspension or dismissal.

CRITERIA FOR RETENTION IN THE PROGRAM

Once admitted into the MSAT Program, the students' academic and clinical progress will be evaluated each semester. The student who continues to demonstrate satisfactory academic and clinical progress in the Program will continue to the next semester. If an unsatisfactory report in either the clinical or the academic aspect is noted, the student will be placed on probation for one semester to remedy the deficiencies.* If these deficiencies are not corrected, the student may be dismissed from the MSAT Program. This decision is made by the Program Director in conjunction with MSAT program faculty and the College of Graduate Studies.

The following guidelines will be used to evaluate each ATS at the end of each semester in order to remain in good standing in the AT Program:

1. Must satisfy (with or without accommodation) the mental, cognitive, emotional, and physical technical standards involved in completing the competencies and clinical proficiencies in the Program. (See Chapter 2)
2. Must maintain a minimum overall 'B' Grade Point Average (3.0) while enrolled in the graduate program with a C or better in each semester course. A student who fails to maintain satisfactory scholastic standing (below a 3.0 GPA) in any given semester is placed on academic probation; two consecutive semesters results in dismissal from the program. (See Graduate Student Handbook for more information).
3. Student clinical performance will be evaluated. In instances of unsatisfactory clinical performance, the student will be placed on probation for one semester. If a student earns below a C- on one of these evaluations, the student will not pass the course. A student who does not attain an appropriate clinical performance level after a semester may be dismissed from the AT Program. These performance evaluations will be based on one or more of the following:
 - a. Mid-term and final clinical performance evaluations completed by the Preceptor.
 - b. Laboratory activities and oral practical examinations.
 - c. Completion of clinical competencies and proficiencies in a timely manner.
4. Must successfully perform all clinical competencies for the assigned semester and make appropriate CIP progress by the end of the semester to move forward in the program. In the event a clinical proficiency is not performed successfully, the student must return to that Preceptor to demonstrate proficiency prior to the end of the semester. A student who does not attain an appropriate clinical performance level may be placed on probation by the AT Program or may be dismissed from the program.
5. Must make appropriate progress on Program research requirements.
6. Successfully complete CPR, OSHA, FERPA, Blood borne Pathogen Training, and other assigned programmatic trainings.
7. Successfully follow the NATA Code of Ethics, BOC Standards of Professional Practice, state practice acts, UI policies, and all other policies within this handbook.

*Students may be recommended for dismissal at this time per College of Graduate Study or MSAT Program policy.



APPENDIX A

CAATE Clinical Education Terminology

CAATE Clinical Education Terminology

Ability to Intervene	The Preceptor is within the immediate physical vicinity and interacts with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being “physically present.”
Academic Catalog/Bulletin	The official publication of the institution that describes the academic programs offered by the institution. This may be published electronically and/or in paper format.
Academic Plan	The plan that encompasses all aspects of the student’s academic classroom and clinical experiences.
Adequate	Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.
Administrative Support Staff	Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.
Affiliate (Affiliated Setting)	Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the AT Program for clinical experiences.
Affiliation Agreement	A formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as the memorandum of understanding.
Allied Health Care Personnel	Physician Assistants, physical therapists, registered nurses, doctors of dental surgery, and other health care professionals, recognized by the AMA/AOA as allied health professionals, who are involved in direct patient care and are used in the classroom and clinical education portions of the AT Program. These individuals may or may not hold formal appointments to the instructional faculty. Same as other health care professionals.
AT Program	Athletic Training Program.
AT Program Faculty	BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.

Athletic Training Facility/Clinic	The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.
Athletic Training Student (ATS)	A student enrolled in the athletic training major or graduate major equivalent.
Clinical Coordinator	The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the AT Program. The clinical coordinator position is currently recommended, but not required by the Standards.
Clinical Education	The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of a Preceptor.
Clinical Experiences	Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.
Clinical Instruction Site	The location in which a Preceptor interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the AT Program, then there must be annual review and documentation that the remote clinical site meets all educational requirements.
Clinical Instructor (CI)	An individual identified to provide supervision of athletic training students during their clinical experience. The Preceptor may not be a current student within the AT Program.
Clinical Instructor Educator (CIE)	The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for Preceptor training. If more than one individual is recognized as a CIE for an AT Program, then at least one of those individuals must be a BOC Certified Athletic Trainer.
Clinical Plan	The plan that encompasses all aspects of the clinical education and clinical experiences.
Clinical Ratio	The ratio of Preceptor to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed eight students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.

Communicable Disease Policy	A policy, developed by the AT Program, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC.
Contemporary Instructional Aid	Instructional aids used by faculty and students including, but not limited to, computer software, AED trainers, and Epi-Pen trainers.
Contemporary Information Formats	Information formats used by faculty and students including electronic databases, electronic journals, digital audio/video, and computer software.
Didactic Instruction	See: Formal classroom and laboratory instruction.
Direct Patient Care	The application of professional knowledge and skills in the provision of health care.
Direct Supervision	Supervision of the athletic training student during clinical experience. The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
Directed Observation Athletic Training Student	A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.
Distance Education	Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. Same as remote education.
Equitable	Not exact but can be documented as comparable with other similar situations or resources.

Expanded Subject Area	Subject matter that should constitute the academic “core” of the curriculum. It must include, but not be limited to the following areas: assessment of injury/illness, exercise physiology, first aid and emergency care, general medical conditions and disabilities, health care administration, human anatomy, human physiology, kinesiology/biomechanics, medical ethics and legal issues, nutrition, pathology of injury/illness, pharmacology, professional development and responsibilities, psychosocial intervention and referral, risk management and injury/illness prevention, strength training and reconditioning, statistics and research design, therapeutic exercise and rehabilitative techniques, therapeutic modalities, weight management and body composition.
Formal Instruction	Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.
Full-time Faculty	Recognized by the sponsoring institution as a full-time member of the faculty with all responsibilities and voting privileges as other designated full-time faculty and documented in institutional faculty delineations.
Funding Opportunities	Opportunities for which students may participate for reimbursement, but that do not require the students to utilize athletic training skills, to replace qualified staff, and are not required of the academic program.
General Medical Experience	Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.
Geographic Proximity	Within a vicinity to allow for annual inspection, review, and documentation of meeting all academic requirements by the AT Program faculty/staff.
Learning Over Time (Mastery of Skills)	The process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.

Major	In documents of the institution (catalogue, web pages, etc.) where majors are listed, athletic training must be listed as a major. The designation as a major must be consistent with institutional and system wide requirements.
Master Plan	The plan of the AT Program that encompasses all aspects of student education and learning in both the clinical and didactic settings.
Medical Director	The physician (MD or DO) who serves as a resource for the programs director and AT Program faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.
Memorandum of Understanding	See: Affiliation agreement.
Other Health Care Personnel	See: Allied health care personnel.
Outcome Assessment Instruments	The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the AT Program mission, goals, and objectives of the program. Instruments also must be designed to collect data and feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.
Outcomes	The effect that the AT Program has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.
Physical Examination	An examination performed by an appropriate health care provider (MD,DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.
Physically Interact	See: Ability to intervene and physically present.
Physically Present	See: Ability to intervene.
Physician	A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.

Preceptor	A certified/licensed professional who teaches and/or evaluates students in a clinical setting using an actual patient base. The Preceptor may not be a current student within the AT Program.
Pre-Professional Student	A student who has not yet been admitted formally into the AT Program. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training Student.
Professional Development	Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services that allow for the continuation of eligibility for professional credentials.
Program Director	The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the AT Program.
Remote Education	See Distance education.
Service Work	Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.
Sponsoring Institution	The college or university that awards the degree associated with the AT Program and offers the academic program in Athletic Training.
Sufficient	See: Adequate.
Team Physician	The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.
Technical Standards	The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the AT Program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.



APPENDIX B

**Idaho State Practice
Act, NATA Code of
Ethics, BOC
Standards of
Professional Practice**

Idaho State Practice Act for Athletic Trainers

September 28, 2005

PREAMBLE

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

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

PRINCIPLE 1:

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care.

1.3 Members shall preserve the confidentiality of privileged information and shall not release

such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2:

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

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

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

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

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

PRINCIPLE 3:

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

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

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

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

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

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

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

PRINCIPLE 4:

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

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

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

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

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

BOC Standards of Professional Practice

Introduction

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

Accordingly the BOC provides a certification program for the entry-level athletic trainer that confers the ATC® credential and establishes requirements for maintaining status as a certified athletic trainer, ATC® (to be known as “athletic trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director. The BOC is the only accredited certification program for athletic trainers in the United States. Every five years the BOC must undergo review and re-accreditation by the National Commission for Certifying agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The BOC Standards of Professional Practice consists of two sections:

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

I. Practice Standards

Preamble

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

The Standards are intended to:

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

The Standards are NOT intended to:

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

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every athletic trainer and applicant must agree to comply with the Standards at all times.

Standard 1: Direction

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

Standard 2: Prevention

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

Standard 3: Immediate Care

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

Standard 4: Clinical Evaluation and Diagnosis

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

Standard 5: Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the athletic trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation

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

Standard 7: Organization & Administration

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

II. Code of Professional Responsibility

Preamble

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all athletic trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The *Professional Practice and Discipline Guidelines & Procedures* may be accessed via the BOC website, www.bocatc.org.

Code 1: Patient Responsibility

The BOC certified athletic trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social, economic status, or any other characteristic protected by law.

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

Code 2: Competency

The BOC certified athletic trainer or applicant:

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

Code 3: Professional Responsibility

The BOC certified athletic trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards.
- 3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care.
- 3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care.
- 3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another athletic trainer that is related to the practice of athletic training, public health, patient care or education.
- 3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another athletic trainer that is related to athletic training, public health, patient care or education.
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful.
- 3.8 Does not, without proper authority, possess, use, copy, access, distribute, or discuss certification examinations, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials.
- 3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public.
- 3.10 Complies with all confidentiality and disclosure requirements of the BOC.

- 3.11 Does not participate in activities that lead, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony, or to a misdemeanor related to public health, patient care, athletics or education. This includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an athletic trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity.
- 3.12 Cooperates with BOC investigations into alleged illegal or unethical activities. This includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion.
- 3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.

Code 4: Research

The BOC certified athletic trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions.
- 4.2 Protects the rights and well-being of research subjects.
- 4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

Code 5: Social Responsibility

The BOC certified athletic trainer or applicant:

Uses professional skills and knowledge to positively impact the community.

Code 6: Business Practices

The BOC certified athletic trainer or applicant:

- 6.1 Refrains from deceptive or fraudulent business practices.
- 6.2 Maintains adequate and customary professional liability insurance.



APPENDIX C

BBP Exposure Control Plan, Incident Report Form, Employee BBP Policy

This report is to be completed when occupational illness or incident occurs. If an Athletic Training Student (ATS) is injured or develops a job-related illness (developed gradually e.g., tendonitis) as a result of his/her clinical rotations as part of UI's AT PROGRAM, s/he must complete and submit the "Incident Report". If the ATS is unable to complete the form, the supervisor (PRECEPTOR) must complete on his/her behalf.

Incident Reporting ensures there is a record on file with the AT PROGRAM. If an injury occurs, first aid may be appropriate treatment. "First aid" means any one-time treatment and any follow-up visit(s) for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial incident, which do not ordinarily require medical care. This one-time treatment and follow-up visit(s) for the purpose of observation is considered first aid even though provided by a physician or registered professional personnel. Filing of a first aid incident report is not a filing of a workers' compensation claim.

University of Idaho
AT PROGRAM INCIDENT REPORT

<u>AT STUDENT INFORMATION:</u>					
<i>ATS Completes This Section</i>					
Campus Location:		ATS's ID:			
ATS's Name (PRINT):		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Home Address:		City, State:		Zip:	
Home Phone:		Work Phone:			
Department:		Clinical Rotation Site:			
<u>INCIDENT INFORMATION</u>					
Date of Incident:		Time of Incident:		<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
Location of Incident:		If "other", please specify:		Zip code:	
State all parts of body and type of injuries involved (e.g. bruised right elbow):					
Describe how incident occurred:					
Was incident reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "yes" to whom:		
Date reported:					
Were there witnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Name of Witness #1 (First and Last):					
Witnesses #1 Phone:					
Name of Witness #2 (First and Last):					

Witnesses #2 Phone:			
Is this a new injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "no", please indicate the date of original injury:

INITIAL MEDICAL TREATMENT:

Was treatment received for this injury?

<input type="checkbox"/> No medical treatment – reporting only	<input type="checkbox"/> Declining treatment at this time	<input type="checkbox"/> Treatment was/will be provided
Treatment was provided by:	<input type="checkbox"/> Self	<input type="checkbox"/> Clinical Instructor
	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Other (please specify below)

If treatment was provided, name and location of medical provider:

Name:		Phone:	
Address:			

I, the injured employee, herein certify the information above is true and to best of my knowledge.

Date:		Signature of Employee:	
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SUPERVISOR COMPLETES THIS SECTION:

Supervisor Name :

Work Phone: Work e-mail address:

Describe how the ATS was injured?

Did the ATS lose time from rotation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If "yes", first day of lost time:
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Date the ATS returned to rotation:

Was there equipment involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "yes", what was the equipment?
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What action will be taken to prevent recurrence?

Other comments:

Date:		Signature:		Title:	
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MEDICAL PROVIDER COMPLETES THIS SECTION:

Medical Provider - What treatment was provided for this injury (check one) First Aid Medical treatment

Return to work: will the ATS be able to return to rotation immediately? Yes No

If no, please provide the date the ATS can return to rotation: Full duty Restricted work

ATS can return with these specific restrictions:

Next appointment:

Date:		Signature :		Title:	
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Distribution:
Provide a copy within 24 hours to:

- AT Program Director
- AT Program Medical Director
- ATS

Keep the original for Involved Clinic file.



AT Program Affiliated Spaces (PEB classrooms, ISMaRT Clinic)

Training Requirements:

Due to risk of potential exposure to blood and other infectious materials, it is the policy of the Athletic Training Program (AT Program) to give each student enrolled within the UI AT Program formal instruction in Universal Precautions, according to the recommendations from the Center for Disease Control. This formal instruction will be provided in the classroom as part of the AT Program, and additionally be provided in a mandatory annual training program by the UI AT Program. Formal instruction in Universal Precautions includes: Disposal of needles, and other sharp instruments; hand washing; cleaning, disinfecting, and sterilizing; cleaning and decontaminating blood spills, laundry; disposal of infective waste; use of disposable gloves, masks, eyewear, gowns, and resuscitation equipment, and the exposure control plan.

All ATs are certified/re-certified in Professional Rescuer CPR/AED and first aid/bloodborne pathogens (BBP) through the American Heart Association during annual mandatory orientation prior to the start of any classes or clinical experience courses. These certifications must be current and maintained throughout their tenure in the AT Program. This ongoing training serves to reinforce the proper BBP procedures. Copies of each student's certification are maintained in their E*Value profile. First year students are also taught BBP procedures during formal course instruction and evaluation in AT 507. Additionally, each site provides any site specific blood-borne pathogen training to students. Students must complete this training during the first 14 days at each unique site they attend. Students sign a declaration that they have completed the necessary training, and their Preceptor verifies it with a signature as well. The instructor of the associated Clinical Experience course verifies completion of the form by both the student and the Preceptor.

Personal Protective Equipment:

Personal Protective Equipment

By order of OSHA and the county health department, all health care personnel must wear personal protection equipment whenever possible exposure situations present themselves. The following protective equipment is strongly recommended when addressing bodily fluid situations:

- Latex or vinyl gloves
- Safety glasses (clear)
- Mouth and nose mask
- Disposable gowns (if needed)
- One-way valve CPR mask

These items (when needed) are mandatory for all ATs. It is further recommended that all ATs engage in proper post-treatment sanitation practices (such as personal protective equipment disposal, and antibacterial hand and forearm scrubbing). The personal protective equipment necessary to prevent occupational exposure is available

for ATS use. Training on equipment is available and proper use of and repair/replacement procedures are provided. Students are provided personal protective equipment as outlined in the Bloodborne Pathogens Exposure Control Plan.

Safe work practices when handling potentially infectious materials:

1. Hands should always be washed before and after contact with each client. Hands should be washed after removal of gloves and other protective equipment. Hands should be washed with warm soap and water for a minimum of fifteen seconds or with a bacterio/virocide gel.
2. Gloves are provided to all employees and students. Glove use is indicated for:
 - ❑ All patient care which involves potential exposure to blood or body fluids
 - ❑ Cleaning of obvious or suspected blood/body fluids and decontamination procedures of work areas
 - ❑ When cleaning instruments contaminated with blood or body fluids prior to sterilization and which are capable of causing puncture or cut wounds
 - ❑ If the ATS has cuts, abraded skin, chapped hands, dermatitis, or other non-intact skin
3. Gowns or plastic aprons are indicated if blood and/or body fluid splattering are likely.
4. Masks and protective goggles should be worn if aerosolization or splattering is likely to occur such as in certain dental and surgical procedures, wound irrigations, post mortem examination and bronchoscopy.
5. To minimize the need for mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices are strategically located in the Athletic Training Clinic and in each athletic training kit.
6. All personal protective equipment must be removed and placed in the appropriate disposal site prior to leaving the work area.
7. Approved and labeled sharps disposal containers and hazardous waste containers are to be used for all tainted supplies.
8. All equipment and work surfaces must be cleaned with a 10% bleach solution, or decontaminate approved for such use, after contact with blood or other potentially infectious material and also at the end of the workday.

9. Towels contaminated with blood or body fluid should be placed and sealed in a hazardous waste red bag and taken directly to the laundry room where they are washed separately in a hot cycle.
10. Other regulated waste includes liquid or semi-liquid blood or other potentially infectious materials: contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, pathological and microbiological wastes containing blood, or other potentially infectious materials. Such regulated waste must be placed in the hazardous waste container or in a sealed hazardous waste red bag.

Sharps Handling and Disposal:

Scalpels, blades or other sharp objects contaminated with blood, body fluids, exudates, or other infectious agents should be disposed of in the sharp's box located in each athletic training facility.

Biohazardous Materials Handling and Disposal:

Materials contaminated by blood, body fluids, exudate, or other infectious substances are to be disposed in the covered waste receptacles lined with biohazard bags. These waste receptacles are located in each of the athletic training facilities. The following items should be disposed of in the BIOHAZARDOUS waste receptacles: gauze wound dressings, latex/vinyl gloves or other materials that have been contaminated with body fluids.

Laundry (towels) that have been exposed to blood or body fluids, no matter how minimal, should be placed in a separate laundry bag and taken to the laundry room. Wear latex/vinyl gloves when carrying this bag. Notify the laundry room attendant about the contaminated towels and instruct that they should be washed separately in HOT WATER.

Notify the staff athletic trainer immediately when the BIOHAZARDOUS bag or sharp's box are 2/3 full. Staff athletic trainer must notify EHS (safety@uidaho.edu or 885-6524) for pick-up, transport, and disposal of these materials.

Spill Response:

For effective management of spillages in the healthcare setting, surfaces such as walls, floors and upholstery should be smooth, wipeable, and impervious to moisture. Recommended products for the safe management of blood and body fluid spillages include quaternary ammonium compounds, peracetic acid and hydrogen peroxide, and chlorine releasing agents such as sodium dichloroisocyanurate (NaDCC) and sodium hypochlorite. Infectious agents can survive for long periods in spillages and the person witnessing the event should deal with the spillage immediately if competent to do so. If the spillage cannot be dealt with immediately the area must be cordoned off and not left unattended whilst assistance is obtained.

Steps for ensuring proper spill response:

1. Ensure all cuts and lesions are covered with a waterproof dressing
2. Put on personal protective equipment (PPE) e.g. disposable gloves and apron
3. If there is a risk of splash wear eye/face protection
4. Remove blood spillage using disposable paper towels
5. Clean area, once spillage removed, with approved product
6. Dispose of wipes into appropriate waste stream followed by PPE
7. Decontaminate hands using soap and water/hand wipes or hand rub

Specialized Equipment (associated hazards in terms of potential exposure to biohazards):

Specialized equipment is not typically found in an athletic training clinical setting. If specialized equipment is used in an affiliated clinical setting, the policies of the individual site are to be followed.

What To Do If An Exposure Occurs:

Exposure incidents involve contact with blood or other potentially infectious material through a needle stick, broken or scraped skin or the mucous membranes of the eye, mouth or nose.

- Any ATS that feels that exposure occurred, take the following steps immediately:
 - Wash needle stick injuries, cuts and exposed skin with soap and water.
 - Flush splashes of blood or other potentially infectious materials to the mouth and nose with water.
 - Irrigate eyes with clean water, saline, or sterile irrigants.
- Following any exposure incident, the ATS should:
 - Report the possible exposure to the supervising Preceptor immediately.
 - An incident report on what happened must be filled out (Appendix D). The AT Program Director and AT Program Medical Director should be notified. Report forms are on file in A.T. Clinic and Program Director's office.
 - The exposed individual should report to a nearby hospital for confidential medical evaluation and appropriate treatment.
 - If possible, the patient should be tested for hepatitis A, B, and C, tuberculosis, and HIV.

NOTE: The confidentiality rule will be in effect for any cases involving possible exposure situations.

Reusable Materials:

Reusable materials (e.g., scissors, blades, thermometers, stethoscopes, soft tissue mobilization instruments, treatment tables and other treatment surfaces, etc.) are to be sterilized between uses with a diluted bleach-water solution (1:100) or approved quaternary ammonium compounds, peracetic acid and hydrogen peroxide, and chlorine releasing agents such as sodium dichloroisocyanurate (NaDCC) and sodium hypochlorite.

Lines of Responsibility (Professor/Instructor/Staff/Students):

- Program Administrators (Program Director, Clinical Education Coordinator): Review guidelines, update policies and procedures as needed, attain institutional approval. Abide by and enforce the AT Program policies and procedures for management of BBP and Infectious Diseases. Train staff, Preceptors, and students in AT Program policies and maintain documentation of trainings. Maintain documentation of discrepancies/violations of policy. Maintain student immunization/vaccination documentation.
- Program Faculty/Staff: Abide by and enforce the AT Program policies and procedures for management of BBP and Infectious Diseases. Evaluate and document BBP policies of affiliate sites annually. Communicate discrepancies/violations to Program Administrators immediately.
- Preceptor: Abide by the policies and procedures set forth in the Preceptor Handbook for management of BBP and Infectious Diseases. Report discrepancies to Program Faculty/Staff immediately.
- Student: Abide by the policies and procedures set forth in the Student Handbook for management of BBP and Infectious Diseases. Report discrepancies/violations to Preceptors and Program Faculty/Staff immediately. Maintain Hepatitis B Vaccination or sign waiver, annually.

UI Environmental Health and Safety – Employee BBP Policy

I. Introduction

In order to limit occupational exposure to blood borne pathogens including, but not restricted to, human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV), the Occupational Safety and Health Administration (OSHA) promulgated the blood borne pathogen standard 29 CFR 1910.1030. The Idaho Department of Labor and Industrial Services adopted 29 CFR 1910.1030 in its entirety. This policy sets forth the practices and procedures to be followed in order to comply with 29 CFR 1910.1030. If there is a conflict between the University of Idaho Blood Borne Pathogen Policy and OSHA 29 CFR 1910.1030, the more stringent of the two shall apply.

II. Scope

Affected personnel shall include any University of Idaho employees or student, who, through the course of undertaking his or her job or scholastic duties, may reasonably be expected to have skin, eye, mucous membrane or parenteral contact with human blood or other potentially infectious human materials. University of Idaho employees or students engaged in HIV, HBV, HCV research or production are covered by additional federal regulations [29 CFR 1910.1030 (e)] not discussed in this policy.

Ultimately, employees and students are responsible for complying with the Blood Borne Pathogen Policy, ensuring that hazards from potentially infectious materials are minimized through the use of safe work practices, engineering controls, appropriate personal protective equipment and prompt decontamination of spills. Supervisors are responsible for informing employees and students of the provisions of this policy, advising them of training opportunities available through Environmental Health and Safety (EHS), and supplying them with necessary personal protective equipment.

EHS personnel shall oversee and manage the program, maintain records, and provide or arrange for training for all covered university personnel. Questions regarding selection of decontamination agents, appropriate personal protective equipment, proper work methods, etc., should be directed to the University of Idaho Industrial Hygienist. The Industrial Hygienist will investigate all possible exposure incidents.

Human Resource Services personnel shall update job descriptions to reflect the requirements of this policy and inform applicants of the provisions of this policy if the position requires possible contact with human body fluids.

University personnel who by virtue of their job description may be exposed to potentially infectious materials, can obtain the HBV vaccinations at no personal expense through North Central District Health Department (NCDHD).

For the rest of this policy, both students and employees shall be collectively referred to as employees. Job duties will comprise professional and academic responsibilities.

III. Exposure Control Plan [29 CFR 1910.1030]

A. Exposure determination

Human Resource Services has compiled a list of job descriptions, tasks and procedures where employees may be at risk of occupational exposure to human blood or other infectious materials (Appendix B). The list shall be updated by Human Resource Services as needed or at least annually.

B. Schedule and method of implementation

On July 1, 1993 the University of Idaho Blood Borne Pathogen Policy was adopted as a final policy. Revisions and updates will be adopted as federal and state guidelines mandate.

C. Accessibility to policy

Copies of the Blood Borne Pathogen Policy will be available for employee inspection during normal university business hours at the EHS office or visit the website (<http://www.uidaho.edu/ehs/>) and Human Resource Services.

D. Review of policy

The policy shall be reviewed and updated at least annually and whenever new or modified job descriptions, procedures or tasks have a reasonable chance for occupational exposure to human blood or potentially infectious materials. The document must also be revised to reflect any changes in technology that would eliminate or reduce the potential exposure to blood borne pathogens. The university's Industrial Hygienist, with the assistance of Gritman Medical Center and Human Resource Services, is responsible for reviewing and revising the policy as necessary. Employers are encouraged to solicit input from some employees via periodic conversations, informal problem solving sessions, safety audits, worksite inspections, or exposure incident investigations on the identification, evaluation and selection of safe sharps. The employees should be those individuals who may be at risk of exposure to contaminated sharps. The individuals involved, process by which input was requested, and the input obtained should be documented in the Exposure Control Plan or Policy.

IV. Methods of Compliance [29 CFR 1910.1030 (d)]

A. Universal precautions

All employees covered by the policy shall assume that all human blood and other potentially infectious materials are infectious for HIV, HBV, HCV, and other blood borne pathogens. Accordingly, personnel shall use appropriate personal protective equipment, work practices and engineering controls to eliminate or minimize exposure to blood borne pathogens.

B. Engineering and work practice controls

Engineering controls and modified work practices are the preferential methods of minimizing occupational exposure. If these are unable to eliminate the potential for occupational exposure, personal protective equipment will be used. Engineering controls would include conducting work in a biological safety cabinet, using sharps containers, self-sheathing needles, or other control that isolates or removes the blood borne pathogen hazard from the environment. Engineering controls shall be regularly inspected and maintained in good working condition. Work practice controls are controls that reduce the likelihood of exposure by altering the way a given task is performed.

1. Hand washing

Employers shall make hand washing facilities readily accessible. In situations where this is not feasible, the employing department shall provide antiseptic cleaners and towels or antiseptic towelettes. If antiseptic cleaners or towelettes are used, employees shall wash their hands with soap and running water as soon as possible. Supervisors shall ensure that employees wash their hands as soon as possible after removing gloves or other personal protective devices. Supervisors shall also ensure that following contact with human blood or potentially infectious material, employees wash exposed skin with soap and water or flush mucous membranes with water as soon as feasible.

2. Needles

Contaminated needles and other contaminated sharps are prohibited from being shorn or broken. Contaminated needles and sharps may not be bent, recapped or removed except when the supervisor can demonstrate that no feasible alternative exists or that such action is required by a specific medical procedure. Needle removing or recapping must be accomplished by a mechanical device or by a one-handed technique, such as pushing the needle cap on against a counter top or tray.

Contaminated sharps shall be placed in leak proof, puncture-resistant, color-coded containers as soon as possible after use.

Employees who must use needles to withdraw bodily fluids or to administer fluids are encouraged to utilize sharps with engineered sharps injury protections. These tools are defined as non-needle sharps or needle devices with built-in safety features that reduce the risk of exposure such as syringes or catheters with sliding sheaths over the needles or needles that retract.

There are also needle-less systems that utilize blunt cannulas or other non-needle connections to deliver injections without the use of a needle.

3. Work practices

In work areas where there is a reasonable possibility of occupational exposure, eating, drinking, smoking, applying cosmetics or lip balm or handling contact

lenses is prohibited. Food and drink may not be kept in refrigerators, freezers, cabinets, shelves or counter tops where blood or other potentially infectious materials are present.

All procedures involving human blood or other potentially infectious materials shall be performed to minimize splashing, spraying, spattering or aerosolizing of the materials. Human blood or other potentially infectious materials shall not be mouth pipetted/suctioned. A one-way valve device shall be used when performing mouth-to-mouth resuscitation.

4. Waste disposal

Human blood or other potentially infectious materials shall be placed in leak-proof, puncture-resistant containers during collection, handling, processing, storage, transport or shipping. Containers shall be conveniently located in the work area and permanently marked with fluorescent orange or orange-red labels bearing the word "biohazard" and biohazard logo (Appendix D). Red bags or containers may be substituted for the labels. If a primary container becomes contaminated, it shall be placed in a secondary, leak-proof, puncture-resistant, color-coded container. Containers shall be closed prior to storage, shipping or transport. Potentially infectious waste shall be decontaminated by autoclaving or incinerating prior to leaving the facility.

5. Contaminated equipment

Personnel shall decontaminate equipment prior to service or shipping. If the supervisor can demonstrate that decontamination, either in whole or part, is not feasible, the supervisor must affix a readily observable label, fashioned in accordance with Appendix C, stating which parts of the equipment may be contaminated. The supervisor must also ensure that all people who may contact the contaminated equipment are informed of the possible contamination so that appropriate protective measures may be taken.

C. Personal protective equipment

1. Provision

The employing department is responsible for supplying, at no cost to the employee, appropriate personal protective equipment to employees with potential occupational exposure. Personal protective equipment may include gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags or other ventilators. "Appropriate" protective equipment is that which, under normal use, does not allow blood or other potentially infectious materials to penetrate the protective equipment.

2. Use

The employee's supervisor is responsible for assuring that the employee uses appropriate personal protective equipment. Only under very rare and unusual circumstances the employee may temporarily and briefly forego wearing

personal protective equipment when, in the employee's and supervisor's professional opinion, wearing the personal protective equipment would prevent the delivery of necessary health care or public safety service or that using the personal protective equipment would increase the risk to either the employee or a co-worker. In making the decision to forgo personal protective equipment, either temporarily or briefly, the employee accepts the increased risk of exposure to blood borne pathogens including, but not limited to, HIV, HBV, and HCV. Following such a situation, the employee, supervisor and EHS staff will investigate the circumstances and attempt to prevent it from re-occurring.

3. Accessibility

Supervisors shall ensure that appropriate personal protective equipment, in the correct size and type, is readily available to employees at all times, whether by locating stocks of protective equipment throughout the job site or by issuing supplies to each employee. For employees who cannot wear gloves normally provided, the supervisor shall make available hypo-allergenic gloves or other alternatives.

4. Cleaning, disposal, repair and replacement

The employing department shall pay for cleaning, laundering, disposal, repair and replacement of personal protective equipment at no cost to the employee. The employee shall remove all personal protective equipment as soon as it becomes contaminated or when leaving the work area, whichever comes first, and dispose in a designated labeled area or container.

5. Gloves

Gloves shall be worn when it can reasonably be expected that the employee may have hand contact with human blood or other potentially infectious materials, when performing vascular access procedures, or when touching or handling contaminated surfaces or objects. As an exception, personnel working at a voluntary blood donation center may elect to forgo gloving for routine phlebotomy. However, under these circumstances the supervisor shall periodically re-evaluate this policy, make gloves available to those who wish to use them, and not discourage the use of gloves. Gloves shall be worn for phlebotomy when the employee has cuts, scratches or breaks in his or her skin, the donor is uncooperative or when the employee is being trained in phlebotomy.

All gloves, regardless of whether they are disposable or non-disposable, shall be replaced and disposed of as soon as their integrity is compromised. Gloves shall also be replaced as soon as possible when they become contaminated.

Disposable gloves (surgical, polyvinyl, nitrile, or latex gloves) are not to be re-used or decontaminated. Utility gloves may be decontaminated as long as they can function as an effective barrier.

6. Other protective clothing

Masks, eye protection, face protection, gowns, aprons, lab coats, caps or shoe covers shall be worn during procedures where there is a reasonable chance of spattering, spraying or splashing human blood or other potentially infectious materials. The type and characteristics will depend upon the task and degree of exposure expected. For example, masks and eye protection would be required when there is a chance of spraying possibly infectious materials. Gowns and/or aprons would be necessary when gross contamination is expected, such as during autopsy. If workers are unsure what level of protection may be needed, they should contact EHS for more information.

D. Housekeeping

1. General

Supervisors shall ensure that the work area is kept clean and sanitary. Appendix D contains guidelines for decontaminating equipment and work areas.

2. Cleaning

All equipment and surfaces shall be cleaned and decontaminated immediately or as soon as feasible after completion of a procedure, contact with human blood or other potentially infectious materials, and at the end of the work shift if contamination may have occurred since the last cleaning.

Protective coverings (plastic wrap, aluminum foil, plastic backed absorbent paper, etc.) on equipment and work surfaces shall be removed and disposed as soon as feasible after contamination and at the end of the work shift if they may have been contaminated since the last change.

All bins, pails, cans, etc. which are designated for reuse and which may become contaminated with human blood or other potentially infectious materials shall be cleaned and decontaminated after each use or as soon as feasible upon signs of obvious contamination.

Contaminated broken glassware or reusable sharps may not be picked up by hand. Mechanical devices such as tongs, forceps or dust pan and brush must be used. Re-usable equipment used to clean up contaminated debris shall also be cleaned and decontaminated after each use or as soon as feasible.

3. Medical waste

Contaminated sharps shall be discarded immediately or as soon as feasible into containers that are closeable, puncture resistant, leak proof on sides and bottom, and labeled according to Appendix D. Other medical waste shall be disposed of in containers that are closeable, leak-proof, and labeled according to Appendix C. Potentially infectious waste shall be decontaminated by autoclaving, incinerating, or other acceptable method prior to leaving the facility.

During use, disposal containers shall be accessible, upright, located in the work area and where needed; they shall not be allowed to overfill. Disposal containers shall be closed prior to moving. They shall also be placed in a secondary container if leakage from the original container is possible. The secondary container shall be closeable, able to contain all contents and labeled according to Appendix C.

Reusable containers shall not be opened, emptied or cleaned manually in any manner that would risk injury to any employee.

4. Laundry

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be placed in appropriately labeled (see Appendix C) bags or containers where it was used; do not sort or rinse. If contaminated laundry is wet, the container shall also be leak-proof in addition to the above requirements.

All employees who may contact contaminated laundry must wear gloves and other personal protective equipment.

V. HBV and HIV Research Laboratories [29 CFR 1910.1030 (e)]

A. Reserved

VI. HBV Vaccinations and Post Exposure Counseling [29 CFR 1910.1030 (f)]

A. HBV vaccination

All employees with occupational exposure shall be offered HBV vaccinations. Employees who provide first aid as a collateral duty need not receive the HBV vaccinations until after a possible occupational exposure to blood or other potentially infectious material. Vaccinations shall be given after the employee has received required training (see Hazard Communication; section VII), but within ten working days of initial assignment.

The employee may decline the vaccination for personal reasons, if he or she has already completed the vaccination series, if an antibody titer demonstrates the employee is immune to HBV, or if the vaccination is contraindicated for medical reasons. If the employee elects to decline the vaccination, he or she shall sign the form in Appendix H. As long as the employee is still covered by this policy, the employee may change his or her mind and elect to undergo the vaccination series at a future date.

The vaccination series shall be administered by or under the supervision of a licensed physician or other health care professional and shall be given as currently recommended by U.S. Public Health Service. If in the future, the U.S. Public Health

Service recommends a routine booster, this shall also be made available according to the same guidelines as the initial vaccination.

Costs of the vaccinations shall be paid by the employing department. To arrange for the vaccination series, employees should contact the university Industrial Hygienist at (208) 885-6524.

B. Post exposure follow-up

In the event of a possible exposure to blood or other infectious materials, the employee should immediately flush the affected area with copious amounts of water and wash with soap if possible. The employee should seek medical attention and as soon as possible report the incident to the University of Idaho Industrial Hygienist. Together they will complete the post exposure incident form in Appendix J. The employee shall be made aware of the right to post exposure sera testing for both the source individual (with consent) and the employee, in addition to available prophylactic treatment.

VII. Hazard Communication [29 CFR 1910.1030 (g)]

A. Labeling

Warning labels as described in Appendix C shall be affixed to the following:

1. Containers of regulated waste.
2. Refrigerators and freezers containing blood or other potentially infectious waste.
3. Containers used to store, transport and ship blood or other potentially infectious materials.
4. Portions of contaminated equipment which are not decontaminated.

Warning labels per Appendix C are not required on the following:

1. Red bags or containers used in lieu of labels.
2. Containers of blood, blood products or blood components released for transfusion or other clinical use.
3. Individual containers of blood or other potentially infectious materials placed inside of labeled containers.
4. Regulated waste which has been decontaminated.

B. Training

All employees with occupational exposure shall receive training upon initial assignment to duties which entail possible exposure to blood or other infectious materials; training shall be repeated at least annually or when changes or modifications are made to the Blood Borne Pathogen Policy, whichever comes first.

The training shall:

1. Inform the employee that copies of 29 CFR 1910.1030 (the OSHA blood borne pathogen standard) and the University Blood Borne Pathogen Policy are available for employee inspection on the EHS website.

2. Discuss the contents of both the OSHA standard and the university policy.
3. Explain routes of exposure, epidemiology and symptoms of resulting blood borne pathogen-induced diseases.
4. Review how to recognize tasks which involve possible exposure and how to limit exposure through engineering controls, work practices and personal protective equipment.
5. Explain various types of personal protective equipment, uses, limitations, removal, disposal and decontamination.
6. Discuss the availability and efficacy of HBV vaccination.
7. Explain what actions to take in the event of an exposure to human blood or other infectious materials, and the procedures for post-exposure counseling and treatment.
8. Show examples of appropriate biohazard labels and list examples of items that are labeled.
9. Allow a period for employees to ask questions regarding the policy and procedures.

Training is conducted online through NetLearning@uidaho. For further questions about training contact the University of Idaho Industrial Hygienist at (208) 885-6524.

VIII. Record Keeping (29 CFR 1910.1030 (h))

Medical and training records shall be made available to the Assistant Secretary of the Occupational Safety and Health Administration or the Director of National Institute for Occupational Safety and Health as required by 29 CFR 1910.20. Records shall also be made available to the subject employee and to anyone with the written permission of the subject employee.

A. Medical records

Confidential medical records shall be kept at Gritman Medical Center or NCDHD for 30 years past the last date of employment. Like all medical records, these records shall not be disclosed without the expressed written consent of the employee, except as required by law.

The medical records shall contain:

1. Employee's name and social security number.
2. Documentation of employee's HBV vaccination.
3. In case of occupational exposure, copies of the post exposure forms (Appendices I, J, and K).

B. Training records

Training records shall be maintained for at least three years after the last date of employment.

Records shall include:

1. Date of training class.
2. Names and job titles of attendees.
3. Course outline.



APPENDIX D

Athletic Training References

Athletic Training Websites

American Academy of Emergency Medicine: www.aaem.org
American Academy of Pediatrics: www.aap.org
American College of Sports Medicine: www.acsm.org
American Dietetic Association: www.eatright.org
American Heart Association: www.americanheart.org
American Journal of Sports Medicine: ajs.sagepub.com/
American Orthopaedic Society for Sports Medicine: www.sportsmed.org/
American Physical Therapy Association: www.apta.org
American Red Cross: www.redcross.org
American Society for Testing and Materials: www.astm.org
Board of Certification (BOC): <http://www.bocatc.org>
Collegiate Sports Medicine Foundation: www.csmfoundation.org
Exercise Research Associates: www.exra.org (focuses on epidemiology of sport injuries)
Gatorade Sports Science Institute: www.gssiweb.com
Healthy People: <http://www.healthypeople.gov/>
International SportsMed Journal: <http://www.thieme.de/fz/sportsmed/index.html>
Journal of Athletic Training: <https://natajournals.org>
NATA Code of Ethics: <https://www.nata.org/membership/about-membership/member-resources/code-of-ethics>
NATA Education Council: <https://www.natafoundation.org>
National Athletic Trainers' Associations (NATA): www.nata.org
National Library of Medicine: www.nlm.nih.gov
National Operating Committee on Standards for Athletic Equipment: www.nocsae.org
National Strength and Conditioning Association: www.nscs-lift.org
National Youth Sports Safety Foundation, Inc.: nyssf.org
NCAA Health and Safety: <http://www.ncaa.org/health-and-safety>
NCAA Injury Data: <http://www.ncaa.org/sport-science-institute/ncaa-injury-surveillance-program>
NCAA Medical Policies:
<https://www.ncaa.org/sites/default/files/SMHB%20Mental%20Health%20Interventions.pdf>
NIH Office of Dietary Supplements: dietary-supplements.info.nih.gov/
Orthopaedic Links: www.staehelin.ch/olinks.html
Physician and Sportsmedicine: www.physsportsmed.com
Professional Baseball Athletic Trainers Society: www.pbats.com (online newsletters)
Sports Medicine: www.sportsmedicine.com
United States Anti-Doping Agency: www.usantidoping.org/
United States Department of Agriculture Food and Nutrition Info Center:
www.nal.usda.gov/fnic
Virtual Hospital: www.vh.org
Web MD: <http://www.webmd.com>

- National Athletic Trainers' Association

<http://www.nata.org>

This site describes the athletic training profession, how to become involved in athletic training, and the role of an athletic trainer.

- American Sports Medicine Institute

<http://www.asmi.org>

The American Sports Medicine Institute's mission is to improve through research and education the understanding, prevention, and treatment of sports-related injuries. In addition to stating this mission, the site provides access to current research and journal articles.

- American Academy of Orthopedic Surgeons

<http://www.aaos.org>

This site provides some general public information as well as information to its members. The public information is in the form of patient education brochures; the site also includes a description of the organization and a definition of orthopedics.

- American Orthopedic Society for Sports Medicine

<http://www.sportsmed.org>

This site is dedicated to educating health care professionals and the general public about sports medicine. This site provides access to the American Journal of Sports Medicine and a wide variety of links to related sites.

- NCAA

<http://www.ncaa.org>

This site gives general information about the NCAA and the publications that the NCAA circulates. This site may be useful for those working in the collegiate setting.

- NATA Education Council

<http://www.cewl.com>

This site contains information pertaining to the academic preparation of the athletic trainer.

- NATA Board of Certification

<http://www.nataboc.org>

This site provides up-to-date information on requirements for certification as well as a listing of certification test dates and sites.

Athletic Training Textbooks

Board of Certification, Inc. Exam References

The references listed were utilized by the BOC Exam Development Committee to make sure the material presented on the 2022-2023 exam is current and correct. Every item is referenced twice to ensure that a consensus exists on each item. Please note that a specific “edition” and “year” for each reference is not included in the list for the purpose of simplification. During the exam development process, the BOC uses the most current edition of a reference when constructing items.

- *ACSM's Guidelines for Exercise Testing and Prescription*. American College of Sports Medicine. Philadelphia, PA: Lippincott, Williams & Wilkins.
- *ACSM's Primary Care Sports Medicine*. McKeag, D.B. and J.L. Moeller, eds. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Administrative Topics in Athletic Training*. Harrelson, G.L. et al. Thorofare, NJ: Slack, Inc.
- *Athletic Training and Bracing*. Perrin, D.H. Champaign, IL: Human Kinetics.
- *Athletic Training and Sports Medicine (AAOS)*. Starkey, C. and G. Johnson, eds. Sudbury, MA: Jones & Bartlett Publishers.
- *Atlas of Human Anatomy*. Netter, F.H. St. Louis, MO: Saunders-Elsevier.
- *Clinical Pathology for Athletic Trainers: Recognizing Systemic Disease*. O'Connor, D.P. and A.L. Fincher. Thorofare, NJ: Slack, Inc.
- *Clinically Oriented Anatomy*. Moore, K.L. and A.F. Dailey. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Emergency Care in Athletic Training*. Gorse, K. et al. Philadelphia, PA: F.A. Davis Company.
- *Emergency Response Management for Athletic Trainers*. Miller, M. and D. Berry. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Essential Clinical Anatomy*. Moore, K.L. and A.M.R. Agur. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Essentials of Pharmacology for Health Occupations*. Woodrow, R. Clifton Park, NY: Cengage Learning.
- *Essentials of Research Methods in Health, Physical Education, Exercise Science, and Recreation*. Berg, K.E. and R.W. Latin. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Examination of Musculoskeletal Injuries*. Shultz, S.J. et al. Champaign, IL: Human Kinetics.
- *Examination of Orthopedic and Athletic Injuries*. Starkey, C. et al. Philadelphia, PA: F.A. Davis Company.

- *Exercise Physiology: Energy, Nutrition, and Human Performance*. McArdle, W.D. et al. Philadelphia, PA: Lippincott Williams & Wilkins.
- *First Responder: Your First Response in Emergency Care*. Schottke, D., ed. Sudbury, MA: Jones & Bartlett Publishers.
- *Foundations of Athletic Training: Prevention, Assessment, and Management*. Anderson, M.K. et al. Philadelphia, PA: Lippincott Williams & Wilkins.
- *General Medical Conditions in the Athlete*. Cuppett, M. and K.M. Walsh. St. Louis, MO: Elsevier/Mosby, Inc.
- *Guide to Evidence-Based Physical Therapy Practice*. Jewell, D. Sudbury, MA: Jones & Bartlett Publishers.
- *Management Strategies in Athletic Training*. Ray, R. Champaign, IL: Human Kinetics.
- *National Athletic Trainers' Association*. Position Statements.
- *Netter's Sports Medicine*. Madden, C. et al. St. Louis, MO: Saunders-Elsevier.
- *NSCA's Essentials of Strength Training and Conditioning*. Baechle, T.R. and R.W. Earle, eds. Champaign, IL: Human Kinetics.
- *Orthopedic Physical Assessment*. Magee, D.J. St. Louis, MO: Saunders Elsevier.
- *Pharmacology for Physical Therapists*. Gladson, B. St. Louis, MO: Elsevier, Inc.
- *Practical Sports Nutrition*. Burke, L. Champaign, IL: Human Kinetics.
- *Principles of Athletic Training: A Comprehensive-Based Approach*. Prentice, W.E. Boston, MA: McGraw Hill.
- *Rehabilitation Techniques for Sports Medicine and Athletic Training*. Prentice, W.E. Boston, MA: McGraw Hill.
- *Sports and Exercise Nutrition*. McArdle, W.D. et al. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Sports Emergency Care: A Team Approach*. Rehberg, R.S. Thorofare, NJ: Slack, Inc.
- *The Athlete's Shoulder*. Wilk, K.E. et al. Philadelphia, PA: Churchill Livingstone.
- *Therapeutic Electrophysical Agents: Evidence Behind Practice*. Belanger, A. Philadelphia, PA: Lippincott Williams & Wilkins.
- *Therapeutic Exercise for Musculoskeletal Injuries*. Houglum, P.A. Champaign, IL: Human Kinetics.
- *Therapeutic Modalities for Sports Medicine and Athletic Training*. Prentice, W.E. Boston, MA: McGraw Hill.
- *Therapeutic Modalities: The Art and Science*. Knight, K.L. and D.O. Draper. Philadelphia, PA: Lippincott Williams & Wilkins.

Professional Sports Medicine Journals and Library Resources

Journals

- *American Family Physician (AAFP)*
- *The Journal of Athletic Training (NATA)*
- *Medicine and Science in Sports and Exercise (ACSM)*
- *American Journal of Sports Medicine (AOSSM)*
- *Journal of Strength and Conditioning Research (NSCA)*
- *Strength and Conditioning (NSCA)*
- *Sports Medicine: Health Care for Young Athletes (AAP)*
- *Journal of Orthopaedic and Sports Physical Therapy (APTA)*
- *The International Journal of Sports Medicine*
- *The Journal of Sports Medicine and Physical Fitness*
- *Journal of Sport Rehabilitation*
- *International Journal of Athletic Therapy and Training*
- *Physician and Sportsmedicine*
- *Physical Therapy (APTA)*
- *Clinical Management (APTA)*
- *Physical Medicine and Rehabilitation Clinics*
- *Clinics in Sports Medicine*
- *Sports Medicine Update*
- *Training and Conditioning*
- *Adapted Physical Therapy Quarterly*
- *American Journal of Orthodontics and Preceptor Orthopedics*
- *Archives of Orthopedic and Trauma Surgery*
- *British Journal of Sports Medicine*
- *Clinical Exercise Physiology*
- *Clinical Journal of Sports Medicine*
- *Canadian Journal of Applied Physiology*
- *Clinical Orthopedics and Related Research*
- *Current Opinion in Orthopedics*
- *Exercise Immunology Review*
- *European Journal of Orthopedic Surgery and Traumatology*
- *European Spine Journal*
- *Foot and Ankle Clinics*
- *International Journal of Sports Nutrition*
- *International Orthopedics*
- *Journal of Aging and Physical Activity*
- *Journal of American Academy of Orthopedic Surgeons*
- *Journal of Applied Biomechanics*
- *Journal of Back and Musculoskeletal Rehabilitation*
- *Journal of Bone and Joint Surgery*
- *Journal of Musculoskeletal Research*
- *Journal of Orthopedic Science*
- *Journal of Science and Medicine in Sport*
- *Journal of Sport Rehabilitation*

- *Journal of Sports Chiropractic and rehabilitation*
- *Medicine and Science in Sport and Exercise*
- *Neuro-Orthopedics*
- *Operative Techniques in Sports medicine*
- *Physical Therapy in Sport*
- *Pediatric Exercise Science*
- *Sports Medicine*
- *Sports Medicine and Arthroscopy Review*
- *Techniques in Orthopedics*

Library Services

Athletic Training Library Resource Page: http://libguides.uidaho.edu/Athletic_Training

Interlibrary Loan Services: <http://www.lib.uidaho.edu/services/ill/>

On-Campus:

The UI Library has people and resources to help you succeed in research for this program. The library website www.lib.uidaho.edu has many databases that will help you find relevant and reliable books, articles, images, and more - many available online. For a general overview of library resources, see "Getting started on research in the UI Library," a research guide at <http://libguides.uidaho.edu/gettingstarted>. Don't hesitate to contact a librarian for research assistance, either in person at the library reference desk or by phone, email, or chat (<http://www.lib.uidaho.edu/help/>). UI librarians specialize in helping you find high quality sources for class papers and projects.

Off-Campus:

As a UI student, you have access to valuable electronic and print resources from the university's library. The library's catalog, designed to let you search for books and some articles, is front and center on the library's homepage at <http://www.lib.uidaho.edu>. More specialized article databases can be found by using the "Select a Specific Database" drop-down menu, also on the homepage. To learn more about access library resources from off-campus, please visit the Distance Education Library Guide at http://libguides.uidaho.edu/Distance_Education. Live reference/research assistance is available Monday through Thursday 9 a.m to 9 p.m, Friday 9-5, and Sunday 1-9. You can call 208-885-6584, email libref@uidaho.edu, text 208-856-0814, or IM from the homepage.