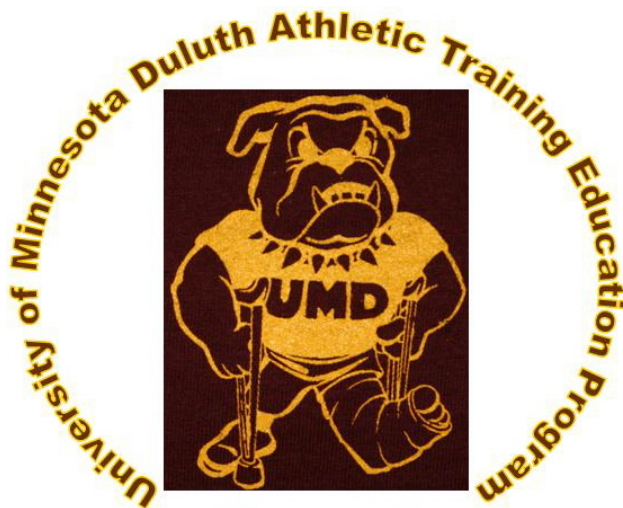


UNIVERSITY OF MINNESOTA DULUTH



ATHLETIC TRAINING EDUCATION PROGRAM

**STUDENT HANDBOOK
2009-2010**

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Abbreviations found throughout this manual:

Head Athletic Trainer (HAT)	Certified Athletic Trainer (ATC)
Registered Athletic Trainer (ATR)	Athletic Training Student (ATS)
Athletic Training Facility (ATF)	

University of Minnesota Duluth Athletic Training Education Program

Mission Statement

The mission of the Athletic Training Education Program at the University of Minnesota Duluth is to provide dedicated, effective undergraduate teaching, scholarship, and service to our students preparing to be health care providers for life and sport to benefit the people of the state of Minnesota, the nation, and the world. Students in the Athletic Training Education Program are offered a curriculum of didactic, laboratory, and clinical experiences which emphasize a “hands on” learning approach. The Athletic Training Education Program is committed to providing students with educational, clinical, and professional growth opportunities that will help prepare them for The Board of Certification (BOC) examination, and entry into the Athletic Training profession. The Athletic Training Program at UMD does not discriminate against religion, race, color, creed, gender, sexual orientation, marital status, national origin, or disability.

Program Goals

1. Facilitate student knowledge, and clinical skill development as the foundation for sound practice and leadership in the profession of Athletic Training.
2. Graduate with a Bachelor of Applied Science degree in four years.
3. All athletic training students sit for the BOC examination.
4. A first time passing rate on the BOC exam of 75%
5. An overall passing rate on the BOC exam of 100%
6. Athletic training students complete a variety of clinical experiences.
7. Encourage scholarship application at the university, state, region, and national level.
8. Support university values of teaching and learning as a first priority providing quality service to students, to the university, and to the community.

Program Objectives

At the completion of the Athletic Training Education Program, the students will:

1. Demonstrate cognitive and psychomotor competence and clinical proficiency in the following content areas for the practice of Athletic Training:
 - Risk Management and Injury Prevention
 - Pathology of Injuries and Illnesses
 - Assessment and Evaluation
 - Acute Care of Injury and Illness
 - Pharmacology
 - Therapeutic Modalities
 - Therapeutic Exercise
 - General Medical Conditions and Disabilities
 - Nutritional Aspects of Injury and Illness
 - Psychosocial Intervention and Referral
 - Health Care Administration
 - Professional Development and Responsibilities
2. Demonstrate respect for and treat the patient as an individual, without regard to race, color, sexual preference, socioeconomic status, political or religious affiliation, or athletic ability.

3. Understand the profession of Athletic Training, the athletic trainer's role in the health care arena, and the professional and ethical responsibilities associated with the athletic trainer as a health care professional.
4. Recognize the need for the support of clinical practice through ongoing education, research and service.

National Athletic Trainers' Association Code of Ethics

The ATEP at UMD expects all individuals involved with the program to follow the Code of Ethics set forth by the National Athletic Trainers' Association, regardless of their membership status. Any person found to be in violation of these ethical codes will be subject to appropriate disciplinary action as outlined in the UMD ATEP demerit policy.

Principle 1: Members shall respect the rights, welfare and dignity of all individuals.

- 1.1 Members shall not discriminate against any legally protected class.
- 1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.
- 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 unless the person consents to such release or release is permitted or 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 adhere to all National Athletic Trainers' Association guidelines and ethical standards.
- 2.3 Members are encouraged to report illegal or unethical practice pertaining 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 accept responsibility for the exercise of sound judgment.

- 3.1 Members shall not misrepresent in any manner, 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 via education and/or experience and by pertinent legal regulatory process.

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

Principle 4: Members shall maintain and promote high standards in the provision of services.

4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members who have the responsibility for evaluating the performance of employees, supervisees, or students are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

Principle 5: Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

5.1 The private conduct of the member is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.

5.2 Members of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

Board of Certification 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 and Procedures* may be accessed via the BOC website, www.bocatc.org.

Code 1: Patient Responsibility

The 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 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 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 exams, 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 take any action that leads, 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 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 Athletic Trainer or applicant:

- 5.1 Uses professional skills and knowledge to positively impact the community

Code 6: Business Practices

The Athletic Trainer or applicant:

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

Admission Requirements

Application to the athletic training education program requires:

1. Completion of program application form.
2. Completion of the following prerequisite courses:
 - a. ESAT 2610 with a grade of B- or better
 - b. HLTH 2030 with a grade of C- or better
3. Official transcripts of any college courses previously taken on file with the University.
4. Proof of current CPR certification from the Professional Rescuer series.
5. Two letters of recommendation.
 - a. One from an individual that can speak to the academic qualities of the applicant.
 - b. One from an individual that can speak to the clinical aptitude of the applicant.
6. Copies of physical examination and vaccination verifications.
7. A signed copy of the programs technical standards for admission form.
8. Completion of 50 hours of clinical observation under the direct supervision of an ATC.
9. Observation student evaluation(s). **These must be submitted directly to the Program Director by the evaluating ATC.**
10. One page paper on why athletic training is right for you, and what is your perception of the profession of athletic training.

Once all required materials are submitted, and reviewed, the candidate will be eligible for a formal interview. After all interviews are completed, candidates will be notified of their admission status to the program via letter. **A maximum of 16 students will be admitted to the program each year.**

Acceptance will be based on the following criteria:

1. Observation Student Evaluation based on the following items (25 points possible)
 - a. Initiative/Work Ethic (5 points possible).
 - b. Communication skills (5 points possible).
 - c. Rapport/Cooperation (5 points possible).
 - d. ATR attitude, punctuality, professionalism (5 points possible).
 - e. Potential to excel as an athletic training student (5 points possible).
2. Formal interview consisting of 7 questions
(28 total points possible, 4 points possible for each question).
3. B- or better in ESAT 2610-Introduction to Athletic Training (18 points possible).
A = 18 A- = 16 B+ = 14 B = 12 B- = 10
4. Cumulative GPA of 2.50 or higher (16 points possible).
(4.00 – 3.70 = 16) (3.60 – 3.30 = 12) (3.20 – 2.90 = 8) (2.80 – 2.50 = 4)
5. One page paper (10 points possible).
 - a. Essay is typed 1 point
 - b. Essay is at least one complete page 1 point
 - c. Essay is formatted correctly (font size 12, double spacing) 1 point
 - d. Essay uses appropriate terminology for the profession (AT) 1 point
 - e. Essay is free of spelling and grammar errors ($\frac{1}{4}$ point off for each error) 4 points
 - f. Essay answers the questions listed above(both questions) 2 points
 - Only answers one question 1 point
 - Did not answer the questions 0 points

There are a total of 97 points possible. Candidate must obtain 75% (73 points) of the total points available to be considered for admission.

Probationary Admission

Applicants that receive an overall score of 75% or higher and that have passed ESAT 2610 with a grade of B- or better and HLTH 2030 with a grade of C- or better, but have an overall GPA in a range from 2.2 – 2.49 may be considered for probationary admission to the program if space is available.

Students admitted on probationary status must have their overall GPA at or above 2.5 by the end of the fall semester of their first year in the program. If the student is not able to achieve a GPA of 2.5 or higher by the end of their first semester, they will be removed from the program and may reapply for admission once their GPA is 2.5 or higher. Students admitted on probation that take courses in the summer prior to their first semester in the program and are able to raise their overall GPA to 2.5 or higher will be removed from probationary status at that time.

Academic Progress

In order to maintain good standing in the ATEP, the student shall:

1. Maintain a cumulative GPA of 2.5.
2. Maintain a major GPA of 2.5.
3. Earn no less than a C in the following courses: 2620, 2697, 2698, 3600, 3630, 3632, 3640, 3642, 3697, 3698, 4001, 4600, 4646, 4650, 4697, 4698.
4. Earn no less than a C- in the following courses: ESAT 3210, 3300, 3400, 3410, 3420, 3430, HLTH 2030, and 2040.
5. The student must retake a course if they do not receive the required minimum grade.

Program Probation Policy

If these criteria are not maintained, the following actions will be taken:

1. The student will receive written notification from the program director concerning probationary status.
2. The student must meet with the program director to determine a course of action to remedy the problem. The student must follow through with the course of action set by the program director.
3. Students on program probation will not be allowed to travel to any away events associated with their clinical rotation.
4. If the student has not achieved a cumulative GPA of 2.5 or higher by the end of the probationary period (one semester), they will be suspended from the program, and will need to reapply for admission (see readmission policy for more information).

Requirements for Completion of Program

In order to receive the endorsement of the Program Director to sit for the BOC examination the student needs to accomplish the following:

1. Maintain appropriate academic progress in the classes listed above.
2. Complete at least 50% of all Clinical Proficiencies prior to the end of the fall semester senior year.
3. Pass the ATEP exit exam with a score of 75% or higher.

4. Complete at least 80% of all Clinical Proficiencies prior to registering for BOC exam.
5. Attend at least one (1) MATA Student Symposium.
6. Attend a combination of two (2) of the following meetings:
 - a. GLATA Annual Meeting
 - b. MATA Annual Meeting
 - c. NATA Annual Meeting
 - d. MATA Student Symposium (Must be second time in attendance)
 - e. Regional Conference approved by the Program Director
7. Complete 100% of the Clinical Proficiencies prior to graduation.

Once criteria 1 – 6 are met, the student may apply to sit for the BOC examination and request the endorsement to sit for the examination from the Program Director. The student should be aware that the Program Director does reserve the right to remove the endorsement of the student if they fail to maintain a passing grade in all classes listed as well as an overall GPA of 2.5. Certification by the BOC will be withheld by the BOC if the student does not meet all requirements for graduation.

Readmission Policy

Students who have been suspended from or that have voluntarily quit the program will be considered for readmission to the program once the following criteria have been met:

1. GPA and coursework requirements listed above are satisfied.
2. Student has addressed any outside conflicts that may have caused removal from program.
3. Students may re-apply for admission at least one semester following dismissal from program.
4. Students will be readmitted to the program at the level they were dismissed/quit.

Transfer Policy

Transfer course equivalencies are not accepted for any core athletic training courses beyond an Introduction to Athletic Training course. The program director will review transfer course equivalencies for science and exercise science courses on an individual basis. After admission to UMD, all program admission requirements as stated above are applicable. Transfer students should plan for a minimum of six semesters in the program, regardless of the number of credits completed at the transfer institution.

Athletic Training Education Program Technical Standards for Admissions

The University of Minnesota Duluth Athletic Training Education Program is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation.

In adhering to this policy, the University abides by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Minnesota Human Rights Act and Other applicable statutes and regulations relating to equality of opportunity. In this venue, the College of Education and Human Services Professions encourages all qualified individuals to apply for admission to the Athletic Training Education Program.

The University of Minnesota Duluth Athletic Training Education Program is an

academically rigorous program of study that at times can also be physically demanding. One of the primary objectives of the program is to prepare athletic training graduates for a variety of different employment settings and to render care to a wide spectrum of individuals engaged in physical activity. This program requires students to learn didactic knowledge and physical skills and to adopt professional attitudes essential to the profession. The Technical Standards set forth by the Athletic Training Education Program establish the essential qualities for students admitted to this program in order to achieve the knowledge, skills, attitudes, competencies and proficiencies 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 Programs [CAATE]). All students admitted to the Athletic Training Education Program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodations, the student will not be admitted to the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the Board of Certification (BOC) examination.

Candidates seeking admission to the ATEP program should have:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during 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 education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training education 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.

If a student states he/she can meet the technical standards with accommodation, then Disability Services and Resources on the UMD campus will consult with the department and verify the presence (and impact) of a student's disability based on the documentation that the student provides. The university will then determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review whether the

accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

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

Four Year Academic Plan

Year 1

Fall Semester: 15.0 cr

BIOL 1011 - General Biology I: 5.0 cr
MATH 1160 - Finite Mathematics and Introduction to Calculus: 5.0 cr
COMP 1120 - College Writing: 3.0 cr
Liberal Education Course - Category 8: 3.0 cr

Spring Semester: 16.0 cr

HLTH 2030 - Applied Human Anatomy: 4.0 cr
ESAT 2610 - Intro. to Athletic Training: 3.0 cr
HLTH 1650 - CPR/AED for the PR: 1.0 cr
PSY 1003 - General Psychology: 4.0 cr
Liberal Education Course - Category 3: 3.0 cr

Year 2

Fall Semester: 16.0 cr

CHEM 1113 - Intro. to General, Organic & Biological Chem. I: 5.0 cr or CHEM 1151 - General Chem. I: 5.0 cr
ESAT 2620 - Prevent. & Care of Ath. Inj.: 2.0 cr
ESAT 2697 - Clinical Experience in AT I: 2.0 cr
ESAT 3600 - Fundamentals of AT: 4.0 cr
Liberal Education Course - Category 7: 3.0 cr

Spring Semester: 17.0 cr

ESAT 2698 - Clinical Exp. in AT II: 2.0 cr
ESAT 3630 - Athletic Injury Evaluation I: 3.0 cr
ESAT 3640 - Therapeutic Modalities: 3.0 cr
HLTH 2040 - Principles of Human Phys.: 4.0 cr
PHYS 1001 - Introduction to Physics I: 5.0 cr

Year 3

Fall Semester: 15.0 cr

ESAT 3400 - Exercise Physiology: 4.0 cr
ESAT 3632 - Athletic Injury Eval. II: 3.0 cr
ESAT 3642 - Therapeutic Exercise: 3.0 cr
ESAT 3697 - Clinical Exp. in AT III: 2.0 cr
Liberal Education Course - Category 9: 3.0 cr

Spring Semester: 16.0 cr

ESAT 3300 - Human Biomechanics: 4.0 cr
ESAT 3410 - Performance Nutrition and Weight Management: 4.0 cr
ESAT 3430 - Principles of Strength and Conditioning Programs: 4.0 cr
ESAT 3698 - Clinical Exp. in AT IV: 2.0 cr
ESAT 4001 - Pharmacology in AT: 2.0 cr

Year 4

Fall Semester: 17.0 cr

ESAT 3200 - Motor Learn. & Develop.: 5.0 cr
ESAT 4646 - Medical Aspects of AT: 3.0 cr
ESAT 4650 - Admin. Aspects of AT: 3.0 cr
ESAT 4697 - Clinical Exp. in AT V: 2.0 cr
ESAT 4700 - Statistics and Research Methods in Exercise Science: 4.0 cr

Spring Semester: 16.0 cr

ESAT 4600 - Senior Seminar AT: 3.0 cr
ESAT 4698 - Clinical Exp. in AT VI: 2.0 cr
Advanced Writing: 3 cr.
Elective: 4.0 cr
Elective: 4.0 cr
Liberal Education Course - Category 9 or 10: 3.0 cr

Education Guidelines for Athletic Training Students

Courses for the didactic and clinical components of the program must be taken in the sequence outline in the four-year education plan on page 11. The clinical education component is a six-semester experience that begins in the fall semester of the sophomore year. It includes two, seven-week rotations per semester (12 rotations total). The rotations include area high schools, two area colleges or universities, the UMD athletic training center, and SMDC medical offices.

The following guidelines delineate the role of an athletic training student as well as the Program Director, Clinical Education Coordinator and The Approved Clinical Instructor. As a student in the Athletic Training Education Program at the University of Minnesota Duluth, you are expected to conduct yourself in accordance with these guidelines during any didactic and clinical experience (on- or off-campus).

Program Expectations

1. As an athletic training student, you are a part of building the foundation for the Athletic Training Education Program at UMD. We are striving to gain a reputation for preparing students to become exceptional certified athletic trainers and for promoting the profession of athletic training. To build a quality program, it is important that athletic training students excel both academically and clinically.
2. You must be currently enrolled as a full-time student (minimum of 12 credits per semester).
 - a. If at any time your enrollment status changes, you must notify the program director immediately.
 - b. Senior students may enroll in less than 12 credits per semester if there are no other courses needed to complete the student's degree plan.
 - c. Enrollment in less than 12 credits per semester may have an effect on the student's financial aid. It is the student's responsibility to clarify this issue.
3. You are expected to attend all of your classes.
 - a. You cannot gain the knowledge base necessary to perform clinical skills without attending, paying attention, and studying hard.
 - b. Class attendance and academic progress will be monitored throughout the academic year.
 - c. If you are struggling in a class, it is important that you speak to the instructor and seek extra help early in the semester.
 - i. As an athletic training student, you are eligible for the services provided by the Jamar Academic Support Center. Please see the program director for more information regarding support services.
4. Each athletic training student must maintain current certification in CPR for the PR. The Athletic Training Education Program offers CPR for the PR certification, and updates annually, or students can contact their local American Red Cross chapter.
5. Each athletic training student is covered by the university's liability insurance during clinical experiences associated with the ATEP. It is recommended that the student also carry their own malpractice liability insurance coverage.
6. You must always conduct yourself as a professional.
 - a. All athletic training students are expected to treat each other, the faculty and professional staff, as well as the patient with respect.
 - b. If there is a conflict, it should be dealt with privately and professionally.

- c. Do not bring personal problems to the classroom or clinical settings.
- d. Individuals associated with the ATEP (Students, faculty/staff, and ACI/CIs) should not speak poorly of each other, or the program to others not involved with the situation.
- e. Follow the 3 R's
 - 1. Respect for self
 - 2. Respect for others
 - 3. Responsibility for all your actions

Clinical Education Requirements

These rules apply for **ALL** clinical rotations associated with the ATEP.

1. Student will be informed to contact their ACI/CI (except physicians, they will be contacted by the CEC) prior to start of rotation to set a schedule for the entire rotation.
2. An athletic training student acting under the direct supervision of an ACI or CI may:
 - a. Provide all athletic training services that have been taught within a previous or concurrent academic course and have been evaluated by an ACI as proficient.
 - b. Write progress notes recording actions of care under the supervision of an ACI.
3. Attendance at clinical rotations:
 - a. The student is expected to respect the time commit the ACI/CI is making for the students clinical education.
 - b. You are responsible for all of your clinical rotation assignments.
 - i. If you cannot be at your clinical rotation at your scheduled time due to illness or family emergency, you must contact your ACI or CI prior to your assigned time. If possible, you should find another student of the same or higher level assigned to that rotation to fill in for you.
 - ii. If you would like to request an absence from your clinical rotation for any other reason, you must complete and submit the Request of Absence from Clinical Experience form (see appendix A).
 1. This form needs to be completed and submitted to the CEC at least 2-days prior to the start of your absence.
 2. If required by your ACI, you must find another student of the same or higher level assigned to that rotation to fill in for you.
 3. If you are unable to find a student to switch hours with you, you are expected to show up for your rotation (see demerit policy).
 - c. Use your time in the clinical setting as another learning situation.
 - i. If there is not much to do, use this time to practice your skills.
 - ii. Don't just put in the required amount of hours. Make it a quality experience.
4. Clinical Education Hours
 - a. All clinical hours must be directly supervised by an ACI or CI.
 - i. Students may be supervised by an ACI/CI other than the one the student has been assigned to if the assigned ACI/CI needs to be somewhere else (gym, Athletics office, meeting, etc) during the student's scheduled rotation time so long as the other ACI/CI has more than one-year experience as a health care professional.
 - b. Sophomores must obtain a minimum of 100 clinical hours per semester.

- c. Juniors and Seniors must obtain a minimum of 200 clinical hours in the fall semester and 150 clinical hours in the spring semester.
 - d. **The hour requirements listed above are only minimum hour requirements.** Students are to complete their clinical rotation.
 - e. Students are to be scheduled to an appropriate number of hours based on educational level to ensure a quality clinical education experience.
 - f. Juniors and seniors should be scheduled for approximately 20 hours per week.
 - g. Sophomores should be scheduled for approximately 10 hours per week.
 - h. Fluctuation in the number of hours completed each week is expected, however students are not to be utilized as a replacement for full-time staff.
 - i. Athletic Training Students are to be provided at least one day of a week from their clinical rotations.
 - j. It is the student's responsibility to accurately record their clinical experience hours on the timesheet everyday (see Appendix B).
 - i. Clinical hours must be signed on a daily basis by your ACI.
 - ii. It is the student's responsibility to take their hour sheet to their assigned ACI/CI at the end of the day's experience for review of the days activities and a signature.
 - k. It is the student's responsibility to turn their hour sheets in to the CEC on a weekly basis.
 - i. Hour sheets are due each Monday by 3:00 pm. **No exceptions!**
 - ii. Failure to turn in hour sheets on a weekly basis will result in those hours not counting toward your clinical experience grade.
 - l. The hours completed each week will be closely monitored by the PD and CEC.
 - i. If it seems that the student is committing too much time to the clinical aspect of their education, and not enough time to the academic portion the PD will speak to the student and their assigned ACI to determine a remedy to this problem.
 - ii. If the problem continues, each incident will be reviewed and a solution will be determined on a case-by-case basis.
 - m. Records of student's clinical hours will be maintained in the student's program folder in the Program Director's office.
5. Student rotations prior to start of the academic semester.
- a. Sophomores
 - i. Rotation starts at beginning of semester.
 - ii. Sophomore ATS may volunteer to report earlier than the beginning of the semester if they choose to do so. Make sure you contact the ACI you have been assigned to prior to reporting early.
 - b. Juniors and Seniors
 - i. Rotation begins at the start of the season for the sport the student's ACI is assigned to.
 - ii. Pre-semester hours **will not** be included as part of the student's clinical experience grade. These hours will be logged and kept on file for future need if necessary, i.e. license requirements in other states.

6. Background checks are required for general medical and all athletic training rotations associated with SMDC. An ATS who is convicted of any crime (with the exception of petty misdemeanors, misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs), or who becomes subject to any university disciplinary actions, may not be allowed to complete these required rotations. An inability to complete these rotations will lead to the student being dismissed from the program.

Athletic Training Students as First Responders

1. Students enrolled in the ATEP at UMD are not to serve as first responders during their clinical rotations.
2. The ATEP at UMD does not require, nor recognize, student experiences that are not conducted under the supervision of an ACI or CI.
3. If an outside entity hires an ATS to serve as a first responder, the programs blanket malpractice insurance policy does not cover the student in these situations.
4. It is the responsibility of the student to either obtain malpractice insurance coverage, or to ensure that liability coverage is provided by the hiring agency.
5. Athletic Training Students (ATS) hired as first responders are not to call or refer to themselves as an Athletic Trainer, Student Athletic Trainer, Athletic Training Student, ATS, SAT, AT, ATC, or Certified Athletic Trainer.
6. Students found to have violated point 5 above, will be immediately dismissed from the program.

Roles of the Clinical Instructor (ACI or CI)

1. Provide direct supervision of each athletic training student.
2. Accept all AT students assigned to his/her facility or sport without discrimination.
3. Assign responsibilities to AT students that are appropriate for their level in the program.
4. Assist each AT student by reviewing and critiquing the competencies designated to his/her academic level in the Athletic Training Education Program.
5. Refrain from giving AT students the answers and allowing them to become critical thinkers.
6. Assist each AT student in setting and obtaining personal goals throughout the clinical rotation.
7. Notify the CEC if you are taking vacation while a student is assigned to you so adjustments to the students rotation can be made if needed.

Clinical Evaluations

Athletic training student's general performance will be evaluated twice during each clinical rotation, at the mid-rotation and the end of the rotation. The athletic training student will also evaluate his/her ACI or CI twice during the clinical rotation and the clinical site once, at the end of the rotation. These evaluations constitute a portion of your clinical experience grade. It is your responsibility to schedule a time to meet with your ACI to discuss your clinical evaluations. Prior to the start of each sophomore year rotation, the student will meet with their ACI to complete a learning profile and goal setting/expectation form for the rotation. Students will keep the form in their clinical binder until the end of the rotation, at which time it will be reviewed by the student with the ACI. This form must be submitted to the CEC with the end of the rotation evaluation.

Dress Code

The ATEP at UMD is committed to preparing you for a future in allied health care. Part of this commitment involves professionalism. Professionalism is comprised of many portions, one of which is professional attire. The dress code for the ATEP is mandatory and must be followed at all times during your clinical education experience. Approved clinical instructors (ACIs) associated with the ATEP have the authority to enforce this policy by any means they see fit.

Appropriate attire includes:

1. Khaki pants/slacks
2. Khaki shorts
3. Dresses/skirts and blouses for women
4. Athletic training polo shirts
5. Long or short sleeved collared shirts
6. Ties for certain occasion for men
7. Closed toed shoes
8. Name tags may be required at certain off-campus clinical sites

Clinical Skill Assessment by Student Level Level I – Sophomore Fall Semester

Clinical Skill	Completed	Date Completed
Blood Borne Pathogens		
Anthropometric measurements - Blood pressure, pulse, body comp		
Anthropometric measurements - Limb length/girth, height, weight		
Body Temperature		
Wound Care		
Taping, wrapping - Foot, ankle		
Taping, wrapping - Knee, hip wrap, shoulder wrap		
Taping, wrapping - Wrist, thumb, elbow		
SOAP notes, HX		
Environmental Factors		
Protective Equipment		
- Helmet		
- shoulder pad fitting		
- mouth guards		
- ankle brace		
- knee brace		

Level II – Sophomore Spring Semester

Clinical Skill	Completed	Date Completed
Emergency Action plans		
Flexibility		
Goniometer Use		
Palpations - ALL		
Protective Equipment fitting		
Custom Taping Techniques		
CPR Review/Recertification		
Spine boarding/Splinting		
Communication Skills		
Ambulation Techniques		
Custom Padding/bracing		
Environmental Concerns		

Level III – Junior Fall Semester

Clinical Skill	Completed	Date Completed
Blood Borne Pathogens		
Postural assessment		
MMT – ALL		
Palpations – ALL		
Communication skills – Coaches		
Foot Evaluation		
Ankle Evaluation		
Knee Evaluation		
Hip Evaluation		
Low Back Evaluation		
Modalities - ALL		

Level IV – Junior Spring Semester

Clinical Skill	Completed	Date Completed
Shoulder Evaluation		
Elbow Evaluation		
Forearm/wrist/hand Evaluation		
Cervical Spine Evaluation		
Head/Concussion Evaluation		
CPR Review/Recertification		
Therapeutic Exercise Program development project		
Neurological Examination		

Level V – Senior Fall Semester

Clinical Skill	Completed	Date Complete
Blood Borne Pathogens		
Communication skills – MD, coach, etc		
Pharmacology/OTC/ Documentation		
Joint Mobilization techniques		
Lifting/spotting techniques		
Clinical Proficiency Assessments – SEE CP Manual		

Level VI – Senior Spring Semester

Clinical Skill	Completed	Date Completed
Nutritional Issues		
Abdominal Evaluation		
GM – Chem-strips, Glucometer, Otoscope, Auscultations, Peak Flow Meter, Epi-pen, Inhaler		
CPR review/Recertification		
Spine Boarding		
GM Conditions		
Clinical Proficiency Assessments – SEE CP Manual		

UMD Athletic Training Demerit Policy

Students not adhering the University of Minnesota Duluth ATEP Policies and Procedures can and will be assessed demerits based on the infraction by program faculty and ACI/CIs.

Reprimand Procedures

Demerit notices are used to provide a tool for documenting inappropriate behavior and subsequent discussions regarding the behavior.

1. Demerit notices must be completed within 3 weekdays of a violation and be given directly to the Program Director (PD) by the faculty or ACI/CI.
2. The PD will then meet with the student, and if necessary, the faculty member or ACI/CI.
3. The PD will make a final decision on the matter and inform the parties of his decision.
4. If a student feels he/she has been treated unfairly in this process, he/she can submit an appeal in writing to the PD within 5 days of the PDs decision. The PD will then follow the appeal process outlined previously.
5. Violations will be ranked:
 - a. Minor infractions – up to 3 demerits may be given
 - b. Moderate infractions – up to 8 demerits may be given
 - c. Severe infractions – up to 16 demerits may be given

Minor Infractions

Dress code violation

Tardiness

Unprofessional behavior (Cussing, cell phones, attitude, etc....)

Unexcused absence from meeting

Unexcused absence from clinical rotation assignment (practices)

Insubordination (at ACI discretion)

Moderate Infractions

Unexcused absence from clinical rotation assignment (games)

Insubordination (at ACI discretion)

Minor breach of medical confidentiality

NATA Code of Ethics violation

Academic Dishonesty (Lying, Cheating, Stealing, Plagiarism)

BOC Code of Professional Practice Violation

Major Breach of medical confidentiality

Severe Infractions

Harassment

Intoxicated during clinical rotations

Academic Dishonesty (Lying, Cheating, Stealing, Plagiarism)

BOC Code of Professional Practice Violation

Major Breach of medical confidentiality

The following disciplinary actions will be taken based on the number of demerits the ATS has received during their 3 years in the program. Students should be aware that these penalties are cumulative and that the actions will be repeated in each level if the student continues to receive demerits.

Level	Total number of Demerits	Disciplinary Action
I	1 -5	<ul style="list-style-type: none"> • No disciplinary action
II	6 – 10	<ul style="list-style-type: none"> • Community service project/disciplinary actions assigned by PD/CEC • Reduction of clinical experience hours by ½ for 30 academic calendar days*
III	11 – 15	<ul style="list-style-type: none"> • Community service project/disciplinary actions assigned by PD/CEC • Reduction of clinical experience hours by ½ for 60 academic calendar days* • ATS will not be able to select a senior sport, but will be assigned to the standard series of rotations by the CEC
IV	16	<ul style="list-style-type: none"> • Expulsion from program

* Reduction of clinical experience hours may lead to a reduction in clinical experience grade.

Appeal of Disciplinary Action

Students may appeal admissions decisions, transfer course equivalencies, retention decisions, or disciplinary actions by contacting the Program Director in writing within 48 hours after the incident being grieved occurred. The Program Director will confer with the HPER Department Head on the issue. The Department Head and PD will hear the student’s appeal and investigate the matter. The Program Director will notify the student of the decision in writing. If the student issue involves the PD, the HPER Department Head will hear the student’s appeal and determine a resolution to the issue. The Department Head will notify the student and the Program Director of his decision in writing. If the student does not feel the issue was handled appropriately, the student may seek remediation through the formal UMD appeal process. Information on the UMD student grievance process can be found in the university catalog.

Travel Policy

Athletic training student opportunities to travel with sports teams are determined by the ACI assigned to the team. Athletic Training Students do not travel without a certified athletic trainer who is also traveling with that athletic team. The ATEP will reimburse the athletics department at UMD for student expenses while traveling with athletic teams. Athletic Training Students traveling to athletic events with an ACI at an affiliated site will be reimbursed for travel expenses incurred by the student in accordance with HPER and CEHSP policies. Students must inform the PD prior to traveling with any clinical site to ensure that funding is available. Each student in the program is guaranteed a minimum of one travel opportunity during their three year clinical experience.

Off Campus Travel Policy

Students will have to provide their own transportation to off-site clinical rotations. You are responsible for all costs incurred during your travel off-campus. Students who drive to their rotations must have a valid drivers license and insurance. There is an assumption of risk by you and the other people in your vehicle if you carpool and an accident occurs.

Additional Financial Costs

Students accepted into the athletic training major will incur additional costs that include UMD athletic training clothing and a CPR mask. Khaki slacks, shorts and appropriate shoes and socks may also need to be purchased. In some instances, students are required to wear dress clothes as determined by the dress code of a particular sport team. Required supplies once admitted to the program include 3 UMD Athletic Training polo-shirts (1 white, 1 black, and 1 maroon) and an athletic training medical supply personal pack/kit is required. Senior Athletic Training students are required to either be a member of the NATA or to pay the \$60.00 access fee to utilize the ATrack system for clinical proficiency assessment. Senior Athletic Training Students will also need to purchase a stethoscope for their general medical rotation. Athletic Training Students are required to travel to professional meetings as described in the completion of program information. Costs vary by geographical location but involve travel, registration, housing, and food while attending meetings.

Athletic Training Student Health Care Policies

1. Athletic Training Student are to have either their own health/medical insurance, or may purchase one through the university.
2. All students are to complete a physical prior to admission to the clinical education portion of the ATEP.
3. Athletic Training Student's are required to provide proof of current vaccinations for HBV, MMR, Chickenpox, Adult Tdap, and current TB tests.
4. Through the physical examination, students must be able to demonstrate that they can perform the daily functions required of an athletic trainer.
5. Athletic Training Students are required to review and sign the technical standards document verifying that they are able to meet the demands of the athletic training profession.
6. Students not able to meet the technical standards for the athletic training education program may contact Student Services to determine if special accommodations can be provided.

Communicable Disease Policy

The following policy and procedures are designed to address appropriate notification and control of communicable diseases. This policy is designed to minimize risk to athletic training students, patients, the UMD campus community, and the Duluth and surrounding communities.

Any Athletic Training Student that is diagnosed with having a communicable disease must notify the Athletic Training Education Program Director (PD) and the UMD Health Services immediately. Once notified, the PD and the University Health Services will follow the UMD protocol for campus communicable disease outbreaks (UMD Health Services Policy and Procedure Manual). Information provided by the student will be directed to the appropriate officials (i.e. University Emergency Response Team, Minnesota Department of Health) if it is

determined there is a risk to others. The student's name will remain confidential when reporting the incident.

Students who acquire a communicable disease while engaging in clinical rotations are required to follow the guidelines given by his/her physician and the recommendations of the UMD Health Services. Students must notify their clinical supervisor (ACI or CI), PD, and the Clinical Education Coordinator (CEC) immediately.

Students may not participate in clinical rotations while they are affected by a communicable disease which may pose a threat to those they come into contact with. Students may return to clinical rotations once they are cleared by their treating physician, and they have notified the UMD Health Services, PD and CEC they have been cleared by their physician to return.

The following is a list of common communicable diseases. This list is not all inclusive:

Diseases preventable by vaccination

Diphtheria
Influenza
Measles
Mumps
Pertussis
Rubella

Sexually transmitted diseases

Chlamydia infections
Gonococcal infections
Syphilis

Viral hepatitis

Hepatitis A
Hepatitis B
Hepatitis C

Food- and water-borne diseases and diseases of environmental origin

Botulism
Cryptosporidiosis

Giardiasis
Infection with Enterohaemorrhagic *E.coli*
Leptospirosis
Listeriosis
Salmonellosis
Trichinosis

Air-borne diseases

Meningococcal disease
Pneumococcal infections
Tuberculosis

Zoonoses

Brucellosis
Echinococcosis

Serious imported diseases

Cholera
Malaria

SPECIAL HEALTH ISSUES

Nosocomial infections
Antimicrobial resistance

Assumption of Risk

In signing the Assumption of Risk form (See Appendix B), I understand that while I am participating in clinical rotations as part of my education in Athletic Training, there is an inherent risk of injury. I understand that such an injury can range from a minor injury to a major injury. Participation in your clinical rotation could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, or other chronic disabling conditions.

Student Employment Policy

The ATEP at the University of Minnesota Duluth does not prohibit students from holding outside jobs. Student's choosing to work outside their clinical assignments are required to work around the schedule of their clinical assignment. The student needs to be aware that the ATEP is a very time intensive educational program. If a student's job is interfering with their performance in either classroom or clinical assignments, it is the student's responsibility to address the problem.

Paid internship opportunities are not available for Athletic Training Students enrolled in the Athletic Training Education Program. Work-study opportunities are available in a variety of

areas at UMD. Students in a work-study program are held to the same standard as students seeking employment off-campus.

Extra-Curricular Participation Policy

Athletic Training Students are permitted to participate in varsity sports and other extra-curricular activities only during their freshman year. Students are required to complete 6 semesters of clinical rotations during their enrollment in the ATEP. Participation in sports, band, cheer squads, etc after the students freshman year will make it impossible for the student to complete the required clinical experiences in a timely manner. Students wishing to compete in their sport all four years, and still gain a degree in athletic training will need to change undergraduate majors to an area that they can complete prerequisite courses for an entry level graduate program in athletic training. Please see the program director if you have questions regarding entry level master degree programs in athletic training.

Confidentiality

Athletic Training Students have access to private information, including medical and personal information. Athletes' records must remain in the ATR at all times. All ATS's must sign the confidentiality agreement at the beginning of each year. Violation of this policy is subject to the program's demerit policy.

Liability Insurance

The ATEP at UMD provides a blanket liability insurance policy for students during their clinical rotation. It is highly recommended that **ALL** Athletic Training Students purchase personal liability insurance each year in the AT Program. Estimated cost ~\$30 per year. Please see the following website and attached document for more information. www.hpsso.com/natanews6

LIGHTENING SAFETY PROCEDURES

Rational:

On average, lightening kills approximately 100 people each year in this country, while hundreds more are injured. In addition, lightning imposes an enormous and widespread threats to the athletic population, due in part to the prevalence of thunderstorms in the afternoon to early evening during the late spring and early fall.

Guidelines:

- 1) Certified Athletic Trainer responsible for that sport will decide when to suspend play.
- 2) The athletic trainer covering the practice or competition will be designated as the weather watcher. (This person will actively look for the signs of threatening weather and notify the coaches when the weather becomes dangerous).
- 3) When the athletic trainer believes threatening weather is a possibility he will check local radar via the internet prior to practice. He is also responsible for calling the national weather service and receiving the latest on watches and warning for dangerous weather in the area.
- 4) UMD will use the *Flash-to-Bang count to determine what is appropriately safe for play. If the **flash-to-bang count is less than 30** the Athletic Trainer will notify the head coach that it is not safe to continue outdoor activity and he will suspend practice.

- 5) The Sports and Health Center adjacent to Griggs field and practice fields will be designated the safe shelter for football, soccer, baseball, tennis, and track. Griggs hall adjacent to the softball field will serve as softballs safe shelter. If the athletic trainer decides to suspend play all players and staff will go inside that facility.
- 6) Once activities have been suspended, we will wait at least thirty minutes following the last sound of thunder or lightning flashes prior to resuming outdoor activities.

*To use the flash-to-bang method, the observer begins counting when a lightning flash is sighted. Counting is stopped when the associated bang (thunder) is heard. Divide this count by 5 to determine the distance to the lightening flash (in miles).

Blood-borne Pathogens

Blood –borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood borne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact (heterosexual and homosexual), direct contact with infected blood or blood components, and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV or Hepatitis C.

The emphasis for the student-athlete and the athletics health-care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

Hepatitis B Virus

HBV is a blood-borne pathogen that can cause infection of the liver. Many of those infected will have no symptoms or a mild flu-like illness. One-third will have severe hepatitis, which will cause the death of one percent of that group. Approximately 300,000 cases of acute HBV infection occur in the United States every year, mostly in adults

Five to 10 percent of acutely infected adults become chronically infected with the virus (HBV carriers). Currently in the United States there are approximately one million chronic carriers. Chronic complications of HBV infection include cirrhosis of the liver and liver cancer. Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure. The incidence of HBV in student athletes is presumably low, but those participating in risky behavior

off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

HIV (AIDS Virus)

The Acquired Immunodeficiency Syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop manifestations of HIV disease (i.e., AIDS). Some experts believe virtually all persons infected with HIV eventually will develop AIDS and that AIDS is uniformly fatal. In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately, 14 percent of all new HIV infections occur in persons aged between 12-24 years. The risk of infection is Blood-Borne Pathogens and Intercollegiate Athletics increased by having unprotected sexual intercourse, as well as the sharing of IV needles in any form. Like HBV, there is evidence that suggests that HIV has been transmitted in household-contact settings without sexual contact or IV needle sharing among those household contacts^{5, 6}. Similar to HBV, these rare instances probably occurred through unrecognized wound or mucous membrane exposure.

Comparison of HBV/HIV

Hepatitis B is a much more “sturdy/durable” virus than HIV and is much more concentrated in blood. HBV has a much more likely transmission with exposure to infected blood; particularly parenteral (needle- stick) exposure, but also exposure to open wounds and mucous membranes. There has been one well-documented case of transmission of HBV in the athletics setting, among sumo wrestlers in Japan. There are no validated cases of HIV transmission in the athletics setting. The risk of transmission for either HBV or HIV on the field is considered minimal; however, most experts agree that the specific epidemiologic and biologic characteristics of the HBV virus make it a realistic concern for transmission in sports with sustained close physical contact, such as wrestling. HBV is considered to have a potentially higher risk of transmission than HIV.

Testing of Student-Athletes

Routine mandatory testing of student-athletes for either HBV or HIV for participation purposes is not recommended. Individuals who desire voluntary testing based on personal reasons and risk factors, however, should be assisted in obtaining such services by appropriate campus or public-health officials. Student-athletes who engage in high-risk behavior are encouraged to seek counseling and testing. Knowledge of one’s HBV and HIV infection is helpful for a variety of reasons, including the availability of potentially effective therapy for asymptomatic patients, as well as modification of behavior, which can prevent transmission of the virus to others. Appropriate counseling regarding exercise and sports participation also can be accomplished.

Participation by the Student-Athlete with Hepatitis B (HBV) Infection

Individual's Health—In general, acute HBV should be viewed just as other viral infections. Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier (acute or chronic) without evidence of organ impairment.

Therefore, the simple presence of HBV infection does not mandate removal from play.

Disease Transmission—The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained close body contact. Within the NCAA, wrestling is the sport that best fits this description. The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following recommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage). Student-athletes in such sports who develop chronic HBV infections (especially those who are antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

Participation of the Student-Athlete with HIV

Individual's Health—In general, the decision to allow an HIV positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual's health status. If the student athlete is asymptomatic and without evidence of deficiencies in immunologic function, then the presence of HIV infection in and of itself does not mandate removal from play. The team physician must be knowledgeable in the issues surrounding the management of HIV infected student-athletes. HIV must be recognized as a potentially chronic disease, frequently affording the affected individual many years of excellent health and productive life during its natural history. During this period of preserved health, the team physician may be involved in a series of complex issues surrounding the advisability of continued exercise and athletics competition. The decision to advise continued athletics competition should involve the student-athlete, the student-athlete's personal physician and the team physician. Variables to be considered in reaching the decision include the student-athlete's current state of health and the status of his/her HIV infection, the nature and intensity of his/her training, and potential contribution of stress from athletics competition to deterioration of his/her health status. There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV infected individuals. What little data that exists on the effects of intense training on the HIV-infected individual demonstrates no evidence of health risk. However, there is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student athlete.

Disease Transmission—Concerns of transmission in athletics revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV). There have been no validated reports of transmission of HIV in the athletics setting. Therefore, there is no recommended restriction of

student- athletes merely because they are infected with HIV, although one court has upheld the exclusion of an HIV-positive athlete from the contact sport of karate.

Administrative Issues

The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected student- athlete chooses to confide have a right to know about this aspect of the student-athletes medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student-athlete chooses to make the fact public.

Athletics Health-Care Responsibilities

The following recommendations are designed to further minimize risk of blood-borne pathogens and other potentially infectious organisms transmission in the context of athletics events and to provide treatment guidelines for caregivers. In the past, these guidelines were referred to as “Universal (blood and body fluid) Precautions.” Over time, the recognition of “Body Substance Isolation,” or that infectious diseases may also be transmitted from moist body substances, has led to a blending of terms now referred to as “Standard Precautions.” Standard precautions, applies to blood, body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood. These guidelines, originally developed for health-care, have additions or modifications relevant to athletics. They are divided into two sections; the care of the student-athlete, and cleaning and disinfection of environmental surfaces.

Care of the Athlete:

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid, and standard precautions.
2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include: Personal Protective Equipment (PPE) [minimal protection includes gloves; goggles, mask, fluid resistant gown if chance of splash or splatter]; antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled “sharps” container for disposal of needles, syringes, scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.
3. Pre-event preparation includes proper care for wounds, abrasions, or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. 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 areas 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.
4. 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 or scalpels.

5. 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 skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change their uniform before return to participation.

6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.

7. Personnel managing an acute blood exposure must follow the guidelines for universal precaution. Gloves and other PPE if necessary should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.

8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobials wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student-athletes.

9. Any needles, syringes, or scalpels should be carefully disposed of in an appropriately labeled “sharps” container. Medical equipment, bandages, dressings, and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot water at temperatures of 71°C (160°F) for 25 minutes cycles may be used.

Care of Environmental Surfaces:

1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.

2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include: Disposable gloves (PPE) [goggles, mask, fluid resistant gown if chance of splash or splatter]; supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol, properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:10 bleach/water ratio).

3. Put on disposable gloves.

4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)

5. Spray the surface with a properly diluted chemical germicide used according to manufacturer's label recommendations for disinfection, and wipe clean. Place soiled towels in waste receptacle.

6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:10, and follow manufacturer's label directions for disinfection; wipe clean. Place towels in waste receptacle.

7. Remove gloves and wash hands.

8. Dispose of waste according to facility protocol.

Exposure Procedure:

In the event of an exposure to blood, the ATEP communicable disease policy is to be followed..

Appendix A

University of Minnesota Duluth
Athletic Training Education Program
Request of Absence from Clinical Experience

I, _____ (print name), am requesting advance approval for absence from my assigned clinical experience on the dates and times as listed below. I have received approval from my clinical instructor, and in anticipation of my absence I have suggested a replacement if needed to complete my responsibilities/duties while I am gone.

Date Submitted: _____ (mm/dd/yyyy)

From: _____
(time, date)

To: _____
(time, date)

Assigned Clinical Experience (including specific schedule for event(s), practice(s), treatments, etc. that you are responsible for.):

Possible Replacement(s) (if needed, must be a student on same clinical rotation):

Reason for Absence:

Requesting ATS signature _____ Date _____

ACI/CI Signature _____ Date _____

Replacement Signature (if applicable) _____ Date _____

CEC Signature _____ Approval Date _____

**University of Minnesota Duluth
Athletic Training Education Program**

ASSUMPTION OF RISK

I understand that while I am participating in clinical rotations as part of my education in Athletic Training, there is an inherent risk of injury. I understand that such an injury can range from a minor injury to a major injury. Participation in your clinical rotation could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, or other chronic disabling conditions.

I hereby accept and assume the risk of injury and understand the possible consequences of such injury.

Print your Name

Student Signature

Date

Parent/Guardian Signature
(if student is under the age of 18)

Date

**University of Minnesota Duluth
Athletic Training Education Program
Policies & Procedures Manual**

I _____, have read, understand and agree to abide by the information in the UMD Athletic Training Room Policies & Procedures Manual. I am aware of the repercussions that accompany any violations.

ATS: _____ Date: _____