



**ATHLETIC TRAINING  
PROGRAM GUIDE**

2020-2021



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### ***Introduction***

#### *Purpose of the Athletic Training Program Guide*

This Handbook was compiled for each Athletic Training Student (ATS) as a tool to help guide him/her through the classroom and clinical education included in Palm Beach Atlantic University's Athletic Training Program (ATP). Although this manual is not meant to be an all-encompassing document, it establishes the fundamental roles and responsibilities, policies and procedures of the ATP. The intent and purpose is for the Handbook to stand as a reference guide for the ATS, in order to assist in gaining the most knowledge and highest quality experience possible from the ATP.

Each ATS is responsible for the information and execution of the standards and guidelines presented in this Handbook. A signature page acknowledging the receipt and understanding of the information set forth in the Handbook is required upon admittance into the ATP. The signature page is then permanently filed in each ATS's academic portfolio.

#### *Faith Integration Vision*

Palm Beach Atlantic University is committed to declaring the central role of Christ in its purpose for existence. Likewise, the ATP seeks to know Christ and to make Him known through our roles in athletic training. While we do not expect all to come from the same Christian faith, being part of the PBA ATP means committing to appreciate how the Christian worldview impacts the practice of athletic training. The spiritual dimension of man and woman is inseparable from the mind and the body and should be considered an integrated component of the healthcare provider's practice. Through intentional integration of faith, an Athletic Trainer may not only aspire to exceptional practice but also to an everlasting impact for Christ.

### *Mission of the Athletic Training Program*

***Within a framework of Christian principles, the mission of the Department of Athletic Training is to develop exceptional clinical practitioners who recognize their role as healthcare professionals and the value of ongoing service to their community.***

The PBA Athletic Training graduate will:

- 1) analyze underlying worldview assumptions, in the framework of a Christian worldview, in the athletic training profession and demonstrate how they anticipate integrating their worldview into their practice as healthcare professionals.
- 2) increase their level of clinical proficiency progressively through the final year of the curriculum to achieve professional competence in all required entry-level clinical competencies and in educational domains.
- 3) employ professional levels of communication while incorporating evidence based practice research to various applications in athletic training.

**Withdrawal of Accreditation Notice:** The Athletic Training profession is currently in transition from a bachelor degree required professional education to a master's degree required professional education. This means that all current bachelor programs are required to transition to a master's degree or phase out existing under graduation programs. PBA has elected not to transition to a master's degree and is currently teaching out the professional level students currently enrolled in the undergraduate program. This teach out will be completed by 2022 with all current professional level students completing accreditation requirements to be eligible for board certification in Athletic Training. The Athletic Training Program is not accepting new professional level students effective fall 2019.

### **Mission Statement of the School of Educational & Behavioral Studies**

The ATP is housed in the School of Education and Behavioral Studies (SEBS). Its mission statement reads:

Within a foundation of Christian principles, the mission of the School of Education and Behavioral Studies is to prepare students in athletic training, counseling psychology, education, physical education, and psychology to be highly competent in their chosen field through teaching, scholarship, and service.

In support of this mission, SEBS is committed to:

- 1) modeling Christian principles in line with the University mission statement,
- 2) graduating students with a global perspective and the necessary core competencies, knowledge, skills, ethical, and global perspective to succeed in their professional position or in obtaining advanced degrees,
- 3) expanding knowledge in the major through faculty and student research, scholarly activities, and related projects, and
- 4) providing education that includes best practices and is taught by faculty who are qualified academically and continue professional development in their field.

### *Accreditation*

The Athletic Training Program at PBA is nationally accredited by the Commission on Accreditation of Athletic Training Education (CAATE). CAATE accreditation was granted in July 2004. Palm Beach Atlantic University is accredited by the Southern Association of Colleges and Schools (SACS) and as of March 2018 in Active – good standing.

### *ATP Professional Level Educational Expectations*

#### **Overview**

1. Students have understanding of human anatomy and how body systems function.
2. Students should be able to discuss the fundamentals of biomechanics and musculoskeletal system as it relates to human movement.

3. Students should be able to recognize and assess musculoskeletal injuries from analyzing specific signs and symptoms associated with specific injuries.
4. Students should be able to recognize mechanisms of specific injuries.
5. Students should be able to perform basic emergency medical care ranging from common injuries to potentially life-threatening emergencies.
6. Students should be able to design and critically analyze rehabilitation protocols for a wide range of musculoskeletal injuries that serve to increase range of motion, function, strength and power.
7. Students should be able to critically analyze signs and symptoms and apply appropriate special tests to evaluate an injury.
8. Students should be able to discuss and integrate appropriate therapeutic modalities into the treatment and rehabilitation of athletic injuries.
9. Students will be expected to document and keep current and accurate progress notes and other relevant medical records.
10. Students should be able to design fitness and conditioning programs for specific sports that cover all components of fitness and performance including: flexibility, muscular strength and endurance, speed and agility, cardiorespiratory endurance, and weight loss/gain.
11. Students should be able to discuss and plan for basic nutritional needs of athletes and be able to identify common signs of eating disorders.
12. Students should be able to apply universal precautions to protect themselves and others from the transmission of blood borne pathogens.
13. Students should be aware of the total athlete and consider treatment paths from a holistic approach including psychosocial issues.
14. Students should be proficient at a wide variety of taping, wrapping and bracing techniques to protect and prevent injuries.
15. Students should be able to integrate evidence-based medicine into clinical practice and account for the clinician's experience as well as the patient's right to self-determination.
16. Students are to develop increasing levels of professional responsibility and to exhibit increasingly more mature levels of clinical expertise.

### **Objectives per Academic Year**

The following objectives are not all-inclusive, but serve to form the most basic and key principles for each level before and in the ATP to help ensure that each *Athletic Training Students* (ATS) will be successful in the program.

#### *Pre-Professional Expectations*

1. Document observation hours under the supervision of an Athletic Trainer (AT) in a variety of settings.
2. Demonstrate professional conduct through appearance, punctuality, communication, and attitude.
3. Learn and begin taping, wrapping, and bracing techniques as part of ATR 2013.
4. Maintain a minimum cumulative Grade Point Average (GPA) of 2.5 and a core GPA of 2.75.
5. Complete courses ATR 1001, ATR 1003, ATR 2013 and BIO2281/2283 with a C or better.
  - a. First Aid and CPR/AED or BLS Certification
6. Completed application and interview to ATP
7. Professional & Community Service: Recommend joining the NATA as a student-member

#### *Sophomore*

1. Implement policies & procedures outlined throughout the ATP Guide.
2. Improve grasp of knowledge content, skills, competencies and proficiencies presented in coursework.
3. Communicate effectively with Preceptors, other medical and health professionals, coaches, student-athletes and peers.
4. Maintain a minimum cumulative GPA of 2.5 and an ATR core GPA of 2.75.

5. Professional & Community Service:
  - a. Establish/Maintain student membership in the NATA.
  - b. Attend a professional conference.
  - c. Continue involvement in community/international service (Workshop/Missions)
  - d. Research NATA Foundation, PBA, and other scholarships.

*Junior*

1. Complete and update all clinical competencies and proficiencies.
2. Communicate effectively with preceptors, other medical and health professionals, coaches, student-athletes and peers.
3. Maintain a minimum cumulative GPA of 2.5 and a core GPA of 2.75.
4. Begin preparing for the BOC exam (study guide development, review, etc.).
5. Research summer internships (NFL, MLB, etc.) as well as graduate programs and/or residency programs.
6. Professional & Community Service:
  - a. Maintain student membership in NATA and SEATA.
  - b. Attend the ATAF Clinical Symposium, SEATA Student Symposium, or NATA Annual Meeting & Clinical Symposia.
  - c. Maintain involvement in community/international service (Workshop/Missions).
  - d. Apply for a scholarship or student research grant.

*Senior*

1. Complete all clinical competencies and proficiencies.
2. Represent the ATP well through the demonstration of professional skill and behavior during all off-campus clinical rotations and observations.
3. Be a positive role model and peer teacher for all underclassmen, assisting in their didactic and clinical instruction.
4. Communicate effectively with preceptors, other medical and health professionals, coaches, student-athletes/patients and peers.
5. Maintain a minimum cumulative GPA of 2.5 and a core GPA of 2.75.
6. Take the GRE or appropriate standardized test for graduate study, if necessary.
7. Submit applications and accompanying materials for graduate study, if necessary.
8. Finalize preparation and **pass the BOC exam** (study guide preparation, review, mock exams, exam registration and exam) **prior to graduation**.
9. Advance professional preparation through networking, résumé-building, and interviewing skills.
10. Professional & Community Service:
  - a. Maintain student membership in NATA.
  - b. Apply to present at SEATA Student Symposium and/or enter the NATA Student Writing Contest.
  - c. Maintain involvement with community/international service (Workshop/Missions).
  - d. Apply for a graduate scholarship or student research grant.

*ATP Faculty & Staff***Vince Diller, DHSc, LAT, ATC***Assistant Professor of Athletic Training**Program Director, Athletic Training Program*

Dr. Diller originally served at PBA from 2004-2010 as the Director of Health and Wellness and returned to PBA as full-time Athletic Training Faculty in 2015, after serving as Asst. Dean of Students at Belmont University in Tennessee. Dr. Diller has spent a decade in Student Services supervising/directing collegiate health, counseling, recreation and disability services. He has also invested a decade in clinical athletic training practice in out-patient physical therapy, community education, industrial athletic training, college and high school sports and professional rodeo. Dr. Diller completed his doctorate at Nova Southeastern (FL) in Health Science, his master's in Physical Education from Fort Hays State University (KS) and bachelor's in Athletic Training at Taylor University (IN). He is certified to practice athletic training by the Board of Certification and is licensed by the Florida Department of Health.

**Sean Cunningham, ATC, LAT, CSCS, NASM-PES**

*Clinical Instructor of Athletic Training*

*Clinical Education Coordinator, Athletic Training Program*

Cunningham comes to the Sailfish after a 14-year stint as the Head Athletic Trainer for the Miami Marlins. Before joining the Marlins, Cunningham was the Major League Strength & Conditioning and Team Travel Coordinator for the Montreal Expos from 1997-2001 where he designed the Expos' entire strength and conditioning program, managed facilities and developed training protocols for 200+ athletes. Cunningham totaled 10 years working for the Expos organization at various levels of the organization. Other notable experiences for Cunningham include being the Athletic Trainer for the 2010 National League All-Star team and for the Puerto Rican National Team at the 2017 World Baseball Classic. Cunningham earned his master's degree in exercise science in 1994 from Florida Atlantic University. He also has a bachelor's in physical education/sport medicine from Canisius College. Cunningham was published twice by The American Orthopedic Society for Sports Medicine in 2012.

**Affiliate Full-Time & Part-Time PBA Faculty and Staff**

**Matthew Mitchell, PhD**, *Associate Professor of Exercise Science (see departmental bios for details)*

**Stephen Sylvester, DPT, OCS, CSCS** *Associate Professor of Exercise Science (see departmental bios for details)*

*Adjunct Faculty and Sports Medicine Team*

**Michelle Menard, MS, ATC, LAT**

*PBA Head Athletic Trainer; Preceptor; Adjunct Instructor*

master's in Exercise Science from California University of Pennsylvania in 2013.

**Tyler Hamilton, MS, LAT, ATC**

*Head Athletic Trainer, The Kings Academy*

*PBA Adjunct Professor and Clinical Preceptor*

**Chris Fox, DC, ATC**

*Owner, Fox Spine and Sports Medicine*

*PBA Team Chiropractor; Adjunct Instructor*

*Sports Medicine Team*

**ATP Medical Director – seeking new MD/DO for the 2019-2020 academic term**

**Dr. Gus Leotta, MD**

*Sailfish Team Orthopaedic and ATP Clinical Site*

*Orthopaedic Surgeon, Institute for Orthopaedic Innovation*

**Evan Peck, MD**

*Consulting Physician & ATP Clinical Site*

*Doctor of Physical Medicine and Rehabilitation Cleveland Clinic Florida*

*Administrative & Support Staff*

**Mrs. Christine Fink**

*Coordinator, SEBS*

**Mrs. Renee Risnear**

*Secretary to the Dean, SEBS*

*2019-2020 Clinical Preceptors and Emails*

*Due to the 2019-2020 COVID pandemic numerous clinical sites and preceptors are not currently scheduled for placement for the 20-21 academic year. As change occur throughout the year preceptors and clinical sites will be added when appropriate.*

<b>PBA Preceptors and Contact Information by Clinical Site</b>	
PBA Head AT	Michelle Menard <a href="mailto:Michelle_menard@pba.edu">Michelle_menard@pba.edu</a>
PBA Asst. AT	Anna Malone LAT, ATC <a href="mailto:Anna_Malone@pba.edu">Anna_Malone@pba.edu</a>
Boynton Beach HS	Chad Parker LAT, ATC <a href="mailto:william.parker@palmbeachschools.org">william.parker@palmbeachschools.org</a>
Keiser University	Dr. Kari Brody DAT, LAT, ATC, EMT <a href="mailto:kbrody@keiseruniversity.edu">kbrody@keiseruniversity.edu</a>
The Kings Academy	Tyler Hamilton LAT, ATC <a href="mailto:t.hamilton@tka.net">t.hamilton@tka.net</a>
Cleveland Clinic Florida	Angela Dyer LAT, ATC <a href="mailto:DRYERA@ccf.org">DRYERA@ccf.org</a>
Fyzical Balance and Rehabilitation Centers Sports West Palm Beach Downtown Office	Dr. Paul Young DPT, ATC <a href="mailto:pyoung@fyzicalPBC.com">pyoung@fyzicalPBC.com</a>

***Program Admissions & Retention***  
***Admission Criteria & Application Process***

Admission into the ATP is a competitive process. Before applying to the ATP, students must successfully complete prerequisite coursework as well as athletic training observation experiences. Applications are reviewed by the ATP Admissions Committee, and qualified applicants are invited to interview. The ATP Admissions Committee minimally consists of ATP faculty and staff, but may also include other members of the PBA Sports Medicine Team, faculty, staff, and/or current or past Athletic Training Students (ATs). Each candidate is scored based on a number of criteria including completion of prerequisites, academic performance, observation experiences, letter of interest, letters of recommendation, and interview. Candidates are notified in writing of the committee's decision.

### **Admissions Criteria**

Applications for fall admission into the ATP are due by April 1. Certain criteria must be met in order to be eligible for the ATP. The requirements are as follows:

#### **Prerequisites**

(1) Earn at least a "C" in the following courses:

ATR 1001 Principles of Athletic Training

ATR 1003 CPR and First Aid

ATR 2013 Introduction to Athletic Training

BIO 2283 and 2281 Human Anatomy & Physiology I with Lab

(2) Earn a cumulative GPA of 2.5 or higher and an athletic training core GPA of 2.75 or higher.

#### **Application Process**

Please complete and submit the following items. All forms are available from the Program Director.

(1) An Application form.

(2) An official or unofficial copy of your transcript(s).

(3) Three (3) recommendation forms.

(4) A one-page essay stating why you want to become an Athletic Trainer and how you will contribute to the ATP.

(5) Documentation of observation experiences. See below for observation requirements.

(6) A signed Technical Standards form.

(7) Proof of Bloodborne Pathogens training (complete in ATR1001 prior to observation hours)

(8) Complete a successful interview with the ATP Admissions Committee. This last stage of the application process is held at the end of each spring semester.

\*Admission into the ATP is a competitive process. Meeting each of the above listed requirements does not guarantee admission into the ATP. A point system based partially on the aforementioned criteria is utilized to score the students throughout the application process. Up to the top 12-16 scoring students may be accepted into the ATP. Candidates are informed of their entrance status by letter following the interview.

#### **Pre-Enrollment**

Students accepted into the Professional Phase of the ATP must complete the following and submit appropriate documentation to the Program Director or Clinical Education Coordinator before beginning clinical rotations begin:

1. American Red Cross's CPR/AED for the Professional Rescuer or American Heart Association's BLS Healthcare Provider, or other approved certification.
2. Signed Agreement of Understanding of the ATP Handbook and of the ATP's Policy on Practice of Clinical Skills.
3. Physical examination (completed between May/August of start of program) indicating students is cleared for participation in all university activities with or without accommodation.
4. Immunization Records
  - a. REQUIRED IMMUNIZATION OR WAIVER: Measles Mumps and Rubella MMR (2 dose), Tetanus Tdap/Td, Hepatitis B HBV (3 dose), negative PPD or screening form and annual flu vaccine administered prior to flu season.

*Note: ATS electing to waive required immunization may be limited/removed from a given clinical rotation if a health risk is identified at a student's clinical site rotation.*

- b. RECOMMENDED VACCINE: Varicella (2 dose) NOTE: *current clinical sites do not require varicella; however, many healthcare agencies require vaccine or titer proving immunity for employment. This is strongly recommend for all ATS as new clinical site are routinely added and may limit ATS placement if this is not on record.*

All vaccination listed recommended and required are commonly required of employees in healthcare organizations. In preparation for employment in these settings ATS should consider future employment settings in determining if waiver is appropriate. Health Exam and/or Vaccinations are available in the PBA Health & Wellness Center at the student's cost (vaccination costs vary and exam typically costs \$25). All records must be submitted at or prior to the fall Athletic Training Orientation. Annual immunization updates (Flu and/or TB) are submitted when completed but due no later than the start of the next academic term to remain eligible for placement in all clinical rotations.

#### *Technical Standards*

Each applicant must submit a Technical Standards form with his/her application to the program. This form states that each individual is able to meet the program's physical and mental demands with or without reasonable accommodations. If an ATS recognizes a conflict with any of the statements on the form, he/she should bring it to the attention of the university ADA liaison in the Office of Disability Services.

#### *HIPPA/FIRPA and Confidentiality Expectations*

##### *Retention Policy*

Once the student is unconditionally accepted into the program, he/she must maintain a cumulative GPA of 2.5, and a "C" or better in each core class, to remain in good academic standing. Academic probation will result if a student does not meet these requirements. Once a student is placed on academic probation, he/she must raise the PBA cumulative GPA to meet these requirements to remove the probationary status within the next semester, or be subject to suspension from the ATP for one semester. The student must then reapply for admission to the ATP.

To remain eligible for placement in clinical rotations each year of the professional program the ATS must attend the annual AT In-Service and verify intent to comply with all program policies including but not limited to;

- Blood Borne Pathogen and Exposure Control Policy
- Immunization Requirements (including annual flu vaccination)
- Communicable Disease Policy
- Conduct Expectations
- Technical Standards
- Confidentiality Expectations
- Program Retention Policy
- Clinical Education Expectations and Limitation

ATS will sign an annual affirmation of compliance with each of the policies noted above as well as all aspects of the ATP Guide.

#### *Transfer Students*

Transfer students will be evaluated on a case-by-case basis. Interested students should contact the Program Director as soon as possible.

## Tuition & Fees 2020-2021

- \$16,440 per semester
- \$32,880 per year
- Overload | \$675 per credit hour over 18 credit

*Resource Fees:* Full-time: \$298 per semester | \$596 per year

### *Costs of the ATP*

Description	Fees	Note
CPR & First Aid laboratory fee (ATR 1003)	\$75	
Athletic Training laboratory fee (ATR 2013)	\$75	
Science laboratory fees (BIO 1101, 2281, 2291)	~\$85	Per laboratory course
Clinical Practice fees (ATR 4101, 4021, 4031, 4041, 4051, 4061)	\$50	
Fingerprinting/Background check/ Drug screening	\$100-120 \$45	First year=\$99; Renewal=\$6/year for 2 yrs. Repeated based on clinical placement
Health-related costs (immunizations, etc.)	\$50-\$125 annual depending on insurance	Determined by needed exams, immunizations at start of program + annual Flu Vaccine, TB and COVID testing.
Professional attire		Determined by individual needs
Transportation to/from rotations		Determined by site location and current fuel costs
Professional student memberships (NATA, SEATA, ATAF)	\$95 (new/renew)	Per year. Required for access to required program materials.

In addition to university tuition and fees (see PBA website for updated costs), students are required to pay laboratory fees for ATR 1003 CPR and First Aid, ATR 2013 Introduction to Athletic Training, and science laboratory courses BIO 1101 Biology I Lab, BIO 2281 Human Anatomy & Physiology I Lab, and BIO 2291 Human Anatomy & Physiology II Lab. Students may also be required to pay course fees in ATR 4101, 4021, 4031, 4041, 4051, and/or 4061.

Students will be responsible for providing their own transportation to all clinical sites. Students will also be required to pay \$99 for fingerprinting, background check, and drug screening in order to be assigned to a Palm Beach County School District secondary school during the sophomore year and/or during the senior year. The renewal fee is \$6 each year.

Furthermore, health-related costs (vaccinations, immunizations, physical examination, etc.) will be the responsibility of students and their health insurance providers. Additionally, students must show proof of completion of Hepatitis B series or waiver. Students assigned to off-campus clinical rotations must also show proof of DTP/TDaP/Tetanus, MMR, and completed Mantoux test within the past year and annual flu vaccination.

Students are responsible for clothing costs in accordance with the ATP dress code, including shoes, shirts, and pants/shorts. PBA ATP polo shirts cost approximately \$27 each, and t-shirts cost approximately \$12 each for all additional purchases. 1 uniform will be provided for you at the start of the academic year and is to be worn for all clinical assignments unless noted differently by preceptor.

Additionally, the ATP requires all students to maintain student-membership in the National Athletic Trainers' Association (NATA), Southeast Athletic Trainers' Association (SEATA) and Athletic Trainers' Association of

Florida (ATAF) – annual student-member fees are \$85 for new student-members. This will afford numerous benefits but is required to access ATrack a clinical software package that will track student progression through the curriculum.

### *Observation Requirements*

Pre-athletic training students must document at least four clinical observation experiences from any of the approved sites with which the ATP has an affiliation agreement. The four required clinical observation experiences must each include different sport exposures, patient populations, and/or clinical settings. Prior to observing, students must complete bloodborne pathogens training and sign a confirmation of agreement for the ATP's policy on practice of clinical skills. This will occur in ATR1001 Principles of Athletic Training. Please see the ATR1001 Instructor or the Program Director for a current list of sites and observation documentation.

### *Bloodborne Pathogens, First Aid, CPR with AED Training*

ATs shall complete annual training in Bloodborne Pathogens and recertification in BLS (or equivalent). The ATP currently provides training for all ATs as part of in-services in spring of each year. ATs who do not attend this recertification and training must be recertified by an approved provider, at their own expense, prior to beginning clinical rotations the following year. Students should contact the Program Director prior to recertifying to ensure their training is provided by an approved organization. BBP Training will be completed online annually prior to return for clinical rotations through the American Red Cross or an equivalent national certification. Verification of completion of training is due at the annual AT In-Service.

### *Professional Liability Insurance*

PBA retains professional liability insurance for ATs enrolled in the professional phase of the ATP. This insurance policy only covers students engaged in program-sponsored activities.

### **Athletic Training Degree Plan (2018-2019 Academic Catalog)**

NOTE: all AT degree plans have been individualized and documented to the CAATE and each AT due to the voluntary withdrawal of CAATE accreditation scheduled for December of 2022. Degree and plans will not show in the published catalog as of 2019-2020.

### *Athletic Training Education Competencies*

The National Athletic Trainers' Association Professional Education Council (PEC) developed education competencies and Clinical Integration Proficiencies to help the ATP and ATs in identifying vital knowledge and skills of the athletic training profession. They are to assist in guiding the development of the ATP curriculum. Mastery of this information can be defined as the ability to perform these activities with exceptional speed and quality, with critical thinking and initiative, and with the ability to teach them to others. The full listing is kept as reference material by the Program Director and can be accessed and utilized by the ATs as a study guide.

### *Competencies*

Competencies include information from each of eight content areas, listed below:

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

Each content area contains competencies that expand knowledge and intellectual skills as well as manipulative and motor skills.

Competencies are taught, practiced, and evaluated throughout didactic and laboratory courses and the six Clinical Practice courses. Each Clinical Practice course has specific competencies assigned to it which are rotation-specific. These courses also provide the ATS the forum to assimilate isolated skills into a skill set, which are known as Clinical Integration Proficiencies.

### *Clinical Integration Proficiencies*

The Clinical Integration Proficiencies define the global skill sets necessary to practice successfully as an entry-level athletic trainer. They represent the blending of isolated competencies into a clinical skill set. The Clinical Integration Proficiencies are taught and evaluated for mastery throughout the Clinical Practice courses.

### *Professional Behaviors*

Providing a context for how Athletic Trainers and Athletic Training Students are expected to practice, the PEC defined a set of professional behaviors. Throughout the ATP, the behaviors will be introduced and reinforced. PBA students in athletic training are expected to demonstrate ethical and personal conduct which respects the rule of law, advocates for the patient, and defines integrity. Professional behaviors are evaluated in each clinical rotation by the preceptor.

A critical part of the PEC Professional Behaviors is the insistence on Athletic Trainers and Athletic Training Students alike to exhibit ethical and legal integrity. PBA's Athletic Training Students will be expected to know and abide by laws and standards pertaining to the profession of athletic training. In each semester, students are to review the Florida State Practice Act, the NATA Code of Ethics, and the BOC Standards of Practice. The preceptor's signature is required in the student's Clinical Practice journal, denoting that these documents were discussed and are understood.

### *Clinical Education*

The Professional Phase of the ATP is a six-semester academic program, and includes a Clinical Practice course involving classroom simulation and direct patient contact in a number of settings serving various patient populations across varying levels and types of activities. Each experience occurs under the supervision of a qualified preceptor, and is related to a Clinical Practice course taught by ATP Clinical Education Coordinator. Clinical rotations vary in time relative to the credit hour of the Clinical Practice course. ATS are expected to glean a minimum of 50 hrs and a maximum of 150 hrs of clinical hours per credit hour of the Clinical Practice course for the term. Students desiring to extend beyond the maximum may request to do so voluntarily to glean additional experience beyond curriculum requirements; however, all ATS must meet minimum clinical hours to maintain positive progress in the program.

Objective criteria required to complete each course is explained on the first day of class, and include clinical site orientation documentation and rotation-specific competencies, documentation of clinical activity, regular meetings with the preceptor, and rotation evaluations. Additionally, students should seek to discuss goals and expectations from the clinical experience when meeting with the preceptor the first time, in order to establish respectful, honest and open communication. The ATP appreciates the individual clinical expertise of each preceptor, and would like for students to process the distinctive approach to clinical practice the preceptor engenders.

The student will have the opportunity to evaluate the clinical site and the preceptor at the end of the rotation in order to assist in reinforcing valuable learning experiences, and in providing helpful feedback for the improvement of clinical education. Additionally, the ATP will evaluate the clinical site annually to ensure compliance with CAATE standards, as well as the effectiveness of the learning environment.

ATSs document clinical activity using the weekly report form, which is emailed to the course instructor each week and copied to the assigned Preceptor. At the conclusion of each rotation the ATS is responsible to email their Preceptor with a comprehensive list of their hours, comparable to each weekly log, and the Preceptor will reply to

the email to APPROVE the hours completed during the rotation. Students must have at least one day off from clinical activity every seven days. The day(s) off depend on the setting as well as the student's class schedule. Furthermore, students may participate in clinical education prior to or beyond PBA's academic calendar year. Students are encouraged to participate in their assigned clinical site's in-service training prior to the beginning of the rotation, and are required to participate in ATP in-services prior to the beginning of the fall semester each year. During this time, students receive updated training in CPR/AED, first aid, and bloodborne pathogens, among other topics of importance. Students should seek opportunities to further develop professional knowledge, skills, and behaviors.

### *Clinical Practice*

Students must be formally educated in clinical skills prior to performing those skills on patients. The curriculum is designed so that students learn skills at specific levels of the ATP in order to train them to become increasingly more proficient clinicians as they progress through each semester. Clinical responsibilities that preceptors and students are to cooperatively develop during rotations are delineated in the student benchmarking table below. Furthermore, students are to complete a Clinical Skills Inventory at the beginning of each semester and take it with them to each clinical site orientation session with their preceptors. This inventory allows preceptors to match students' previous experiences with the benchmarking table, in order to frame expectations and goals for the clinical rotation.

### *Benchmarking AT Students*

<b>Level</b>	<b>What They're Learning</b>	<b>Responsibilities to Develop</b>
Sophomores	<u>Have learned:</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> Taping/wrapping</li> <li><input type="checkbox"/> Mechanisms of injury &amp; phases of tissue healing</li> <li><input type="checkbox"/> Common injuries – head-to-toe</li> <li><input type="checkbox"/> Emergency care</li> </ul> <u>Are learning:</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> Modalities (F)</li> <li><input type="checkbox"/> Musculoskeletal exam (F – Lower; S – Upper)</li> <li><input type="checkbox"/> Functional anatomy (F or S)</li> <li><input type="checkbox"/> Medical conditions (S)</li> <li><input type="checkbox"/> Exercise physiology (S)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Health Records</li> <li><input type="checkbox"/> Preventive care</li> <li><input type="checkbox"/> Emergency care</li> <li><input type="checkbox"/> Musculoskeletal exams</li> <li><input type="checkbox"/> Medical exams</li> <li><input type="checkbox"/> Differential diagnosis</li> <li><input type="checkbox"/> Treatment plans</li> <li><input type="checkbox"/> Documentation</li> </ul>
<b>Level</b>	<b>What They're Learning</b>	<b>Responsibilities to Develop</b>
Juniors	<u>Are learning:</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performance nutrition (F or S)</li> <li><input type="checkbox"/> Psychology (F or S)</li> <li><input type="checkbox"/> Rehabilitation (S)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Managing pre- and post-practice/game patient care</li> <li><input type="checkbox"/> Clinical decisions (exams)</li> <li><input type="checkbox"/> Managing on-field injuries</li> <li><input type="checkbox"/> Designing, implementing, modifying rehabilitation programs</li> <li><input type="checkbox"/> Communication with physicians, coaches, others</li> </ul>
<b>Level</b>	<b>What They're Learning</b>	<b>Responsibilities to Develop</b>

Seniors	<p><b>Are learning:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Administration &amp; organization (F)</li> <li><input type="checkbox"/> Pharmacology (F)</li> <li><input type="checkbox"/> Research in athletic training (F)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Autonomous-level athletic training</li> <li><input type="checkbox"/> Competent triage</li> <li><input type="checkbox"/> Progressing in medical assessment &amp; treatment</li> <li><input type="checkbox"/> Insurance/billing</li> <li><input type="checkbox"/> Rehabilitation for a broader population</li> </ul>
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F = Fall semester

S = Spring semester

Based on table found at <http://www.practicaldoc.ca/teaching/practical-prof/assessment/assessment-in-a-nutshell/>

### *Clinical Supervision*

Supervision in the ATP is defined as the physical presence of the preceptor in order to intervene on behalf of the ATS and patient<sup>4</sup>. The ATP does not permit students to function in any capacity except that of an Athletic Training Student under the direct supervision of a preceptor.

Supervision does not imply that students are not to be given an increased level of responsibility. On the contrary, preceptors are encouraged to provide an environment which allows the ATSS to demonstrate the knowledge, skills and abilities (KSAs) they possess following their formal instruction in the appropriate classes. Clinical rotations are the setting for students to integrate isolated KSAs into skill sets, and to develop the behaviors of a professional. In addition to rotation-specific competencies, students may utilize their time with the preceptor to practice skills from areas of weakness identified in the clinical rotation or in coursework.

Consistent and physical interaction with the preceptor is critical to the educational experience. To this end, initial clinical site orientation meetings are to be held at the beginning of each rotation, at which time the student is oriented to the physical facility and policies & procedures. Both parties should discuss expectations and plan regular meeting times. Goals should be outlined on the appropriate weekly report form. Progress on the goals should be recorded on the weekly report form, and documentation (either a journal assignment or clinical skills assessment) is to be added to the Clinical Practice notebook.

### *Therapeutic Modalities & Equipment*

Only athletic training students who have successfully completed evaluation of skills in the Therapeutic Modalities or other appropriate ATR course may operate or perform those skills in the field under the direct supervision of a qualified health professional. A staff athletic trainer or qualified health professional must approve all treatment programs that use therapeutic modalities/equipment before the program is implemented and must directly supervise athletic training students during patient care. Athletic training students may not independently change treatment programs without the approval of the Preceptor.

Indication, precautions and contraindications must be understood and followed prior to an athletic training student implementing the treatment technique. Proper operating instructions and safety protocols must be followed at all times. If an athletic training student determines that a therapeutic modality/equipment is not working properly, is unsafe or recognizes that it has not had an annual inspection and/or calibration, he/she should not use the modality/equipment and should notify their Preceptor. Annual maintenance and calibration of electrical modalities should be reviewed at each clinical site with your preceptor and a copy of the inspection log or a picture of a sticker on a modality taken for the student's clinical records verifying inspection. Note: only modalities with an external power source (plugged in) or a high voltage battery source are required to be inspected so modalities like TENs, Normatech or other common mobile device may not have inspection stickers.

When treating patients, provide the patient with a thorough explanation of the treatment procedure, including sensation(s) to be experienced. Tell the patient to notify you as soon as possible if he/she experiences any adverse

reactions. All question regarding proper operation of any therapeutic modality/equipment should be reviewed with the Preceptor or other healthcare personnel at the clinical site.

### *Clinical Practice Courses*

Clinical rotations are treated as a practical experience, with the preceptor and staff as supervisor and educator. Attendance is a key to learning, gaining clinical expertise and developing professional trust with patients, so schedules must be designed to allow maximum exposure.

Weekly meetings with the preceptor are to be scheduled, and reports are to be submitted documenting clinical time and activity and detailing goals for the weekly period. Additionally, each Clinical Practice course has a rotation-specific competency matrix. The matrix consists of various content areas that each ATS is responsible to complete through journal assignments or clinical skills assessments. A portfolio of work completed during the course is submitted at the end of each semester. Furthermore, evaluations of the ATS's professional behaviors and clinical performance will be completed by the preceptor.

*Freshman*—Students at this level are not yet officially accepted into the ATP, as this occurs through a competitive application process (refer to the *Program Admissions* section for details). This year serves as an observation phase, with students taking introductory coursework and completing observation experiences in ATR1001 Principles of Athletic Training. Students formally apply to the ATP during the second semester of the freshman year in ATR1001.

*Sophomore*—Students that are accepted into the professional phase of the ATP have met specific prerequisites and begin clinical rotations. Sophomore ATs are assigned to a preceptor(s) for 3 5-week rotations each semester for a variety of clinical experiences. Students may also participate in an orthopedic surgery observation experience.

*Junior*—Junior students are assigned to a preceptor each semester, with the ideal that students earn additional responsibility in order to expand their experience level to develop autonomous decision-making abilities.

*Senior*—Seniors are assigned to an off-campus preceptor at a local high school or university for an equipment-intensive rotation during the fall semester, a rehabilitation-intensive experience and a rotation in a major medical practice during the spring semester. By the end of the year, students are expected to be able to perform as an entry-level athletic trainer and graduate with BOC exam passed, ready to enter the profession.

### *Preceptors*

Preceptors play a vital role in the clinical experiences of ATs. It is important that preceptors understand the policies and procedures of the ATP, and that they be allowed to operate autonomously so that students are exposed to diverse settings and professionals. It is not the intention of the ATP to restrict appropriate, professional practice. It is, however, our hope that clinical sites will improve the quality of clinical education & practice through cooperation. To assist in documenting the quality of this interaction, the ATP utilizes various forms of evaluation designed to address the needs of students involved in clinical experiences. Students evaluate the preceptor and the clinical site, the preceptor evaluates the student, and the ATP evaluates the clinical setting.

The ATP communicates with preceptors in the beginning of the semester/rotation in which they will have students assigned. The ATP will inform preceptors of requirements of the Clinical Practice classes, and will send preview copies of student paperwork (rotation-specific competencies, weekly report form, student evaluation form/s), but students are responsible for handling all documentation that is to be submitted to the course instructor. The rotation-specific competencies are those educational competencies which students previously learned and were evaluated on during didactic and/or laboratory coursework. Clinical skills assessments are a mode of evaluating KSAs that are assigned to a particular clinical rotation. Other rotation-specific competencies are documented through journal assignments. Certain rotation-specific competencies are assigned to every rotation, so that students and preceptors work together to reiterate ATP and/or the clinical site's policies and procedures. These

competencies include bloodborne pathogens controls, emergency planning, patient confidentiality, and legal & ethical practice.

Students must meet with the preceptor at the beginning of each rotation to schedule weekly meetings, as well as to plan to conduct clinical skills assessments and evaluations. At the onset of the clinical rotation, the preceptor will orient the students to the physical facilities and to the facility's policies and procedures. Students should complete the Clinical Skills Inventory and Learning Styles Assessment prior to the initial clinical site orientation meeting.\*

The ATP visits each clinical site during the course of the year. Additionally, the ATP collects and analyzes data from student clinical site evaluations after the conclusion of the spring semester and takes action, if necessary, in order to enhance program improvement.

### *Clinical Assignment Non-discrimination Policy*

The Athletic Training Program will ensure that students may be assigned to all clinical sites without respect to sex, ethnicity, religious affiliation or sexual orientation.

### *ATP Administration*

The ATP continually seeks to evaluate its effectiveness in preparing ATs for professional practice and service. To this end, the ATP has enacted an assessment plan for ongoing evaluation of the delivery and outcomes of its goals and objectives. Several aspects of the ATP are evaluated by various means. These include, but are not limited to:

#### **Students**

End-of-rotation evaluations are completed by the same individual(s) as the mid-term evaluations. Since sophomores may have more than one preceptor during the course of a semester, one evaluation is completed for each of two rotations per semester.

The goal of mid-term and end-of-rotation evaluations is to provide performance data on how the ATS has met expectations during Clinical Practice. This is a time that is meant to consist of positive reinforcement and constructive criticism. The ATS and evaluator(s) will have the opportunity to discuss the evaluation.

The student will be expected to complete journal assignments and to critique themselves throughout the semester utilizing a semester goal-setting plan and subsequent weekly reports. This is an effective technique to assist in goal-setting, as well as in appraising strengths and weaknesses. In addition to journal assignments to document completion of rotation-specific competencies, students will be responsible for clinical skills assessments to be completed by their preceptors or Clinical Practice instructor.

#### **Clinical Sites**

As part of the ATP's 2018-2019 Comprehensive Assessment Plan, each clinical site will be evaluated on a planned, annual basis by the ATP Clinical Education Coordinator to help ensure that it remains a suitable clinical education site for PBA's students, with an emphasis on compliance with local, state or national standards. Half of the clinical sites are to be visited during the summer/fall months with the other half during the winter/spring months. Priority should be given to those clinical sites not holding accreditation (e.g., Healthcare Facilities Accreditation Program [HFAP]).

Additionally, students will evaluate clinical sites at the end of a rotation during each semester. These evaluations will be submitted, along with preceptor evaluations, at the mid-term and/or end of semester. Students completing rotation(s) at a single clinical site will only have to submit one Student Clinical Site Evaluation, due at the end of the semester. However, students completing rotations at different clinical sites will need to submit one Student Clinical Site Evaluation for *each* site, due upon completion of the rotation.

Data will be analyzed after the conclusion of the spring semester and appropriate actions will be taken, if necessary, in order to enhance program improvement.

### **Preceptors**

Preceptors will be evaluated by ATs, and evaluations will be shared with the preceptor. These evaluations are intended to provide positive reinforcement, as well as helpful recommendations for improvement of the clinical experience.

### **ATP**

Graduating seniors (exit survey) evaluate various aspects of the ATP, including the quality of academics and clinical education, as well as advising. These surveys produce outcomes data for program assessment, as do Board of Certification success rates.

Faculty and Instructional Staff are evaluated by students, faculty, and/or university administration. Each course & instructor is evaluated by students in end-of-semester course evaluations.

#### *Advising Procedures*

It is extremely important that every effort is made to schedule class times between the hours of 8:00 am and 2:00 pm. This is to afford the student the best opportunity to learn in the hands-on clinical setting. Traditionally the most activity and exposure to evaluations, practices, coaches, student-athletes and other clinical experiences occur after 2:00 pm. PBA requires advising each semester, for all students, prior to class registration. Students must meet with their advisor in order to be cleared for registration. It is important to schedule advising appointments early in order to ensure time to make appropriate decisions, class choices, and the ability to clear any registration holds on one's account.

Additionally, students should keep ATP Faculty (advisors) informed as to educational and career goals so that CAATE documented degree plan can be modified and adjusted as necessary. Students should feel free to schedule appointments with the advisor throughout the semester to discuss academic matters, including graduate school, residencies, career options, and any academic or personal matter impacting your education.

#### *Academic Policies*

Academic preparedness is essential to success in the ATP. Grades are a priority to the Athletic Training faculty and staff. Habits formed in the classroom will set the stage for one's work ethic throughout a career. For this reason a GPA policy that is enforced within the ATP is described below. The academic standard partially accounts for a candidate's acceptance into the professional phase of the ATP. Students accepted into the professional phase who later fall below the established parameters will be subject to disciplinary action ranging from academic probation to suspension from ATP.

### **Grievance Policy**

If a student feels that they have been evaluated unfairly in their academic or clinical course work, he/she has the right to appeal and receive a fair hearing. The following steps have been established to handle any such grievances.

1. Grade appeals – follow the procedures listed in the university catalog.
2. Clinical Integration Proficiencies, student evaluations, retention or related issues
  - a. Step 1: approach your ATP advisor within 30 days and discuss the details of the complaint. The coordinator will make an attempt to resolve any misunderstanding with involved parties.
  - b. Step 2: If a satisfactory solution cannot be made between all involved parties, the grievance may be presented to the entire Athletic Training faculty and staff for review. Formal notes will be taken and presented to the Dean of SEBS for review and input.
  - c. Step 3: If there is failure of the extended committee to resolve the situation it will be turned over to academic affairs and the Dean of SEBS for review.

#### *Appeal Process*

If the student feels he/she was unfairly denied acceptance into ATP or unfairly placed on probation he/she can notify the Director of the ATP in writing within seven days of receiving notification. The letter should contain reasons for appeal and why the decision should be reversed. A conference will then be held with the Athletic Training faculty, Head Athletic Trainer, and SEBS Dean to discuss the appeal. Notification of the reviewed decision will be returned to the student in writing.

### *Disciplinary Procedures*

Probationary status has been established by the ATP to provide an opportunity to become a better ATS. Probationary status is not necessarily punitive and it will remain confidential except for parties with direct involvement in the student's program. In some cases the probationary student may remain clinically active. However, it will be understood that the ATP faculty/staff is keeping a watchful eye on the student's progress, and if the terms and conditions of probation are not satisfactorily met in the prescribed time, suspension from the ATP will result.

If the ATP faculty/staff deem that at any time probation is necessary, the ATS will be notified in writing stating the reasons, conditions, and criteria for removal from probation. Should a student be placed on probation, he/she will be asked to attend a meeting with the ATP faculty and/or staff. At this meeting the student's letter of probation will be reviewed and parties will dialogue about the details of probation. The student will be expected to work diligently for removal from probationary status within a prescribed timeframe (usually a semester).

Following the probationary semester a meeting will be convened to discuss progress. Upon satisfactory progress, the student will be fully reinstated into the ATP. Failure to comply with the probationary terms will result in suspension from the ATP.

### List of Possible Reasons for Probation

1. Inappropriate behavior (determined by PBA faculty, staff or preceptor)
2. Violation of procedures, rules and guidelines outlined in this manual
3. Academic performance: GPA falling below 2.5 or earning a D or F in any major/concentration coursework
4. Consistently poor performance evaluations
5. Failure to progress and improve as an athletic training student

### ***Professional Development***

Professional development is a vital part of Athletic Training. Commitment to endeavors such as civic involvement, continuing education, and scholarly activities all aid in improving patient care and, hence, the profession. The ATP is dedicated to providing opportunities for ATSs to begin a life of professional development through corporate worship, club involvement, research opportunities, symposium attendance, volunteerism, support of international missions, and scholarship & grant writing.

### *Sailfish Athletic Training Organization (SATO)*

The SATO program is a student association that is operated and led by the students for the students. It is recommended that you become a member of SATO in the freshman year. SATO elected officers and committees responsible for fundraising, networking and educational activities. Annual dues for membership in SATO are \$5. Benefits of SATO membership:

1. Professional development
2. Community networking
3. Extended learning opportunities
4. Demonstrates leadership
5. Workshop opportunities

SATO elected positions:

1. President – provides leadership and initiative to fundraising, educational and social activities
2. Vice-President – assists president and other officers
3. Secretary – records meeting minutes and attendance
4. Treasurer – accurate records of funds, deposits and withdraws
5. Chaplain – begins meetings with prayer

6. Fundraising Committee Chair – plans and manages fund raising events
7. Library Representative – accumulates and distributes information regarding library resources, as well as information regarding graduate programs, scholarships/grants, and employment.

#### *PBA Quality Initiative (QI) Grants*

Each year, PBA offers students and faculty the opportunity to apply for research grants to support a research agenda. The deadline is in the fall of each academic year. Applications are available on myPBA from the Office of Institutional Research and Effectiveness.

#### *Symposia and Conferences*

Each year, numerous conferences are sponsored by the NATA, SEATA, ATAF, and other professional organizations. SEATA hosts the nation's largest student symposium near the beginning of each February. Many of these conferences provide an opportunity for students to present research, case studies, or organize a session. An additional benefit of attending these conferences is the chance to meet students and professionals from around the country.

#### *Workshop and Student Ministries*

PBA's emphasis on local and international ministry opportunities is an outstanding chance for ATs to serve others, often while utilizing athletic training knowledge and skills. From volunteering at a crisis pregnancy center, to volunteering for a marathon, to traveling with a medical missions group, opportunities abound for PBA ATs to have very distinctive college experiences when compared to students at other institutions.

#### *Athletic Training Scholarship Information*

The NATA and many other Athletic Training organizations have established scholarships for which many of its members are eligible (including student-members).

#### **National Athletic Trainers' Association Foundation Scholarships**

Eligibility requirements include:

1. Be a member of the NATA
2. Be recommended by a Certified Athletic Trainer
3. Have a minimum 3.2 cumulative GPA (4.0 scale)
4. Intend to pursue the profession of Athletic Training

Applications are available from the National Athletic Trainers' Association Foundation website at [www.natafoundation.org](http://www.natafoundation.org)

#### **SEATA Scholarships**

- Memorial Undergraduate Scholarship
- Jerry Rhea/Atlanta Falcons Undergraduate Scholarship
- Jim Gallaspy Student Leadership Scholarship

#### **References**

National Athletic Trainers' Association. *Athletic Training Educational Competencies*. 5<sup>th</sup> ed. 2011.  
 Commission on Accreditation of Athletic Training Education. *Standards for the Accreditation of Entry Level Athletic Training Education Program*. 2012.

## APPENDIX A



## Blood Borne Pathogens Policy & Exposure Control Plan

### Introduction

This plan is designed to eliminate or minimize exposure to blood borne pathogens, as well as define reporting and follow-up procedures in case of an exposure incident. This plan refers to OSHA's (Occupational Safety and Health Administration) blood borne pathogens standard.

### Definitions

**Blood borne pathogens:** Refers to infectious materials in blood that can cause disease in humans. This includes hepatitis B (HBV) and C and human immunodeficiency virus (HIV).

**Exposure:** The most obvious exposure incident is a needle stick, however any specific eye, mouth, other mucous membrane, non-intact skin, or contact with blood or other potentially infectious material is considered an exposure incident.

### Prevention of Exposure Incident

Universal Precautions, taken from 2014-2015 NCAA Sports Medicine Handbook, 25th edition, pages 74-78.

The following recommendations are designed to further minimize risk of blood borne pathogen transmission in the context of athletic events and to provide treatment guidelines for caregivers. These are sometimes referred to as "universal precautions", but some additions and modifications have been made as relevant to the athletics arena.

- Pre-event preparation includes proper care for wounds, abrasions, cuts or weeping wounds that may serve as a source of bleeding or as a port of entry for blood borne pathogens. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.
- The necessary equipment and/or supplies important for compliance with universal precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach,

antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings and a container for appropriate disposal of needles, syringes, scalpels, and other sharps materials.

- Preventative practice includes the required use of gloves and, as indicated, other protective equipment such as one-way valve masks.
- Appropriate procedures for hand washing, sharps disposal, glove and biohazard disposal, contaminated laundry handling and material cleaning should also be practiced to reduce the likelihood of exposure.
- When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel. Any participant whose uniform is saturated with blood, regardless of the source, must have that uniform evaluated by sports medicine staff for potential infectivity and changed if necessary before return to participation.
- During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student athletes, coaches and medical personnel.
- Personnel managing an acute blood exposure must follow the guidelines for universal precautions. Sterile latex gloves should be worn for direct contact with blood or body fluids containing blood. Gloves should be changed after treating each individual participant and, after glove removal hands should be washed.
- Any surface contaminated with spilled blood should be cleaned in accordance with the following procedures: With gloves on, the spill should be contained in as small an area as possible. After the blood is removed, the surface area of concern should be cleaned with an appropriate decontaminant.
- Proper disposal procedures should be practiced to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
- After each practice or game, any equipment or uniforms soiled with blood should be handled and laundered in accordance with hygienic methods normally used for treatment of any soiled equipment or clothing before subsequent use. This includes provisions for bagging the soiled items in a manner to prevent secondary contamination of other items or personnel.
- Finally, all personnel involved with sports should be trained in basic first aid and infection control.

Blood borne pathogens policy shall be reviewed annually with athletic training students.

## **Reporting an Exposure Incident**

### **Athletic Training Students**

In the event of an exposure incident, students should report the incident to the supervising Athletic Trainer immediately.

- Student will be sent immediately to the Health and Wellness Center, ext. 32576, for evaluation and testing. Treatment will be based on recommendations of medical personnel.
  - Any questions or concerns may be addressed to the Director of Health and Wellness

- In after-hours or off-campus incident, the student may proceed to a nearby medical facility (e.g. emergency department, urgent care facility) for evaluation.
- Students: An exposure incident report should be used and properly filled out and returned to the Athletic Training facility.
- Students diagnosed with a communicable disease must be medically cleared to return to classes and/or clinical rotations.

### **The Infected Athletic Trainer**

An athletic trainer infected with a communicable disease should practice the profession of athletic training taking into account all professionally, medically, and legally relevant issues raised by the infection. Depending on individual circumstances, the infected athletic trainer will or may wish to:

- Seek medical care and on-going evaluation
- Take reasonable steps to avoid potential and identifiable risks to his or her own health and the health of his or her patients.
- Inform, as or when appropriate, relevant patients, administrators, or medical personnel

### **Post-Exposure Follow Up**

Follow up care will be based upon recommendation by medical personnel treating the exposure. Follow up care may include:

- Laboratory tests, confidential medical evaluation, identifying and testing the source of the potential infection (if feasible), testing the exposed employee's blood, performing post-exposure prophylaxis, future screenings, preventative medicines, offering counseling, and evaluating reported illnesses.
- ALL DIAGNOSIS AND MEDICAL RECORDS SHALL REMAIN CONFIDENTIAL

### **Proper Disposal of Contaminated Material**

Material that has been contaminated should be disposed in properly marked Biohazard containers as soon as possible after use. Sharps materials (i.e. needles, scalpels, lancets, etc.) should be disposed of in a container explicitly designed for that purpose.

### **Removal and Disposal of Contaminated Waste Material**

A designated person(s) will supervise marked Biohazard and Sharps containers. As needed, the contracting biohazardous waste disposal company will be notified. Address questions to Risk Management at ext. 32505.

### **HBV Vaccinations**

As part of OSHA's blood borne pathogens regulations, Palm Beach Atlantic University employees are eligible to receive the Hepatitis B vaccine and vaccination series.

OSHA regulations, however, do not cover students who are not employees of the university. This includes students who are accepted into or who are applying to the Athletic Training Program. HBV vaccinations are strongly recommended and encouraged for all individuals who risk exposure to blood borne pathogens. Please note that the cost of this inoculation is NOT covered by the Department of Intercollegiate Athletics or the Athletic Training Program. Palm Beach Atlantic University's Health and Wellness Center is available to administer this vaccination series, or it may be obtained from a family physician. If the athletic training student does not obtain this vaccination, a declination form must be signed.

### Contact Numbers

University Counseling Center	(561) 803-2563 or <a href="mailto:counseling_center@pba.edu">counseling_center@pba.edu</a>
Jupiter Medical Center Urgent Care	<a href="http://jupitermedurgentcare.com">jupitermedurgentcare.com</a> or call <a href="tel:561-263-7010">561-263-7010</a> 625 N. Flagler Drive West Palm Beach, FL 33401
Risk Management	561-803-2505
OSHA ( <a href="http://www.osha.gov/">http://www.osha.gov/</a> )	1-800-321-OSHA (6742)
<b>PBA Title IX</b>	
	Mona Hicks Title IX Coordinator Associate Vice President, Human Resources (561) 803-2171 <a href="mailto:mona_hicks@pba.edu">mona_hicks@pba.edu</a>
	Natalie Johnson Deputy Title IX Coordinator Director, Student Activities Involvement and Leadership (561) 803-2661 <a href="mailto:natalie_johnson@pba.edu">natalie_johnson@pba.edu</a>
	Deputy Title IX Coordinator Director, Human Resources (561) 803-2171 <a href="mailto:suzie_lenart@pba.edu">suzie_lenart@pba.edu</a>



## **Palm Beach University Athletic Training Athletic Training Student Exposure Incident Report**

This form should be filled out as soon as possible after the incident. In case of an exposure incident the Athletic Training Student should inform the supervising Athletic Trainer, and proper action should be taken, including being sent to the Health & Wellness Center for medical attention.

Please print clearly.

Athletic Training Student Name: \_\_\_\_\_

1. Date of Exposure: \_\_\_\_\_

2. Time of Exposure: \_\_\_\_\_

3. Describe clearly and in detail how the incident occurred:

4. Name of Athletic Trainer the incident was reported to:

5. Were there any witnesses to incident? If so, list names:

6. Did you seek medical attention at Health & Wellness Center?

7. In your opinion, how might the injury be prevented or avoided in the future?

\_\_\_\_\_  
Athletic Training Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Athletic Trainer signature

\_\_\_\_\_  
Date



**Palm Beach Atlantic University**  
**Mental Health Screen**

Name: \_\_\_\_\_

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

Over the *last two weeks*, how often have you been bothered by any of the following problems? (Please circle your answer & **check the boxes that apply to you.**)

	Not at all	Several days	More than half of the days	Nearly everyday	
1. Little interest or pleasure in doing things	0	1	2	3	
2. Feeling down, depressed, or hopeless	0	1	2	3	
3. <input type="checkbox"/> Trouble falling or staying asleep, or <input type="checkbox"/> Sleeping too much	0	1	2	3	
4. Feeling tired or having little energy	0	1	2	3	
5. <input type="checkbox"/> Poor appetite or <input type="checkbox"/> Overeating	0	1	2	3	
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
8. <input type="checkbox"/> Moving or speaking more slowly that other people could have noticed, or <input type="checkbox"/> The opposite – being so fidgety or restless that you've been moving around a lot more than usual	0	1	2	3	
9. Thoughts that you would be better off dead, or hurting yourself in some way.	0	1	2	3	Total (10)
	Add columns				

PHQ-9