

BSC Clinical Site Handbook



for Athletic Training Students

Print this page and submit to Clinical Instructor.



BSC Athletic Training Clinical Site Signature Page

I, _____, am an Athletic Training Student in the BSC ATEP and have read the BSC Athletic Training Clinical Assignment Handbook for Athletic Training students. I fully understand the content and agree to practice within these policies and procedures.

Signature: _____

date: _____

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I. Introduction

Sports Medicine~Athletic Training Department Vision:

To provide the highest quality sports medicine~athletic training services to the intercollegiate athletes and to provide an optimum learning environment for athletic training clinical education. Seeking excellence in Sports Medicine~Athletic Training programming, services and education.

Sports Medicine~Athletic Training Department Mission:

Providing the highest quality Sports Medicine~Athletic Training services to the NCAA intercollegiate athletes and optimum clinical education experiences for the Athletic Training students are the goals we collectively aspire to achieve. The Sports Medicine~Athletic Training staff members diligently work to be the leaders in our field from the BSC campus community to the state, regional and national levels. The Sports Medicine Team is focused on creating a Sports Medicine~Athletic Training program that offers premier athletic injury/illness prevention, immediate care, rehabilitation and reconditioning programs. This level of commitment to a superior Sports Medicine~Athletic Training department will assure the best possible environment for athletes and students to excel and achieve success.

The members of the Athletic Training staff are committed to supporting and educating the coaching staff, the administrative staff, the athletes and the students in the realm of Sports Medicine~Athletic Training. We consider it our responsibility to not only care for the intercollegiate Athletes and to teach the Athletic Training Students, but to assist these individuals in learning and obtaining life skills and in becoming quality, healthy, productive members of society.

II. Starting the Clinical Assignment:

To begin your team assignment you must first meet with your ACI/ATC to review the BSC ATS Clinical Assignment handbook and to discuss behavioral and educational expectations. You must provide a schedule written out on the enclosed schedule form and complete the questionnaire regarding your clinical strengths, weaknesses and goals. Discussions should include the manner in which you learn best along with previous clinical experiences and your level within the ATE program. This will help the ACI/ATC determine your level of dependence v. independence and the best form of supervision to maximize your educational experience.

It is essential that you review the medical history information for the student athletes that are the responsibility of your ACI along with completing the assigned sport review questions enclosed with this handbook.

Competencies

Below are general competencies that the staff ATC's have deemed important for you to know for your clinical assignment. We understand that those in first semester will have different skill levels and abilities than those in their second, third and fourth semesters. Review the skills and discuss with your ACI/ATC the skills you believe you need review and practice. Many of the skills can be self taught and/or reviewed on your own. Be prepared at any time to complete a designated skill. Some of the competencies will be assessed prior to you being able to apply tape or modalities to athletes. Those identified with *! are considered critical for your assignment and you must be competent in within 2 days of the start of your assignment. Skills designated with * must be demonstrated within 2 weeks of the start of your clinical assignment. The remainder can be worked on gradually and you should be competent within the first half of your clinical assignment.

Skill:			
I. Emergency Care:		ATC:	Notes:
A. Primary survey			
1. Conscious v. Unconscious	*!		
2. A, B, C, B's	*!		
3. Full Body survey	*!		
B. Vital Sign Assessment			Refer to Resource book
1. Blood Pressure	*		
2. Heart Rate	*		
3. Respiration Rate	*		
4. Skin Color	*		
5. Skin Temperature	*		

6. Pupils (PEARL)	*		
7. Level of consciousness (AVPU)	*		
8. Pain Response	*		
9. Purposeful Movement	*		
C. Secondary Survey			
1. History	*		Refer to Resource book
2. Observation	*		
3. Palpation			
4. Special Tests			
D. Wounds			
1. Manage External Bleeding	*!		
a. Direct pressure			
b. Elevation			
c. Pressure Points			
2. Manage Closed soft tissue injury	*!		
a. Compression Wrap			
b. Ice			
c. Elevation			
3. Universal Precaution/BBP	*!		
4. Bandaging for athletic participation	*		
5. Cleaning basins, clippers etc . . .	*		
E. Immobilization/Fixation		ATC:	Notes:
1. Anatomical Splint			
2. Soft Splint	*		
3. Rigid Splint	*		
4. Vacuum Splint	*!		
5. In line stabilization	*!		
6. Log roll	*		
7. Application of extrication collar			
F. Transport			
1. Crutch fitting	*		
2. Cane fitting			
3. Carry/Assists	*		

II. Intro to Modality Application			
1. Heat packs	*		Indications, contraindications.
2. Cryotherapy	*		Application, patient education.
3. Hydrotherapy	*		
4. EStim			Upper level
5. Ultrasound			Upper level
III. Intro to Wrapping/Strapping			
1. Longitudinal Arch strapping	*		
2. Metatarsal Arch strapping w/ pad			
3. Plantar fasciitis w/ moleskin	*		
4. Great Toe sprain strapping			
5. Closed basketweave Inversion	*		
6. Closed basketweave Eversion	*		
7. Compression Wrap (functional)	*		
8. Achilles tendon strapping			
9. Herring bone Wrap			
10. Hip Spica wrap	*		
11. Shoulder Spica Wrap	*		
12. Elbow Hyperextension Strapping			
13. MCP Sprain – Thumb Spica	*		
14. PIP Sprain – Buddy taping			
IV. Intro to Protective Padding			
1. Donut Pad with Orthoplast			
2. General helmet fitting	*		FB
3. General Shoulder Pad fitting	*		FB

*! Must be competent within first 2 days of clinical assignment

* Must be competent in these skills within first 2 weeks of clinical assignment.

III. General Information:

A. Personal Gear:

For the security of your personal supplies and the flow of the athletic training facility your gear will need to be stored appropriately while you are at your clinical assignment. Tinsley Center facility: behind the desk on the bookshelf. Kelly Facility: In the second office away from the desks. Lockers may be acquired at the Tinsley Center in the general locker rooms by asking for a lock at the equipment room desk.

B. Professional Gear required:

Each student must have a personal pack, bandage scissors, paramed scissors, protective barrier/mask, penlight, mirror and reflex hammer. These supplies can be obtained through the Head Athletic Trainer. The remainder of supplies can be stocked from each facility. See posted list of supplies.

C. Attire:

Attire must be professional at all times. The standard for attire is polo shirts and Khaki pants/shorts. The opportunity to purchase BSC Sports Medicine staff clothing will be available at least once an academic year (ask Head Athletic Trainer for availability). You will need to make choices everyday regarding your attire and you should always keep in mind that you want to be perceived as a health care professional and make decisions accordingly.

D. Access to Facilities:

Access to facilities is gained through the ATC that is scheduled to open the facility. At no time can you gain access or should you try to gain access to the facility in the absence of a staff ATC. Access to the facility without a staff ATC present places the AT student in a compromising situation in which you are expected to provide services to athletes that you are unable to provide in the absence of your supervising ATC. Communicate with the supervising ATC in advance to determine the time that the facility will be opened if the time is out of the normal operating hours.

E. Stocking Kits:

Refer to the Kit checklist for required supplies in Medical kits and Team travel kits. Work with your ACI/ATC for specific needs for each kit.

F. Daily Responsibilities:

Opening Facility:

- ◆Review practice times and locations.
- ◆Review weather (Fall/Spring), notes on dry erase board of inclement weather expected, discuss plan as needed amongst staff.
- ◆Assist ATC's in documenting Heat Index on Daily log (prn) and note recommendations.
- ◆Unload dishwasher.
- ◆Get ice and water ready for pick up (deliver prn). Check out on dry erase board.
- ◆Retrieve cart(s).
- ◆Set up cart with AED, splint kit, crutches, cooler of ice, Heat illness cooler (for H,H & H days).
- ◆Review daily log.
- ◆Check and stock supplies in prep area.
 - ◆Pick up towels from equipment room.
- ◆Nextel turned on and checked.
- ◆Check kits for supplies, stock kits prn.

During hours of Operation:

- ◆Monitor weather conditions and communicate with ATC as necessary.
- ◆Be present at practices.
- ◆Be on sideline for collision and contact contests.
- ◆Complete Evaluations and treatments according to your skills, level in program and competence.
 - Under the direction and supervision or your ACI.
- ◆Document new injuries and updates on daily log.
- ◆Follow documentation protocol.
- ◆Communicate all injuries/illnesses to staff ATC.

Closing Facility:

- ◆Check in coolers and water bottles on dry erase board.
- ◆Wash out coolers and wash water bottles in dishwasher.
- ◆Laundry to equipment room.
- ◆Put CART Away.
- ◆Complete daily cleaning tasks – check log appropriately.
- ◆Complete documentation for the day. Put all charts away.
- ◆Nextels and Motorola radios turned off and in chargers.
- ◆Leave facilities neat and orderly for start of next day.
- ◆Close/Lock office doors and file cabinets.

G. General Policies:

- ◆General Hours of operation for pre practice/contest prep:
 - Tinsley: open 2:00 (Fall)/12-1:30 (spring) – end practices (exception = 2 hours before contests)
 - Kelly: open 1:30 (FB), 3:30 (WR & SD), 2:00 (spring overlap) to end practices (closed after overlap).
- ◆Opening, During hours of op and Closing protocols must be followed each day
- ◆Priority of care if needed: Acute injuries, athletes with contests, in season athletes for practices and in season walk in evals, athletes for non-traditional practices
- ◆Staff on 'floor' at 2:00pm – out of offices, away from desks
- ◆TV is off during peak hours (2:00 – 6:00)
- ◆Only injured or ill athletes that are receiving care, treatments can be in Athletic Training facilities. In and out. No socializing. No malingering.
- ◆In an effort to maintain proper flow during peak hours athletes requiring Estim, Ultrasound or in depth rehab programs must be sent to rehab or scheduled for these treatments outside of peak hours. (exception = seasons that are not busy or treatments in off peak hours)
- ◆Daily communication with coaches: status reports, specifics of what athlete can and cannot do.
- ◆Athletes that are limited, or out, will not sit on sideline but rather must be actively working during practices. Athletes that are out of practice do not receive treatments prior to practice, but rather during practice. The AT students need to do this automatically. Coordinate activities with AI Rehab and AI ReCon. Communicate this with coaches as well.
- ◆Documentation completed daily and according to Documentation protocol.
- ◆Initial report summary and rehab/treatment summaries will be sent with athlete or faxed for physician/chiro appointments.
- ◆Written documentation from treating physician/chiro must be obtained and secured in athletes chart, preferably on our athletic injury referral form.
- ◆Team ATC's will review each athlete's medical history with the Athletic Training student and develop an action plan for each athlete as needed. Pertinent medical history will be reported to the Head Athletic Trainer
- ◆Teams traveling will be given travel kits and away treatment logs prior day or prior to departure if pre departure treatments are taking place.
- ◆Injuries/Illnesses that require outside emergency medical attention will be reported to the Head Athletic Trainer immediately.
- ◆All athletes will be treated the same regardless of race, gender etc... and/or personal attributes deemed undesirable.
- ◆Offensive behavior or discussions by athletes will not be tolerated.
- ◆Equipment issued will be signed out and followed up on for retrieval.

IV. Athletic Training~Sports Medicine Protocols

A. Emergency Plan:

◆The emergency plan is designed to facilitate emergent care for a seriously injured student athlete, member of the athletics staff or a spectator.

A more detailed emergency plan is posted and can be found in the Athletic Health care handbook for Athletic Training staff and coaches. The more detailed emergency plan is site specific and comprehensive.

The following is designed to explain the components of the emergency plan and outline the role of each person. The emergency plan must be reviewed by all athletics department staff annually.

A. Personnel:

- ◆All Athletic Training staff members (including students) must be Certified in First Aid and CPR with AED training.
- ◆Proof of current FA/CPR Certification must be provided to the Athletic Training Staff.
- ◆The staff Certified Athletic Trainer will assume the role of primary care giver.
- ◆In the absence of a staff Certified Athletic Trainer the coach is the primary care giver.
- ◆An additional 1-2 people should be identified in advance to assume roles in the emergency plan (ie. Assistant coach, contest management personnel, Athletic Training student or team captain)

B. Roles of the emergency team members:

1. Immediate care of the athlete (or other injured/ill person)
2. Emergency equipment retrieval
3. Activation of the Emergency Medical System
4. Direction of EMS to scene (includes securing access to facilities)

C. Emergency Communication:

- ◆Each athletics Department staff member must secure access to a working telephone.
- ◆Emergency phone numbers must be programmed into the phones
- ◆EMS from Campus phone: x1212
- ◆Cell phone dial 508-531-1212 to initiate activation of EMS. If for some reason this fails, dial 911.
- ◆Nextel: "dispatch".
- ◆The Athletic Training Student works under direction of ACI/ATC. If ACI/ATC is not at the site yet, the AT student must Nextel the ACI/ATC immediately upon any

incident of injury or illness. The ATS must initiate history questions for the conscious person and emergency care procedures for the unconscious person.

D. Emergency Equipment:

- ◆Wall mounted AED units can be found in the lobby of the Tinsley Center and at the back entrance to Kelly Gym (entrance to women's locker room).
- ◆Each team will have a first aid kit that will have all the necessary emergency care equipment for the coach to utilize including gloves and appropriate barriers for CPR.
- ◆The Team Athletic Trainers will have a medical kit which is separate from the team first aid kit and is for use only by Athletic Training staff members.
- ◆The Athletic Training staff members will have additional emergency care equipment such as splints, backboards etc. . .
- ◆Each team Medical and team travel kit has medical history and contact information for each student athlete. The athlete's sheet must be presented to EMS upon their arrival.

B. Chain of Communication:

The Athletic Training student must communicate injuries and/or illnesses to the supervising ATC immediately. The nature and extent of the injury/illness will determine the time frame in which the information must be communicated, but regardless it must be communicated the same day.

Any questions, concerns or issues regarding the Sports Medicine/Athletic Training Department or programs must be brought to the attention of your ACI and/or the Head Athletic Trainer directly and in a timely manner. Questions regarding care of an injured or ill athlete must first be directed to your ACI and the BSC staff ATC's prior to discussions in class, laboratory and/or clinical classes.

In the event of a catastrophic injury to an athlete the Head Athletic Trainer must be notified immediately via cell phone. The staff ATC will manage these protocols in the event of a catastrophic injury/illness.

C. Confidentiality:

Any, and all, aspects of the each individual athlete's medical record is confidential and is only to be shared among the BSC Staff Certified Athletic Trainers or Team Physicians for the purposes of providing the highest quality health care. All documents and charts in any of the athletic training facilities or in storage are confidential. This means that at no time is information from these charts released to anyone without written authorization from the athlete.

Furthermore, all discussions of injuries, illnesses and case reports with anyone other than the above mentioned individuals are in violation of the athlete's confidentiality rights. With respect to the Athletic Training student using an athlete's injury or illness as the basis for a case report assignment

the name of the athlete must never be used. If discussion's of injuries seen in the clinical setting is brought up in the classroom for purposes of education it is critical that the athletes name is not used.

All athlete charts must be kept in the filing cabinet in the Athletic Training facilities. At no time should charts be left on tables or counters. The only exception to placing charts in the file cabinets will be when the charts are kept on the treating staff ATC's office desk. All documents must be placed in the athletes chart immediately.

As part of the clearance process the athletes are required to sign an authorization/consent for disclosure of protected health information (a.k.a. "HIPPA" form) specifying to whom they would like information disclosed to. During the clearance process this form is reviewed by the Athletic Training staff and any no disclosures are noted on the team clearance log.

Athletes are advised that any information they provided to us is confidential, by law medical records are considered confidential, it is unethical to release any information without prior authorization from the athlete. If the athlete is over 18 this includes the parents and although it is not often considered it includes the coach. Because giving no information to those that "need to know" is unrealistic, information should be limited to body part, type of injury/illness suspected and suspected severity.

D. Documentation:

General Guidelines

Proper documentation of injuries and illnesses are essential for optimum continuity of care, improved communication, legal protection and requirements, a memory aid, professional practice standards, insurance requirements and for statistical information necessary to prevent injuries and support needs for additional resources (monetary and personnel).

Although the documentation process can be tedious it should be expedient and allow the Athletic Training staff to focus the majority of their efforts toward the hands on care of injuries and illnesses to athletes. Anything other than this is counterproductive.

The most important component of documentation is that it is completed accurately, thoroughly and in a timely manner. The time from initial injury evaluation to the completion of the written injury report in the athletes chart should be no more than 12 hours. Whatever means the staff member finds most appropriate to do this (written or word processing generated report) is up to the individual Certified Athletic Trainer.

The athlete's physical chart that is kept in each facility is the primary location that every medical record must be placed in a timely fashion. Injury reports and progress notes that are being written and reviewed must be kept in the athletes chart. The following is a breakdown of the different documentation requirements and the procedures for each.

Initial Injury Report

Time frame: Must be in the athletes chart within 12 hours of injury.

Format: 📄 Hand written BSC AT injury report form

📄 MS word generated BSC AT injury report form

📄 (must include the following components outlined in notes: History, Observation, Palpation, Special Tests, ROM, MMT, Neurovascular, Impression and Plan and signatures)

Student	Staff member
A written injury report must be completed by the Athletic Training student for every injury he/she evaluates individually or in conjunction with a supervising staff ATC at the time of the injury. (refer to 'guidelines for writing injury reports' (posted))	An injury report must be completed by a staff member for any injury evaluated independent of AT student. The report may be in any format identified above at the discretion of the staff ATC.
The injury report will immediately be secured in the athletes chart and placed in the supervising ATC's mail box	The injury report will immediately be secured in the athletes chart and placed in the proper <i>alphabetical</i> order in file cabinet.
If the report is unsatisfactory it will be returned to the AT student via Team boxes. A written note or verbal communication must accompany the unsatisfactory report.	It is the responsibility of the supervising ATC to follow up with the AT students documentation. If student fails to complete documentation in proper time frame or documentation is unsatisfactory, the ATC must place a report in chart to assure continuity of care.
Once rewritten, the chart with the rewritten report will be placed in the supervising ATC's mailbox.	When the injury report has final approval by the supervising ATC, he/she will cosign and place the chart in the alphabetically in the filing cabinet.

Progress notes

Time frame: must be in athletes chart within 12 hours of service administered or information received.

Requirements: 🗄️ A progress note must be completed each time the athlete is seen for treatment or evaluation.

🗄️ Progress notes may be in the form of a narrative or SOAP note.

🗄️ All progress notes must be cosigned by the supervising ATC.

🗄️ Progress notes resulting from same injury are to be entered on same progress note if possible*. The next note must begin on the line immediately below the existing note.

Format: 🗄️ Hand written BSC AT Progress note form

🗄️ MS word generated BSC AT Progress note form

Progress notes must be written to document the following:	
1.	Any Treatment protocols, change in status or correspondence related to initial injury. Examples include rehab program with in depth parameters, increase or decrease in progress, change in participation status, seen by physician or diagnostic test results.
2.	Change in athlete's status as a member of the team.
3.	Correspondence with treating physician regarding athlete's illness or progress update.
4.	Verbal orders given by ATC, team physician, treating physician or other consultants.
5.	Any illness reported with signs/symptoms, disposition, plan and participation status can be placed on progress note rather than injury report.
6.	Clearance or treatment information from logs at physician clinics (ortho clinic) when notes are not immediately transcribed.
7.	A progress note is the last note in the athletes chart to close out an injury and resulting care and must end with similar statements to "athlete has returned to full participation" or "athlete has returned to full go status and is no longer in need of care".
It is the responsibility of the supervising ATC to follow up with the AT students documentation. If student fails to complete documentation in proper time frame, the ATC must place the appropriate documentation in the athletes chart to assure continuity of care.	

*Do not update a progress note on the same page as an existing note IF the existing note is not related to the current information to be entered.

Example:

12/13/2003 Athlete has returned to full participation following L knee injury.

9/ 5/2004 Athlete showed up reporting stomach illness and will be out of practice today.

The latter requires a new progress note.

Daily Injury Log

A Daily Injury Log will be printed prior to practice by a staff ATC each day. This form will be used to monitor who is supposed to be treated and new injuries that may happen. A Daily Injury Report will be created for both the Kelly and Tinsley Athletic Training Rooms.

Each Daily Injury Report will be updated and printed by one of the Staff Athletic Trainers daily. At the conclusion of the day the Daily Injury Report will be updated by the Staff Athletic Trainer providing closing coverage.

After the Daily Injury Report has been printed it will be placed with other Daily Injury Reports on a clipboard and is for use by the Athletic Training Students and the Staff Athletic Trainers to follow the status, treatment, and documentation of the Athlete's injury.

At the bottom of each Daily Injury Report there is a section for New Injuries and Conditions. Each new injury that will require treatment by the Athletic Training Staff should be documented here. At the end of the day each new injury will be transferred to the section above with the other injuries that are being treated, ready for the next day.

The main purpose of the Daily Injury Report is to help increase communication between the Athletic Training Staff about the athletes we are caring for treating. The second purpose of the Report is to have a detailed daily documentation of each athlete's playing status.

Participation Status

There are four different categories that an athlete can have their status listed as. They are Full, ACA, Limited, and Out. It is important that an athlete be listed in the appropriate status category. Each Status category has a specific definition.

Full:	Full refers to an athlete who has returned to play after being treated for an injury or the athlete's injury will no longer require treatment by the Athletic Training Staff.
ACA:	As Conditions Allow is indicated for athlete's who are currently injured and are receiving treatment by the Athletic Training Staff. When an athlete is listed as ACA they are participating in all parts of practice and or competitions, but if symptoms increase they are to stop the offending activity (ie. Sprinting) and notify their team Athletic Trainers. Therefore, when listed as ACA it is possible that during the course of participating their status may downgraded.
Limited:	Limited indicates that the athlete is not participating in all parts of practice or competitions. For example an athlete is to stay out of full contact, sprinting, etc. When an athlete is listed as Limited it is important that the limitations be clearly set and communicated to the other Athletic Trainers working with that team, the athlete, and the coaching staff. When an athlete is participating limited it is important that they fully understand why they are limited, for what reasons and what specifically they can and cannot do.
Out:	Athletes that are listed as OUT are not participating in any capacity. It is important that when an athlete is listed as out that the Coaching staff is notified of the athlete's status and the reason why they are listed as out.

Many times there will not be a clear answer to where an athlete should be listed. In these instances it is important to always lean toward the conservative side. Communicating an Athlete's status between members of the staff will help to assure a high quality of care for the athlete. It is also very important to communicate to the coaching staff the status of their athlete's condition. Make it a habit to touch base with the coach prior to every practice, once athletes have been evaluated and participation status has been identified.

Individual Treatment Log Form

The purpose of the individual treatment log is to simplify and expedite the documentation of treatments, including modalities and exercises. A progress note for each day the athlete is treated must be documented on the individual treatment log form. The treatment log does NOT take the place of a progress note. Space is provided on the individual treatment log for this purpose. Once either the treatment log table is full or there is no more room for a progress note a new form must be secured in the chart.

Note that the modalities section is different from the other sections. Due to the complexity of therapeutic modalities, individual differences of treating clinicians, and achieving the desired treatment result it is important that all the specific modality treatment parameters be documented thoroughly. (Example: electrode placement, frequency, time, intensity etc... for estim modalities.)

As with all documentation the individual treatment log must be immediately secured in the athlete's chart.

Locating Charts

Charts must be kept in an easily accessible location at all times so that any staff member can locate the chart for review prior to treatments. If a staff member is working with the patient and has kept the chart in his or her office, it must be able to be found by any staff member. The primary site for chart storage is in the file cabinet, which must be locked when the facility is closed.

Forms

Injury Report: discussed above.

Progress Note: discussed above.

Head Injury Evaluation Form: designed specifically for head injuries. Has a symptom inventory that can be utilized on consecutive days.

Individual Treatment Log: discussed above.

Away contest treatment form: Addressed the host Athletic Training Staff, to be completed by team ATC/ATS the day before a team is scheduled to travel. The away contest treatment form must be placed in the travel kit.

Referral Form: The referral form is designed to facilitate the acquisition of diagnosis, participation status and physician instruction/rehab prescriptions when an athlete is referred to any outside medical practitioner/facility or on campus orthopedic or chiropractic clinic. Upon sending an athlete to outside medical care a referral form must be given to the athlete. For on campus clinics it is the ATC's responsibility to facilitate the completion and signing of the referral form. There are 2 types of referral forms. One is geared more towards orthopedic referrals, while the other is geared toward medical referrals.

Team Physician/Chiropractic Clinic Log: To be completed by the hosting ATC to keep record of athletes seen during on campus clinics.

E. Release of Medical Records: To obtain an athlete's medical information from, or release information to, an outside health care provider the athlete must fill out and sign an Authorization to Release Medical Information form (Appendix C). The Staff ATC must be consulted prior to any release of medical records.

F. Medical Clearance:

Pre participation Clearance

All student athletes must be certified as being both academically and medically eligible to participate as determined by the Associate Athletics Director. The medical component of the student-athletes eligibility will be determined by a designated member of the Athletic Training Service staff and communicated to the Associate Athletics Director. Participation of any kind is prohibited until this dual certification is given.

All **first year (Freshman and transfer) athletes** need to have a current physical completed within **6** months of their first practice at Bridgewater State College. The physical must state that he/she is able to participate in competitive athletics without restrictions. Along with the physical exam, each athlete must complete the First Year Athlete Preparticipation Health Questionnaire and submit a copy of the front and back of their current insurance card.

All **returning athletes** must complete the Returning Athlete Preparticipation Health Questionnaire. A returning athlete will also need to update their insurance information only if any changes have been made. If an athlete has sustained an injury or illness that required medical attention since the last time he/she was medically cleared they will need to produce written documentation of clearance from the treating physician.

Post Injury Clearance:

Any athlete that has sustained an injury or illness that requires medical treatment by a physician (including Nurse Practitioner or Physicians Assistant) must return with a **written note** with diagnosis and participation status. To facilitate this, a referral form can be obtained from the Athletic Training Services program.

Staff Certified Athletic Trainers role in post injury clearance:

Upon receipt of a written clearance note from the athlete's physician the staff Certified Athletic Trainers will put the athlete through a functional assessment to determine their exact playing status. The staff Certified Athletic Trainers reserve the right to hold out an injured athlete if he/she cannot pass the functional criteria to fully play their sport and/or position within their sport regardless of written clearance from their physician.

G. Blood Borne Pathogen/Bio Hazardous waste Management:

Bridgewater State College Athletic Training Services Department has specific policies as it relates to blood borne pathogens and handling of biohazard waste material.

Universal Precautions:

Every Athletic Training Student must follow Universal Precaution Guidelines when managing open wounds, biohazard waste material and uniform/surface clean-up. The Universal Precautions identified by OSHA and are for the protection of all individuals involved and is based on the premise that all blood and certain body fluids should be handled as if they contain blood borne pathogens. Universal precautions include establishing an appropriate barrier between you and the athlete based on the type of potential exposure. Most commonly this will include latex or non-latex (nitrile) exam gloves.

Supplies available to the Athletic Trainers:

- *Non-latex exam gloves (Small, Medium, Large and X-Large)
- *CAVICIDE Disinfectant (8 oz. For kits, 24 oz. For General use)
- *Masks
- *Germicidal hand wipes
- *“no water” hand wash (4 oz. For kits)
- *Biohazard waste bags (small for kits, large for general use) or clear plastic bags.

Disposal:

All materials in contact with blood or certain body fluids must be disposed of properly. A large waste container is located in both the Tinsley Center and Kelly Athletic Training facilities.

Daily biohazard waste must be disposed of in the appropriately marked canisters in the Athletic Training facilities. Biohazard waste created by wounds managed at practices and contests must be sealed in a bag and disposed of in the Athletic Training facilities at the conclusion of the practice or contest. Please do not discard wound care material that has not been exposed to bodily fluids (ie. Gauze or bandage packaging) in the biohazard containers. These materials should be disposed of in normal trash canisters.

For events that have the potential of producing a significant amount of biohazard waste(ie. Football and wrestling), a large biohazard waste bag may be kept on the sideline. For the convenience of the visiting team an additional biohazard waste bag may be kept on their sideline when appropriate.

Cleaning of Uniforms, Surfaces and Apparatus:

NCAA guidelines indicates that any uniform, surface or apparatus that is blood stained must be managed appropriately before play can resume, and in the case of a uniform, before the athlete can

return to play. The Bridgewater State College Athletic Training Services Department has CAVICIDE available for this type of clean up. CAVICIDE may be sprayed directly on uniforms without damaging the colors or fabric. Caution must be used when applying CAVICIDE near an open wound or around the head/face. Following application of CAVICIDE on a surface or apparatus, wipe the surface with a cloth or paper towel and dispose of appropriately.

The Athletic Training~Sports Medicine services department may be asked by team personnel to store extra “blood” uniforms in the event a player is asked by an official to change his/her uniform. This must be arranged on a team by team basis.

Blood Soiled Laundry:

In the event that a towel, uniform or elastic wrap is soiled with blood, secure the item in a plastic bag and place it on the floor under or near the laundry basket in the Athletic Training facility. If the item is a uniform take it directly to the equipment room and notify the equipment room staff that it is blood soiled. When the Athletic Training laundry is brought to the equipment room, while wearing gloves, open the secured bag and put the blood soiled item into the laundry bag. Upon dropping off the laundry, notify the equipment room staff that there is blood soiled laundry in the bag.

When handling soiled laundry directly, gloves must be worn.

H. Therapeutic Modality Use:

Therapeutic Modalities include cryotherapies(cold packs, ice massage, cold whirlpool), thermotherapies(moist heat packs, hot whirlpool, paraffin bath), contrast baths, ultrasound, and electrical stimulation. Massachusetts state laws governing the practice of Athletic Training prohibit the application of therapeutic modalities to patients without written direction from a Physician.

Therapeutic modalities may be administered to an athlete, by a Bridgewater State College Staff Athletic Trainer, when prescribed by a physician. The prescription must be placed in the athletes chart and the specific parameters used for the prescribed treatment must be documented as well.

To facilitate the care of an injured athlete the Bridgewater State College Team Physicians have approved specific Standing Orders for the treatment of common musculoskeletal injuries. (See attached)

While a physician signature for each individual athlete is not required to carry out a Standing Order, a Staff Certified Athletic Trainer must review and cosign the progress note that outlines the treatment plan prior to the application of any modality (other than ice for an acute injury).

Administering Therapeutic Modalities by Athletic Training student:

Therapeutic Modalities MUST be administered with the direct supervision of a staff Certified Athletic Trainer. Determining who will be allowed to administer specific modalities will depend on the level of the student Athletic Trainer:

MODALITY:	LEVEL(s):
Ice for emergency care	UG: 1 st Year*, 2 nd year GR: 1 st year*, 2 nd year *following competency check off by staff ATC.
Ice massage, cold pack, cryocuff, cold whirlpool.	UG: 1 st Year*, 2 nd year GR: 1 st year*, 2 nd year *following competency check off by staff ATC.
Moist Heat Pack, Hot whirlpool	UG: 1st Year*, 2nd year* GR: 1 st year*, 2 nd year *following competency check off by staff ATC.
Paraffin Bath, Contrast Bath	UG: 2 nd Year*, 2nd year GR: 1 st year*, 2 nd year *following competency check off by staff ATC.
Ultrasound, Electrical Stimulation	UG: 1 st year#, 2 nd year GR: 1 st year#, 2 nd year #after competency check-off in modalities class.

When an athlete receives a prescription for rehabilitation the athlete will then be treated by the Athletic Injury Rehabilitation aspect of the Bridgewater State College Athletic Training program. Occasionally an exception will be made to this policy and will be determined by the Team ATC. In addition there are also times when an athlete will be treated using the predetermined Standing Orders, but may benefit from being placed in a more structured rehabilitation program. Again this decision will be made by the Team ATC and discussed with the Athletic Injury Rehabilitation ATC's for approval.

Standing Order Treatments for musculo-skeletal conditions:

Standing orders are designed to assist the staff Certified Athletic Trainers in providing the highest quality of care to the student-athlete in an expedient manner by initiating the use of therapeutic modalities to match the specific stage of healing.

Modalities in addition to the ones identified as standing orders may only be administered following the acquisition of a prescription from the team physician, the athletes own physician, a chiropractor, a doctor of osteopathic medicine, a nurse practitioner or physician's assistant.

The following are team physician approved modality based treatments for musculo-skeletal conditions. The following guidelines must be adhered to for utilization of the standing orders.

1. Condition must be mild to moderate in nature
(Examples: ankle sprains, tendonitis, erector spinae muscle spasm)
2. The conditions may be acute, chronic or overuse
3. The standing order is approved by a staff Certified Athletic Trainer(ATC)
4. The standing order may be administered by an Athletic Training student that has successfully completed the Therapeutic Modalities course under the direct supervision of a staff ATC.
5. Exceptions will be made for those Athletic Training Students that master competency achievement in moist heat pack, hot whirlpool and contrast bath. Direct supervision by ATC still applies.
6. If after 3 to 7 days of the appropriate standing order treatment there is little or no improvement, the athlete will be referred to the team physician.
7. Appropriate indications, contraindications, precautions and patient education must be followed.

Standing Order Modality:	
Moist Heat Packs (MHP)	<u>Stage of Injury:</u> Subacute/chronic
Electrical Stimulation for muscle spasm reduction (motor):	<u>Stage of Injury:</u> Subacute/chronic/overuse
Electrical Stimulation for pain control (sensory):	<u>Stage of Injury:</u> Acute/Subacute
Ultrasound (thermal):	<u>Stage of Injury:</u> Chronic/overuse
Ultrasound (non-thermal):	<u>Stage of Injury:</u> Acute/subacute
Contrast Bath:	<u>Stage of Injury:</u> Subacute/chronic
Hot Whirlpool	<u>Stage of Injury:</u> End of subacute/Chronic

The selected standing order treatments are approved for use as identified above, following the guidelines outlined above.

I. Contest Preparation:

Home Contest/Event Preparation:

The following must be completed prior to the start of a hosted event/contest:

- ◆ Stock medical Kit
- ◆ Check emergency/splint kit
- ◆ Nextel phone/Motorola Radio check from site to supervising ATC
- ◆ Review emergency plan with supervising ATC
- ◆ Special consideration for event (positioning of ATC's and ATS's, location of water stations, location of emergency equipment etc...)

Items that need to be taken to the site of the event/contest:

- ◆Medical Kit
- ◆Emergency/Splint kit
- ◆Crutch bag
- ◆Portable AED (depending on event)
- ◆2 way radio
- ◆Ice
- ◆Water

When we are hosting an event, we are taking care of our own team as well as the visiting teams. For multiple team events the athletic training students must be on site for the home team and stay on site for the visiting teams. If additional athletic training students are recruited to assist with a hosted event, they can be available on site for the visiting teams, which will free up the Team ATS to work with their BSC team.

Introduce yourself to visiting team coach, determine medical staff traveling, report info to supervising ATC.

- ◆All injured athletes must be checked by supervising ATC.
- ◆All injuries must be documented in the injury log and a report written.
- ◆The visiting team ATC must be notified of any injuries requiring follow-up by supervising ATC.

Away Contest Preparation:

- ◆Coordinate stocking and acquisition of travel kit with coach.
- ◆prepare away contest treatment list and place in travel kit.
- ◆Discuss with ACI/ATC to determine if pre departure treatments will be available.

J. Equipment and Supplies:

Stocking Facilities: Equipment and supply storage is primarily in the Kelly Athletic Training Facility. A quick inventory must be taken EVERY Wednesday in the Tinsley Facility followed by retrieval of supplies from Kelly for supplies that are low.

Issuing Equipment and supplies: Non expendable items (ie. Braces, crutches, cryocuffs) must be signed out to the athlete and checked in upon return. Athletes that are no longer using items must be contacted if they have not returned the issued items. The equipment sign out form is located in each facility.

Use of specialty tapes: tapes that are used for special purposes (powerflex, jaylastic, leukotape, kinesiotape, coverroll and elastikon) must be used judiciously. Standard 1.5” white athletic tape

should be used as much as possible. This will keep costs down and develop your taping skills better than using the more costly, easier to use elastic tapes.

Electrode use: Non disposable Carbon electrodes must be utilized until it is determined that the athlete will be receiving estim treatments regularly. If an athlete will be receiving estim regularly you can then utilize the adhesive electrodes. Write the athletes name on the packaging to assure single athlete use of these electrodes.

Skill practice: When at all possible use bulk tape for practicing taping techniques.

K. CART use Procedures:

1. All Carts must be stored in assigned order. #1 & #2 carts backed in, #3 pulled in front first. Park within parking lines, away from wall. #4 & #5 park in other bay, front first against the wall.
2. Number 2, 3, 4 & 5 carts should have cords stored on shelf when not in use, # 1 should have plug removed from surge protector from the cords base and slowly retracted into the cart.
3. All carts must be cleaned of all debris/supplies when put back.
4. All carts must be plugged into their assigned chargers, #1 plugged into the surge protector.
5. All carts should be left in neutral, with parking brake on!
6. Carts Must Never be driven on/across game fields or roads. Carts Must stay on walks and paths only.
7. When leaving the building all doors must be closed.
8. Please report any damage to carts immediately.
9. Failure to comply with any of the above instructions will result in the loss of privilege to use the carts.

Print this page and submit to Clinical Instructor.

Athletic Training Student Reflection Questions

Student: _____ Date: _____

Status in AT Curriculum: Under Grad or Grad (circle 1) Level: I II III IV (circle 1)

Previous Clinical Assignments:

My strengths are:

My weaknesses are:

What I'd most like to improve on right now:

My goals for the semester are:

I learn best when . . .

Print this page and submit to Clinical Instructor.

Clinical Rotation team: _____
(Use more than 1 sheet for different team assignments)

What are the most common injuries for this sport?

What are the physical requirements for this sport?

What rules are related to sports medicine that I need to be aware of?

What protective equipment is required for this sport?

Based on the most common injuries for this sport, what would be some ideas for a preventative program for athletes participating in this sport?

Print this page and submit to Clinical Instructor.

Athletic Training Student Class/Work Schedule

Name: _____ Cell phone: _____ email: _____

Please block out the hours below that you will be unavailable due to classes or work schedule.
Work hours that significantly interfere with your Clinical assignment must be discussed with your Clinical Instructor.
Any absence from your clinical assignment must be arranged with your Clinical Instructor in Advance.

	Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							

