

**SOUTHEASTERN LOUISIANA UNIVERSITY**  
**DEPARTMENT OF KINESIOLOGY & HEALTH STUDIES**  
**ATHLETIC TRAINING EDUCATION PROGRAM**



**ATHLETIC TRAINING STUDENT**  
**HANDBOOK**  
**ACADEMIC YEAR**  
**2007-2008**

Revised: Fall 2007

Joshua B. Yellen, MA, ATC, LAT

**NOW IS THE LAW OF THE JUNGLE**  
**AS OLD AND TRUE AS THE SKY**  
**FOR THE LION THAT KEEPS IT WILL PROSPER**  
**BUT THE LION THAT BREAKS IT WILL DIE**  
**AS THE WIND HOWLS THROUGH THE LAND**  
**THE LAW SWINGS SIDE TO SIDE**  
**FOR THE STRENGTH OF THE PRIDE IS THE LION**  
**AND THE STRENGTH OF THE LION IS THE PRIDE**

## **7 Habits of Highly Effective People**

By:  
Stephen R. Covey

### **Habit 1: Be Proactive:**

This is the ability to control one's environment, rather than have it control you, as so often is the case. Self determination, choice, and the power to decide response to stimulus, conditions and circumstances.

### **Habit 2: Begin With The End In Mind:**

This is called the habit of personal leadership- leading oneself that is, towards what you consider your aims. By developing the habit of concentrating on relevant activities you will build a platform to avoid distractions and become more productive and successful.

### **Habit 3: Put First Things First:**

This is the habit of personal management. This is about organizing and implementing activities in line with the aims established in habit 2. Habit 2 is the first, or mental creation; Habit 3 is the second or physical creation.

### **Habit 4: Think Win-Win:**

This is the habit of interpersonal leadership, necessary because achievements are largely dependent on cooperative efforts with others. Win-Win is based on the assumption that there is plenty for everyone, and that success follows a cooperative approach more naturally than the confrontation approach of win-or-lose.

### **Habit 5: Seek First To Understand, Then To Be Understood:**

One of the great maxims of the modern age. This is the habit of communication, and it's extremely powerful. Diagnose the problem before you prescribe the solution. Simple and effective, and essential for developing and maintaining positive relationships in all aspects of life.

### **Habit 6: Synergize:**

This is the habit of creative cooperation. The principle is that the whole is greater than the sum of its parts, which implicitly lays down the challenge to see the good and potential in the others person's contribution.

### **Habit 7: Sharpen The Saw:**

This is the habit of self renewal and it necessarily surrounds all the other habits, enabling and encouraging them to happen and grow. The self can be interpreted into four parts, all of which need feeding and developing. These parts are: Spiritual, Mental, Physical and Social/ Emotional.

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**SOUTHEASTERN LOUISIANA UNIVERSITY**

**MISSION STATEMENT**

The mission of Southeastern Louisiana University is to lead the educational, economic and cultural development of Southeast Louisiana.

**SOUTHEASTERN LOUISIANA UNIVERSITY**

**ATHLETIC TRAINING EDUCATION PROGRAM**

**MISSION STATEMENT**

In support of Southeastern Louisiana University's mission, The Athletic Training Education Program's mission is to provide a comprehensive, progressive, educational and clinical foundation to prepare the graduate for a career in Athletic Training. As a result of the Athletic Training Student's exposure to, as well as the participation in, the didactic and clinical education program, each Athletic Training Student shall develop competency in the following domains of Athletic Training:

- Assessment & Evaluation of Injury and Illness
- Acute Care of Injury and Illness
- General Medical Conditions & Disabilities
- Pathology of Injury and Illness
- Pharmacological Aspects of Injury and Illness
- Nutritional Aspects of Injury and Illness
- Therapeutic Exercise
- Therapeutic Modalities
- Risk Management & Injury Prevention
- Health Care Administration
- Professional Development & Responsibilities
- Psychosocial Intervention & Referral

**This preparation, along with successfully passing of the Board of Certification (BOC) examination and meeting the appropriate state requirements will qualify graduates for entry-level careers in Athletic Training.**

## **CERTIFIED ATHLETIC TRAINER (ATC)**

BOC Certified Athletic Trainers (ATC) are medical professionals who are experts in injury prevention, assessment, treatment and rehabilitation in orthopedic and musculoskeletal disciplines. As a part of a complete health care team, the certified athletic trainer works under the direction of a licensed physician (MD or DO) and in cooperation with other health care professionals and administrators.

Certified Athletic Trainers (ATC) have been recognized by the American Medical Association (AMA) as an allied health care profession since 1990.

## **ATHLETIC TRAINING PRACTICE DOMAINS**

- Prevention
- Clinical Evaluation & Diagnosis
- Immediate Care
- Treatment, Rehabilitation & Reconditioning
- Organization & Administration
- Professional Responsibility

**ATHLETIC TRAINING EDUCATION PROGRAM  
FACULTY LISTING**

**Karen Lew, MEd, ATC, LAT**

Program Director  
Clinical Instructor Educator/  
Approved Clinical Instructor  
Member of ATEP: 1998

Education:

MEd, Human Performance  
University of Louisiana at Monroe, 1997  
BS, Health & Physical Education  
University of New Orleans, 1996

Clinical Progression Courses in the ATEP:

ATHT 333      ATHT 400  
ATLB 366      ATLB 405  
ATHT 367      ATHT 415

**Cary Berthelot, MA, ATC, LAT**

Instructor/ Athletic Trainer  
Approved Clinical Instructor  
Member of ATEP: 2001

Education:

MA, Health & Kinesiology  
Southeastern Louisiana University, 1999  
BA, Kinesiology/ Athletic Training  
Southeastern Louisiana University, 1997  
AA, General Studies  
Crowder College, 1994

Clinical Progression Courses Taught in the ATEP:

ATLB 358      ATLB 470  
ATHT 363      ATHT 471  
ATHT 415

**Christina Merckx, PhD, ATC**

Assistant Professor  
Approved Clinical Instructor  
Member of ATEP: 2005

Education:

PhD, Human Performance/ Admin & Instruction  
University of Southern Mississippi, 2003  
MA, Kinesiology/ Sports Management  
Northern Colorado University, 1993  
BS, Kinesiology/ Athletic Training  
Anderson University, 1992

**Josh Yellen, MA, ATC, LAT**

Clinical Coordinator  
Clinical Instructor Educator/  
Approved Clinical Instructor  
Member of ATEP: 2004

Education:

MA, Kinesiology  
California State University, Long Beach, 2004  
BS, Kinesiology/ Athletic Training  
California State University, Northridge, 1999

Clinical Progression Courses Taught in ATEP:

ATHT 241      ATLB 320      ATLB 420  
ATLB 244      ATLB 370  
ATLB 305      ATHT 371

**Tracie Parish, PhD, ATC**

Assistant Professor  
Approved Clinical Instructor  
Member of ATEP: 2007

Education:

PhD, Exercise Physiology  
Louisiana State University, 2006  
MEd, School Psychometry  
Mississippi College, 1997  
BS, Human Performance/ Athletic Training  
University of Southern Mississippi, 1994

Clinical Progression Courses Taught in ATEP:

ATHT 203      ATHT 315      ATHT 469  
ATLB 209      ATLB 320  
ATHT 300      ATLB 468

**Robert Peltier, MD**

Lecturer  
Member of ATEP: 2003

Education:

Residency, Internal Medicine  
Louisiana State University, Baton Rouge, 1998  
MD, Louisiana State University, New Orleans, 1995  
BS, Zoology  
Louisiana State University, Baton Rouge, 1991



Clinical Progression Courses Taught in the ATEP:  
ATHT 462

Clinical Progression Courses Taught in the ATEP  
ATHT 455      ATHT 466

**ATHLETIC TRAINING EDUCATION PROGRAM  
CLINICAL STAFF LISTING**

**Tony Trombetta, MA, ATC, LAT**

Assistant Athletic Director, Sports Medicine  
Head Athletic Trainer/  
Approved Clinical Instructor  
Member of ATEP: 2006

Education:

MA, Exercise & Sports Science  
UNC, Chapel Hill, 2001  
BS, Movement Science/ Athletic Training  
University of Pittsburg, 1998

Clinical Progression Courses Taught in the ATEP:

ATLB 420

**Laura Shelton, MA, ATC**

Assistant Athletic Trainer/  
Approved Clinical Instructor  
Member of ATEP: 2007

Education:

MA, Kinesiology & Health Studies  
Southeastern Louisiana University, 2007  
BS, Athletic Training  
Valdosta State University, 2005

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Assistant Athletic Trainer/  
Approved Clinical Instructor  
Member of ATEP: 2006

Education:

MA, Exercise & Sports Science  
UNC, Chapel Hill, 2006  
BA, Exercise & Sports Science/  
Athletic Training  
UNC, Chapel Hill, 2004

Clinical Progression Courses Taught in ATEP

ATHT 300      ATHT 315

**Meghan Campbell, MS, ATC**

Assistant Athletic Trainer/  
Approved Clinical Instructor  
Member of ATEP: 2007

Education:

MS, Sports Administration  
Mississippi State University, 2007  
BS, Athletic Training  
East Carolina University, 2004

**ATHLETIC TRAINING EDUCATION PROGRAM  
GRADUATE ASSISTANTS**

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Graduate Assistant/  
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Education:

BS, Athletic Training  
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BS, Athletic Training  
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BS, Athletic Training  
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# ATHLETIC TRAINING EDUCATION PROGRAM

## CONTRIBUTORS

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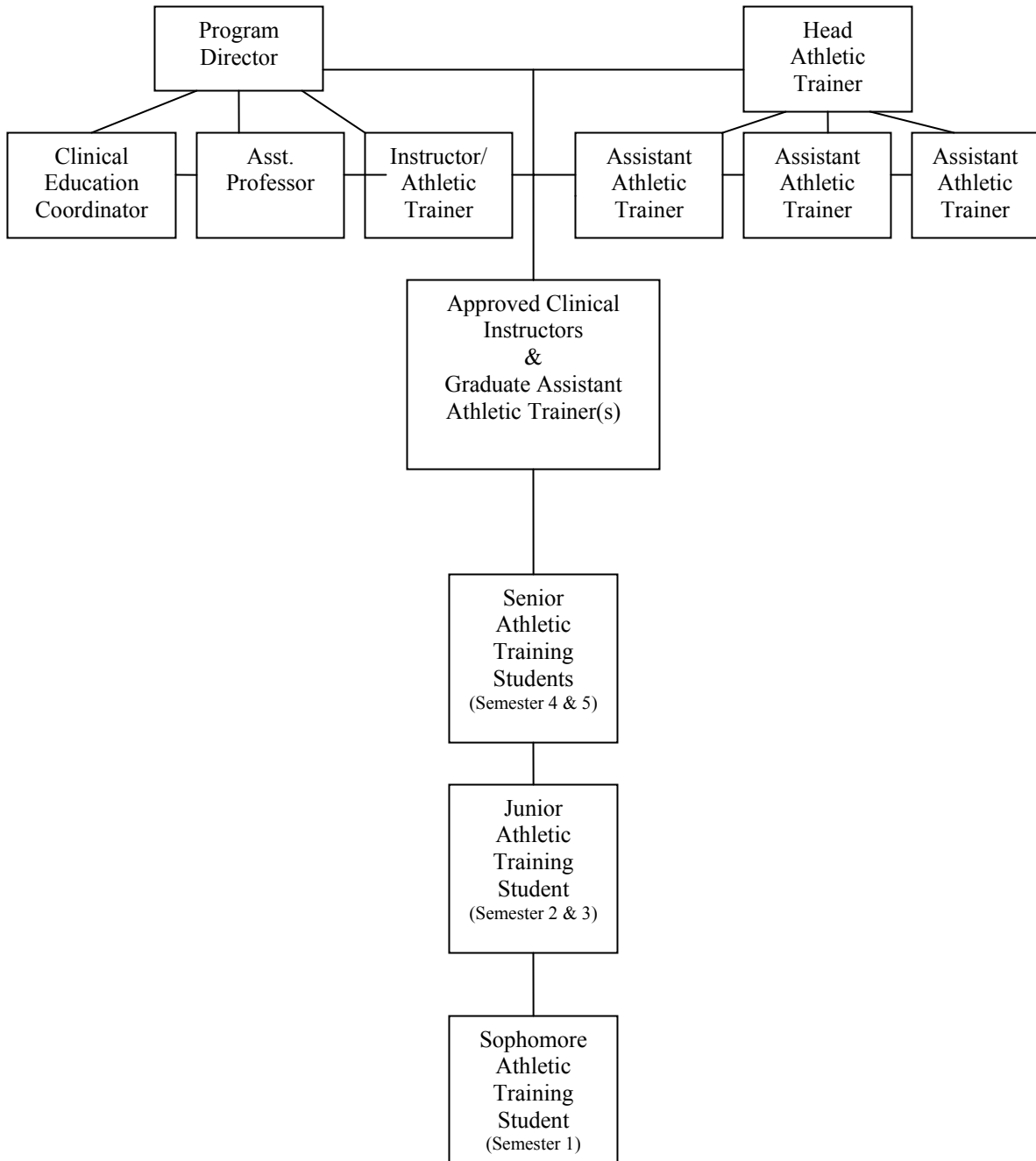
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Health Center  
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**ATHLETIC TRAINING EDUCATION PROGRAM**

**ADMINISTRATIVE FLOW CHART**



## **ATHLETIC TRAINING EDUCATION PROGRAM**

### **EDUCATIONAL OBJECTIVES**

The following are the educational objectives for the Athletic Training Education Program at Southeastern Louisiana University.

1. To prepare graduates who can effectively recognize the importance of and demonstrate the ability to plan and implement a comprehensive risk management plan that is adapted to a variety of health care settings for the physically active population.
2. To prepare graduates who can effectively recognize the clinical signs and symptoms of injuries and illness and systematically perform an evaluation and assessment of that injury or illness. The graduate shall then be able to incorporate personal, empirical and ethical dimensions in making decisions on an appropriate course of action for the physically active individual.
3. To prepare graduates who can effectively demonstrate confidence in their ability to perform standard measures of acute health care and develop sound emergency actions plans for a variety of health care settings for the physically active population.
4. To prepare graduates who can effectively plan and implement an appropriate treatment, rehabilitation and/ or reconditioning program with consideration of the psycho-social, community, family and health care support systems for the physically active individual.
5. To prepare graduates who can effectively manage finances, personnel, facilities and information based on policies and procedures for a variety of athletic health care settings for the physically active population.
6. To prepare graduates who can effectively maintain competence in the most recent educational and regulatory issues in the profession of Athletic Training.
7. To prepare graduates who demonstrate the positive qualities of an individual that is described in the Athletic Training Education Program Behavioral Standards.

## **OUTLINE OF CLINICAL PROGRESSION**

### **Clinical Progression- Semester 1 (Foundations)**

In the first clinical semester, Athletic Training Students (ATS) will not be assigned to any one Approved Clinical Instructor (ACI). The ATS will engage in Directed Observation (150 hours) which will allow him/ her to become familiar with a number of different competencies and requirements that are associated with the profession of Athletic Training.

### **Semester 1- Clinical Progression Courses:**

**Foundations of Athletic Training (ATHT 203/ ATLB 209).** This course will allow the ATS to learn the primary concepts and principles of the injury response process emphasizing the centrality of critical thinking to clinical reasoning. The ATS will be guided in the application of theory to clinical practice, focusing on the development of the cognitive, psychomotor, communicative skills of therapeutic interventions as applied to the healthcare of the physically active individual.

**Emergency Health Care for the Athletic Trainer (ATHT 241/ ATLB 244).** This course will provide the ATS with the knowledge necessary to help sustain life, reduce pain, and minimize the consequences of sudden injury and illnesses of the physically active individual

*The following courses are recommended to take during the 1<sup>st</sup> semester in clinical progressions. These courses are not Athletic Training Clinical Progression courses, but are required for the fulfillment of the degree of a Bachelor of Science in Athletic Training at Southeastern Louisiana University.*

*KIN 372 -Biomechanics*

*KIN 392 – Exercise Physiology (Lecture and Lab)*



## **Semester 2- Clinical Progression Courses**

The ATS will begin his/ her first clinical assignment with established competencies from the first clinical progression semester. The ATS will be required to obtain between 225-300 Clinical Education Hours under the direct supervision of an assigned ACI.

**Sports Injury Management I & Clinical Competency Lab I (ATHT 363/ ATLB 358).** During this semester students will develop the necessary skills and competencies to learn how to prevent injuries to the foot, ankle and lower leg as well as developing the necessary skills and competencies to conduct a full assessment and evaluation of the foot, ankle and lower leg. The ATS will also develop the necessary skill and competencies to be proficient in developing a rehabilitation program for this region of the body.

**Therapeutic Modalities (ATHT 371/ ATLB 370).** Students will become proficient and will be able to demonstrate competencies in infrared modalities, ultrasound, diathermy, electrical stimulating currents, low powered lasers, principles of traction, therapeutic massage and intermittent compression devices.

**Field Experiences in Athletic Training I (ATHT 300).** The ATS will be required practice under the direct supervision of the ACI for a minimum of 225 hours per semester. Particular emphasis will be placed on exposure to upper and lower extremity sports.

**Clinical Integration Lab I (ATLB 305).** The ATS will continue to develop their clinical reasoning abilities and athletic training clinical proficiencies in a simulated lab environment.

*The following courses are recommended to take during the 2<sup>nd</sup> semester in clinical progressions. These courses are not Athletic Training Clinical Progression courses, but are required for the fulfillment of the degree of a Bachelor of Science in Athletic Training at Southeastern Louisiana University.*

*FCS 342 – Nutrition*

### **Semester 3 – Clinical Progression Courses**

The ATS will begin his/ her second clinical assignment with established competencies from the first and second clinical progression semesters. The ATS will be required to obtain between 225-300 Clinical Education Hours under the direct supervision of an assigned ACI.

**Field Experiences in Athletic Training II (ATHT 315).** This course will allow the ATS the opportunity to practice and apply the athletic training clinical proficiencies under the supervision of an Approved Clinical Instructor (ACI) for a minimum of 225 hours per semester. Particular emphasis will be placed on upper and lower extremity sports.

**Clinical Integration Lab II (ATLB 320).** The ATS will continue to develop their clinical reasoning abilities and athletic training clinical proficiencies in a simulated lab environment.

**Sports Injury Management II & Clinical Competency Lab II (ATHT 367/ ATLB 366).** These courses will provide the ATS with a systematic examination of the fundamental principles and concepts of athletic training including developing skills and knowledge in the areas of prevention, assessment and rehabilitation of athletic injuries to the knee, thigh, hip and pelvis. The ATS will also have guided application of theory to clinical practice in the areas of prevention, assessment and rehabilitation of athletic injuries to the knee, thigh, hip and pelvis.

**Rehabilitation and Psychosocial Intervention of Athletic Injuries (ATHT 333).** This course will investigate the current psychosocial and socio-cultural issues in athletic training and sports medicine and the role of the athletic trainer in the intervention, referral and rehabilitation process. Development of a complete rehabilitation process for a variety of populations following injury/ surgery. This course will focus on the use of common therapeutic exercise equipment and manual techniques.

**Strength Development and Conditioning Program (KIN 326).** This course will give the ATS instruction in the basic physiological adaptations to strength and speed development, exercise prescription and testing for athletes as well as facility design and safety

The following courses are recommended to take during the 3<sup>rd</sup> semester in clinical progressions. These courses are not Athletic Training Clinical Progression courses, but are required for the fulfillment of the degree of a Bachelor of Science in Athletic Training at Southeastern Louisiana University.

KIN 321- Motor Learning

#### **Semester 4- Clinical Progression Courses**

The ATS will begin his/ her third clinical assignment with established competencies from the first, second and third clinical progression semesters. The ATS will be required to obtain between 225-300 Clinical Education Hours under the direct supervision of an assigned ACI.

**Field Experiences in Athletic Training III (ATHT 400).** This course will provide the ATS with opportunity to practice and apply the athletic training clinical proficiencies under the supervision of an Approved Clinical Instructor for a minimum of 225 hours per semester. Particular emphasis will be placed on upper and lower extremity sports.

**Clinical Integration Lab III (ATLB 405).** This course will allow the ATS to continue to develop their clinical reasoning abilities and athletic training clinical proficiencies in a simulated lab environment.

**Medical Aspects of Sports Related Injuries and Illnesses I (ATHT 455).** This course will focus on the identification and treatment of medical conditions of the respiratory, gastrointestinal, cardiovascular, and integumentary system associated with the physically active individual. Emphasis will be placed on the role the Certified Athletic Trainer has in the assessment and treatment of these conditions as directed by the team physician.

**Administration of Athletic Training Programs (ATHT 462).** This course is designed to provide the ATS with competencies needed to plan, coordinate and supervise administrative components of an athletic training organization including those pertaining to health care, financial, personnel and facilities management as well as public relations.

**Sports Injury Management III & Clinical Competency Lab III (ATHT 469/ ATLB 468).** This course will provide the ATS with the systematic examination of the fundamental principles and concepts of athletic training, including developing skills and knowledge in the prevention, assessment and rehabilitation of athletic injuries to the hand, wrist, forearm, elbow, upper arm and shoulder. The ATS will also have guided application of theory to clinical practice in the prevention, assessment and rehabilitation of athletic injuries to the hand, wrist, forearm, elbow, upper arm and shoulder.

## **Semester 5- Clinical Progression Courses**

The ATS will begin his/ her fourth clinical assignment with established competencies from the first, second, third and fourth clinical progression semesters. The ATS will be required to obtain 175 clinical education hours from an assigned ACI and from an assigned medical rotation.

**Field Experiences in Athletic Training IV (ATHT 415).** This course will provide the ATS with the opportunity to practice and apply 225 hours per semester. Particular emphasis will be placed on the ATS obtaining experiences in a medical clinic.

**Clinical Integration Lab IV (ATLB 420).** The ATS will continue to develop their clinical reasoning abilities and athletic training clinical proficiencies in a simulated lab environment.

**Medical Aspects of Sports Related Injuries and Illnesses II (ATHT 466).** This course will focus on the identification and treatment of medical conditions associated with the nervous, urinary, endocrine and reproductive systems associated with the physically active individual. Particular emphasis will be placed on the role the Certified Athletic Trainer has in the assessment and treatment of these conditions as directed by the team physician.

**Sports Injury Management IV & Clinical Competency Lab IV (ATHT 471/ ATLB 470).** This course will provide the ATS with the systematic examination of the fundamental principles and concepts of athletic training. The ATS will develop the knowledge and skills in the prevention of, assessment and rehabilitation of athletic injuries to the spine. The ATS will also have guided application of theory to clinical practice in the prevention, assessment, rehabilitation of injuries to the spine.

The following courses are recommended to take during the 5<sup>th</sup> semester in clinical progressions. These courses are not Athletic Training Clinical Progression courses, but are required for the fulfillment of the degree of a Bachelor of Science in Athletic Training at Southeastern Louisiana University.

KIN 436- Sport Psychology

Elective(s) – 3 hours

***Total semester hours required: 127-130***

## FLOW CHART OF CLINICAL PROGRESSION COURSE WORK

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Spring</b>	<b>Fall</b>	<b>Spring</b>	<b>Fall</b>	<b>Spring</b>
* ATHT 203 * ATLB 209	* ATHT 358 * ATLB 363	* ATHT 315	* ATHT 400	* ATHT 415
* ATHT 241 * ATLB 244	* ATHT 371 * ATLB 370	* ATLB 320	* ATLB 405	* ATLB 420
+ <i>KIN 372</i>	+ <i>FCS 342</i>	* ATHT 367 * ATLB 366	* ATHT 455	* ATHT 466
+ <i>KIN 392</i>	* ATHT 300	* ATHT 333	* ATHT 462	* ATHT 471 * ATLB 470
	* ATLB 305	* KIN 326	* ATHT 469 * ATLB 468	+ <i>KIN 436</i>
		+ <i>KIN 321</i>		+ <i>KIN Elective</i> <i>(3 units)</i>

- **\* Clinical Progression Course:** Clinical progression courses will be graded on a 7-point scale. A grade of a “C” (≥ 77%) or better will be required in each class.
- **+ Non-Clinical Progression courses** that are needed to fulfill the requirements of a Bachelor of Science in Athletic Training at Southeastern Louisiana University. A grade of a “C” or better must be earned to be counted towards the degree.
- **NURS 233: Introduction to Pharmacology** is recommended to take in the Fall of the students 3<sup>rd</sup> semester of undergraduate studies. Both ZOO 250/252 and ZOO 251/253 are prerequisites to enter into the NURS 233.
- **Failure to meet the academic requirements and standards for each clinical progression course as well as departmental courses** that are needed to fulfill the requirements of a Bachelor of Science degree in Athletic Training will result in disciplinary action and possible dismissal from the Athletic Training Education Program.

<p>Semester 1 (Spring)</p> <p>ATLB 209-Foundations Lab</p>	<p>Directed Observation &amp; Clinical Labs</p> <p><b>Required Hrs: 150</b></p>
<p>Semester 2 (Fall)</p> <p>ATHT 300</p>	<p>Field Experience Emphasis on Lower Extremity</p> <p><b>Required Hrs: 225-300</b></p>
<p>Semester 3 (Spring)</p> <p>ATHT 315</p>	<p>Field Experience Emphasis on Upper &amp; Lower Extremity</p> <p><b>Required Hrs: 225-300</b></p>
<p>Semester 4 (Fall)</p> <p>ATHT 400</p>	<p>Field Experience Emphasis on Equipment Intensive Sports &amp; Medical Rotations</p> <p><b>Required Hrs: 225-300</b></p>
<p>Semester 5 (Spring)</p> <p>ATHT 415</p>	<p>Field Experiences Equipment Intensive Sports &amp; Medical Rotations</p> <p><b>Required Hrs: 175</b></p>

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The ATS will be required to complete between 1,000 and 1,200 of clinical education hours to successfully complete the Athletic Training Education Program. Failure to complete the required hours each semester or total hours for the program will result in disciplinary action and possible dismissal from the Athletic Training Education Program.

Due to the nature of the competencies and proficiencies necessary to complete the Athletic Training Education Program, the Clinical Coordinator will assign Athletic Training Students to Approved Clinical Instructors and Clinical Rotations. Athletic Training Students may submit a formal request in writing for special assignments, however the final decision will be made by the Clinical Coordinator and the Athletic Training Education Faculty and Staff.

## **GUIDELINES FOR ATHLETIC TRAINING STUDENT**

### **CLINICAL EDUCATION & CLINICAL EXPERIENCES**

The Athletic Training Student's (ATS) experiences will be composed of two elements. These will be Clinical Education and Clinical Experience

**Clinical Education:** One (1) hour of Athletic Training lab course(s) equals 3 contact hours per week (3 hour lab = 9 contact hours). In this setting the ATS will receive a letter grade (A, B, C, D or F) by the course/ lab instructor based on the skills and proficiencies outlined in the course syllabus.

**Clinical Experience:** This section will be broken up into Quantity and Quality.

**Quantity of Clinical Experiences:** A minimum of 1000 Field Experience hours will be obtained over a 5 semester sequence. Semester 1 will consist of 150 hours of Directed Observation. Semesters 2-4 will consist of obtaining between 225-300 hours per semester of clinical experience hours. Semester 5 will consist of 175 hours.

**Quality of Clinical Experiences:** The primary setting for the ATS's clinical education and field experiences will include:

1. Southeastern Louisiana University Athletic Training Room
2. Southeastern Louisiana University practice(s) and game coverage
3. Off site health care facilities (hospital, clinic, high school, physicians office)

The Southeastern Louisiana University, Athletic Training Room is considered to be a "designated physical facility where comprehensive health care services are provided." Comprehensive health care services include:

1. Practice and game preparation
2. Evaluation of Injury and Illness associated with the physically active
3. Immediate treatment, first aid and emergency care
4. Rehabilitation and reconditioning of injuries
5. Documentation, and patient tracking
6. Services related to Athletic Training (administrative, insurance, etc.)

Athletic Training Students will have the opportunity to engage in a variety of clinical education and field experiences including:

1. Injuries to the upper and lower extremities
2. Equipment intensive sports
3. Medical Rotations

These clinical experiences will allow the ATS the opportunity for the observation of, the direct involvement in, and the emergency care and immediate management of injuries and illnesses associated with athletes and the physically active as directed by the ATS's Approved Clinical Instructor (ACI).

Supervised clinical experience hours will include personal and verbal contact with the ACI at all times during the ATS's clinical experience. The ACI will be responsible for the direct supervision, immediate direction, advising and evaluation of the ATS during this time. The ACI must be physically present to have the ability to intervene on behalf of the ATS and the patient.

Approved Clinical Instructors will be readily accessible and available at all times or at the discretion of the ACI for on-going feedback and guidance of the ATS on a daily basis. The ACI who will supervise the ATS shall afford supervision that is adequate to assure that the ATS performs tasks in a manner that is consistent with the Standards of Practice for Athletic Training.





## **REGULATIONS OF CLINICAL EDUCATION AND EXPERIENCE HOURS**

The following are regulations for Clinical Education and Clinical Experience Hours:

1. Clinical Education hours that are not spent under the direct supervision and instruction of an assigned Approved Clinical Instructor (ACI) will not be counted valid for reporting.
2. Hours that are spent traveling to Clinical Sites or venues will not be counted as valid hours for reporting.
3. It is recommended that the ATS reach at least 115 clinical education hours of their minimum total clinical hours (225) by the 7<sup>th</sup> week of the current semester. Totals are based on a 15 week clinical rotation and average of 15-20 hours of clinical education per week.
4. The ATS will maintain a minimum of 15 hours per week of Field Experiences and clinical education hours under the direct supervision of an Approved Clinical Instructor.
  - a. If the ATS continually fails to meet the stated minimum hour guidelines of 15 hours per week of clinical education or less, the ATS will be in violation of the Retention and Progression Policy and Procedure Sanctions that have been established by the Athletic Training Education Program Selection and Retention Committee. Failure to comply with these guidelines will constitute a possible termination from the Athletic Training Education Program.
5. The ATS will not be permitted to exceed 20 hours per week of Field Experiences and clinical Education hours under the direct supervision of an Approved Clinical Instructor.
  - a. If the ATS continually exceeds the stated maximum hour guidelines of 20 hours per week of clinical education or more, the ATS will be in violation of the Retention and Progression Policy and Procedure Sanctions that have been established by the Athletic Training Education Program Selection and Retention Committee. Failure to comply with these guidelines will constitute a possible termination from the Athletic Training Education Program.
6. The ATS will be required to turn in their clinical education time sheets at the end of each calendar month. Random checks of hour sheets may be conducted by the Clinical Coordinator to verify proper hour accumulations by the ATS. Signatures from the ACI and ATS will be required to sign the time sheets weekly.
7. If the ATS is absent from a Clinical Progression course without prior notification to the Instructor, the ATS will not be permitted to attend the Clinical Education or Field Experiences for that day.

**Clinical I: ATHT 363/ ATLB 358 Fall Semester: (2 seven week rotations)**  
**Clinical II: ATHT 366/ ATLB 367 Spring Semester: (2 seven week rotations)**  
**Clinical III: ATHT 468/ ATLB 469 Fall Semester: (Senior Sports Medicine Rotation)**  
**Clinical IV: ATHT 470/ ATLB 471 Spring Semester: (Senior Sports Medicine Rotation)**

I as an Athletic Training Student (ATS) at Southeastern Louisiana University, understand and will cooperate, comply, and adhere with the Guidelines and Regulations for Field Experience Hours for the Athletic Training Education Program as they are stated above. These guidelines and regulations are required of me as part of my educational program for the requirements to fulfill a Bachelor of Science in Athletic Training at Southeastern Louisiana University.

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**Athletic Training Students Signature**

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**Date of Signature**

## **RECORDING CLINICAL EDUCATION HOURS**

The following are Guidelines for Recording Clinical Hours:

1. In each semester of Clinical Progression, the ATS will be given four (4) forms to record Clinical Education Hours.
  2. Each semester will consist of monthly reporting periods.
  3. The ATS will be required to initial the hour form for each day that the ATS actively participates and engages in Clinical Education and/ or Clinical Experiences under the direct supervision of an assigned ACI.
  4. Each week, both the ATS and ACI will provide signatures verifying that submitted hours are being reported and completed properly.
  5. The ACI reserves the right to view the clinical education hours reporting form at any time
  6. After each form is completed, the ATS and ACI will receive a report of their total semester hours
- **Because all hour sheets are legal documents, all signatures and reporting of hours must be documented in either blue or black ink, by both the ATS and ACI.**
  - **Failure to do so will result in an “Incomplete” for that reporting period and put the ATS at risk for disciplinary action and possible dismissal from the Athletic Training Education Program for failing to comply with the hour requirements.**
  - **An example of the Athletic Training Education Program Clinical Education Time Sheet is located on page 24 of the Athletic Training Education Program Handbook.**

Date	Time In	Time Out	Time In	Time Out	Total Hours	ATS Initial	ACI Signature
<b>Total</b>							
<b>Total</b>							
<b>Total</b>							
<b>Total</b>							

<p><b>Month of Clinical Rotation</b></p> <p>W#: _____</p> <p><b>A.T. Student Name (print)</b></p> <p><b>A.T. Student Signature</b></p> <p><b>Clinical Instructor Signature</b></p> <p><b>Clinical Coordinator Signature</b></p> <p><b>Time Total Examples:</b></p> <p>1:00pm-5:00pm = 4.00  1:00pm-5:05pm = 4.00  1:00pm-5:10pm = 4.25  1:00pm-5:15pm = 4.25  1:00pm-5:20pm = 4.25  1:00pm-5:25pm = 4.50  1:00pm-5:30pm = 4.50  1:00pm-5:35pm = 4.50  1:00pm-5:40pm = 4.75  1:00pm-5:45pm = 4.75  1:00pm-5:50pm = 4.75  1:00pm- 5:55pm = 5.00  1:00pm- 6:00pm = 5.00</p>
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**ATHLETIC TRAINING STUDENT**  
**WEEKLY LEARNING LOG**

**Athletic Training Student Weekly Learning Log**  
**Southeastern Louisiana University**  
**Athletic Training Education Program**

Please fill out this weekly log and turn it in to your Field Experience Educator at the end of the month. Feel free to write any extra comments on the back of this form.

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

**Guided Questions:**

W Number: \_\_\_\_\_

1. What were your responsibilities for the week?
2. What were your learning experiences for the week?
3. Which clinical instructors provided the learning experience week?

<b>Date</b>	<b>Responsibilities</b>	<b>Learning Experience</b>	<b>Clinical Instructor Providing Weekly Experience</b>	<b>Review of Weekly Journal From C.I. (Signature of C.I.)</b>

**COMMUNICABLE DISEASE POLICY**  
**Athletic Training Education Program**  
**Department of Kinesiology and Health Studies**  
**Southeastern Louisiana University**

The purpose of the Southeastern Louisiana University Department of Kinesiology and Health Studies and the Athletic Training Education Program Communicable Disease Policy is to protect the health and safety of all parties. The purpose of this policy is to ensure the welfare of the students enrolled within this department as well as those patients you may come in contact with during your clinical experiences. It is designed to provide Athletic Training Students (Students), Approved Clinical Instructors (ACI), and athletic training faculty and staff with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers ([www.cdc.gov](http://www.cdc.gov)).

What are Communicable Diseases?

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

Communicable Diseases Cited by the CDC:

Bloodborne Pathogens	Conjunctivitis	Cytomegalovirus infections
Diarrheal diseases	Diphtheria	Enteroviral infections
Hepatitis viruses	Herpes simplex	Human immunodeficiency virus (HIV)
Measles	Meningococcal infections	Mumps
Pediculosis	Pertussis	Rubella
Scabies	Streptococcal infection	Tuberculosis
Varicella	Zoster	Viral respiratory infections

Guidelines for Prevention of Exposure and Infection

1. Students must successfully complete annual Bloodborne pathogens training.
2. Students are required to use proper hand washing techniques and practice good hygiene at all times.
3. Students are required to use Universal Precautions at all times. This applies to all clinical sites.
4. Students are not to provide patient care if they have active signs or symptoms of a communicable disease.

Guidelines for Managing Potential Infection

1. Any student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her ACI immediately and to Mr. Josh Yellen, Clinical Education Coordinator for the Athletic Training Education Program.
2. Any student, who demonstrates signs or symptoms of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease immediately to the Health Center and Ms. Vera Williams.
3. The student is responsible for keeping the Clinical Education Coordinator informed of his/her conditions that require extended care and/or missed class/clinical time. The student may be required to provide written documentation from a physician to return to class and/or clinical site.
4. If a student feels ill enough to miss ANY class or clinical experience that student should notify the appropriate instructor or ACI immediately.

By signing below, you indicate you understand and will abide by the Southeastern Louisiana University Department of Kinesiology and Health Studies and the Athletic Training Education Program Communicable Disease Policy. Any breach of the Communicable Disease Policy will result in disciplinary action determined by Ms. Karen Lew, the Athletic Training Education Program Director and the Department of Kinesiology and Health Studies Department Head.

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Athletic Training Student (Print):

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Athletic Training Student (Signature):

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Date

Updated: Fall 2007

## **ATHLETIC TRAINING EDUCATION PROGRAM**

### **CLINICAL EXPERIENCE & EXPERIENTIAL LEARNING**

#### **PURPOSE**

The purpose of this weekly assignment is to guide the ATS, in an organized way, to develop the student's clinical reasoning skills which are based on the knowledge and skills that the student develops in ATEP lecture and lab classes. The journal is comprised of a series of six sets of guided questions submitted via email to the student's clinical and course instructor on a weekly basis and then discussed in lab class each week with the course instructor in front of peers. (It is graded by the lab instructor each week) This exercise will also provide documentation of the ATS's thought process when the ATS's ACI evaluates the student utilizing the Written Clinical Evaluation Form that is completed twice a semester.

#### **IDENTIFYING AN EXPERIENTIAL LEARNING EXPERIENCE**

Each student has very similar experiences in clinical courses but a variety of different experiences in his/her Field Experiences setting. Twice a semester the ATS will be evaluated on the application of clinical knowledge and skills by the student's ACI. The student will use the Written Clinical Evaluation Instrument as a guide to identify which learning experiences to choose based on the student's current and previous semesters clinical experience and courses (called clinical progression or learning over time). For example, if a student is a Clinical I, studying the ankle, foot and lower leg, the student cannot choose to write about a learning experience on the shoulder, forearm, wrist and hand. However, if the student is a Clinical III, then the student can write about a learning experience involving the ankle, foot or lower leg.

#### **SUBMISSION OF JOURNAL RESPONSES**

Each journal submission will be submitted via email to the Field Experience course instructor and approved clinical instructor by Monday at 12:00 noon. It would be strongly suggested that each student submit a cc: to him or herself and print a hard copy. The student will need to obtain each instructor's email. If needed, the student can access the instructor's email address on the Athletic Training Education Program's Web Page.

**When the student submits each journal entry, he or she will need to separate each response by Part #1, Part #2, Part #3 etc. as outlined on the next page**



## **GUIDED JOURNAL QUESTIONS**

### **Part #1**

List a specific learning experience that you had this week and describe the setting and situation in which it occurred.

### **Part #2**

What unique methods and/or procedures were utilized by your clinical instructor? Explain why you think they did it that way?

### **Part #3**

List different variables that could change or alter a different course of action. List and briefly discuss adaptations or changes you would propose to make in future settings and/or situations based on the methods/procedures you have listed.

### **Part #4**

Identify one specific part of this experience that you had a difficult time understanding and one specific part that you were the most confident in applying. Explain why?

### **Part #5**

If you had to decide independently what the next plan of action would be, briefly discuss what you would propose to do next. Why? How could you do it more economically? How could you utilize different resources to accomplish the same goals?

### **Part #6**

Briefly give your opinion on the quality of health care given based on the circumstance and context on which it was associated. What information would you use to support your view?

## CRITERIA & EVALUATION OF JOURNAL SUBMISSIONS

	Above Average	Average	Below Average	Unacceptable
<b>Part #1</b>	<b>3</b> Clearly list a specific learning experience; Clearly describes the context in which it was applied.	<b>2</b> List a learning experience; describes the context in which it was applied.	<b>1</b> Somewhat identifies a learning experience; describes the context in which it was applied with little detail.	<b>0</b> Fails to communicate any type of learning experience; fails to give any details about the context in which it was applied.
<b>Part #2</b>	<b>4</b> Describes a detailed and clearly defined set of methods and/or procedures with thoughtful and accurate understanding of the actions taken.	<b>3</b> Describes a series of methods and procedures and provides a basic understanding of actions taken	<b>2</b> Grossly identifies a method and/or procedure but provides little to no detail and struggles to understand the actions taken.	<b>0</b> Fails to communicate any type of methods and/or procedures and is clueless about why it was done that way.
<b>Part #3</b>	<b>5</b> Clearly list a variety of realistic variables and specifically and clearly outlines adaptations and changes.	<b>4</b> List some variables and briefly outlines adaptations and changes.	<b>3</b> Identifies a minimum set of variables and appropriate adaptations and/or changes are listed.	<b>0</b> Variables listed were not realistic or practical and adaptations and changes were unclear.
<b>Part #4</b>	<b>6</b> Reflectively and clearly recognizes specific limitations and effectively communicates why.	<b>5</b> Briefly identified their strengths and weaknesses and explained why.	<b>4</b> Does not clearly understand any true strengths or weaknesses and barely provides any real explanation.	<b>0</b> Fails to communicate any real identifiable strengths or weaknesses with no appreciable explanation.
<b>Part #5</b>	<b>7</b> Thoughtfully and accurately outlines a clear next step(s) and effectively explains why. Identifies and clearly communicates practical and realistic economic and alternative resources.	<b>6</b> Outlines the next step and explains why. Identifies practical and realistic economic and alternative resources.	<b>5</b> Outlines the next step but it is not practical or realistic and communicates with minimum effort. Identifies some economic and alternative resources.	<b>0</b> Provides no real clear steps and does not provide any practical or realistic economic or alternative resources.
<b>Part #6</b>	<b>8</b> Provides a personalized opinion that was very thoughtful and communicated it effectively; provides rationale thinking with very specific and valid information to support his/her view.	<b>7</b> Provides an opinion with some definitive and valid information to support it.	<b>6</b> Provides an opinion with minimum reflective thinking; information provided was not very clear and not based on any valid source.	<b>0</b> Does not have any personal opinion of their own or it is very difficult to follow or understand; provides no real information to support his/her view or it is not of any quality.

See course syllabus for grading information.

## **ATHLETIC TRAINING EDUCATION PROGRAM**

### **RETENTION POLICIES & PROCEDURES**

1. After students have been formally accepted for clinical progression in the Athletic Training Education Program at Southeastern Louisiana University, the ATS must maintain an adjusted G.P.A. of 2.5 or a "C" or better in each required Athletic Training Education course. When a student falls below an adjusted 2.5 average in the major, he/she will be permitted two (2) semesters in which to achieve the required 2.5 average in required athletic training courses. Failure to do so within the two semesters will constitute an immediate withdrawal from the Athletic Training Education Program
2. Athletic Training Students will be permitted to enroll in any athletic training clinical progression course twice.
3. Athletic Training Students will be permitted to repeat only two athletic training clinical progression courses.
4. Athletic Training Students who do not successfully pass a clinical progression Athletic Training Education course may not progress to the next clinical progression athletic training course without first successfully completing the failed course.

The appropriate members of the Athletic Training Selection and Retention Committee will review the status of each Athletic Training Student, making recommendations to the Program Director of the Athletic Training Education, for the following actions:

1. When faculty members request the committee to review the continued eligibility of a student.
2. When grades of a student warrant such a review (failing grades, University appeals, etc.).
3. When faculty members report that the behavior of a student in the Athletic Training Education Program warrants a review of conduct.

## **ATHLETIC TRAINING EDUCATION PROGRAM**

### **PROFESSIONAL EXPECTATIONS & BEHAVIORAL STANDARDS**

The highest of professional behaviors is expected of all Athletic Training Students (ATS) enrolled in the Athletic Training Education Program at Southeastern Louisiana University. The following standards will serve to help the ATS better self-monitor, evaluate and understand their own progress as well as assist them in completing the academic and clinical education requirements leading to the degree of Bachelor of Science in Athletic Training at Southeastern Louisiana University.

The following items outlined, combined with other documents in the Athletic Training Student Handbook will serve as guidelines for the ATS in the completion of the degree. These expectations and standards will help the ATS become familiar with the BOC Standards of Professional Practice (pg. 34), the NATA Code of Ethics (pg. 38) and the Louisiana State Board of Medical Examiners (pg. 40) in an effort to make a successful transition from Athletic Training Student to Certified Athletic Trainer.

#### **STANDARD I. COMPETENCE:**

A. The ATS masters the basic knowledge, skills and attitudes relevant to all practice domains of Athletic Training. These domains include Prevention; Clinical Evaluation & Diagnosis; Immediate Care; Treatment, Rehabilitation & Reconditioning; Organization & Administration; Professional Development. The ATS is motivated to learn and understand the human body, perform well on examinations and demonstrate a genuine concern for the well being of all athletes/ patients who have entrusted the ATS to his/ her care.

B. The ATS that strives for competence will take responsibility for learning individually and in a group setting. This is demonstrated in many ways including preparing and actively participating in various learning activities (classroom, laboratory and clinical rotations), striving for mastery in all areas of his/ her education and having the ability to accurately reflect on such experiences. The ATS will begin to identify learning strengths and limitations and reflect upon those with other AT Students, Approved Clinical Instructors (ACI), Clinical Staff and Academic Faculty.

## **STANDARD II. HONESTY:**

A. The ATS is honest in working with athletes/ patients, fellow AT Students, ACI's, Clinical Staff and Academic Faculty. The ATS recognizes that Athletic Training is fundamentally dependent on the most accurate and honest information and knowledge so that any acceptance or promotion of dishonesty will threaten to devalue the profession of Athletic Training

B. In support of Southeastern Louisiana University's 2007-2008 Student Code of Conduct (pgs. 74-122 of the Southeastern Student Handbook), the ATS that strives for honesty will accurately report actions and events as well as avoid cheating, plagiarism or any dishonest behaviors and/ or actions. Everything that is presented to the Athletic Training Education Program (examinations, case studies, journal assignments, outside assignments, clinical rotations, etc.) will be the ATS's original work with no falsification of information. The ATS will recognize that a commitment to honesty requires not only that the ATS avoid any dishonest behavior but also report observed instances of dishonesty to the appropriate authorities, regardless of his/ her relationship to the subject of the report.

## **STANDARD III. COMPASSION:**

A. The ATS is compassionate using empathy to sense other athletes/ patients concerns. He/ she will be sensitive, caring and compassionate to the experience of injury and illness including all psycho-social aspects associated with those experiences.

B. The ATS striving to be compassionate will identify, articulate and respond to the psycho-social needs of the athlete/ patient. The ATS will actively listen and respond with empathy to athletes/ patients. The ATS will assist fellow classmates in dealing with the challenges of a professional program. The ATS will seek and accept constructive feedback from ACI's, Clinical Staff and Academic Faculty regarding the effect of his/ her behavior on others.

## **STANDARD IV. RESPECT FOR OTHERS:**

A. The ATS maintains attitudes and behaviors that communicate respect. The value and dignity of others is respected in all encounters. Because respect requires an appreciation of feelings, beliefs and experiences of others, the ATS takes an interest in all people regardless of race, religion, ethnicity, sexual orientation or socio-economic status.

B. The ATS striving to respect others will respect the personal boundaries of others and will avoid any discrimination of other individuals. He/ she will honor differences and diversity in people and demonstrate an awareness of how such differences affect personal and professional interactions. Respect will be shown in all settings of the Athletic Training Education Program (classroom, laboratories, clinical rotations, etc.). The ATS will demonstrate a commitment to resolve conflict in a

collegial manner, show sensitivity to the needs, feelings and wishes of all individuals involved. Respect for the dignity of the athletes/ patients will be demonstrated by strict adherence to confidentiality. The ATS will respect the athletes/ patients privacy and right to control access to personal information about their lives, health by disclosing information only to those who are directly involved in the care of that athlete/ patient.

#### **STANDARD V. PROFESSIONAL RESPONSIBILITY:**

A. The ATS realizes that as a student in a professional program he/she has the responsibility to assure that professional goals and objectives are met in all settings. The ATS understands that certain types of personal conduct can threaten the professional goals and objectives of the Athletic Training Education Program as well as the profession of Athletic Training itself. The ATS recognizes that these unacceptable behaviors include but are not limited to: disrespect; insubordination; substance abuse; misrepresentation of self; misrepresentation of Southeastern Louisiana University; misrepresentation of Athletic Training; etc. Actions that can be perceived as detrimental to the field of Athletic Training, The Athletic Training Education Program at Southeastern Louisiana University, or Southeastern Louisiana University itself need to be avoided at all times.

B. The ATS that has accepted professional responsibility will contribute to a positive learning (academic & clinical) environment. The ATS will be an active and punctual participant for all activities (classroom, laboratories, clinical rotations, etc.) that are integral parts of the learning experience. The ATS will take responsibility of notifying others (Academic Faculty, Clinical Staff, ACI's) in advance whenever possible, when an unavoidable absence or tardiness occurs. It is the responsibility of the ATS to complete all missed assignments. The ATS will have the skills to cope with the challenges and conflicts that are inherent to the Athletic Training profession. The ATS will demonstrate a willingness and ability to identify, discuss, confront and possibly seek the appropriate advice and help for his/ her own problematic behaviors.

#### **STANDARD VI. SOCIAL RESPONSIBILITY:**

A. The ATS realizes that all people live in societies that profoundly influence an individuals educational, health and socio-economic status. The ATS will honor the obligation and responsibility of conducting himself/ herself with pride, respect and dignity towards others.

B. The socially responsible ATS will be able to identify the multiple social factors that influence athletes, patients and students actions and attitudes. The ATS will be proactive in addressing the psycho-social factors that adversely affect others.

## **BOC STANDARDS OF PROFESSIONAL PRACTICE**

©Board of Certification, Inc.  
Implemented January 1, 2006

### **Introduction**

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

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as “Athletic Trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The *BOC Standards of Professional Practice* consists of two sections:

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

### **I. Practice Standards**

#### **Preamble**

The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers.

Compliance with the Standards is mandatory.

The Standards are intended to:

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

The Standards are NOT intended to:

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

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

**Standard 1: Direction**

The Athletic Trainer renders service or treatment under the direction of a physician.

**Standard 2: Prevention**

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

**Standard 3: Immediate Care**

The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

**Standard 4: Clinical Evaluation and Diagnosis**

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

**Standard 5: Treatment, Rehabilitation and Reconditioning**

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

**Standard 6: Program Discontinuation**

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

**Standard 7: Organization and Administration**

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



## **II. Code of Professional Responsibility**

### **Preamble**

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code.

The *Professional Practice and Discipline Guidelines and Procedures* may be accessed via the BOC website, [www.bocatc.org](http://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

## **NATA CODE OF ETHICS**

September 28, 2005

### **PREAMBLE:**

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

### **PRINCIPLE 1:**

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

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

### **PRINCIPLE 2:**

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

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

### **PRINCIPLE 3:**

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

- 3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
- 3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
- 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
- 3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
- 3.5 Members shall educate those whom they supervise in the practice of athletic

training about the Code of Ethics and stress the importance of adherence.

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

**PRINCIPLE 4:**

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

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

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

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

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

# LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

## Chapter 57. Athletic Trainers

### Subchapter A. General Provisions

#### §5701. Scope of Chapter

A. The Rules of this Chapter govern the employment and practice of certified athletic trainers in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:526 (August 1986).

#### §5703. General Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

*Board*-the Louisiana State Board of Medical Examiners.

*Certification*-the board's official recognition of a person's lawful authority to act and serve as an *athletic trainer* as such term is defined by the Law, R.S. 48:3302, and by §5705 hereof.

*Certified Athletic Trainer*-a person possessing a current certificate, duly issued by the board, evidencing the board's certification of such person under the law.

*Louisiana Athletic Trainers Law or the Law*-Acts 1985, Number 288, as amended, R.S. 48:3301-3312.

*NATA*-the National Athletic Trainers Association, or its successor.

*Physician*-a person holding a current unrestricted license to engage in the practice of medicine in the state of Louisiana, duly issued by the board.

B. Masculine terms wheresoever used in this Chapter shall also be deemed to include the feminine.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:526 (August 1986).

#### §5705. Special Definitions

A. The term *the activities of an athletic trainer* means and includes the practice of prevention, emergency management, and physical rehabilitation of injuries incurred by athletes at an educational institution, professional athletic organization, and by any athletes participating in athletic competition or events sponsored by those organizations or other board-sanctioned organizations, all under the direction and supervision of a physician.

B. The term *practice of prevention*, as used in §5705.A, means and includes:

1. establishing and implementing a program of physical conditioning for athletes in cooperation with physicians, supervisors, and coaches;

2. application of protective or injury-preventive devices such as taping, padding, bandaging, strapping, wrapping, or bracing;

3. selecting and fitting protective athletic equipment for individual athletes and monitoring of such equipment for safety, in cooperation with physicians, supervisors, and coaches; and

4. counseling and advising supervisors, coaches, and athletes on physical conditioning and training, such as diet, flexibility, rest, and reconditioning.

C. The term *emergency management* means the application and use of accepted first aid procedures, as established by the American Red Cross and the American Heart Association, or pursuant to written protocols for emergency established by a team or consultant physician to render conservative care to an injured athlete until such athlete may be attended by a physician.

D. The term *physical rehabilitation of injuries* means the care given to athletes following injury and during recovery, including reconditioning procedures; application of therapeutic devices and equipment; fitting of braces, guards, and other protective devices; and referral to physicians, auxiliary health services and institutions, all pursuant to and in accordance with preestablished methods of physical modality use and exercise as prescribed by a team or consultant physician.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:526 (August 1986).

## **Subchapter B. Prohibitions**

### **§5709. Unauthorized Practices**

A. No person shall hold himself out to the public, any public educational institution, any athletic organization, or any individual student, amateur, or professional athlete as a certified athletic trainer in the state of Louisiana, nor identify or designate himself as such, nor use in connection with his name the letters, "CAT" or "ATC," or any other words, letters, abbreviations, insignia, or signs tending to indicate or imply

that the person is a certified athletic trainer, unless he is currently certified by the board as a certified athletic trainer.

B. No person shall undertake to perform or actually perform, for compensation or other remuneration, the activities of an athletic trainer, as defined in this Chapter (§5705) unless he is currently certified by the board as a certified athletic trainer, as evidenced by a certificate duly issued by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:527 (August 1986).

### **§5711. Exemptions**

A. The prohibitions of §5709.B of this Chapter shall not apply to:

1. a person who undertakes to perform or actually performs the activities of an athletic trainer at an educational institution which is not operated by the state of Louisiana, or a parish or municipal school board, district, or subdistrict;

2. an athletic coach assigned or employed by an educational institution or athletic organization, in the performance of his usual and customary duties as such;

3. a person who undertakes to perform or actually performs the activities of an athletic trainer in the employment of an educational institution or athletic organization domiciled in another state, while accompanying and attending athletes of an educational institution or athletic organization domiciled in another state during or in connection with an athletic contest conducted in Louisiana; or

4. a person acting under and within the scope of professional licensure or certification issued by an agency of the state of Louisiana.

B. The prohibitions of §5709.B shall not apply to any person who performs the functions of an athletic-trainer as a student-trainer, assistant-trainer, teacher-trainer, or any similar position under the direction and supervision of a certified athletic trainer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:527 (August 1986).

### **§5713. Prohibitions: Certified Athletic Trainers**

A. A certified athletic trainer shall not:

1. undertake to perform or actually perform any activities, preventive measures, emergency management, physical rehabilitation of injury, or any other functions, treatments, modalities, procedures, or regimes, except under the direction and supervision of a physician, employed or engaged as a team or

consulting physician by the educational institution or athletic institution by which the certified athletic trainer is employed or engaged;

2. prescribe, dispense, or administer any controlled substances;

3. dispense or administer any medications for ingestion, subcutaneous, transdermal, intramuscular, or intravenous injection or topical application, except upon the prescription and direction, or pursuant to the written protocol of a physician; or

4. undertake to concurrently supervise more than three uncertified student, assistant, or teacher-trainers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:527 (August 1986).

### **Subchapter C. Ethical Guidelines and Standards of Practice**

#### **§5715. Ethical Guidelines**

A. A certified athletic trainer shall, in performance of the activities of an athletic trainer, observe and abide by the code of ethics of the National Association of Athletic Trainers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:527 (August 1986).

#### **§5717. Standards of Practice**

A. A certified athletic trainer shall, in performance of the activities of an athletic trainer, observe and abide by the standards of practice announced and promulgated from time to time by the board pursuant to rules and regulations, advisory opinions, and interpretations and statements of position.

B. It shall be deemed a violation of minimum standards of practice applicable to certified athletic trainers for a certified athletic trainer to:

1. be convicted of or enter a plea of guilty or nolo contendere to a criminal charge constituting a felony under the laws of the United States or of any state;

2. to be convicted of or enter a plea of guilty or nolo contendere to a criminal charge arising out of or in connection with the performance of the activities of an athletic trainer;

3. fail to maintain any qualification requisite to initial certification under the law;

4. have his certification or licensure as an athletic trainer suspended, revoked, or placed on probation by any state or to have voluntarily surrendered any such certification or licensure while administrative proceedings were pending against such certification or licensure;

5. be incapable of performing the activities of an athletic trainer with reasonable skill and safety to athletes by virtue of physiological or mental condition, illness, deficit, deformity, or injury, or the abuse or excessive use of drugs, including alcohol;

6. give or suborn false testimony before the board; or

7. incompetency in performing the activities of an athletic trainer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:527 (August 1986).

#### **Subchapter D. Grounds for Administrative Action**

##### **§5719. Causes for Administrative Action**

A. The board may refuse to issue certification to, or suspend, revoke, or impose probationary conditions and restrictions on the certification of an applicant for certification or a certified athletic trainer upon a finding of any of the cause provided by §3308.A of the Louisiana Athletic Trainers Law, as such causes are further defined in §5721 hereof.

B. The board may reinstate any certification suspended or revoked hereunder, or restore to unrestricted status any certification subjected to probationary conditions or restrictions by the board upon payment of the reinstatement fee and satisfaction of such terms and conditions as may be prescribed by the board; provided, however, that an application for reinstatement of certification revoked by the board shall not be made or considered by the board prior to the expiration of one year following the date on which the board's order of revocation became final.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:527 (August 1986).

##### **§5723. Causes for Action; Definitions**

A. As used in §3308.A of the Law, a person who has "secured the certificate by fraud or deceit" means and includes a person who:

1. makes any representation to the board, knowingly or unknowingly, which is in fact false or misleading as to a material fact or omits to state any fact or matter that is material to an application for certification under Chapter 31 of these Rules; or

2. makes any representation, or fails to make a representation, or engages in any act or omission which is false, deceptive, fraudulent, or misleading in achieving or obtaining any of the questions for certification required by Chapter 31 of these Rules.

B. As used in §5717.B of this Chapter, the term *convicted*, as applied to a certified athletic trainer or applicant for certification as an athletic trainer, means that a judgment has been entered against such person by a court of competent jurisdiction on the basis of a finding or verdict of guilt or a plea of guilty or nolo contendere. Such a judgment provides cause for administrative action by the board so long as it has not been reversed by an appellate court of competent jurisdiction and notwithstanding the fact that an appeal or other application for relief from such judgment is pending.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3301-3312.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR 12:527 (August 1986)



# **ATHLETIC TRAINING EDUCATION PROGRAM**

## **DRESS CODE**

**The Athletic Training Education Program at Southeastern Louisiana University is a professional program preparing each student for the professional rigors of Athletic Training. The faculty, staff and administrators associated with Athletic Training Education Program and Southeastern Louisiana University are dedicated to upholding the highest possible practices and standards associated with the field of Athletic Training. The Athletic Training Student (ATS) is expected to uphold and adhere to the following guidelines at all times. Failure to do so will result in disciplinary action and/ or possible termination of the student from the Athletic Training Education Program at Southeastern Louisiana University.**

### **Daily Operation and Practice Coverage:**

1. Athletic Training Education Program approved T-shirt or collared shirt.
  - a. Shirts will be clean and neat
  - b. Shirts will be tucked in at all times
2. Athletic Training Education Program approved Khaki Shorts
  - a. Shorts will be appropriately fitting for both male and female
  - b. Shorts will be clean, and neat
  - c. Belts will be one color (brown or black with no “decorations”)
3. Athletic Training Education Program approved Khaki Pants
  - a. Pants will be appropriately fitting for both male and female
  - b. Pants will be clean and neat
  - c. Belts will be one color (brown or black with no “decorations”)
4. Athletic Training Education approved nylon warm ups
5. Athletic Training Education Program approved sweatshirts
6. Athletic Training Education Program approved hats
  - a. Hats are not to be worn inside
7. Athletic Training pack with required supplies
8. Athletic Training Student Identification
9. **Men will:**
  - a. Be clean shaven
  - b. Mustaches, beards and goatees will be appropriately groomed when the ATS reports for duty
  - c. Side burns will be no lower than the student’s ear lobes
  - d. Hair will neatly groomed at all times
  - e. Earrings and facial piercing(s) will be unacceptable
  - f. All tattoos will be covered
10. **Women will:**
  - a. Be neatly groomed
  - b. Hair will be appropriately styled so as not to interfere with the daily operations and duties of the Athletic Training Student
  - c. Earrings will be studded or small hoop
    - i. Large hoop earrings or earrings that hang down too far are unacceptable
  - d. Facial piercing will be unacceptable
  - e. All tattoos will be covered

**Game Coverage:**

1. Athletic Training Education Program approved collared shirt.
  - a. Shirts will be clean and neat
  - b. Shirts will be tucked in at all times
2. Athletic Training Education Program approved Khaki Shorts
  - a. Shorts will be appropriately fitting for both male and females
  - b. Shorts will be clean, and neat
  - c. Belts will be one color (brown or black with no “decorations”)
3. Athletic Training Education Program approved Khaki Pants
  - a. Pants will be appropriately fitting for both male and female
  - b. Pants will be clean and neat
  - c. Belts will be one color (brown or black with no “decorations”)
4. Athletic Training Education approved nylon warm ups
5. Athletic Training Education Program approved sweatshirts
6. Athletic Training Education Program approved hats
  - a. Hats are not to be worn inside
7. Athletic Training pack with required supplies
8. Athletic Training Student Identification
9. **Men will:**
  - a. Be clean shaven
  - b. Mustaches, beards and goatees will be appropriately groomed when the ATS reports for duty
  - c. Side burns will be no lower than the student’s ear lobes
  - d. Hair will neatly groomed at all times
  - e. Earrings and facial piercing will be unacceptable
  - f. All tattoos will be covered

10. **Women will:**
  - a. Be neatly groomed
  - b. Hair will be appropriately styled so as not to interfere with the daily operations and duties of the Athletic Training Student
  - c. Earrings will be studded or small hoop
    - i. Large hoop earrings or earrings that hang down too far are unacceptable
  - d. Facial piercing will be unacceptable
  - e. All tattoos will be covered

**\* Other off site clinical rotations may require the use of that particular organizations policy and procedures. It is the responsibility of the ATS to adhere and maintain the individual standards of each individual organization.**

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Athletic Training Student Signature

Date of Signature

**ATHLETIC TRAINING EDUCATION PROGRAM**  
**PROFESSIONAL EQUIPMENT**

The following items must be purchased by each Athletic Training Student:

- 1. 1: Game Uniform: Collared Shirt and Khaki Shorts and/ or Pants- \$25.00**
  - 2. 5: Daily Uniform T-Shirts: \$12.00 each = \$60.00**
    - a. T-Shirts must be worn with Khaki pants and/ or shorts
  - 3. 1: Athletic Training Student Medical Kit: \$ 80.00**
    - a. 1: Fanny Pack
    - b. 1: Pocket Mask with one-way valve
    - c. 1: Stethoscope
    - d. 1: Tape Scissors
    - e. 1: Shear Scissors
    - f. 1: Pen Light
    - g. 1: Safety Glasses
- **For questions regarding uniforms or medical equipment, please direct questions and concerns to Cary L. Berthelot , MA, ATC, LAT at (985) 549-2351 or via email at [cberthelot@selu.edu](mailto:cberthelot@selu.edu).**

**ATHLETIC TRAINING EDUCATION PROGRAM**

**COURSE EVALUATION FORM**

Southeastern Louisiana University  
Athletic Training Education  
Course Evaluation

**Athletic Training Student:** \_\_\_\_\_

**Course / Professor:** \_\_\_\_\_  
(Signature)

1. **Attendance: # Class Absences (Dates if Available):** \_\_\_\_\_

2. **Participation** \_\_\_\_\_

3. **Overall Performance** \_\_\_\_\_

5 = Very Strong, superior
4 = Consistently above average
3 = Average, satisfactory
2 = Consistently below average
1 = Very Weak
0 = N/A

4. **Grades** \_\_\_\_\_ **Test** \_\_\_\_\_

**Scores:** \_\_\_\_\_

**Quizzes:** \_\_\_\_\_

**Overall:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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

Thank you for your time and completing this information. It assists our students to perform to the best of their abilities in your course. Grade sheets are due October 30, 2007.

Please do not hesitate to contact Karen Lew, Program Director of Athletic Training, at Campus Extension 2350 or [klew@selu.edu](mailto:klew@selu.edu) with any questions or comments.

Department of Kinesiology & Health Studies  
Athletic Training Education  
Ms. Karen Lew, MEd., ATC, LAT, Program Director  
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## **ATHLETIC TRAINING EDUCATION PROGRAM**

### **REVIEW PROCESS OF SUBSTANDARD ACADEMIC PERFORMANCE**

As outlined in the Southeastern Louisiana University General Catalogue, 2006-2007 on page 252-255 the Athletic Training Program Selection and Retention Committee will review the status of an Athletic Training Student when a faculty member reports that the behavior of a student (academically or clinically) warrants a review. The outline below provides the procedures that will be followed for this process.

#### **Procedure 1. Faculty Defines Problem:**

1. Document the problem
  - a. Faculty will compose a detail description of the ATS misconduct
  - b. Faculty will make suggestions for improvements as they directly relate to the ATS and the current situation
  - c. Faculty will outline the specific timelines that change is necessary.
2. Copies of Faculty Memo of ATS Behavior Will Be:
  - a. Sent to and properly documented with the Program Director
  - b. Sent to ATS clinical evaluation folder for permanent record

#### **Procedure 2. Program Director & Faculty Conference:**

1. The Program Director and concerned appropriate Faculty will conference with ATS
  - a. Discuss possibilities of remediation
  - b. Copies of the minutes from the meeting will be sent to the following locations for permanent record
    - i. ATS folder
    - ii. Program Director
    - iii. Kinesiology and Health Studies Department Chair (Head)
    - iv. College of Nursing and Health Sciences Dean of Students

#### **Procedure 3. Athletic Training Selection and Retention Committee:**

1. Committee members will address situation and problematic behavior(s) and make necessary recommendations which include (but are not limited to):
  - a. Suspension from the Athletic Training Education Program at Southeastern Louisiana University for a specified period of time
  - b. Permanent removal of a student from the Athletic Training Education Program at Southeastern Louisiana University
  - c. Copies of minutes from meeting will be sent to the following locations for permanent record:
    - i. ATS folder
    - ii. Program Director
    - iii. Kinesiology and Health Studies Department Chair (Head)
    - iv. College of Nursing and Health Sciences Dean of Students

**Procedure 4. Kinesiology and Health Studies Department Chair (Head):**

1. Department Head will address problematic situation(s) and offer any additional recommendations and/ or solutions
2. Recommendations/ solutions include (but are not limited to)
  - a. Suspension from the Athletic Training Education Program at Southeastern Louisiana University for a specified period of time
  - b. Permanent removal of a student from the Athletic Training Education Program at Southeastern Louisiana University

## **ATHLETIC TRAINING EDUCATION PROGRAM**

### **ATS CLINICAL EVALUATION FORM**

In support of the mission statement of the Athletic Training Education Program at Southeastern Louisiana University an evaluation of each Athletic Training Students' (ATS) clinical knowledge must be performed. Expectations of each ATS clinical knowledge & skill are based on the semester of clinical progression in which they are enrolled & can be reference in the Southeastern Louisiana University ACI Handbook (pg. \_).

A numerical scale (0-5) will be used to evaluate and assess the ATS's progress throughout their clinical education & experiences :

**0** = Not able to evaluate at this time.

**1** = ATS clinical knowledge & skill is unsatisfactory and does not meet the minimum requirements for passing at this time.

**2** = ATS clinical knowledge & skill shows some progress, but does not meet minimum requirements for passing at this time.

**3** = ATS clinical knowledge & skill meets satisfactory requirements for passing at this time.

**4** = ATS clinical knowledge & skill meets higher than satisfactory for passing, but less than excellent requirements at this time.

**5** = ATS clinical knowledge & skill meets the highest or excellent requirements for passing at this time.

**1. The ATS is able to demonstrate (appropriate for level of education) knowledge of the assessment & evaluation of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. The ATS is able to demonstrate (appropriate for level of education) knowledge of the acute care of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. The ATS is able to demonstrate (appropriate for level of education) knowledge of general medical conditions & disabilities?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. The ATS is able to demonstrate (appropriate for level of education) knowledge of pathology of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. The ATS is able to demonstrate (appropriate for level of education) knowledge of the pharmacological aspects of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**6. The ATS is able to demonstrate (appropriate for level of education) knowledge of the nutritional aspects of injury & illness?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. The ATS is able to demonstrate (appropriate for level of education) knowledge of therapeutic exercise?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. The ATS is able to demonstrate (appropriate for level of education) knowledge of therapeutic modalities?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. The ATS is able to demonstrate (appropriate for level of education) knowledge of risk management & injury prevention?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. The ATS is able to demonstrate (appropriate for level of education) knowledge of health care administration?**

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. The ATS is able to demonstrate (appropriate for level of education) knowledge of professional development & responsibilities?

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. The ATS is able to demonstrate (appropriate for level of education) knowledge of psychosocial intervention & referral?

0      1      2      3      4      5

Reason for Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mid Semester Evaluation:**

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

ACI Signature: \_\_\_\_\_

ATS Signature: \_\_\_\_\_

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

**End of Semester Evaluation:**

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

ACI Signature: \_\_\_\_\_

ATS Signature: \_\_\_\_\_

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

**ATHLETIC TRAINING EDUCATION PROGRAM**  
**EXCELLENCE IN CLINICAL PERFORMANCE**  
**DOCUMENTATION FORM**

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

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

Clinical Supervisor: \_\_\_\_\_

**AREAS OF EXCELLENCE**

**Please Print or Type**

**Areas of Excellence noted:**

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**Check those that apply:**

- \_\_\_\_\_ Consistently arrives on or before to prepare for practice or game set-up.
- \_\_\_\_\_ Consistently in the proper dress/appearance for practice/game.
- \_\_\_\_\_ Uses their time effectively in the clinical setting.
- \_\_\_\_\_ Takes extra steps to make sure that day-to-day task are completed.
- \_\_\_\_\_ Keeps excellent documentation records on all of his/her athletes.
- \_\_\_\_\_ Consistently is aware and prepared for an emergency.
- \_\_\_\_\_ Takes a sincere interest in the well being of all athletes under his/her care.
- \_\_\_\_\_ Takes extra steps to communicate their tardiness or absence from their clinical setting.
- \_\_\_\_\_ Assisting other students in education and/or service.

**SIGNATURES**

AT Student: \_\_\_\_\_  
(signature of student)

Clinical Supervisor: \_\_\_\_\_  
(signature of ACI)

**ATHLETIC TRAINING EDUCATION PROGRAM**  
**SUBSTANDARD CLINCAL PERFORMANCE**  
**DOCUMENTATION FORM**

AT Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

**SUB-STANDARD BEHAVIORS**

**Please Print or Type**

Arrived Late to Clinical Site     Time Expected \_\_\_\_\_  
   Time Arrived \_\_\_\_\_

Left Early from Clinical Site     Time Expected \_\_\_\_\_  
   Time Left \_\_\_\_\_

Failed to Communicate Absence    Date: \_\_\_\_\_

**Briefly Explain**

**Dress Code Violation** \_\_\_\_\_  
(See Handbook)

**In-appropriate Behavior** \_\_\_\_\_  
(See Handbook)

**Failure to Conduct Routine Task** \_\_\_\_\_

**Failure to Practice Reasonable  
& Proper Skills with/without  
Supervision** \_\_\_\_\_

**PLAN OF ACTION**

**Briefly Explain**

**Plan of Action to Correct the Behavior:**

Time-frame to Correct the Behavior \_\_\_\_\_  
(i.e. 1 week, 3 weeks, 6 weeks..)

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

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

Clinical Instructor: \_\_\_\_\_  
Signature

## ATHLETIC TRAINING EDUCATION PROGRAM

### REVIEW PROCESS OF CLINICAL SUBSTANDARD PERFORMANCE

As outlined in the Southeastern Louisiana University General Catalogue, 2007-2008 on page 253-254 the athletic training admission and retention committee will review the status of a student when a faculty member reports that the behavior of a student warrants a review. The outline below provides the procedures that will be followed for this process.

#### **Procedure 1. Clinical Instructor Defines Problem:**

3. Document the problem
  - a. ACI/ CI will compose a detailed description of the ATS misconduct
  - b. ACI/ CI will make suggestions for improvements as they directly relate to the ATS and the current situation
  - c. ACI/ CI will outline the specific timelines during which change is necessary.
  
4. Copies of ACI/ CI Memo of ATS behavior will be:
  - a. Sent to and properly documented with the Program Director
  - b. Sent to and properly documented with the Clinical Education Coordinator
  - c. Sent to ATS clinical evaluation folder for permanent record

#### **Procedure 2. Program Director and Clinical Education Coordinator Conference:**

2. ATE Program Director and Clinical Education Coordinator conference with ATS and supervising ACI/ CI
  - a. Discuss possibilities of remediation
  - b. Remediation process will include (but is not limited to):
    - i. Change in ACI/ CI
    - ii. Suspension from clinical assignment
  - c. Copies of the minutes from the meeting will be sent to the following locations for permanent record
    - i. ATS clinical evaluation folder
    - ii. Program Director
    - iii. Clinical Education Coordinator
    - iv. Kinesiology and Health Studies Department Chair (Head)
    - v. College of Nursing and Health Sciences Dean of Students

**Procedure 3. Athletic Training Admission and Retention Committee:**

2. Committee members will address situation and problematic behavior(s) and make necessary recommendations which include (but are not limited to):
  - a. Suspension from the Athletic Training Education Program at Southeastern Louisiana University for a specified period of time
  - b. Permanent removal of a student from the Athletic Training Education Program at Southeastern Louisiana University
  - c. Copies of minutes from meeting will be sent to the following locations for permanent record:
    - i. ATS clinical evaluation folder
    - ii. Program Director
    - iii. Clinical Education Coordinator
    - iv. Kinesiology and Health Studies Department Chair (Head)
    - v. College of Nursing and Health Sciences Dean of Students

**Procedure 4. Kinesiology and Health Studies Department Chair (Head):**

3. Department Chair (Head) will address problematic situation(s) and offer any additional recommendations and/ or solutions
4. Recommendations/ solutions include (but are not limited to)
  - a. Suspension from the Athletic Training Education Program at Southeastern Louisiana University for a specified period of time
  - b. Permanent removal of a student from the Athletic Training Education Program at Southeastern Louisiana University

## ATS EVALUATION OF ACI & CLINICAL SITE

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

ACI: \_\_\_\_\_ CLINICALSITE: \_\_\_\_\_

SPORT(S) ASSIGNMENT: \_\_\_\_\_

Clinical Semester of Student: (check one)

- \_\_\_\_\_ Clinical Field Experience 1
- \_\_\_\_\_ Clinical Field Experience 2
- \_\_\_\_\_ Clinical Field Experience 3
- \_\_\_\_\_ Clinical Field Experience 4

**Please record the number corresponding with your feelings, beliefs, and behaviors about your ACI**

**5= Very Strong/ Superior**  
**4= Consistently Above Average**  
**3= Average/ Satisfactory**  
**2= Consistently Below Average**  
**1= Very Weak**  
**0= N/A**

### **Professional Attitudes and Actions**

- \_\_\_\_\_ 1. My ACI is a positive professional role model for students.
- \_\_\_\_\_ 2. My ACI demonstrates self-confidence as a professional.
- \_\_\_\_\_ 3. My ACI cares about student learning in the clinical setting.
- \_\_\_\_\_ 4. My ACI verbally and actively promotes the athletic training profession.
- \_\_\_\_\_ 5. My ACI assists students in understanding their professional responsibility.
- \_\_\_\_\_ 6. My ACI has a vision or goal for his/her own professional growth.

### **Communication Skills**

- \_\_\_\_\_ 7. My ACI provides feedback to students in a timely manner.
- \_\_\_\_\_ 8. My ACI actively promotes clinical discussion with students.
- \_\_\_\_\_ 9. My ACI corrects students tactfully in an appropriate location/place.
- \_\_\_\_\_ 10. My ACI deals with conflict in a mature/professional manner.
- \_\_\_\_\_ 11. My ACI provides a clear orientation during first day(s) of rotation.
- \_\_\_\_\_ 12. My ACI provides on-going communication for student expectations.
- \_\_\_\_\_ 13. My ACI encourages students to ask questions.
- \_\_\_\_\_ 14. My ACI is an active listener.

**Teaching Abilities and Attitudes**

- \_\_\_\_\_ 15. My ACI provides stimulating real scenarios for students to learn.
- \_\_\_\_\_ 16. My ACI promotes critical thinking skills in his/her teaching to foster learning.
- \_\_\_\_\_ 17. My ACI admits to students when he/she does not know the correct answer to a question.
- \_\_\_\_\_ 18. My ACI follows up on his/her lack of knowledge and seeks out the correct information.
- \_\_\_\_\_ 19. My ACI is organized in his/her teaching methods.
- \_\_\_\_\_ 20. My ACI asks students for feedback regarding his/her teaching.

**Personal Attributes**

- \_\_\_\_\_ 21. My ACI dresses professionally during event coverage.
- \_\_\_\_\_ 22. My ACI encourages student athletic trainers to dress professionally.
- \_\_\_\_\_ 23. My ACI continually asks him/herself if there is a better way to accomplish his/her goal.
- \_\_\_\_\_ 24. My ACI is excited about the direction the profession of Athletic Training is headed.

**Clinical Site Evaluation**

- \_\_\_\_\_ 25. The clinical site provided me with a stimulating learning environment.
- \_\_\_\_\_ 26. The supplies and equipment at the Clinical Site were adequate to meet the demands and expectations placed upon me.
- \_\_\_\_\_ 27. The Clinical Site provided me with challenges in which I could utilize my skills.
- \_\_\_\_\_ 28. The experiences I encountered during my Field Experiences reinforced the information and skills I learned in my course work..
- \_\_\_\_\_ 29. The protocols and procedures of the Clinical Site were explained to me adequately and in sufficient time to implement them effectively.
- \_\_\_\_\_ 30. Proper OSHA guidelines in the management of blood, bodily fluids, and medical waste were used at my clinical site.

31. The Athletic Training Education Program should continue to use this clinical site.                    **YES**                    **NO**



32. Below, please describe the STRENGTHS of this ACI and Clinical Site.

33. Describe the WEAKNESSES of this ACI and Clinical. Please give **constructive recommendations** as to how those weaknesses may be improved.

34. Please provide **constructive recommendations** as to how to improve this clinical experience.

This section of the evaluation instrument is adapted from and given permission to use from Dr. Linda Platt ATC; Duquesne, Pittsburgh, PA.

### **Purpose and Instructions**

Please rate your ACI on the following areas using the performance rating scale. This information is completely confidential and is compiled into a report with other classmates to be used to guide and evaluate the Athletic Training Education Program's mission and to make any changes or adjustment to our academic program.

<p>5= Very Strong/ Superior          4= Consistently Above Average          3= Average/ Satisfactory          2= Consistently Below Average          1= Very Weak          0= N/A</p>
---

**Rate your ACI on their ability to instruct you on the following areas:**

Rating		PREVENTION
	1.	Instructing you on how to identify risk factors associated with injuries & illnesses.
	2.	Instructing you on how to select and apply taping and protective equipment.
	3.	Instructing you on how to prescribe flexibility programs and perform correct stretching techniques.
	4.	Instructing you on how to prescribe strength and conditioning programs and apply correct exercise techniques.
Rating		ASSESSMENT AND EVALUATION
	1.	Instructing you on how to identify common mechanisms of injuries and the forces associated with injuries.
	2.	Instructing you on how to identify and report on appropriate clinical signs and symptoms in an organized and clear format.
	3.	Instructing you on how to conduct examination techniques and procedures into an effective systematic scheme.
Rating		EMERGENCY HEALTH CARE
	1.	Instructing you on how to understand and perform an evaluation of an acute injury.
	2.	Instructing you on how to select appropriate first aid supplies/equipment and effectively perform first aid techniques such as splinting/immobilizing, applying bandages/dressings etc.
	3.	Instructing you on how to take appropriate universal precautions.
Rating		TREATMENT AND REHABILITATION/RECONDITIONING
	1.	Instructing you on how to develop appropriate short and long term treatment goals based on your understanding of the stages of the healing process.
	2.	Instructing you on how to choose and apply rehabilitation exercises with correct instruction and technique/procedures based on an understanding of the stages of the healing process?.
	3.	Instructing you on how to select and apply appropriate therapeutic modalities with correct techniques/ procedures based on an understanding of the stages of the healing process.
	5.	Instructing you on how to identify and describe typical psychological and emotional responses to injuries that affect the rehabilitation process and propose and implement effective strategies to improve the well being of the athlete and aid the healing process.
Rating		DOCUMENTATION AND PROFESSIONAL ASPECTS
	1.	Instructing you on how to record medical information accurately and can communicate it clearly and effectively.
	2.	Instructing you on how to ask for help and seeks advice form your supervisor and/or peers when needed.
	3.	Instructing you on how to seeks opportunities to promote the profession of athletic training through (personal appearance, dress, speech...) and adheres to the NATA code of ethics.

## **ATHLETIC TRAINING EDUCATION PROGRAM**

**APPROVED CLINICAL INSTRUCTOR/ CLINICAL INSTRUCTOR**

<b><u>Approved Clinical Instructors</u></b>	<b><u>Location</u></b>
Bryan Hutson, ATC	Central High School
Cary Berthelot, M.A., ATC, LAT	Southeastern Louisiana University
Chad Dufrene, ATC	Southeastern Louisiana University
Christina Merckx, PhD, ATC	Southeastern Louisiana University
Dean Mannina, ATC, LAT	Episcopal High School
Jackie Sandy, ATC, LAT	North Oaks Sports Medicine Rehabilitation Hospital
Jeff Schmitt, ATC, LAT	North Oaks Sports Medicine Rehabilitation Hospital
Josh Yellen, MA, ATC, LAT	Southeastern Louisiana University
Karen Lew, MEd., ATC, LAT	Southeastern Louisiana University
Laura Shelton, MA, ATC	Southeastern Louisiana University
Meghan Campbell, MS, ATC	Southeastern Louisiana University
Quinton Sawyer, M.A., ATC, LAT	Southeastern Louisiana University
Rebecca George, ATC	Southeastern Louisiana University
Sean McDaniel, ATC, LAT	St. Paul's High School
Tony Trombetta, MA, ATC, LAT	Southeastern Louisiana University
Tracie Parish, PhD, ATC	Southeastern Louisiana University
<b><u>Clinical Instructors</u></b>	<b><u>Location</u></b>
Andy Dalton, PT, ATC	North Oaks Sports Medicine Rehabilitation Hospital
Annie Schmitt, MPT, ATC, LAT	North Oaks Sports Medicine Rehabilitation Hospital
Brett Chiasson, MD	Plaza Orthopedics
H. Reiss Plauche, MD	Covington Orthopedics
Joseph DiLeo, DPM	Internal Medicine of Tangipahoa
Larry Fambrough, MD	Plaza Orthopedics
Robert McAfee, MD	Plaza Orthopedics
Robert Peltier, MD	North Oaks Medical System
Vera Williams, APRN-C	Southeastern Louisiana University Student Health Center

**ATHLETIC TRAINING EDUCATION PROGRAM**

## CASE STUDY GUIDELINES

The following are Guidelines for the case study. Please keep in mind that timelines are scheduled to change as deemed necessary by the course instructor:

### Time Line:

#### Week 5:

1. Documentation on status of selection of case study
2. Release of information form completed in full by the athlete (parent or guardian if applicable) and turned into the student's course instructor

#### Week 10:

1. Documentation of selection and progress of case study
2. Release of information form completed in full by the athlete (parent or guardian if applicable) and turned into the student's course instructor
3. Initial evaluation and progress notes along with a brief description of the progress of the case study #2 to be signed by both the ATS and ACI and then turned into the student's course instructor

#### Week 15:

1. Case study is due to course instructor

#### Week 16:

1. Case study presentations
  - a. These will be a bonus, and will be presented outside of scheduled class time(s). These cases will be open to the community

### Choosing a Case Study:

1. The ATS must formally propose a case study to the lab instructor of the course and the ACI. The final decision for approval will be made by the course instructor and ACI.
2. Once a case study is selected, the ATS must receive permission from the athlete for the release of medical information for presentation and/ or publication of the management of that athlete's injury. The athlete's name and all necessary identification will be removed and deleted to protect the athlete's privacy. Two (2) permission forms are included in this document. Please keep in mind, if the athlete is a minor prior permission from the athlete's parent and/ or legal guardian must be obtained.
3. Two students who are under the direct supervision of the same ACI may choose to present the same case study. Prior approval from the course instructor and ACI will be needed. Each student will provide a brief description (1 page) of the role that student had in the management and development of the case, which will be attached to the final paper and submitted to the course instructor. The final grade will be determined by the course instructor
4. Student will NOT be permitted to choose a case study that is not a part of their ACI's case load.

### **Instructions for Preparing the Case Study:**

1. The case study will be typed using a letter quality printer with a 12 point font size
2. The case study will be written in one of following fonts
  - a. Times New Roman
  - b. Arial
  - c. Courier
3. All margins will be 1.5" using a standard 8.5" x 11" sheet of paper
4. The title of the case study will start at the left margin
5. The student will provide copies of their references using AMA or APA style formatting
6. Summary of the current research should not exceed 2 pages (double spaced)
7. References should be submitted on a separate page

### **Evaluation for the Case Study:**

1. The case study will be evaluated by the course instructor. The grading system that has been provided (pg.58) will serve as the instrument by which the student will be evaluated.

### **Attached Documentation:**

1. Initial evaluation report of injury
  - a. All personal information of the athlete should be deleted
2. All progress notes of the management of the injury

## **ATHLETIC TRAINING EDUCATION PROGRAM**

**RELEASE OF MEDICAL INFORMATION**

**CASE STUDY**

**PURPOSE**

The purpose of this request is to allow Athletic Training Students enrolled in the clinical progression of the Athletic Training Education Program at Southeastern Louisiana University to specifically study the management of an injury under the direct supervision of an Approved Clinical Instructor and then potentially share that information in a variety of formats as listed below.

I, (Athlete) \_\_\_\_\_, freely give my consent for the release of information regarding my injury and all related medical information as well as all audio/visual images (i.e. x-rays, photographs, VHS tape of rehabilitation) for use in a case report conducted by (Clinical Student) \_\_\_\_\_.

I give my permission for the clinical student to submit this case report to the Department of Kinesiology and Health Studies Athletic Training Education multimedia library (i.e., CD-ROM, Web Page, Case Study Instructor's manual and professional presentations and/or publications). I understand that my name **will remain strictly confidential at all times and will not be revealed in any aspect of this case study.**

Signature: \_\_\_\_\_  
(Athlete)

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

Signature: \_\_\_\_\_  
(Parent-if High School Student)

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

Signature: \_\_\_\_\_  
(Clinical Student)

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

Signature: \_\_\_\_\_  
(Approved Clinical Instructor)

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

Signature: \_\_\_\_\_  
(Course Instructor)

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

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Athletic Training Education Program  
Department of Kinesiology and Health Studies  
College of Nursing and Health Sciences  
Southeastern Louisiana University

**Week 5-Progress Report**

**Case Study**

**Students Name:** \_\_\_\_\_

**Title of Case Study:** \_\_\_\_\_  
\_\_\_\_\_

**Check if Attached:**

\_\_\_\_\_ Initial evaluation report attached (no personal information included)

\_\_\_\_\_ All progress notes attached (no personal information included)

<b>STUDENT COMPLETES</b>
<b>Provide a Brief Description of the Progress of your Case Study</b>
<b>CLINICAL INSTRUCTOR COMPLETES</b>
<b>Comments on Student's Progress</b> <b>Identify strengths and weaknesses of progress to date</b>

**Overall rating by Lab Instructor based on information provided.**

\_\_\_\_\_  
**Clinical Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Clinical Instructor Signature**

\_\_\_\_\_  
**Date**



## CRITERIA & EVALUATION OF CASE STUDY

Categories	Scales
<b>Personal Data/Pertinent Medical History</b> (age, sex, sport/occupation of individual, primary complaint and pertinent aspects of his/her medical history)	<p>6= personal data provided; clearly and concisely identifies and communicates chief complaint and pertinent aspects of medical history.</p> <p>4= personal data provided and identifies complaint and pertinent medical history.</p> <p>2= some personal data missing or unclear; very wordy and does not communicate effectively the exact chief complaint and/or medical history.</p> <p>0= no relevant information provided concerning this injury or athlete was identified.</p>
<b>Physical Signs and Symptoms</b> (a brief summary of the physical findings)	<p>6= provides a concise summary with appropriate information given; communicates very clear and in specific details the physical findings.</p> <p>4= a summary of the physical findings; needs to be more concise and specific, not comprehensive enough.</p> <p>2= very wordy and unclear; does not provide adequate information.</p> <p>0=inappropriate physical findings, very difficult to read and understand.</p>
<b>Differential Diagnosis</b> (array of possible injuries/conditions)	<p>6= provides an accurate and very possible list of injuries/conditions.</p> <p>4= provides a minimum amount of accurate alternative injuries/conditions.</p> <p>2= provides at least one absolutely incorrect injury/condition that does not relate.</p> <p>0= provides no real list of other possible diagnosis.</p>
<b>Results of Diagnostic imaging/laboratory Tests</b>	<p>6= provides adequate and realistic information that gives great insight; communicates clearly and concisely.</p> <p>4= provides information but is too wordy and/or unclear of the exact results.</p> <p>2= provides some inadequate information and/or does not communicate it clearly.</p> <p>0= does not provide any specific information and/or provides no appropriate information</p>
<b>Clinical Plan &amp; Protocols</b> (e.g., diagnosis, treatment, surgical technique, rehabilitation program and final outcome)	<p>6= provides a very clear sequential course of action that is appropriate for the management of this case.</p> <p>4= provides a clinical course of action but does not communicate it clearly; some parts of the clinical course are missing or not appropriate.</p> <p>2= provides a clinical course of action that is missing minor parts; does not communicate it clearly, very wordy.</p> <p>0= provides no real clear course of action; missing major parts of the clinical course.</p>
<b>Deviation from Expectations</b> (a brief description of what makes this case unique)	<p>6= provides a clear and concise explanation of the uniqueness of this case.</p> <p>4= provides a minimum amount information and explanation.</p> <p>2= provides an adequate explanation but no insight into the uniqueness of this case</p> <p>0= provides no realistic explanations or reasoning for the uniqueness of this case.</p>
<b>Summary of Research on this Injury with Reference</b> (briefly summarizes the current literature on this case)	<p>6=provides a very clear and concise summary with valid and relevant references; references correctly cited.</p> <p>4= provides a summary with a minimum amount of relevant references; some citations incorrectly cited.</p> <p>2= provides inadequate and/or invalid information to support a very weak summary.</p> <p>0= provides no realistic summary and references were grossly inadequate.</p>

**GRADING SCALE: A=42-35    B=34-27    C=26-19    F=<18**

\*Subject to change based at Instructor's discretion. The grading is converted to a 7 point scale according to the information provided within the course syllabus.



**ATHLETIC TRAINING EDUCATION PROGRAM**

**TEXTBOOK LISTING**

<b>Course Prefix/ Number/ Name</b>	<b>Required Textbook/Resources</b>
<b>HS 132:</b> Personal Health and Wellness	Core Concepts of Health, 10 <sup>th</sup> Ed., Insel and Roth
<b>ATHT 141:</b> Prevention and Management of Motor Performance Injuries	Concepts of Athletic Training, 5 <sup>th</sup> Ed., Pfeiffer
<b>KIN 275:</b> Anatomical Kinesiology	Manual of Structural Kinesiology, 16 <sup>th</sup> Ed., Floyd
<b>NURS 233:</b> Introduction to Pharmacology	Core Concepts in Pharmacology, 2 <sup>nd</sup> Ed., Holland and Adams
<b>ATHT 203:</b> Foundations of Athletic Training	Introduction to Athletic Training, 2 <sup>nd</sup> Ed., Hillman ; Modern Principles of Athletic Training, 12 <sup>th</sup> Ed., Prentice
<b>ATLB 208:</b> Foundations of Athletic Training Lab	Introduction to Athletic Training, 2 <sup>nd</sup> Ed., Hillman ; Modern Principles of Athletic Training, 12 <sup>th</sup> Ed., Prentice
<b>ATHT 210:</b> Psychosocial Intervention & Referral in Athletic Training	Counseling in Sports Medicine, 1 <sup>st</sup> Ed., Ray
<b>ATHT 241:</b> Emergency Health Care for the Athletic Trainer	AAOS: Emergency Care and Transportation of the Sick and Injured , 7 <sup>th</sup> Ed., Jones and Bartlett Sports Emergency Care: A Team Approach, Rehberg
<b>ATLB 244:</b> Emergency Health Care for the Athletic Trainer- Lab	AAOS: Emergency Care and Transportation of the Sick and Injured , 7 <sup>th</sup> Ed., Jones and Bartlett
<b>KIN 392:</b> Physiology of Exercise	Exercise Physiology: Theory and Application, 6 <sup>th</sup> Ed., Powers and Howely
<b>ATHT 300:</b> Field Experiences in Athletic Training I	
<b>ATHT 305:</b> Clinical Integration Lab 1	Foundations of Athletic Training, 3 <sup>rd</sup> Ed., Anderson, Hall, and Martin
<b>FCS 342:</b> Nutrition	Personal Nutrition, 6 <sup>th</sup> Ed., Boyle
<b>ATLB 358:</b> Sports Injury Management Lab I	Modern Principles of Athletic Training, 12 <sup>th</sup> Ed., Prentice; Special Tests for Orthopedic Evaluation, 2 <sup>nd</sup> Ed., Konin
<b>ATHT 363:</b> Sports Injury Management I	Evaluation of Orthopedic and Athletic Injuries, 2 <sup>nd</sup> Ed., Starkey and Ryan ; Therapeutic Exercises for Athletic Injuries 2 <sup>nd</sup> Ed., Holgum
<b>ATLB 370:</b> Therapeutic Modalities in Athletic Training Lab	Therapeutic Modalities in Sports Medicine, 5 <sup>th</sup> Ed., Prentice
<b>ATHT 371:</b> Therapeutic Modalities in Athletic Training	Therapeutic Modalities in Sports Medicine, 5 <sup>th</sup> Ed., Prentice

<b>ATHT 315:</b> Field Experiences in Athletic Training II	
<b>ATLB 320:</b> Clinical Integration Lab II	Foundations of Athletic Training, 3 <sup>rd</sup> Ed., Anderson, Hall, and Martin
<b>KIN 321:</b> Motor Learning	Motor Learning and Control for Practitioners, 1 <sup>st</sup> Ed., Coker Motor Learning: Concepts and Applications, 6 <sup>th</sup> Ed., Magill
<b>KIN 326:</b> Strength Development and Conditioning Programs	Essentials of Strength Training and Conditioning, 2 <sup>nd</sup> Ed., Baechle and Earle
<b>ATLB 366:</b> Clinical Competency Lab II	Muscle Testing, 3 <sup>rd</sup> Ed., Kendall
<b>ATHT 367:</b> Sports Injury Management II	Modern Principles of Athletic Training, 12 <sup>th</sup> Ed., Prentice; Athletic Training and Sports Medicine, 3 <sup>rd</sup> Ed., Jones and Bartlett
<b>ATHT 382:</b> Professional Development and Responsibility in Athletic Training	Professional Behavior in Athletic Training, 1 <sup>st</sup> Ed., Hannam
<b>ATLB 405:</b> Clinical Proficiency Review Lab III	Foundations of Athletic Training, 3 <sup>rd</sup> Ed., Anderson, Hall, and Martin
<b>ATHT 462:</b> Administration of Athletic Training Programs	Management Strategies in Athletic Training, 2 <sup>nd</sup> Ed., Ray ; Who Moved my Cheese, 11 <sup>th</sup> Ed., Johnson ; The Seven Habits of highly Effective People, 2 <sup>nd</sup> Ed., Covey
<b>ATLB 468:</b> Clinical Competency Lab III	Orthopedic Physical Assessment, 4 <sup>th</sup> Ed., Magee ; Mechanical Shoulder Disorder Perspectives in Functional Anatomy, 1 <sup>st</sup> Ed., Porterfield and DeRosa
<b>ATHT 469:</b> Sports Injury Management III	Orthopedic Physical Assessment, 4 <sup>th</sup> Ed., Magee ; Mechanical Shoulder Disorder Perspectives in Functional Anatomy, 1 <sup>st</sup> Ed., Porterfield and DeRosa
<b>ATHT 415:</b> Field Experiences in Athletic training IV	
<b>ATLB 420:</b> Clinical Competency Lab IV	Foundations of Athletic Training, 3 <sup>rd</sup> Ed., Anderson, Hall, and Martin
<b>KIN 436:</b> Psychosocial Dimensions of Sport and Physical Activity	Sport Psychology: Concepts and Application, 5 <sup>th</sup> Ed., Cox
<b>ATLB 470:</b> Clinical Competency Lab IV	Neurological Athletic Head and Spine Injuries, Cantu; Orthopedic Neurology, Hoppenfeld
<b>ATHT 471:</b> Advanced Athletic Training IV	Evaluation of Orthopedic and Athletic Injuries, 2 <sup>nd</sup> Ed., Starkey and Ryan; Modern Principles of Athletic Training, 12 <sup>th</sup> Ed., Prentice

## COMMON REFERENCES USED IN ATHLETIC TRAINING

### **Board of Certification, Inc. References – Written Examination 2005**

- Agostini. (1994). Medical and Orthopedic Issues of Active and Athletic Women. Hanley & Belfus, Inc./Mosby Publishers.
- American Academy of Orthopaedic Surgeons. (1991). Athletic Training and Sports Medicine, 2nd edition. American Academy of Orthopaedic Surgeons.
- American College of Sports Medicine. (2002). Exercise Management for Persons with Chronic Diseases and Disabilities, 2nd edition. Human Kinetics.
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## **HELPFUL WEBSITES USED IN ATHLETIC TRAINING**

American Academy of Kinesiology and Physical Education  
[www.aakpe.org/newsletr/currpres.htm](http://www.aakpe.org/newsletr/currpres.htm)

American Academy of Orthopedic Surgeons  
<http://orthoinfo.aaos.org>

American Academy of Physician Assistants  
[www.aapa.org](http://www.aapa.org)

American Academy of Podiatric Sports Medicine  
[www.aapsm.org](http://www.aapsm.org)

American Alliance for Health, Physical Education, Recreation, and Dance  
[www.aahperd.org](http://www.aahperd.org)

American College of Sports Medicine  
[www.acsm.org](http://www.acsm.org)

American Medical Association  
[www.ama-assn.org](http://www.ama-assn.org)

American Occupational Therapy Association  
[www.aota.org](http://www.aota.org)

American Orthopedic Society for Sports Medicine  
[www.sportsmed.org/about/default.htm](http://www.sportsmed.org/about/default.htm)

American Physical Therapy Association  
[www.apta.org](http://www.apta.org)

American Red Cross  
[www.redcross.org](http://www.redcross.org)

American Society of Exercise Physiologists  
[www.asep.org](http://www.asep.org)

Association of American Medical Colleges  
[www.aamc.org](http://www.aamc.org)

Canadian Athletic Therapists Association  
[www.athletictherapy.org](http://www.athletictherapy.org)

College Athletic Trainers' Society (CATS)  
[www.collegeatc.org](http://www.collegeatc.org)

International Federation of Sports Medicine  
[www.fims.org](http://www.fims.org)

International Society of Biomechanics  
[www.isbweb.org](http://www.isbweb.org)

Japanese Athletic Trainers' Organization  
[www.jato-trainer.org](http://www.jato-trainer.org)

National Academy of Sports Medicine  
[www.nasm.org](http://www.nasm.org)

National Athletic Trainers' Association (NATA)  
[www.nata.org](http://www.nata.org)

NATA Board of Certification  
[www.bocatc.org](http://www.bocatc.org)

NATA Education Council  
[www.nataec.org](http://www.nataec.org)

National Association of Emergency Medical Technicians  
[www.naemt.org](http://www.naemt.org)

National Collegiate Athletic Association  
[www.ncaa.org](http://www.ncaa.org)

National Operating Committee on Standards for Athletic Equipment  
[www.nocsae.org](http://www.nocsae.org)

National Registry of Emergency Medical Technicians  
[www.nremt.org](http://www.nremt.org)

National Safety Council  
[www.nsc.org](http://www.nsc.org)

National Strength & Conditioning Association  
[www.nscs-lift.org](http://www.nscs-lift.org)

Professional Baseball Athletic Trainers Society  
[www.pbats.com/malt/rangers.htm](http://www.pbats.com/malt/rangers.htm)

Professional Football Athletic Trainers Society  
[www.edblock.com/content/c\\_pfats.html](http://www.edblock.com/content/c_pfats.html)

United States Olympic Committee  
[www.usoc.org](http://www.usoc.org)

World Federation of Athletic Training & Therapy  
[www.wfatt.org](http://www.wfatt.org)  
Publications

Athletic Therapy Today  
[www.mylitsearch.org/pub/100673337](http://www.mylitsearch.org/pub/100673337)

BioMechanics  
[www.biomech.com/links/researchlinks.shtml](http://www.biomech.com/links/researchlinks.shtml)

First Aider  
[www.cramersportsmed.com/first\\_aider.jsp](http://www.cramersportsmed.com/first_aider.jsp)

Gatorade Sports Science Exchange  
[www.gssiweb.com/sportssciencecenter/topic.cfm?id=96](http://www.gssiweb.com/sportssciencecenter/topic.cfm?id=96)

Hughston Health Alert (newsletter)  
[www.hughston.com/hha/hha.htm](http://www.hughston.com/hha/hha.htm)

Journal of Applied Biomechanics  
<http://omni.library.nottingham.ac.uk/whatsnew/detail/1013070.html>

Journal of Athletic Training  
[www.journalofathletictraining.org](http://www.journalofathletictraining.org)

Journal of the American Medical Association  
<http://jama.ama-assn.org>

Medicine & Science in Sports & Exercise  
[www.msse.org](http://www.msse.org)

Orthopedics Today  
[www.slackinc.com/bone/ortoday/otbull.htm](http://www.slackinc.com/bone/ortoday/otbull.htm)

Penn State Sports Medicine Newsletter  
[www.psu.edu/ur/news.html](http://www.psu.edu/ur/news.html)  
[atl.htm](#)

**ATHLETIC TRAINING EDUCATION PROGRAM**

**DRUG TESTING AWARENESS SHEET**

**VERIFICATION FORM**

I, (print your name) \_\_\_\_\_, verify that I have been informed regarding the existence of a Drug Testing Policy that is effective immediately. I have been provided with a copy of the Drug Testing Protocol in its entirety within this handbook. I also understand that a copy for review is available in the Athletic Training Education Program Director's office.

By signing below, I am indicating that I am aware of the Drug Testing Policies and its regulations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date



**COLLEGE OF NURSING AND HEALTH SCIENCES**

**CONFIDENTIALITY AGREEMENT**

**Confidentiality is a cornerstone of building a strong clinical relationship. As an individual who provides health care, the student may have access to client's/patients' confidential information that includes biographical data, financial information, medical history and other information. The student is expected to protect client confidentiality, privacy and security and to follow these and all associated agency guidelines.**

The student will use confidential information only as needed to perform duties as a member of the faculty or as a registered student in the programs with the College of Nursing and Health Sciences. This means, among other things, that:

- The student will only access confidential information for which the student has a need to know.
- The student will respect the confidentiality of any verbal communication or reports printed from any information system containing client's/patient's information and handle, store and dispose of these reports appropriately at the University and associated clinical agency.
- The student will not in any way divulge, copy, release, loan, alter, or destroy any confidential information except as properly authorized within the scope of all professional activities.
- The student will carefully protect all confidential information. The student will take every precaution so that clients/patients, their families, or other persons do not overhear conversations concerning client/patient care or have the opportunity to view client/patient records.
- The student will comply with all policies and procedures and other rules of the University and associated agencies relating to confidentiality of information and access codes.
- The student will understand that the information accessed through all clinical information systems agencies contains sensitive and confidential client/patient care, business, financial and hospital employee information that should only be disclosed to those authorized to receive it.
- The student will not knowingly include or cause to be included in any record or report of false, inaccurate or misleading entry.

The student will understand that violation of this Confidentiality Agreement may result in disciplinary and legal action with fines. By signing this, the student acknowledges that he or she has read, understood and will comply with the Agreement.

**Print Name:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

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

**Witness:** \_\_\_\_\_

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

## **ATHLETIC TRAINING REGULATING ORGANIZATIONS**

### **Commission on Accreditation of Athletic Training Education**

[www.caate.net](http://www.caate.net)

The Commission on Accreditation of Athletic Training Education (CAATE) is the agency responsible for the accreditation of professional (entry-level) Athletic Training education programs. The American Academy of Family Physicians (AAFP), The American Academy of Pediatrics (AAP), The American Academy of Orthopedic Surgeons in Sports Medicine (AAOSSM) and the National Athletic Trainers' Association, Inc. (NATA) cooperate to sponsor the JRC-AT/CAATE and to collaboratively develop the Standards for Entry-Level Athletic Training Education Programs. Successful completion of a CAATE accredited educational program is a criteria used to determine a candidate's eligibility for the Board of Certification (BOC) examination.

### **National Athletic Trainers' Association (NATA)**

[www.nata.org](http://www.nata.org)

The mission of the National Athletic Trainers' Association is to enhance the quality of health care for athletes and those engaged in physical activity, and to advance the profession of athletic training through education and research in the prevention, evaluation, management and rehabilitation of injuries.

### **National Athletic Trainers Association- Education Council**

[www.nataec.org](http://www.nataec.org)

Committee Structure of the NATA responsible for providing direction for athletic training education.

### **Board of Certification (BOC)**

[www.bocatc.org](http://www.bocatc.org)

The Mission of the NATA Board of Certification is to certify athletic trainers and to identify for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs.

### **Louisiana State Board of Medical Examiners (LSBME)**

[www.lsbme.org](http://www.lsbme.org)

Certification for Athletic Trainers in Louisiana

**APPENDIX I**

**EMERGENCY ACTION PLANS**

**For**

**SOUTHEASTERN LOUISIANA UNIVERSITY**

**SOUTHEASTERN LOUISIANA UNIVERISTY**  
**ATHLETIC TRAINING EDUCATION PROGRAM**  
**EMERGENCY ACTION PLAN**



Revised: Fall 2007

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## **I. INTRODUCTION:**

Emergency situations can arise at any time during athletic events. Expedient, precise and deliberate actions must be taken in order to provide the best possible and most comprehensive care to Southeastern Louisiana University student athletes during emergency and/or life threatening conditions. This document will serve as the official Emergency Action Plan (EAP) of the Southeastern Louisiana University Athletic Training Education Program and those medical and administrative professionals associated with the medical care of Southeastern Louisiana University student athletes.

As athletic injuries may occur at any time and during any activity, the Sports Medicine Team must be prepared. This preparation involves the formulation of an Emergency Action Plan. Certain aspects of the implementation of an EAP include but are not limited to the proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine, including but not limited to maintaining current cardio-pulmonary resuscitation (CPR) including automated external defibrillation (AED) and basic first aid certifications.

Additionally, all qualified medical professionals that are immediately involved in the implementation of the EAP must fulfill all obligations deemed necessary by their certifying or licensing organizations and agencies to keep such certifications or licenses valid. Through careful pre-participation physical examination (PPE) screenings, adequate medical coverage, safe practice techniques, up to date conditioning techniques and other safety avenues, the potential to avoid emergencies increases.

However, accidents and injuries are inherent with sports participation, and the proper preparation and rehearsal on the part of the Sports Medicine Team will enable each emergency situation to be managed appropriately and effectively. When forming the Sports Medicine Team and ability to handle and manage emergency situations, it is important to adapt the team to each situation or sport. It is advantageous to have more than one individual trained and assigned to each role. This allows the those persons responding to an emergency situation to function even though certain members may not always be present.

## **II. DEFINITION OF TERMS:**

**A. Certified Athletic Trainer (ATC):** BOC certified athletic trainers are medical professionals who are experts in injury prevention, assessment, treatment and rehabilitation in orthopedic and musculoskeletal disciplines. As a part of a complete health care team, the certified athletic trainer works under the direction of a licensed physician (MD or DO) and in cooperation with other health care professionals and administrators.

**B. Physician (MD or DO):** A physician who is duly qualified and legally licensed to practice medicine, whose permanent practice is in the United States, who is legally authorized to and does use the designation MD, and who is legally practicing within the scope of his or her license or a physician who is duly qualified and legally licensed to practice osteopathy, whose permanent practice is in the United States, who is legally authorized to and does use the designation DO, and who is legally practicing.

**C. First Responder:** Those individuals that have a higher level of Basic Life Support (BLS) training. These individuals are usually first on the scene of an emergency. Examples of first responders include but are not limited to police officers, firefighters, industrial health professionals, and levels of Emergency Medical Technicians (EMT-B, EMT-I, EMT-P).

**D. Emergency Action Plan (EAP):** An Emergency Action Plan is a predetermined written plan that is used by various institutions (public and/or private) to prepare for potential life threatening and environmental emergencies.

**E. Emergency Medical Services (EMS):** Emergency medical service is a branch of medicine that is performed in the field and provides pre-hospital care to the sick and injured by paramedics, emergency medical technicians (EMTs) and certified first responders.

**F. Sports Medicine Team:** Those individuals that have extensive training in the branch of medicine that deals with injuries or illnesses resulting from participation in sports and athletic activities. Such personnel include but are not limited to physicians, athletic trainers, physical therapists, nurses and select para-medical staff.

**G. Cardiopulmonary Resuscitation (CPR):** A combination of chest compressions (30) and mouth-to-mouth rescue breathing (2) used during cardiac and respiratory arrest to keep oxygenated blood flowing to the brain and other vital organs until advanced life support can be initiated.

**H. Automated External Defibrillator (AED):** An automated external defibrillator (AED) is a portable electronic device that diagnoses and treats cardiac arrest by reestablishing an effective heart rhythm. This treatment is called defibrillation, which applies an electric shock to the entire heart muscle.

### **III. EAP EMERGENCY CONTACT PHONE NUMBERS:**

Emergency Medical Services		911
SELU Police Department		985-549-2222 (Campus Phone)
Tony Trombetta, MA, ATC, LAT	Head Athletic Trainer Asst. Athletic Director, Sports Medicine/	985-549-5133 office 985-981-3888 cell
Quinton Sawyer, MA, ATC, LAT	Asst. Athletic Trainer	985-549-5401 office 985-507-9323 cell
Laura Shelton, MA, ATC	Asst. Athletic Trainer	985-549-5401 office 985-974-1024 cell
Meghan Campbell, MS, ATC	Asst. Athletic Trainer	985-549-5401 office 704-813-3870 cell
Plaza Orthopedics John Fambrough, MD Robert McAfee, MD Brett Chaisson, MD	Team Surgeon Team Surgeon Team Surgeon	985-542-1533 office 985-902-7089 pager 985-902-7281 pager 985-902-7018 pager
Roderick Chandler, MD	Team Surgeon	985-370-5656 office
North Oaks Hospital	Hospital	985-345-2700



#### **IV. EAP PROCEDURES OF FIRST RESPONDER:**

A. The first responder should secure the area by performing a primary survey of the scene. Once it has been determined that the scene is safe the First Responder will render the appropriate care of to the student athlete. This will be done by the following:

1. First Responder will check ABC's of athlete
  - a. Airway (is airway open and secure)
  - b. Breathing (is the athlete breathing)
  - c. Circulation (does the athlete have circulation to vital organs)
2. Once the ABC's of the athlete have been determined the First Responder will summon more qualified help and is to stay with the student athlete until more qualified help arrives.
3. In the event that an athlete is unconscious and/ or a head or cervical spine injury is suspected, the First Responder will appropriately stabilize the athletes head.
4. The First Responder WILL NOT MOVE THE ATHLETE unless the situation is deemed unsafe and the loss of life and/ or limb becomes immanent.
5. The Second Responder should then call 911 and give the appropriate information ( please see specific venue) and remain on the line until the EMS dispatcher/operator states that he/she has the necessary information or disconnects the call.
6. The second responder should then contact the campus police at 985-549-2222 (x2222 from a campus phone) and then offer assistance to the First Responder.
7. The second responder should then contact the Head Athletic Trainer or Staff Athletic Trainer (please see emergency contact list).

#### **V. EAP FOR PROVIDING EMERGENCY INFORMATION:**

Information that needs to be provided when calling the Emergency Medical Services:

1. Name, address, and telephone number of caller
2. Number of athletes in need of medical attention
3. Condition of athlete(s)
4. First aid and treatment initiated by first responder
5. Specific directions as needed to locate the emergency scene
6. Other information as requested by dispatcher

## **VI. COMPONENTS OF EMERGENCY ACTION PLAN:**

- A. EAP Personnel**
- B. EAP Chain of Command**
- C. EAP Roles of Personnel**
- D. EAP Emergency Communication**
- E. EAP Emergency Equipment**
- F. EAP Emergency Transportation**

### **A. EAP Personnel:**

In the event that an athlete requires medical care and treatment for an illness and/or injury associated with their participation in an athletic practice or competition, the emergency chain of command will delegate power to those deemed most competent. It is the responsibility of the team physician, sports medicine team, coaching and administrative personnel to be aware of and adhere to this policy.

It is recognized by the sports medicine team that the risk level of injury increases with certain sports. Therefore, sports with a nature of increased injury, contact and risk will have more emergency personnel available. A team physician may not always be present at every organized practice or competition, however, a physician will always remain “on call” if a situation deems itself necessary, as determined by the Head Athletic Trainer.

Additionally, the first responder in some instances may be a coach or other institutional/administrative personnel. Certification in cardiopulmonary resuscitation (CPR) including AED is required of all athletic personnel associated with practices, skill instruction, and strength and conditioning.

The emergency personnel team consists of a number of healthcare providers including physicians (MD or DO), emergency medical technicians and/ or paramedics (EMT/ EMT-P), certified athletic trainers (ATC), athletic training students, coaches, managers, and possibly bystanders. The most qualified individual associated with Southeastern Louisiana University on the scene should provide acute care in an emergency situation.

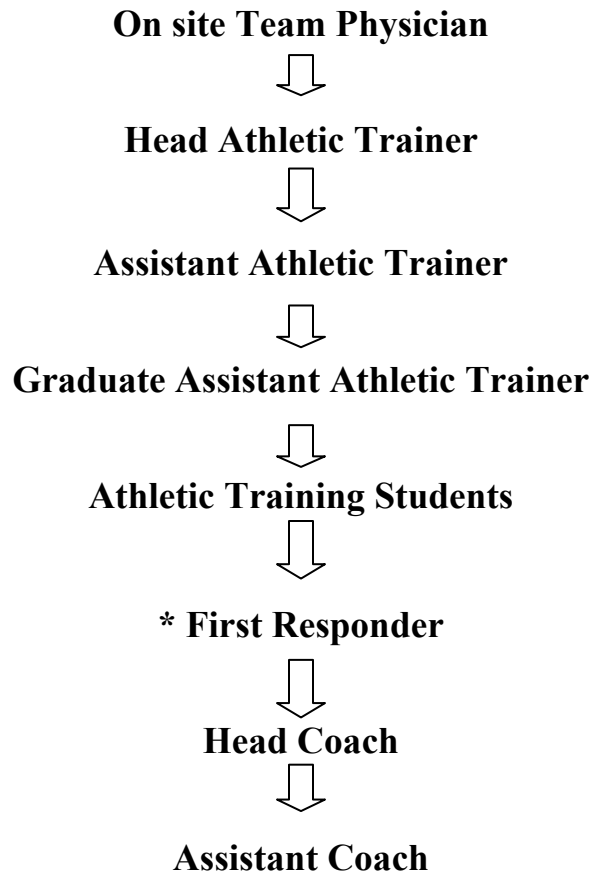
Individuals with lower credentials should yield to the chain of command presented in this document and provide any assistance needed by the individual in charge. Any member of the emergency team may perform the retrieval of emergency equipment. All members should be familiar with the type and location of emergency equipment necessary to sustain life in the event of life or limb threatening situations.

During certain instances, the activation of Emergency Medical Services (EMS) may be warranted. The activation of EMS for Southeastern Louisiana University may be done via individual communication (i.e. cellular phone) by dialing 911 or by contacting Southeastern Louisiana University police by dialing 549-2222. This must be done immediately when the situation is deemed a medical emergency which may involve the loss of life and or limb. Time is the most crucial aspect in such conditions. The personnel heading the chain of command must delegate a person to activate the EMS system. The personnel activating EMS must remain calm under pressure and be able to communicate well on the telephone. This person must be familiar

with the location and address of the venue including being aware of access gates and other possible obstructions. Once at the pre-determined location, the personnel must wait for EMS and direct them to the scene.

**B. EAP Chain of Command:**

In the event an athlete requires medical care and treatment for an illness and/or injury related to their participation in athletic practice or competition, the EAP chain of command will determine who will be “in charge” of the situation. It is the responsibility of the team physician, sports medicine staff, athletic training students, coaching and administrative personnel to be aware of and adhere to this policy.



\* Designates First Responder as those outside of the Sports Medicine Team. Examples of such personnel include athletic administrative staff, coaches and bystanders.

### **C: EAP Roles of Personnel:**

During events at which a Southeastern Louisiana University team physician is present he/she will assume the authority to delegate all final decisions regarding the immediate health care and treatment of the University's student athletes regardless of venue. In the event that a team physician is not present then the responsibilities of the EAP will be conducted and regulated by the highest ranking and/ or most appropriate certified/ licensed Athletic Trainer on duty.

The ATC will designate a secondary responder to activate EMS as soon as possible while caring for the student athlete. The secondary responder(s) will then contact the Southeastern Louisiana University police (549-2222) and assist as a first responder.

In the event that a certified athletic trainer (ATC) is not present, the first responder becomes the responsibility of either the highest ranking on-site athletic training student (ATS) or coach. Upon arrival of the EMS, the ATS and/ or coach will defer to the EMT/ EMT-P. EMS will assume care and responsibility of the student athlete. If accessible an athletic training student and/ or a member of the Southeastern Louisiana University athletic department will accompany the student athlete in the ambulance to the designated emergency facility.

The Head Athletic Trainer and staff Athletic Trainer should be notified by the ATS and/ or athletic administration when an emergency has been appropriately handled in accordance with the EAP. Follow up will be done by the designated staff ATC.

### **D. EAP Emergency Communication:**

As in every medical emergency effective communication is the key to quick and effective delivery of emergency care to the injury of athletes and trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes.

Proper communication prior to the event is the best way to establish boundaries and to build rapport between Sports Medicine and Emergency Medical Service professionals. In the event that official emergency medical transportation is not immediately available or on-site during a particular sporting event, the direct communication with EMS at the time of injury or illness is necessary.

Access to a working University telephone or mobile device (i.e. cell phone) must be assured. Proper use of walkie-talkies or other communication devices must also be rehearsed. The EAP Emergency Communication system must be checked prior to each practice and/ or competition to ensure its proper working order. A back-up communication plan must also be in effect should there be failure of the primary communication system.

The most common method of communication at Southeastern Louisiana University is a land-line phone, however, a cellular phone is preferred if available. At the athletic venue, whether home or away, it is necessary to know the location of all working phones and/ or communication devices. Prearranged access to the phone should be established if it is not easily accessible.

### **I. Radio Usage:**

1. The Athletic Training Department will have access and the use of five (5) 2-way radios as a means of communication. These radios are to be used for official University business only. The use of the radios should facilitate a quicker response in an emergency situation.
2. The use of these radios is regulated by the Federal Communications Commission (FCC) as is taken very seriously. There should not and will not be any unauthorized usage and/ or tampering with the radios.
3. The radios will remain on Channel 3- “Athletic Training” AT ALL TIMES unless otherwise directed.
  - a. Channel 1: SELU Athletic Department
  - b. **Channel 2: SELU Police Department**
  - c. **Channel 3: SELU Athletic Training**
  - d. Channel 4: Not Assigned
4. Those individuals assigned will take extra care of the radios and will not leave them laying around or unattended.

### **E. EAP Emergency Equipment:**

All necessary emergency equipment must be at the specified site and quickly accessible. EAP personnel must be familiar with the function and operation of each type of emergency equipment in advance. Equipment must be in good operational condition and must be checked on a regular basis. The proper rehearsal of the use of the specified emergency equipment by the EAP personnel is encouraged on a routine basis. The emergency equipment should be appropriate for the level of training of the emergency medial providers.

In order to ensure its proper working, it is important to know the most effective way to care for and store the emergency equipment. Emergency Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

### **F. EAP Emergency Transportation:**

Emphasis is placed on having an ambulance on site at high risk sporting events. EMS response time is factored in when determining on site ambulance coverage. The athletic department coordinates on site ambulances for competition in football, though ambulances may be coordinated for other special events/sports.

Consideration is given to the capabilities of transportation service available (Basic Life Support (BLS) or Advanced Life Support (ALS)) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there must be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transportation decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment are available to deliver appropriate care. Emergency care providers must refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

## **VII. Conclusion:**

The importance of being properly prepared to respond effectively when athletic emergencies arise is the best way to prevent further injury and trauma and to ensure the safety of all persons involved. An athlete's survival may depend on how well trained and prepared the Sports Medicine and EMS personnel and providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as athletic training. The emergency action plan should be reviewed at least once a year with all personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency action plan, the athletic department helps ensure the athlete will have the best care provided when an emergency situation arises.

**Southeastern Louisiana University**  
**Alumni Baseball Stadium**  
Effective 1/12/07

**Emergency Personnel:**

SELU Dugas Athletic Training Room: Certified athletic trainers, athletic training students, team physicians (limited basis)

Alumni Baseball Stadium: Certified athletic trainers and/or athletic training students on-site for practice, workouts, and games. Team Physicians On-Call.

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
Graduate Asst. Athletic Trainer	TBA
University Police	985-549-2222
Plaza Orthopedics	985-542-1533

**Emergency Equipment:**

SELU Dugas Athletic Training Room: trauma kit, splint kit, spine board

Alumni Baseball Stadium: trauma kit, splint kit

**AED's are accessible in the Dugas A.T.R. and SELU University Police.**

**Roles of First Responders:**

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
  - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
  - Notify University Police if they have not already been notified
  - Notify Head Athletic Trainer
- 4.) Direction of EMS to scene
  - Open appropriate gates (Gate on the 3<sup>rd</sup> base line)
  - Designate individual to "flag down" EMS and direct to scene
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

Alumni Field is located on the corner of N. General Pershing and W. Dakota. Instruct the Emergency Unit to use the side gate on General Pershing.

**Southeastern Louisiana University**  
**The University Center**  
Effective 1/12/07

**Emergency Personnel:**

SELU University Center Athletic Training Room: Certified athletic trainers, athletic training students, team physicians (limited basis)

Basketball Court: Certified athletic trainers and/or athletic training students on-site for practice, workouts, and games. Team Physicians On-Call.

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
SELU University Center Athletic Training Room	985-549-5028
Quinton Sawyer, Asst. Athletic Trainer	985-507-9323 cell
Meghan Campbell, Asst. Athletic Trainer	704-813-3870 cell
Laura Shelton, Asst. Athletic Trainer	985-974-1024 cell
University Police	985-549-2222
Plaza Orthopedics	985-542-1533

**Emergency Equipment:**

University Center Athletic Training Room: trauma kit, splint kit, spine board

**AED's are accessible in the Dugas A.T.R. and SELU University Police.**

**Roles of First Responders:**

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
  - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
  - Notify University Police if they have not already been notified
  - Notify Head Athletic Trainer
- 4.) Direction of EMS to scene
  - Open appropriate gates (Gate 1 / Freight Entrance)
  - Designate individual to "flag down" EMS and direct to scene
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

The University Center is located on University Avenue at the corner of N. General Pershing.



**Southeastern Louisiana University**  
**Football Practice Fields**  
Effective 1/12/07

**Emergency Personnel:**

SELU Dugas Athletic Training Room: Certified athletic trainers, athletic training students, team physicians (limited basis)

Football Practice Fields: Certified athletic trainers and athletic training students on-site for practice and workouts.

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
Tony Trombetta, Head Athletic Trainer	985-981-3888 cell 985-549-5133 office
Meghan Campbell	704-813-3870 cell 985-549-5401 office
University Police	985-549-2222
Plaza Orthopedics	985-542-1533

**Emergency Equipment:**

SELU Dugas Athletic Training Room: trauma kit, splint kit,

Football Practice Fields: trauma kit, splint kit, spine board

**AED's are accessible in the Dugas A.T.R. and SELU University Police.**

**Roles of First Responders:**

Immediate care of the injured or ill student-athlete

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
  - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
  - Notify University Police if they have not already been notified
  - Notify Head Athletic Trainer
- 4.) Direction of EMS to scene
  - Open appropriate gates (S.E. Corner of the fields – Parking Lot)
  - Designate individual to “flag down” EMS and direct to scene
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

The practice fields are located between General Pershing and the Large Parking Lot adjacent to the Dugas Center. They are located behind the leftfield wall of the baseball stadium.

**Southeastern Louisiana University**  
**Strawberry Stadium – Home Games**  
Effective 1/12/07

**Emergency Personnel:**

Athletic Training Room: Certified athletic trainers, athletic training students, and team physicians

Stadium Field: Certified athletic trainers, athletic training students, and team physicians on-site for games.

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
Tony Trombetta, Head Athletic Trainer	985-981-3888 cell
Meghan Campbell	704-813-3870 cell
University Police	985-549-2222
Plaza Orthopedics	985-542-1533
Ambulance	On-site; communication hand signal relayed before the game

**Emergency Equipment:**

Athletic Training Room: trauma kit, splint kit, various other supplies

Stadium Field: trauma kit, splint kit, spine board, various other supplies

**AED's are accessible and are on site.**

**Roles of First Responders:**

Immediate care of the injured or ill student-athlete

- 1) Emergency equipment retrieval
- 2) Activation of Emergency Medical System (EMS)
  - Signal on-site EMS personnel
- 3) Direction of EMS to scene
  - Clear appropriate gates
  - Designate individual to guide EMS (to within appropriate distance)
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Directions:**

EMS on-site, directions are not necessary.

*Southeastern Louisiana University*

**Strawberry Stadium – Practices**

Effective 1/12/07

**Emergency Personnel:**

Athletic Training Room: Certified athletic trainers, athletic training students, Stadium Field: Certified athletic trainers and/ or athletic training students

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
Tony Trombetta, Head Athletic Trainer	985-981-3888 cell 985-549-5133 office
Meghan Campbell	704-813-3870 cell 985-549-5401 office
University Police	985-549-2222
Plaza Orthopedics	985-542-1533

**Emergency Equipment:**

Athletic Training Room: trauma kit, splint kit, various other supplies

Stadium Field: trauma kit, splint kit, spine board, various other supplies

**AED's are accessible in the Dugas A.T.R. and SELU University Police.**

**Roles of First Responders:**

Immediate care of the injured or ill student-athlete

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
  - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
  - Notify University Police if they have not already been notified
  - Notify Head Athletic Trainer
- 4.) Direction of EMS to scene
  - Open appropriate gates (S.W. Corner – Closest to the Dugas Center)
  - Designate individual to “flag down” EMS and direct to scene
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

The stadium is located on North Hazel. The emergency unit can enter from Western Avenue. Use the entrance into the Parking lot off of Western Avenue. The Main entrance into the stadium is located in the S.W. corner of the stadium and instruct them to use the sidewalk entrance.

**Southeastern Louisiana University**  
**Soccer Game Field**  
Effective 1/12/07

**Emergency Personnel:**

University Center Athletic Training Room: Certified athletic trainers, athletic training students, team physicians (limited basis)

Soccer Practice Fields: Certified athletic trainers and athletic training students on-site for practice and workouts.

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
SELU University Center Athletic Training Room	985-549-5028
Laura Shelton, Asst. Athletic Trainer	985-549-5401 office 985-974-1024 cell
Plaza Orthopedics	985-542-1533
University Police	985-549-2222

**Emergency Equipment:**

University Center Athletic Training Room: trauma kit, splint kit, spine board

Soccer Practice Fields: trauma kit, splint kit

**AED's are accessible in the Dugas A.T.R. and SELU University Police.**

**Roles of First Responders:**

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
  - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
  - Notify University Police if they have not already been notified
  - Notify Head Athletic Trainer
- 4.) Direction of EMS to scene
  - Open appropriate gates (gate next to the gravel parking lot)
  - Designate individual to "flag down" EMS and direct to scene
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

The Stadium is located on W. Tornado Ave. off of W. University Ave.

**Southeastern Louisiana University**  
**Kinesiology Practice Fields**  
Effective 1/12/07

**Emergency Personnel:**

SELU Dugas Athletic Training Room: Certified athletic trainers, athletic training students, team physicians (limited basis)

Kinesiology Practice Fields: Certified athletic trainers and/or athletic training students on-site for practice and workouts.

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
Laura Shelton, Asst. Athletic Trainer	985-974-1024 cell
University Police	985-549-2222
Plaza Orthopedics	985-542-1533

**Emergency Equipment:**

SLU Dugas Athletic Training Room: trauma kit, splint kit,

Kinesiology Practice Fields: trauma kit, splint kit, spine board

**AED's are accessible in the Dugas A.T.R. and SELU University Police.**

**Roles of First Responders:**

Immediate care of the injured or ill student-athlete

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
  - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
  - Notify University Police if they have not already been notified
  - Notify Head Athletic Trainer
- 4.) Direction of EMS to scene
  - To the area closest to the KHS building
  - Designate individual to "flag down" EMS and direct to scene
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

The practice fields are located on Tennessee Ave. between N. Oak Street and Sycamore Street.

**Southeastern Louisiana University**  
**North Oaks Park Softball Complex**  
Effective 1/12/07

**Emergency Personnel:**

SELU Dugas Athletic Training Room: Certified athletic trainers, athletic training students, team physicians (limited basis)  
North Park Softball Complex: Certified athletic trainers and/or athletic training students on-site for practice, workouts and games.

**Emergency Communication:**

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
Laura Shelton, Asst. Athletic Trainer	985-974-1024 cell
University Police	985-549-2222
Plaza Orthopedics	985-542-1533

**Emergency Equipment:**

SLU Dugas Athletic Training Room: trauma kit, splint kit, spine board  
Softball Complex: trauma kit, splint kit

**AED's are accessible in the Dugas A.T.R. and SELU University Police.**

**Roles of First Responders:**

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)  
Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested  
Notify University Police if they have not already been notified  
Notify Head Athletic Trainer
- 4.) Direction of EMS to scene  
Open appropriate gates (Field # 1 – far left corner of the park)  
Designate individual to “flag down” EMS and direct to scene  
Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

North Park is located off of N. Oak Street, north of W. University Ave. Make a left at the North Campus Recreation Area Sign. Games are played on Field #1.

**Southeastern Louisiana University**  
**Kinesiology Tennis Courts**

Effective 1/12/07

**Emergency Personnel:**

SELU Dugas Athletic Training Room: Certified athletic trainers, athletic training students, team physicians (limited basis)

Kinesiology Building/Tennis Courts: Certified athletic trainers and/or athletic training students on-site for practice, workouts and games.

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401
	985-549-5133
Graduate Asst. Athletic Trainer	TBA
University Police	985-549-2222
Plaza Orthopedics	985-542-1533

**Emergency Equipment:**

SELU Dugas Athletic Training Room: trauma kit, splint kit, spine board

Kinesiology Building/Tennis Courts: trauma kit, splint kit

**AED's are accessible in the Dugas A.T.R. and SELU University Police.**

**Roles of First Responders:**

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
  - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
  - Notify University Police if they have not already been notified
  - Notify the Head Athletic Trainer
- 4.) Direction of EMS to scene
  - Open appropriate gates (closest to Lee Hall / Horseshoe Driveway)
  - Designate individual to "flag down" EMS and direct to scene
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

The Kinesiology Tennis Courts are located on Sycamore St. off of W. University Ave.

**Southeastern Louisiana University**  
**Kinesiology Building Gym**  
Effective 1/12/07

**Emergency Personnel:**

SELU Dugas Athletic Training Room: Certified athletic trainers, athletic training students, team physicians (limited basis)

Kinesiology Building: Certified athletic trainers and/or athletic training students on-site for practice, workouts and games.

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
University Police	985-549-2222
Plaza Orthopedics	985-542-1533

**Emergency Equipment:**

SLU Dugas Athletic Training Room: trauma kit, splint kit, spine board

Kinesiology Building: trauma kit, splint kit

**AED's are accessible in the Dugas A.T.R. and University Police.**

**Roles of First Responders:**

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
  - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
  - Notify University Police if they have not already been notified
  - Notify the Head Athletic Trainer
- 4.) Direction of EMS to scene
  - Open appropriate doors (west side of building on Sycamore St.)
  - Designate individual to "flag down" EMS and direct to scene
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

The Kinesiology Building is located on the corner of Sycamore St. and Tennessee Ave., off of W. University Ave



**Southeastern Louisiana University**  
**Old Men's Gym – Weight Room**  
Effective 1/12/07

**Emergency Personnel:**

SELU Dugas Athletic Training Room: Certified athletic trainers, athletic training students, team physicians (limited basis)

Old Men's Gym: Certified strength and conditioning coaches, graduate assistant strength and conditioning coaches, team coaches on-site for practice, workouts and conditioning sessions.

**Emergency Communication:**

SELU Dugas Athletic Training Room	985-549-5401/ 985-549-5133
University Police	985-549-2222
Plaza Orthopedics	985-542-1533

**Emergency Equipment:**

SELU Dugas Athletic Training Room: trauma kit, splint kit, spine board

Old Men's Gym: first-aid kit

**AED's are accessible in the Dugas A.T.R. and SELU University Police.**

**Roles of First Responders:**

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
  - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
  - Notify University Police if they have not already been notified
  - Notify the Head Athletic Trainer
- 4.) Direction of EMS to scene
  - Open appropriate door (double door on west side of gym adjacent to parking lot)
  - Designate individual to "flag down" EMS and direct to scene
  - Scene control: limit scene to first aid providers; move bystanders away from area

**Venue Location:**

The gym is located in the corner of Texas Ave. and Sycamore St. in the middle of Southeastern Louisiana University's campus.

**APPENDIX II**

**COMMON MEDICAL TERMS**

**USED IN THE**

**ATHLETIC TRAINING EDUCATION PROGRAM**

**Athletic Training Education Program**  
**Medical Abbreviations**

1°	primary
2°	secondary
1K' or KTC	one knee to chest
2K' or B KTC	two knees to chest
+1, +2	assistance (assistance of 1 person given)
↓	down, decrease, downward, diminish
↑	up, upward, Increase
//	parallel
~ or ≈	approximately
(+)	positive
(-)	negative
#	weight or pounds, number
'	minutes
“	seconds
Δ	change
<, >	less than, greater than
@	at
=	equals
/	per
%	percent

a	before
A'	ankle
abd	abduction
A	Assessment
A	assistive/assistance
A	active
AA	active assistive
amb	ambulation
AC joint	acromioclavicular joint
add	adduction
ADL	activities of daily living
AP or A/P	anterior/posterior
AROM	active range of motion
AAROM	Active Assistive Range of Motion
AIDS	autoimmune deficiency syndrome
AIIS	anterior inferior iliac spine
AM or a.m.	morning, before noon
ant.	anterior
ASIS	anterior superior iliac spine
as tol	as tolerated
ASA	aspirin
ASAP	as soon as possible
ASIS	anterior superior iliac spine
ATC	certified athletic trainer
B	bilateral
BID or b.i.d.	twice per day
b.i.w.	twice per week
BP	blood pressure
bpm	beats per minute
BSB, BS	baseball
C'	cervical
C1, C2, etc.	first cervical vertebra, second cervical vertebra, etc.
c	with
CA	cancer

CAD	coronary artery disease
cal	calorie
CBC	complete blood count
CBI	closed brain injury
CC	chief complaint
cc	contraction
CKC	closed kinetic chain
cm.	centimeters
CNS	central nervous system
cont.	continue
COPD	chronic obstructive pulmonary disease
CP	cerebral palsy
CPR	cardiopulmonary resuscitation
c/o	complains of
CSF	cerebrospinal fluid
CV	cardiovascular
CVA	cerebrovascular accident
DC or D/C	discharge or discontinue
D.C.	doctor of chiropractic
dept.	department
DFM	deep friction massage
DIP	distal interphalangeal
DM	diabetes mellitus
DO	doctor of osteopathic medicine
DOB	date of birth
DOI	date of injury
DOS	date of surgery
DTR	deep tendon reflex
Dx	diagnosis
E'	elbow
ECG/EKG	electrocardiogram
ER	external rotation
E.R.	emergency room

eval. ext. or /	evaluation extension
F or 3/5 F, or ♀ FLB, FB FHY	fair muscle grade female football field hockey
flex or √ fx FWB	flexion fracture full weight bearing
G or 4/5 GYN	good muscle grade gynecology
h, hr H' HA, H/A HEP HEENT	hour hip headache home exercise program head, ears, eyes, nose, throat
HI HIV HNP HR	head injury human immunodeficiency virus herniated nucleus pulposus/herniated disk heart rate
hs. ht. HTN Hx	at bedtime height hypertension history
ICU IFC IM IMP	intensive care unit interferential current intramuscular impression
IK in. indep. inf.	infrared inches independent inferior

IR	internal rotation
ITB	iliotibial band
ITK	indoor track
IV	intravenous
K'	knee
L, l.	liter
L'	lumbar
LAX	lacrosse
lb.	pound
LE	lower extremity
L1, L2, etc.	first lumbar vertebra, second lumbar vertebra, etc.
L, Lt, L	left
LAQ	long arc quad
LBP	low back pain
LOC	loss of consciousness
LSU	lateral step-ups
LTG	long term goals
m	meter
MAI	multi-angle isometric
M or ♂	male
max	maximum
MBB	men's basketball
MD	doctor of medicine
MEDS	medications
MENS	micro electrical nerve stimulation
MH	moist heat
MI	myocardial infarction
min	minimal
mins. or '	minutes
ml	milliliter
mm	millimeter
MMT	manual muscle test
mod.	moderate

MOI	mechanism of injury
MP, MCP	metacarpophalangeal
MS	multiple sclerosis
MSC	men's soccer
MT, MTP	metatarsophalangeal
MTK	men's track
MWD	microwave diathermy
MXC	men's cross country
N or 5/5	normal muscle grade
NDV	next doctor visit
neg.	negative
noc.	at night, night
NWB	non-weight bearing
O:	objective
od	once daily
OKC	open kinetic chain
OR	operating room
ORIF	open reduction internal fixation
OT	occupational therapy
oz.	ounce
P:	plan
p	after
PA	physician assistant
P/A	posterior/anterior
pc	after meals
PF	plantar fasciitis
P/F jt or PF jt	patellar femoral joint
PFS	patello-femoral syndrome
PM, p.m.	afternoon
poss.	possible
post.	posterior
post op	post operation
pre op	previous to the operation
P or 2/5	poor muscle grade
PMHx	past medical history
PNF	proprioceptive neuromuscular facilitation



PQ	pain quotient (pain rating: 1 thru 10 with 10 being take me to the hospital)
PRE	progressive resistive exercise
prn	as needed
PROM	passive range of motion
PSIS	posterior superior iliac spine
PT	physical therapy
PTA	physical therapy assistant
pt.	patient
Px	problem
PWB	partial weight bearing
q	every
qd	every day
qh	every hour
q.i.d. or QID	four times per day
qn	every night
qt.	quart
RA	rheumatoid arthritis
RBC	red blood cell count
re.	regarding
rehab.	rehabilitation
reps.	repetitions
resp.	respiration, respiratory
R/O or RO	rule out
ROM	range of motion
R, Rt, or R	right
RTD	return to doctor
Rx	treatment
S	subjective
S'	shoulder
s	without
S1, S2, etc.	first sacral vertebra, second sacral vertebra, etc.

SAQ	short arc quad
SBL, SB	softball
SC joint	sternoclavicular joint
SCI	spinal cord injury
sec.	second
SI	sacro-iliac joint
SLR	straight leg raise
SOAP	subjective, objective, assessment, plan
SOB	shortness of breath
S/P	status post
ST	special tests
stat	immediately
STG	short term goals
STJ	sub-talar joint
STN	sub-talar neutral
SWD	shortwave diathermy
Sx	symptoms
T	trace
TB	tuberculosis
T1, T2, etc.	first thoracic vertebra, second thoracic vertebra, etc.
tbsp	tablespoon
TENS	transcutaneous electrical nerve stimulation
ther. ex. or TE	therapeutic exercise
TID	three times per day
TIW	three times per week
TKE	terminal knee extension
TKR	total knee replacement
TMJ	tempomandibular joint
TWB	total weight bearing
TTWB/TDWB	toe touch weight bearing/touch down weight bearing
Tx	traction
UE	upper extremity
US	ultrasound
UV	ultraviolet

VBL, VB	volleyball
VD	venereal disease
VMO	vastus medialis obliquus
v.o.	verbal orders
v.s.	vital signs
W'	wrist
WBB	women's basketball
WBC	white blood cell count
WFL	within functional limits
WNL	within normal limits
WBAT	weight bear as tolerated
w/c or wc	wheel chair
WP	whirlpool
WRL	wrestling
WSC	women's soccer
WSW	women's swimming
WTK	women's track
WXC	women's cross country
wt.	weight
x	times
y/o, yo	years old
yd.	yard
yr.	year

**APPENDIX III**

**CLINICAL EDUCATION TERMINOLOGY**

**FOR THE**

**ATHLETIC TRAINING EDUCATION PROGRAM**

## **Abbreviations:**

**ACI:** Approved Clinical Instructor

**CI:** Clinical Instructor

**CIE:** Clinical Instructor Educator

**ATS:** Athletic Training Student

**1. Ability to Intervene:** The ACI/ CI is within the immediate physical vicinity and can interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. Same as being Physically Present

**2. Academic Catalog/ Bulletin:** The official publication of the institution that describes the academic programs offered by the institution.

**3. Academic Plan:** The plan that encompasses all aspects of the student's academic classroom and clinical experiences.

**4. Adequate:** Allows for the deliver of student education that does not negatively impact eh quality or quantity of the education. Same as sufficient.

**5. Administrative Support Staff:** Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented but not replaced by student assistants.

**6. Affiliate (Affiliated Setting):** Institution, clinics or other health settings not under the authority of the sponsoring institution but are used by the ATEP for clinical experiences.

**7. Affiliation Agreement:** A formal written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate from the sponsoring institution and affiliated site. Same as memorandum of understanding.

**8. Allied Health Care Personnel:** Physician Assistant, physical therapist, registered nurse, doctors of dental surgery and other health care professionals recognized by the AMA/ AOA as allied health care professionals who are involved in direct patient care and are used in the classroom and clinical education portions of the ATEP. These individuals may or may not hold formal appointments as instructional faculty. Same as other health care professionals.

**9. Approved Clinical Instructor (ACI):** An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/ or Clinical Proficiencies. The ACI may not be a current student within the ATEP.

**10. ATEP:** Athletic Training Education Program.

**11. ATEP Faculty:** BOC Certified Athletic Trainers and other faculty who are responsible for the classroom or sponsoring institution clinical instruction in the athletic training major.

**12. Athletic Training Facility/ Clinic:** The facility designated as the primary site for preparation, treatment, and rehabilitation of athletes and those involved in physical activity.

**13. Athletic Training Student (ATS):** A student formally enrolled in the athletic training major.

**14. Clinical Coordinator:** The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATEP.

**15. Clinical Education:** The application of knowledge and skills learned in the classroom and laboratory settings to actual practice on patients under the supervision of an ACI/CI.

**16. Clinical Experiences:** Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.

**17. Clinical Instruction Site:** The location in which an ACI or CI interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATEP, then there must be annual review and documentation that the remote clinical site meets all education requirements.

**18. Clinical Instructor (CI):** An individual identified to provide supervision of athletic training students during their clinical experience. An ACI may be CI. The ACI may not be a current student within the ATEP.

**19. Clinical Instructor Educator (CIE):** The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training. If more than one individual is recognized as a CIE for an ATEP, then at least one of those individuals must be a BOC Certified Athletic Trainer.

**20. Clinical Plan:** The plan that encompasses all aspects of the clinical education and clinical experiences.

**21. Clinical Ratio:** The ratio of ACI or CI to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of experience or academic term. The ratio must not exceed eight (8) students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.

**22. Communicable Disease Policy:** A policy developed by the ATEP consistent with the recommendations developed for other allied health care professionals that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC.

**23. Contemporary Instructional Aid:** Instructional aids that are used by faculty and students including but not limited to computer software, AED trainers and Epi Pen trainers.

**24. Contemporary Instructional Formats:** Information formats used by faculty and students including electronic databases, electronic journals, digital audio/ video and computer software.

**25. Didactic Instruction:** See: Formal classroom and laboratory instruction.

**26. Direct Patient Care:** The application of professional knowledge and skills in the provision of health care.

**27. Direct Supervision:** Supervision of the athletic training student during clinical experience. The ACI or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

**28. Directed Observation Athletic Training Student:** A student who may be present in the athletic training facility but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.

**29. Distance Education:** Classroom and laboratory instruction accomplished with electronic media with primary instructor at one institution and students at that institution and additional locations. Instruction may be via internet, telecommunication, video link or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. See remote education.

**30. Equitable:** Not exact but can be documented as comparable with other similar situations or resources.

**31. Expanded Subject Area:** Subject matter that should constitute the academic “core” of the curriculum. It must include but is not limited to the following areas: assessment of injury/ illness; exercise physiology; first aid and emergency care; general medical conditions and disability; health care administration; human anatomy; human physiology; kinesiology/ biomechanics; medical ethics and legal issues; nutrition; pathology of injury and illness; pharmacology; professional development and responsibility;; psychosocial intervention and referral; risk management and injury/ illness prevention; strength training and reconditioning; statistics and research design; therapeutic exercise and rehabilitative techniques; therapeutic modalities; weight management and body composition.

- 32. Formal Instruction:** Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environments. Same as didactic education.
- 33. Full Time Faculty:** Recognized by the sponsoring institution as a full time member of the faculty with all responsibilities and voting privileges as other designated full time faculty and documented in institutional faculty delineations.
- 34. Funding Opportunities:** Opportunities for which students may participate for reimbursement but that do not require the students to use athletic training skills, to replace qualified staff and are not required of the academic program.
- 35. General Medical Experience:** Clinical experience that involves observation and interaction with physicians, nurse practitioners and/ or physician assistants where the majority of experiences involves general medical topics as those defined by the Athletic Training Educational Competencies.
- 36. Geographic Proximity:** Within a vicinity to allow for annual inspection, review and documentation of meeting all academic requirements by the ATEP faculty/ staff.
- 37. Learning Over Time (LOT):** The process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/ skill and then a subsequent re-evaluation of that information/ skill in a clinical (actual or simulated) setting.
- 38. Major:** In documents of instruction where majors are listed, athletic training must be a listed major. The designation as a major must be consistent with instructional and system wide requirements.
- 39. Master Plan:** The plan of the ATEP that encompasses all aspects of student education and learning in both the clinical and didactic settings.
- 40. Medical Director:** The physician (MD/DO) who serves as a resource for the programs director and ATEP faculty regarding the medical content of the curriculum. The medical director may also be the team physician; however there is no requirement for the medical director to participate in clinical education.
- 41. Memorandum of Understanding:** Please see Affiliation Agreement
- 42. Other Health Care Personnel:** Please see Allied Health Care Personnel



- 43. Outcome Assessment Instruments:** The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the ATEP mission, goals and objectives of the program. Instruments must also be designed to collect data and feedback in regard to the effectiveness of the program instruction relative to the Athletic Training Education Competencies.
- 44. Outcomes:** The effect that the ATEP has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals and objectives.
- 45. Physical Examination:** An examination performed by an appropriate health care provider (MD, DO, PA, NP) to verify that a student is able to meet the physical and mental requirements with or without reasonable accommodation as defined by the ADA.
- 46. Physically Interact:** Please see Ability to Intervene and Physically Present.
- 47. Physically Present:** Please see Ability to Intervene.
- 48. Physician:** A medical doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.
- 49. Pre-Professional Student:** A student who has not been formally admitted in the ATEP. May be required to participate in non-patient activities as described by the term Directed Observation Student.
- 50. Program Director:** The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the ATEP.
- 51. Remote Education:** Please see Distance Education.
- 52. Service Work:** Volunteer activities outside of the required clinical experiences (i.e. Special Olympics, State Games). If the athletic training skills are part of this service work, then they must be supervised during those activities.
- 53. Sponsoring Institution:** The college or university that awards the degree association with the ATEP and offers the academic program in Athletic Training.
- 54. Sufficient:** Please see Adequate.
- 55. Team Physician:** The physician (MD/DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however this is not required by the Standards.

**56. Technical Standards:** The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATEP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

**APPENDIX VI**  
**EXPOSURE CONTROL PLAN**  
**&**  
**SAFETY MANUAL**  
**FOR THE**  
**ATHLETIC TRAINING EDUCATION PROGRAM**

**Safety Manual**  
**for**  
**Athletic Training Education Program Laboratories and Field**  
**Experiences**

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**SOUTHEASTERN LOUISIANA UNIVERSITY**  
**ATHLETIC TRAINING EDUCATION PROGRAM**

**SAFETY MANUAL**

**I. INTRODUCTION**

It is the intent of the faculty and administration in the Athletic Training Education Program to provide a safe learning experience for all students and provide guidelines for the development, implementation, and maintenance of a comprehensive school safety program.

The following guidelines are established to provide instructions in maintaining safety for students, staff, and faculty while using the skills and resource laboratories within the Athletic Training Education Program at Southeastern Louisiana University. All concerned shall adhere to these guidelines.

The Skills Lab Instructors will update the contents of this manual every two years or more often, if necessary. All students, staff, and faculty will be advised of these revisions.

The Skills Lab Instructors are responsible for enforcing the regulations set forth in this manual.

**II. GENERAL GUIDELINES**

- A. All faculty, staff, and students must know and practice the safety guidelines at all times while using the skill labs and resource room. Failure to adhere to general guidelines can result in disciplinary action. This manual will be available in the skill labs, resource room, and on the web. Also upon admission to the clinical component of the curriculum a copy will be provided to the student and will be instructed to review the contents.
- B. All labs (skill and resource) are locked unless occupied by faculty and/or students during class or practice. Any break in security must be reported immediately to Campus Police (2222); Athletic Training Education Program Director; Department Head; and/or Dean. Each faculty member will be responsible for his/her key(s) for security purposes.
- C. Students are expected to come to lab prepared by having read the scheduled lab objectives and assignments prior to the start of the lab period.

- D. Students should be knowledgeable of the care, handling, and proper use of equipment prior to using it in the laboratory.
- E. Students should report pregnancies, physical handicaps, recent injuries, illnesses, surgeries, or communicable diseases to their instructors as soon as possible so that necessary precautions may be taken. A medical clearance from a physician is required before students with physical injuries, illness, surgery, pregnancy, or who has a reported communicable disease will be allowed to practice or evaluated in clinical or skills lab.
- F. It is the right of the instructor and/or clinical field experiences agency to determine whether a student in any of the situations above is capable of safely performing the necessary skills and providing care for patients.

### **III. SKILL LABS GUIDELINES**

- A. There shall be no eating or smoking in the labs.
- B. Access to the doorway in the labs will be apparent at all times. Furniture will not be placed to obstruct the exits.
- C. All doors and cabinets shall remain closed when not in actual use.
- D. The skill labs will not be used as a health center or athletic training room for ill students, staff, or faculty.
- E. Children or unauthorized personnel are not allowed in the labs at any time. Injury to unauthorized personnel in the lab will not be considered the responsibility of Southeastern Louisiana University or the Athletic Training Education Program (ATEP).
- F. All students shall practice proper hand washing technique while utilizing skills lab.
- G. Students and faculty will wear gloves during any contact with body fluids. Gloves are utilized for practice and demonstration of skills. Gloves are utilized for personnel using harsh disinfectants to clean the lab. The Athletic Training Education Program will provide sterile and non-sterile gloves for faculty and students. (Refer to Exposure Control Plan, Section D for more specific information). Avoid using petroleum-based hand creams or lotions. These can interfere with glove integrity.
- H. The labs (Skill Lab and Learning Resource Room) are not to be used as a social area.

- I. Students should report any misconduct occurring in the skills or resource laboratories and may be held responsible if not reported.

#### **IV. SKILL LAB SAFETY**

##### **A. TAPING, PADDING, AND BRACING SAFETY**

1. Students will be instructed to practice only those skills for which they have had prior instruction and gained familiarity with content and proper procedure. Students are expected to come to the laboratory prepared according to the prior instruction on the procedure.
2. Students should at all times practice safe techniques while learning in the skills and resource labs. Standard precautions should be followed at all times (Refer to Exposure Control Plan, Section D).
3. The fitting of all braces should follow manufacturers recommendations.
4. Care should be taken with all instruments (sharp or otherwise) in the construction of prophylactic devices.
5. Care and proper safety precautions should be used when using silicone-casting materials to prevent chemical burns to the patient and student.

##### **B. ELECTRICAL-SAFETY**

1. Wet materials may not be used around electrical outlets or equipment.
2. Faculty and students are responsible for reporting to the appropriate faculty/staff any frayed electrical cords, cracked plugs, missing outlet covers, etc., as well as, any problems encountered while using electrical equipment.
3. No electrical cords will be left in the pathway of walking traffic. Extension cords will be properly taped to the floor if used over a walkway.
4. Only three-prong plugs that contain a ground wire should be used to power equipment in the skills labs.



C. **PHYSICAL SAFETY**

1. Students will be instructed in principles of body mechanics prior to practice and evaluation of moving, lifting, and transferring skills.
2. Student should use caution when practicing lifting skills and should not lift another student who is too heavy without assistance.
3. Students practicing lifting techniques will not perform these procedures in a foolish or unsafe manner. Irresponsible behavior will result in the student's failure to pass that particular lab or dismissal from the lab.
4. Equipment needed for body mechanics practice (wheelchairs, stretcher, & etc.) will be kept in good working condition. Any broken part will be reported immediately to Skills Lab Instructor.
6. Each student will submit evidence of a health examination, required laboratory studies and vaccinations as required by the Athletic Training Education Program at time of admission to clinical athletic training courses.

V. **REPORTING OF AN INJURY**

- A. Any incident occurring in the skill labs, resource labs, or clinical field experience during school hours must be reported to the faculty, skills lab Instructor, clinical field experience Instructor (if appropriate), Program Director, and Department Head immediately.
- B. An incident report must be filled out for the injury. The report must be signed by the faculty member and the student involved as soon as possible after the incident. Incident forms are also available in the office of the Kinesiology and Health Studies Department.
- C. Protocol for a physical injury/occupational exposure:
  1. Report the incident to faculty, skills lab instructor, and appropriate Department Head.
  2. A faculty member will assess the student/staff and administer first aid as needed.
  3. Vital signs will be taken if necessary.
  4. The faculty/staff/student will be assisted to the Student Health Center, appropriate agency, or personal physician depending upon the nature of the injury. Campus Police will be called to assist in transporting a student to a health care agency or call 911 depending on the severity of the injury.

5. The Department Head will follow up with the student within 3 working days. A copy of the incident report and a written follow up report will be kept in the office of the Department Head.
6. Refer to Exposure Control Plan, Section E for paperwork to be completed.
7. If injury involves occupational exposure, refer to Exposure Control Plan, Section E.

## **VI. CLEANING OF LABORATORY AND EQUIPMENT**

- A. The Skills Lab Instructor will be responsible for the disinfection and maintenance of equipment, and monitoring of the labs at all times.

The Skills Lab Instructor may delegate this task, but will be responsible for the overall performance of these duties.

- B. Students and faculty are responsible for the cleanliness of the lab during and after use.
- C. Appropriate personnel at the end of each session may clean floors, counters, and furniture and more frequently if needed. (Refer to posted Protocol for Cleaning Skills Lab and Equipment in each lab and/or utility room).
- D. Equipment located in the skills lab will be cleaned each semester and more often as necessary with the appropriate cleaning agent. Refer to posted Protocol for Cleaning Skills Lab and Equipment in each lab and/or utility room.

## **VII. HAZARDOUS WASTE DISPOSAL**

Potential infectious wastes are collected, contained, stored, and disposed of according to the Occupational Safety and Health Administration (OSHA) guidelines.

- A. Any breakage of thermometers resulting in spillage of mercury will be handled by placing the mercury in a closed bottle while wearing gloves and then notifying the Hazardous Waste Office for proper disposal.
- B. Batteries used in skills lab equipment will be disposed of through the Hazardous Waste Office.

- C. Biohazard contaminated supplies used during competency labs are collected and stored in designated area of skills lab. All biohazard waste will be picked up by designated transporters.

## **VIII. FIRE AND EMERGENCY**

In case of fire or emergency, the University protocol will be followed

### A. Fire

1. Alert people in area to evacuate.
2. Activate nearest fire alarm or call 2222 for campus Police
3. Close doors to confine fire.
4. Evacuate to safe area or exit building through stairwell--Do not use elevator.
5. Provide emergency personnel with any pertinent information.

Students and faculty should become familiar with the location of the nearest fire extinguishers and pull boxes for fire alarm.

Building diagrams that indicate fire escape routes and locations of fire escapes are located in each laboratory and by fire extinguishers.

### B. Emergency

1. Use campus or emergency phone outside of Mims Hall to call university police at 2222.
2. Say "This is an Emergency".
3. State your name, and what and where the emergency is.

**SOUTHEASTERN LOUISIANA UNIVERSITY**

**DEPARTMENT OF KINESIOLOGY AND HEALTH STUDIES**

**ATHLETIC TRAINING EDUCATION PROGRAM (ATEP)**

**EXPOSURE CONTROL PLAN**

**A. INTRODUCTION AND PURPOSE**

This Exposure Control Plan (ECP) has been developed in accordance with the Occupational Health and Safety Administration (OSHA) Blood borne Pathogens Standard, 29 CFR 1910. 1030.

In addition to this plan, students and faculty must follow the Exposure Control Plan (ECP) of affiliating clinical field experiences agencies.

The purposes of this exposure control plan are as follows:

1. Eliminate or minimize occupational exposure of faculty, staff, and students to blood or certain other body fluids;
2. Describe protocol for reporting, treating, and following-up of an exposure.

**B. DEFINITIONS**

A glossary is included at the end of the Exposure Control Plan. These definitions are derived from the following document:

Department of Labor, Occupational Safety and Health Administration.  
Federal Register. December 6. 1991.

Inclusion of these definitions serves to make faculty/staff/students aware of terms to facilitate eliminating or minimizing occupational exposure.

**C. MANAGEMENT/STUDENT RESPONSIBILITIES**

1. Management Responsibilities
  - a. Provides an Exposure Control Plan.
  - b. Ensures the availability of appropriate personal protective equipment to all employees and students who are exposed to blood or other potentially infectious materials.

- c. Develops and implements a written schedule for cleaning and methods of decontamination as provided for in the Athletic Training Education Safety Manual.
- d. Ensures waste is disposed of according to appropriate guidelines.
- f. Provides for post exposure evaluation and follow-up after reported exposure incident. (Refer to Section E on pg. 14)
- g. Provides orientation related to occupational exposure.
- h. Provides protocol for reporting of exposure incidents within 24 hours to appropriate personnel.
- i. Maintains health and education records as required by OSHA.
- j. Performs an annual review of the Exposure Control Plan and whenever necessary.

2. Student Responsibilities

- a. Complies with Exposure Control Plan of the ATEP.
- h. Complies with OSHA regulations at Southeastern Louisiana University Athletic Training Education Program (SLU ATEP) and affiliated agencies.
- c. Uses and disposes of required **PPE** and equipment when performing exposure prone tasks.
- n. Complies with hygienic practices/standard precautions.
- e. Reports exposure incidents to faculty immediately.
- f. Complies with the Athletic Training Education Program Safety Manual.
- g. Complies with SLU-ATEP health requirements.

This policy has been developed with guidance from various national organizations and academic health care institutions. It should be considered flexible and subject to updates as new and additional knowledge is acquired.

**D. ENGINEERING -WORK PRACTICE CONTROLS -COMPLIANCE METHODS**

Standard precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. Engineering controls and work practice controls may include, but are not limited to, the following:

1. Hand washing
  - a. Hands or any other skin area should be washed with soap and water, or mucous membranes flushed with water immediately or as soon as feasible following contact of such body areas with blood and other potentially infectious materials; or,
  - b. When provision of hand washing facilities is not feasible, appropriate antiseptic hand cleaner or antiseptic towelettes will be used. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
2. Handling and Disposal of Needles and Sharps
  - a. Needles and other sharps will not be bent, recapped, broken or reused.
  - b. Scoop method to cover needle is recommended.
  - c. Contaminated sharps shall be disposed of immediately after use in an appropriate container. These containers must be puncture resistant, labelled as biohazard, and leak proof on sides and bottom. Containers that are moved from one location to another must have fully seal able caps.
  - d. Sharp containers must be disposed of when 2/3 full.
3. Handling and Disposal of Non-sharp Infectious Waste

Non-sharp infectious waste is placed in a designated infectious waste container.

The container used for this purpose will be labelled or color-coded in accordance with the requirements of the OSHA standard. When a facility utilizes Standard Precautions in the handling of all specimens, the labelling/color coding of specimens is not necessary provided containers are recognizable as containing specimens.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container, which prevents leakage during handling, processing, storage, transport or

shipping of the specimen. Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant.

4. Transport of Biological Waste

A designated transport company will pick up all biological waste including sharps and non-sharps. The designated transporters pick up biohazard waste at Mims Hall and the Athletic Training Room when notified by Skills Lab Instructor or Head Athletic Trainer.

5. Personal Protective Equipment (PPE)

Appropriate PPE will be available to faculty/students exposed to infectious materials. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through or reach the faculty or student's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used.

If blood or other potentially infectious materials penetrate a garment, the garment(s) shall be removed immediately or as soon as possible. All PPE shall be removed prior to leaving the work area. When PPE is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

a. Gloves

1. Gloves must be worn for the following:

- a. When it can be reasonably anticipated that there will be exposure to blood, body fluids, mucous membranes or non-intact skin of any patient.
- b. When demonstrating procedures in skills lab,
- c. When faculty/student has non-intact skin such as cuts, lesions or chafed hands or dermatitis. The student with weeping dermatitis may not practice in skills lab until lesions are no longer weeping.

2. Gloves should be of appropriate size, material, and quality.
3. The use of gloves does not exclude the necessity for hand washing.
4. Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the integrity of the glove material is compromised.
5. Disposable (single use) gloves are not to be reused.

b. Masks, Eye Protection, and Face Shields

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Students are expected to wear eye protection in skills lab for demonstration of procedures.

Students are expected to use a mask with a one-way valve while performing CPR. Students are to provide their own CPR mask.

c. Gowns, Aprons, and Other Protective Body Clothing

Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

d. Surgical Caps, Hoods, Shoe Covers or Boots

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.



- e. Uniforms
  - 1. All students and faculty must carry a change of clothing or second uniform with them during all clinical assignments.
  - 2. Uniforms and other apparel that is soiled with blood or other body fluid must be handled as contaminated laundry.
    - a. In the clinical agency, remove it immediately when noticed, if feasible, and have it decontaminated by the clinical facility, if provided.
    - b. For faculty/students in non- clinical or non-traditional health care settings, apparel must be removed, appropriately bagged and transported.
    - c. When removed at home, wash the item as a single item in hot water and bleach solution.
    - d. Appropriately labelled biohazard bags must be used to contain and transport contaminated apparel.

6. General Guidelines

Skills lab will be maintained in a manner to eliminate or minimize occupational exposure.

- a. Faculty/students are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
- b. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
- c. If a faculty/student's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water immediately.
- d. Faculty/students must wash their hands immediately or as soon as feasible after removing protective equipment. If soap and water are not immediately available, other hand washing measures must be employed, such as moist towelettes. Faculty/students still must wash with soap and water as soon as possible.

- e. Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.
- f. All equipment and environmental and working surfaces shall be cleaned and decontaminated with appropriate disinfectant solution. (Refer to Safety Manual, Section VII).
- g. Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

E. POST EXPOSURE EVALUATION AND FOLLOW UP

Students should report any incident considered to place them at risk (needle stick, puncture or cut from a potentially contaminated source) to faculty and to the appropriate clinical agency personnel. Faculty/student exposure incidents must be reported to the appropriate Department Head within 24 hours of the exposure incident.

**NOTE: ALL COSTS INCURRED RELATIVE TO EXPOSURE INCIDENTS, INITIAL AND FOLLOW-UP, ARE THE RESPONSIBILITY OF THE INDIVIDUAL, STUDENT.**

1. Clinical Field Experience Agency

Summary of actions to be taken when an exposure incident occurs:

- a. Report the incident to faculty/clinical agency/appropriate Department Head.
- b. Seek immediate medical attention/testing; immediately report to the University Student Health Center, personal physician or team physician.
- c. File required paperwork at Southeastern Louisiana University Athletic Training Education Program and clinical field experience agency,
- d. Complete post exposure follow up and record keeping according to OSHA Guidelines.

2. Skills Lab

Summary of actions to be taken when an exposure incident occurs:

- a. Report incident to faculty, skills lab Instructor, and department head.
- b. Complete Accident/Incident Report Form.
- c. Complete the ORM-Loss Prevention questionnaire regarding accident/incident.
- d. Post exposure follow up and record keeping will be according to OSHA Guidelines.

#### **F. COMMUNICATION OF HAZARDS**

Education regarding hazards and warning labels is discussed in the orientation program for faculty and students and at least annually thereafter. Additional information shall be made available to faculty /students when changes such as modifications of tasks or procedures or institution of new tasks or procedures affect the faculty/student's occupational exposure.

#### **G. RECORD KEEPING**

Student and faculty health records are maintained in separate files from performance records.

The department head shall establish and maintain an accurate record for each faculty/student with an occupational exposure. These records are separate from health and performance records and are kept in department heads office. Confidentiality is maintained in that only the department head has access to these records. Confidential student health records may also be filed at the University Health Center.

### **GLOSSARY**

**Blood borne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Exposure Controls** means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potential infectious materials that occurs during clinical or school lab.

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

### **Potential Infectious Materials**

1. Human blood, human blood components, and products made from human blood.
2. The following human body fluids -semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
3. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
4. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

**Personal Protective Equipment (PPE)** is specialized clothing or equipment worn by a faculty/student for protection against a potential exposure. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a potential exposure are not considered to be personal protective equipment.

PPE includes but is not limited to the following: gloves, gowns, masks, safety glasses, shoe covers and hair covers.

**Sharps** means any object that can penetrate the skin including, but not limited to, needles, scalpels, and broken glass.

### **APPENDIX- A**

**STUDENT ACCIDENT/INCIDENT REPORT**  
**SOUTHEASTERN LOUISIANA UNIVERSITY**  
**ATHLETIC TRAINING EDUCATION PROGRAM**

**P.O. Box SLU 10845**  
**Hammond, LA 70402**

**(504) 549-3871**

Date of Report \_\_\_\_\_ Date/Time of Accident/Injury \_\_\_\_\_

Student Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

Exact Location Where Accident/Incident Occurred (physical location of accident)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was student doing when accident/incident occurred? (Be specific- if using tools or equipment or handling materials- name them and tell what student was doing with them).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did accident/incident occur? (Describe fully the events. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors, which contributed to this accident/incident. )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses {Name, Home phone, Home address, student ID #}

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accident/Incident occur because of:

Mechanical Defect     yes             no

Unsafe Act             yes             no

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and location of injury (Describe fully, include parts of body affected) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was student seen by physician, treated at hospital, etc.     yes             no

Attending Physician and Address (If hospital involved, please indicate)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date    Student's Signature

\_\_\_\_\_  
Date    Faculty/Dept. Head Signature

**APPENDIX- B**

**STUDENT ACCIDENT/INCIDENT REPORT**  
**SOUTHEASTERN LOUISIANA UNIVERSITY**  
**ATHLETIC TRAINING EDUCATION PROGRAM**

**FOLLOW UP**

- UNSAFE ACTS (What was done unsafely?)
- UNSAFE CONDITIONS (What was unsafe?)

1. Why were acts committed?

2. Why did conditions exist?

3. Immediate action to prevent recurrence of UNSAFE ACTS (How controlled?)

4. UNSAFE CONDITIONS (How controlled?)

5. Long range action to be taken (By whom and when?)

6. Measures taken to prevent a similar accident?

7. What additional assistance is needed to prevent recurrence?

### **PROTOCOL FOR CLEANING EQUIPMENT IN SILLS LAB**

#### **A. CLEANING OF LABORATORY**

1. The custodial employees once during the semester or more often as needed will clean the floors and/or carpet of the skill labs
2. The furniture in the skill labs will be wiped with a bleach solution (1: 9) at the end of each semester or more often as needed. This includes overbed tables, bedside tables, stretchers, counter tops, taping tables, treatment tables, and others.

#### **B. CLEANING OF LABORATORY EQUIPMENT**

- 1 Sphygmomanometers
  - a. All bladders will be removed from the blood pressure cuff prior to cleaning each semester.
  - b. The bladders, tubing, bulbs, and manometers will be wiped with bleach solution (1: 9).
  - c. The cuff will be wiped with bleach solution (1: 9) and allowed to air dry.
2. Stethoscopes
  - a. Earpieces of stethoscopes will be cleansed with alcohol preps prior to individual student use of practice or return demonstration.
  - b. All stethoscopes will be wiped with bleach solution (1 :9) and earpieces will be removed and soaked for a minimum of 15 minutes in 1 :9 bleach solution. Stethoscopes will be cleaned each semester.
3. Oscopes
  - a. A separate disposable cover will be used on the otoscope during examination of each ear during practice and return demonstration.
  - b. Oscopes will be wiped with dilute bleach solution (1 :9) prior to storage at the end of each semester.
4. Thermometers (Glass)



- a. Glass thermometers will be covered with a plastic disposable sheath for each student during practice and return demonstration.
  - b. Thermometers will be washed with soap and water followed by a 10 minute soak in Cidex and allowed to air dry. This will be done after lab on Vital Signs is completed,
5. Thermometers (Electric )
- a. The Thermometer probe will be covered with a plastic disposable sheath for each student during practice and return demonstration.
  - b. The entire thermometer unit will be wiped with bleach solution (1: 9) after completion of lab on Vital Signs.
6. Manikins/Models
- Manikins and Interchangeable parts will be cleaned after use with soapy water; models will be cleansed with bleach solution (1: 9) or according to directions of the manufacturer each semester and more often, if needed.
7. Reusable Equipment
- All reusable equipment will be wiped with bleach solution (1 :9) each semester and more often as needed.

**C. CPR TRAINING MANIKINS**

CPR instructors are responsible for the proper cleaning and disinfecting of CPR manikins after each CPR class according to guidelines from the American Heart Association and/or manufacturer.

**SOUTHEASTERN LOUISIANA UNIVERSITY**  
**Kinesiology and Health Studies Department**

**EMPLOYEE AND STUDENT**  
**DRUG TESTING PROTOCOL**

## **INTRODUCTION**

The Kinesiology and Health Studies Department of Southeastern Louisiana University, in response to clinical agency protocol and in support of a drug-free workplace, has initiated a drug testing program.

### **KINESIOLOGY AND HEALTH STUDIES DEPARTMENT EMPLOYEE AND STUDENT DRUG TESTING PROTOCOL**

I. Approved Date: July 31, 2005

II. Effective Date: August 1, 2005

III. Approved by: \_\_\_\_\_  
Dr. Randy Moffett, President

\_\_\_\_\_  
Dr. John Crain, Provost and  
Vice President of Academic Affairs

\_\_\_\_\_  
Dr. Donnie F. Booth, Dean,  
College of Nursing and Health Sciences

\_\_\_\_\_  
Dr. Edward Hebert, Department Head,  
Kinesiology and Health Studies

IV. Revised Date: \_\_\_\_\_  
Date Signature

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

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

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## OVERVIEW

### I. PURPOSE

Drug testing in the Kinesiology and Health Studies Department is being done pursuant to La. R.S. 49:1015 as Kinesiology and Health Studies faculty and students occupy both safety and security sensitive positions. In addition, Health, Fitness, and Sport Management professionals deal with patient/client care situations where critical thinking and judgment making must occur in a split second and where human life can be in jeopardy. Individuals practicing in a clinical setting who are impaired by drugs and/or alcohol may be placing themselves, as well as, the public at risk.

Southeastern Louisiana University's Kinesiology and Health Studies Department is committed to providing a safe, productive, and healthy environment for the public, patients, clients, and employees. Southeastern Louisiana University's Kinesiology and Health Studies Department is committed to creating and maintaining a drug-free workplace pursuant to the federal Drug-Free Workplace Act of 1988, the Louisiana Drug Testing Act of 1990, the Drug-Free Public Housing Act of 1988 and the Drug-Free Schools and Communities Act of 1986.

### II. SCOPE OF TESTING

- A. All new clinical faculty hired after an offer has been made and as a condition of employment before starting work
- B. All new students admitted to a clinical, senior level practicum, senior internship, or any field experience course
- C. After reasonable suspicion of substance abuse by a current clinical faculty or student (also known as "for cause")
- D. Post accident for current clinical faculty or students
- E. Randomly in the Fall, Spring, and Summer semesters of each academic year for current clinical faculty/students

### III. WHO IS AFFECTED BY POLICY?

Any person, paid or unpaid, in the service of the employer (SLU) in accordance with and pursuant to La. Statute # R.S. 49:1001.

- A. All W-2 employees of the Kinesiology and Health Studies Department in a clinical faculty capacity (clinical, internship, practicum, or field experience)

B. All students in the Kinesiology and Health Studies Department enrolled in clinical, senior level practicum, senior level internship or any field experience course.

**IV. WHAT SUBSTANCES ARE TO BE TESTED FOR?**

A. Amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates, phencyclidine, and propoxyphene ((9) nine panel screen)

B. Alcohol may be added at the discretion of the University

**V. WHAT IS THE TESTING METHODOLOGY?**

A. Urine testing for (9) nine drug panel

B. Blood testing for alcohol

C. Nine panel initially screened using immunoassay or EMIT technology

D. Any drug initially testing positive is sent to a confirmation test using gas chromatography/mass spectrometry (GC/MS) technology

E. Alcohol is tested using the GC/MS technology directly

**VI. WHO PERFORMS THE URINE TESTING?**

An independent toxicology laboratory that has SAMHSA (formerly NIDA) and/or CAP-FUDT certification.

**VII. WHO RECEIVES THE TEST RESULTS?**

All results will be reported to a Medical Review Officer (MRO) within (72) seventy-two hours, who will then follow approved protocol.

VIII.

**WHAT IS THE CONSEQUENCE OF A CONFIRMED POSITIVE?**

- A. New hires who have a confirmed positive will have their employment offer rescinded.
- B. Students who have a confirmed positive will have their acceptance to the clinical component rescinded or those in practicum, internships and field experience classes will be dropped/withdrawn from the course.**
- C. Currently employed faculty/enrolled students, having a confirmed positive, will be removed from the practicum, internship or field experience site for the remainder of the affected semester and referred to the Comprehensive Counseling Center.
- D. Faculty/students may apply for reemployment/reenrollment after the first confirmed positive subsequent to completion of an approved treatment program.
- E. Confirmed positives in two separate incidents will result in disciplinary action up to and including permanent termination of employment for faculty and disciplinary action up to and including permanent termination of enrollment in the clinical component of the program for students.

IX.

**FINANCIAL**

- A. The cost of drug testing will be covered by both general operating funds and student lab fees.
- B. A second testing after a confirmed positive may be at the applicant's/employee's/student's expense.



## **DRUG-FREE WORKPLACE POLICY**

### **I. DEFINITIONS**

- A. CAP-FUDT Laboratory - a laboratory certified for forensic drug testing by  
The College of American Pathologists
  
- B. Chain of Custody - procedures to account for the integrity of each urine  
specimen by tracking its handling and storage from point of specimen collection to final  
disposition of the specimen
  
- C. Clinical Student - a student enrolled in a clinical, internship, practicum or field  
experience course
  
- D. Confirmatory Test - a second analytical procedure to identify the presence of a  
specific drug or metabolite which is independent of the initial test and which uses a  
different technique and chemical principle from that of the initial test in order to ensure  
reliability and accuracy.
  
- E. Employee - any person, paid or unpaid, in the service of an employer
  
- F. Employer - any person, firm, or corporation, including any governmental entity,  
that has one or more workers or operators employed, or individuals performing service,  
in the same business, or in or about the same establishment, under any contract of hire or  
service, expressed or implied, oral or written; however, "employer" shall not include any  
person, firm or corporation that is subject to a federally mandated drug testing program
  
- G. Illegal Drug - includes narcotics, hallucinogens, depressants, stimulants, look-  
alike drugs, or other substances that can affect or hamper the senses, emotions, reflexes,  
judgment, or other physical or mental activities. Included are controlled medications  
requiring prescriptions by a licensed practitioner in a medical setting to address a specific  
physical, emotional or mental condition
  
- H. Initial Test - an immunoassay screen to eliminate "negative" urine specimens  
from further consideration
  
- I. Legal Drug - includes drugs prescribed by a licensed practitioner and over-the-  
counter drugs which have been legally obtained and are being used solely by the  
individual and for the purpose for which they were prescribed or manufactured in the  
appropriate amount.

J. Job-Related Accident/Injury - any employee/student behavior (action or inaction) that resulted in an accident, injury, or illness. Usually the accident/incident results in loss work time by an employee/student, serious or significant injury or illness to a patient, visitor, or co-worker, or an accident involving a vehicle, equipment or property.

K. Medical Review Officer (MRO) - a licensed physician responsible for receiving laboratory results generated by employer or testing entity's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's positive test result together with his medical history and any other relevant biomedical information.

L. NIDA Laboratory - a laboratory certified for forensic urine [and/or blood and hair] drug testing by the National Institute on Drug Abuse. (Now SAMHSA)

M. New student - any student accepted for admission to the first clinical course(s) of the Athletic Training Education curriculum or any student applying to reenter a clinical Athletic Training Education course after being out of school for one year or more. Any student applying for a senior level internship, senior level practicum, or any field experience for the first time or applying after returning after being out of school for one year or more.

N. Non-Employees - Those who do not receive W-2's from the University including but not limited to all contract and subcontract workers, [faculty, residents, interns] volunteers, students, laborers or independent agents who are conducting business on behalf of or providing services for the University.

O. Reasonable Suspicion Testing - any employee/student may be tested who is suspected of being under the influence of alcohol or drugs where the suspicion is based on any or any combination of the following - observable phenomena, direct observation, physical symptoms, a pattern of abnormal or erratic behavior, reliable objective information/observation from independent sources or evidence of drug tampering or misappropriation.

P. SAMHSA - Substance Abuse and Mental Health Service Administration.

Q. Split Sample - one urine specimen from one individual that is separated into two specimen containers.

R. Student - any individual who is enrolled either part-time or full-time at the University in the Department of Kinesiology and Health Studies

S. Substance Abuse - is the term used to indicate excessive and/or inappropriate use as defined by this policy of a drug [alcohol] regardless of whether an individual has reached the point of true dependence on it.

T. Supervisor - a manager/supervisor/faculty who, based on objective criteria, knowledge or training, has a reasonable suspicion that an employee/student may be under the influence of a drug [alcohol].

U. Supposed to be Working - includes all time from the beginning to the end of an employee's/student's scheduled work period/class or clinical including overtime work, meals, and rest breaks.

V. Under the Influence - being unable to perform work in a safe and productive manner, being in a physical or mental condition which creates or is likely to create a risk to the safety and well-being of the individual, other employees, patients, the public, or hospital property. Receiving a positive test result.

W. While at Work - includes all times when an employee/student is involved in the aspects of actual or simulated clinical experiences.

## II. POLICY

Drug testing in the Kinesiology and Health Studies Department is being done pursuant to La. R.S. 49:1015 as the Department of Kinesiology and Health Studies faculty and students occupy both safety and security sensitive positions. Responsibilities include but are not limited to Health, Fitness, and Sports Management Professionals ability to deal with patient/client care situations where critical thinking and judgment making must occur in a split second and where human life can be in jeopardy. Individuals practicing in a clinical setting who are impaired by drugs and/or alcohol may be placing themselves as well as the public at risk.

The use of illegal drugs and/or the abuse of legal drugs [or alcohol] by our employees (faculty/students) is incompatible with our goal of delivering the highest quality patient /client care. It is the policy of Southeastern Louisiana University's Kinesiology and Health Studies Department to provide an environment that is free from the adverse effects of these substances. Such an environment benefits all providers and recipients of our service.

We are committed to taking the steps necessary to provide this type of surrounding for our university and clinical communities. The University will provide literature and in-services concerning the dangers of these substances, counseling and referrals, and conduct testing for drugs and alcohol. Drug testing will include the following drugs: marijuana, opioids, cocaine, amphetamines, phencyclidine, barbiturates, benzodiazepines, methadone and propoxyphene. Alcohol may be added at the discretion of the University.

## III. SCOPE

This policy applies to all applicants for the clinical component of the Athletic Training Education curriculum, applicants for faculty positions that involve clinical teaching, clinical students, as well as any student enrolled in a senior level internship or practicum course, faculty supervising senior level internships and practicums and clinical faculty of Southeastern Louisiana University's Kinesiology and Health Studies Department.

A. Applicants - Following an employment/enrollment offer, and prior to becoming an active clinical faculty/clinical student, the successful candidate will be required to provide a urine sample to screen for drugs. The candidate must test free of drugs as a condition of employment/enrollment.

B. Clinical Faculty/Students - Drug testing as defined above, will occur in the following situations:

1. Reasonable Suspicion:

Drug testing may be made only on the basis of a reasonable suspicion, based on specific objective facts and reasonable inferences drawn from those facts in light of experience that the clinical faculty/student is then under the influence of drugs or alcohol or that the clinical faculty/student has used a controlled substance within the twenty-four hour period prior to the required test. Southeastern Louisiana University's - Kinesiology and Health Studies Department reserves the right to require a drug test of any clinical faculty/student who is reasonable suspected by a supervisor of being under the influence of an illegal drug or is impaired on the job because of use/consumption of legal or illegal drugs and alcohol. When a faculty/student is reasonably suspected by one or more supervisors of violating this policy and on the express authority of the highest officer present in the institution, the faculty/student will be directed to cooperate in testing. The reasons for the testing will immediately be made known to the faculty/student.

2. Post Accident/Incident:

Any clinical faculty/student involved in either a job-related accident or a job-related incident involving safety or patient care will be subject to drug testing.

3. Periodic/After-care:

Upon return from any absence for outpatient or inpatient treatment for substance abuse, whether it was at the recommendation of the University or voluntary on the part of the clinical faculty/student, she/he will be required to submit to periodic and/or random testing and close performance monitoring by supervisors as part of a monitoring program established by the employer to assure compliance with a treatment protocol agreement. The clinical faculty/student may also be tested in accordance with established guidelines

4. Random Testing:

Clinical faculty/students will be selected for drug testing pursuant to a scientifically valid random number program.

A faculty's/student's refusal to submit to a drug test will result in termination. Faculty/students who tamper with the testing process will be subject to re-testing and/or appropriate disciplinary action up to and including termination/dismissal.

**IV. STATEMENT OF CONFIDENTIALITY**

Except as otherwise provided by this policy, all drug testing under this policy will be done in strict confidence. Qualitative information regarding results, such as the identification of a substance, will be provided only to the designated Medical Review Officer pursuant to current law who will report final results to the appropriate university official. Results of the test will be released to appropriate licensing agencies (i.e., Louisiana State Board of Medical Examiners) on a need to know basis. All drug test results will be maintained in separate health files with restricted access.

**V. CONSEQUENCES OF NON-COMPLIANCE/CONFIRMED POSITIVE TEST RESULTS**

A. Applicants:

Confirmed positive test results or refusal to undergo post-offer drug screening will result in non-consideration for immediate employment/enrollment or withdrawal of any existing job/enrollment offer. Applicants testing positive may reapply in [(1) one year] following the date of previous positive drug result.

B. Reasonable Suspicion/Post Accident:

1. Faculty will be sent on leave, pending the result of the drug test. If the results are negative, the employee will be paid for the scheduled work time lost.

If the results are confirmed positive, corrective action will be taken in accordance with the aforementioned policies and University policy. Faculty will be removed from the clinical component of the curriculum, and continued employment may be offered to faculty who have completed their probationary employment period, contingent upon entry into and successful completion of a specified treatment protocol and/or EAP program approved by the University or licensing agency

Evidence of non-compliance with treatment guidelines, incomplete treatment, subsequent drug related misconduct, a subsequent confirmed positive test result, refusal to test or failure to abide by any part of a Return to Work Agreement between employee and employer will be grounds for immediate termination.

2. Students will not be allowed to return to clinical until results of the drug test are available. Students will be allowed to make up work missed if results are negative. If the results are positive, corrective action up to and

including dismissal from the clinical component of the curriculum will be initiated. Following completion of the required treatment protocol, the student will be eligible to reenroll/reapply for the clinical portion (internship, practicum, or field experience) required by their respective degree plan.

A second incident of a confirmed positive drug test will result in disciplinary action up to and including permanent termination of enrollment in the clinical component of the program.

C. Random

1. Faculty:

If the results are confirmed positive, corrective action up to and including termination will be initiated. Faculty will be removed from the clinical component of the curriculum, and continued employment may be offered to faculty who have completed their probationary employment period, contingent upon a complete assessment and successful completion of the recommendations set forth in the assessment and/or EAP program approved by the University or licensing agency.

Evidence of non-compliance with treatment guidelines, incomplete treatment, subsequent drug related misconduct, a subsequent confirmed positive test result, refusal to test or failure to abide by any part of a Return to Work Agreement between employee and employer will be grounds for immediate termination.

2. Students:

If the results are confirmed positive, corrective action up to and including dismissal from the clinical component of the curriculum will be initiated. A student will be removed from their current clinical assignment and must complete the necessary treatment protocol. Following completion of the required treatment protocol, the student will be eligible to reenroll/reapply for the clinical portion(internship, practicum, or field experience) required by their respective degree plan.

A secondary incident of a confirmed positive drug test will result in disciplinary action up to and including permanent termination of enrollment in the clinical component of the program.

## VI.

### CHALLENGING A POSITIVE TEST

#### A. Applicant:

In the event of a confirmed positive test result in the post-offer drug test, the employee (clinical faculty/student applicant) will not be considered for immediate employment/enrollment. He/she will be notified of the test results and informed that she/he will no longer be considered for immediate employment/enrollment. The applicant may reapply only after (12) twelve months have expired.

All applicants with a confirmed positive drug test will be allowed to challenge the results of the test within (7) seven working days of notification and in the following manner(s):

- If the individual wishes to challenge the test results, it is his/her responsibility to notify the MRO in writing.
- If the test of the first bottle is confirmed positive, and a split sample is collected, the faculty/student may request that the medical review officer direct that the second bottle be tested, at the faculty's/student's own expense, in an NIDA-certified or CAP-FUDT-certified laboratory (or one which meets current state/federal certification requirements as outlined by appropriate laws) for presence of the drug(s) for which a positive result was obtained in the test of the first bottle. The result of this test is transmitted to the medical review officer without regard to the cutoff values as listed in the NIDA guidelines. The medical review officer shall honor such a request if made within **(72) seventy-two hours** (excluding weekends and holidays) of the faculty's/ student's having actual notice that he or she tested positive.
- The second test must be equal to or of greater sensitivity for the drug in question as was the initial test. A copy of the second test result must be submitted to the MRO before the applicant can be reconsidered for employment/enrollment.
- Action taken by the employer as the result of a positive drug test such as removal from performing a safety-sensitive function is not stayed pending the result of the second test.
- If the result of the second test is negative, the medical review officer shall cancel the positive results of the first test.

#### B. Current Faculty:

If the faculty wishes to challenge a confirmed positive test result he/she may do so in writing within (7) seven working days of notification and with the understanding that he/she will be placed on leave until the challenge is resolved.

All faculty with a confirmed positive drug test may contest the results in the following manner:

- A written request for such is submitted to the Medical Review Officer within (7) seven working days. (Faculty who are on legally prescribed and obtained medication for a documented illness, injury or ailment may be considered for continued employment only upon receiving clearance from the Medical Review Officer.)
- If the test of the first bottle is confirmed positive, and a split sample is collected, the faculty may request that the medical review officer direct that the second bottle be tested, at the faculty's own expense, in an NIDA-certified or CAP-FUDT-certified laboratory (or one which meets current state/federal certification requirements as outlined by appropriate laws) for presence of the drug(s) for which a positive result was obtained in the test of the first bottle. The result of this test is transmitted to the medical review officer without regard to the cutoff values as listed in the NIDA guidelines. The medical review officer shall honor such a request if made within (72) seventy-two hours of the faculty's having actual notice that he or she tested positive.
- The second test must be equal to or of greater sensitivity for the drug in question as was the initial test. A copy of the second test result must be submitted to the MRO before the applicant can be reconsidered for employment/enrollment.
- Action taken by the employer as the result of a positive drug test such as removal from performing a safety-sensitive function is not stayed pending the result of the second test.
- If the result of the second test is negative, the medical review officer shall cancel the positive results of the first test.
- If the results of the second test are negative, the faculty member will be paid for the scheduled work time lost.

C. Current Students:

In the event of a confirmed positive test result once a student is enrolled he/she may be offered continued enrollment subject to successful completion of a substance abuse treatment protocol program approved by the University or licensing agency.

If the student wishes to challenge the test results he/she may do so within (7) seven working days of notification and with the understanding that he/she will be removed from clinical until the challenge is resolved.

All students with a confirmed positive test may contest the results in the following manner:



- A written request for such is submitted to the Medical Review Officer within (7) seven working days. (Students who are on legally prescribed and obtained medication for a documented illness, injury or ailment may be considered for continued enrollment only upon receiving clearance from the Medical Review Officer.)
- If the test of the first bottle is confirmed positive, and a split sample is collected, the student may request that the medical review officer direct that the second bottle be tested, at the student's own expense, in an NIDA-certified or CAP-FUDT-certified laboratory (or one which meets current state/federal certification requirements as outlined by appropriate laws) for presence of the drug(s) for which a positive result was obtained in the test of the first bottle. The result of this test is transmitted to the medical review officer without regard to the cutoff values as listed in the NIDA guidelines. The medical review officer shall honor such a request if made within (72) seventy-two hours of the student's having actual notice that he or she tested positive.
- The second test must be equal to or of greater sensitivity for the drug in question as was the initial test. A copy of the second test must be submitted to the MRO before the applicant can be reconsidered for employment/enrollment.
- Action taken by the employer as the result of a positive drug test such as removal from performing a safety-sensitive function is not stayed pending the result of the second test.
- If the result of the second test is negative, the medical review officer shall cancel the positive results of the first test.

### **COLLECTION PROCEDURES CHECKLIST**

#### **Prior to Collection:**

- **Collection site facilities are clean, well lighted, and dedicated solely to collection during collection process.**
- **Collection site has enclosure where private urination can occur.**
- **Toilet for completion of urination or single use container with sufficient capacity to contain void.**
- **Suitable clean surface for writing.**
- **Toilet bluing agent put in toilet bowl. (If no bluing agent available, faculty/student is not to flush toilet until specimen is delivered to collection site person.**
- **No other source of water in enclosure where urination occurs.**

- **Secure site, i.e., lock any rear entrances and limit access to enclosure to one person at a time.**
- **Request photo identification from faculty/student. If no photo identification, identification by supervisor or manager who can give positive identification**
- **Fill out chain of custody form. Do NOT have faculty/student sign before specimen given.**
- **Be sure laboratory has been instructed that all results go to MRO, not employer.**
- **Designate only one or a limited number of persons at employer to receive results from MRO.**

## COLLECTION PROCEDURES CHECKLIST

### **Collection (Unobserved):**

- **Have faculty/student remove unnecessary outer garments such as coat or jacket.**
- **Leave personal belongings such as purse or briefcase with outer garments.**  
[Note: May retain wallet.]
- **Faculty/student instructed to wash and dry hands.**
- **If using a public rest room, collection site person remains in the rest room, but outside the stall. Collection site person should be same gender as faculty/student. If collection takes place where faculty/student goes into a separate room, with a fully closeable door, collection site person need not be same gender as faculty/student.**
- **Collection site person receives specimen from faculty/student.**
- **Faculty/student and collection site person sign chain of custody form and seal specimen.**
- **If testing for alcohol and/or additional drugs (beyond (5) five major ones), must have separate collection of specimen.**
- **Protocol for receipt of a split sample includes:**
  - **The donor shall urinate into a collection container, which the collection site person, in the presence of the donor, after the initial examination, pours into two specimen bottles.**
  - **The first bottle is to be used for the employer-mandated test, and at a minimum shall contain the quality specified by the NIDA guidelines. If there is no additional urine available for the second specimen bottle, the first specimen bottle shall nevertheless be processed for testing.**
  - **Up to 60 ML of the remainder of the urine shall be poured into the second specimen bottle.**
  - **All requirements of this Part shall be followed with respect to both samples, including the requirement that a copy of the chain of custody form accompany each bottle processed under split sample procedures.**

- **The first sample of the split sample collection may be forwarded to an NIDA-certified or a CAP-FUDT-certified laboratory in compliance with the NIDA guidelines for initial and confirmatory testing in compliance with the regulations of this Chapter or pursuant to statutory or regulatory authority under R.S. 23:1081 et seq. or R.S. 23:1601.**
  
- **The second sample may be sealed, labeled, and stored for future use or used for testing for drugs not listed in the regulations of this Chapter. Any specimen collected under split sample procedures must be stored in a secured, refrigerated environment and an appropriate entry made in the chain of custody form.**

## COLLECTION PROCEDURES CHECKLIST

### **Collection (Reason for Direct Observation):**

Under circumstances where there is reason to believe an individual may alter or substitute the specimen, collection under direct observation is permitted as per La. R.S. 49:1006. Direct observation of the individual during collection of the urine specimen may be allowed under any of the following conditions:

- There is reason to believe that the individual may alter or substitute the specimen to be provided.
- The individual has provided a urine specimen that falls outside the acceptable temperature range as listed in the NIDA guidelines.
- The last urine specimen provided by the individual was verified by the medical review officer as being adulterated based upon the determinations of the laboratory.
- The individual has previously been determined to have a urine specimen positive for one or more of the drugs testing of which is regulated by this Chapter, and is being tested for purposes of follow-up testing upon or after return to service.
- The type of drug testing is post-accident or reasonable suspicion/cause.

## COLLECTION PROCEDURES CHECKLIST

### **Collection (Observed):**

- A designated representative of the entity authorizing the drug testing shall review and concur in advance with any decision by a collection site person to obtain a specimen under direct observation. All direct observation shall be conducted by a same gender collection site person.
- Observer is same gender as faculty/student.
- Collection site person informs faculty/student that collection will be under direct supervision.
- Faculty/student washes and dries hands.
- Observer verifies that the specimen passes directly from faculty's/ student's body into a container.

- **Follow protocol for split sample if a split sample is required.**
- **Faculty/student is encouraged to wash hands after urination.**
- **Collection site person documents on chain of custody form that collection was done under direct observation.**
- **Faculty/student and collection site person sign chain of custody form and seal specimen.**

## COLLECTION PROCEDURES CHECKLIST

### **After Collection:**

- **Insure specimen is 60 ml (2 oz.)**
- **Measure temperature of specimen within 4 minutes of urination.**
- **Acceptable range is 90.5 to 99.8 degrees F.**
- **Inspect specimen's color and look for any signs of contaminants.**
- **Note any unusual findings on chain of custody form.**
- **Collection site person and faculty/student shall keep specimen in view at all times prior to it being sealed and labeled.**
- **Place tamper-proof seal on bottle.**
- **Complete chain of custody form. Faculty/student and collection site person sign form.**
- **Place specimen in proper mailing container, if appropriate.**
- **On tape sealing container, collection site person shall sign and date.**
- **Mail or deliver specimen to laboratory**
- **Follow protocol for split sample if a split sample is required.**

### **MEDICAL REVIEW OFFICER (MRO)**

- **Licensed physician responsible for receiving laboratory results generated by employer or testing entity's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individuals' positive test result together with his medical history and any other relevant biomedical information.**
- **Should not be an employee of laboratory unless the laboratory establishes a clear separation of functions to prevent any appearance of a conflict of interest.**

- **May be an employee of the agency, but must have final authority without input from persons involved in hiring or discipline decisions.**

#### **MRO DUTIES**

- **Shall receive all results from the laboratory.**
- **Shall give faculty/student opportunity to discuss a positive test result prior to a decision to verify result. Will contact faculty/student directly.**
- **May place faculty/student on temporary medical leave or on temporary medically unqualified status if unable to contact faculty/student.**
- **May verify a test as positive if faculty/student declines the opportunity to discuss results, or if faculty/student is contacted and fails to contact MRO within (7) seven working days.**
- **After verifying a test as positive, refer faculty/student to the Comprehensive Counseling Center, if applicable, or recommend to University that administrative action is taken, or both.**
- **MRO may authorize reanalysis of original sample and shall do so if faculty/student requests it within (72) seventy-two hours of the faculty's/student's having received actual notice of his/her positive test.**
- **MRO shall report a test as negative if there is a legitimate medical explanation for a positive test result or if the evidence is scientifically insufficient.**
- **MRO shall keep medical information confidential.**
- **MRO will report all results to the appropriate university official.**





**APPENDIX A**

**FORMS**

**APPLICATION CONSENT FORM**

Applicant Name: \_\_\_\_\_ W#: \_\_\_\_\_

Applicant Consent

I, \_\_\_\_\_ authorize \_\_\_\_\_ physicians and staff to collect urine [and/or blood and hair] to screen for drug abuser as part of my enrollment/ employment. I realize that if I do not pass the standards established I will be disqualified as a student/applicant. I am also aware that I may be subject to random drug testing during the course of my enrollment/employment.

Prescription drugs with additional potential may appear in the urine [and/or blood and hair].

Example: Cough medicine with Codeine, tranquilizers, pain pills such as Darvon, headache pills such as Fiorinal and/or sleeping pills, etc. I understand that I must list at the bottom of this form any of these medications, if I have taken one or more in the last 30 days. I may also be required to provide proof that these drugs were legally prescribed for and obtained by me.

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Student/Employee      Date      Witness Signature

Also, PARENT SIGNATURE (if minor under 18) \_\_\_\_\_

\*\*\*\*\*

Please list all prescription and over-the-counter drugs taken during the last 30 days.

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

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**SIGNATURE OF APPLICANT**

**DATE**

**application consent form/DB/amc  
revised September 2003/BM/amc**

**AGREEMENT TO SUBMIT TO DRUG SCREEN BY A URINE  
[and/or BLOOD AND HAIR] TEST**

**AND AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION  
TO THE KINESIOLOGY AND HEALTH STUDIES DEPARTMENT, SOUTHEASTERN  
LOUISIANA UNIVERSITY**

I have been requested to submit to a drug screen by a urine [and/or blood and hair] test and medical assessment.

I have been informed and I understand, that my agreement to submit to the requested drug screens by a urine [and/or blood and hair] test is completely voluntary on my part, and that I have the right to refuse to submit to the test. I am aware and have been told that my refusal to submit to the drug screen by a urine [and/or blood and hair] test and/or medical assessment may be grounds for disciplinary action against me up to and including termination/dismissal.

I have also been informed and am aware and hereby authorize that the results of this drug screen by a urine [and/or blood and hair] test and/or medical assessment may be released to the Director of the Kinesiology and Health Studies Department and such other University officials as may be determined necessary. I understand that the information so released to the University will be used to determine whether I was fit to perform my job duties, and/or whether I had violated the university's work rules concerning drug use and that the results of such test(s) may form the basis for disciplinary action against me, up to and including termination/dismissal.

With full knowledge of the above information, I have decided to voluntarily agree and submit to the requested drug screen by a urine [and/or blood and hair] test and/or medical assessment.

\_\_\_\_\_  
\_\_\_\_\_  
DATE

\_\_\_\_\_  
\_\_\_\_\_  
FACULTY/STUDENT SIGNATURE

NOTE: A witness other than the supervisor who has requested that the faculty/student submit to a drug screen by a urine [and/or blood and hair] test and/or medical assessment should also sign the consent form.

\_\_\_\_\_  
\_\_\_\_\_  
DATE

\_\_\_\_\_  
\_\_\_\_\_  
WITNESS SIGNATURE

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SUPERVISOR OF FACULTY/STUDENT SIGNATURE

**REFUSAL TO SUBMIT TO DRUG SCREEN BY A URINE  
[and/or BLOOD AND HAIR] TEST**

I hereby refuse to authorize testing of my urine [and/or blood and hair] for drugs. I understand that my refusal means that I cannot complete a medical exam/drug screen. If I am an applicant, I understand I will not be considered further for employment/enrollment. If I am a faculty/student, such refusal will result in disciplinary action up to and including termination/dismissal.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FACULTY/STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_ Faculty/Student refused to sign

\_\_\_\_\_  
\_\_\_\_\_  
DATE

\_\_\_\_\_  
\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_  
DATE

\_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR SIGNATURE

**RETURN TO WORK  
CONTINUATION OF EMPLOYMENT AGREEMENT**

I, \_\_\_\_\_ affirm that I am recovering from an addiction to or abuse of \_\_\_\_\_. I understand that my continued recovery is my responsibility and that in support of my recovery Southeastern Louisiana University will allow me to continue my employment as a faculty member in the Kinesiology and Health Studies Department under the following conditions:

I understand that in addition to fulfilling all of my normal employment obligations and satisfactorily discharging all of the duties and responsibilities of my position including attendance, I consent and agree to the following conditions:

1. To abstain from using, possessing or trafficking in drugs;
2. To cooperate in an evaluation for chemical dependency and to complete successfully all recommended treatment, including aftercare, and to provide documentation of such treatment and care as may be required by the University;
3. To authorize all persons involved in evaluating or treating me to disclose to my employer that evaluation, and evidence that I am using drugs [and/or alcohol], and whether I have successfully completed treatment;
4. To cooperate in any and all random follow-up tests (including periodic testing) for evidence of drug [and/or alcohol] use requested by the University in the next \_\_\_\_\_ months;
5. That refusal to test will result in immediate termination of my employment;
6. That a confirmed positive test result of an illegal drug, [alcohol, or abusive use of a legal drug] will result in immediate termination of my employment;
7. Any on or off the job accident, injury, illness, or medical procedure requiring prescription drugs will be reported to my treatment care supervisor, Employee Assistance Program Representative, Human Resource Director and Supervisor immediately. Failure to make full disclosure may result in disciplinary action up to and including termination. Full disclosure will minimally consist of the following:
  - a. Nature and severity of accident, injury, illness or medical procedure
  - b. Name of treating physician.
  - c. All drugs prescribed, amounts and number of days supply
  - d. Expected duration of need for medication
  - e. Authorization to physician to release and verify information

I further understand that Southeastern Louisiana University will bear no financial responsibility for my recovery as is the case with any other illness.

Any failure on my part to fully comply with and participate in this Agreement will be grounds for immediate termination of my employment.

Compliance with this Agreement in no way implies a guarantee of employment and I understand that I may be terminated with or without cause or for lack of work, attendance or performance problems, rule violations, business necessity or other reason, notwithstanding my compliance with this Agreement.

I understand that if any one or more of the conditions or portions of this Agreement become unenforceable, null, or void, it will in no way impact the enforceability of the remaining components of this agreement.

I have read and understand this Agreement and certify that I am competent to execute it and that I am entering into it freely and voluntarily after a reasonable opportunity for deliberation and consultation.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYER REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE



## **APPENDIX B**

### **MRO PROTOCOL MEDICAL REVIEW OFFICER (MRO) DUTIES AND SERVICES PRINCIPAL MRO DUTIES**

- **Receive all test results**
- **Review and verify confirmed positive test(s)**
- **Notify faculty/student of results within “reasonable time”**
- **Contact should be directly between MRO and faculty/student**
- **Provide faculty/student opportunity to discuss result**
- **Review faculty’s/student’s medical history**
- **Review medical records and other biomedical factors as appropriate**
- **Examine faculty/student as appropriate**
- **Verify laboratory report and assessment**
- **Notify designated official or employer of confirmed positives as well as those that are negative**
- **Process retest request of faculty/student(s), if a request is made in appropriate time frame**
- **Follow procedure as listed above for retest**
- **Make return-to-work decisions**

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### RECEIPT OF LABORATORY TEST RESULTS

- All results (positive and negative) are transmitted directly to MRO
- Results can be transmitted by secure electronic means or by mail
- Results may not be transmitted over the phone
- MRO does not necessarily review negative reports but receives negative reports and reports them to designated official of employer

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### VERIFICATION AND REPORTING

- Enter a signed verification statement on laboratory test report
- Provide copies of verified report to faculty/student and appropriate official(s) of employer
- Maintain documents that support the determination

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### RETEST REQUEST

- “Confirmed” positive faculty/student may request retest
- Retest only after MRO has confirmed test as positive to employer
- Request must be in writing to MRO within 7 days to contest a confirmed positive

- **Retest of split sample must be requested by faculty/student within 72 hours of being notified of the confirmed positive**
- **Faculty/student may be requested to pay for retest**
- **MRO notifies faculty/student of results of second test**

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**RECORD KEEPING BY THE  
MEDICAL REVIEW OFFICER**

- **Laboratory test results**
- **Custody and control forms**
- **Certified copy of custody and control form**
- **Verification statement**
- **Laboratory performance testing results**
- **Follow-up testing results**
- **MRO verification worksheet**
- **Medical records and information (confidential)**
- **Restricted release of information**

**APPENDIX C**

**DRUG INFORMATION\***

\* This is for information and educational purposes. Subject to change based on latest research and laboratory testing protocol.

## **DRUGS OF ABUSE**

### **ALCOHOL**

**Central nervous system depressant and anesthetic**

#### **ORIGIN AND APPEARANCE:**

**Made synthetically or produced naturally by fermentation of fruits, vegetables, or grains.**

**Liquid**

#### **GENERAL FACTS:**

**Alcohol is the oldest and the most widely used social drug in the world. Depending on the concentration consumed, alcohol acts as an analgesic, tranquilizer, sedative-hypnotic, soporific, intoxicant, anesthetic, or narcotic.**

#### **USAGE:**

**Swallowed**

#### **EFFECTS:**

**Loss of inhibitions, loss of judgment, personality change, memory impairment, loss of coordination.**

#### **HIGHER DOSE SYMPTOMS:**

**Stupor, coma, possible death**

#### **SCREENING CUTOFF LEVEL:**

**20 mg/dl (.02%)**

#### **CONFIRMATION CUTOFF LEVEL:**

**20 mg/dl (.02%)**

#### **RETENTION TIME:**

**3-10 hours**

#### **THERAPEUTIC USES:**

**Given for Methanol poisoning**

## AMPHETAMINES/METHAMPHETAMINES

### Central nervous system stimulants

#### GENERAL FACTS:

An estimated 2 million Americans use stimulants without medical supervision. Many “designer” amphetamines have appeared on the illicit market. Designer drugs are synthetic drugs, chemically related to legitimate drugs, which are produced inexpensively and sold (sometimes legally) as substitutes for the legitimate products they imitate. The term was originally used to describe drugs designed to the tastes of particular clients. Some of the most popular designer amphetamines are “Ecstasy” and, more recently, “ice.”

The screening process will identify some common over-the-counter drugs, including ephedrine and phenylpropanolamine (PPA). These compounds are commonly found in diet, allergy and cold medications, such as Nyquil, Primatene Mist, Robitussin, Dexatrim, and others. However, CG/MS confirmation can differentiate the illegal amphetamine/methamphetamine from the legal compounds.

#### USAGE:

Usually administered orally.

#### EFFECTS:

Euphoria, elevation in mood, increased alertness and energy, loss of appetite.

#### HIGHER DOSE SYMPTOMS:

Increased heart rate, high blood pressure, tremor, anxiety, hyperirritability, restlessness, bizarre behavior, weight loss and suspiciousness.

#### SCREENING CUTOFF LEVEL:

1000 ng/ml

#### CONFIRMATION CUTOFF LEVEL:

Amphetamines            500 ng/ml

Methamphetamines    500 ng/ml

#### RETENTION TIME:

2 days

#### THERAPEUTIC USES:

Once prescribed for obesity, amphetamines are no longer widely used, due to the potential for abuse; still prescribed for narcolepsy (sleep disorder) and attention-deficit disorder. Sometimes, in rare instances, prescribed for depression.



## **BARBITURATES**

**Central nervous system depressants**

### **ORIGIN AND APPEARANCE:**

**Manufactured drug. Tablets, capsules, liquid, white powder**

### **GENERAL FACTS:**

**Since first used in 1903, over 2,500 barbiturates have been produced, but only 50 commercial brands are now available and only 12 widely used. In 1970, barbiturates and their substitutes accounted for 28.6 percent of all prescriptions for psychoactive drugs in America. Although still considered indispensable in medicine, their medical applications have declined primarily due to the availability of other drugs with similar effects such as antianxiety tranquilizers and other nonbarbiturate sedative-hypnotics.**

### **USAGE:**

**Swallowed or injected**

### **EFFECTS:**

**In small doses they are effective in sedation and in relieving tension and anxiety, and like tranquilizers, they do not cause much drowsiness.**

### **HIGHER DOSE SYMPTOMS:**

**Loss of consciousness, coma, or death**

### **SCREENING CUTOFF LEVEL:**

**200 ng/ml**

### **CONFIRMATION CUTOFF LEVEL:**

<b>Short acting</b>	<b>24 hours</b>
<b>Intermediate</b>	<b>1-4 days</b>
<b>Long Acting</b>	<b>2-3 weeks</b>

### **RETENTION TIME:**

**Used as sedatives**

## **BENZODIAZEPINES**

**Central nervous system depressants**

### **ORIGIN AND APPEARANCE:**

**White or pale yellow crystalline powders, tablets, capsules, liquid (injectable)**

### **GENERAL FACTS:**

**A family of depressants that relieve anxiety, tension, and muscle spasms, produce sedation and prevent convulsions. They are marked as mild tranquilizers, sedatives, hypnotics or anticonvulsants.**

### **USAGE:**

**Swallowed or injected**

### **EFFECTS:**

**Sedation, drowsiness, blurred vision, fatigue, mental depression, loss of coordination.**

### **HIGHER DOSE SYMPTOMS:**

**Confusion, somnolence, slurred speech, hypotension, diminished reflexes.**

### **SCREENING CUTOFF LEVEL:**

**300 ng/ml**

### **CONFIRMATION CUTOFF LEVEL:**

**300 ng/ml**

### **RETENTION TIME:**

**3-5 days if therapeutic dose injected**

### **THERAPEUTIC USES:**

**Minor tranquilizers, anti-anxiety/sedation**

**COCAINE** (*Erythroxylon coca*)

Central nervous system stimulants

**ORIGIN AND APPEARANCE:**

An alkaloid extracted from the coca plant; most comes from Columbia or Peru. Cocaine is usually a white crystalline powder, sold in envelopes. "Crack" cocaine is sold in "rocks," and is so named because of the popping sound the crystals make when heated.

**GENERAL FACTS:**

Once considered the "champagne of drugs," cocaine use now crosses all strata of society. There is no evidence of physical dependence, although psychological dependence does occur. Cocaine's popularity results probably from the instantaneous onset of action and the brief duration of the "high." It has a reputation of enhancing social interactions. An estimated 30 million Americans have tried cocaine, and 5 million regularly use it.

**USAGE:**

Cocaine is usually administered intranasally by "snorting;" it can be smoked, injected or taken orally.

**EFFECTS:**

Euphoria, overalertness, sense of overconfidence that encourages risks, loss of appetite.

**HIGHER DOSE SYMPTOMS:**

Paranoia, weight loss, inability to concentrate, anxiety, restlessness, extreme irritability, hallucinations.

**SCREENING CUTOFF LEVEL:**

300 ng/ml

**CONFIRMATION CUTOFF LEVEL:**

150 ng/ml

**RETENTION TIME:**

24-48 hours

**THERAPEUTIC USES:**

Local vasoconstrictive anesthetic. Used in certain dental and otolaryngologic procedures and sometimes bronchoscopy. A licensed physician must order its use, so an employee's statement that a positive test resulted from medical use can easily be verified.

**MARIJUANA** (*cannabis sativa*)

**ORIGIN AND APPEARANCE:**

**Derived from the hemp plant. Usually appears as chopped, dried vegetable matter.**

**GENERAL FACTS:**

**Psychoactive substances in the plant are called “cannabinoids.” Highest concentrations occur in the flowering tops and the lowest in the seeds. Most commonly used illegal substance in the United States. An estimated 50 million people have tried marijuana once; 18 million people are current users.**

**USAGE:**

**Usually smoked or ingested orally.**

**EFFECTS:**

**Effects vary based on dose, personality and expectations of the user, environmental and social factors. Includes euphoria, passivity, relaxation, increased auditory/visual perceptions, increased appetite, blood-shot eyes.**

**HIGHER DOSE SYMPTOMS:**

**More intense levels of above symptoms, impairment of short term memory, diminished learning abilities, disturbances in thought processes, attention lapses. Even larger doses can lead to disorientation, depersonalization, paranoia, delirium, hallucinations.**

**SCREENING CUTOFF LEVEL:**

**100 ng/ml; eliminates possibility of “passive inhalation.”**

**CONFIRMATION CUTOFF LEVEL:**

**15 ng/ml**

**RETENTION TIME:**

**Light smokers, 2-7 days; Moderate smoker, 2 weeks; Heavy smoker, 3-6 weeks**

**THERAPEUTIC USES:**

**Approved antiemetic for cancer chemotherapy patients with intractable vomiting.**

**METHADONE**

**A synthetic opiate**

**ORIGIN AND APPEARANCE:**

**Manufactured narcotic. White crystalline powder, tablets, or liquid**

**GENERAL FACTS:**

**It is a synthetic narcotic which prevents withdrawal symptoms and the craving to use another opiate.**

**USAGE:**

**It is effective orally, though it can be administered intravenously.**

**EFFECTS:**

**Euphoria, drowsiness**

**HIGHER DOSE SYMPTOMS:**

**It blocks the effects of heroin through cross-tolerance thus canceling the pleasurable effects of heroin.**

**SCREENING CUTOFF LEVEL:**

**300 ng/ml**

**CONFIRMATION CUTOFF LEVEL:**

**150 ng/ml**

**RETENTION TIME:**

**3 days (chronic user)**

**THERAPEUTIC USES:**

**This opioid is largely used in the maintenance treatment of heroin dependency.**

## **OPIATES**

**Narcotic analgesic; central nervous system depressants**

### **ORIGIN AND APPEARANCE:**

**The drug is derived from unripe seed capsules of the opium poppy. It can be sold as an intravenous solution or in capsule/tablet format.**

### **GENERAL FACTS:**

**The main opiate compounds are morphine and codeine, a very widely prescribed painkiller. Derivations include heroin and hydrocodone. There are approximately 800,000 daily heroin users in the United States. Heroin is used by 90% of narcotic addicts.**

**Poppy seeds contain trace amounts of morphine and codeine. A Medical Review Officer must find that a positive result for morphine or morphine and codeine does not demonstrate drug abuse unless other signs are present. A CG/MS confirmation result for 6-monoacetylmorphine confirms heroin use.**

### **USAGE:**

**Usually administered intravenously, though it may be taken orally or nasally.**

### **EFFECTS:**

**Warm flush of the skin, long-lasting dream-like state, feelings of relaxation, contentment, apathy, tranquility, constricted pupils, head nodding, needle tracks.**

### **HIGHER DOSE SYMPTOMS:**

**Signs of addiction are malnutrition, infections, unattended diseases or injuries, watery eyes, runny nose, yawning, perspiration.**

### **SCREENING CUTOFF LEVEL:**

**300 ng/ml**

### **CONFIRMATION CUTOFF LEVEL:**

**Morphine                      300 ng/ml**

**Codeine                      300 ng/ml**

### **RETENTION TIME:**

**2 days**

### **THERAPEUTIC USES:**

Commonly prescribed as painkillers, including Dilaudid, Darvon, Demerol. Heroin has no legal use. Morphine is used in the treatment of heroin addiction.

**PHENCYCLIDINE** (*1-phenylcyclohexyl piperidine*)

Hallucinogen

**ORIGIN AND APPEARANCE:**

Once used as a surgical anesthetic in the 1950s, it was removed from the market because of its hallucinogenic side effects. Usually appears in powder, capsule or tablet form.

**GENERAL FACTS:**

The prevalence of PCP is difficult to estimate, because the drug is often sold under other names. It is often misrepresented to the purchaser, usually as cocaine or LSD.

**USAGE:**

Powder is snorted or smoked after mixing it with marijuana or other vegetable matter. Tablets and capsules are ingested.

**EFFECTS:**

User thinks and acts swiftly, mood swings from euphoria to depression, visual hallucinations, poor perception of time and distance.

**HIGHER DOSE SYMPTOMS:**

Mood changes are unpredictable; sense of unreality; irrational and violent actions. Self-injurious behavior is leading cause of death from PCP intoxication.

**SCREENING CUTOFF LEVEL:**

25 ng/ml

**CONFIRMATION CUTOFF LEVEL:**

25 ng/ml

**RETENTION TIME:**

3-10 days

**THERAPEUTIC USES:**

None

































































































